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THE

BRITISH MEDICAL JOURNAL,

1865
v.1
pt.1

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

WILLIAM O. MARKHAM, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO ST. MARY'S HOSPITAL.

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VOLUME I FOR 1865.

JANUARY TO JUNE.

London:

PUBLISHED FOR THE ASSOCIATION BY THOMAS JOHN HONEYMAN, AT THE OFFICE,
37, GREAT QUEEN STREET, LINCOLN'S INN FIELDS.

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BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY DR. MARKHAM. Natural Hist-

LONDON: SATURDAY, JANUARY 7, 1865.

Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-PHYSICIAN TO THE HOSPITAL.

Lecture IX.—On Œsophageal Dysphagia.

Narrative of Case. Analysis of Symptoms. Seriatim Examination of the Alternatives of the Diagnosis. Prognosis. Treatment:—Feeding; Indications of Local Treatment; Importance of avoiding Mechanical Interference.

Gentlemen,—Some short time ago, we had an opportunity of observing some cases of what I call tracheal dysphagia—difficulty of swallowing depending on inflammation of the mucous membrane of the windpipe—and I made them the subject of a lecture to you. I wish to-day to offer you some remarks on a case of dysphagia very different from these, which illustrates very well the principles of the diagnosis of these cases, and which is interesting to us not only intrinsically, but from the strong contrast which it offers, both in the symptoms and the prognosis, to the cases which were the subject of my former lecture:—those cases were transient, this is permanent; those were functional, this is organic; those were affections of a respiratory organ, this of an alimentary; those patients all recovered, this man will die.

Henry Norris, aged 50, by occupation a commercial traveller, temperate in his habits, had venereal disease twenty years ago. Up to April of this year, 1864, his health was perfectly good; at that date he suffered from what he calls scurvy—purpura of the legs (which were all the colours of the rainbow, especially purple), profuse epistaxis, and bleeding from the mouth, throat, and gums, which were very tender; the gums, he says, came entirely away from the teeth. In this condition he entered one of our Metropolitan hospitals, and was under treatment for five weeks, when he left free from all his symptoms. His doctors attributed them to want of vegetable food, and the man himself thinks that want of nourishment, and general privation, may have had a great deal to do with producing them.

Previous to leaving the hospital, now eight or nine weeks ago, he called the attention of the physician who was treating him for the scurvy to a pain that he experienced on swallowing, which he then felt for the first time in his life. It was situated then, and has been ever since, beneath the lower part of the sternum, and was felt as each mouthful passed or reached the spot, and only then. On making oral and pharyngeal deglutition there was no pain, and a distinct interval elapsed before the pain was felt; moreover as soon as the mouthful of food had passed the spot the pain ceased, and he would feel no more of it; so that he experienced at a meal as many independent attacks of pain as he swallowed mouthfuls, and as soon as the meal was over was perfectly free from pain. He describes the pain "as if there was a dreadful sore place, and something hard was pressing on the raw skin; as if it was tearing his flesh from him." At that time it did not shoot through to the back, but for the last few days it has. I said just now the pain was felt as each mouthful "passed *or reached*" the spot, and I said "passed or reached" because sometimes it reached it without passing it, but came up again into the mouth, generally immediately, one mouthful coming up before the next was swallowed; sometimes, however, a mouthful, or even two, or three, or four, one after another, would stop and lodge at the painful part, and then all come up together. He knew when this was taking place from the continuity of the pain, which was not in this case transitory as when the food passed, or was returned at once. Whether the pain was as severe when he first felt it as it has been since, he cannot remember, but he is sure that within three or four days of its commencement it was extremely severe—as bad, he thinks, as it has been since. He felt it most at breakfast (and so indeed he does now), and it is at breakfast that the food stops and comes back again most. He will sit down to his breakfast feeling perfectly well, with only a slight sensation, as of indigestion, beneath the bottom of the sternum, and commence eating, but the moment the first mouthful reaches the part affected the pain is felt in all its severity, and the mouthful probably comes up. He swallows another and that comes up, and another and that comes up, and so on. At first, after a certain number of mouthfuls had thus come up in succession, sometimes as few as six mouthfuls, he would suddenly swallow perfectly easily, without any pain, and with no return of food. Sometimes, however, it would be a dozen or twenty mouthfuls that would thus return, and on one occasion as much as two whole pieces of toast thus came up in successive mouthfuls, and after that the swallowing was perfectly easy, and he made a hearty breakfast. Of late, however, for the last five or six weeks, the pain has been so great and the return of the food so uniform, that after persevering in swallowing for some time he has given it up in despair, and abandoned his meal. At the first part of the case, when the commencement only of breakfast was painful, the subsequent meals, dinner and tea, would be free from pain, and have no return of food; of late, however, the subsequent meals have been nearly as bad as the breakfast, but never quite. Thus, it was the first meal of the day that was the worst, and the first part of each meal. On the whole it is clear that the state of things has been getting progressively worse, and for the last four or five weeks he has hardly got any solid down.

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As a result of this he is rapidly getting weaker, and is now extremely feeble and thin. In dressing in the morning he is obliged to sit down and rest himself, and in walking is often compelled to sit on a door-step. The slightest exertion makes him break into a perspiration. He is constantly hungry though he dares not eat.

As he sits by me, while I am taking notes of his case, I hear from time to time—every three or four minutes—a peculiar glutching noise, which seems neither so high as the throat ncr so low as the stomach; he says it is quite involuntary, and that he frequently notices it, and that when it occurs, it is a warning to him that the passage is free. He refers the sensation that accompanies it to the sternum.

On seeing him for the first time, among the out-patients, I introduced a probang which I passed down three or four inches into the œsophagus, and then I could get it no further, whether from some obstructing material, or from the resistance of the œsophagus itself, I cannot tell; but the œsophagus gripped the sponge so firmly that I had great difficulty in getting it back again. It evidently caused the patient great distress, and the pain it produced lasted for some minutes afterwards.

On the day before he saw me, he brought up, for the first time, a piece of blood, in the form of a clot, as big as the end of his finger. On the morning of the next day (the day that I saw him) when washing, as he stooped his head to the basin, a still larger piece came into his mouth, black and clotted like the other. In the evening of the same day, a much larger piece came up, in the form of a cylindrical clot, as long as his middle finger, and about the same size, and I think there can be no doubt that it was moulded in the œsophagus. Whether it was the result of the violence done to the œsophagus in introducing the probang, I cannot tell; the man himself thinks it was.

On Tuesday, October 25th, three days after the above notes were taken, this patient was admitted, as an in-patient, into the hospital. I placed him immediately upon a liquid diet, to see what the effect of that would be, and the result was that he got nearly the whole of it down. I gave him in the course of the day two extra pints of milk, four eggs beaten up with it, beef-tea, and a custard. Some portions of it were returned, but the chief part passed, and, as a consequence, the man decidedly gained strength. Before, on a solid food, he was starving—now, on a liquid food, he was fairly nourished. On the day that he was admitted, a small clot of blood was raised: three days afterwards, a considerable clot of the old shape rose into the mouth and was expectorated, and the next day another was shewn me. This was on Saturday, October 29th; and, as the patient was shewing it to me, he remarked that he was sure he had another on his chest, for he could feel it there. I had not left the ward a minute, before I was called back to see a large clot, of the same shape as before, and about three inches long, that had just come up. With the view of stopping the bleeding, I then ordered him five minims of dilute sulphuric acid and twenty grains of kino powder, in a teaspoonful of mucilage, to be swallowed every four hours. From that time to this, now twelve days, no blood has appeared.

For the first four or five days, our patient swallowed, as I have mentioned, wonderfully better, apparently in consequence of taking nothing but liquid food, and, as a result, daily gained strength and improved in appearance; but for the last week the swallowing has been gradually getting back into the old condition—less and less has been got down, and now hardly anything passes, although nothing is attempted to be swallowed but fluids. There is, however, the same irregularity in this respect as there has been all along; and last night, after every previous meal in the day had, mouthful by mouthful, been returned, he swallowed a basin of arrowroot perfectly well, without the slightest pain or the slightest obstruction.

For the last four or five days, he has experienced a constant pain in the back, just between his scapulæ, corresponding to the spaces of the sixth and seventh dorsal vertebræ. He is decidedly losing strength day by day, and is much weaker than he was ten days ago.

Such, then, is the history of this case up to the present time. To-morrow, the man, by his own wish, leaves the hospital; and I was anxious, before he went, to make some observations upon his symptoms; for in many points they are highly interesting and instructive.

The four principal symptoms which we find are:

a. Pain on taking food, of a particular kind, at a particular place, and occurring at a particular time.

b. Obstruction to the passage of food.

c. Return of the food into the mouth after having been swallowed, and without vomiting.

d. Hæmorrhage—the raising of clots of blood of a particular shape, without vomiting, and without cough.

Now, let us see if, out of these four symptoms, we can construct a diagnosis. It is in relation to diagnosis that the case is chiefly interesting; it affords a very good example of the way in which symptoms are mutually corrective; of the way in which they eliminate, one by one, the alternatives that suggest themselves, and contribute, each its mite, to the construction of the only true and tenable hypothesis.

Our first impression on seeing this man among the out-patients was that he was suffering from ulcer of the stomach. The symptoms that he complained of were—pain on taking food, the pain coming on immediately on taking the food; return of food; and the bringing up of blood, evidently not coming from the lungs. If one were asked what were the most suggestive symptoms of ulcer of the stomach, one would probably mention these four. And it is evident that the physicians of ——— Hospital, under whose care he was, men of great ability and one of them having a special reputation for a class of diseases under which this man's case would fall, were under the impression that his trouble was gastric; for one of them ordered him a mixture containing rhubarb, and the other added to this bismuth. A very slight extension of our inquiry, however, sufficed to show us that this could not be the case. The circumstance that corrected this impression was, that each mouthful the moment after it was swallowed caused an individual access of pain, and that the pain was transitory—the end of the swallowing of the meal being the end of his sufferings, and the digestion of it, from its very commencement, unattended by any pain whatever. I do not mean to say that it is absolutely certain that these features of the pain shew that the seat of it *must* have been in the œsophagus and *could not* have been in the stomach; for it is just possible to conceive that a gastric ulcer just within the œsophageal orifice might give rise to a momentary pain as each mouthful, passing over it, entered the stomach, and

that at the same time it might be sufficiently out of the way not to be irritated by the general contents of the stomach during digestion. But if it is possible to entertain such an hypothesis, the supposition is immediately corrected by another circumstance, and that is, that the individual mouthfuls were returned again to the mouth without any act of vomiting. Now, if the food had entered the stomach, it must have been returned *by* the stomach—in other words, by an act of vomiting; but this, in fact, never occurred—the man never *did* vomit. It is clear, then, that the food never reached the stomach; and if it never reached the stomach, the seat of the pain that it caused could not have been *in* the stomach.

But there was another circumstance that the subsequent history of the case furnished, that to my mind clearly shewed that the mischief was œsophageal, and that is, the shape of the clots of blood that were from time to time raised. These were cylindrical and all alike, of just such a shape as one can imagine moulded in the œsophagus, and not such a shape as one can imagine moulded in the stomach. They were all of the same calibre, though not of the same length; and on looking at them, one could not resist the impression that they were moulded in a tube. Now, if these clots were formed in the œsophagus, the question of the seat of the disease is settled; for they not only shew where the blood was poured out, but, I think also, that there existed below the point in the œsophagus where the blood was effused such an obstruction as prevented it from passing down at once into the stomach.

The disease, then, having been determined to be œsophageal, what was it? Was it simple spasmodic stricture? Was the obstruction due to some pressure from without? Was it simple organic stricture, such as that which results from the slow contraction of old cicatrix? Was it due to aortic aneurism? Was it ulceration of some kind? and if so, what?

Let us now take these different hypotheses in succession, and test them by the symptoms, and see how they respectively bear the examination.

1. Was it simple spasmodic stricture? This hypothesis would be perfectly consistent with the pain, with the obstruction, and with the return of the food; but there is one symptom that it would not be consistent with, and that is the hæmorrhage. You may have spasmodic stricture *with* hæmorrhage, but you must have something *more* than spasmodic stricture.

2. Was it due to pressure of something from without, as of a tumour in the posterior mediastinum? Against this hypothesis would be ranged, not only the hæmorrhage, but the intermittent character of the symptoms—their severity at one time and absence at another. Such a cause as external pressure is what mathematicians would call "a constant", and therefore cannot give rise to an inconstant result. There was, moreover, the negative evidence of an entire absence of all the signs of tumour.

3. Against the supposition of simple organic stricture, without any lesion beyond the organic narrowing—such a narrowing as would be the slow and gradual result of swallowing some corrosive poison, such as vitriol or caustic alkali—I think the objections are almost equally strong. Unless such organic stricture were very slight, and largely supplemented by spasmodic contraction, it would not be compatible with the occasional almost perfect freedom of deglutition; moreover, we should be here again met with the difficulty of the blood.

4. Was it aneurism? This was the first thing I thought of after I gave up the idea of ulcer of the stomach, and I think it is that which would be suggested, and reasonably so, to any one examining such a case as this. Indeed, I think one might broadly state that dysphagia, apparently organic and attended with considerable bleeding into the œsophagus, would point rather to aneurism than to anything else. At any rate, aneurism was what we did think of, and what we tried to find evidence of. But beyond the dysphagia and the blood, there was nothing to support it. There was no aneurismal *bruit*, no impulse, no percussion-dulness, no dyspnœa, no aneurismal cough, no stridor of voice or aphonia, no inequality of pulse or of pupil. The question then is, whether the symptoms present, in spite of all this negative evidence, were sufficient to prove the existence of aneurism. There can be no doubt, I think, that they were not. And besides, there are these two points, which the subsequent history of the case developed, dead against the aneurism hypothesis—one, that if the bleeding had been aneurismal, it would not have attained the extent that it did without having attained a much greater extent, would not have ceased, as it apparently has, but would probably have speedily become profuse, ungovernable, and fatal; the other, that it would not have yielded to the treatment to which it apparently did yield—the kino and sulphuric acid. You will remember that from the day the man took these styptics the bleeding ceased, although continuing freely up to that time.

5. We come now to the only remaining supposition that the symptoms were due to some organic intra-œsophageal lesion, producing at once obstruction and hæmorrhage—obstruction compatible with occasional freedom of passage, and intermittent hæmorrhage. If we suppose, in addition to this, that the organic disease produced occasional spasmodic stricture, or that it was of such a nature as occasionally to block the passage and occasionally not, and that it has been gradually increasing since it first gave signs of its existence, I think we shall have arrived at a diagnosis that will cover all the symptoms, and satisfy all the demands of the clinical history. The point in the history of the case that seems the least compatible with organic disease, is the freedom with which swallowing would be performed at one time and impassably obstructed at another. There appear to me to be two ways in which this might be explained: one, that although organic disease was present, as shewn by the blood and other circumstances, yet the principal obstruction was caused by spasmodic contraction of the œsophagus; the other, that the organic lesion was of such a nature as, by some plug or valve-like condition, at one time to obstruct the passage, and at another time not—that the intra-œsophageal growth, for example, might either be pressed against the side of the œsophagus and so allow the food to pass freely, or else be driven forward into the cavity of the tube and so offer a bar to its further progress.

Without saying that the œsophagus did not spasmodically contract, I am inclined to adopt the latter of these suppositions; for one can hardly

imagine spasmodic stricture existing in full force up to some particular mouthful in a meal, and then suddenly ceasing for the rest of the meal; it seems far more reasonable to suppose that this sudden change was of a mechanical nature.

The *prognosis* of such a case is involved in the diagnosis, and is necessarily unfavourable. Organic disease of the œsophagus of such a nature as I have supposed is more likely to be malignant than not. The further increase of the disease, which has already made swallowing almost impossible, will, by and by, make it quite impossible—everything will be returned, and the man will die starved. It is possible that, before the fatal event, other symptoms may shew themselves, dependent on the extension of the disease to contiguous parts, or on the more complete destruction of the œsophageal wall. For example, the extension of the ulceration may establish a communication between the œsophagus and the windpipe, and each mouthful swallowed may be coughed up through the glottis, as happened in an interesting case which occurred in my late father's practice many years ago; or the pneumogastric nerves may be involved in the disease, or other complications may occur.

As for the *treatment* of such a case as this, there is not very much to be done. Independent of the organic nature of the affection, its very situation interposes great difficulty in its treatment; there are, however, one or two points worth mentioning.

Perhaps the most important part of the management of such cases is the *feeding* of them. The direction in which death is threatened is by inanition; the prolongation of life, therefore (which is the thing the physician always aims at when the cure of disease is impossible), is best secured, and this catastrophe longest averted, by giving the patient such a food, no matter what it may be, as he can best swallow. We saw that this man, although starving on solids, became very fairly nourished when fed exclusively on liquids. By such a method of feeding, a great deal of strength may be regained, and the patient's life considerably prolonged. When the swallowing of liquids is impossible, nothing remains but to administer nutrient enemata.

The only *direct* treatment that can be of service in such a case must manifestly be local—no general treatment could possibly be of service in organic lesion of this nature. Now, there is a special difficulty in treating disease of the œsophagus *locally*. You may easily treat locally any part where there is naturally a delay of that which is applied to it, or is introduced into it. You may treat the mouth locally, you may treat the stomach locally, you may treat the rectum locally, you may, by inhalation, treat the air-passages locally; but to treat locally a part which merely transmits is very difficult—next to impossible. If you administer anything in any considerable quantity, it simply passes on. The only way to obviate this difficulty is to give the remedy in a quantity so small that it shall reach, and only *just* reach, the affected part, and not be passed beyond it. This is what I endeavoured to do; moreover, I endeavour to give it of such consistence as would be likely to adhere to the surface over which it passed. The limitation of quantity has, however, the disadvantage of limiting the dose of the remedy; for the application must not be stronger or more concentrated than the mouth will bear. This is why I was only able to give five minims of the sulphuric acid in the kino and mucilage I administered to arrest the hæmorrhage; for the quantity being, for the reason I have mentioned, limited to a teaspoonful, the amount of acid was also necessarily limited, or else it would have been too strong to have been comfortably swallowed. Five minims to the teaspoonful is forty minims to the fluid-ounce, and that, I think, is quite strong enough.

The objects to be aimed at in the local treatment of such cases are—the arrest of hæmorrhage and the diminution of the sensibility and irritability of the part. The former I endeavoured to achieve, and apparently *did* achieve, by the compound kino powder and acid in mucilage; the latter I succeeded in a great degree in compassing by a bolus of conium and hyoscyamus with a little opium. I must say, with regard to this last, that the disease itself made a local treatment possible that would otherwise have been very difficult, for the bolus was delayed, as I thought it would be, at the diseased part, and was gradually dissolved there, and exercised on it its full sedative influence. This was shewn by the fact that, after the bolus had been swallowed some hours, dissolved particles of it would rise to the mouth.

In conclusion, I have only one word to say in the way of warning: be very careful how you make exploratory examinations in such cases; be very chary of thrusting down probangs, or attempting to feed by the stomach-pump. The chance of getting additional information may be dearly purchased. In this case, the use of the probang appeared to be followed by an increase of the bleeding. But far worse than this might have happened—the instrument introduced might have been passed through the diseased wall of the œsophagus into the windpipe. This is no doubt what would have happened in the case that I have already referred to, that occurred in my father's practice; and this is what actually *has* happened. Nay, more than this, in attempting to feed with the stomach-pump a patient suffering from organic disease of the œsophagus, a surgeon has pumped a basin of gruel into his lungs, and killed him then and there. I say, then, beware of meddling too much with such cases in the way of exploration.

Bust to Dr. Corrigan. On the retirement of Dr. Corrigan from the office of President of the King and Queen's College of Physicians, it was resolved, at a meeting of the College, that a portrait of him, to be provided for out of the corporate funds, should be placed in the hall of the College, with a suitable inscription. It was further resolved, that a subscription should be inaugurated amongst the Fellows and Licentiates for the execution of a bust of Dr. Corrigan in marble. This movement was at first strictly confined to the members of the College, from whom, within a very short period, a sum considerably larger than would be required for a bust was procured. It was subsequently intimated that a very general desire existed on the part of the profession, as well as of the public, to contribute to this testimonial. The Honorary Secretary has been, therefore, authorised to receive the subscriptions of all persons who may desire to contribute, with the view of substituting for the bust originally contemplated, a marble statue by Mr. Foley, R.A., to be placed in the hall of the College, along with that of the late Sir Henry Marsh. Subscriptions may be forwarded to Dr. Lyons, 8, Merrion Square West, Dublin.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

TUMOUR OF THYROID GLAND: TRACHEOTOMY: DEATH.

Under the care of K. KING, M.D.

DAVID BLACKBURN, aged 22, was admitted Oct. 12th, 1864. In front of the trachea, and connected apparently with the isthmus of the thyroid gland, was a prominent swelling as large as a hen's egg, which moved during deglutition, and was not painful, the skin covering it being quite natural. There was also considerable fulness of the lateral lobes of the thyroid, most marked on the right side. Breathing was very difficult, prolonged, and stridulous; and the patient spoke and coughed with difficulty, the cough having also a croupal character. In other respects, he was quite well. The swelling had been gradually coming on for three years. He was ordered to take five grains of iodide of potassium three times a day.

Oct. 22nd. There was no improvement. Ointment of biniodide of mercury was ordered to be applied occasionally.

Nov. 2nd. Breathing was more impeded; the lips were quite dusky; and he lay with his head thrown back. The skin of the neck was very sore, from the application of the ointment.

Nov. 5th. He was now much improved again, and quite as well as when admitted.

Nov. 12th, 10 P.M. During the last few hours, he became considerably worse, and he now drew his breath with great difficulty.

Nov. 13th, 2 A.M. He was becoming quite livid and insensible. An incision was made in the mesial line over the tumour, which was removed, and proved quite distinct from the thyroid gland; it was globular in form, and had a firm fibrous covering. The trachea was thus left freely exposed, but lying at the bottom of a deep wound. There was free hæmorrhage from the vessels which supplied the tumour; and these were tied *en masse* by a double ligature passed through them. The breathing seemed somewhat relieved by this, though still stridulous; but, after waiting two hours, as there was still great lividity and a failing pulse, an incision was made into the trachea, and a large tube inserted.

After this, he improved, and soon breathed with more ease than he had done for months; his pulse recovered itself, and he took milk and brandy freely.

Nov. 14th. Some muco-purulent and bloody matter was expectorated through the tube. Breathing was tolerably easy, and the pulse good. Milk and brandy were taken freely; and beef-tea was given as an injection.

Nov. 15th. Breathing was much more difficult all the early morning, and a great deal of muco-purulent matter was ejected. He continued to become worse, and died at 9 A.M.

AUTOPSY. The thyroid gland was apparently much enlarged, each lateral lobe being about five inches in length, and marked out into lobules on the surface. On section, the mass was seen to consist of separate cysts and solid tumours, varying in size from a nut to a walnut; the contents of the cysts varied from a black treacly fluid to a clearer gelatinous fluid, and the solid tumours approached to soft cancer in appearance. Besides and behind these was the true substance of the thyroid gland, proportionally very small. The separate tumour, which was removed, had all the characters of the tumour just described, but was anatomically quite distinct from it. The trachea and larger bronchi were quite filled with muco-purulent fluid, which welled up from the divided bronchi when the lung-tissue was compressed. Several microscopists examined the tumours, but could not find evidence of malignancy.

FRACTURED RIBS: GENERAL EMPHYSEMA: RECOVERY.

Under the care of K. KING, M.D.

Peter Murphy, aged 51, was admitted August 8th, at 3 P.M. He was a stoutly built man, having a bloated appearance, the face and trunk being much swollen, and crepitating all over on pressure. The face was congested; the lips dusky; he had two black eyes, and numerous bruises. His breathing was short, but not much distressed, as he was able to walk upstairs; he had a constant short cough, but very little expectoration, and that a clear mucus; pulse 76, feeble. Two days previously, he had been beaten by some fellow labourers, when he had some ribs fractured, and soon afterwards began to swell and suffer from shortness of breath; but he had no spitting of blood.

7 P.M. The swelling had increased, and his breathing was very hurried and shallow; complexion more livid; and pulse feeble. Five incisions, about an inch long, were made into the cellular tissue over the front of the chest; air rushed out with a hissing noise, and he was soon much relieved in every respect. He was ordered to take a fourth of a grain of tartarised antimony every four hours.

Aug. 9th, 2 A.M. He was very much distressed, and unable to lie down; breathing with great difficulty; the emphysema and lividity had again increased. Three more incisions were made, and the others enlarged.

8 A.M. The skin was less tense, but crepitated everywhere, even down to the fingers. His breathing was easier; there was still much congestion; pulse 70, with more power. The mixture was omitted. He was ordered to have half a grain of calomel and a fourth of a grain of opium every four hours.

Aug. 10th. He was decidedly better; the skin was soft, but crepitating all over; breathing quiet; lips less congested. He could lie down, and had slept a little; there was scarcely any cough.

Aug. 13th. He was very comfortable. The crepitation was as marked over the trunk, but less so upon the extremities. The wounds were rather sloughy. He took his food, and slept pretty well.

Aug. 20th. The emphysema had altogether disappeared; but he had still some cough. A bandage was applied to the chest.

Sept. 2nd. He was discharged quite well.

GUNSHOT WOUND OF THE CHEST, FATAL.

Under the care of K. KING, M.D.

Jas. Layton, aged 22, was admitted November 22nd, at 9 A.M. One hour previously, whilst dragging a gun through a hedge by the muzzle, it went off, and the charge entered his chest. His flannel shirt was very bloody, and had a large hole in it; and a bandage had been applied round the chest by a surgeon before admission. On the right side, there was a ragged wound as large as a five-shilling piece over the cartilages of the seventh and eighth ribs, which

were fractured; and there was a hole admitting of the passage of two fingers into the pleural cavity, through which air passed audibly during respiration. There was very little hæmorrhage externally; and neither cough, nor hæmoptysis, nor emphysema. His breathing was hurried and catching, and his voice very feeble; pulse 120. No air entered the right lung in front; but some vesicular murmur was to be heard over the scapula. On examining the wound with the finger, a piece of costal cartilage, half an inch long, was felt loose, and removed; also several small pieces of lead and small shot, and some shreds of flannel shirt. The wound was then closed with hare-lip pins; and the side of the chest strapped, as for fractured ribs. He lay on his right side, and was very thirsty.

7 P.M. He had vomited three times during the last hour, but was much the same in other respects. He was ordered to take an effervescing draught occasionally.

11 P.M. He was considerably worse, and much distressed in his breathing, which was 80 in the minute. The pulse was 160, feeble, and rather irregular in force; the face much congested; lips slightly dusky. He had vomited again once. Ten ounces of blood, of a very dark colour, were drawn from the arm. This blanched the face, but did not produce marked faintness, though he was sitting up; and he expressed himself relieved.

12.30. He felt more comfortable as to his breathing, but it still numbered 80 respirations per minute; pulse 180.

2 A.M. The face was more dusky, and pulse feebler; and he was evidently worse. The lividity gradually increased, and he died at 5.30 A.M.

No *post mortem* examination was allowed.

COMPOUND COMMINUTED FRACTURE OF LEG, DISLOCATION OF FEMUR, AND FRACTURE OF ACROMION PROCESS: RECOVERY.

Under the care of W. J. LUNN, M.D.

Benjamin Morton, aged 20, was admitted July 22nd, 1864. He was a railway navvy, and was engaged in making an embankment at Cherry Burton, when a mass of earth fell upon him,

The right tibia was fractured immediately above the ankle, and again two inches higher up; the fibula also was fractured two inches above the ankle; and there was a wound communicating with the fracture, from which there was some venous hæmorrhage, but no protrusion of bone. The left femur was dislocated, the head of the bone being on the foramen ovale; the limb was much elongated, everted, and incapable of adduction, but could be flexed upon the pelvis; the head of the bone was not to be felt at all, and the trochanter was two or three inches lower down than natural. There was also a transverse fracture of the left acromion process. He was a good deal depressed, and suffered much pain across the loins. A catheter was introduced, and half a pint of bloody urine drawn off.

The leg was first securely put up in a McIntyre's splint, and the dislocation of the thigh then reduced under chloroform. Extension by pulleys having been persisted in for some time, it was then suddenly discontinued, and the thigh was bent forcibly upon the trunk and towards the opposite side. After this had been repeated several times, the head of the bone passed with an audible snap into the ischiatic notch, leaving the limb considerably inverted, and capable of adduction, though still elongated. After this, the further reduction was easily effected.

He progressed rapidly, without a single bad symptom, and was discharged well on October 7th.

COMPOUND FRACTURE OF TIBIA AND FIBULA: SECONDARY AMPUTATION: DEATH.

Under the care of W. J. LUNN, M.D.

Thos. Codd, aged 22, was admitted October 17th, with compound fracture of the left leg in its middle third. The wound was small; there was no protrusion of bone, and only slight hæmorrhage. He was walking up a plank into a cart, and carrying a sack of coals, when the plank tipped sideways, and he fell to the ground. He was a healthy man in appearance; but the heart's impule was very excessive, and there was a loud systolic *bruit* at the apex—consequences of an attack of rheumatic fever ten years previously. The limb was put up with a McIntyre's iron splint.

Oct. 20th. There was much tension around the wound, which was painful and inflamed.

Oct. 22nd. Suppuration had set in, and the wound was increased in size by the formation of a small slough.

October 25th. He was feverish, with a dry tongue; and suffered a good deal of pain. The wound and parts near were much inflamed and sloughy. He was ordered to take an effervescing soda draught every four hours, and twenty-five minims of tincture of opium every night.

Oct. 31st. Considerable hæmorrhage had occurred from the wound, which was now filled with coagula.

Nov. 2nd. Hæmorrhage was still going on, and forcing out the coagula; but no bleeding vessel was to be seen.

Nov. 5th. Further hæmorrhage occurred. The wound was much extended in size by sloughing, caused by the pressure of the coagula. Pulse 120; tongue dry. He suffered much pain. Chloroform was given, and the leg was amputated below the knee. He bore the chloroform and operation well, and was not sick afterwards. The fracture was very oblique, and the ends of the bones were denuded of periosteum. The tissues around were sloughy, and infiltrated with pus.

Nov. 6th. He was still feverish, with a rapid and feeble pulse. Four ounces of wine were ordered.

Nov. 7th. The stump was dressed; the flaps were stuffed with coagula, but no blood was flowing.

Nov. 10th. Grumous pus was beginning to escape. There was no fresh hæmorrhage. The flaps were sloughy at the edges. Eight ounces of brandy were ordered.

Nov. 11th. The pulse was too feeble and rapid to be counted. The eyes were sunken. He retched frequently, and screamed and moaned a good deal. He was ordered to have soda-water, with five minims of tincture of opium every three hours.

Nov. 12th. He died at noon.

POST MORTEM EXAMINATION. The heart was hypertrophied, but not adherent to the pericardium. The mitral valve was much thickened, especially along the free borders, and contracted. There was no other visceral disease.

CERTIFICATES OF VACCINATION. It appears that the law, divested of its technicalities, is as follows. The registrar of births for the district, on the registering of the child, is to give to the parents a notice to have the child vaccinated within three months of its birth; when vaccination is successfully performed, the medical gentleman is in all cases to give a certificate of such successful vaccination to the parents, and to transmit a duplicate of the same forthwith to the registrar, who is to add the same to the register of birth.

Original Communications.

ON THE PHYSICS OF DISEASE,

AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By Benjamin W. Richardson, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

Prefatory Note.

To the Members of the British Medical Association.

Gentlemen,—The following series of papers is based on a paper of which I had given notice to the Cambridge meeting, entitled "The Physical Pathology of the Blood". Owing to the pressure of business at the meeting, the paper was only given in very brief abstract; but as many of my Fellow Associates have done me the honour to express a wish to see it *in extenso*, I have undertaken to send it to press in the columns of the Journal, and have added some additional matter, which may, I trust, prove of interest. The object of the communication is to show the relationship that exists between physiology, in its more advanced form, and daily practice; and specially to simplify the structure of scientific medicine by indicating that disease, in however many types it may appear, is but one departure from a natural condition; that, in brief, as I expressed ten years ago: "Disease is an unity with a variety of phenomena; and the causes of disease are reducible to a few elementary forms."* I shall endeavour to illustrate this more definitely than I have yet done; I shall try to show that life in its physical aspect—for I have nothing to do with metaphysics—is force developed through matter, and from that I shall strive to explain some of those changes—symptoms—diseases, if we must call them so—which follow when the expression of that force is disturbed, by reason of any change in the nutrition of the body or in the mechanism of the body. I shall thus embrace, and I think properly, under the head "physics", every physiological act, whether that be the contraction of the heart, the circulation of blood, the oxygenation of the blood and tissues, secretion, or any other act which we are accustomed to connect with the thought of life.

Such is the outline of my plan; but ere it is opened let me crave the indulgence of the large, the critical and learned, audience to which the plan is submitted. The ground to be traversed is so new, the appearances it presents are so different to those that are left behind, and the course of description is so difficult, that every consideration must be asked with all due earnestness and confidence. I stand forth but as an explorer with one pair of eyes; and pretend not that my descriptions and inferences shall remain correct when the same objects as those upon which I have looked with the wonder of a little child who sees a new scene, shall have been investigated, discussed, and defined, by the many who follow with more ease, more knowledge, and more wisdom. I care not, in fact, if everything I say crumbles to the dust, should I succeed in drawing attention to the advanced work that is before the present generation of medical men. I have no dogmas to put forth, no opinions to offer beyond what facts support; and if I draw forth argument, why, then, as Julius Cæsar Scaliger hath it, "Sicut ignis lapidum collisione, ita ex disceptationibus elicitur veritas."

* See Introductory Chapter to *Journal of Public Health*, vol. i, page 2; January 1855.

Chapter I.

On Death or Temporary Inertia as the Extreme Form of Reduction of Animal Force, and on the Unity of the Process. On the Unity of Animal Force during Life, as mere Motion. On the Physical Origin of Animal Force or Motion.

ON DEATH.

When a man, or other animal, lies dead, the common voice of mankind, as if instinctively governed, expresses the fact in one reasoning sentence. You ask any number of persons why in their estimate they consider the man or the animal dead? The answer will be, "Because the body has ceased to move"; or, the involuntary movements having also ended, "Because the body has ceased to breathe." It is a singular truth, and none the less a truth, that this common form of expression conveys, in what we now see to be the profoundest philosophy, the precise meaning of physical death; for death, in the physical aspect in which we are looking at it, is neither more nor less than temporary inertia, or cessation of motion. The force which kept the molecules of the body apart, and which enabled them to move freely on themselves, which enabled also certain of them to assume various mechanical forms and directions, is withdrawn; then the molecules, no longer separated, begin to come together, and the body not only is made powerless, but for a time rigid: and thus it remains until, by the setting up of new physical processes in which force is evolved, it is transformed into a new type of physical life.

But that which we designate as force is simple motion; it was motion that kept the molecules at true distance, that gave them flexibility, that limited their combinations with each other, and the cessation of which allowed them to come together, until the once flexible and tremulous tissues set like marble in one compact mass.

Do we want a visible demonstration of the influence of mere motion on organic particles, we have it in our hands. When the blood is in full and active motion through its vessels, before it reaches the extreme parts, the red corpuscles do not coalesce, but are held apart by the motion: we arrest that motion; we take a little of the moving blood, and let it lose motion on the microscope-slide; and the little particles, attracted by each other, at once come together and form rolls and columns. This is the effect of inertia, or death, of a drop of blood; but it carries with it the explanation of the whole physical phenomenon of death. Rigor mortis is the entirety of that process of which coalescence of blood-corpuscle is a part; it is molecular coalescence of all the body.

If we ask for a broader illustration, we have it in the very relation of our own bodies to the earth itself. By the force of gravitation, we are virtually chained to the earth; and we are enabled only to traverse its surface by the evolution of force, the motion that is evolved in us. Why is an emaciated man weak? He is coming under the influence of the earth, because he is not producing efficient motion. Why does

a bleeding man faint and fall? He is losing motion, or resistance to gravitation; and the earth claims him. For the same reason that the gyroscope in motion does not fall, but at rest does fall, the man in full possession of motion stands erect and moves; and the man who has lost motion lies prostrate and is still. When a sick man says, "I am weak," he expresses what is little thought of, because it is so simple; he is telling, in his own words, that the earth is fixing him, drawing him to herself as to the natural home to which his body must return when the motion, or force that is antagonistic to gravitation and with which he is inspired, shall be withdrawn. Thus, the living man is constituted on the same principle as the planet on which he exists, and is to the planet what the planet is to the sun. The motion with which he is endowed is his centrifugal force, the attraction of the earth the centripetal. Between these he moves, in his cycle, until, his own motion failing, he falls into the earth, as the earth, did its motion fail, would fall into the sun.

The process of death is unity. All terms that tend to divide it into types are false, and lead away from the truth; it is simple breakage of that physico-chemical process through which motion is elicited. You may arrest the motion of a steam-engine by cutting off air from the furnace, or by taking away fuel from the surface; you may increase the force until you tear the machine to pieces; or you may work it until its parts fall out of gear; you may, *i.e.*, choke it, bleed it, tear it out, wear it out, but, in every case, you only do one of two things—you either destroy the force that moved the mechanism, or destroy the mechanism that was moved by the force. It is precisely the same with an animal, in a physical point of view; when an animal dies, it dies either because its force is not generated, or because the mechanism is unable to apply the force that is generated; in both cases, the phenomena observed is cessation of motion, with the earth, like a great magnet, seizing its prey when the motion is withdrawn.

Death is only to be considered perfect when all the molecules of the body come to rest; when but in one part or segment of the body the motion is suspended, we have local death, which we call disease; when the circulation, motion, is stopped effectually through a limb, and the limb putrefies, we see in the same body the two phenomena of life and death, *i.e.*, of motion and inertia; it is an experiment thus made, as it were, for us. I have seen the two phenomena in a more marked degree in cases of animals where the motion has been arrested by inhalation of nitrite of amyl. In these, I have seen the right heart beating when every other muscle was in rigor mortis.

ON THE UNITY OF THE ANIMAL FORCE AS MERE MOTION.

Various speculations have at different times been put forth as to the nature of the force by which the body is animated. We have heard of vital force, nerve force, heat or caloric, and electric force, and schools have actually been formed on these terms alone. The cause of difference has arisen from the fact that the so-called forces are but varied representations, real or assumed, of one force, which is simple motion. The term vital force is the mere expression for force resident in bodies that live; in no other sense has it any meaning. It were in truth as well to speak of the decomposition of a dead body as the mortal or dead force, as it is to speak of the movements of a living body as the vital or live force. To imagine that there is in animal bodies any physical force other than pertains to all else in nature is beyond reason superstitious and absurd. What moves man moves the planet; and what moves the planet moves the sun; and what moves the sun moves all the infinite systems of suns and worlds in their courses. We cannot isolate an animal and break the immortal chain of life and being for the mere amusement of speculation about a special force in animals, as though an animal were not a part of the great whole of the universe, or as though a world in motion were not as much alive as a caterpillar or a moss. Impossible! We may then dismiss vital force as a human term to express the force, whatever that force may be, of an animal or vegetable body, because the force is shewn from or through the animal, not because it is itself specific and is not elsewhere.

We may dismiss the hypothesis of nerve-force on similar grounds; we might as well talk of blood-force or muscle-force as of nerve-force. It is true that force may be exhibited through nervous structure; but to isolate such force and say that it is specific or a peculiar force, is even worse than to speak of vital force in the same terms, because it is a more limited form of expression. When, however, we speak of heat-force, electric force, light-force, or pure mechanical force, we arrive at something more tangible, but we do not arrive at different forces; we meet only with one force—motion developing itself through matter, and seeming only to develope itself differently in its unity, because the matter through which it is developed is physically different. In the body we see motion in various forms. Primarily, in so far as the vegetative life is concerned, we have the motion eliminated by the oxidation of blood, which motion we call heat; again, we have motion eliminated through the nervous organism; next, we have it through light entering by the eye; and once more we have it as pure mechanical motion, in the vibrations of the tympanum when sound is produced, and in the excitation of the surfaces of the body, when the nerve filaments are set in action and sensation is produced. But when all these developments or representations of force are considered, they resolve themselves into mere motion, varying in intensity, it may be, but still the same. I breathe, I listen, I look, I feel, I move; the forces seem various, they are executed differently, but they are all simple motion. So by analogy, if I would set up a fire, I may proceed by different ways; I may take fire from fire—direct propagation; I may strike steel with flint—mechanical excitation; I may expose phosphorus in fine layer to the air—oxidation; I may set an electric machine to work and fire spirit, or drive a voltaic current through conducting substance, and produce a light on combination—electric chemistry; the acts are apparently different, the forces different, but they are all one and bring continuance of one phenomenon—motion.

It is out of character, therefore, to say that there are various forces in the body; but we may properly say that motion in the body is developed by modifications of process. At the same time these modifications are limited; for, excepting the mechanical vibration of the air on the ear, the mechanical entrance of light by the eye, and the mechanical influence of touch on the exposed surfaces, the motion of the body in all that pertains to its own power of action is through heat. It may be, that the motion which in all the soft parts of the body is manifested in the form of heat, is in the nervous centres and nervous system as a whole transformed into electric or thermo-electrical motion; but the precise source of the motion is unquestionably thermal, and it is certain that, unless through this process motion be universally diffused through the tissues, motion otherwise applied ceases to exert any local effect. Hence a frozen hand is indifferent to the most violent external excitation or mechanical motion; hence, although an electrical

current will pass readily enough through the nerves of frozen muscles and through frozen muscles, it fails to exite contraction in the absence of a thermal current. Heat is thus the sustaining motion of the organism; it holds all the active parts in such motion, that without undue waste they shall be ready under excitation or communication of new motion to act at once according to their functions. Heat, in other words, sustains the equilibrium of motion in animal bodies; it does not in the same direct manner as in the steam engine do everything, for, if it did, the body would cease to be self-regulating; but it keeps the body up to a given standard of motion and prepared for action. This reading of the value of heat-motion in the organism is of primary importance in the physics of disease.

The body thus prepared for action requires only for work extra motion, or, as the old men called it, "stimulus." It receives this from without and from within; from without in those external impressions wrought by light, sound, touch (all of which are motion); and from within by motion communicated from the nervous centres and cords; motion, which is itself derived from the combustion of the blood, and is therefore thermal in its origin.

Thus every stimulus is motion; motion communicated to parts ready to be set in motion. Just as an engine when prepared to start, by being charged with heat, waits only for the engineer to put on the pressure for its wheels to revolve and its movement to commence, so the body equally and similarly prepared moves, locally or generally, when new motion is communicated.

It was in failing to recognise the action of added motion, stimulus, that the theory of the *vis insita* of Haller fell short of the truth: Haller saw that in every muscle there was a certain standard of motion independent of nerve-stimulus: but he did not see that when by pricking a muscle he caused contraction, he was doing what the nerve normally did, communicating motion; and that, in fact, the movement he saw was nothing more than the propagation, or it might be said, the echo of the movement of his own hand; and not seeing this, he stopped short at the *vis insita*. On the other hand, the vibratory theory of Hartley failed, because it recognised nothing except the stimulus, or the motion from without. We have now more light; in truth, however we may differ as to the specific kind of motion in the healthy body, we hold demonstrative evidence of motion always present through heat, always universally diffused, and always passing from the body so as to be properly equalised. We hold also demonstrative evidence of motion as a stimulus, as derived from without and from within the organism.

OF THE PHYSICAL ORIGIN OF ANIMAL MOTION.

To endeavour to go back to the origin of animal motion would be to attempt the definition of a first cause. We might say that animal motion is derived from the motion of the earth, because, if the earth were to lose its two motions for the most infinitesimal period of time, all motion upon it would cease; or if its motions were quickened, all motion upon it would be proportionately increased. But admit so much, and thence the further argument: the earth derives its motion from the sun. But the sun has motion; and whence is that derived? Whence motion throughout all space? We must stop at the question. Without thinking, then, of the first cause of motion, we come to secondary causes—to those means by which the universal motion is conveyed through special parts, by which it developes itself through matter, or by which it is expended on matter; and in this field we have certain facts which are, I had nearly said, sufficient for all that we would reasonably know. We find motion coming to us directly, as in light from the sun; we find motion coming to us indirectly, as in heat derived from the sun, but elicited through the earth; and we find motion that proceeds from combination of opposing conditions on a vast scale, as in electrical storms. But more: we have illustrations of secondary causes of motion in smaller details, as in the mechanical friction of bodies, and in chemical combinations. In the animal organism, we trace the origin of the motion by which its mere mechanism is animated, in the chemical union of oxygen with carbon. The union of the air and blood is precisely to the body what the mainspring is to the watch. From the union, motion results, and is universally communicated to the organic parts; nor can there be any inertia or death while that communication continues. In addition to this—the force of evolution—the body receives motion from without, and by that means it takes impressions and assumes reason. The first is essential to any manifestation of life; the second is supplementary to the higher development of life. Without the first, an animal could not be constructed; but without appreciating the second directly, the animal may live: it may neither take in light by the eye, sound by the ear, nor sensation by the touch, and yet it may live.

The perfect organism constituted for motion from its own centre, and influenced by motion from without, remains in health so long as the forces, internal or external, are in due relation to the matter of the organism. Let the internal force be unduly raised or depressed, and the body is diseased; it is overactive, or it is inactive. Withdraw from the body the external forces, and it sinks into a machine; stun it with some overwhelming external force, and its mechanism is deranged or destroyed; it is made ill, or it is killed.

In the physics of disease, all our knowledge must rest on our correct appreciation of animal motion, and mainly of that motion which is derived from the oxygenation of blood. I shall direct attention in the next chapter to this last named point.

OBSCURE CASE OF CANCER OF THE STOMACH.

By William Date, Esq., Ilkeston, Derbyshire.

H. M., aged 55, was an unmarried woman, of small independent means, which she eked out by winding thread for the manufacture of gloves. She came of a healthy family, none of whom had had cancer. She had always enjoyed good health, with the exception of an attack which she had when about thirty-five years of age, and which lasted about a fortnight. During that time she had a feeling of weight at the epigastrium; no pain; persistent vomiting, the vomit occasionally consisting of altered blood. She menstruated with regularity until forty-three years of age. She never suffered from shortness of breath, and, in short, since the attack mentioned, her health had been good. About the beginning of August 1864, she began to have a sensation of weight and fulness at the epigastrium, coming on about half an hour after meals, which never, however, amounted to pain, and generally passed off in about an hour. Since that date, she had been gradually and slowly losing flesh. About October 15th, she began occasionally to vomit her food mixed with acid mucus. She was of rather a penurious disposition, and therefore, although she was much distressed by the vomiting (which for the last few days had been persistent), she did not seek medical assistance until Oct. 21.

I then found her still tolerably fat, but very weak and prostrate; pulse 110, very small and thready. The complexion was sallow, but not cachectic. She could not retain on her stomach the smallest quantity even of fluid nourishment. The matter vomited had an acid taste, was of a dark grumous character, and evidently consisted of mucus and altered blood (which character it had retained for the two previous days). Pressure over epigastrium gave very slight pain. No distinct tumour could be felt, although there seemed to be some fulness. There was no apparent enlargement nor tenderness of the liver. On applying the hand to the epigastric region, the aorta could be felt pulsating very distinctly; but there was no fremitus. Auscultation over heart revealed a soft systolic apex murmur. The first sound could be heard all along the aorta, thoracic and abdominal; along the iliacs, and even as far as the femorals. The bowels had not acted for two days.

October 22. The vomiting continued in spite of remedies. In answer to an enema, she had passed a quantity of dark pasty fæces, containing blood. She was free from pain. The urine was not albuminous.

October 26th. She continued in much the same state until to-day. I saw her in the morning, and found that the pulsations of the aorta were distinctly visible at the scrobiculus cordis. In the evening, she had taken a tablespoonful of beef-tea, and was vomiting after it, when she suddenly threw her head back, and ejected about a pint of bright-scarlet blood. I was fetched hurriedly to her, as the attendants thought she was dying. I found her very weak, cold, and pallid; pulse 130; skin cold and clammy. The pulsations of the aorta were become more visible, and were now apparent from the ensiform cartilage to below the umbilicus.

October 27th. She continued very prostrate. The violent pulsations continued, as also the vomiting. She passed by stool this morning a considerable quantity of black blood.

October 28th. Dr. Robertson of Nottingham saw her with me in consultation to-day. On examination, he found things pretty much as above described. There was no enlargement of liver; no distinct tumour; very slight tenderness on pressure over stomach; mitral systolic murmur; pulsation of abdominal aorta to be seen and felt; no fremitus. On listening over the spine opposite the cæliac axis, he detected a single rough bruit, heard only during inspiration, and disappearing during expiration. Vomiting continued, but there was now no blood. It consisted chiefly of food swallowed, and of acid mucus.

October 29th. She gradually sank, and died this morning, exhausted.

I omitted to mention a single soft murmur heard all along the abdominal aorta.

Autopsy 48 hours after death. The body was from the first not much emaciated, the belly being covered with fat half an inch thick, and the omentum also being tolerably fatty. All the abdominal organs appeared to be *in situ*. On trying to remove the stomach, it was found firmly adherent to the liver. In breaking down the adhesions, the stomach was opened, and a quantity of dark grumous fluid escaped. The smaller curvature and the upper part of the posterior wall were occupied by an irregular, nodulated scirrhous mass, about two and a half inches in length, one and a half in greatest depth, and about half an inch in thickness. About the centre of it was a small ragged ulcer, not larger than a threepenny bit. The part attached to the liver was inflamed, and felt soft and pulpy. The liver itself was not enlarged, and appeared to be quite healthy in structure. The left ventricle of the heart was slightly hypertrophied and dilated. On the free edge of one of the flaps of the mitral valve was a little, roundish, soft, shaggy nodule. The substance of the heart was rather soft, so that the finger penetrated it with ease. The aorta appeared to be perfectly healthy, as did also the cæliac axis and its branches. There was no atheromatous deposit in any of them, and no aneurism.

Remarks. This case presents many interesting features. Taking the symptoms as they appeared during life, what diagnosis was to be formed? The *malaise* after food, the loss of flesh, the obstinate vomiting, the hæmatemesis, and the age of the patient, would seem to indicate ulcer or cancer of the stomach. But then, on the other hand, the short duration of the attack, the almost complete absence of tenderness, the violent pulsation of the aorta, the aortic murmur, and the profuse *arterial* hæmorrhage, seem to speak of aneurism. And this view was supported by the presence of heart-affection; by the absence of any family history of cancer; and by the fact that the patient, although sallow, had not the peculiar cachectic appearance which cancer bestows upon its victims. Moreover, the first attack, twenty years before death, was said to have come on suddenly after lifting a heavy weight; and although, in the presence of perfect health for twenty years, it could hardly be suspected that an aneurism was all the time in existence, yet it might well be supposed that one of the coats of the artery had given way during the exertion, and that the part of the artery thus weakened had at last succumbed to the pressure of the column of blood. Then, again, the presence of scirrhus of the stomach being proved by the autopsy, it becomes interesting to inquire the significance of the former attack, so similar in its train of symptoms. It can hardly be supposed that any cancerous deposit then took place, and remained in abeyance for twenty years. What, then, could it have been? Was it due to a simple ulcer of the stomach, which afterwards healed? Altogether, the case was very interesting and difficult of diagnosis; and it was not until a *post mortem* examination revealed the true cause of the mischief that we could come to a definite conclusion. Before death, our opinion wavered between cancer of the stomach and aneurism of the aorta.

[The following letter, written to me by Dr. Robertson, in reply to my report of the *post mortem* examination, forms an excellent commentary on the case.]

Nottingham, November 7th, 1864.

My dear Sir,—Many thanks for your kind note, and very interesting description of the necropsy of our poor patient.

The physical signs I noticed were these: slight dulness over the right margin of the epigastrium; *no* swelling nor hardness on the most careful examination; visible pulsation in the epigastrium; no fremitus felt there; a soft blowing single murmur, continuous down the course of the vessel, much rougher in the back, but only heard during inspiration there; normal and symmetrical percussion over the whole chest; soft systolic apex bruit; no abnormal respiratory sound, except slight mucous râle in both posterior bases; the complexion sallow, but not the aspect usual in malignant disease; the pulse 108, soft, jerking. The history, especially as to absence of pain, freedom until a late period from sickness, and other symptoms, etc., were exactly those so well described in your report.

I find (after looking over numerous authorities on these subjects) the following description of—

A. *Malignant disease in the stomach*, by Dr. Brinton. "Its symptoms rarely date from more than twelve or eighteen months prior to the death of the patient." (Here they dated only three months.) "It is asso-

ciated with the cancerous cachexia, often with cancerous disease of other organs." (Here neither of these existed.) "In many cases, it forms a hard but moveable tumour in the epigastrium." (Here was absolutely none.) "Its pain has generally a lancinating character, and a time of appearance that belongs rather to the later stage of gastric digestion than that which succeeds deglutition." (Here was *no* pain, and vomiting came on immediately after the food.) "Its hæmorrhage is more scanty, viz., than that of gastric ulcer." (Here it was very profuse and *arterial*.)

B. *Abdominal aneurism*, by Dr. J. H. Bennett. "A swelling more or less defined." (This was not present.) "An expansive impulse on applying the hand." (This was very marked in your case.) "A bellows murmur synchronous with or immediately following the heart's systole." (Also very distinct in your case.) "Generally loudest over the tumour, and propagated down the aorta." "The other symptoms are very various, consisting of dragging, or other pain more or less prolonged, owing to pressure, together with functional disturbance." (Dragging sensation was present, with vomiting, which might have been due to pressure.)

On reviewing the whole case with the light which the *post mortem* examination has thrown upon it, I still feel that the diagnosis between malignant ulceration and abdominal aneurism was a difficult one: and though a case which I mentioned to you as having a short time since occurred to Mr. Daniell of Kegworth and myself, where malignant disease of the stomach produced not only pulsation and murmur, but even epigastric swelling, tended very much to point my suspicions to some stomach ulceration as the disease in this instance, yet the occurrence of former hæmorrhage and apparent recovery, the date and progression of the general symptoms; the absence of hardness, pain, cancerous cachexia, or family history; the presence of concurrent cardiac disease, and the profuse arterial hæmorrhage, all went to negative this supposition, and (with the one exception of absence of tumour, which was equally an absent symptom in the other theory) seemed to favour the idea of aneurism.

"Various cases on record," says Dr. Bennett, "have presented a train of very anomalous symptoms, and at various times been considered as different diseases by medical practitioners." Dr. Gairdner gives a striking illustration in his *Clinical Medicine*, p. 495. The case was one of aneurism of the superior mesenteric, and in relation to it Dr. Gairdner remarks:—"The whole of the phenomena under observation at the time of the first attack of hæmatemesis (these were briefly: sickness and vomiting after food, dull pain with tightness and oppression at the epigastrium, anæmia from loss of blood and tendency to syncope, slight epigastric pulsation unaccompanied by any appreciable tumour) were such as to lead directly to the supposition of a chronic ulcer of the stomach."

According to Stokes, the affections which simulate abdominal aneurisms may be divided into two classes, viz., those in which belly tumours receive a communicated pulsation, and those in which there is simply an increased action of the abdominal aorta.

By the absence of tumour in the case before us, one main diagnostic symptom was denied; the murmur was not jerking, but pretty continuous, and therefore like; but it was systolic, and therefore unlike that of an abdominal aneurism. Both the throbbing and the murmur which existed did not depend probably so much upon the anæmia from loss of blood (as they were noticed before this had occurred to any great extent) as upon the irritation of the stomach disease, analogous, as was pointed out by Dr. Stokes, and confirmed by Dr. Hope, to that form of carotid throbbing which occurs in cerebritis, or of the radials in whitlow.

The case is also interesting, as it bears somewhat upon the discussion between Dr. Gairdner and Dr. Ormerod on the significance of mitral murmur. The murmur here was exactly correspondent with the apex of the left ventricle. It *commenced* with the first sound when this was at its maximum of intensity, and shaded down into and almost through the pause. After death, there was found a nodule of lymph on the free edge of one flap of the mitral valve. I make no deduction here, but simply mention the facts as they stand.

Yours truly,

WM. TINDAL ROBERTSON.

William Date, Esq.

IS SIMPLE ACUTE ERYSIPELAS A LOCAL OR A CONSTITUTIONAL DISEASE?

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

IN March 1853, I read a paper before the Midland Counties Branch of the Provincial Medical and Surgical Association at Nottingham, with the following queries.

1. Is simple acute erysipelas a purely local or a constitutional disease?

2. Is it sometimes a local, and sometimes a constituional disease?

3. Is it simultaneously, both a local and a constitutional disease?

Not having had any answers to the above queries, I repeated them in this JOURNAL on October 10th, 1864, with another query.

Why is erysipelas classed with the exanthemata?

Not having yet been favoured with an opinion from any of my medical brethren, I proceed to give my own from the following facts.

1. I have attended a number of cases of erysipelas on the face and elsewhere, at an early stage of the disease, where there have been no constitutional symptoms; in these, the disease has been directly arrested and subdued by the application of the nitrate of silver. If the erysipelas had been allowed to proceed without the local application, constitutional disturbance would have been the result.

2. If from exposure to wet or cold, etc., a feverish attack takes place, and in several days erysipelatous inflammation supervenes, on a prompt application of the nitrate of silver, along with the usual remedies for the cold, the patient becomes convalescent in a few days; but if the local application be neglected, the inflammation runs its usual course, the constitutional symptoms become more aggravated, and the illness is much prolonged.

3. If the erysipelas and constitutional symptoms appear simultaneously, a prompt application of the nitrate of silver at an early stage of the complaint, and the use of active constitutional remedies, cut short the disease; the patient is soon convalescent; but if the local application have not been used, the disease runs its usual and often destructive course, setting at defiance the most active constitutional treatment.

For many years past I have considered that simple acute erysipelas is a purely local disease, and ought not to be classed with the exanthemata, or constitutional diseases; and that the constitutional derangement alone arises from the local disturbance. I believe the application of the nitrate of silver in erysipelas fully attests it to be a local and not a constitutional disease, as it can be always arrested and subdued by its application.

Various reasons have deterred surgeons from using the nitrate of silver as an external application in erysipelas. One is, that it has been classed with the exanthemata, or as a constitutional disease; and it has been feared that the application would cause metastasis or a determination of the inflammation to internal organs. I have never entertained such an opinion; nor have I seen a single instance in which the application had produced any untoward effects, during the more than forty years I have used it.

Medical men appear to have paid more attention to the application of the nitrate of silver in erysipelas than in other complaints, although they have been treated of in my work *On the Treatment of Inflammation, Wounds, and Ulcers.*

The use of the nitrate of silver in erysipelas having been uniformly successful in my own hands, I was led to investigate the reason why it was not equally so when used by others; this soon became apparent when I observed how very inefficiently the remedy was used both as to the different degrees of the strength of the solution of the nitrate of silver, and the various methods of its appliation. Were I to record the erroneous directions in the manuals and authors of the present day, a page or two would not suffice. I will relate two.

Mr. Nunneley, in his monograph *On Erysipelas*, in mentioning my treatment of the disease with the nitrate of silver, recommends "from eight to twelve grains of the nitrate of silver to one ounce of distilled water, or six or eight grains in the same quantity of rectified spirit", instead of the concentrated solution I have always used of one hundred and sixty grains of the nitrate of silver to one ounce of distilled water. The weak solution named by Mr. Nunneley is insufficient to arrest the disease, but quite sufficient to bring the remedy into discredit.

In the other case, a surgeon had severe erysipelas on the face and head, and was attended by several of his medical brethren. I was informed that the nitrate of silver had been applied; when I visited him he had violent delirium, causing him to become unmanageable. I observed that the nitrate of silver had been applied on one side of his face, allowing the inflammation to spread over the remainder of the face and the scalp, producing severe cerebral disturbance. By a proper and early application of the nitrate of silver, all the mischief would have been prevented.

An early obstacle to the general and free use of the nitrate of silver arose from the impression on the minds of surgeons that it is a caustic—a *destructive agent.* From the commencement of its application I found that this was not so, and many surgeons of the present day agree with me that it is a *real preservative agent.* I have never seen the cutis vera destroyed by it; indeed, it will not even raise a blister so effectually as cantharides.

For the successful application of the nitrate of silver, the ordinary brittle stick must be used, either in substance or in the concentrated solution; not "the lunar caustic points perfectly tough," nor any of the new preparations of the nitrate of silver, as the crystals and cake used for photographic purposes. (*Vide* British Medical Journal, July 11th, 1863.)

I have never used a weaker solution than one scruple of the nitrate of silver to one drachm of distilled water, or eight scruples to the ounce of water.

The nitrate of silver has a specific course in its effects when applied on an inflamed skin; its progressive action continues during the first, the second, and the third days, and declines on the fourth, at which period the action of the nitrate of silver and the inflammation of the skin cease simultaneously.

In every case of external inflammation, I apply the nitrate of silver on the whole of the inflamed surface, and beyond it on the healthy skin to the extent of one or two inches, according to the severity of the inflammation. If the inflammation should progress beyond the boundary, it is usually weaker, and is easily subdued by a repetition of the application. I have not known an instance in which I had not full control over the inflammation in acute simple erysipelas.

From mature and long experience of the nature of erysipelas, I would apply the nitrate of silver on the first appearance of the inflammation, and not run the risk of an hour's delay. If the application was not even necessary, the only inconvenience would be a blackened skin for a few days, of no consequence compared with the injury which might be caused by the spreading of the inflammation. The well known quotation is very applicable—*principiis obsta.*

Reviews and Notices.

Medical Errors. Fallacies connected with the Application of Inductive Method of Reasoning to the Science of Medicine. By A. W. Barclay, M.D.Cantab. & Edin. London: 1864.

Dr. Barclay's words ought to set the profession thinking. From the days of Hippocrates to our own, wise physicians have never ceased to warn us of the "fallacies of experience" in matters medical; but the golden words of the sages have left us still hugging blindly and fervently as ever those fatal errors of experience. Dr. Barclay now comes and demonstrates mathematically the nature of these errors; and, if he is right in his calculations, there is no longer any excuse for our clinging to them. If we are ever to arrive at anything like truth in our dealings with disease, we must commence a totally different method in getting at facts from that hitherto pursued by us. The British Medical Association a few years ago tried to collect a body of facts concerning the treatment of diseases, upon which to found definite conclusions. The attempt, says Dr. Barclay, was of necessity vain. What can one hundred, two hundred, or even two thousand detailed cases of pneumonia, tell us positively as to the use of a remedy in that disease? Thirty thousand or forty thousand cases, at least, are required to give us any fair idea of the connexion between the remedy and the consequence in such a case!

"If there be 10 such circumstances which may each be present or absent, the number of cases which will not be exactly alike is over 1,000; if there be 15 such, the number will be over 32,000, and each additional circumstance will double the previous number. It seems to me that this gives an explanation of what must have been ever present to the minds of most of us in the whole course of our practice, that no two cases of disease are exactly alike. In the short enumeration of variable circumstances I have given, with reference to all forms of disease, the number greatly exceeds 15; and consequently the number of cases observed before we may expect to meet two similar instances must be quite beyond the bounds of any one man's experience, however extensive."

All this Dr. Barclay proves by algebraic formulæ; and, if his conclusion be right, we need say no more to show the very unsatisfactory basis upon which is founded very much of our knowledge of the effects of

remedies. The profession is deficient in logical precision in its mode of reasoning: this is Dr. Barclay's main accusation; and we think it would not be easy to deny its truth. We jump at the most unwarrantable conclusions, and then believe in the fallacies with the usual pertinacity of credulity. "No argument is more fallacious," he says, or more opposed to sound inductive reasoning, than that "which asserts the curative power of a remedy because in ten, twenty, or even one hundred cases, recovery followed its administration; and yet this is what is commonly meant when experience is appealed to. . . . Three or four rapid recoveries after the employment of a certain drug are, I might almost say, universally cited by the correspondents of medical journals as distinct evidence of its beneficial agency."

This kind of medical logic, so generally practised by our professson, is abundantly illustrated by examples. We jump at conclusions, in our eagerness to cure diseases; snatch at straws, in a fashion which is truly deplorable. Every year, even of this enlightened era of medicine, brings forth its crop of highly vaunted remedies, infallible cures of incurable diseases, or of old remedies applied in some new fashion "with the most admirable effects". But the year passes away, and the disease is still incurable! The fallacious hopes and the high-sounding promises were nothing better than the offspring of "want of precision in the mode of reasoning" of the medical mind which recommended them. Where stands quinine now as an infallible cure of continued fever? Where is sarracenia to be placed as a cure for small-pox? And where the thousand other asserted remedies, offspring of the illogical doctor's mind?

Such and many more are the serious questions thrown out for our consideration by Dr. Barclay. But what is the remedy for the error? The constant failures of our illogical conclusions seem to teach us no useful lesson. He sees no hope for better things, unless doctors will be content to reason of facts according to the laws of reason—unless they will treat and argue of medical facts as people argue and treat of other ordinary facts which are matters of statistical inquiry. Whether people accept or not Dr. Barclay's formulæ, this we may assuredly say, that his conclusions drawn from them are exactly coincident with the painful results of our experience. Broken hopes and grievous disappointments in the effects of remedies have long been suffered by practitioners of medicine; and who can reasonably doubt that the punishment has been the natural and just consequence of our own illogical arguing? If we build our practice on a sand-bank, we must not express surprise if the superstructure comes to grief. Whether Dr. Barclay improves or not our logical processes, still the profession is greatly indebted to him. He has done for us what no one has, we believe, done before; viz., *demonstrated* the fallacies of our method of judging of the effects of remedies. If Dr. Barclay hold his ground, we now possess a means by which we may at once knock over and show the emptiness of the many crude therapeutical promises which disfigure medical literature, and lead so many of us astray; and we may add, by so frequently deceiving, make so many amongst us altogether sceptical.

Seriously, therefore, do we recommend a perusal of this little volume to our medical brethren. We cannot do more than give a bare outline of its contents. In our few lines it is impossible to find a way clearly through his account of inductive and deductive reasoning, and so not easy to tell men how they are to remedy false reasoning. In a few words, however, we may describe Dr. Barclay's point. It is this. There are two ways of arriving at conclusions: 1. Proving that something is the effect of a cause—induction; and 2. Showing that there must be some relation between them, although we cannot make it out, because of the number of times this something happens—the numerical method. For the elimination of the errors attaching to this second method, Dr. Barclay refers us to Dr. Guy's process for a correction (p. 43); and at p. 110 gives an example of the process. As regards the errors attending the first method, Dr. Barclay holds that no cause can be considered as proved until the law of causation is enunciated, as is detailed at p. 57 *et seq.* No *law*, for example, has ever been expressed touching blood-letting, and the statistics of its effects are not sufficiently comprehensive; and hence we know next to nothing about its value (pp. 80-81). No collections of cases, however successful they show, are of any value unless they either establish a law or are in sufficient numbers to form statistics. One instance, like Newton's apple, may suggest the law. Fifty or a hundred instances prove nothing, if they suggest no law. The grand point, therefore, always is, where possible, to frame a law. It is a law that Epsom salts purge; a law that cinchona bark cures ague; that vaccination counteracts small-pox. These facts are proved, and susceptible of proof. But it is not a law that calomel and opium are good for peritonitis, or bleeding for inflammation. No doubt, these things are susceptible of proof, or of disproof, if they were worked out; but then the fact is, that no one has yet worked them out. Thousands of prescriptions, resting on no foundation at all (p. 115 *et seq.*), are written with the idea that the remedy prescribed will cure the disease! Systematic writers give us full details of diagnosis, treatment, and pathology of diseases, and point out what they think the best treatment; but this is not enough. Let them say, if they like, that calomel cures pneumonia; but then let them *prove* it also. Plenty of authors have asserted that calomel *causes* absorption of lymph; but where is he who has ever *proved* the fact? Calomel may have that effect, but the proof is yet to be given. Let us be well assured there is no short cut to knowledge for doctors, more than for other people. Things must be proved in our department of science, just as they are proved in other branches. Until we have proved the connexion between cause and effect, or until, as Dr. Barclay puts it, we have established a law of causation, we have done nothing for our science. In the meantime, our only substitute is, in such cases, a *skilled experience*. There are a great many facts which we do know and can usefully apply; but where knowledge fails, then perforce we must act upon belief. Only, in thus acting, let us avoid the fatal error of presuming we *know* where we only believe or assume.

Such, we believe, is a correct outline of the views of Dr. Barclay, as set forth in his Lumleian Lectures, now published. We sincerely trust they may attract the serious attention which, in our opinion, they so well deserve. Dr. Barclay logically enough concludes that, unless we lay the foundations of me-

dicine scientifically, we can never hope to see medicine raised to the position of a science.

CURVATURES OF THE SPINE: THEIR CAUSES, SYMPTOMS, PATHOLOGY, AND TREATMENT. By B. E. BRODHURST, F.R.C.S., etc. Second Edition. Pp. 93. London: 1864.

THIS second edition of his work Mr. BRODHURST has re-written and enlarged, and illustrated with new woodcuts. We may at once say of it that, in the matter of type, paper, and illustrations, this volume is the very luxury of printing. There is no necessity for us to recommend the work to our readers; for it has already done that for itself in the first edition. One main point, upon which Mr. Brodhurst lays especial stress, may be noticed. He shows that there are many causes of spinal curvature, and that the curvatures differ just as do the causes of them. This point. he says, is "neglected and misunderstood." The importance of a clear diagnosis springs from the fact, that the treatment must first be directed to remove the primary curve. Again, he says, in regard to the treatment of advanced spinal curvature, the curve can only be gradually unfolded, it cannot be broken down by pressure, as used to be attempted under the old system of treatment. The book is well and clearly written: and the whole story of spinal curvatures is told in it in a few plain sentences by one who is clearly master of the subject on which he writes.

PHOTOGRAPHS (COLOURED FROM LIFE) OF THE DISEASES OF THE SKIN. By A. B. SQUIRE, M.B.Lond. Nos. IV and V. London: 1864.

TWO more fasciculi of Mr. SQUIRE's useful photographs are before us. The fourth part represents Scabies, typical of animal parasites; and the fifth, Chloasma, intended as an illustration of vegetable parasitic diseases.

EASY POISONING. Professor Taylor says: "There is no legal restriction on the sale of any poison excepting *arsenic*; but the statute for regulating the sale of this poison is a dead letter. Nux vomica in powder is also easily procurable, under the usual pretext, that it is intended for the destruction of vermin. Strychnia, morphia, veratria, prussic acid, the oil of bitter almonds, and preparations of colchicum, are not commonly found in the shops of the lower class of druggists or village shopkeepers; but if the applicant is prepared to pay for them, he will find no great difficulty in procuring them. There are unnecessary facilities given for the purchase of a variety of noxious drugs, such as oil of savin, cantharides, tincture of ergot of rye, and tincture of the perchloride of iron, which are employed for the purposes of criminal abortion. Corrosive sublimate, the sulphates of copper, iron, and zinc, and other mineral irritants, are easily procured, and are employed to procure abortion. There are two poisons of a most potent kind which can be readily purchased even by boys and girls, either at the village shop or at the druggists. These are *strychnia*, sold under the name of Butler's vermin killer or Battle's vermin killer, and *cyanide of potassium*. The first has been the means of death in many cases of murder and suicide. The *cyanide of potassium* is another deadly poison, which is fatal to life in small doses, and from its great solubility in liquids it admits of being easily administered in a poisonous dose. It is largely used in photography."

British Medical Journal.

SATURDAY, JANUARY 7TH, 1865.

THE PAST AND THE PRESENT.

WE may perhaps be allowed, without show of presumption, to take this opportunity, in entering upon a new year, of saying one or two words concerning the British Medical Association and its JOURNAL.

The profession has been told so much of late both as to the decadence of the Association and the miserable incapacity of its organ, that it is well we should know what are really the existing signs or proofs of these our suggested misfortunes. Our ruin has been so often positively asserted, and so plainly demonstrated, by some of our friends(?), that we really are almost surprised to see ourselves still an existing fact; and still more astonished, on taking stock of our position, to learn that, so far from approaching a collapse, we are really in a most flourishing condition. Indeed, the contemplation (by comparison) of what we were a few years ago and what we are now, has been to us such a quiet source of satisfaction, that we cannot do less than ask our fellow-associates to participate with us in the enjoyment of the same. And they need not fear; we are not going to weary them with details of our wonderful deeds done in the past; or with strong promises of what heroics will be done in the future; but just simply to detail a few dry facts, which, to men of business, are better than much windy buncombe. Let us just see, in plain terms, what our present position is, and how we have fared during the time —the last four years—that the JOURNAL has been under its present management.

On entering upon office in January 1861, the new year's gift which awaited us was the notices of retirement of some 150 members of the Association—rather a cool reception, it must be acknowledged—these notices, moreover, not being always couched in the most complimentary of terms. So that, in fact, we commenced operations with less than 1800 members, and with, it appeared, not the best of reputations. We dare say, indeed, that there are not a few of our readers who will bear witness to the fact that our prospects at that period were not of the brightest.

Now, we well know that doctors, of all people in the world, should be careful about confusing the *post hoc* with the *propter hoc*; we will, therefore, leave to others the question of connexion between antecedent and sequence, and, having said what our Association was in January 1861, confine ourselves simply to telling what we now are in January 1865. There are people who believe that man was the pro-

duction of a "fortuitous concourse of atoms"; and, of course, there are people who will see no relation between the management of its JOURNAL and the prosperity of the Association; and they have a perfect right so to draw deductions. But, then, we are sure they will not quarrel with us for stating the fact—viz., what we were and what we are; provided we leave out the middle term, and do not presume to speculate—viz., why we are what we are.

Well, then, from 1861 to 1865, our Association has been constantly in a steadily progressive condition both in members and reputation. Its members have increased from nearly 1,800 to above 2,400 in that period. Many gentlemen who resigned in 1860 have again joined the Association. Never since its birth has it held more influential meetings than its three last—those which were held at London, at Bristol, and at Cambridge. Let any one run their eye through the list of celebrities who met together on those occasions, and they will have proof enough and to spare of the fact.

The "irresistible logic of a few facts", therefore, shows that we are in a healthy condition;* and we will not weaken them by any details. If any other proof were necessary of this successful condition, we should find it in the very remarkable and persevering and incessant attempts which have been made by some of our *soi-disant* friends upon us. Never have these critics of our Association been so constant, so reckless, and so untruthful in their attacks, increasing *pari passu* with our success, upon the Association and its JOURNAL, as they have been during the last few years. Our readers have, no doubt, by this time taken the measure, and know the full meaning and purport, of those attacks—of that sort of *per fas et nefas* "pegging away" which President Lincoln admires. It is assuredly no business of ours to defend the JOURNAL's existence. It would be insulting the Association so to do. The Association has chosen to have a JOURNAL; and the Association can choose, if it please, not to have a JOURNAL. The crafty trickery of those who attempt to decry the JOURNAL, while laudating the Association, is transparent enough. But the JOURNAL is manifestly a part of the Association; for the Association made it, and elects to have it. To insult the JOURNAL is, therefore, to insult the Association, whose JOURNAL it is.

We may, therefore, warmly congratulate the Association on its present position of strength, and its steady progress in the estimation of the profession; on the influence exercised by it on the profession, and on its satisfactory financial position. We need not recount the work done by the Association, for it is recorded in our pages; but, if we were inclined to vanity, we might find occasion for it in the fact, of which we have been more than once assured by a gentleman engaged in collecting annual records of medical science; viz., that he finds more scientific medical matter available for his purposes in the BRITISH MEDICAL JOURNAL than in any other of the weekly medical periodicals.

* The formation of a new Branch at Newcastle is suggestive at the present moment.

THE MEDICAL PROVIDENT FUND.

WE have much pleasure in announcing, at the request of the Chairman and Secretary of this Fund, that a code of Rules has been drawn up by the Executive Committee appointed at the meeting of Directors held on October 20th, 1864; and that the Rules have been printed and forwarded to each Director for consideration, prior to a meeting of the Board to be held in the course of the present month. It may, therefore, be fairly expected that subscribers to the Fund will be invited to give in their names in a few weeks hence.

The Executive Committee has made liberal provision for the admission of all registered practitioners in the kingdom, and proposes, we understand, what will no doubt be a satisfactory solution of the question of limitation of age. The tables of annual premiums have been placed in the hands of Mr. Finlaison, the actuary to the National Debt, who has most kindly promised to give his aid to the Directors.

We would again beg the assistance of our associates in increasing the Guarantee Fund. This Fund, as shewn by the list published in this day's JOURNAL, already amounts to nearly £600; and its increase will give proportionate stability and power to the Provident Fund. The term "Guarantee Fund", we must observe, does not quite accurately express its objects. It is, in fact, an *auxiliary Fund*, to be made up of donations and of money received from any other sources than the annual contributions of members; and will be applied to meet preliminary expenses, so far as may be necessary to supplement the ordinary fund in case of pressure; and to form, if possible, a nucleus for the more extensive development at some future time of the objects of the provident scheme. We are sure that many who have not yet made contributions to the Guarantee Fund will gladly do so. They should forward their names, stating the amount which they are desirous of contributing, either to the Chairman, Dr. B. W. Richardson, 12, Hinde Street, Manchester Square, W.; or to the Secretary, Dr. Henry, 15, George Street, Portman Square, W.

THE FRENCH PROVIDENT FUND.

THE title itself of the French Medical Association, and the mode of expenditure of its money, show clearly enough that it is, as we have already said, mainly a provident fund. Its title is, "Association

Générale de Prévoyance et de Secours Mutuels des Médecins de France"—a mutual provident society, as the report of this year states, in fact. "The Association has this year consecrated a sum of 18,900 *francs* to succouring its unfortunate brethren, in aiding its needy members, their wives and children." Further on in the report, we read words addressed to French perverters of facts, which we recommend to all other perverters of the same. "Those who have misunderstand the objects of our institution could not have read our title—Association for providing mutual help. Providence, above everything, is our duty and our title. Our Association is the good father of the family, who, at the price of a momentary sacrifice made by his children, accumulates for them a capital which they will enjoy hereafter." Then, again, said M. Rayer, President, at one of the annual meetings: "Assistance, *the essential object of our undertaking*, has been given in all cases where it has been asked for." And what say the very statutes of the Association? "The first object which it has to attain is to succour those of its members whom age, infirmity, disease, etc., have brought to misery;" "to help their widows and orphans."

The Association, again, does not (as has been asserted of it) interfere in the prosecution of quackery. It allows its members to do so, if they please; but, to use the words of M. Rayer, "the laws of the Association do not allow its direct intervention as prosecutor; but members of our Association have had the courage to undertake these prosecutions. The war against quackery is not declared in our laws, but is one of our natural attributes." We may add that, as far as we can make out, the Association has never spent a single *sou* in aid of these prosecutions. They have all been undertaken by private individuals (doubtless, under the sanction of the branch societies), at their own risk and peril.

Our readers will, therefore, now clearly see how thoroughly justified we have been and are in calling the French Medical Association a provident fund. "Assistance", as M. Rayer, the President, said, "is the essential object of our work." And the illustration of the truth of his words is found in the fact of the gift of 18,903 *francs* this year to unfortunate medical men, their widows and children. Not a farthing has been spent by it, as far as we can make out, for any other object, excepting the general expenses of the Association. The one of our cotemporaries who has given so different an account of the Association's doings, for the sake of exciting unjust, untrue, and invidious comparison with our own and altogether differently constituted Association, is, we will charitably suppose, not sufficiently gifted with a knowledge of the French tongue to fully comprehend its meaning. To supply this failing, we will translate for his benefit the following words out of the last annual report of the Association. After telling of the mode of distribution of its gifts of 18,903 *francs*, the report says:

"The stream of charity, though small, is increasing, and will soon become a large and deep stream, equal to the succouring of all our misfortunes. *This is the pious and fraternal object of our institution.*"

Neither has the Association spent a *sou* in raising statues to the shades of our great medical departed, as has also been stated. It simply has appointed two Committees to raise subscriptions for the purpose of erecting a statue to Laennec.

THE LATE ARCHIBALD ROBERTSON, M.D., F.R.S.L.&E.

Dr. Archibald Robertson, whose death we lately announced, was born in Scotland, in the parish of Cockburnspath, near Dunse, on the 3rd of December, 1789. He received the first rudiments of education at the Dunse school, and afterwards attended the school of a Mr. Strachan in Berwickshire. He then proceeded to Edinburgh, where he attended various courses. In 1808, he passed the examination for assistant-surgeon in the navy. He was then first of all appointed to the Millbay Prison Hospital at Plymouth, a *depôt* for French prisoners. Here he nearly lost his life while bathing under "The Hoe"; and was rescued, in fact, from a watery grave, by a French prisoner, who had contracted for him a great regard. In 1809, he was appointed to the *Caledonia*, 120, Lord Gambier's flag-ship in the Basque Roads. This was at the moment when the late Lord Dundonald tried to burn the French fleet. In this ship, he served for some time in the Baltic; and afterwards was removed to the *Persian*, in the West Indies; and, finally, in the *Cydnus* frigate, he saw a good deal of boat-service in the attempt on New Orleans during the American war. When the peace with America was declared, he went on half-pay, and received a medal with two clasps. He then went to Edinburgh, and there made his first acquaintance with Sir James Clark and the late Sir John Forbes, forming with those gentlemen a warm friendship, which was only interrupted by death. They had all three passed some years in the navy, and were now met together in Edinburgh to take their medical degree. Dr. Robertson took his degree in August 1817. The subject of his thesis was, "The Dysentery of Hot Climates," bearing the following motto from Thucydides on the *Plague*: "*αὐτός τε νοσήσας, καὶ αὐτὸς ἰδὼν ἄλλους πάσχοντας.*"

After taking his degree, he settled as a physician in the town of Northampton, in 1818, having been guided in his choice of a residence by the advice of the Hon. Captain Spencer (the late Lord Spencer), under whom he had served in the navy. At first he met with little encouragement, not having, as he said himself, received a single fee during the first

year of his residence in Northampton. He seriously contemplated, in fact, moving his penates elsewhere; but at last determined to try his luck for another year. The first two months of the second year did not yield him a solitary guinea; and yet, before the end of this second year, Fortune smiled well upon him, for he was in receipt of upwards of £800. Every subsequent year produced an increased income. In 1820, he was elected physician to the Northampton Infirmary; and then his success was secured. He continued constantly engaged in a busy and most arduous practice—arduous from the length of journeys which he was forced to take in discharge of his professional duties—up to the year 1853.

The continued labours which he had gone through in practice at length told upon his naturally vigorous constitution; and he, therefore, wisely resolved to retire, having realised a very handsome independence. He left Northampton; and afterwards, up to the time of his death, led a retired life in the west of England. In 1859, a testimonial and address, set on foot by the South Midland Branch, were presented to him by above one hundred members of the medical profession in Northampton and its neighbourhood. The address, and Dr. Robertson's reply thereto, were published in the BRITISH MEDICAL JOURNAL for June 25, 1859.

Dr. Robertson was a Fellow of the Edinburgh College of Physicians, and had also received the honour of the fellowship of the Royal Societies of both London and Edinburgh. In 1844, he acted as President of the British Medical Association, in whose prosperity he always took a very warm interest. His name appears among the list of those present at the inaugural meeting of the South Midland Branch in 1856. The last meeting of the Association which he attended was at Torquay. As an instance of his kind and delicate feelings, we may state that, when the Association met at Bristol in 1863, he was so unwell as to be quite incapable of attending the meetings; yet he did not like to be near and not appear. He therefore, in order that his absence might not be attributed to indifference, preferred going away from Clifton altogether for the time.

Before he obtained active practice, Dr. Robertson occupied much of his time in contributing to some of the journals and reviews of the day. No exact record of the papers he wrote remains; but he contributed, we are informed, to the *British Review*, articles on Modern Scepticism, Peter's *Letters to his Kinsfolk*, Mrs. Brunton's *Emmeline*, the Contagion of the Plague, and the Quarantine Laws. It is also supposed he communicated a paper to the *Edinburgh Review* on Fever, in 1818 or 1819. He also contributed one or two articles to Forbes's *Cyclopædia of Medicine*. The writing period of his life, however, was quickly past; the active business of professional duties soon wholly occupying his attention. Occasionally he gave an address or lecture in the town; and of these remain records of those on Civilisation; the Wisdom of God; the Living Principle in Plants, Animals, and Man.

Six or eight months before his death, he showed symptoms of dropsy from disease of the heart and kidneys. The dropsy steadily increased, and ultimately carried him off.

Dr. Robertson was naturally of a most modest and retiring disposition; and before he left Northampton, unfortunately, destroyed all his diaries and all the papers which would have afforded full details of his career. He never liked being in any way paraded before the public. The facts here given have been kindly supplied to us by his son, the Rev. George Robertson, by Sir James Clark, and by his friend and medical adviser, Dr. Marshall of Clifton.

During the long period in which Dr. Robertson was in practice, he held the leading position as a physician in the county of Northampton. His services were frequently sought for also in the neighbouring counties. We need hardly add, that he was well known to the profession throughout the country. But it was not only as a physician that he held a leading position. As a member of society, he was highly esteemed. He lived on terms of friendship and intimacy with all classes around him. He was exceedingly liberal, and ever evinced a very warm interest in advancing the social position of his fellow-townsmen. His purse was liberally open to the calls of charity. He took also a very warm interest in politics, and was a strenuous defender of Church and State. The following remarks, made in the *Northampton Herald*, truly represent the feelings towards him of his fellow-townsmen.

"The deceased gentleman has not so long survived his active life, but that there are very many persons left who remember with pleasure the urbane, considerate, kind-hearted, and skilful physician. During a long life in Northampton, he earned for himself a professional reputation which it falls to the lot of few provincial physicians to enjoy; whilst his well-stored and well-trained mind made his society eagerly sought, and valued. In religious and political principle he was a 'Church and Queen' man to the backbone. There was no mistake about Dr. Robertson. His convictions were deep-rooted and well-founded, and he never shrank from doing aught that 'became a man' in support of the principles which he cherished. For many years our Infirmary received the benefit of his eminent abilities; and, on his retirement from the post of physician in ordinary, the Governors marked their appreciation of his past services by conferring upon him the title of physician extraordinary to the institution. In his private, as in his public life, it was his privilege to set an example worthy of imitation; but it was reserved for those who enjoyed his intimacy to know how admirably he discharged the various relations of husband, father, friend, and benefactor. Should the picture we have drawn seem somewhat highly coloured, we can only say that it falls short of the reality."

A CASE, Rumball *v.* Bates, of some interest to the profession, has been lately decided by the County Court judge at St. Albans. A youth, 19 years of age, named Garratt, was placed under the charge of Mr. Rumball on account of his being the subject of attacks of delirium tremens of a very aggravated character. There was no evidence to show that he was of unsound mind, irrespective of the attacks of delirium tremens. Mr. Rumball's charges were afterwards disputed; and he, therefore, brought this action. He charged £10 for one month's board, £10 for removing Mr. Garratt without notice, and £5 : 16 for other items—in all £25 : 16; and payment was refused on the ground that he had unlawfully taken charge of a lunatic contrary to the Lunacy Act—*i.e.*, without the order and medical certificate required in such case. The learned Judge (Mr. Whigham) gave a very clear exposition of the state of the law; and, after reviewing the meaning of the terms "lunatic" and "of unsound mind", decided that Garratt was not of unsound mind within the meaning of the law, and, therefore, gave a verdict in favour of Mr. Rumball for payment of his charge. In giving judgment, Mr. Whigham said:

"It would be easy to instance many cases of 'persons of unsound mind' in common speaking, who cannot be supposed to be within the scope of the statutes. Women during pregnancy are not unfrequently subject to delusions that would cause them to be accounted 'insane' for the time; yet it has never been supposed necessary to have lying-in hospitals registered as houses for the reception of insane persons. In some of the commonest fevers, a patient is often delirious and of unsound mind for a greater or less length of time; yet no one has ever supposed that such places as (for instance) the sanatorium at Eton or Rugby should be licensed; or that the medical men and nurses there having the care and charge of a patient should require an order and medical certificate for reception, notwithstanding the patient, at the time of his being taken in, may unquestionably be 'of unsound mind.' After the most careful consideration that I have been able to give to the matter (and I speak with diffidence as to the medical bearings of the subject), a case of simple delirium tremens is not a case within the scope and object of the legislation in question. A man, being a lunatic, may, by intemperance, become the subject of attacks of delirium tremens; and the circumstance of his having these attacks would not withdraw his case from the protection of the Lunatics' Treatment Regulation Act; but a man, otherwise of sound mind, who is suffering from delirium tremens, is not, therefore, necessarily a lunatic, though, no doubt, during the paroxysm of the attacks, he may be under the wildest delusions, and, in common phrase, may properly enough be called 'raving mad.'"

THE following is a well told instance of what may be effected upon a strong and vigorous man by bleeding and starvation. The case is reported from La Charité.

A man, 37 years old, plumber, always had excellent health up to February 1861. He was at that date seized with pneumonia, and treated on the "expectant" plan. After nine days' illness, and this negative treatment, becoming worse, he was sent into hospital. On the day of his admission (the 14th), he was, at 3 P.M., bled to sixteen ounces; at 6 P.M., to sixteen more ounces; and at midnight, was cupped to sixteen ounces. On the 15th, at 9 A.M., he was bled to sixteen ounces; and at midday, to sixteen ounces more. On the 16th, he was bled again to sixteen ounces. His diet was all the time, as we conclude, of the *absolue* kind—that is, at zero. After all this bleeding, he was "infinitely better"; the pain in the side and the oppression having disappeared. On the 17th, however, he had a violent discussion with one of his workmen who came to visit him; and thereupon was seized with convulsions, and remained insensible for an hour. In the evening, oppression of breathing and pain in the side returned as badly as on the first day. On the 18th, therefore, he was bled to sixteen ounces morning and evening; and, on the 19th, to sixteen ounces in the morning, and cupped to sixteen in the evening. In six days, therefore, from the vigorous man were taken ten pints of blood—all the blood in a man's body at one time, according to some physiologists—the patient being kept all the time on "juleps". The man, we are told, never recovered his health. He had paralysis after the convulsions; and three weeks later, on account of retention of urine, was placed under M. Velpeau for three months. He then had three blisters applied, one on his belly and two on his loins. The patient, getting worse in the matter of paralysis, was sent on to M. Briquet. He was now paralysed in all his limbs, and stuttered so as to be incomprehensible, with facial paralysis. Gradually the paralysis of the arms and face disappeared. In Jan. 1862, he came under the charge of M. Beau. A minute account is given of his condition. "He has complete paralysis of sensibility and motion of the lower limbs; the sensibility of the arms is diminished, but motion is good; the man has the look of a woman; frontal pains; pupils small and contracted; hearing acute; smelling power bad; heart's action feeble, point not felt at thorax, slight systolic *bruit;* milky foods alone remain on his stomach."

THE present number of the JOURNAL contains the first of a series of papers by our talented and industrious associate, Dr. B. W. Richardson, on "The Physics of Disease". In these papers, the author will treat of the physical and chemical phenomena of the body, and especially of those connected with the blood; and will, throughout, aim at demonstrating the bearings of physiology on the practice of medicine. The second paper of the series will, in all probability, appear in next week's number.

WE recommend the following to the attention of the Governors of Bethlehem Lunatic Asylum; to those who think lunatics can be better cared for in the midst of a large city than in the country.

"The lunatic asylums of Charenton and Bicêtre being found insufficient, both in size and arrangements, for the wants of the present day, the city of Paris is about to have a very large establishment built on a property they have bought, about fifteen miles from Paris, on the Orleans Railway. According to the plans and estimates, the expense will amount to fifteen millions. There is to be an immense park, châlets, gardens, workshops, etc."

THERE are at the present time nearly 17,000 patients in the hospitals of Philadelphia, nineteen in number. Some of the hospitals contain between 3000 and 4000 patients. They are all under the direction of Surgeon John Campbell—a command "which equals that of any corps in the field."

Lariboisière, the model hospital of Paris, stands nearly at the head of the list of Paris hospitals as regards the mortality of its inmates. It is, indeed, a remarkable fact, that the mortality during the last ten years in Paris hospitals has been greatest in the three hospitals which are ventilated by artificial means; viz., Beaujon, Lariboisière, and Necker.

M. Pouchet says that he has found in the secretions from the inflamed surfaces of the trachea, bronchus, nasal fossæ and internal ear, bacteria, monades, and vibrones; and he concludes that they are the cause of the itching, pain, and irritation, which accompany them. When the microscopic creatures are no longer visible in the secretion, the irritation ceases.

Ether, as an anæsthetic, appears to be in the ascendant in France. Surgeons there appear to have some great fear of chloroformisation. Many hospital surgeons and many private practitioners have given up the use of chloroform altogether, or use it only to produce partial insensibility. At Lyons, nothing but ether is employed; and so also at Naples. "Multa renascentur", etc.

Le Monde de la Mer, a splendid volume, is a posthumous work of the late Dr. Moquin-Tandon. It is published by his family without his name, in deference to a wish expressed by him shortly before his death.

MR. CEELY ON VACCINATION.

M. DIDAY'S *grand fact*, alluded to in the JOURNAL of December 24th—"the vaccination of animals"—which he states "has been often attempted in France, but universally abandoned, and has been successfully practised under his eyes in a way to insure future success," to my mind is no *grand fact* at all.

Nothing is easier than the transmission of the vaccine from one cow to another; nay, let but one cow in a dairy exhibit the disease and, as sure as fate, all the rest milked after that cow will take it merely by smearing the lymph on the slightest crack on the teats or udder of its neighbour.

But if there be little or no difficulty in vaccinating or *retro*-vaccinating the cow on the *vulva* with humanised lymph, which I and many others have often done, how much more easily can the animal be vaccinated on the same part by lymph taken from its own species? So much for M. Diday's "grand fact".

Then, as to the advantages of obtaining, *in every instance*, vaccine lymph direct from the cow. It is alleged that:—

1. It would satisfy those who deem the present current stock weakened by successive transmissions.

2. It would dispel all apprehension of the transmission of human constitutional disease (particularly syphilis).

3. It would prevent various ailments and cutaneous eruptions, so often believed by parents to result from the present mode of vaccination.

Now, as regards the first allegation; that appears to me more of the nature of an assumption than a fact. Yet I believe in the expediency and adopt the practice of re-vaccination at puberty, as a general rule, to secure many in whom vaccination has but a temporary or imperfect influence.

In regard to the second allegation; here no argument is needed as to its influence; but I think its necessity is greatly overrated. And I cannot but think that our continental brethren are very careless vaccinators, and that syphilis must be very much more prevalent among their infantile population than with us.

It is remarkable that so many cases of vaccine syphilitic inoculation are recorded on the continent, while we hear of no such thing here; I cannot persuade myself that such inoculations are unavoidable.

As to the third allegation; there is much nonsense uttered here, as we all know. And those who believe their children will escape cutaneous eruptions when vaccinated direct from the cow, will be greatly mistaken.

Many children have skins—all children more or less—prone to throw out eruptions, papular, vesicular, pustular, or exanthematic, upon the excitement of the least increased vascular action. Hence ordinary vaccination will cause what most other febrile and cutaneous irritations produce. Hence, more irritating lymph, as it is when direct from the cow, will be more effective in the production of the above results.

But there is a special vesicular vaccine eruption attending the acme and decline of the vaccine disease. The Germans have called it "Nachpoken." I have often, nay almost always, seen it as a secondary eruption on the teats and udders of the cows immediately before and after the decline of the disease in them. The same I have repeatedly seen in children, especially in the early removes from the cow; and still continue at times to witness it, to the great temporary disfigurement and annoyance of the patient, and the chagrin and vexation of the parent. It is essentially a genuine vaccine secondary eruption. I have witnessed it in vaccinating the dog.

I have coloured illustrations of this secondary eruption in man and animals, and have seen some severe and a few dangerous cases in children where the skin and visible mucous membranes were copiously occupied with it.

But now as to the practicability of this mode of vaccinating. If adopted in Great Britain, it must not be as a "*luxury*," but as a *necessity*. If it is good for the rich, it is equally good for the poor. We must not have one mode for the upper, and one for the lower classes. *That will never do.* If attempted, it would justly excite the prejudices of the poor, already too much excited against vaccination. Well, then, the direct method must be *universally* practised.

How establishments of vaccine-producing cows in all parts of the kingdom are to be inaugurated, endowed, and sustained, I must leave for the consideration of those who think them necessary. Perhaps, however, in these days of "limited liability" companies, it would be wrong to despond or despair! There is no great probability of Government interference, I think. But, it may be said, if the Government enforce vaccination, that Government ought to secure the best means for the purpose. Doubtless, their action would not commence till they were assured of an absolute necessity and a satisfactory issue—*quod est demonstrandum.*

Scientific Notes.

ALLEGED FALLACY IN MARSH'S TEST FOR ARSENIC.

Dr. Arthur Gamgee gives the following conclusions from some experiments on this subject. 1. When the acid used in Marsh's process contains a very small quantity of nitric acid, mirrors of metallic arsenic are obtained from extremely minute quantities of arsenic added to the apparatus; in other words, a trace of nitric acid present in the sulphuric acid in Marsh's process does not perceptibly interfere with the formation of mirrors of metallic arsenic. 2. When the acid used in Marsh's process contains a considerable percentage of nitric acid, the formation of mirrors is checked; the extent to which this occurs depending upon—(*a*) the proportion of nitric acid present in the sulphuric acid, (*b*) the quantity of arsenic present in the apparatus. 3. Under these circumstances the addition of an organic fluid to the apparatus does not promote the formation of mirrors. 4. When nitric acid prevents the formation of mirrors of metallic arsenic in Marsh's process, it does not check the evolution of arseniuretted hydrogen, but prevents its being decomposed by heat into arsenic and hydrogen, by causing its oxidation; a ring of crystals of arsenious acid being, under these circumstances, formed inside the tube. (*Edin. Med. Journal.*)

HUMAN BONES FOUND AT POMPEII.

M. de Luca adverts to the process successfully adopted at Pompeii, for obtaining casts of the persons who lost their lives at the time of the eruption which caused the destruction of that city. The fugitives were covered by the ashes, which settled on all the minutest folds of their garments and every part of their body. This coating of ashes hardened in course of time, and the flesh wasting away under it left a hollow mould, into which the explorers of the present day, when they are fortunate enough to discover it in time, pour liquid plaster, and thus obtain an exact cast of the body. The number of casts thus taken is four. The bones found at Pompeii contain all the principles to be met with in the bones of the present period. On being heated moderately, they lose about 9 per cent. of their weight. At a red heat, and protected from the air, the bones become black, and lose 16 per cent. more; if calcined in the open air the loss is 20 per cent. The coal obtained in a closed crucible disappears in the shape of carbonic acid. The total quantity of the latter varies between 4 and 9 per cent. In testing the bones with concentrated sulphuric acid for the purpose of ascertaining the quantity of carbonic acid aforesaid, the glass tube in which the operation is performed exhibits signs of corrosion, which is owing to a certain amount of fluoride of calcium contained in all these bones. M. de Luca states that, when found, they are somewhat soft, and after being treated with weak acids their organic matter, cartilage for instance, remains in a gelatinous state, preserving all the time their primitive shapes.

AEROLITE.

M. Lespiault, who had announced to the Academy of Sciences that a violent explosion had been heard on September 24th, wrote again to say that on that day, at 20 minutes past 12 p.m., a fiery globe of the size of a bomb-shell had burst in the vicinity of Mont-de-Marsan (Gironde), with a violent noise resembling the simultaneous report of twenty pieces of ordnance. This noise lasted ten seconds; the direction of the bolts was from north to south.

ERRORS IN OBSERVATION WHICH HAVE A PHYSIOLOGICAL ORIGIN.

M. Faye, in a paper read before the Academy of Sciences, showed that two senses in operation together never act simultaneously. The eye acting alone will measure the most minute distances; the ear can distinctly appreciate the hundredth of a second; and the touch will recognise vibrations at the rate of five hundred to a second. But no two astronomers watching the passage of a star and counting the beats of a pendulum will agree as to the precise moment of time at which the star passes the meridian. Means, however, have been found to obviate these errors, inseparable from human observations and increased by indigestions, fatigue, and numerous other causes, so far as the sun is concerned, by photography and the electric telegraph.

IODOFORM.

Dr. Righini having examined and tried the physiological and therapeutic qualities of iodide of formyle, has found it to possess anæsthetic, antiseptic, and antimiasmatic qualities. When iodoform is administered slowly and continuously it causes excess of secretion from the liver, the lungs, the salivary glands, and the loins; the patient, instead of falling off, as in the case when he is treated with iodine, grows rather fat. Iodoform may be administered without any danger in large doses, which may be gradually raised to three *grammes* per day; but very large doses will cause symptoms of iodism.

THE CHARACTERS OF GOOD DRINKING WATER.

Dr. Parkes says, the general characters of good drinking water are these. It must be transparent, colourless, without odour, and tasteless; it should be well aërated (as it then appears to be more easily absorbed), cool, and pleasant to drink; it must have no deposit; vegetables should be readily cooked in it; the total dissolved constituents must be within a certain amount. It is difficult, without more evidence than we at present possess, to define this amount, and the following numbers must be taken with some hesitation.

Organic matters should not exceed	1.5	grains per gallon
Carbonate of lime	16	,,
Sulphate of lime	3	,,
Carbonate and sulphate of magnesia	3	,,
Chloride of sodium	10	,,
Carbonate of soda	20	,,
Sulphate of soda	6	,,
Iron	0.5	,,

The proper amount of gases is stated by Boudet to be as follows.

Nitrogen	6	cubic inches	per gallon
Oxygen	2.5	,,	,,
Free carbonic acid	5.5 to 7	,,	,,

At the Sanitary Congress held at Brussels in 1853, it was decided that the total amount of solids ought not to exceed 0.5 *grammes* per *litre* (=35 grains per gallon), and the same rule had been previously laid down in the *Annuaire des Eaux de la France pour* 1851; but this statement is of little use, as the salts differ so much in their effects on the system; the carbonate of lime may exist without injury in large quantities; the carbonate of soda in still greater; but sulphate of lime or magnesia is prejudicial in much smaller amounts. It must also be conceded that in some cases water still more highly charged with salts, especially the alkaline salts, has been used for many years without apparent injury. (*Manual of Hygiene.*)

DIALYSIS OF PLANT-JUICES.

Dr. Attfield has dialysed a few plant-juices. The tops of the common potato yielded a crop of nitrate of potash, some cubes of chloride of potassium, hexagonal crystals not analysed, sugar, and an ammonia salt. The deadly nightshade gave nitrate of potash, an unknown magnesia salt in square prisms, sugar, etc. Pea-pods yielded only sugar. The common garden lettuce contained nitrate of potash, tetrahedra of undetermined composition, sugar, and ammonia. Cucumbers furnished sugar, ammonia and sulphate of lime. The cabbage also furnished sulphate of lime and ammonia. Stramonium contained so much nitrate of potash, that dried portions quite deflagrated on being ignited. Dr. Attfield thinks his proposed application of dialysis promised to be of great service, directly and indirectly, in investigating vegetable physiology. (*Chemical News.*)

WATERING PLANTS WITH IRON.

It is stated as a new discovery that wonderful effects may be obtained by watering fruit-trees and vegetables with a solution of sulphate of iron. Under this system beans will grow to nearly double the size, and will acquire a much more savoury taste. The pear seems to be particularly well adapted for this treatment. Old nails thrown into water and left to rust there will impart to it all the necessary qualities for forcing vegetation as described.

RESPIRATION OF PLANTS.

The researches of M. A. Cahours have led him to the following conclusions. 1. All flowers left in a limited atmosphere of normal air consume oxygen and produce carbonic acid in proportions varying as the flower is scentless or not. 2. The circumstances under which the phenomenon takes place being identical, the proportion of carbonic acid increases as the temperature is raised. 3. Generally, with flowers from the same plant and of equal weight, the quantity of carbonic acid produced is rather greater when the apparatus in which the experiment is performed is exposed to the light than when it is in darkness; but the proportion is, nevertheless, sometimes the same under either condition. 4. When the normal air is replaced by pure oxygen the differences become much more marked. 5. Buds produce rather more carbonic acid than fully developed flowers, which is explicable by the greater vitality of the buds. 6. Flowers left in inert gas disengage small quantities of carbonic acid. 7. Finally, the pistil and stamens, which possess the greatest vitality of any part of the flower, consume the greatest quantity of oxygen and produce the largest proportion of carbonic acid. (*Comptes Rendus.*)

PRODUCTION OF A VACUUM.

A Dr. Girouard, of Chartres, says that a vacuum can be produced by means of a current of air. If, for example, a strong current of air be blown across the mouth of a vessel with a small aperture, a vacuum is produced in the interior of the vessel.

PHOSPHORESCENCE.

M. Carus has shown that the phosphorescence of the *Lampyris Italica* is, when removed from the insect, unctuous, and much like melted phosphorus; if put on a watch-glass it loses its phosphorescent quality in drying, but regains it if put under water. This experiment cannot be successfully repeated more than once or twice; still the fact of this revival of phosphorescence is important, inasmuch as this is the first instance of a substance emitting light when put under water, and losing this faculty again when it gets dry.

ORGANIC SYNTHESIS.

M. Berthelot's new work, comprising his lectures on Organic Synthesis, delivered at the College of France during the present year, is making sensation. He gives the *coup de grace* to the method of making alcohol from coal-gas, by showing that the process is extremely costly, and that the resulting alcohol is exceedingly impure. M. Berthelot ventures to hope that fibrine, albumen, casein, etc., will ultimately be found in the laboratory; an expression that has caused great alarm in the minds of certain persons, who seem to think that M. Berthelot thereby assumes for science the power of creating living beings.

THE ORIGIN OF WINE-FERMENTS.

M. Bechamp shows: 1, that the presence of air is not necessary either for the development of the ferment or for the commencement of the vinous fermentation, and that the grape brings everything necessary for the perfect accomplishment of all the phenomena; 2, that the surface of the grape may carry the sporules and globules of the ferment; 3, that the stalks and leaves of the vine may carry the same organisms on their spores, which may, in fact, be met with on various parts of other vegetables. The author found, by experiment, that he could set up fermentation in a solution of sugar, by introducing grape stalks and vine leaves, and also by the petals of the red poppy. A microscopic examination of the waxy matter on a ripe grape, he says, reveals the presence of organised bodies identical with those produced in fermentation.

RESEMBLANCE OF OFFSPRING.

At a late meeting of the Academy of Sciences, M. Chassaing laid it down as a rule that a first born daughter always strongly resembles her father. Newly married men should make a note of this law.

CHLOROFORM A TEST FOR SUGAR IN URINE.

M. Cailliau states that when urine containing sugar is violently shaken with half its bulk of chloroform the mixture becomes milky, and will separate into two layers. The upper is clear and almost colourless, while the lower is white, thick, and gelatinous. When the upper layer is removed, and left to evaporate in a porcelain dish, the liquid becomes syrupy as it evaporates, and after some days the sides of the dish become covered with the wart-like masses of sugar. (*Journal de Chémie Med.*)

PRESERVATION OF MEAT.

Dr. Morgan of Dublin has proposed a new plan for salting animals whole. Immediately after slaughtering, a communication is established between the principal arteries and a reservoir of salt brine placed at a high-level, the effect of which ensures the diffusion of salt through the meat by a process of injection. The published statements affirm that for the cost of sixpence-halfpenny, and in the course of ten minutes, a whole ox can be preserved. M. Runge has published the following method. In an earthen pot, provided with a good lid, pour an ounce of concentrated acetic acid; place over it, so that it may not touch, a grate of osier or wood, and on this lay the meat to be preserved, and then cover with the lid. The acid, evaporating slowly, envelopes the meat, and at the end of twelve days or a fortnight it is both tender and sweet, with an excellent flavour. Dr. Marcet recommends that whenever it is necessary to remove the excess of salt from meat, cured either on the principle of dialysis or in the ordinary manner, the joint should be securely wrapped in a bladder before being introduced into water, and thus a considerable proportion of the nutritive matters be retained.

Association Intelligence.

WEST SOMERSET BRANCH.

A QUARTERLY meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, January 11th, 1865, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D.,
Honorary Secretary.

Taunton, December 10th, 1864.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next Meeting of the Birmingham and Midland Counties Branch will be held at the Medical Department, Old Library, Union Street, Birmingham, on Thursday next, at Six o'clock.

MEDICAL PROVIDENT FUND.

THE following contributions have been made towards the Guarantee Fund.

	£.	s.	d.
London and Middlesex:			
W. Adams, Esq.	5	5	0
S. S. Alford, Esq.	2	2	0
Joseph Blackstone, Esq.	10	10	0
William Bowman, Esq., F.R.S.	10	10	0
I. B. Brown, Esq.	5	5	0
F. J. Burge, Esq. (Hammersmith)	5	5	0
Dr. Burrows, F.R.S.	21	0	0
George Cooper, Esq. (Brentford)	1	1	0
Robert Dunn, Esq.	5	5	0
Sir Charles Locock, Bart., M.D.	31	10	0
C. J. F. Lord, Esq. (Hampstead)	10	10	0
Dr. Markham	10	10	0
J. Paget, Esq., F.R.S.	10	10	0
Richard Quain, Esq., F.R.S.	10	10	0
Dr. A. P. Stewart	5	5	0
Henry Thompson, Esq.	5	5	0
T. Spencer Wells, Esq.	5	5	0
Dr. C. J. B. Williams, F.R.S.	21	0	0
Erasmus Wilson, Esq., F.R.S.	25	0	0
Bedfordshire:			
Dr. Barker (Bedford)	5	5	0
H. Veasey, Esq. (Woburn)	5	5	0
Berkshire:			
G. May, jun., Esq. (Reading)	5	5	0
Buckinghamshire:			
R. Ceely, Esq. (Aylesbury)	5	5	0
E. Daniell, Esq. (Newport Pagnell)	5	5	0
Cambridgeshire:			
Dr. Paget (Cambridge)	10	10	0
Devonshire:			
Dr. Radclyffe Hall (Torquay)	10	10	0
J. H. James, Esq. (Exeter)	10	10	0
Gloucestershire:			
E. Bartleet, Esq. (Chipping Campden)	5	5	0
Dr. Symonds (Bristol)	21	0	0
Dr. D. L. Thorp (Cheltenham)	21	0	0
Herefordshire:			
Dr. Bull (Hereford)	10	10	0
Dr. Lingen (Hereford)	5	5	0
Kent:			
Dr. Armstrong (Gravesend)	10	10	0
T. Heckstall Smith, Esq. (St. Mary Cray)	10	10	0
Lancashire:			
E. Lund, Esq. (Manchester)	5	5	0
Dr. Radford (Manchester)	21	0	0
G. Southam, Esq. (Manchester)	5	5	0
T. Turner, Esq. (Manchester)	10	10	0
Dr. Eason Wilkinson (Manchester)	5	5	0
Leicestershire:			
Thomas Paget, Esq. (Leicester)	10	10	0
Northumberland:			
Dr. C. J. Gibb (Newcastle)	5	5	0
Somerset:			
Dr. Coates (Bath)	5	5	0
Dr. Falconer (Bath)	5	5	0
Richard F. George, Esq. (Bath)	5	0	0
Dr. Jenks (Bath)	10	10	0
John Soden, Esq. (Bath)	5	5	0
Surrey:			
Sir James Clark, Bart., M.D. (Bagshot)	10	10	0
Dr. C. Holman (Reigate)	5	5	0
Dr. Paul (Camberwell)	5	5	0
Joseph Ward, Esq. (Epsom)	5	0	0
Dr. E. Westall (Caterham)	5	5	0
Sussex:			
Dr. Ormerod (Brighton)	10	10	0
Warwickshire:			
M. H. Clayton, Esq. (Birmingham)	5	5	0
Dr. Fayrer (Henley-in-Arden)	10	10	0
Dr. Johnstone (Birmingham)	3	3	0
Wiltshire:			
Charles Bleeck, Esq. (Warminster)	5	5	0
Worcestershire:			
H. D. Carden, Esq. (Worcester)	31	10	0
Sir Charles Hastings M.D. (Worcester)	10	10	0
Yorkshire;			
Rev. Dr. Bell (Goole)	10	10	0
North Wales:			
T. Taylor Griffith, Esq. (Wrexham)	21	0	0

Further contributions will be announced.

Gentlemen desirous of contributing to the Guarantee Fund, will oblige by forwarding their names and the amount of their donations, either to the Chairman (Dr. Richardson, 12, Hinde Street, Manchester Square, W.); or to the Secretary (Dr. Henry, 15, George Street, Portman Square, W.)

B. W. RICHARDSON, M.D., *Chairman.*
ALEXANDER HENRY, M.D., *Secretary.*

London, 5th January, 1865.

Correspondence.

CASE OF PRYCE *v.* BOWEN.

LETTER FROM EDWARD LUND, ESQ.

SIR,—I must ask you to allow me to reply to a remark in your leading article, in last Saturday's JOURNAL, on the unfortunate case of Pryce *v.* Bowen, in which you say, "Mr. Lund is without excuse."

If it is to be considered as an acknowledged rule in our profession, that under no circumstances whatever are we to express an opinion on the professional treatment of patients by other parties, then I am indeed "without excuse," and must plead guilty, to the fullest extent, of improper conduct in giving any evidence in this case.

I can assure you, I deeply regret the consequences which have arisen from my having given an opinion in respect of the particular treatment of the case during the first nine days after the accident, as set forth in the plaintiff's declaration, which was read over to me, and upon which my opinion was founded. But as to the other charge brought against me, that I sided with a "bone setter" in giving my evidence, I wish distinctly to state that I knew nothing whatever of Evan Thomas, the person referred to, nor was I aware, until I saw him in the witness-box, that he would be in any way brought forward in this trial.

I trust that, although so strong a feeling is expressed against me at the present time, the profession will at least withhold their final judgment on the case, until I have laid before them, as I hope to do through the medium of your JOURNAL, the written opinion I gave in the first instance, and a report of the exact words used by me in my evidence; which, when compared with the questions which suggested them, will, I hope, show that I am not fairly chargeable with the gross misconduct which has been attributed to me. I am, etc.,

EDWARD LUND.

Manchester, January 3rd, 1865.

[Far be it from us to advocate the idea, that under no circumstances ought a medical man to give evidence in a law-court on the professional treatment of

patients by another medical man. What we condemn is the dragging of a medical man into court when there are no sufficient grounds, or no grounds whatever, for doing so. We know our brethren in Liverpool enough to believe, that if Mr. Bowen or any other medical man had injured his patient by gross ignorance or negligence, there would never have been wanting high-minded men among them to enter the witness-box and say so; that it never would have been necessary for the plaintiff to send to Manchester for a medical witness. We believe from Mr. Lund's note, that he has acted under an error of judgment. EDITOR.]

MEDICAL CHARGES.

LETTER FROM J. A. BOLTON, M.D.

SIR,—I send you *Particulars, as Required,* for review. I think the names associated in these two cases are sufficient to warrant me in appealing to the profession and its Council for a tariff of legal, or, to use a pleasanter term, legitimate charges. We never go to law, as a body, without strong compulsion or strong temptation. When we yield to either force, it is only becoming in us to give our brothers the full benefit of our experience.

With this object in view, I have put the cases of Jackson *v.* Gee and Crossley *v.* Morley into pamphlet form, for the benefit of the profession at large. To indemnify myself against unnecessary loss, I have priced the compilation at threepence, and have ordered 500 copies for distribution in the profession. The profession may judge from it whether we need a tariff sanctioned by the Medical Council, or whether we are to remain *in statu quo*, and pocket public abuse instead of pay for our professional services.

Against the practice of giving advice gratis, either in hospital or private practice, you have wisely cautioned the profession for years past; nay, more, you have rebuked and chastised, and marked the spot where charity begins, and where it ought to end, in what we do for the public weal. My plaintive appeal in this instance is, to invoke your aid in helping us through the county court, when *taken* or *driven* there; that we may in future avoid and avert the necessity of calling a brother to say black is white, or that brown is a genteel mixture of the two, the exact mixing of which "no fellah on earth can understand," though gifted with the genius of a Serjeant Miller as judge. I am, etc., JOHN A. BOLTON.

Campbell House, Leicester, January 3rd, 1865.

ENUCLEATION OF EYES. Whenever the eye is the seat of chronic inflammation and its sight is lost, it should be enucleated, says Dr. Mecker.

IS FEVER CONTAGIOUS? The Secretary of the London Fever Hospital writes as follows on this subject. "Contagion is stayed; or, to speak more correctly, is transferred from the habitations of the poor to the wards of the hospital, where the officers, nurses, and servants not unfrequently become its victims. I find that during the present year two assistant medical officers were attacked, one of whom died. Seventeen of the nurses had typhus, three of whom died. The engineer also had typhus, and died; and at the present moment the excellent matron of the hospital is in a hazardous condition under typhus. Referring to the last three months of 1863, I observe that within that short period the resident medical officer and two assistant medical officers, together with four nurses, had typhus. One of the nurses died. The proportion of casualties among those whose humane vocation it is to grapple with disease here exceeds that of the battle-field."

Medical News.

APOTHECARIES' HALL. On December 29th, 1864, the following Licentiates were admitted:—

Chabot, Frederick, Camberwell Road
Goss, Tregenna Biddulph, Newington Place, Kennington Park
Harris, Henry George Benvenuto, Finchley
Hawkins, Henry Mortimer, St. Mary's Road, Peckham

At the same Court, the following passed the first examination:—

Loane, John, London Hospital

APPOINTMENTS.

VALPY, W. H., Esq., to be Colonial Surgeon for Her Majesty's Settlements in the Falkland Islands.

ARMY.

ABBOTT, Assistant-Surgeon F. T., 41st Foot, to be Staff-Surgeon.
ABBOTT, Staff-Surgeon F. T., to be Surgeon 24th Foot, *vice* J. L. Holloway.
ARMSTRONG, Staff-Surgeon L., M.D., to be Surgeon 13th Hussars, *vice* H. M. Webb, M.D.
HOLLOWAY, Surgeon J. L., 24th Foot, to be Staff-Surgeon, *vice* J. B. C. Reade.
KELLY, Staff-Assistant-Surgeon J., to be Assistant-Surgeon Royal Artillery, *vice* J. A. Scott.
MACBETH, Assistant-Surgeon H. M., 91st Foot, to be Staff-Assistant-Surgeon, *vice* J. A. Scott.
MACBETH, Surgeon-Major J., M.D., 74th Foot, to be Surgeon 16th Lancers, *vice* W. K. Park.
MAKER, Staff-Assistant-Surgeon V., to be Assistant-Surgeon 41st Foot, *vice* F. T. Abbott.
MUNRO, Surgeon W., M.D. 93rd Foot, to be Surgeon-Major, having completed twenty years' full-pay service.
SCOTT, Staff-Assistant-Surgeon J. A., to be Assistant-Surgeon 91st Foot, *vice* H. M. Macbeth.
WEBB, Surgeon H. M., M.B., 13th Hussars, to be Staff-Surgeon, *vice* L. Armstrong, M.D.
WHITE, Staff-Surgeon C. J., to be Surgeon 64th Foot, *vice* J. Macbeth, M.D.

ROYAL NAVY.

BANKS, George F., Esq., Surgeon (additional), to the *Mæander.*
COWAN, Michael W., M.D., Surgeon, to the *Zebra.*
CRAIG, Thomas, Esq., Surgeon, to the *Rattlesnake.*
RYAN, George H., Esq., Surgeon, to the *Shannon.*

INDIAN ARMY. To be Surgeons-Major, Bengal Army:—

ANDERSON, Surgeon J., M.D. (now Deputy Inspector-General).
BROWN, Surgeon J., C.B. (now Deputy Inspector-General).
BRUCE, Surgeon H. A., M.D. (now Inspector-General).
BRYDON, Surgeon W., C.B. (retired).
BUCKLE, Surgeon H. B.
CAMPBELL, Surgeon J., M.D., C.B.
CAPE, Surgeon H.
CHRISTIE, Surgeon R. (retired).
EATWELL, Surgeon W. C. B. (retired).
FRANCIS, Surgeon C. R., M.B.
GIBBON, Surgeon A. (retired).
LAY, Surgeon P. G. (retired).
LECKIE, Surgeon T., M.D. (retired).
MCCLELLAND, Surgeon J. (officiating Principal Inspector-General).
MARTIN, Surgeon W. (retired).
MORRISON, Surgeon A. C. (retired).
MORRISSON, Surgeon J. S., M.D.
OAKLEY, Surgeon R. H.
PITT, Surgeon W. (retired).
RAE, Surgeon G. (retired).
RANSFORD, Senior Surgeon J. (retired).
ROSS, Surgeon W. H. B. (retired).
SAUNDERS, Surgeon G.
SIMPSON, Surgeon A., M.D., M.A.
STAIG, Surgeon J. A. (retired).
STREVER, Surgeon T. R. (retired).
THORNTON, Surgeon H. J. (retired).
THRING, Surgeon E. B.
WALLICH, Surgeon G. C., M.D. (retired).
WARNEFORD, Surgeon C., M.D.
WHITE, Surgeon A., M.D. (retired).
WOOD, Surgeon J. (retired).

To be Surgeons-Major, Madras Army:—

BLACKWELL, Surgeon J. H.
CLEGHORN, Surg. H. F. C., M.D.
DUFF, Surgeon C. M., M.D.
FITZPATRICK, Surg. J. (retired).
FORRESTER, Surgeon W.
GOODALL, Surgeon A. (retired).
HARPER, Surgeon H. T. W.
HIBBERS, Surgeon W. (retired).
HEUDE, Surgeon W. W., M.D.
KANE, Surgeon M., M.D.
KELLIE, Surgeon J. (retired).
LOVELL, Surgeon J. (retired).
MACLEOD, Surgeon A. C., M.D.
NOTT, Surgeon H.

To be Surgeons, Bengal Army:—

BAILLIE, Assistant-Surgeon G. O., M.D.
BUTT, Assistant-Surgeon W. B.
CLARKE, Assistant-Surgeon J. J.
DALE, Assistant-Surgeon A. J., M.B.
DALY, Assistant-Surgeon G. H., M.D.
DALZEL, Assistant-Surgeon W. F. B., M.D.
PARTRIDGE, Assistant-Surgeon S. B. (Brevet-Surgeon).
PASKE, Assistant-Surgeon T.
SIMPSON, Assistant-Surgeon B., M.D., A.B.
SPRY, Assistant-Surgeon H. W.
TAYLOR, Assistant-Surgeon E.
TUSON, Assistant-Surgeon J. A., M.D.
YOUNG, Assistant-Surgeon A.

To be Surgeons, Madras Army:—

GIBBS, Assistant-Surgeon J. G.
MARRETT, Assistant-Surgeon H. R. D.
MILLER, Assistant-Surgeon J., M.D.
OSWALD, Assistant-Surgeon H. R., M.D.
PAUL, Assistant-Surgeon J. L., M.D., A.M.
RENTON, Assistant-Surgeon A. A., M.D.
ROGERS, Assistant-Surgeon C. J.
WALKER, Assistant-Surgeon G. W.
WARING, Assistant-Surgeon E. J.
WILLIAMS, Assistant-Surgeon J. T.
WILSON, Assistant-Surgeon J.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

HEAD, R. T., Esq., to be Hon. Assistant-Surgeon 5th Sussex R.V.
HESSLEGRAVE, J., Esq., to be Honorary Assistant-Surgeon 34th Yorkshire R.V.

DEATHS.

BOWLER, J., Esq., Surgeon Royal Navy, lately.
EARLE. On December 23rd, 1864, at Ripon, Frances, wife of Francis Earle, M.D.
FAIRBAIRN, W. C., Esq., Assistant-Surgeon Royal Navy, lately.
FLYNN, Thomas P., Esq., Staff-Assistant-Surgeon, lately.
GRANT, George A., Esq., Assistant-Surgeon Royal Artillery, lately.
JONES, D., Esq., Surgeon Royal Navy, lately.
KELLY, A. H., Esq., Assistant-Surgeon Royal Navy, lately.
*MOORE, Edward Denniss, Esq., fourth son of the late Brigadier-General George Moore, Colonel 59th Regiment, Bengal Army, at Walsall, aged 31, on December 24, 1864.
*NEILL, Hugh, L.R.C.P.Ed., at Liverpool, aged 58, on December 21st, 1864.
O'LOUGHLIN. James, M.D., at Bayswater, aged 69, on Dec. 19, 1864.
PARK, Wm. Ker, Esq., Surgeon 16th Lancers, lately.
POTTS, T. W. B., M.D., at Matlock Bridge, Derbyshire, aged 41, on December 23rd, 1864.
RATTY, W., Esq., Surgeon Royal Navy, lately.
RICARDS, J. B., Esq., Surgeon Royal Navy, lately.
SIMPSON, William, M.B., Surgeon 71st Foot, lately.
WOOD, C. B., Esq., Surgeon Royal Navy, lately.
YOUNG, E., M.D., at Croydon, on January 2.

DR. GEORGE KEMP is a candidate for the Coronership of Leominster.

UNIVERSITY OF EDINBURGH. The Duke of Argyle has been elected President of the Associated Societies of the University of Edinburgh. There were four candidates, the Duke of Argyle, Lord Ardmillan, Professor Christison, and Sir Archibald Alison.

DEATH OF A NAVAL SURGEON FROM ACCIDENT. The *Jamaica Guardian* says: "We learn from a private source that a lamentable occurrence took place on board Her Majesty's ship *Steady*, between Bermuda and Halifax. The surgeon, who was unwell, took a sleeping draught, which, from the disordered action of the heart or the too large quantity taken, proved fatal; for, on a brother officer going to call him the next day, the unfortunate man was found dead."

A NEW MINERAL. Professor Church, of the Royal Agricultural College, Cirencester, has recently been describing a new mineral from Australia. It is a sort of combustible shale, which occurs near the River Mersey, north side of Tasmania, and from it Professor Church has extracted a substance which he calls tasmanite. It seems to resist the action of all but sulphuric and nitric acids; alcohol, ether, and other powerful dissolvents have no action upon it, even on the application of heat, and its composition chiefly consists of carbon, hydrogen, and sulphur. When tasmanite is heated in the air, it burns readily with a very smoky flame and offensive odour, recalling that of some specimens of Canadian petroleum.

THE STATUE OF LAENNEC. The sum of 965 *francs* has been up to this time subscribed to the fund opened by the French Medical Association for raising a statue to Laennec.

DEATH THROUGH CHLOROFORM. At Leeds, on December 28th, an inquest was held upon the body of Mr. Blaxland, a tea-dealer. The deceased, who was in a weak state of health, had for some time taken chloroform for the purpose of easing pain and obtaining sleep. A medical man warned him several times against the danger of doing so, and on December 25th he was found dead, with a bottle by his side partly filled with chloroform. A verdict was returned in accordance with the evidence.

FATAL EXPLOSION. Mr. Crowther, "dealer in oxygen and hydrogen," Manchester, and his son, have been killed by the explosion of an iron retort, in which the father was making oxygen from a mixture of binoxide of manganese and chlorate of potash, or what he had bought as such. At in inquest held on his body, however, a verdict of manslaughter was returned against Mr. E. G. Hughes, a druggist, who had sold the mixture the deceased was operating with, which mixture was analysed by Dr. Roscoe, and found to be composed of manganese, chlorate of potash, and something that was either soot, lampblack, or charcoal. Such a mixture, Dr. Roscoe said, would be as explosive as gunpowder.

THE CHARGE AGAINST MR. BOWEN. At a meeting of medical practitioners at Birkenhead on the 27th ult., *apropos* of the case Pryce *v.* Bowen, the following resolutions were unanimously passed. "That this meeting desires to express its deep sympathy with Dr. Bowen on the vexatious trial to which he has been subjected in the case of Pryce *v.* Bowen, and begs to offer its sincere congratulations on the very satisfactory manner in which his professional skill has been vindicated by its result." "That this meeting strongly deprecates the conduct of medical men appearing in court as experts to give evidence against their professional brethren." "That a subscription list be opened to assist in defraying the legal expenses incurred by Dr. Bowen in the late trial." "That Dr. Scholfield be requested to act as treasurer, and Mr. Godden as honorary secretary, to communicate with the profession at large with a view to obtain subscriptions."

PATHOLOGICAL SOCIETY OF LONDON. The annual meeting of this Society was held on January 3rd, 1865. In the report for the session 1863-64, the Council stated that the number of members was in advance of what it was last year—more new members having joined during the past session than in any other of which a record has been preserved. The receipts for the year, however, were somewhat less than in the previous year; but this was because in 1862-63 several members availed themselves of the privilege of compounding for all future payments by a life-subscription, while in 1863-64 none did so. This, however, was no permanent disadvantage; since if it diminished the present receipts, it increased the future annual income. This annual income was now more wanted than ever. The large rent lately imposed by the Royal Medical and Chirurgical Society for the use of their rooms taxed the resources of this Society to the utmost. Still it had been thought undesirable to move from a situation which is so convenient and so well known to the members; and as a saving had been effected on the cost of the present volume, as compared with the last, the income of the Society had been still adequate to meet its expenditure, and even to leave a slightly increased balance in the treasurer's hands. This saving in the

cost of the *Transactions* was the result partly of a reduction voluntarily made by the printer (in consequence of change of prices in that trade), but mainly of a diminished expenditure on engravings. The interest felt in the Society's meetings appeared to be steadily on the increase. Not only were the new members of the Society assuming their full share of the work, but the latest volumes of the *Transactions*, and the latest meetings of the Society, had been enriched by the matured experience of many of the older members. The increasing number of the members of the Society rendered some increase necessary in the number of copies of the *Transactions*. The number now puplished left only a very small margin for purchase by future members and the public. Several of the volumes were already out of print, and several more must be so in a very short time. A general index to the whole series of the fifteen volumes of the *Transactions* had been prepared, and was in course of distribution to the members. The total receipts of the Society, including a balance from last year of £78 : 2 : 6½, amounted to £430 : 3 : 4½. Of this sum £27 : 14 : 1 resulted from the sale of the *Transactions*—a very large increase on last year; £8 : 5 : 9 was interest on the Society's funded property; and the remainder, £316 : 10 : 0, was received by the collector. The total expenses were £343 : 2 : 3½; leaving a balance of £87 : 1 : 1 to carry forward. These expenses included a sum of £45 : 3 : 0 for the purchase of stock, £49 : 7 : 11 three per cent. Consols. The money represented the life subscriptions and composition fees which it had always been customary to invest. This made the funded property of the Society £308 : 11 : 4. The Council could not allow the retirement of their medical secretary, Dr. Bristowe, to occur without publicly recording their high sense of the valuable services which he has rendered to the Society in that capacity; and hoped that, although they had lost his services as secretary, they might long have the benefit of his co-operation in other offices.

Alleged Murder. Mr. R. Smith, of Winchcomb, Gloucestershire, was last week charged with the murder of his wife by shooting her through the head. Mr. Smith was formerly in practice as a surgeon, but had retired for some years, and lived with his wife alone, without a regular servant, in Winchcomb. He was very eccentric in his manner, but his eccentricities were not considered by his friends great enough to warrant them in placing him under restraint. On Tuesday week a shot was heard in his house. Next morning the prisoner went to his brother, and told his sons that their mother had been shot. Most of the witnesses bore testimony to the fact that the prisoner was of unsound mind. The policeman who apprehended him said he considered he had been in an unsound state of mind for the last five years. At times he had been in such an excited state as to call for his interference. A juryman stated that he had seen him with a fishing-rod fishing in the turnpike road. Mr. Newman (surgeon) said that ever since he had known the prisoner, twenty years, he had considered him in an unsound state of mind. The jury found a verdict of "Wilful Murder" against Richard Smith, and wished to append to their verdict an opinion of his insanity, but the coroner said that must be left to another court. The prisoner was accordingly committed for trial at the next Gloucestershire Spring assizes.

Discovery of a Mammoth. At a late meeting of the Manchester Philosophical Society, Mr. William Brockbank read a paper, "On the Discovery of the Bones of the Mammoth (*Elephas primigenius*) in a Fissure of the Carboniferous Limestone at Waterhouses, near Leek." A considerable number of bones were found at Waterhouses some weeks since; but, through ignorance of their real character, they became dispersed without attracting attention, a good many having been used to manure the land by a neighbouring farmer. A few of these bones reached the author, and were at once identified as belonging to the skeleton of an elephant. A further search was determined upon; and the author succeeded in finding a large number of bones. Mr. Wardle and Mr. Green, of the Geological Survey, again visited the place, and found very decided fragments of teeth. A large number of bones were submitted to the Society: amongst which were one humerus nearly complete, and part of the second; parts of the pelvis and scapula; one ulna; several carpal and metacarpal bones; the head of the tibia; several fragments of tusks and two fine fragments of teeth, showing very clearly the peculiar narrow transverse plates and ridges of the dentine and enamel by which the teeth of this elephant are distinguished. The fissure in which these bones were found occurs in the upper beds of the carboniferous limestone, and has been exposed by the workings of a quarry. The face of the limestone in the quarry is nearly east and west; and the fissure follows the dip and direction of the strata, being nearly vertical. It is about six feet in width, and is filled up with angular blocks of limestone, cemented together at the sides of the fissure into a solid breccia, the stones being coated with stalagmite, whilst the centre is filled in with angular rubble and damp ochreous clay. The bones were recovered in good condition from the breccia on the drier side of the fissure; but those occurring amongst the damp clay and rubble were so friable that it was quite impossible to save them. Large numbers of ivory flakes were found, which proved to be the remains of the teeth; and one large fragment of tooth was obtained which was decomposing into these flakes. At the furthest point reached, were discovered a humerus in the socket of the scapula, with the head of another humerus resting upon it at the other end, and two cervical vertebræ were found near the scapula. These were the only bones found in their relative positions. It was conjectured that the mammoth had fallen into the narrow fissure before it was filled in. Mr. Wardle found several fragments of the teeth fifteen or twenty feet below the point where the bones occurred. The author had not been able to find any record of the occurrence of the remains of the mammoth in any work on the geology of Derbyshire or Staffordshire.—Mr. Binney said that Mr. Brockbank was mistaken in supposing that no remains of the elephant had hitherto been found in Derbyshire. The late Mr. White Watson, in his *Delineation of the Strata of Derbyshire*, says: "About the year 1663, a large cavern was discovered in sinking for lead ore, upon a hill at Balleye, within two miles of Wirksworth; in which a large skeleton was found, which, in the original account of its discovery, is said to be 'that of a man, that his brain-pan would have held two bushels of corn, and that it was so big they could not get it out of the mine without breaking it.' Several of its teeth were distributed in the neighbourhood, one of which is in the writer's possession. The tooth is ivory; and, when compared with the *dentes molares* of an elephant, no difference can be found." About twenty-five years since, the late Mr. James Meadows presented to the Manchester Geological Society a portion of the tusk of an elephant which he had found in a limestone fissure near Chapel-en-le-Frith. Mr. F. Looney, in his list of organic remains, says: "Part of a molar tooth of the Asiatic elephant was found at Adlington, near Macclesfield."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. Dr. B. W. Richardson, "On Inhalation in the Treatment of Disease."

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Furneaux Jordan, "On Eczema of the Eyelids, Conjunctiva, and Cornea"; Mr. Desvignes, "On Subcutaneous Injection of Quinine in Ague"; Dr. Dobell, "On Winter Cough."

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) In Manchester and Salford (Sanitary Association). (B.) At Preston (R. C. Brown, Esq.). (C.) At St. Marylebone, London (Dr. Whitmore).

4 weeks ending November 26, 1864.

	A.	B.	C.
Small-Pox	94	—	4
Chicken-Pox	6	4	21
Measles	63	52	115
Scarlatina	74	90	53
Diphtheria	—	—	2
Hooping-Cough	28	1	56
Croup	4	2	2
Diarrhœa	117	49	443
Dysentery	9	6	4
Erysipelas	39	4	26
Insanity	26	4	12
Bronchitis and Catarrh	987	164	1048
Pleurisy and Pneumonia	92	16	33
Carbuncle	—	—	4
Accidents and other diseases	4413	528	3378
Totals	5952	920	5201

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Messrs. Davies and Hancome (Gower), 5s.; J. T. Tallent, Esq. (Hingham), 10s.; Dr. R. Ansom (Cambridge), 10s. 6d.; W. S. Barker, Esq. (Thingoe), 10s.; A. S. Vandenbergh, Esq. (Bethnal Green), £1:1.

Amount previously announced, £108:19:6. Received at the *Lancet* office, £6:14.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, January 4th, 1865.

THE FRENCH MEDICAL PROVIDENT ASSOCIATION complains of the malevolence and persistent misrepresentations to which it has been, from its origin, so perseveringly subjected in France. Our Association does not, therefore, stand alone in this respect.

THE SECOND VOLUME OF THE NOUVEAU DICTIONNAIRE DE MÉDECINE ET DE CHIRURGIE of 800 pages and 90 plates, has just appeared. It contains the following articles:—Amenorrhœa, by Bernutz; Amputation, by Guérin; Amyloid Degeneration, by Jaccoud; Anæmia, by Lorain; Anæsthetics, by Giraldès; Aneurisms, by Richet; Anginas, by Desnos; Angina Pectoris, by Jaccoud; Anchylosis, by Denucé; Antiaphrodisiacs, by Ricord; Anus, by Gosselin, Giraldes, and Langier; and Aorta, by Luton.

PRYCE *v.* BOWEN.—The following subscriptions have been received for Dr. Bowen:—Dr. Scholfield, £5; J. Godden, Esq., £5; G. Walker, Esq., £5; Dr. Ricketts, £3:3; Dr. Downing, £2:2; Dr. Lambert, £2:2; J. Edgar, Esq., £2:2; Dr. Spratly, £1:1; E. L. Jacob, Esq., £1:1; — Daniels, Esq., £2:2; M. Jennette, Esq., £1; Dr. Craig, £2:2; — Lamb, Esq., 10s. 6d.

Subscriptions should be forwarded to Dr. H. D. Scholfield, Treasurer, Birkenhead.

A SUGGESTION.—SIR: I was glad to see your remarks upon the professional correspondence from Broseley. It is not very creditable to us to have this kind of professional dispute circulated in our JOURNAL. Would it not have been better if the two gentlemen had referred their grievances to the Council of the Shropshire Ethical Branch of our Association? Of which Branch, I believe, they are both members. What is an Ethical Society for, if not to settle such points? And why bring them before the public (medical), if they can be decided at home?

I am, etc., QUERY.

MR. HOLMES'S SYSTEM OF SURGERY.—SIR: Allow me to call your attention to an error in the following paragraph from the review of *A System of Surgery*, vol. iv, in your last number.

"Mr. Holmes writes on Operations in Childhood; and on Malformations—including attached fœtus, congenital sacral tumour; congenital malformation of the face; spina bifida; imperforate rectum; malformations of the umbilicus; hermaphroditism; malformation of skin; and malformation of limbs. Mr. Brodhurst writes on Congenital Dislocations and Fractures *in Utero*. Mr. Shaw supplies remarks on Congenital Tumours, Congenital and Infantile Syphilis, Infantile Paralysis, Gangrene, Leucorrhœa, Tumours of the Vagina, Rickets, Lateral Distortion of the Spine, and Pigeon-breast Deformity."

Of the subjects here attributed to Mr. Shaw, only the two last—viz., Lateral Distortion of the Spine and Pigeon-breast Deformity—were treated by him; the other sections are written by me. If your reviewer will look again either at the text or the table of contents, I think he will find this plainly stated.

I am, etc., T. HOLMES.

22, Queen Street, May Fair, W., January 2nd, 1865.

COMMUNICATIONS have been received from:—THE SECRETARY OF THE PATHOLOGICAL SOCIETY OF LONDON; Dr. J. S. ROBERTS; Dr. J. THOMPSON; Mr. ROOPE; Mr. WM. DATE; Dr. ARTHUR RANSOME; Dr. M. MACKENZIE; Mr. HIGGINBOTTOM; Dr. HYDE SALTER; Dr. RADFORD; Mr. CEELY; Mr. T. M. EVANS; Dr. B. W. RICHARDSON; THE HOUSE-SURGEON OF THE ROYAL PORTSMOUTH HOSPITAL; Mr. HOLMES; Mr. LUND; Dr. BOLTON; Dr. GODDEN; Mr. H. C. MOORE; Mr. TUBBS; Dr. DURRANT; Dr. TANNER; Dr. MEADOWS; Mr. T. M. STONE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. R. FOWLER; THE HON. SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. WILLIAM NEWMAN; Dr. E. GOODEVE; X. Y. Z.; and Mr. W. A. NEILL.

ADVERTISEMENTS.

Bass's East India Pale Ale.—THE OCTOBER 1864 Brewings are arriving from BURTON in casks of Eighteen Gallons.

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Clinical Lecture

CONCERNING

LEAD-POISONING AND ITS TREATMENT.

BY

ALEXANDER FLEMING, M.D., F.R.C.P.Lond.,

PHYSICIAN TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

Gentlemen,—The cases to which I propose to direct your attention to-day belong to a class that, in this large and busy manufacturing town, is often under our care. We see here, in hospital practice, examples of chronic lead-poisoning of every degree of severity, from the simple colic which may be relieved in a day or two, to the deadly cachexia, with enfeebled brain and paralytic limb, which has carried some of our most skilled workmen to the grave, and has left many hopeless inmates of the workhouse.

Glass-cutting and glass-polishing, the making of red lead, of brass taps, plumbing, the process of enamelling and of soldering iron, are among the occupations which in Birmingham furnish cases of lead-poisoning. There are at present two factories of red lead in this town. In them, lead-poisoning was formerly frequent, and often severe; but of late years, in consequence of improved ventilation of the buildings and greater cleanliness of the workmen, the cases of poisoning are much rarer and milder.

The painters and cutters in glass present the worst examples. This was the occupation of one of my patients in the Queen's Hospital, whose case I will now narrate to you.

J. M., aged 36, by trade a glass-painter, was admitted into the hospital with the following symptoms. The face is pale and sallow; the features are sharp and pinched; the conjunctiva is bloodless; and the countenance wears an anxious expression. The mouth and nostrils are dry, and there is well marked blue edging of the gums. He has a sweetish taste in the mouth; complains of want of appetite, of constipation, and occasional severe colic. The muscles throughout the body are soft and flabby; and he complains of neuralgic pains in the upper limbs, of great general weakness, but especially of loss of power of the right forearm and wrist. The extensor muscles are especially enfeebled, and he has wrist-drop on the right side. The left arm and wrist are also paralysed, but less so than on the right side. The voice is weak and husky. Our patient has a heavy, stupid aspect; is slow of perception; and his memory is much impaired. There is no fever. The pulse is small; and the skin is cool and dry. The urine was tested for lead, but none was found.

History. This man comes from Dudley, where he has been working as a painter of glass for the last three months. Part of the process is as follows. The glass, being brushed over with oil, is then dusted with a fine impalpable powder, composed in part of carbonate of lead, which, suspended in the air, is deposited on the skin, and carried to the stomach and lungs. In two weeks from the commencement of this work, he suffered from constipation and severe colic. These were relieved by appropriate treatment, but have recurred from time to time, becoming gradually more severe up to the period of admission.

In analysing this case, which is an ordinary one, and therefore well suited for an example, let us inquire: 1. How the poison got into the body; 2. Its action there; 3. The channels by which it is eliminated.

We have seen that the powder containing the carbonate of lead is deposited on the skin, and carried to the stomach and lungs. But this powder is comparatively insoluble, and must undergo such chemical changes in contact with the secretions as will render it soluble and capable of absorption. The nature of these changes has not been actually demonstrated; but there is good reason to believe that the lead is acted on by the chloride of sodium of the perspiration and mucus; that a double chloride of sodium and lead is formed, which salt, being soluble, passes through the skin and mucous membrane, and so into the circulation. The solvent action of the chloride of sodium is materially favoured by the presence of free acid in the sweat, mucus, and gastric juice.

Once in the blood, the lead unites with the albumen it finds there, forming albuminate of lead. The blood becomes pale and watery; loses its normal proportion of red corpuscles; and, loaded with the poison, is unable to furnish healthy nourishment to the tissues, in all of which lead is deposited.

Hence the general cachexia and anæmic pallor. The enfeebled nutrition and poisoning of the heart are indicated by the slow and small pulse. The impaired structure of the muscles and nerves is shown first by spasms and neuralgia; and subsequently, as the disorganisation increases, by wasting, paralysis, and insensibility; and, lastly, the deposition of lead in, and perverted nourishment of, the brain, is apparent in the loss of memory, stupidity, blunted sight and hearing, epilepsy, coma, and death.

The lead *colic and constipation* are chiefly, though by no means entirely, local effects of the poison on the alimentary canal. Spasms and neuralgic pains of the intestines are first caused, and these are followed by paralysis and consequent distension of the muscular coat. As the lead exerts a powerful astringent action throughout the system, drying the mouth and nostrils, checking all the secretions, and, among others, that of the intestinal canal, the constipating influence produced by the paralysis of the muscular coat is thus obviously aggravated.

The *blue gum*, caused by the black sulphide of lead, is prominently manifested in the gum-tissue of our patient. It is formed by the sulphuretted hydrogen furnished by the decomposing *débris* around the teeth coming into contact with the metal in the gum. To prove that this chemical reaction takes place *within* the tissue, and not *outside* it in the mouth, we caused the gums to be repeatedly washed with a solution of acetate of lead. This had no effect in increasing the blue coloration. The blue line must be formed very slowly. Washing the lips and inside of the cheeks (as was several times done in this patient) with the sulphide of ammonium does not produce any blackening of the mucous membrane.

The channels by which the lead is eliminated from the system are the intestines, the kidneys, and the skin. The metal has been found in the intestinal secretions, the urine, and the perspiration. Of these three modes of exit, the intestines are the most, and the skin, the least important.

Treatment. Our patient was altogether three

months under treatment, which I will describe in a general manner, to avoid the repetition of daily reports. He was ordered new clothing; the surface was thoroughly and repeatedly cleansed in the sulphuretted bath. All chance of further absorption of lead by the skin was thus removed. During the first week, the following mixture was given.

℞ Magnesiæ sulphatis ʒij; acidi sulphurici diluti ʒss; sulphuris ʒij; aquæ Oi. Fiat mistura.

A wineglassful of this mixture was given every four hours, or less frequently, so as to cause three or four stools daily. The object of this medication is to convert any lead which may be present in the stomach or bowels into the insoluble sulphate and sulphides of lead, and secure their removal with the stools from the body.

Having in this manner removed all chance of the further introduction into the system of the poison, the treatment was directed to dislodge and expel the lead already in the blood and body.

For six weeks he was given, half an hour before meals, twenty grains of the iodide of potassium, dissolved in four ounces of water, three times daily. In solution, thus diluted, and taken on an empty stomach, the iodide finds ready access to the circulation; meets the lead in the blood and tissues, and forms with it a comparatively soluble double iodide of potassium and lead. In this form, it circulates with the blood, and is finally eliminated by the bowels, kidneys, and skin.

With respect to the use of the iodide of potassium, I wish especially to draw your attention to the importance of giving it in these large doses, and for the period of at least six weeks, if you desire to obtain from its use the full measure of advantage. When it is given in the ordinary manner of five grains three times daily, the kidneys manage to eliminate the drug nearly as quickly as it enters the circulation; and the blood does not become charged with it in sufficient quantity to secure its solvent action on the lead in the tissues. I have had several cases under my care, both in private and in public practice, where the smaller doses had previously been used with little or no improvement, and where the larger doses afforded subsequently the highest measure of success. No fear need be entertained of evil arising from these large doses. I have often used them, and have never observed any injurious result. During the first week or two of the treatment, the neuralgic pains are usually more acute and frequent; but this aggravation of the symptoms, instead of being dreaded, should be hailed as a token of the efficiency of the treatment. They quickly subside.

During the first and second of the six weeks administration of the iodide of potassium, we endeavoured to favour the extrusion of the poison by the bowels; during the third and fourth, by the kidneys; and during the fifth and sixth, by the skin.

During the first and second weeks, we gave half a drachm of the compound powder of jalap, with four grains of gamboge, once or twice in the day, so as to cause daily three or four watery stools. During the third and fourth weeks, diuretics were given. A wineglassful of the following mixture was directed to be taken every two hours; and *cold* water was enjoined to be drank freely.

℞ Potassæ nitratis gr. 100; spiritûs juniperi ℥i; decocti scoparii ℥x; aquæ ad ʒxx. M. Fiat mistura.

Under this treatment, the urine was much augmented. It was tested for lead, but none was found. In another patient, however, whose urine was examined while he was using the diuretics, lead was detected, although none could be found prior to the commencement of treatment. During the fifth and sixth weeks of the use of the iodide, our patient had a hot sulphuretted bath (containing six ounces of sulphide of potassium to the bath) at bedtime every second night. He remained half an hour in the bath; and, on leaving it, was placed in bed, covered with double his usual bed-clothing, and made to drink abundantly of thin *warm* gruel. This caused the perspiration to pour very freely from the skin. The sweat was repeatedly tested for lead, but none was found; while the iodide of potassium was always readily recognised.

Of the three channels—the bowels, kidneys, and skin—by which the poison is removed from the blood, I consider the bowels the most, and the skin the least important. Hence, in the eliminative part of the treatment of our patient, purging occupied the first, urination the second, and sweating the third place, in the order of time. Elimination was promoted by *one* channel only at a time—a point too often neglected, but of much moment, if the treatment is to be efficient. It is a therapeutical error to attempt to provoke purging and diuresis at one and the same moment. During the process of elimination, a considerable degree of exhaustion was caused, and was indeed unavoidable; but, in the choice of medicinal agents, I was careful to select those drugs which are at the same time efficient, and depress the least.

Having by these means effected, so far as I could, the removal of the poison from the body, the treatment during the remaining weeks that the patient was in the hospital was essentially tonic, having for its object the making of better and more blood: hence improved nutrition, better structure, and more strength; generous diet, pure air, sun-light, due exercise, cold sponging; and, in the way of medicine, iron, acids, especially the phosphoric, and a little strychnia, as in the following prescription.

℞ Solutionis strychniæ (Fleming) ♏ 50; tincturæ ferri muriatis ♏ 100; acidi phosphorici diluti ad ʒx. M. Fiat mistura.

Sig. One drachm (by measure), in a large wineglassful of water, immediately after dinner and supper.

During the whole course of the treatment, the patient was encouraged to take as much exercise as he could, with the view of promoting the tissue-changes of the body, and replacing unhealthy by healthy structure.

In the treatment of the wrist-drop and palsy, we employed, throughout the whole period of our patient's residence in the hospital, the galvano-magnetic current, the importance of which, when properly used, cannot be too strongly enforced. But, to secure its value, the current must be transmitted by means of moistened conical and pointed excitors from the nerves through the paralysed muscles collectively and repeatedly, so as to arouse, if possible, every fibre, however enfeebled. This should be practised twice daily, with much care and patience, *and continued for months, if necessary.* This influence may be rendered still more efficient by passing needles

into the nerves and muscles through which the current is passed.

Such, then, is the outline of the treatment adopted. The success was very marked. The patient lost entirely his cachectic aspect; gained a vigorous appetite. The bowels became regular; the muscles larger and stronger; and the movements of the arm and hand were vastly improved, though not completely restored to their normal state.

Our case suggests several interesting questions in respect to lead-poisoning; among which, perhaps, the most important inquiry is: *Why should this man have proved more susceptible to the action of the poison than his fellow workmen (of whom there are many), who had either not suffered at all, or but slightly?* This fact is constantly presented to our notice. For example, of a given number of printers or type-founders, it is observed that perhaps only one or two suffer from lead-symptoms, though all may be equally exposed to their cause. I suspect that in a majority of instances, as I have ascertained to be the fact in our own patient, want of personal cleanliness, and especially the neglect of washing the mouth and hands before taking food, furnishes a sufficient explanation. Another solution of the difficulty has been offered by Mialhe, who supposes that the especial sufferers use salt in undue quantity in their food, by which the fluids and secretions are highly charged with this salt, and are thus rendered more apt to dissolve the poison. However this may be—and the hypothesis yet needs demonstration—my own inquiries justify me in stating that, among those who are poisoned by the contact of the metal with the cutaneous surface, such as lead-glaziers, type-founders, and printers, *those suffer most whose skin is soft and perspirable.*

This fact is well shown in the following case, at the present moment under my care in the Queen's Hospital, and reported by Mr. Melson, my clinical clerk.

C. H., aged 41, a lead-glazier by trade, was admitted as an out-patient on October 21st of this year. His work consists in cutting small panes of glass, and fixing them in lead framework, which he solders together. Thus the lead comes in contact with his hands only, which are covered with black scars and marks made by it. For the last seven years he has suffered constantly from constipation and pains throughout the body, and repeatedly from lead colic. His muscles are soft and weak; there is no wrist-drop, but his hands tremble. His mouth and lips are dry; and there is a distinct blue line on the gum. His aspect is pale, and he has lost flesh considerably The urine is pale, but no lead was found in it. He states that *his skin is peculiarly soft and perspirable; and that, when at work, his hands were always moist.* This man made a good recovery under the treatment I have already laid down.

Another point merits attention. Our patient had marked wrist-drop; the muscles of the forearm and hand were much more paralysed and wasted than those of any other part of the body. Again, those of the *right* forearm and hand were more affected than those of the left; and, lastly, the *extensor* muscles had suffered, both in weakness and wasting, more than the flexors. Dr. Todd has offered an ingenious explanation of these phenomena, though it does not entirely solve the difficulty. The blood-supply and tissue-changes are most active in those muscles and nerves which are most used, as in the workman's forearm and hand; and, if the blood be charged with lead, such muscles and nerves will be the more quickly poisoned. This explanation does not apply, however, to the undue wasting of the extensors, as compared with the flexors, and which I believe to be owing to the *local* action of the lead-powder, which naturally falls and rests upon the outer surface of the forearm and back of hand.

It deserves notice, that our patient had not presented any symptoms of gout, a peculiar liability to which has been observed by Drs. Garrod and Begbie as among the less prominent effects of lead-poisoning—an observation which I myself have had several opportunities of confirming, as in the two following cases, which have occurred in my private practice.

Mr. H. ——, aged 46, has been for eighteen years a maker of red lead. During the first eight years of this period, he worked himself in the factory, and had lead colic and constipation two or three times. The gums were then slightly coloured; but there never has been any cachexia nor paralysis. During the last ten years, he has only superintended the work, and he has had no lead-symptoms. Four years ago, and again two years ago, he had unequivocal gout in the left foot. There is no hereditary tendency to gout whatever. He has used fermented liquors, but always moderately.

Mr. D. ——, his only brother, has also worked in the factory, and had mild symptoms of lead-poisoning. He likewise has suffered from gout in the hands and feet. He takes beer, but in moderation.

In the sixth Report of the medical officer of the Privy Council, it is alleged with truth, that, in consequence of the improved ventilation of workplaces, and by the adoption of habits of personal cleanliness, there has been a great diminution of lead-disease. At the same time, my own observations lead me to the conclusion that wrist-drop and other forms of lead-paralysis are more frequently to be met with in Birmingham than is implied by Dr. Whitley, in the appendix to that Report. Even the most formidable effects of lead on the central organs of the nervous system are still occasionally manifested. I have had several cases of epilepsy from this cause under my care at the Queen's Hospital. One is in the institution at the present moment.

It is that of a man named E. E., aged 50, glass-cutter and polisher, who was admitted on October 5th, 1864, with the following symptoms: Lead-cachexia well marked; aspect vacant and stupid; the mind obviously much impaired; eyes staring. He suffered much from general feebleness of the muscular system; the muscles throughout the body being soft and wasted. Marked wrist-drop, with wasting of forearms and hands. Has no power of extension of wrist-joint, and scarcely any power of separating the fingers. This man has been employed in glass-cutting and polishing for twenty-eight years. He was originally very strong, but has suffered for several years from lead colic and constipation. A year ago, he had in one day about sixteen severe fits, evidently epileptic; and again a like series about a month ago. Since the first attack, he has complained almost constantly of pain in the head. This man has improved somewhat under treatment.*

Most of the sources of lead-poisoning are now well understood; and their effects may be mitigated, if

* The notes of this case are taken from the report of Mr. Thomas, clinical-clerk.

not altogether avoided, by the usual precautionary measures. But cases still from time to time occur, where the cause acts secretly and insidiously, and may undermine the health, and even destroy life, without a suspicion existing of its nature. Such causes, when discovered, ought to be made known as widely as possible.

A very interesting example of unsuspected lead-poisoning in a child six months old has been lately mentioned to me by my friend Dr. Jordan, of this place. This infant (T. O.), which was being brought up by hand, without any ostensible cause began to decline, and to present unequivocal symptoms of lead-poisoning; viz., severe colicky pains, constipation, gradually increasing emaciation, and unusual pallor; sickness, dilated pupil; finally, extreme drowsiness, and almost complete paralysis of the upper extremities. The lower limbs were also enfeebled, but in a less degree. There was no convulsion. After two months' suffering, and of mystery as to the origin of the evil, the feeding-bottle was accidentally examined, when the ball-valve and its case were found to be undergoing corrosion; and, as these were made of an alloy containing lead, the cause of the illness was at once apparent. This was removed, and the child made a rapid recovery. It is interesting to note, that in this infant, *which had no teeth*, there was no blue line on the gum.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.

TRANSVERSE FRACTURE OF THE PATELLA; UNION BY BONE.

Under the care of H. B. Norman, Esq.

J. Y., aged 37, was admitted on March 1st, 1864, with a transverse fracture of the patella. The patient, who was in a miller's employment, was carrying a sack of flour. His foot slipped, and he came with great force to the ground in a kneeling position. The patella was split transversely as near as could be in the centre; and the fragments were four inches apart. He was placed in bed in a sitting posture, with a bed-rest supporting his back; and the leg and thigh were placed on an inclined surface, rising gradually all the way from the tuber ischii to the heel. By these means, the extensor muscles of the leg were completely relaxed, and the fragments came easily into apposition. An evaporating lotion was applied; and at the end of a fortnight, all swelling and inflammation having subsided, a starched bandage was put round the thigh from above downwards, so as to counteract the action of the extensor muscles. A similar bandage was applied to the leg, commencing at the root of the toes, making a figure-of-8 at the knee, so as to keep the fragments in perfect apposition. A strong straight splint was then placed behind the knee-joint, and a starched bandage over all. On April 8th, the above appliances were removed, and there was every appearance of osseous union. A strong leather knee-cap was then placed round the knee-joint; and the man was made an out-patient. He was able to act as carter, and drive his master's horses; and, at the end of six months, resumed his usual employment of carrying flour. He has now perfect use of the limb, and the bone is firmly knit together.

We may consider that the osseous union brought about in this case was entirely owing to the position in which the limb was placed immediately after the accident; but it is only in a hospital where the patient is closely watched by the house-surgeon to prevent him from changing his position from the sitting one, that such a satisfactory result can be hoped for. In private practice, where the patient is more under his own control, we cannot expect such a happy termination.

IMPASSABLE IRRITABLE STRICTURE.

Under the care of E. K. Parson, Esq.

J. A., aged 23, was admitted an in-patient on January 10th, 1864, with a stricture extending two inches from the orifice within the urethra, a second at the bulb, and a third at the neck of the bladder. The whole canal was in a highly irritable condition, bleeding at the slightest touch. The urine came away in drops. The patient complained of pain in the right kidney, dizziness, and headache. He was ordered to have a warm bath, fifteen grains of Dover's powder at night, and a house-draught next morning. After a good deal of gentle manipulation, a No. 2 catheter was introduced, and a large quantity of highly offensive urine drawn off. The pain in the kidney still continuing, with head-symptoms, a mustard plaster was applied over the right renal region, and five grains of Dover's powder and ten grains of bicarbonate of soda were given every four hours. The patient was much relieved. After a lapse of four days, a No. 3 catheter was passed; and an instrument was passed every third or fourth day, until No. 8 catheter was reached. On February 7th, he was discharged, and made an out-patient. He had an instrument passed once a week for some time.

This case, one out of a number, is not given as anything new, but rather to call the attention of the profession to the different modes of treating stricture. Here we have a severe case cured by gentle dilatation, and those adjuvants which a hospital can most readily afford the poor—the warm bath, good diet, and rest.

Strictures are of frequent occurrence, and are met with in every-day practice. It will be worth while for practitioners to get the history of as many cases as possible, to enable them to come to a fair conclusion as to the best mode of cure.

St. George's Hospital. On the fifth inst., certificates of prizes and honorary certificates were awarded. Sir Charles Clarke's Prize, to Mr. Thomas Edgelow and Mr. William Leigh. Mr. Henry Charles Johnson's Memorial Prize to Mr. F. W. Underhill and Mr. H. Ray Archer. General Proficiency, to Messrs, J. Forster, T. Edgelow, F. Sims, Howard Barrett, R. Anderson, W. Cant, and W. Tindall.

Spanish Medical Journals. There are eighteen medical journals published at the present moment in Spain. The *Correspondencia Medica; Siglo Medico; Restaurador Farmaceutico; Porvenir de la Veterinaria; Criterio Medico; Pabellon Medico; Genio Cirujico; Voz de los Ministrantes; Espana Medica; Clinica Medica; Monitor de la Salud; Revista de Sanidad Militar; Monitor de la Veterinaria; Veterinaria Espanola; Cronica de Sevilla; Revista Medica de Cadiz; Revista Farmaceutica de Barcelona;* and *Vigia de los Partidos.*

Original Communications.

REMARKS ON DR. HERBERT DAVIES'S METHOD OF TREATING ACUTE RHEUMATISM.

By W. O. Markham, M.D., F.R.C.P., Physician to St. Mary's Hospital.

Dr. Herbert Davies recommends a new method* of treating acute rheumatic fever; viz., "exclusively by free blistering. He has lately systematically pursued this plan in the London Hospital. The treatment is absolutely local, without the aid of "alkalies, nitre, lemon-juice, bark, opium, colchicum, or, in fact, any of the internal remedies which are and have been considered as specific in that affection." The result, Dr. Davies says, is in all respects highly satisfactory. His theory of rheumatism is the ordinarily accepted one, that there exists in the system a *materies morbi*, consisting either of an excess of some normal element, or of a new product, intensely acid, and highly irritating to synovial and fibrous tissues. Upon the rapid expulsion of this element depends, in his opinion, the immunity of the patient from heart-disease. Thus arguing, and believing that the virus localised itself in the affected joints, he determined to try to eliminate it there, wherever it shows local signs of its presence, bringing it out bodily with the serum of the blistered surface. "Armlets, wristlets, thighlets, leglets, and even fingerlets (if I may be allowed to coin such words) of blisters, were applied near to, but not upon, *every joint inflamed*, at the very *height* of the inflammatory stage, when the local pains were most severe, and the constitutional disturbance the *greatest*.

Details of the cases (thirteen in number) on which Dr. Davies founds his opinion, are given in the *London Hospital Reports*. Since their publication, he has, he tells us, had further experience of the treatment, and has "obtained such valuable results as to lead him to hope that the plan suggested presents the most efficient means of rapidly subduing pain, limiting the duration, and diminishing the tendency to the production of cardiac disease."

A novel method of treating so formidable a disease as is rheumatic fever, and one so warmly recommended by an able and experienced observer like Dr. Davies, will naturally attract the attention of the profession; but I am sure no one will more readily admit than Dr. Davies that it must bear the test of experiment and much criticism before it become an accepted and established method of cure. Every man of medicine, alas! knows only too much, by sad experience, of excited hopes and fallen expectations in the matter of specific and sure cures of acute rheumatism, as well as of many other diseases. He, therefore, *festinat lenté*—is reasonably slow of trusting, even on such high authority, this last newly proposed remedy. Certainly the cases, thirteen in number, published by Dr. Davies as proofs of the good things he attributes to the remedy, are in my opinion, if I may venture one, quite insufficient to prove his case. The main point, we suppose, to show of the efficacy of the remedy, is, that it prevents cardiac complications. But what satisfactory proof of such effect is given in these cases? No fewer than eight of these had signs of cardiac disease when admitted into hospital, and are therefore valueless, or nearly so, as indicators of the action of the remedy in preventing cardiac disease; so that, in reality, only five of the thirteen can be spoken of in this respect. But is it not a fact that, at the present moment, and under other (what may be called the ordinary) treatment of rheumatic fever, cardiac disease has of late become comparatively a rare occurrence? Besides, it must not be forgotten that certain individuals—young persons, for example, and especially young females—subjects of acute rheumatism, are much more liable to the cardiac complication than are grown-up men; and, therefore, in any estimation of the value of a remedy as a preventive of heart-affection, this fact must be duly taken into calculation. But no such allowance has here been made by Dr. Davies. Moreover, one important item—in my opinion, the most important of all—has been totally omitted in Dr. Davies's details: I mean the general management of the patient, and especially as regards keeping up the sweating by clothing him in blankets. According to my own experience, this general management of the patient is, of all remedial agencies, the most important and essential. No other remedy equally efficacious can be substituted for it. I have no hesitation in saying that I could produce just as good a list of successfully treated patients as is this of Dr. Davies, under the following simple treatment; viz., keeping the patient constantly and resolutely (for the patients often object to the discomfort of the thing) wrapped in blankets, and in a state of perspiration; giving Dover's powder for the purpose of maintaining perspiration, and in quantity sufficient to ease inordinate pain; keeping the bowels open and the kidneys in action by small doses of saline purgatives, mixed with liquor potassæ; applying occasionally a few leeches to any joint which may be especially painful; and swathing the joints in moist flannels; the diet being a mild milk one. I have in this way, and without the administration of alkalies or any other drugs (excepting a little coloured water, to satisfy the patient's fancy), treated the most typical cases of rheumatic fever as successfully as by any other method of treatment.

I once had great faith in the virtue of the alkaline treatment of acute rheumatism; but many broken hopes and failures in its use have long since led me to disbelieve in it as having any especial or specific efficacy. I rarely, in fact, now employ it.

It seems to me a very rational way of arguing, that, admitting there be a *materies morbi* in the system of the subjects of acute rheumatism, the best way to eliminate it is by assisting what seems the natural effort of the body to be rid of it; viz., the sweating. Cardiac complications were much more common in past days than they are now; and in those days the sweating was rather discouraged, as being hurtful, and as seriously weakening the body. I must, therefore, also venture to think that, touching the most important point in the treatment of this disease, Dr. Davies says nothing—*i. e.*, he lays no stress upon it: I mean upon the encouragement of the perspiration.

The proposition, that the *materies morbi* is especially concentrated in substance in the inflamed joints, is, of course, at present an hypothesis—a reasonable, and, it may be, a true hypothesis. But, before proof, it is certainly just as rational a one, that the morbific element is distributed throughout the whole body—

* This treatment may fairly be called new in a relative sense; but I believe that blistering of joints suffering from acute rheumatism has been already often practised. About thirty years ago, for example, it was, I think, a common practice with Dr. Duncan in the Edinburgh Infirmary.

i. e., wherever the blood circulates; and, therefore, on the principle of treatment adopted in this case by Dr. Davies—viz., by the process of its elimination—it is assuredly as rational to encourage the elimination *per vias naturales*, that is, by the sudoriparous glands, as it is through the serum of the blistered surfaces of the inflamed joints. The serum of even many blistered joints must in amount be very greatly less than the perspiration morbidly excited by the disease, and actively encouraged by artificial means, from the whole cutaneous surface of a rheumatic patient.

The application of blisters to the joints, as recommended by Dr. Davies, may be certainly considered a good and rational proposition in the treatment of acute rheumatism, and will, no doubt, on his recommendation, be fully tried. But it should surely, at present, at all events, be only regarded as an adjunct to other and far more important treatment. To regard it, as Dr. Davies seems to do, as the *primum mobile* in the cure—as a sort of specific *methodus curandi* of acute rheumatism—is what I have here ventured to object to in my remarks upon Dr. Davies's papers.

ON CHOREA, AND ON NATURE AND ART IN THE TREATMENT.

By James Turnbull, M.D., Physician to the Liverpool Royal Infirmary.

[*Read before the Liverpool Medical Society, December 1st*, 1864.]

Chorea, or St. Vitus's Dance, is well known as a nervous affection of spasmodic nature, manifesting itself by irregular contractions or twitchings of the voluntary muscles, which the patient cannot control. It occurs much more frequently in females than in males; and more commonly between the ages of 8 and 15 than in younger children or grown-up persons. Those attacked are not usually of strong constitution, but of nervous temperament and sensitive disposition; and fright is often the exciting cause. I have observed that in females it occurs most frequently just before the catamenial function is established; and, when it comes on after this, there is generally some menstrual irregularity, accompanied with more or less anæmia. I have also observed the occurrence of worms in connection with the disease; but intestinal irritation has not often appeared to me to be the sole cause.

The connection between chorea and rheumatism is one of the most singular facts in relation to this disease, and I have had many opportunities of observing it in private, as well as in hospital practice. We frequently see chorea coming on while the joints are swelled and painful from an attack of acute or subacute rheumatism, and it appears in such cases to supersede the rheumatic affection. Again, we see cases of chorea where the joints become swelled and painful from rheumatism, supervening or recurring. In either case, the one disease seems to take the place of the other. Besides this, we find that chorea occurs frequently in families where there is the rheumatic diathesis, one member being attacked with chorea, and others liable to rheumatic attacks. Chorea is a functional disorder, and in fatal cases no organic alterations which could be the cause of the disease have been discovered, but the organic effects which rheumatic fever produces on the heart and its valves have been not unfrequently observed. As we have good reason to believe that rheumatism is produced by a *materies morbi* in the blood, the close connection between rheumatism and chorea suggests the inquiry whether the latter might not be dependent on the same or a similar cause. Some countenance is also given to such a theory, by the fact that when urea is retained in the blood in consequence of disease of the kidneys, there is a liability to convulsive and other nervous affections, and also by the fact that some poisons, such as strychnia, when introduced into the blood, excite spasm of the muscles.

With respect to the relation in which chorea stands to other diseases of the nervous system, I would observe that it bears to paralysis this relation, that we sometimes find in chorea not only that the patient is unable to use the muscles of the tongue so as to speak, but that it is impossible to use some of the limbs, owing to a kind of temporary imperfect paralysis. It bears also to paralysis this further relation, that in some cases one side only of the body is affected. Epilepsy is a more intractable and severe disease, attended with protracted muscular spasm and complete loss of consciousness, and ultimate injury of the mental powers, which never occur in chorea; but the absence of any traceable organic alteration of the brain or cord characterises both. As regards severity, chorea holds an intermediate place between epilepsy and hysteria, the convulsive form of which latter is more troublesome than dangerous. I have seen some cases, however, where chorea and hysteria approximated so closely, that they might not inappropriately be called cases of hysterical chorea.

Chorea is often a very trifling complaint, but it is also frequently a troublesome protracted disease, and in a few instances I have seen it prove fatal. It is then one of the most frightful diseases we can witness, causing violent contortions, and tossing the patient about in all directions, thus injuring and abrading all the prominent parts of the body, and causing rapid loss of flesh and death from exhaustion, owing to incessant motion and want of sleep. Whenever the patient sleeps, the twitchings cease, and thus the strength is renewed; but if the movements should be so violent as to preclude sleep, the prognosis becomes very grave.

The disease often begins with slight twitching, and gradually attains its highest degree of severity; but very severe cases may recover more rapidly than slighter ones. I had two cases under my care at the same time this summer which illustrate this; one was a girl of 12 years of age, who was brought regularly to see me at my house. Though the case was never very severe, it was much longer in recovering than the other, which was the most severe in which I have seen recovery take place. As to the duration of the disease, Dr. Hughes, in his digest of one hundred cases, tells us that, exclusive of the time the patients had been previously ill, it varied in Guy's Hospital from three weeks to three months, 40 per cent. of the cases being cured in from three to six weeks.

The general diffusion amongst medical men of the present day of a knowledge of the important fact that in all curable diseases there is a spontaneous tendency to recovery, is a distinguishing feature of our times; and, when combined with a due appreciation of the influence of art in promoting this object, such knowledge must exercise a most beneficial influence on practice. Sir John Forbes's little treatise is the only one in which we have a comprehensive examination of this subject, and whilst I would observe that I place a high value on the service which he rendered by his exposition of the power of nature in the cure of disease, I must add that I think the tendency of his work is to repress, and unduly repress, the progress of medicine in the direction of therapeutic inquiry.

I feel convinced, too, that if Jenner had not had a higher appreciation than this author of the powers of art, he would never have traced the operations of nature so as to make his grand discovery of the preventive power of vaccination, in which we have a beautiful illustration of art searching out and applying one of the powers of nature.

Like other curable diseases, chorea shows a natural tendency to spontaneous recovery; and Dr. Wilks, having treated some cases by diet and regimen alone, has advocated expectant treatment; and in a clinical lecture which he published, has endeavoured to show that other treatment is of comparatively little importance. "Where a malady," he observes, "can be cured by so many remedies, it may be very well left to itself, and can be placed in the same category as hooping-cough, and many other disorders which tend to a spontaneous cure." I would observe, however, that not only in disorders, but in all curable diseases, there is the same tendency to spontaneous cure. Without the assistance which has been known as the *vis medicatrix naturæ*, the physician would be powerless; and those are undoubtedly the safest and best practitioners who are the closest observers of nature's operations, and the most successful assistants in aiding her in her own methods of effecting recovery. But this principle applies as much to serious and acute diseases as to such nervous disorders as chorea and hooping-cough; and the tendency to spontaneous recovery may be quite as well, or better illustrated by referring to such acute diseases as pneumonia, the exanthematous fevers, and ague.

In the time of Sydenham, inflammation of the lungs and chorea were both treated by bleeding; and we know that in the former it was till a comparatively recent period repeated again and again *coup sur coup*, as if the only object of the medical man had been to wage war with the disease, instead of it being used as a means to promote the natural process of recovery—the only way in which it can ever be admissible as a therapeutic agent in this disease. Repeated bleeding we in the present day consider a violent, injurious, and unscientific interference with nature's operations; its moderate use may no doubt be so applied in some cases as to promote indirectly the natural tendency to recovery; but practically we know now that the great majority of cases of simple pneumonia may be far more safely and successfully treated by mild means—by eliminating and sustaining treatment, having for its object the promotion of the natural tendency to spontaneous recovery. In all the acute infectious diseases, we can as yet only assist nature in effecting a spontaneous cure, but there is a wide field here for the practical sagacity of the medical man in removing obstacles, and assisting her operations.

Ague is another disease in which we observe the same tendency to spontaneous recovery. Cases admitted into an hospital would in this country generally recover under the influence of diet, regimen, and warmth, just as in many cases of chorea. We do not, however, trust to these alone, for we know that in quinine we have a remedy which rapidly cures the disease, or, it may be, only promotes effectively the natural tendency to spontaneous recovery.

It would be easy to carry this comparison further; but let us turn to the practical question, whether we are, because many cases of chorea would recover by treatment by regimen only, to stand by and watch the case merely. The clinical observations of Dr. Wilks, to which I have referred, undoubtedly tend to this result, and are calculated to depreciate therapeutic inquiry, and thus to paralyse the search for more efficient remedies. "It is well known," he observes, "that there are fifty remedies against this disorder, and even more than this number may be discovered, if it be worth while to collect them from medical writings." These and other remarks were made with reference to sulphate of aniline, introduced by me; and it is to be regretted that attempts should thus be made to depreciate therapeutic inquiry, which is one of much difficulty. In replying to the general question, whether we should merely watch the disease or not, I would express my opinion that, whilst we should in this, as in all other diseases, avail ourselves of the spontaneous tendency to cure, we may render valuable assistance by remedial means, and that such aid is often urgently needed on account of the disease being severe or protracted. Dr. Wilks does not, however, although an advocate of expectant treatment, entirely deny the efficacy of remedies; for he says: "It would appear to be true that tonics are useful, and that it is important to correct any morbid state of the alimentary canal." The mineral tonics, such as the preparations of iron, are undoubtedly the most generally useful remedies in ordinary cases of the disease; but where the usual means have failed, I have so often seen the disease removed by the direct sedative influence of sulphate of aniline, that I would still recommend a trial of it in such cases.

The following case is interesting, both as an illustration of what may be termed hysterical chorea, and as affording an example of successful treatment by this remedy, whether such result may be considered to have been due to its direct sedative influence on the nervous system, or partly to the mental impression it produced on the patient—an influence in the treatment of such cases which should not be overlooked.

A lady, aged about 25, was placed under my care on November 16th, 1861, on account of a peculiar nervous affection, from which she had suffered more or less for eight years. In the early period of her illness, she had been under the care of the late Sir B. Brodie, and had afterwards been under the treatment of several irregular practitioners, but without receiving permanent benefit. The nervous affection consisted of an inability to control the muscles of the right arm, and in a slighter degree those of the left. There was an almost constant contraction of the muscles of the right shoulder and arm, causing a painful fidgeting motion, and compelling her to hold the arm with the left hand. There was plenty of muscular power; but she could not regulate the movements so as to write or do any kind of work. In walking, she had not perfect control of her movements, and exhibited some of the peculiar jerking seen in St. Vitus's dance. As regarded the general symptoms, the complexion was rather anæmic; the muscular development good; the tongue natural; the digestion pretty good; the bowels sluggish; the pulse quick; and menstruation regular, but scanty. The treatment was first directed to the improvement of the general health by the preparations of iron combined with ammonia, and by out-door exercise, the use of dumb-bells, etc. Warm hip-baths, with mustard, were given; sedative embrocations, with atropia, etc., were used to the arm and shoulder; and aloetic aperients were administered. By these means, the general health was improved; but no influence was produced on the nervous disorder.

On the 10th of January, after she had been nearly two months under the previous treatment, I prescribed sulphate of aniline in three-grain doses thrice a day. It produced blueness of the lips and face more rapidly than in any other case I have seen; and, in other respects, she seemed peculiarly sensitive to the influence of the remedy, which always produced in the evening, after the third dose, not only decided

blueness, but also nervous depression, discomfort at the epigastrium, slight headache and palpitation, quickness of pulse, and coolness of the hands. At the same time, it had a marked beneficial influence on the disease; the muscular irritability was rapidly diminished, and she regained the control of the right hand and arm. The depressing effect of the remedy made it necessary to watch carefully its action, and to reduce the quantity to two doses daily. It was continued for three weeks, with occasional intermission for a day; and she had then completely regained the control of all her muscles, and could play on the piano. The blueness in this, as in all cases, went off within twenty-four hours after laying aside the remedy. About the middle of February, she had some return of the nervous symptoms, which soon yielded to the same treatment; and, at the end of the month, she returned home quite well.

Aniline has a powerful influence on the nervous system when taken internally, and still more when inhaled. From being accidentally inhaled, it has in several instances produced serious poisonous effects, though it has not been known to cause fatal effects on man. In recommending it as a remedy in chorea, I advised that the sulphate should be given in doses of two or three grains; and that it should be diminished or omitted when it produced the depressing effect, which is usually experienced in proportion to the temporary blueness of the surface it causes.

Dr. Frazer, who published some cases in which he gave it unsuccessfully, appears to have administered it in a different way—in large and increasing doses, as sulphate of zinc has sometimes been given—and as if his object had been to test its toxic as much as its therapeutic effects. In one of his cases, he tells us that the patient took twenty-eight grains daily. In thirty-four days, the quantity taken was four hundred and six grains; and it was continued all this time, although it caused frontal pain and aggravated deafness. "The result," he observes, "points nevertheless to the inefficacy of sulphate of aniline in five cases; and is, therefore, *pro tanto*, a clinical fact to be noted." I believe that any agent which produces a violent impression on the nervous system may prove injurious in this disease; and I advised the employment of aniline only so as to produce a gentle sedative influence; and, as not one out of five cases thus treated in hospital improved or recovered under this mode of treatment from a disease which Dr. Wilks has shown that many patients get well of under regimen only, the result would seem to show further, that thus given, as an antidote against the disease, it may prove not merely inefficacious, but injurious.

Having referred to the toxic properties of aniline, I would here observe that they have been erroneously regarded as of similar character with those of a more highly narcotic agent—nitro-benzine—which has very noxious properties, but has nevertheless been much used for flavouring and in perfuming, on account of its resemblance to the oil of bitter almonds. The effects of aniline and nitro-benzine have been confounded together from these circumstances. When aniline is introduced into the system, it undergoes oxidation, by which the mauve colouring matter is produced, as I was the first to point out. When nitro-benzine is introduced either through the stomach or by inhalation of the vapour, a portion is first converted into aniline, and this again undergoes further change, so that the same blueness is caused by both. The effects of nitro-benzine are, however, essentially different, and more persistently narcotic than those of aniline, as has been shown by Dr. Taylor in *Guy's Hospital Reports*, in a recent paper in which he has fully examined the various cases in which the toxic effects of these agents have been known to be produced; and he has recognised the difference in the effects of aniline and nitro-benzine. There is one fact, however, which appears to have escaped attention. It is this: that nitro-benzine is one of a series of chemical compounds which have similar effects on the nervous system. They are the xyloids—a series of substitution compounds formed by the action of nitric acid on starch (xyloidine), on sugar (saccharoine), on cotton (pyroxiline or gun-cotton), on glycerine (glonoine or nitro-glycerine), and on benzine (benzoine or nitro-benzine). Organic compounds containing nitrogen have often a powerful influence on the animal economy, as is the case with the vegetable alkaloids; and these are all nitrogenous compounds of similar chemical constitution.

Dr. Edwards, in a paper on the Physiological Properties of Xyloids, published in the *Liverpool Medico-Chirurgical Journal*, first drew attention to the action of these agents, and showed that they have similar and peculiar effects on the nervous system: the amount of their action being, in a measure, proportioned to their solubility. "They all appear" (he says) "to possess, more or less, the peculiar action on the nervous system characteristic of strychnine; and I believe that further experiments on men would prove that they possess peculiar and valuable medicinal properties. Physically, they are allied; being all highly explosive bodies, deflagrating at a low temperature or by concussion; and physiologically, they all produce a powerful effect on the heart's action, trismus, and a series of tetanic convulsions, terminating in death."

Having witnessed most of Dr. Edwards's experiments, I have taken this opportunity, of not only pointing out that nitro-benzine is different in its effects from aniline, but that it is one of the xyloids, and that to Dr. Edwards the merit is due of first ascertaining the poisonous properties of nitro-benzine, as well as its relation to the other xyloids.

Looking at chorea in a strictly practical point of view, I would now make a few remarks on the general treatment of the disease. In cancer, which is one of the most incurable diseases, many remedies have been, and will no doubt continue to be, tried; and in chorea, which is one of the most curable, many remedies have likewise been tried. Mere number points, in reference to the first, to its intractable nature; and, in regard to the second, to the fact that, though generally a curable disease, none of the remedies in use can be relied on to control the disease with any certainty. Indeed, practically, we know that there are cases which for months, and even years, resist both judicious and expectant treatment; and, therefore, the study of therapeutics in reference to this disease is still worthy of attention.

The remedies which have been chiefly used are, purgatives; the mineral tonics—iron, zinc, and arsenic; cod-liver oil; electricity; and the shower-bath. Purgatives I have given only when the state of the bowels rendered their use necessary; and not, therefore, with the curative intention with which they have sometimes been administered. The mineral tonics undoubtedly exert a beneficial influence. I do not believe they have any direct curative power; but they improve the general health, which is more or less below par, and thus they appear to lessen the excitability of the nervous system. Iron I believe to be the most generally useful, and especially in anæmic females. Dr. Hughes, in his digest of one hundred cases, makes these remarks:

"The different mineral tonics are very variously estimated by different practitioners, and one is often regarded as especially suited to the cure of chorea.

While one practitioner regards arsenic as a specific for true chorea, another cures nearly all his cases with the sulphate or the oxide of zinc, and another considers the sulphate or the carbonate of iron as an almost infallible remedy. This may perhaps arise, in a great measure, from habit. It is possible that all may be nearly equally efficacious. I have seen each of these, and many other remedies cure the complaint; and I have seen them all occasionally fail."

Zinc has been given in large doses, especially at Guy's Hospital; where Dr. Hughes has stated that thirty-six grains of the sulphate have been administered daily. It appears such an abuse of medicine, to prescribe these enormous doses of an irritant drug commonly used in such quantities as an emetic, that we are at loss to discover how it should ever have been thus given. What Sir John Forbes has termed the autocracy of Nature, could not have been understood by those prescribing it in such a manner; and Dr. Hughes observes:

"In the practice of the hospital, I am not aware that it has been shown that small or moderate doses of the mineral, continued an equally long time, will not effect a cure."

In my own practice, I have used iron and arsenic more frequently than zinc; and I consider that, of the metallic tonics, iron is the best, and that arsenic stands next to it.

Cod-liver oil is a remedy which is sometimes of service, by improving the general health; and it may be given with, or subsequent to, the preparations of iron. Electricity seems, in some cases, to have acted beneficially, and in a very rapid manner.

The shower-bath is a remedial agent which gives tone to the system, and may be used along with other tonic treatment. I have seen it of the greatest use in many cases. In the case of a young lady, in whom the movements were incessant and violent, and prevented sleep, the movements subsided very much directly after the bath, and she soon fell asleep, and ultimately recovered. The emaciation and exhaustion of the patient from the incessant violent movements and the loss of sleep, had rendered the recovery of this patient very doubtful.

It is not less important to glance now at the means which may prove detrimental, and which should therefore be avoided in the treatment of this nervous affection. All violent impressions on the nervous system should be guarded against. We know that fright is not an unfrequent cause of the disease. It is probably on this account that the shower-bath may prove injurious when injudiciously employed, as well as very frequently useful. Narcotic remedies, such as opium, morphia, and hyoscyamus, have appeared to me (contrary to what might be expected) to be not simply useless, but positively hurtful. It has been said that chloroform is of use; but I saw the inhalation tried in two very severe cases, which proved fatal; and though it produced a temporary sedative influence, it appeared to me to act injuriously on the general progress of the disease.

In all cases, due attention should be paid to hygienic as well as medicinal treatment, so as to improve in every way practicable the nutritive functions and the general health. The diet should be nutritious, and wine or malt liquors are often of service; and out-door exercise is desirable in the less severe cases. When the disease proves chronic, change of air is advisable; and in the summer the change may be made with advantage to the sea-side, where sea-bathing may be practised.

ON THE PHYSICS OF DISEASE,

AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By Benjamin W. Richardson, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

Chapter II.

The Force evolved in Oxygenation of Blood. Conditions of Oxygen and of Blood that modify Combination. Modifications of Oxygen—Ozone. Influence of Temperature.

I referred in my last chapter to the two modes, external and internal, by which force or motion is communicated to the body. When we view the subject free from all prejudice and all superstition, we are driven to the conclusion that by none other than the means there described can motion be supplied. To presume that the nervous system can generate motion, that it can out of nothing produce something, is like saying that a galvanic battery may work a telegraph without chemical action. The nervous system is the centre of forces derived from without and within—the *tabula rasa* on which the external world is written—the centre in which motion derived from the blood is laid up, to be applied in volition. But, beyond this, the nervous system is not different from other parts of the physical organism.*

Let us then consider the source of that motion which springs from within the body; which, in better words, is evolved in the body; which gives animal power, but does not give intelligence; which makes the animal an engine, but not an animal; which is constructive and locomotive, but not animating; but which yet prepares the machine for animation, and without which there is no life.

This force or motion is elicited by the combination of the oxygen of the air with the carbon derived from the vegetable kingdom, and present in solution or suspension in the blood. We speak of the force thus evolved as primary in respect to the body, and so it is; but, in truth, we may trace it back further—at least, to the sun.

When the sunbeam falls on the vegetable world, when the radiant motion from the sun touches the vegetable world, that chemical change takes place in the leaf of the plant which is described as consisting of the decomposition of carbonic acid, the evolution of oxygen, and the fixation of carbon. This is the chemical part of the change that takes place; but there is a physical part played as well. The motion derived from the sun is also fixed, to be laid by until it is required, until the time has come when, by the recombination of oxygen with carbon, it shall be set at liberty in the form of heat, as heat of fire, or heat of body. Thus the force that supplies the organism with the motion that pertains strictly to its organic or vegetative life is conveyed into the body as coal is conveyed to the fire, through the vegetable world—conveyed as fuel to the furnace, and as food to the animal. Plants are condensers of motion for man; they take up from the earth the dead matter; they take from the sun motion; they endow the dead matter with motion; and, thus endowing it, they become to the animal constructively and actively as matter and motion.

When distributed through the blood, the carbon from the plant meets, in infinite subdivision of mole-

* In a paper read before the Medical Society of London in the beginning of 1863, I described the nervous system as the *condenser* of motion.

cule, the oxygen of the air, that being also in infinite subdivision: then those processes which took place when the sun's motion touched the plant, are reversed. Carbon and oxygen reunite; carbonic acid is reformed for the plant; and motion—heat—is evolved. Nor is the motion merely evolved to the body, but through the body it is given forth again to the universe in act—nay, in thought. This that I write is so much motion fixed through matter on the page; and when the reader, in presence of light, takes it up and reads it, it reaches him as motion liberated and carried to the eye by light, another form of motion.

To maintain a perfect balance of motion, either in the vegetable or animal world, there are conditions necessary, a departure from which is at once followed by organic change. If we deprive a vegetable of the chemical radiations of the sunbeam, we destroy, to the extent of the deprivation, the absorption of motion; or if we deprive the plant of its green colouring matter, we destroy, to the extent of the deprivation, the reception of motion. On the other hand, if we deprive an animal of oxygen, we destroy, to the extent of the deprivation, the liberation of motion; and, if we deprive it of food, we do the same thing.

This is simple enough; and, in the case of the animal, we see the phenomenon almost daily of death or cessation of motion from mere deprivation of oxygen, or from mere deprivation of food or blood. We see the first in what is called asphyxia; the second, in what is called hæmorrhage.

But between perfect combination, or health, and stopped combination, or death, there are numerous gradations, depending either on modifications in the conditions of oxygen alone, of blood alone, or of both oxygen and blood. In the presence of these modified conditions, the animal combustion is not suspended, but lessened or increased, with, in some instances, the production of new products of combustion which are foreign to the organism. These modified conditions are the causes of those various groups of symptoms which we call diseases; and on them all diseases rest, except a few, of which I shall speak in a future chapter, and which are mechanical in their origin, such as intussusception, hydatid disease, and some kinds of external injury.

MODIFIED CONDITIONS OF OXYGEN.

Let us turn first to oxygen, and ascertain what are the modified conditions under which it fails to sustain in proper degree the animal fire.

In order that oxygen should combine with blood, it is an essential condition that its molecules should be distributed, held apart from each other, and possess in themselves motion; hence a given external temperature is necessary for the oxidation of blood. In the next place, it is essential that the oxygen should be diluted in nitrogen; for, if this did not obtain, variations of temperature would lead to sudden and immediate consequences of the most serious kind. A fall in temperature below 35° Fahr. would stop combustion altogether; an elevation in temperature to 110° Fahr. would give rise to fatal combustion from excess of action. In the third place, the oxygen must be presented to the lung in the neutral form. Raised in action by being, in very minute proportions, transformed into ozone, it is unfitted for respiration: it becomes an irritant to the mucous membranes over which it passes to the blood, a quickener of action, and, by this quickened action, a disorganiser of the blood. Reduced, on the opposite side, to a negative condition, it fails in combining power, so that the blood exposed to it is unable to supply sufficient motion to the organism to sustain the functional activity.

In order to determine the effects of modified conditions of oxygen on the combustion of blood, I have conducted two series of inquiries. In one series, animals have been subjected, while they were yet in motion—*i. e.*, living—to oxygen in various states; in another series, blood that has been removed from an animal has been subjected, spread over a very wide surface, to oxygen in various states. It will be best to first direct attention to the results of experiments on the living process.

INFLUENCE OF HEAT ON OXYGEN.

By motion in the form of heat, oxygen gas is held in varying conditions for combination; the rule being that the expansion of the gas by heat, within ordinary natural temperatures, quickens the process of oxidation in animal bodies.

In order to see the influence of varying degrees of heat on oxygen, in relation to its power as a supporter of life, it is best to place animals in an atmosphere of pure neutral oxygen, and then, the gas used being always taken from the same source, to cause its inhalation under varying degrees of temperature. By this method a series of results are obtained, on similar classes of animals, so uniform, that we may consider we have in our possession the main facts bearing upon the subject in a physiological point of view. My own inquiries have been conducted on rabbits and mice. In subjecting the rabbits to experiment the oxygen was breathed by the trachea; and in order to produce various temperatures of the gas inhaled, the tube leading from the jar of oxygen to the animal passed through thirty-six feet of thin metallic tubing, which, being coiled, could be immersed in a bath containing water at various temperatures, or ice and salt: by these means I could reduce the oxygen to 20° Fahr., or raise it to 140°. In subjecting the mice to experiment, they, being small animals, were placed in chambers of known capacity, charged with oxygen and very carefully closed: by a simple arrangement the animals could be introduced into these chambers without water and without the admission of air. The chambers being thus prepared, the temperature of the air within them was modified by placing them in water heated or cooled to the degree required, ice and salt being used for the lowest temperatures. A thermometer in the chamber with the animal told the temperature of the enclosed air; and a very simple valve regulated the pressure of the gas, allowing escape when there was expansion, and means of entrance for oxygen when the extreme of cold was being applied.

When experiments constructed on the basis given are performed with exactness and without hurry, the uniformity of result is remarkable. I began by studying the effects of a low temperature, reducing the thermometer to 20°-25° Fahr. by means of ice and salt. I found that oxygen thus reduced was destructive both to the rabbits and the mice, in periods varying from fifteen to thirty minutes. The mice in all cases lived the longest, a result due probably to the mode of administration. The form of death is always the same; the animals became drowsy, and then slowly and regularly the action of the heart declines: there is no excitement of the heart first—no fluttering; it is a gradual arrest of motion; each minute brings two or three beats less, and so down and down, until the organ is quite at rest.

The animals die in these experiments because, under the influence of the cold, the combining power of the oxygen with the blood is reduced. I thought at one time it might be that the cold, by producing contraction of the capillary vessels of the lung, was the cause of death; and I, therefore, varied the experiment by subjecting animals to oxygen diluted as in air, but at the same reduced temperature. The

result was that, in the diluted oxygen, a rabbit breathing by the trachea would live one-third longer than another one would by breathing oxygen alone. Two rats placed in similar chambers, and exposed to the same temperature, were also tested; one being subjected to pure neutral oxygen, the other to common air. The rat in oxygen had ceased to breathe in half an hour; the rat in air continued to breathe slowly and stertorously for nearly two hours: taken out at the end of that time, it was as insensible to all pain as though it were profoundly narcotised with chloroform, the cold producing *general* anæsthesia, as by Dr. James Arnott's beautiful process it is made to produce *local* anæsthesia. A three-inch spark from the large induction coil, passed through the limbs, produced no contraction; and yet, by very gradual exposure to warmth, the animal recovered.

It is not, therefore, from the mere constringing influence of cold exerted on the capillaries, that animals in pure oxygen die at low temperatures, although this, as a secondary cause, is important; it is that the abstraction of caloric from oxygen is more rapid and perfect when the gas is pure; diluted with nitrogen, as it is in air, the molecules of oxygen are not so readily brought within the sphere of attraction for each other, inasmuch as the nitrogen shares with the oxygen the abstraction of heat. In this sense, nitrogen in the air does more than simply dilute oxygen: it equalises it in action during extremes of heat and cold.

From temperatures ranging from 20° to 25° Fahr., I passed to those ranging from 50° to 55°, subjecting animals, now in closed chambers only, to oxygen, neutral and pure. In these cases, in the same chambers, and breathing gas derived from the same source, the animals, instead of dying in thirty minutes at most, lived four hours—rather more than two hours longer than they would have lived had they been placed in the same volume of common air at 55° Fahr.; for, although animals in oxygen, as in air, become comatose at the same periods, those in air die so soon as they have become comatose, while those in oxygen live for more than twice the same length of time.

From 50°-55° Fahr., we pass to 70°-75°. Using the same chambers, using oxygen derived from the same source, and using animals of the same kind, I placed the animals in the chambers, and only modified the experiment by putting the chambers in such position that the thermometer told off a temperature within them of 70°, rising occasionally to 75°, but soon reduced. In this case, the animals remained conscious for three hours; then they became comatose; but they continued to live for so long a period as twelve hours.

At temperatures of 80°-90°, and even 100°, the effect produced on oxygen is not remarkably different from that observed in the last named experiments; but beyond 100° the difference is very great. If the chamber containing the animal exposed to pure oxygen be placed so that the contained gas be gently raised to 125° Fahr. (expansion of course being provided for), the animal lives for a period of fifteen minutes, breathing quickly, and becoming in the transparent parts of its body intensely red in colour; at last, the redness quickly subsides into a purple tint, after which the animal falls unconscious, becomes tetanically convulsed, and in the course of three or four minutes dies.

It might occur to the reader, that the effects produced in the animals placed in confined chambers were due to the accumulation of carbonic acid. To remove this impression, it is necessary to direct attention to the air remaining in the chambers. In the chambers containing the oxygen inhaled by the animals at 20°-25° Fahr., the consumption of the gas by combustion is so small that only the mere presence of carbonic acid can be detected. To test the supporting power of this oxygen, I placed in a chamber containing it, after the first animal was dead, a second animal. I then gradually transferred the chamber from a temperature of 25° to a temperature of 70°. In another chamber of the same size, and filled with fresh oxygen, I placed a second animal, also at 70°, the chambers standing side by side. The two animals became comatose at the same time, and died within six minutes of each other; the one that had been placed in the chamber containing the dead animal dying first.

In a chamber in which an animal has been exposed to oxygen at 55°, the amount of gas consumed is also remarkably small. In a comparative experiment, in which two animals were subjected, one to pure oxygen, the other to common air, each chamber being of the same size, and the temperature being regulated in both at 55°, I found the animal that died in air had produced, although it breathed for two hours less, five times the amount of carbonic acid. But in a chamber in which an animal had breathed the gas for twelve hours at 70°-75°, the amount of carbonic acid, after the death of the animal, was found equal to that which was obtained from the respiration of the same quantity of common air by another similar animal. In fact, the animal in this case dies, although after a period six times prolonged, in the same manner as after the inhalation of the same volume of common air—viz., from the accumulation of carbonic acid.

In chambers in which animals die from breathing oxygen at 125°, the amount of carbonic acid is variable: it is always greater than would be developed from air respired during the same period, but all the oxygen is not consumed; and the jar, after the animal is dead, contains as much as will sustain, at a temperature of 70°, another animal for two hours.

Thus we see that extremes of heat and of cold render oxygen incapable of supporting life. The low temperature prevents, the high temperature overquickens, oxidation; while, at mean temperatures, the pure gas sustains for a long time a slow process of oxidation, during which the organic, as apart from the conscious life, is maintained; during which just sufficient motion is generated from combustion to support the heart and respiration, but none is made to be stored up in the nervous centres.

In my next chapter, I shall describe at some length certain new experimental facts relating to active oxygen—*ozone*—in regard, specially, to its effects on the organism.

Bequest. Edward Yates, Esq., leaves by will so much of his property as may legally be applied to charitable purposes to University College, London, in trust, to apply one moiety of the annual income thereof to the general purposes of the North London Hospital, connected with that college, and the other moiety to the Samaritan fund for the relief of poor patients. The residue of personal property is left to Dr. C. J. Hare, one of the executors.

Death of Dr. Baikie. Sir R. Murchison announces that Dr. Baikie died at Sierra Leone, on November 30th, of fever and dysentery. The death of this good and distinguished man will be as deeply deplored by geographers and naturalists who have been daily looking out for his arrival in England, charged as he was with much important knowledge and rich collections relating to the interior countries on the banks of the Niger, as he will be by the government which he served during nearly eleven years with so much ability and zeal in carrying out his arduous mission.

Rebiews and Notices.

MEDICINES, THEIR USES AND MODE OF ADMINISTRATION. By J. MOORE NELIGAN, M.D. Sixth Edition, including a Complete Conspectus of the *British Pharmacopœia*, an Account of New Remedies, and an Appendix of Formulæ. Edited by RAWDON MACNAMARA, M.R.I.A., Licentiate of the Royal College of Physicians, etc. Pp. 758. Dublin: 1864.

A MANUAL OF MATERIA MEDICA AND THERAPEUTICS, including the Preparations of the *British Pharmacopœia*, and many other Approved Medicines. By J. FORBES ROYLE, M.D., F.R.S., and FREDERICK W. HEADLAND, M.D., B.A., F.L.S. Fourth Edition. Pp. 776 London: 1865.

ELEMENTS OF MATERIA MEDICA: Containing the Chemistry and Natural History of Drugs, their Effects, Doses, and Adulterations; with Observation on all the New Remedies recently introduced into Practice, and on the Preparations of the *British Pharmacopœia*. By Dr. WILLIAM FRAZER, Lecturer on Materia Medica to the Carmichael School of Medicine; etc. Second Edition. Pp. 453. London and Dublin: 1864.

A COMPANION TO THE BRITISH PHARMACOPŒIA, comparing the Strength of the various Preparations with those of the London, Edinburgh, and Dublin, and other Pharmacopœias: with Practical Hints on Prescribing. By PETER SQUIRE, F.L.S., Chemist on the Establishment of the Queen, etc. Second Edition. Pp. 256. London: 1864.

WE have already had occasion to notice several works, or new editions of works, on materia medica and pharmacy, which have appeared in consequence of the publication of the *British Pharmacopœia*. There now lie before us the books whose titles are given above; and we also understand that an abridgement of Dr. Pereira's voluminous and elaborate work is in course of preparation by Drs. Farre and Bentley, and Mr. Warrington.

The first work on our present list, that of the late Dr. NELIGAN, has enjoyed a high reputation as a text-book during the last twenty years, and has now reached a sixth edition. The joint editor, Dr. MACNAMARA, states in the preface that, for some time previously to the lamented death of the author, Dr. Neligan, he had been associated with him in preparing the present edition. Its final revision was delayed, however, until the appearance of the *British Pharmacopœia;* "Dr. Neligan, although on the Pharmacopœia Committee, from a high sense of honour, steadily refusing to avail himself of his position, or to make any private personal use of the proofs of that work, which from his position had to be constantly submitted for his inspection." Hence, Dr. Neligan's death having taken place some time before the *Pharmacopœia* was published, the completion of the book devolved entirely on Dr. Macnamara, who has performed his task in such a manner as fully to sustain the previously acquired reputation of the volume.

This sixth edition of *Neligan on Medicines* contains above three hundred pages more than the first edition, published in 1844; and, on the present occasion, Dr. Macnamara informs us that the greater part of the space gained from previous editions, in consequence of it no longer being necessary to reproduce the formulæ of three separate Pharmacopœias, has been devoted to original matter.

The book contains not only the medicines and formulæ of the *British Pharmacopœia*, but also many which are not officinal in that work. Hence it has devolved on Dr. Macnamara to make considerable additions and changes. Among the additions which he has made are full explanations, both verbally and in equations, after each process and test; and a sufficiently ample and clear exposition of the use of test-solutions for volumetric analysis. The posological table is retained, and is arranged in four columns, containing respectively the name of the medicine, the dose for an adult, the dose for a child aged one year, and the form of administration.

The peculiar arrangement originally adopted by Dr. Neligan, and retained in all subsequent editions, is, as many of our readers are probably aware, different from that followed in most other works of the same class. It is based on the actions of remedies; the chapters being headed respectively Antacids, Anthelmintics, Antispasmodics, Astringents, etc.; and the medicines in each class being described in alphabetical order. Hence it sometimes happens that, for the full description of any given medicine, the reader must turn to two, three, or even more, separate parts of the work. In some respects, this plan is inconvenient—at least, we have occasionally found it so; but the author and the editor have doubtless had very good reasons for this arrangement, and any inconvenience arising therefrom is of very light weight in comparison with the excellence of the information contained in the book.

We next come to a work which, like the one above mentioned, bears on its title-page the name of one who has passed away. The *Manual* of Dr. ROYLE, forming one of Mr. Churchill's well known and admirable series, has been given into the charge of Dr. F. HEADLAND to revise and renew. Dr. Headland has, like his fellow-labourers, modelled the work on the *British Pharmacopœia;* but he also retains, marking them by brackets, various medicines and preparations mentioned only in the *London Pharmacopœia* of 1851.

The plan of arrangement adopted in this work is that of the three divisions, mineral, vegetable, and animal; the articles in the latter two classes being arranged under the natural orders.

Useful information on various subjects—such as the relation between natural orders of plants and medicinal properties—is given; and at the end is a chapter on the Physiological and Therapeutical Arrangement of the Materia Medica, for which, we believe, we are indebted to Dr. Headland. Having briefly noticed the classifications proposed by various authors, he, retaining that of Dr. Royle, arranges medicines under the heads of Mechanical, Chemical, and Vital. The *Mechanical* remedies are diluents, demulcents, and emollients; the *Chemical*, escharotics, acids, alkalies, antilithics, disinfectants, astringents, and antidotes. The *Vital* agents include the various evacuants or local stimulants, general stimulants, and depressants. Some remarks are made on each class, and a list of the medicines contained in it is appended. Now, with all deference to Dr. Headland, we consider that his retention of the term "vital" to express an idea of the action of many of

the medicines mentioned is by no means an act of progress. Even if we must—and we no doubt must—retain the word to designate that of which we have not as yet a definite conception, still it seems out of place to arrange under "vital agents" such articles as the saline diuretics and cathartics. Even the narcotics and sedatives, which, as the researches of Snow and others tend to show, probably act by interfering with the oxygenating process, are scarcely in their proper place here. Dr. Headland, indeed, acknowledges that some of the so-called vital agents undoubtedly act chemically. We hope that, in future editions, he will more fully recognise this; and cease to use a term of mystery in speaking of the action of medicines, regarding which it is tolerably well ascertained that they act chemically or physically.

What else he has done in the book, is very creditable. He has maintained for it the reputation which its talented author ensured for it.

The third book on the list comes, like Dr. Neligan's, from Ireland. Its author, Dr. FRAZER, informs us that this second edition of his work was retarded by the delay in the appearance of the *British Pharmacopœia;* and that he has re-written the book, so as to include in it the latest additions to materia medica.

The plan of arrangement which Dr. Frazer adopts is founded on the natural history of the various medicines. In the first part, he gives the Chemical Materia Medica, which, after an introduction, is divided into inorganic substances, compounds of cyanogen, alcoholic and ethereal preparations, and hydrocarbons. To this part is appended an useful chapter on Volumetric Analysis.

The second part consists of the Vegetable Materia Medica, arranged according to natural orders—commencing with Ranunculaceæ (to which belong Aconitum and Podophyllum), and ending with Algæ (of which Chondrus Crispus, or Carrageen Moss, is the representative). The third part contains the articles of the materia medica derived from the Animal Kingdom. And, in a supplement, the author gives an account of preparations used in medicine, but which are not officinal, nor described in the preceding portions of the work, such as amylene, apiol, bromide and iodide of ammonium, iodide of sodium, carbazotic or picric acid, oxalate of cerium, chlorodyne, datura tatula, Donovan's solution, the hypophosphites, effervescing carbonate of iron, peroxide of hydrogen, etc.

The nomenclature adopted is, whenever practicable, that of the *British Pharmacopœia*.

The descriptions are clear and concise; and the book is one which is likely to meet with much favour. As a text-book, many will find it useful.

Mr. SQUIRE has brought out a very useful *Companion to the Pharmacopœia*, supplementing much of the deficiency of the latter work, and removing its difficulties. Following the simple alphabetical arrangement of the *British Pharmacopœia*, he gives regarding each article a concise description of its physical and chemical characters, its properties, and its preparations; and specifies the formulæ by which preparations of the same name with ours are made in various foreign countries, and also the names by which our pharmacopœial articles are there known. His object in doing this, is "to enable prescribers to regulate the prescriptions of patients going abroad, where preparations similar in name but different in composition may be employed."

Mr. Squire has found the system of weights adopted by the Medical Council very inconvenient; and his opinion on this point, as a practical pharmaceutist of the first rank, deserves great attention. As an example, he says: "If we take the formula for Compound Tincture of Benzoin, and wish to prepare half a gallon, it will be necessary to multiply the grains of each ingredient ordered by 4, and to divide the number thus obtained by 437.5, to reduce it to ounces." To overcome this difficulty, Mr. Squire has generally expressed the formulæ in parts, which may be pounds, ounces, or any other weight, English or foreign, according to the quantity which it is desired to use or make. We will give one or two examples of Mr. Squire's plan.

"CALOMELAS. Calomel. *Syn.* Hydrargyri Submurias: Hydrargyri Chloridum. Subchloride of Mercury, Hg^2Cl.; eq. 235.5. A dull white, heavy, and nearly tasteless powder. Insoluble in Water or Rectified Spirit."

Then follow, concisely, the tests and medicinal properties.

"Dose.—As an alterative, ½ to 1 gr. three times a day; as a purgative and cholagogue, 2 to 8 grs.

"(In all the Pharmacopœias; Lond., Hydrargyri Chloridum; U.S., Hydrargyri Chloridum Mite; Pr., Hydrargyrum Chloratum Mite.)"

Then, under the head of Preparations, is given, *cum aliis*,

"PILULA COMPOSITA. Calomel, 1; Sulphurated Antimony, 1; Guaiac Resin in powder, 2; Castor oil, 1; mix=(1 in 5).

"(Same as Lond., Edin., and Dub.; Belg., Pil. Alterans Plummeri, 1 in 3; U.S., Pil. Antimonii Comp., 1 in 6; not in others.)"

Again, under the preparations of Senna, we find the confection ordered to be made as follows.

"Senna, in fine powder, 7; Coriander, in fine powder, 3; Figs, 12; Tamarinds, 9; Cassia Pulp, 9; Prunes, 6; Extract of Liquorice, ¾; Refined Sugar, 30; Distilled Water, 24; etc.

"(Same as Lond.; Edin., without Cassia and Tamarind; Dub., with Oil of Caraway, but without Liquorice and Figs; Belg., Electuarium Sennæ Comp.; Fr., Electuaire Lénitif, more complex; not in others.)"

Again, under the *Infusum*, there is the following.

"(Same strength as Dub.; Lond., 2 in 20; Edin., 1½ in 20; Belg., 1 in 10; Austr., Inf. Laxativum with Manna, 1 in 8; Pr., Composita, 1 in 8, with Manna and Rochelle Salt; U.S., with Coriander, 1 in 16; not in others.)"

We must not omit to mention that, in addition to the matter proper of the work, Mr. Squire gives tables of the equivalents of English and French weights, lists of test-solutions, ordinary and volumetrical, etc.

The book is not only valuable to the manufacturing druggist and dispenser, but also to the prescriber. That it has been found so, is evident from the favour with which it has already been received.

PROFESSOR SENATOR MATTEUCCI has been nominated Professor at the Florence Museum, and will there give a course "On the Physico-Chemical Phenomena of Living Beings."

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches, or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, JANUARY 14TH, 1865.

THE SANITARY IMPROVEMENTS OF BOURNEMOUTH.

The frequency with which our friends and patients who go to English watering-places in search of health are attacked by severe and even fatal illness, has of late years become so alarming as to make us hesitate in recommending change of air. Nothing but the powerfully deodorising and antiseptic properties of the sea air saves some of the places of resort to which we allude, and which we will not at present name specifically, from devastating epidemics. Many of our readers must have a painful recollection of the stinks which, during the recent vacation, have met them at every turn in localities formerly celebrated for their health-giving properties, but now poisoned by the effluvia which the carelessness of an ignorant or penurious population has allowed to be generated and to accumulate in or near their dwellings. We should have thought that the constant publicity given to the fundamental rules of sanitary science would, by this time, have penetrated to the most obtuse of municipal law-givers; or, at least, we would have given this money-getting age credit for discerning the necessary connection which exists between the pecuniary interests of the permanent denizens of a watering-place and its sanitary condition. Experience, however, has shown that, with a few well marked exceptions, the teachings of sanitary science and of political economy have been equally thrown away upon the short-sighted rulers of many of the places which, with the present facilities of communication, might go far to become perfect sanatoria.

There is one place on the south coast of England to which we may be permitted to draw attention at present; not for the purpose of finding fault, but with a view to strengthening the hands of those of its residents who, appreciating the demands of the times and their own opportunities, wish to secure for it a prominent place among the health-giving localities of our much favoured isle. We speak of Bournemouth. We know few sea-side watering-places which possess so many features that recommend it. Scarcely twenty years old, it has established for itself, by its salubrity and beneficial influence in various forms of exhausting and degenerative diseases, a high reputation. But it has arrived at a period of its existence—its period of puberty—in which a great change must be effected for better or for worse. The dimensions which it has assumed, and the evident tendency which it exhibits to further growth, have compelled its inhabitants to think seriously about the drainage.

A large and influential party among the residents seeing, like wise men, into the future, and not adopting the *après nous le déluge* egotism of some contemporaries, wish to determine and establish a system of sewerage which, while abolishing all cesspools, shall not contaminate the beach and the sea in the vicinity of the town, and shall not require to be recast and remodelled after the lapse of a few years. They desire to adopt a plan approved by and carried out under the superintendence of an eminent sanitary engineer, which shall at once be capable of adaptation to the increasing wants of a necessarily increasing population, and at the same time benefit the surrounding country by a proper distribution of the fertilising contents of their sewers.

We see by the local papers that much discussion has been going on of late on the subject; but we rejoice also to see that a sanitary committee has been recently appointed, embracing the names of Drs. Burslem and Falls and Colonel Moody. The former two well known physicians secure an adequate representation of the medical aspects of the question; while the Colonel, who is an officer of the Royal Engineers, and has had large experience in drainage in the colonies, will advise on technical details. These gentlemen have received and published urgent letters from Mr. Edwin Chadwick, C.B., Sir Jas. Clark, Dr. Ferguson, Dr. Sieveking, and Dr. West, on the importance of a thorough and efficient system of drainage, which have been read before the local Board of Improvement Commissioners, with whom the above named Sanitary Committee are somewhat at variance as to the best mode of draining the town. We do not wish to constitute ourselves judges as to the merits of the points at issue between them; but we cannot but express a strong hope that the most enlightened counsels may prevail, and that such a system may be adopted as will save Bournemouth from the disgrace of having neglected the painful experience of the past, the teachings of science, and its own best interests, whether regarded in a moral, sanitary, or pecuniary point of view. Let those who may be disposed to sacrifice permanent advantage to temporary economy, reflect that an opportunity such as now offers will never recur, of rendering Bournemouth an illustration of the superiority of local to central government, of making it permanently one of the healthiest and most attractive of our watering-places, and of demonstrating the capability of even a very young community to anticipate the wants of its posterity.

HOSPITAL HYGIENICS.

For some time past, the Surgical Society of Paris has been seriously engaged in discussing the hygienic conditions of hospitals. The discussion has arisen *à propos* of the rebuilding of the Hôtel-Dieu, but is, of course, of general significance. The leading surgical authorities in Paris have taken part in the debates; and the whole question has been worked out in that complete and logical and precise method of argument characteristic of our French *confrères*. After two months' inquiry, the Society has adopted the following conclusions, its desire being to "contribute to the efforts now being made to withdraw the practice of surgery from the baneful influences of nosocomial complications, etc."

Every hospital should be situated in an open space, on sloping and spacious grounds. A minimum of fifty square *mètres* should be the smallest space allotted to each patient. The atmosphere of a hospital is purer in proportion as the hospital is removed from populous quarters. Only such hospitals as are absolutely required for cases of urgency and for instruction should be permitted in large towns—(a statement which we recommend to the consideration of the governors of St. Thomas's Hospital). Economy would be promoted by attention to this recommendation.

Good hygienic conditions may be readily obtained in hospitals of 200 to 250 beds. In large towns, where the beds exceed that number, such conditions are impossible. The expenses of hospitals of the size indicated are not greater (in proportion) than they are in much larger hospitals.

Atmospheric elements are mingled chiefly in a horizontal direction; consequently, the effects of contiguity of patients, of bed to bed, of ward to ward, and building to building, should be counteracted by the occupation of large spaces of ground.

Contagious influences are effectually opposed, not alone by augmenting the cubic space allotted to each patient, but above all, and especially, by increasing the superficial area, so sadly insufficient in our present civil hospitals. For this reason, the building should have few stories, because each story engenders its own vitiated layer of air. A rigorous hygiene would require that no hospital should consist of more than two stories.

It is an error to believe that an abundant aëration within the walls may be substituted in the place of space and external aëration. No artificial means will supplement the deficiency of natural aëration.

Buildings, completely isolated, having the same aspect, directly exposed to the rays of the sun, to the action of rain and wind, should be disposed in parallel lines of 80 or 100 *mètres* apart, in order to obtain an effective degree of isolation and free and ready external aëration.

Small wards, containing from fifteen to twenty beds, are superintended with facility. In such wards, the patients are less exposed to mutual inconveniences occasioned by their diseases; the chance of direct contagion is diminished; and all impurities are readily removed. Wards of this size should be preferred for ordinary purposes.

The furniture should in no way interfere with the circulation of the air. The medical attendants should have power to remove the curtains of the beds in all cases where they think it proper.

The wards should be separated from each other by passages, etc.; and it is desirable that there should always be one to which the patients who can leave their beds may resort and take their meals.

The periodical and regular evacuation of the wards for an interval of some months produces results in French military and foreign hospitals, such as warrant the general adoption of the practice, especially in times of epidemics.

Everything should be disposed for facilitating the rapid removal and destruction of all odorous and infecting matters, which should never be allowed to remain either within or in the neighbourhood of the wards occupied by the patients.

The Surgical Society concludes by saying that, enlightened by the long discussion in which so many of its members have taken a part, it would be sorry to see the administration, in the project adopted for the reconstruction of the Hôtel-Dieu, neglect or overlook any of the principles here laid down. In its opinion, neither the wants of the population nor the requirements of instruction demand the erection of a hospital of six hundred beds in the *Cité* at the present day. Such a hospital must necessarily be subjected to evil hygienic conditions, both in respect of position, of space, of number of beds, of disposition of its buildings, and of aëration. The Society hopes that authority will listen to its advice, and adopt such a project as will be in conformity with the fundamental requirements of hospital hygiene. To this excellent wish of the Surgical Society of Paris we shall all affirmatively respond.

Naturally, in reading the complete and excellent debates, or rather we may call them finished discourses, on hospital hygiene (mainly addressed to the erection of another Hôtel-Dieu), which have been delivered by the leading surgical authorities of France during the last two months, our thoughts have again and again turned to the erection of St. Thomas's Hospital in our own metropolis. It is, we suppose, quite useless now to question further the propriety of again erecting so large a building on the site chosen for it, or any where within the air of the metropolis. This only we can say, that the very arguments and conclusions so urgently pressed upon the French Administration by the Surgical Society of Paris against the project of reconstructing and

erecting another large Hôtel-Dieu, tell with equal force and equal reason against the project of erecting a hospital of 400 or 500 beds on the Stangate site. The thing, we suppose, must now inevitably be done; but we must nevertheless be permitted to say that it is an act not in accordance with the laws of hygiene, as thus worked out by the Parisian Surgical Society; and that the words applied by the Society to the Hôtel-Dieu project seem to fit equally well the St. Thomas's Hospital project; viz., that "neither the wants of the population nor the requirements of instruction at the present day call for the erection of a hospital of 600 beds within the city. Such a hospital will be subjected to evil conditions both in respect of space, of number of beds, of disposition of its buildings, and of aëration of the whole edifice."

THE SMYLY TESTIMONIAL.

At the inauguration of the Smyly Testimonial, the public were favoured with a professional and a non-professional opinion of special hospitals by Dr. Stokes and Lord Wodehouse. The Smyly Ward for children in the Meath Hospital was opened on January 5th. The ward is a memorial erected to the memory of the late Surgeon Smyly, who had been thirty years connected with the Meath Hospital. The sum of £650 has been subscribed; and provision has been made for the support of nine out of the ten beds which the ward contains. At the head of each little bed is printed the name of the lady who has undertaken to support it, either from her own resources or money collected among her friends.

Dr. Stokes, having borne testimony to the merits of his departed friend, referred to the alarming prevalence of infant mortality in different countries.

"From a pamphlet by Dr. Moore, *On the Value of Hospitals for Sick Children*, we learn that the mortality of children in London, up to the tenth year of age, is about 35 per cent. In Manchester, the mortality before five years of age is 55 per cent. In Berlin, on an average of forty years ending in 1822, 52 per cent. died in the first year of existence; and during the war in the early part of the present century we have the authority of Casper for stating that not less than 71 per cent. perished. Mr. Simon well observes that a high local infantile mortality must indicate a high local prevalence of those causes which determine a degeneration of race. Without impugning the value of children's hospitals, it may be asked whether special hospitals for the diseases of children are to be preferred to the allocation of wards for a similar purpose in a great general hospital. This is one of those questions which must be solved by experience. In the meantime, I may be permitted to express an opinion that of the two plans the latter is the preferable one. The powers of the human mind become narrowed whenever they are long confined to any one specialty. Great physicians and great surgeons are only made by practice in a general hospital. In an hospital exclusively devoted to infantile disease, it is not likely that its inmates could ever have the advantage of such judgment and skill as that possessed by a Cooper, a Brodie, or a Baillie, or by a Crampton, a Cheyne, or a Graves. It is plain, at all events, that the establishment of a children's ward or wards is a matter greatly to be desired in every large hospital. The success of the children's ward in the Adelaide Hospital may be appealed to. The Smyly Memorial Ward will be the second of these institutions; and I happen to know that it is the intention of the community of the Sisters of Mercy to allocate a portion of the hospital of the Mater Misericordiæ for the same important purposes."

The Lord-Lieutenant dissented from the remark of Dr. Stokes, that great infant mortality in any population is a sure sign of its degeneracy. In Russia, there is a large proportion of deaths among infants; but the adult population are not the less vigorous on that account. Indeed, the fact that the sickly, weakly, and ill-formed children died naturally led to the inference, that the portion that survived would be more robust and vigorous than the whole population would have been if all the infants had lived. On another point, also, the Lord-Lieutenant expressed dissent. He said:

"Dr. Stokes has expressed a strong opinion in favour of attaching special wards to general hospitals rather than establishing a separate hospital for the special treatment of sick children; and I think it is very fortunate that in Dublin that system can be fairly and completely tried. At the same time, there are two sides to that question. It cannot be doubted—and I think the observation must be as applicable to medical science as it is to all other branches of science—that those who devote themselves to special departments do acquire a special and particular knowledge that is not possessed by others who travel over a wider field. Yet we must not allow ourselves to be entirely convinced that it may not be desirable for many classes of disease, at all events, to have special hospitals established, provided you have them on a sufficiently large scale; for, undoubtedly, if they were not on a large scale, the experience of the medical officers will be too much contracted. I believe that, where you have these special hospitals on a large scale, you will advance medical science more effectually than by having professional duties extended over too large a field. I think that all who have attended to the progress we have made in the various sciences and arts must have perceived that those who have devoted themselves to some one special pursuit are generally those who have made new discoveries and inventions for the benefit of mankind."

BANTINGISM ABROAD.

Mr. Banting may well be elated at the success of his system; for, besides having been put on the stage in London, it has now found an exponent in Germany, in the person of Professor Julius Vogel of Halle. The force of circumstances, and the idiosyncracies of the medical students of Halle, have removed Professor Vogel from the Clinical Professorship which he held in that University, and caused him to return to the sobrieties of Morbid Anatomy, the subject by which he made the reputation which carried him to the clinical chair. He now employs

some of his leisure time with the vindication of great principles to their authors, and his *Essay on Corpulency* is one of these vindications.

The principles and practice of Bantingism are, in his pamphlet, clearly shown to be nothing more or less than the application of the well known chemico-physiological discoveries of Liebig to the construction of a very commonplace dietary; and, consequently, to be neither new nor original. At the same time, the author makes use of the humorous element in Mr. Banting's tale, which is of course the mainspring of its popularity, to impart this latter quality to his essay, so as to make it acceptable to that peculiar class of beings, the lay readers of medical essays written with a keen eye to the main chance.

In a notice of his essay, which Professor Vogel has published in a periodical, we perceive that he lays stress upon the statement made by Mr. Banting, to the effect that he had consulted several of the foremost physicians of London to get relief from his corpulency, but without success. What a pity it is, that Mr. Banting did not publish the advice and prescriptions which were thus given to him in vain! And withal he might add the names of those gentlemen who advised him; for, as they belong to the most eminent, the failure of their skill in his case can do them no great harm. Perhaps, also, this plan would provoke a little cross-examination by way of retaliation, with a view of showing whether or not Mr. Banting followed to the letter the advice given by these eminent physicians. As matters stand at present, there exists necessarily a little prejudice against this statement regarding the failure of the advice of these eminent doctors of the healing art. This prejudice is founded upon the peculiar circumstance, that the art of reducing corpulency by dietetic means derives from Æsculapius himself, and was practised by his sons and successors; and Hippocrates even went so far as to commit the indiscretion of recording the Æsculapian rules in his aphorisms.

"Fat people" (he says) "who wish to become slender, must do their work with an empty stomach, take their food while panting with fatigue, and not allow themselves to cool down; they should then drink a little somewhat diluted wine, and eat green vegetables. The vegetables should be dressed with a great deal of grease, in order that the smallest possible quantity may do away with the appetite. They must eat but once in the day, remain unwashed, sleep upon a hard bed, and walk about naked as much as possible."

Here is a code of rules which, we warrant, would reduce a man of twice Mr. Banting's dimensions and weight to the size of an ordinary mortal in a reasonable time. The rules are quite in harmony with physiological science. All trainers know them well, and have always known and practised them; the walking about naked included. This latter part would be difficult of execution in St. James's, except, perhaps, between the hours of three and five in the morning. But, in rural retirement, it offers no difficulty; and at the seaside, it would merely amount to the prolongation of a fashionable amusement. As for that ounce of sugar which has such euplastic properties as to increase the weight of an alderman by somewhat like ten times its amount, it has betrayed, in an objectionable manner, the amount of logic which gentlemen who now talk about the subject of fat are really able to apply to it. To our readers we beg to propose a problem, the solution of which, we are sure, would enlist much more sympathy amongst society than Bantingism; namely, rules by which the cacoplastic constitution can be made to deposit adipose matters—regulations by which a scraggy young lady can be made fat. The solution of this problem would command the attention and recognisance of vast numbers of the sweetest and most sugar-devoted human beings.

Dr. Gairdner, in the *Glasgow Medical Journal*, details his experiences of "Two Months of Fever Duty in the Glasgow Royal Infirmary." His conclusions are worthy of very serious attention.

Dr. Gairdner regards typhus as a disease which has a distinct and certain course to run, and cannot be cut short. Two-thirds or three-fourths of his cases were successfully treated "without either medicine or stimulants." Febrile excitement, rapid weak pulse, and delirium, are normal facts of the disease, and cannot be avoided or cut short. Remedies, therefore, are to be reserved for variations from this normal course of things; as when tartar emetic is given in bronchitic complications, and stimulants in tendency to collapse. Under such practice, mortality has not been more than 9.3 per cent. In persons up to the age of 20 or 15, fever, so treated, is of hardly any danger. Nourishment of the kinds indicated is to be carefully administered throughout the course of the fever; viz., a bland and nutritious diet, as milk, buttermilk, rice, arrowroot, and beef-tea. Free ventilation is indispensable. "Good nursing and constant watchfulness, especially watching the chest, evacuations, and the skin of the back, are the real 'physic' needed by all fever patients." No alcoholic stimulants, or only very small and carefully regulated quantities, need be added to the diet. "The first lesson that has to be learned in dealing with fever, is at the same time to many minds the most difficult—to let well alone. The argument, to many an irresistible one, will always recur, What! are we to stand by and to do nothing at all, when the pulse is 120, the tongue dry, the brain oppressed and delirious? The question is an extremely embarrassing one. But, in view of facts which have become clearer and clearer in proportion as our knowledge of typhus fever has been defined and rendered more exact, it has become a duty with teachers of medicine, not indeed to acquiesce in a blind expectancy, any more than in any other unreasoning routine, but to take a firm hold of principles based upon experience, and to place these in the light of such practical illustrations as their opportunities, derived from hospital practice, enable them to command."

Progress of Medical Science.

SURGERY.

Subaponeurotic Lipoma of the Thigh. Many cases are on record in which large lipomata have been removed; but in almost all instances the tumours have been subcutaneous. Deeply seated lipoma, under the aponeurosis and among the muscles, are more rare, and there are but few instances of extirpation of them. M. Velpeau some years ago removed an adipose mass weighing 16 *kilogrammes* (about 35 pounds) from the inner and upper region of a man's thigh. In 1854, M. Robert shewed to the Surgical Society a lipoma removed from the temporo-zygomatic region. In 1856, M. Marjohn removed a large lipoma from among the muscles of the posterior part of the thigh of a young child. Gerdy removed deeply seated lipomata from the fore-arm and thigh. In 1864, M. Ollier removed from a woman, aged 35, a lipomatous tumour situated under the trapezius. M. Cruveilhier, in his *Anatomie Pathologique*, says, that he knows of no instance of intermuscular fatty tumour in which the mass was so large as in M. Velpeau's case. In November 1863, a lady, aged about 40, perceived a painless enlargement of her thigh, which increased rapidly. In May 1864, she placed herself under the care of M. Ollier, who found a tumour of the upper and inner part of the thigh, covered by the fascia. It was found to be unattached to the bone. It was removed by operation, a considerable amount of dissection among the muscles being found necessary. The only point where there was adhesion of any strength was at the ramus of the ischium and pubes; and in removing it, a small portion of bone was detached. The tumour weighed six *kilogrammes* (more than 13 pounds avoirdupois). The patient recovered completely, without any unfavourable symptoms. (*Gaz. Méd. de Lyon*, 16 Novembre, 1864.)

Traumatic Aneurism of the Ophthalmic Artery; Ligature of the Common and External Carotids. The following case has been related to the Academy of Medicine by M. Legouest. The patient had traumatic aneurism of the orbit, which had appeared after a fall from a height, and was accompanied by exophthalmia and paralysis of the sixth nerve. Digital compression was applied to the trunk of the common carotid for four days without success. M. Legouest then determined on first tying the common carotid artery, then the external carotid above the origin of the superior thyroid. The characteristic signs of the aneurism disappeared; the tumour gradually diminished; the eye returned into the orbit; the sight was preserved, but permanent strabismus remained, doubtless from an irremediable injury of the oculo-motor nerve. (*Bull. Génér. de Thér.*, 15 Novembre, 1864.)

Mercurialised Collodion as an Application to Condylomata. A patient aged 56, under the care of Dr. G. Finco of Padua, had around the anus a large number of condylomata, which had increased in size under the use of nitrate of silver. Dr. Finco mixed twenty-five *centigrammes* of corrosive sublimate with fifty-two *grammes* of collodion, and, having shaken the mixture well, applied it with a brush over the two largest tumours. The next day, these had almost disappeared. In the course of sixteen days, Dr. Finco destroyed more than sixty condylomata; and the patient had no return of his disease. (*Gaz. Med. Ital. Lomb*; and *Bull. Génér. de Thér.*, 30th Dec. 1864.)

Obstinate Hæmorrhage from a Tooth: Compression of the Common Carotid Artery. A lady aged 78, had for some days a painful enlargement of the gum on the left side of the upper jaw, near the last molar tooth, of which only the old carious fangs remained. One day, she observed a discharge of blood from the painful part. This increased to a somewhat alarming extent, and plugs dipped in perchloride of iron were applied, and syrup of the perchloride with syrup of digitalis was given internally. The hæmorrhage still, however, persisted, and the patient became seriously weakened. Thereupon M. Guipon, under whose care the patient was, compressed, by the fingers, the common carotid artery against the cervical vertebræ. The hæmorrhage was sensibly diminished in less than half an hour, and was completely arrested in an hour. Pressure was maintained steadily during some time longer; no return of the bleeding took place, and the patient recovered gradually from its effects and from those of the application of the perchloride of iron to the mouth. *Bull. Médicale du Nord*; and *Bull. Génér. de Thér.*, Dec. 30, 1864.)

Exostosis of the Nasal Fossa. A patient, under the care of M. Legouest, had a large ivory exostosis in the left nasal fossa. It had distorted the face in the same way as a large fibrous polypus, and gave rise to dangerous hæmorrhage. It was impossible to ascertain its extent and attachments; and, to remove it M. Legouest, having made the necessary incisions through the soft parts, enlarged the anterior nasal aperture with the gouge and mallet, and, still finding it impossible to displace the tumour, temporarily removed the vault of the palate, after which the tumour, which projected from the posterior nares, was enucleated. The bones were replaced; the soft parts were united by suture; and the patient recovered, preserving nearly entire the osseous portion of his face. (*Bull. Génér. de Thér.*, 15 Novembre, 1864.)

Encysted Tumours in Children. Encysted tumours are often met with on the face and scalp, and especially the eyelids; and although they may sometimes disappear under the influence of an inflammatory elimination or the action of solvents, when they prove persistent and increase in size they should be removed. In dread of erysipelas, M. Guersant has renounced in these cases the employment of cutting instruments and resorts in all of them, even in tumours of the eyelids (except when these can be extracted on the inner side), to the Vienna paste. Through the aperture formed by its aid the tumour will sometimes issue unaided, although, on other occasions, its elimination may have to be assisted. The cicatrix left behind is smooth and does not project, but it is of slower formation than is that which succeeds to incision. No accidents follow the separation of the tumour, especially when its extrusion has taken place unaided. Sometimes, when this process has been sought to be hastened, erysipelas has occurred. The tumour to be acted upon is covered with adhesive plaster, in which an aperture has been cut of the form and size of the intended opening in the skin, and over this the paste is spread. In eight or ten minutes an eschar is produced, which may be poulticed or otherwise treated, so as to facilitate its separation. This may be delayed for eight or ten days; and after it has taken place, and the tumour has issued out, whether spontaneously or aided by nitrate of silver, cicatrisation should be encouraged. With respect to small cysts of the eyelids, M. Guersant follows Dupuytren's procedure of opening and emptying them, and then cauterising their internal surfaces. (*Bull. Génér. de Thér.*, and *Dub. Med. Press.*)

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Bath and Bristol. [Ordinary.]	Victoria Rooms, Clifton.	Wednesday, Jan. 25, 7.15 P.M.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, DECEMBER 15TH, 1864.

W. ADAMS, Esq., F.R.C.S., President, in the Chair.

A Case showing the Dangerous Effects of Mercury through the Skin. By W. SEDGWICK, Esq. A journeyman tailor, aged 23, in consequence of what appeared to be a venereal sore, with some brown patches on the skin, had applied on October 31st for advice at one of the large hospitals as an out-patient. He received a pot of blue ointment, which he was desired to rub into the thighs night and morning; and a small bottle of colourless lotion for the sore. After using the ointment a few times, the gums became very swollen and raw, and the patient felt very ill and exhausted; but he managed to attend again at the hospital on November 4th, when he was told to continue the ointment and lotion, and to attend again next week. The symptoms of exhaustion, however, increased so rapidly, and the salivation became so profuse, that the patient's friends were much alarmed, and requested Mr. Sedgwick to take charge of the case. Mr. Sedgwick visited the patient for the first time on November 6th, and found him suffering from profuse hæmorrhage from the mouth, which appeared to proceed from the mucous membrane of the gums and cheeks; but it was almost impossible at the time to examine the interior of the mouth, as the jaws were fixed. The mercurial fœtor was very offensive and overpowering, and the patient had not had any sleep during the two previous nights. A gargle, composed of a solution of chloride of sodium with hydrochloric acid and syrup, was used with advantage; and the patient was ordered to take every four hours a mixture of quinine and ether. Brandy and milk were given at short intervals, and as much beef-tea as he could manage to swallow. There was considerable hæmorrhage from the mouth for three days afterwards; and this did not entirely cease until November 13th. The gargle for the mouth completely did away, after a few days, with the mercurial fœtor; and, by means of twelve-grain doses of Dover's powder at night, some amount of interrupted sleep was obtained. As soon as the patient's mouth could be opened fully enough to allow of examination, it was ascertained that not only were the gums very much swollen and ulcerated, but that the adjacent mucous membrane of the cheeks and sides of the tongue, as far back as it was possible to see towards the base, were also extensively ulcerated. The patient recovered, so as to be able to take out-door exercise for the first time on November 25th; and, at the time of last report (December 1st), was quickly recovering his strength. With reference to any supposed necessity for mercurial treatment in this case, it was stated that the patient had been married two years and a half, and had not apparently required any medical advice since his marriage. He had led a "gay" life, and had been treated for venereal disease; but this, it was said, had been cured.

Mr. DE MÉRIC observed, that the danger of mercury through the skin was like that of using it in other ways. Some persons would take four or five times as much as others to salivate them. In cases of salivation and ulceration of the mouth caused by mercury, he had found a useful application to be a stick dipped in pure hydrochloric acid and applied to the ulcerated surfaces, which then should be gargled with a solution of salt in water.

Dr. DRYSDALE remarked, that medical literature teemed with accounts of injury inflicted by the use of mercury as an ointment rubbed into the blood. Dr. Christison had mentioned a case where two drachms of blue ointment rubbed in on the thighs had produced ptyalism and death in three days. Dipping the hands in mercury for a few hours has produced salivation. Ramazzini and Tardieu had given a sad picture of the workmen employed in mines of mercury. Trembling paralysis, swelling of the feet, ulcers of the gums, loss of the teeth, asthma, phthisis, were among the diseases ascribed to this dangerous poison. In describing the mines of Frigas and Almaden, most authors attributed to mercury the accidents which are sometimes met with in the mercurial treatment of syphilis; viz., salivation, vertigo, loss of memory, trembling, partial paralysis, and pains in the bones. Workmen of thirty years of age are quite edentulous. Of 3,911 workmen at Almaden mines, forty-eight sicken yearly; the half of these patients die in the course of a year. As it had been fully proved, he thought, by the evidence adduced by himself and others, that diseases were injured instead of benefited, including syphilis, by the use of mercury, it was high time that its internal use should be abandoned. He had recently received the works of Professor Böck of Christiania, where every case of syphilitic ulcer and its treatment had been kept since 1827, and where mercury is now definitively abandoned; in consequence of which, bone-disease is no longer met with in those treated in Norway.

On the Syphilitic Affections of the Nails. By V. DE MÉRIC, Esq. The author recapitulated the subjects he had treated on former occasions before the Society; one being the possible escape of children born of syphilitic parents; the other, hard chancre in the female. As to the affections of the nails, he considered them very rare in syphilis; as, in a practice of twenty years, he had seen but a few cases. He divided these into two classes—the purulent (onychia syphilitica), and the dry (ungual psoriasis). Of the first class, Mr. De Méric related several cases both from private and public practice, those occurring in hospital being accompanied by drawings. The dry class, characterised by yellowish stains under the nail, and the gradual brittleness and crumbling of the latter, was illustrated from private practice chiefly; one case being very remarkable by presenting the affection in two individuals, one of whom had been contaminated by the other. The author had brought forward the subject principally to aid diagnosis, and to attempt the description of the characters which are peculiar to syphilitic affections of the nails, seeing that these characters are not sufficiently noticed in systematic works.

The PRESIDENT asked whether there was not, in addition to the two forms of nail-disease so well described by the author, another class of cases, where the nail begins to dry and split up the middle, and spots may be seen in the nail by making a thin section of it and viewing it in the microscope. A lady, in good health, had almost lost the nails of three fingers of both hands by such a disease. All the specifics in the *Pharmacopœia* had been tried on her to no purpose.

Mr. JAKIN related a case of syphilitic onychia, occurring in a painter and plumber, which was cured by the use of the nitrate oxide of mercury ointment.

Dr. MORTON mentioned a case of syphilitic disease of the nails recently seen by him.

Dr. DRYSDALE had seen a case similar to that mentioned by the President in a person with lepra of a simple kind.

Mr. CURGENVEN mentioned that splitting of nails seemed to be a constitutional peculiarity, as he had had a family under his care where this affection was found both in parents and children.

Dr. SISSON said the diagnostic signs of syphilis were very uncertain: mistakes in this respect were daily made by the best observers. With regard to the copper colour of an eruption, it must be borne in mind that this only occurred in the later stages; and that at such stages it was not confined to syphilis, and was only valuable when taken with other symptoms. He had always considered the absence of itching a valuable diagnostic mark in syphilitic eruptions; but it was fallible, as he had at present a patient with syphilitic lichen under his care, who complained of intense itching.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 13TH, 1864.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

THE CAUSES AND PREVENTION OF INFANT MORTALITY.

BY ISAAC PIDDUCK, M.D.

THE design of this paper was to designate the causes of excessive infant mortality with a view to its prevention.

These causes might be regarded in a twofold aspect—the hygienic and the medical. Under the former were comprised all that related to the health of infants; under the latter, everything that pertained to the health of the parents. It was to the last two points that the attention of the Society was more especially invited. Statistics have revealed the appalling fact that more than one-half the children born die within five years of their birth. But this only comprised children born at the full term; it did not include miscarriages, still-born infants, and those who died immediately after birth; and not to mention numerous cases of infanticide, whose deaths were not registered. The preventible causes producing this alarming result were comprised under the following heads:—1. Sexual excesses. 2. Syphilitic diseases. 3. Excessive indulgence in tobacco-smoking, snuff-taking, and chewing, and of spirit-drinking. 4. Unhealthy occupations, such as mining and metallurgic operations. These principally pertained to the fathers; those which more especially belonged to mothers were:—1. Indulgence in idle, luxurious habits. 2. Sedentary occupations, factory and agricultural labour. 3. Deficient nutriment, the want of which is too often supplied by excessive tea-drinking, if not by stimulants of a more pernicious kind. 4. Mental distress arising from domestic troubles and from the loss of children. And lastly, as a consequence, debility occasioned by hæmorrhagic and leucorrhœal uterine and vaginal discharges, especially during utero-gestation.

It was by the combined operation of these causes that the health and vigour of the parents were undermined, which tended to the production of a puny, non-viable offspring.

A brief statement of a few out of the many cases presented at the Bloomsbury Dispensary followed, in which one child after another, in some as many as five out of six, in others all the children, died in infancy. In all these cases the cause was clearly traceable to the habits and health of the parents, and for the most part was preventable.

The action of the remote causes gives rise to *tuberculosis*. The symptoms of tuberculosis, being a *blood* disease, may be manifested in all the tissues of which the body is composed; in short, there is scarcely a disease which is fatal in infancy and childhood that may not be referred to some form of tuberculosis, and that this is in the great majority of instances congenital, *post mortem* investigations of infants clearly demonstrate. In the temperance movement it was long before people could be made to believe that intemperance is destructive of health and the real enjoyment of life; but by reiterated statements of facts and reasoning upon them a deep impression has been made, and habits of intemperance amongst respectable classes have been considerably diminished. So in this case, by a repetition of the causes producing such excessive infantile mortality an impression may be made upon the minds of parents favourable to the health and longevity of their offspring. To this end would be conducive early marriages, the marriage of our sailors and soldiers, extending to children the motives for temperance in parent and newly-married couples; the duty of capitalists to promote the health of their labourers by every means in their power; and lastly, subjecting mothers, who are suffering under exhausting discharges during utero-gestation, to a course of treatment directed to their cure.

ULCER OF THE LOWER PORTION OF THE ILEUM, COMMUNICATING WITH THE BLADDER.

BY JOHN MORGAN, ESQ.

A gentleman, aged 60, having been much in tropical climates, but without having had severe dysentery, in March 1862, first complained of a fulness in the left groin, which, though undefined for some weeks, increased in the following six months to a considerable size. It was attached posteriorly, painful on handling, and seemed to interfere with the functions of the bowels, which, from having been generally relaxed, became unusually torpid. In April 1863, he began to pass fæces by the urethra, at first slight in quantity, but soon the whole intestinal contents were discharged through this channel. Under the pain and irritation thereby produced, the health soon gave way, and he died six months after the first appearance of fæces in the urine.

A *post mortem* examination showed that the tumour had quite disappeared. On opening the abdomen the ileum was found dilated into a large pouch, for an extent of five or six inches, when within a short distance of its junction with the colon. The coats of the intestine were attached firmly to the inner wall of the abdomen and also to the bladder, and an ulcer, the size of a sixpence, was found opening directly into the bladder, at the fundus of this organ. No other spot of ulceration was observed in any other portion of the intestine.

LINCOLN MEDICAL SOCIETY.

THURSDAY, JANUARY 5TH, 1865.

E. F. BROADBENT, President, in the Chair.

Cancer of the Penis. Mr. SYMPSON made some observations on a case of cancer of the penis, in which he removed the organ close to the pubes.

Small-pox and Vaccination. Mr. GARNHAM observed that the city of Lincoln had during the past year been visited by an epidemic of small-pox; and, in his office as house-surgeon to the General Dis-

pensary, he had been called upon to attend a large number of the cases. On referring to the annual statements of the institution, he found that, in the eight successive years 1853-60, only nine cases were recorded, and no death; in 1861, 50 cases, and one death; in 1862, 32 cases, and no death; in 1863, 36 cases, and one death; in 1864, 150 cases occurred, and eight proved fatal; and these, with the exception of two cases, in the last two quarters of the year. Mr. Garnham observed that some cause must be assigned for this steadily increasing tendency year by year to an epidemic of this disease; and he considered it to be due to the manner in which the compulsory Vaccination Act was carried out, many parents in the town refusing to have their children vaccinated. Of the 98 cases, the papers of which had been returned to him, he found as follows: Not vaccinated, 29; said to be vaccinated, did not take, but having no cicatrix, 18; having one cicatrix, 26; having two cicatrices, 21; having three cicatrices, 4. Of the eight fatal cases to which he had certified, all were unvaccinated, except one, which was said to be done, but bore no cicatrix. Of 47 vaccinated persons attended with modified small-pox, 41 were above the age of ten years. He considered the Vaccination Bill as good in its working as the Medical Registration Bill, being left to the public to carry it out; consequently, being every man's duty, it never got done. The subject of vaccination was fully discussed, several members affirming they had never seen a case of small-pox within seven years of successful vaccination.

Microscopic and Pathological Preparations were exhibited; and the members were afterwards entertained by the President.

Correspondence.

PRYCE *v.* BOWEN.

Letter from Edward Lund, Esq.

Sir,—In accordance with the promise I made in my letter to you of Saturday last, I beg to state that, in my written opinion on this case, after having described the condition of the plaintiff's arm, in which I said: "She has no power whatever to turn the hand round so as to change the position of the palm or the back of the hand, although it is possible for another person to move it slightly in either of those directions, which gives her some pain; the hand, as it is at present, is quite crippled and useless to her"; and, after explaining that there were two bones in the forearm, one of which crosses the other in the act of turning the hand, etc., I went on to say: "Now, there is naturally a space between these two bones, nearly three-quarters of an inch in width in the widest part, when the bones lie side by side parallel to each other; that is, when the palm of the hand is uppermost, there is the greatest space between the two bones; but when the back of the hand is uppermost, the radius has been so brought across the 'ulna' that the two bones almost touch each other in the middle part of the forearm. To keep the hand for a long time laid on its back (or *supine*) is a very irksome and painful position; or else, being that in which the two bones are furthest apart, it would be the best position in which to place a forearm so as to prevent the bones growing or sticking together improperly; and, therefore, it is customary in such an accident to keep the hand in what is called the *semi-prone position*, half way between the two extremes—that is, with the thumb uppermost and the fingers forward.

"Now it appears, according to the statement of the plaintiff, that the defendant caused the hand to remain in the *prone position* for the first nine days after the accident, which would keep the broken portion of the radius so near to the broken portion of the ulna that, in my opinion, the bones would be liable to stick, or grow together, to a certain degree; and that this is one chief cause of the plaintiff not being able to turn the hand, or to roll the radius over the ulna, as takes place in that movement. Moreover, when the hand is prone (*back upwards*), the nerves and blood-vessels are more compressed and displaced than in any other position; and this, therefore, would greatly increase the tendency to sloughing, which came on towards the end of the nine days.

"I do not think much can be said against the defendant for having over-bandaged the arm in the first instance. It clearly was not intentional; he saw the patient in about twenty-four hours afterwards, and from the sudden swelling of the forearm, the bandage might appear to be too tight *then*, while, perhaps, when first put on, it was not at all so. Still the limb was not in the most favourable position for the circulation of the blood; and the position of the hand was such as to make it much more likely that it would swell, than if it had been laid on its back, or placed edgeways with the thumb uppermost.

"If the case go into court, I am of opinion that it is very important Mr. Martin, who saw the plaintiff, should appear to bear testimony to the state in which the forearm and hand were, at the end of the six weeks, when the plaintiff was removed from the treatment of the defendant. The defendant will doubtless say, that he cannot be held responsible for the results of an injury which has been under surgical treatment for nearly fifty-two weeks, when he had only to do with it during six weeks of that time; therefore, it is not so much how the limb is at the present time, but how it was when the defendant ceased to treat it, and if its bad state at that time was due to his fault, and has clearly brought about its present crippled condition.

"Fractures of the forearm are admitted by all surgeons, and in all surgical works, as being very difficult to treat; and they are sometimes, even with the greatest care, followed by serious deformity and loss of the use of the hand. Sloughing cannot always be prevented; and *the turning point* in this case will be, whether or not everything was done on the part of the defendant which ought to have been done to prevent this, and to preserve the mobility of the limb.

"Everything, therefore, will depend on the value of the plaintiff's own testimony as to the precise way in which the fractured arm was placed and treated during the first nine days; for, unless malpraxis can be fairly shown during that period, I believe the case for the plaintiff will break down."

I considered that, in thus expressing my opinion, I had given it as fairly as I could, as an expert ought to do, with reference both to the interest of the plaintiff and the defendant; and, seeing that I had narrowed the decision of the case for the plaintiff to the one single question of fact, whether or not the description of the treatment was true or false, it seemed to me that the defence would not be difficult, in the event, as was easily shown at the trial, of the defendant having acted in a perfectly correct manner according to the legitimate rules of surgery. I have also to state that I have received an authentic transcript of the short-hand writer's notes of the evidence given by me in this trial, from which I will make a few extracts, to show that some of the wording of the newspaper paragraphs gives an erroneous idea of the exact opinions which I expressed on that occasion.

But before doing so, being aware that exception has been taken, and as I think, on reflection, properly taken, to the answer given by me to question No. 2, viz.:—"I believe you are one of the surgeons of the Manchester Infirmary—the Royal Infirmary?" *Answer*—"I am,"—I will observe that, inasmuch as I am a dispensary surgeon and not a full surgeon to the Manchester Royal Infirmary, I am prepared to accept any blame that may attach itself to me, for having omitted to mention this distinctive difference.

In the *Liverpool Mercury*, it is stated, Mr. Lund deposed that "he had heard Mrs. Pryce's description of the way in which her arm was placed, and that, if that description were true, he was of opinion that it was improperly placed." "The proper position was with the palm uppermost; and it was known amongst medical men that the reverse position was wrong."

With regard to the latter part of this statement, what actually took place was this. Having answered the fourth question put to me, in which I was asked if I had heard Mrs. Pryce's description of the treatment said to have been adopted, I was requested by the counsel for the plaintiff to place the bones of an articulated forearm in such a way as that they would be nearest to each other (*prone*), and then I was asked the next question, viz.:—"Now, assuming it to be true that her arm was placed in the splint as she described, with the back of the hand up, is that the proper way of setting the arm?" *Answer*—"No."

I was next asked, in the same way, to place the bones so that they should be furthest apart (*supine*); and the question was put, "What would be the proper way of placing the arm?" I answered, "The best way of placing the arm would be thus, the forearm slightly bent with reference to the arm, and the palm uppermost," and I made this answer as the direct conclusion or inference from the position in which I had just placed the bones, so as to show them as the furthest apart; for in the next question I was asked, "Is that the regular and well-known way of placing the arm, in a simple fracture of the forearm?" and I immediately replied, holding my hand in the usual semi-prone position, "*This* is the best position in which to place it in a case of simple fracture." And it is worthy of remark that, in the manuscript copy of the shorthand writer's notes now before me, the transcriber has emphasised the word *this* by placing a line beneath it, as if it were to be printed in italics, to indicate, doubtless, that when I used the word, I threw great stress upon it, to show that it was *the* position in the treatment of a fractured forearm; I being led to show the supine position only in illustration of that condition in which, for anatomical reasons, the bones would be the furthest apart. Then followed these two questions, with the answers:—"Is the other way, with the back of the hand up, known among medical men to be a wrong way?" *Answer*—"Yes, it is a wrong way of placing it." "Would it be wrong practice to leave the arm in this position, with the back of the hand up, during nine days?" *Answer*—"It would be wrong practice, in my opinion."

The error, therefore, which has occurred in the newspaper description would lead those who have read the account to suppose that I said the *supine* position was *the* position, *par excellence*, whereas, as soon as I was asked to give "the regular and well-known way" of placing it, I showed the semi-prone position.

Another mistake which has arisen from the newspaper description being so freely circulated, has been, that it has appeared as if I had stated the bones were *absolutely* grown together, while this assertion was "denied by Mr. South" in his evidence; yet, in my written opinion, it will be seen that I said it was possible for another person to rotate the hand slightly, although she could not do it herself; and when the following questions were put to me in the witnes-box, the answers will show I did not state that the bones were completely united together, but that passive motion could still be permitted.

"Is there something which is not bone, which is between these two bones?" *Answer*—"Yes, a strong membrane called the interosseous membrane, between the bones." "If that becomes stiffened, it prevents them turning one over the other?" *Answer*—"Yes." "Is that the reason why the wrist will not rotate?" *Answer*—"Yes, why she cannot perform this motion (the witness describes by turning his hand round)." "Can she perform this motion?" *Answer*—"She can let it be done for her."

It has also been said, in the newspaper report from which your extracts were taken, I agreed with Mr. Evan Thomas, junr., that the bones were glued together, etc., as if I had stated that I had formed my opinion conjointly with his; whereas the remarks I made were given quite independently of what had been said by any other witness, and on my own responsibility; for, in the short-hand writer's notes of my evidence, there are no questions or answers in which reference is made, in any way, to that gentleman's name.

It has been asked, how is it that I did not apply to Dr. Bowen and hear his version of the case before the trial? My answer is, that it did not occur to me to do so; and, had I thought of it, I should have considered it improper, after giving an opinion on the merits of the case to the solicitor of the plaintiff, to have had any communication with the defendant.

I can only repeat how deeply I regret that I did not, in the first instance, decline to touch the case at all, or to give any opinion whatever about it; but I beg to assure yourself and the profession generally that, in my whole conduct in this matter, I have erred from a want of judgment, rather than from a desire to injure a member of my own profession.

I am, etc., EDWARD LUND.

Manchester, January 10th, 1865.

SIR,—I am instructed by the medical officers of this Infirmary to forward the enclosed correspondence, and to request the favour of your publishing the same.

I am, etc.,

BRANSTON NASH, *House Surgeon.*

The Royal Infirmary, Liverpool, Jan. 7th, 1865.

[COPY.]

Dear Sir,—Complying with the instructions of my colleagues, I beg to transmit to you the accompanying document.

I am, dear sir, your faithful servant,

J. VOSE.

To the Chairman of the Medical Board of the Manchester Royal Infirmary.

Liverpool Royal Infirmary, Dec. 24th, 1864.

At a meeting of the honorary physicians and surgeons of the Liverpool Royal Infirmary, held on Saturday, December 24th, 1864, it was resolved—"That the attention of the honorary medical officers of the Manchester Royal Infirmary be called to the cause Pryce *v.* Bowen, tried at the Liverpool Assizes, before Mr. Justice Blackburn, on Thursday last, the 22nd instant. From a perusal of the evidence given upon that occasion, it will be observed that a gentleman of education and of experience, who holds the office of surgeon to one of the hospitals in this district, had an action brought against him for alleged unskilful treatment of a broken arm. The plaintiff's solicitors, after vainly endeavouring to procure medical evidence against the defendant from the profession in Liverpool, turned their attention else-

where; and succeeded in obtaining the services of Mr. Lund, who declared himself, at the trial, to be a 'surgeon of the Manchester Royal Infirmary', and who gave evidence for the plaintiffs; which evidence, the medical officers of the Liverpool Royal Infirmary submit, was not to be expected from a member of the profession, who holds the appointment of surgeon to the Manchester Royal Infirmary. Signed, on behalf of the meeting, JAMES VOSE, M.D., Fellow of Royal College of Physicians, Chairman. P.S.—A copy of the *Liverpool Mercury*, containing an account of the trial, is herewith enclosed." To the Chairman of the Medical Board of the Manchester Royal Infirmary.

[COPY.]

Manchester Royal Infirmary and Dispensary, Jan. 5th, 1865.

Sir,—In reply to your communication of the 24th ult., to the Medical Committee of this hospital, I am directed to inform you that Mr. Lund is not a surgeon to the Manchester Royal Infirmary, but Mr. Lund is one of the dispensary surgeons; and, inasmuch as Mr. Lund is not a member of the Medical Committee, this Board must decline entering into the consideration of Mr. Lund's conduct in his capacity as a private surgeon.

I have the honour to be, sir, yours obediently,
GEO. REED, M.D., *Resident Medical Officer*.
To the Chairman of the Medical Committee, Royal Infirmary, Liverpool.

DR. BARCLAY ON MEDICAL ERRORS.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—I shall feel obliged by your publishing the enclosed letter, which I have addressed to Dr. Barclay. I am, etc., GEORGE JOHNSON.

11, Savile Row, Jan. 9th, 1864.

[COPY.]

Dear Dr. Barclay,—I beg to thank you for the copy of your book on *Medical Errors*, which you have been so good as to send me.

On reading the work, however, I find that you have criticised me and my treatment of cholera by purgatives in a manner which I consider unjust, and of which, therefore, I feel that I have a right to complain.

The passages to which I chiefly object are the following. You say: "One or two remarkable recoveries took place after the administration of castor-oil; and it was consequently assumed that the action of the oil was directly curative by aiding in the elimination of the poison."

Again, you say: "The theory [of elimination] was very easily put to the test of experiment; and it seems to us now, on looking back, strange that the author should not have so tested it before venturing to bring it publicly forward. It seems probable that the theory was based on a false analogy, which associated under the common term 'poison' two conditions which are really quite dissimilar; and that the author applied to the one deductions drawn from the facts connected with the other. On this assumption, he rested mainly for the acceptance of his inferences. He does not seem to have attached much importance to the cases adduced, although he was aware that, without such supposed evidence of its having been tested, he could not have gained a hearing."

Now, I beg to remind you that, in my first published communication on the subject of cholera (*Medical Times and Gazette*, Sept. 1854), I stated that I had treated fifteen cases by castor-oil, and that twelve of these had resulted in recovery. The number of cases, I admit, is small; but the difference between twelve recoveries and "one or two" is considerable. Then, in the same communication, I stated that a careful study of the subject had convinced me "that those plans of treatment which have been attended with the largest amount of success have been essentially eliminative in their tendency. I allude especially to the saline treatment of Dr. Stevens; the treatment by small and repeated doses of calomel, as practised by Dr. Ayre; and the emetic plan of treatment. While, on the other hand, the largest mortality has occurred in the practice of those who have given freely either opium or alcoholic stimulants."

My conclusions, that the oil had some curative influence, was not, therefore, as you assert, an assumption based on "one or two", or even twelve, recoveries; but, manifestly, it was an inference mainly drawn from the effects of what I believed to be analogous modes of treatment. Your statement, that I did not test the theory by experiment; that I rested mainly on an assumption for the acceptance of my inferences; and that I did not attach much importance to the cases adduced—is surprisingly inaccurate.

My letter in the *Medical Times and Gazette*, before referred to, was mainly a statement of the results of the experiment with castor-oil; with the reasons which led me to employ that remedy, and not to delay the publication of the results already obtained. I have since published full particulars of all my cases in a book (*On Epidemic Diarrhœa and Cholera; their Pathology and Treatment. With a Record of Cases*), which embodies the results of nearly a year's hard and honest work at the pathology and treatment of cholera. The result of my own cases shows, as I think, that my principle of treatment was, in the main, correct. And I have endeavoured to explain the reported ill success of some other practitioners, by showing that, in many instances, the treatment by castor-oil was combined with other measures—especially the administration of brandy and opium—which, in my opinion, were injurious. So much for your statement, that I do "not seem to have attached much importance to the cases adduced."

You evidently believe that the treatment of cholera by purgatives cannot be beneficial, because, as you say, "the thickened condition of the blood following on the abstraction of the serum is prejudicial to life". And this, you think, has been proved by the wonderful efficacy of fluid injected into the veins in bringing back temporarily to life and consciousness patients who were in the last stage of collapse."

This oft repeated argument—this most plausible of "medical errors"—I have met and refuted in the book before referred to, which probably you have not read, but a copy of which I herewith send you.

You deny, or doubt, the existence of a morbid poison as the essential cause of cholera. I suppose you will neither deny nor doubt the existence of very peculiar morbid secretions in the digestive canal. This surely, to use your own words, is "some material thing present in the body of a cholera patient, which has to pass out of his system"; and the proposition, that the removal of these morbid secretions by an unirritating purgative may exert a favourable influence on the progress of the disease, is not such a manifest absurdity that it can be disposed of by a sneer.

You say that, "if such a law could be proved of cholera, it ought to be applicable to the whole series of epidemic diseases. For instance, it should have been shown that to rub croton-oil liniment on the skin was the best treatment for small-pox, in order to eliminate the poison by the natural channel through which it finds its exit from the body." This proposition seems to me a palpable *non-sequitur*. I

must confess myself incapable of following you to "the height of this great argument". My main object now, however, is not to discuss with you the pathology or the treatment of cholera, but to protest against what I must call your misrepresentation of my course of reasoning and of my conduct in this matter—a misrepresentation the effect, if not the intention, of which is to hold me up to the reprobation of the profession as having been guilty of culpable rashness and folly.

However much you and I may differ in opinion upon various subjects, I suppose that we shall agree in this: that, whether in conducting a scientific inquiry, or in criticising the opinions and the practice of others, an accurate statement of facts is at least as important as a logical argument.

I am faithfully yours,

To Dr. Barclay. GEORGE JOHNSON.

P.S. It is my intention to send this letter to the Editor of the BRITISH MEDICAL JOURNAL, with a request that it may be published.

MR. HARTSHORNE AND MR. THURSFIELD.

LETTER FROM R. THURSFIELD, ESQ.

SIR,—Had you kept your wise resolve, expressed in the JOURNAL of the 24th ult., and remained "dumb", you would have spared me some trouble and your readers a great deal of what concerns two parties only, Mr. Hartshorne and myself. Mr. Hartshorne's letter of the 22nd ult. leaves the discrepancies between us a matter of who shall be believed—the man who spoke, or he who heard.

I inclose you the copies of two letters, one from the judge, the other from the registrar of the court, which I must beg of you to insert in your next publication, together with *this letter in extenso*, so that your readers may draw their own conclusions. I quite agree with "Query's" remarks in your last JOURNAL; but Mr. Hartshorne well knows why he did not apply to the Ethical Society. I shall now certainly do so, and at the same time lay before its committee an anonymous communication published in the *Shrewsbury Chronicle*, together with two letters addressed by Mr. Hartshorne to myself, one indignantly denying the authorship of it, and the second admitting he was so; and I shall leave it for future consideration, whether I give them the same extensive circulation Mr. Hartshorne has secured for his charge against myself.

I am, etc., RICHARD THURSFIELD.

Broseley, January 9th, 1865.

[COPY.]

Broseley, January 7th, 1865.

Dear Thursfield,—I well recollect the case of Hartshorne *v.* Cleeton, and your being called upon by the defendant's advocate to give your opinion thereon. I paid particular attention to the case, and felt so much pleased with the fair and candid manner in which you gave your testimony, that, before leaving the court, I stated to you the impression it had made upon me.

You peremptorily declined to give any opinion (and I think very properly) as to the amount of the fee Mr. Hartshorne was entitled to; but you stated that for your services you should charge the defendant £3 : 3.

Yours faithfully,

R. Thursfield, Esq. GEORGE POTTS.

[COPY.]

Astor Hall, Shiffual, January 7th, 1865.

Dear Thursfield,—In reply to your letter, I beg to say that I believe your statement to be correct. As far as I remember, you were a very unwilling witness, and refused to give an opinion on the charges of Mr. Hartshorne, but said your own would be £3 : 3. I conclude you were called upon to give evidence, as you frequeutly are, from your well known position in your profession, and the certainty of your being in court, to save the expense of a professional witness.

Yours truly, W. CORBETT.

THE INDIAN ARMY MEDICAL SERVICE.

SIR,—Although I am very unwilling to prolong controversy with a "Retired Surgeon-Major," the subject in dispute between us is so important, that I must ask for a little space for a brief rejoinder.

Your correspondent denies having given advice on the choice of a career; "he only said to aspirants for the red jacket, choose the British service." If this be not advice, I should like to know what is. This, however, is a point of no moment; I do not dispute his right to advise, provided only he bases his advice on a fair representation of facts.

In my reply to his first communication, I pointed out that the question of rank was one that could only be settled by the Horse Guards and War Office. When Sir Charles Wood withholds from Indian medical officers any privileges of this kind accorded to their brethren in the British army, it will be time enough to complain. My opponent replies, "Sir Charles Wood has given *substantive* rank to two grades; and what he has the power to do for these, he can do for all." It is strange that the "Surgeon-Major" does not see the Secretary of State's plain meaning. In former years, in the Company's service, inspectors and deputy inspectors general were merely *staff officers*, their appointments were regarded simply in this light. Sir Charles Wood now gives the same definite relative rank to officers in the above grades, as in the British service. If he will inquire at the India Office, he will find at once that this was Sir Charles Wood's meaning. In the Indian Medical Service for the future, an inspector general or a deputy inspector is in the same position as regards relative rank all over the world as in the British army. No more; no less. So that if men are not to go into the Indian Medical Service until this question of rank "is satisfactorily settled," neither should they enter the British army, for the rank of medical officers in both services is alike.

Again, the "Surgeon-Major" is in error in supposing that the furlough pay of Indian medical officers is unsettled. The last despatch, or warrant, as it is erroneously called, was merely supplemental to one that put this essential matter on a new and liberal footing. If your correspondent doubts, let him inquire at the India Office, and he will find it to be as I say it is.

With regard to medical or other funds, they are past praying for: Her Majesty's Government, not wisely, as I think, has abolished them; but when it comes to a comparison between the two services, it should be remembered that both are alike in this particular.

Once more, as to the number of prizes. Of course, every one cannot expect to be an inspector general in the Indian service. Does your correspondent know that in the British service there are only seven inspectors general for the whole army? Like many Indian medical officers, the "Surgeon-Major," I suspect, is not well informed on the subject of pensions in the British army. No British medical officer has any *right* to a pension at all until he has served twenty-five years *on full pay*. If he claims a pension at that time, he must have a certificate from a board

of medical officers, to the effect that his health unfits him from further service; if he cannot obtain this certificate, he must serve on, or retire on a lower rate of pension. And the highest rate after the longest possible service is £600 a year. Compare this with the scale of pensions graduated according to service, *not health*, in the new Indian medical scheme. When I said that an officer might retire on £800 a year, I was writing of one who had served his five years as inspector general. Here is an example. Dr. Macpherson of Madras has seen twenty-seven years service, and has served five in the grade of inspector general; and this officer may, and probably will retire on the sum I mentioned. Under the old rules a member of the medical board could retire on £700 a year, *not*, as the "Surgeon-Major" says, £900.

And now with regard to what I said as to *stoppages*. I am quite aware of the rules regarding "privilege leave," without loss of allowances; what I alluded to was another matter entirely. A surgeon, we shall suppose, lands in Calcutta; his regiment is 600 miles up country, or more. Under the old rules he could draw no staff allowance until he joined. Under the new he gets what is now termed "unemployed pay," on a liberal scale, which is available also on leave on private affairs other than *privilege* leave.

Your correspondent is right as to the error of the writer in the *Spectator*, but for that I am not responsible. I have only to say, in conclusion, that I have served more than twenty-two years in India, and that circumstances, into which I need not enter here, make it necessary for me to know pretty exactly the emoluments of medical officers of both services.

I am, etc., D. J. G.

Absinthism. According to Dr. Emile Decaisne, the consumption of absinth has of late years increased to an enormous extent in France. It is made by infusing in alcohol ends of wormwood, both major and minor (*sommités d'absinthe*, from which the liquor takes its name), angelica root, *calamus aromaticus*, aniseed, dittany seeds, and common marjoram. Some distillers, however, vary the recipe, and use fennel, mint, and balm. The concentration of the degree of the alcohol is generally very high. Indigo, tincture of turmeric, juice of hyssop, and nettles, are called to aid to improve the colour and appearance of the pernicious draught. The effect of absinth is to produce a superabundant activity of the brain, a cerebral excitement which at first is agreeable. The intoxication "comes on rapidly; the head swims; and the effect produced is nearly the same as that of poisoning by a narcotic, which certainly does not occur with an equal dose of brandy. With the absinth-drinker, as with the brandy-drinker, the excitement the liquor produces diminishes daily in intensity. Each day he is obliged to augment the dose, in order to screw himself up to the right pitch." The diseases brought on by drinking brandy are produced much more rapidly by the use of absinth. One of the greatest dangers of absinth, says Dr. Decaisne, consists in its adulteration. Dr. Decaisne has observed more than 150 cases of chronic absinthism, and concludes that absinth ought to be prohibited. He has convinced himself that absinth, even of good quality and in moderate doses, sooner or later invariably produces disorders in the human economy. He considers that the extent to which it is now consumed in France demands the intervention of Government. He declares that the pale green demon has invaded all classes of society, the idler and the workman, the soldier and his officer; all professions, those who work with the brain, and those who work with the hand, swallow it with frenzied eagerness.

Medical News.

Apothecaries' Hall. On January 5th, 1865, the following Licentiates were admitted:—

Haslewood, Albert Octavius, Darlington, Durham
Meeres, Albert, Haddenham, Bucks
Milburn, Frederick Lefevre, Aldringham, near Saxmundham
Somerset, William Porter, Claydon, Bucks
Wilson, Henry, 393, Strand

APPOINTMENTS.

Royal Navy.

Ashford, J. W., Esq., Assistant-Surgeon, to the *Donegal*.
Devonshire, C. J., Esq., Assistant-Surgeon, to the *Penguin*.
Doyle, E. W., Esq., Acting Assistant-Surg., to the *Princess Royal*.
Meiklejohn, John A. S., Esq., Surgeon, to the *Columbine*.
Richardson, F. H., Esq., Assistant-Surgeon, to Jamaica Hospital.

Volunteers, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Jackson, V., Esq., to be Assistant-Surgeon 4th Administrative Battalion Staffordshire R.V.
Nesbitt, F., Esq., to be Assistant-Surgeon 4th Administrative Battalion Staffordshire R.V.

Dr. Sieveking has been elected a director of the Briton Medical and General Life Association, in the place of Mr. W. Manton deceased.

University College Hospital. A gift of £100 has been received from J. Hibbert, Esq., of Maidenhead.

Horse-Racing and Charity. We are not quite certain into which category of philanthropists to place Mr. Joseph Bond, who for many months has been aiming to mitigate all the woes of humanity by devoting a certain regulated proportion of the stakes in all horse-races above fifty pounds in value to the purposes of hospitals. Mr. Bond's ingenious idea has for a long time been very generally acted upon on the continent of Europe. The infamous gambling dens of the Palais Royal were compelled by the terms of their lease to set aside a portion of their ill-earned profits for the benefit of the hospitals and the poor of Paris; but the four or five hundred thousand *francs* which annually flowed into the *Bureau d'Assistance* and the coffers of the Hôtel Dieu from this polluted source did not deter the Municipality of Paris from at last abolishing a scandalous nuisance. The rouge-et-noir rooms of Aix-la-Chapelle for a long time warded off their impending doom by large contributions to charitable institutions. Homburg continues to mingle a factitious charity with the abominations of its Kursaal; and from the profits of the roulette table contrives to support all the almshouses and hospitals of his chief and only town. Mr. Bond seems to have argued that betting was like gambling, and that the Homburg system of making naughtiness assist suffering virtue might be advantageously transferred to England. Now, considering Mr. Bond as a racing philanthropist, we confess we cannot regard his hospital scheme with any special favour. There is absolutely no connection between the turf and charity. We dare say the hospitals would like the arrangement well enough; but racing men would be apt to regard the philanthropic clause as a tax, then to resent it as an imposition, and finally to denounce it as a swindle. Mr. Bond might move the hearts of the sporting fraternity were he to deliver a discourse on "Horse-racing and Hospitals" at the Spread Eagle at Epsom, the night before the Derby. But we strongly object to making that which should be in every case a voluntary and spontaneous act in any way obligatory. Charity on compulsion is no charity at all. (*Daily Telegraph.*)

The Venereal Diseases Commission. Dr. Babington has been nominated a member of the Commission on Venereal Diseases, appointed by government in place of the late Dr. Kirkes.

Suicide of a Surgeon. An inquest was lately held on Mr. E. Humpage, lately living at Bristol, a surgeon. The jury found "that the deceased died from the effects of a dose of prussic acid taken while in a state of insanity from affection of the brain."

The Alkali Works Regulation Act. The Alkali Works Regulation Act has now been in force twelve months. The object of the legislature was to compel manufacturers to condense at least 95 per cent. of the hydrochloric acid evolved in the production of soda from common salt. The operation of the present Act is strictly confined to alkali works. Sulphurous fumes from copper works are allowed to escape as before; and the most careless management of chemical works still remains without government interference. There is no difficulty in the way of complete condensation of the hydrochloric acid. The wilderness around St. Helens, however, is not likely soon to blossom as the rose. It is still what it was described by a witness before the Commission, "one scene of desolation. You may look round for a mile, and not see a tree with any foliage on whatever." The fact is, that only this one "noxious vapour" has been suppressed. Others no less deadly, but almost as easily prevented, are still allowed to escape as freely as before, and while these are at large the country round St. Helens can never be like what it was fifty years ago. The satisfactory results of the Alkali Act will no doubt encourage the legislature to proceed further in the same direction.

Retention of Dead Bodies in Houses. Dr. Barnes has drawn up certain suggestions with the view of diminishing the dangers resulting from the undue retention of the bodies of the dead in inhabited houses, and has submitted them to the General Purposes Committee of the Association of Medical Officers of Health. He says that, there appear to be five principal quarters to which appeal for aid in carrying out measures for diminishing the evil may usefully be addressed:—A. The medical profession generally (through the medical press). B. The vestries, district boards, and boards of guardians (these to appeal to the public). C. The registrar-general. D. The cemetery companies and undertakers. E. The hospital authorities. He recommends as follows:—*For the Vestries.* B. 1. That a circular be prepared for submission to the vestries and district boards, setting forth the dangers arising from the existing practices relating to the dead previous to burial, and containing the following recommendations with a view to the diminution of such dangers. The circular to be sent, in the first instance, to the medical officer of health of each board, requesting him to submit it to his board. 2. That the extreme importance of providing some suitable place for the temporary deposit of dead bodies previous to interment be urged upon the vestries and district boards. That the vestries and district boards be requested to use their influence with their boards of guardians to allow the use of the parochial dead-houses for this purpose. 3. That as a sanitary measure, the vestries and district boards issue a public notice to be permanently maintained, as by painting on boards, and by printed placards, directing attention to the public danger resulting from the undue retention of the dead amongst the living, and stating that in cases of urgency the bodies of the dead may be deposited in the paroahial dead-house under the security of a responsibile officer, until arrangements are completed for the burial. [The construction of regulations for the reception and care of the dead in the parochial (avoid the word "workhouse") dead-house or "mortuary" will require some consideration.] 4. That undertakers be informed that dead bodies can be received in the parochial mortuary, and be encouraged to deposit them in this place, rather than to keep them on their own premises. 5. That the undertakers and the master of the poor-house be instructed in every case of a person dying in the poor-house of scarlatina, fever, or other infectious disease, especially to surround the corpse with charcoal. 6. That the undertakers employed by the boards of guardians be instructed when sent to bury a body from the dwellings of the poor, to surround it with charcoal. 7. That the vestries and district boards be invited to consider the propriety of applying to the legislature for the enactment, in an amended Diseases Prevention and Nuisances Removal Bill, or otherwise, of clauses empowering them, as sanitary bodies, to provide mortuaries, and their medical officers to order the removal of corpses to such mortuaries, similar clauses being contained in the City Sewers Act. C. 1. That the registrar-general be requested to append a note to the forms of certificates of the cause of death supplied to medical men recommending the use of charcoal in the manner described. 2. That the public be earnestly invited by placard (?) or by a notice, to be given in every case by the registrar, when applied to by the friends of the deceased for a certificate of the cause of death, to see that the body is surrounded by charcoal as soon as placed in the shell or coffin. D. 1. That a circular be sent to the cemetery companies, requesting them to establish depositories for the dead in convenient places for the reception of bodies waiting interment in their respective cemeteries. 2. That the funeral companies and leading undertakers be invited to establish convenient depositories, such as would, for decency and care, command the confidence of the public. *Measures for the Hospitals.* E. 1. That a circular be issued (either by the Association or from the vestries) to each of the metropolitan hospitals, inviting the authorities to take measures that every dead body, before being allowed to leave their dead-houses, shall be duly surrounded with charcoal. [In support of this request, attention should be drawn to the frequent propagation of disease by the neglect of disinfection; to the fact that bodies are sometimes removed from hospitals to the house of friends or to the premises of undertakers before interment, and that the observance of this precaution would act as a great encouragement to the general adoption of similar means amongst the public.]

University of Oxford. The second examination for the Degree of Bachelor of Medicine was held on December 2nd: examiners, Dr. Acland, Dr. Chambers, and Dr. J. W. Ogle. In *Medical and Surgical Pathology*, the questions were on the following subjects:—The microscopical appearances of encephaloid carcinoma and fibro-plastic growth; leucocythemia; the diagnosis of typhus and typhoid fever; the causes of general anasarca; the conditions under which urine contains albumen, sugar, and pus-globules; the conditions producing jaundice, and those in which it may be considered remediable; the characteristics of general paralysis of the insane; and the diseases for which it may be mistaken; the diagnosis of hæmorrhage into the spinal cord; the varieties of hernia in the abdomen, with an enumeration of the swellings which may occur in the inguinal and scrotal regions, besides hernia; and the various modes of growth in fibrous tumours of the uterus. In *Materia Medica and Pharmacy*, the candidates were asked to mention the officinal preparations of the *British Pharmacopœia* containing opium, and the proportions; the chief

diuretics used in England, and their doses; the "mixtures" in the *British Pharmacopœia*, and their composition; the composition of pulvis jalapæ compositus, of the pilula scillæ composita, of liquor morphiæ hydrochloratis, and of liquor strychniæ of the *British Pharmacopœia*; the medicines which impart colour to the excretions; the preparations of iron in the *British Pharmacopœia*; the use of ferri peroxidum hydratum, and the method of making it; the classes of medicines fitted for preparation by decoction or for infusion; the making of liquid extracts; the temperature at which linseed, mustard, charcoal, and yeast poultices are to be made; the principle of volumetric analysis; the French equivalents of the weights and measures employed in the *British Pharmacopœia*. In *Therapeutics*, the candidates were required to give an outline of the mode of treatment of acute rheumatic fever; the treatment of a case of pneumonia supervening upon delirium tremens, and the probable result of the treatment; the steps required by the law of England to be taken before a person of unsound mind can be put under bodily restraint; the line of treatment in a well marked case of pyæmia; the treatment of the various forms of uterine hæmorrhage, its several causes being borne in mind; the steps to be taken if a woman, previously healthy, were seized with convulsions during labour; the measures to be adopted in spasmodic stricture of the urethra; the indications for the use of, and contraindications against the use of, elaterium, digitalis, aloës, and copaiba, severally in various diseases; the poisonous doses of the officinal preparations of opium respectively, and the treatment of deep narcotism from that drug. In *Forensic Medicine and Hygiene*, the questions were on the symptoms by which the candidates would seek to form a diagnosis between intoxication from alcoholic drinks, and concussion of the brain; the process of testing the contents of the stomach of a person suspected of having been poisoned by arsenic; the symptoms of a poisonous dose of belladonna and of hydrocyanic acid; the symptoms of poisoning by oxalic acid, and the *post mortem* appearances; the evidence that an infant found dead had not breathed; the several ways by which a room, or a ward, may be ventilated; the impurities which have been detected in the air of sick rooms; the mode in which typhoid fever is said to be propagated; the conditions under which drinking water is usually contaminated by lead; and the names of any diseases which make butchers' meat wholly unfit for human food. Then followed a clinical examination of cases in the Radcliffe Infirmary, regarding which the candidates were required to give with care the history, diagnosis, and prognosis of the cases, and also the treatment recommended; and to add such general remarks as might occur by way of clinical comment. They were then asked to describe a specimen of urine, to describe and sketch a microscopical object, and to describe a morbid product. Then followed a translation from Morgagni, of a case of rupture of the left ventricle, regarding which the candidates were asked to relate any similar case which they might have seen or heard of; and to state the probable condition of the cardiac muscular fibres. The examination ended with a translation from the Greek of Aretæus.

BOOKS RECEIVED.

1. Lectures on Man. By Dr. Carl Vogt. Edited by James Hunt, Ph.D. Anthropological Society. London: 1864.
2. Two Months of Fever Duty in the Glasgow Royal Infirmary. By W. T. Gairdner, M.D. Glasgow: 1865.
3. The Painless Extinction of Life in Animals Designed for Human Food. By H. MacCormac, M.D. London: 1864.
4. Undine. Translated from the German by Anne Burden. Belfast: 1864.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Pathological Society of London, 8 P.M.

THURSDAY. Harveian Society of London, 8 P.M. Dr. H. C. Stewart, "On the Diagnosis of Embolia affecting the Great Vessels of the Heart, with Cases."

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

LITHOTRITY.—Mr. Charles Hawkins has published in a pamphlet form his excellent article on "Lithotrity", published in the last volume of Holmes's *System of Surgery;* and has appended to it the account of a case of calculus in the bladder removed by lithotrity, in which a communication existed between the bladder and intestine, published in the 41st volume of the *Medico-Chirurgical Transactions.*

MR. HARTSHORNE.—A correspondent writes: "On seeing Mr. Hartshorne's letter in our JOURNAL, my first impression was, that if he had any complaint to make against a professional brother, and a member, moreover, of the same Ethical Society as himself, it was his duty in the first instance to have laid it before the Council for their adjudication; and, if reasonably dissatisfied with their decision, he might then with some show of justice have made a public appeal to his brother practitioners through the columns of the JOURNAL."

VILE PRODUCTIONS.—SIR: I have had the enclosed sent to me (a London postmark) within the last few days. Pray take some notice of the abominable production; it is bad enough to have the vile notices before one in every country newspaper, still worse to have such an infernal torpedo flung into an unsuspecting household. I am, etc., M.D.LOND.

[The legislature alone can effectually reach these villanies. This is only one of many scores of a similar cast. EDITOR.]

NON-MERCURIAL TREATMENT.—SIR: In your issue of December 24, 1864, there is an account of three cases of syphilis, under the care of Mr. Dunn, at the Farringdon Dispensary, in which the non-mercurial plan of treatment is used. In Cases I and II, I find that an ointment containing nitric oxide of mercury is prescribed; and Case III had previously taken grey powder, and had used mercurial ointment. Might I venture to ask if such is strictly within the limits of the non-mercurial treatment?

I am, etc., ED. LLOYD HARRIES FOX, M.B.Lond.

Broughton, Hants, December 26th, 1864.

COMMUNICATIONS have been received from:—Dr. HENRY MARSHALL; Dr. HARRISON; Dr. DURRANT; Dr. BARCLAY; THE HONORARY SECRETARIES OF THE HARVEIAN SOCIETY; DEPUTY INSPECTOR-GENERAL; Mr. A. H. DOLMAN; Dr. W. H. O. SANKEY; Dr. B. W. RICHARDSON; Dr. TURNBULL; Mr. LUND; Mr. WILLIAM COPNEY; Mr. CURGENVEN; Mr. THURSFIELD; Dr. ALEXANDER FLEMING; Dr. G. JOHNSON; Dr. SKINNER; M.D.; Mr. RICHARD GRIFFIN; Mr. W. J. CLARKE, JUN.; and THE HON. SECRETARIES OF THE OBSTETRICAL SOCIETY OF LONDON.

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Lectures
ON
ORTHOPÆDIC SURGERY.

BY
BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

LECTURE XV.
ON TALIPES, OR CLUB-FOOT.
(*Continued.*)

Talipes Valgus occurs both as a congenital and a non-congenital deformity. As compared with talipes varus, it is a rare form of congenital deformity; but it is a very common non-congenital affection.

The *external characters* of this deformity are in some measure expressed in the name by which it is known, which signifies that the foot is twisted outwards. Thus the inner margin of the foot is depressed, while the outer is more or less raised; and the sole presents outwards. From its nomenclature, it would be supposed that this deformity was the reverse of talipes varus; and, if this is not absolutely the case, the name is sufficiently well given, for it expresses the most prominent external characteristic —namely, that the foot is inclined outwards. The general appearance of the deformity, as it is seen in the young child, is shown in the following figure.



Fig. 44.

When the child begins to walk, the great inconvenience of the deformity shows itself. Not only is much lameness produced by the shape which the foot assumes, but pressure on the ground, as in walking, becomes excessively painful. It is only necessary to see such a figure as the following, for instance, to feel sure that such must undoubtedly be the case. The weight of the body is borne on the inner margin of the foot; and pressure may induce ulceration of the integument and troublesome sloughs. This is rare, however. Occasionally, walking becomes impossible without crutches or supports of some kind.

Morbid Anatomy. The following figure (Fig. 45) represents a severe form of congenital deformity; and yet, even where the deformity is so great, there is seldom to be found any deviation from the normal forms of the tarsal bones. The os calcis always deviates somewhat from its normal position, the tuber calcis being drawn upwards by the tendo Achillis



Fig. 45.

and the powerful contraction of the muscles of the calf of the leg. In one case which he examined, Mr. Adams found the tuberosity of the os calcis as much elevated as it is in a severe example of congenital varus. The astragalus lies somewhat obliquely; and its head presents beneath the skin on the inner margin of the foot, and is partly uncovered by the navicular bone. The prominence which is formed by it may always be distinguished in congenital valgus. The longitudinal and transverse arches of the foot are obliterated, and even they may be reversed; so that the plantar surface shall present a convex instead of its usual concave form. The scaphoid, cuneiform, and cuboid bones, together with the metatarsal bones, are all more or less altered, not in shape, but in their positions, both absolutely and relatively as regards each other; and the foot is bent upon itself, and everted at the transverse tarsal joint. The following figure shows this better, perhaps, than either of the preceding. (Fig. 46.)



Fig. 46.

The muscles which are especially active in this deformity are the peronei and the extensor longus

digitorum; but also, in general, the muscles of the calf of the leg are retracted, and become serious obstacles in the mechanical treatment of this deformity. The strong ligaments and fasciæ in the sole of the foot are lengthened and much weakened.

Non-congenital Talipes Valgus is, in one or other of its various grades, a very common affection, occasioned for the most part by debility, but arising also from other causes, such as paralysis, spasm, inflammation, and wounds.

The *external characters* of non-congenital valgus have strong resemblances to congenital valgus, and yet there exist differences which enable the observer at once to distinguish between these varieties of deformity.

Non-congenital valgus consists of a flattened condition of the longitudinal and transverse arches of the foot, through which the sole of the foot rests with its inner margin flat on the ground. This condition is induced slowly. At first, it is present only when the weight of the body is borne on the feet, as in standing; and the natural arches are restored on removing the superincumbent weight. But at length the elasticity of the structures which enter into the formation of the sole and arches of the foot is lost, and the foot remains flat. In proportion as the arches are flattened, so is the height of the instep diminished, and the foot becomes somewhat elongated and everted; and, in consequence of these changes, the internal malleolus is brought absolutely nearer to the ground, and its prominence is increased in proportion to the eversion of the foot. These points are shown in the following figure. (Fig. 47.)



Fig. 47.

This flattening of the foot alters absolutely the positions of all the tarsal bones; but perhaps none are affected in a more important manner, or tend to destroy the use of the ankle-joint more, than the calcaneum and the astragalus. The astragalus being placed somewhat obliquely, and the anterior surface of the calcaneum being depressed, together cause a partial locking of the tibio-tarsal joint, which is further increased by the contraction of the muscles of the calf of the leg to render the tendo Achillis tense; thus to prevent painful motion at the ankle-joint. Thus, not only is elasticity lost through the destruction of the arches of the foot, but lameness is rendered still greater by the loss of motion at the ankle-joint. The arches of the foot are destroyed, compressing very painfully the soft structures of the sole in walking (see Fig. 48); and the deformity may even increase to produce a convex surface towards the ground—the reverse of the natural arches of the foot.

One of the most severe forms of this distortion that has perhaps ever been witnessed, was lately under my care at St. George's Hospital. It was induced



Fig. 48.

as a consequence of extensive ulceration on the dorsum of the foot and by cicatrisation in healing. In this instance, the arches of the foot were absolutely reversed; the foot was much everted and flexed, and its outer margin was raised; the tendo Achillis was tense; and there was scarcely perceptible motion at the ankle-joint. The following illustrations show the deformity well. (Figs. 49 and 50.)

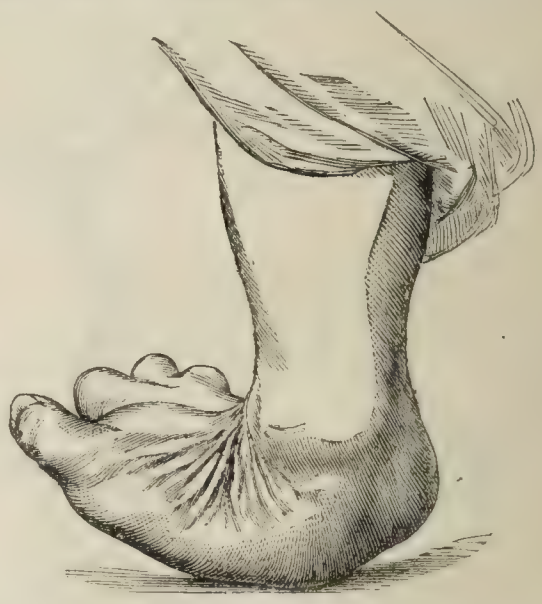


Fig. 49.

The *Treatment of Congenital Valgus* varies somewhat according to the degree of deformity which has to be removed. Just as in varus, slight cases of deformity may be treated by mechanical means alone, and without the division of tendons. It is only justifiable, however, to recommend such a course when the deformity is so slight that the treatment may safely be left in the hands of a judicious nurse. In an ordinary case, this mechanical treatment would occupy many months, and it might probably then not be successful.

Lately, I saw a case of congenital valgus, of not a severe grade, which had been treated mechanically for several months, with very little gain except to

the surgeon himself, when he proposed to divide the tendons; for he was then convinced that the operation was necessary. The operation was performed, not however by the bandagist, and the deformity was entirely removed in six weeks.



Fig. 50.

But if, at a tender age, these efforts of bandaging are futile, how much more so must they be in congenital cases at a more advanced age. In many of these cases, the most perfectly adapted mechanism will scarcely avail to remove deformity even after the section of tendons and fasciæ. In the majority of cases, it is sufficient to divide the peronei tendons. If, however, the extensor longus digitorum muscle is retracted, its tendons should also be divided. Then, after the punctures have healed, the foot may be gently and gradually inverted and restored to its normal form, being bound to a pliable splint. In instances of severe distortion, it is frequently necessary, also, to divide the tendo Achillis after the foot has been fully inverted.

In the adult, the treatment will probably occupy as many months as it occupied weeks in the infant. A well adjusted mechanical shoe will be required to remove deformity after the tendons have been divided. The improved instruments which are now in use for the treatment of these cases are very powerful; and they require nice management, lest so much force should be exerted as to injure the soft structures.

The *Treatment of Non-Congenital Valgus* will vary according to the degree of deformity and the cause which gave rise to it. A very large majority of these cases depend on debility; and the deformity may be removed by local support, and by general tonic treatment and rest. No treatment will avail anything without rest—that is to say, rest to the overworked lower limbs.

In paralytic valgus, the deformity may generally be overcome without operation and by mechanical means only. When the affection is recent, this may always be done, and even there is then hope of partial recovery, at least, of muscular power, when attention is given to the cause of paralysis, and means are taken to excite the affected muscles. When the deformity is of long standing, the loss of power will probably remain; and, in consequence of structural shortening which will probably have taken place, one or more tendons may require to be divided. In these cases, however, the comfort and power which are given by restoring the normal shape of the foot, and by well adjusted mechanical support, are worth anything to one who has been long crippled. Such support may probably be necessary during the remainder of life, that contraction may not again occur.

Spasmodic valgus is rare. It is a sequel of convulsive action, perhaps occasioned by teething or by some other irritating cause; and it remains, for some years perhaps, just as, in another instance, strabismus may remain, or equinus, or any other muscle or group of muscles may remain affected. Without, however, an epileptic condition or a morbidly excitable nervous condition continues, this spasmodic muscular action will probably diminish, and at length cease altogether, without division of tendons. It is necessary to attend to the exciting cause of spasmodic action, rather than to the manifestation itself. Wherever disease of the nervous centres remains, no idea of section of tendons can be entertained; but when irritation and disease have entirely passed away, and this habit (so to say) of increased muscular action is left as the sole indication of former disease, it may be justifiable to divide a tendon and thus to restore the use of a limb.

Inflammation about the foot and ankle—whether by inducing thickening and softening of ligaments and other soft structures, or by causing loss of substance and subsequent contraction—may give rise to valgus; and there is no form in which this deformity can present itself that is more obstinate or difficult to control than this arising from inflammation. A severe case is well nigh hopeless: if it be of long standing, it is intractable; and when it is recent, wounds and sloughs readily form. The only manner in which these cases can be mastered, is to encase the limb in cerate on strips of kid, and then to apply mechanical means as gently as possible.

When the ankle-joint itself has been affected, and partial ankylosis remains as a result of inflammation, the greatest benefit may be derived, after inflammation has entirely ceased, from the section of such tendons as may tend to impede motion. It is rare, however, that the tendons themselves have to be divided. For the most part, it is alone necessary to break through the adhesions after chloroform has been fully administered.

After deformity has been removed, the use of the limb may be regained by various well adapted movements, galvanism, shampooing, the hot air bath, and such other means as may be indicated by the cause and nature of the affection itself. It is necessary, in all cases of this description, that mechanical support shall be worn until the control of the limb has been gained.

London Fever Hospital. Mr. Charles Squarey, the house-surgeon of the Fever Hospital, is suffering from an attack of typhus fever, which he has no doubt taken in the discharge of his onerous and dangerous duties. Mr. Squarey for many months during 1863 acted as one of the resident surgeons of the hospital, so that this is a second occasion upon which he has so courageously volunteered to do batte against the insidious attacks of fever to which the unusually numerous patients admitted into the hospital during the last year have been subjected.

LEEDS GENERAL INFIRMARY.

Statistical Tables of the Operations performed from January to June, 1864, inclusive.

Operations for Necrosis and Caries of Bone.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 14	Mr. Teale	Removal by gouge of carious part of os calcis.	43 days	Cured. Wound very nearly healed when discharged.	Four sinuses led to caries of the posterior part of the right os calcis. The disease had continued for four years. An incision was made down to the disease, and a hole having been made into the back part of the bone by Mr. Smith's auger, a considerable number of carious fragments were gouged out. The cavity rapidly filled up.
2	F. 19	Mr. S. Hey	Gouging of carious cavity in inner malleolus.	55 days	Cured. Wound nearly closed.	An opening led directly into a cavity in the inner malleolus of the tibia. The diseased bone was exposed by incision, a free opening made into the cavity by Mr. Smith's auger, and the diseased bone gouged out.
3	M. 8	Mr. S. Hey	Removal of sequestrum.	15 days	Cured, with useful limb.	A loose sequestrum was protruding from the left tibia in front. When removed by forceps, it measured about three inches. The cavity was gouged.
4	F. 5	Mr. Nunneley	Removal of sequestrum.	20 days	Cured.	The left angle of the lower jaw was necrosed. Pieces of sequestrum were removed through the mouth.
5	M. 16	Mr. S. Hey	Gouging os calcis.	33 days	Cured.	Sinuses led to a carious cavity on the inner side of the os calcis. The diseased part was exposed and removed by Mr. Smith's auger and the gouge. After the operation, the wound healed well.

Removal of Innocent Tumours.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	F. 30	Mr. Teale	Excision of small epulis from lower alveolus.	7 days	Recovery.	This was a fibrous growth, of the size of a filbert, springing from the periosteum of the lower alveolus on the right side. It was removed by the knife and bone-scissors, along with a superficial piece of the jaw.
2	M. 53	Mr. Teale	Excision of rodent ulcer situated on the right ala nasi.	15 days	Recovery.	About one-half the right ala nasi was destroyed by a rodent ulcer of four months' duration. The base of the ulcer was freely removed by the knife. When discharged, the wound was nearly cicatrised.
3	F. 34	Mr. Teale	Excision of bursal tumour from both patellæ.	15 days	Recovery.	Over the right patella was an almost solid bursal tumour as large as a pigeon's egg, which had commenced five years before; and over the left knee a similar growth, of the size of a walnut, of like duration. After removal, both wounds healed rapidly and well.
4	F. 6	Mr. Teale	Excision of small epulis from upper alveolus.	13 days	Recovery.	A small glandular epulis was removed by bone-scissors and gouge from the centre of the upper alveolus, in the situation of the front incisor teeth, which had previously been extracted.
5	M. 61	Mr. Teale	Removal of simple fibro-cellular polypus from right antrum.	13 days	Recovery.	Forty years before admission, polypi were removed from both nostrils; and every two years, for five or six times, the operation was repeated. No return took place until July 1863, when the right nostril again became the seat of the disease; and in the same month the upper part of the right cheek began to bulge. The nasal polypus was again removed, but the cheek continued to swell, and at the time of his admission presented two nodules—each the size of half a walnut—below the orbit. The operation was commenced as if for excision of upper jaw by two incisions—one reaching from the malar bone to the nose immediately below the orbit, and the other from the inner canthus downwards by the side of the nose and through the upper lip; the flap thus marked out was turned outwards, and a mass of ordinary polypus, which had made its way through the anterior wall of the antrum, was at once exposed. The whole was gouged away, and the flap laid down again. Union was rapid, and his recovery apparently complete.
6	F. 41	Mr. Teale	Excision of fatty tumour.	20 days	Recovery.	The tumour was pendulous, was situated over the right trochanter, and weighed about a pound.
7	F. 40	Mr. P. Teale	Excision of adenocele from left breast.	29 days	Recovery.	The tumour was situated in the outer part of the breast, and was as large as a hen's egg.
8	F. 46	Mr. Nunneley	Excision of fatty tumour.	22 days	Recovery.	The growth was about the size of half an ordinary cocoa-nut, was situated over the epigastrium, and was of three years' growth.
9	F. 47	Mr. P. Teale	Excision of small cheloid.	Out-patient	Recovery.	This was a small cheloid growth of the skin in the summit of the left shoulder.
10	F. 40	Mr. P. Teale	Excision of small cheloid.	Out-patient	Recovery.	A small cheloid tumour situated over the upper part of sternum.
11	F. 40	Mr. P. Teale	Excision of adenoid tumour of breast.	14 days	Recovery.	An adenocele of the left breast, about as large as a pigeon's egg.

Operations for the Cure of Aneurism, Nævus, etc.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	F. 9 w.	Mr. S. Hey	Application of nitric acid to nævus.	13 days	Cure.	The nævus affected the skin of the cheek and lower eyelid. That on the cheek had been previously excised by the knife. Nitric acid was carefully applied to the disease affecting the eyelid. A slough and cicatrisation followed, which resulted in cure of the disease without deformity.
2	F. 7 m.	Mr. Teale	Excision of nævus.	12 days	Cure.	The nævus was situated on the right cheek, was as large as a walnut, and involved both skin and subcutaneous cellular tissue. The whole was removed by the knife.
3	F. 10 m.	Mr. Teale	Excision of nævus.	Out-patient	Cure.	The nævus was situated on the left side of the head, and was about the size of a sixpence.
4	F. 5 m.	Mr. P. Teale	Enucleation of large parotid nævus.	5 days	Death.	The nævus was very large, and chiefly subcutaneous. It measured about an inch and a half in diameter, and occupied the lobule and inferior part of the helix of the ear and the whole parotid region. The skin was dissected off, and the growth removed by enucleation. Death was caused by convulsions. The child had been subject to laryngismus stridulus.
5	M. 26	Mr. P. Teale	Compression and ligature of femoral artery for popliteal aneurism.	60 days	Recovery.	An aneurism, about as large as an ordinary cocoa-nut, completely filled the right ham. Pain in the part about a month, but no tumour noticed until sixteen days before admission. Symptoms and signs of aneurism well marked; also very loud musical regurgitant aortic murmur. Swelling had during the last few days become more solid, and on its surface several enlarged anastomising vessels could be felt; no treatment for six days beyond rest in bed; pulsation had then increased; aneurism decidedly larger. Signoroni's tourniquet applied over femoral artery in the groin, and was removed in an hour and a half because of pain. During following three days, pressure for a short time at intervals. Swelling continued to increase; knee-joint became somewhat distended with fluid; œdema of leg became more manifest; and pain very severe. Femoral artery was tied at the apex of Scarpa's triangle. After operation, everything went on well; pulsation ceased, and did not return; aneurism quickly solidified, and gradually lessened; œdema disappeared; pain ceased; collateral circulation rapidly established; and on discharge, only a solid tumour of the size of a small orange. The ligature was cast off on the eleventh day.
6	M. 6 m.	Mr. P. Teale	Introduction of setons for the cure of nævus.	16 days	Partial cure.	The nævus occupied the lower half of the nose and its septum, and extended through the entire thickness of the middle third of the upper lip. That on the nose only was treated on the present occasion. Setons of silk were passed through its substance in various directions, and left there until fourteen days afterwards, at which time the part of the growth so treated was quite solid. A second similar operation was performed three months later. After which, the growth seemed to have lost its nævoid structure.
7	M. 5 m.	Mr. S. Hey	Excision of nævus.	Out-patient	Cure.	The nævus was about the size of a fourpenny-piece, and situated on the forehead.
8	M. 17	Mr. Nunneley	Aneurism by anastomosis treated by ligature of vessels and introduction of setons.	33 days	Partial cure.	The disease occupied the whole upper lip (which was enlarged to more than twice its normal size), and had followed immediately upon a blow by a stone when the patient was six years old. The two enlarged superior coronary arteries were tied, and through the substance of the lip three double thick silk setons were passed. Considerable suppuration having been set up along the track of the setons, they were removed at the end of twenty-six days. When seen three months later, the lip was considerably lessened, felt solid, and pulsated less strongly. The operations were repeated, and the setons left in fifteen days, with the result of still further solidifying the lip, and diminishing pulsation. This case is still under treatment.
9	M. 37	Mr. Wheelhouse	Compression and ligature of femoral artery for popliteal aneurism.	47 days	Recovery.	Right ham was completely filled by a large aneurism, which had first appeared six weeks before admission; though for two or three weeks previously to finding the swelling, the patient had acute pain in and around the right knee. Up to the commencement of the disease, he had been engaged for several weeks on a farm, in digging a hard clay soil, using the *right* foot constantly to press the spade. No other disease detected. Symptoms and signs well marked. Femoral artery compressed by Signoroni's tourniquet at upper part during six hours each day for thirteen days. When the aneurism had become solid, and pulsation nearly ceased, all treatment was suspended. Ten days later, pulsation slightly increased; and at its most prominent part, the skin became thin, red, and conical. Fearing lest the sac might burst, Mr. Wheelhouse tied the femoral artery at the apex of Scarpa's triangle. All threatening signs left; pulsation ceased; the mass became quite solid; and the conical red point disappeared. The ligature did not come away until the thirty-second day; eight days after which he was allowed to get up. When seen lately, there was still a very large hard tumour in the ham, but no pulsation. He did not suffer pain, and there was no œdema. There was a feeling, however, of fluctuation on the outer side of the tumour in a limited space.

Excisions of Joints of Bones.

1	F. 26	Mr. Teale	Excision of os calcis.	86 days	Recovery, with useful foot.	Right heel had become the seat of disease three years before. At the time of admission, six sinuses—all leading to the os calcis, which was felt bare—surrounded the heel. With the view of picking out any bones of the tarsus which might be found in a diseased condition, Mr. Teale made two incisions—one transversely across the sole opposite and down to the calcaneo-cuboid joint, the other commencing at the outer extremity of the first and extending directly backwards along the outer border of the heel as far as the insertion of the tendo Achillis; and thus was mapped out a large flap, comprising the whole of the tissues of the heel, which was dissected up and turned inwards. As the os calcis alone was found to be in a carious condition, it was removed, whilst the other bones were left. The flap lived and united well; and at the time of her discharge the wound had nearly closed. When seen some months afterwards, the foot was quite sound; and, with the exception of a little puckering, there was no deformity. She had not then tried to walk upon it, but was ordered to do so.

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.

In reading the valuable and interesting paper by Dr. Ransome, of Bowdon, Cheshire, "On the Need of Combined Medical Observation", I was particularly struck with the following remarks.

Speaking of the literary labours of the medical profession, Dr. Ransome observes: "All the more curious and rare forms of disease are thus brought to light, and carefully studied. Eminent men connected with hospitals contribute the results of their experience in the treatment of intricate or dangerous cases, and give their opinion upon difficult questions of diagnosis or pathology. In truth, our officers fight well; but the rank and file of the profession, more trained to observe, and thoroughly capable of giving material aid, yet find no direction pointed out, in which they might also push on the advance of their science. There still remain to be gathered in many items of observation, each, by itself, apparently unworthy of record and too unimportant to advance the reputation of any one, which, when massed together, would form a most valuable store of evidence."

It is to this "rank and file", or, in other words, the busy, practical, general practitioner—he who is accustomed to deduce facts from his own experienced observations, and who is ready and anxious, in return, to receive short practical deductions from the daily observation of others—that the incalculable value of the record of "combined medical observation" must especially apply.

When we consider the enormous amount of practical lore that might be culled from the observation of a portion only of the members of our large Association, were that to be, systematically and in a few words, committed to paper, we can only regret that so much valuable matter is lost to the profession, and which would, if duly registered, prove of such inestimable assistance to the young practitioner.

Often, in my own neighbourhood, when I have asked my busy medical friends why they do not briefly jot down the result of their own every day valuable experience, have I been met with the following replies: "I have no time"; or, "Anything that I could say would be of no value"; or, "To detail a case properly would occupy more time than I can afford." Now, it is to this latter reply that I would mainly advert.

I have constantly heard it asked, "Why do not our journals contain shorter and more practical papers; inasmuch as it is impossible that the mind, harassed and over-fatigued with its daily round of toil, can appreciate or digest the more lengthy, yet more valuable, matter that is weekly put before us?"

While inculcating the advantages which I think would obtain by the record of the large experience of busy practitioners, scattered over different districts, and accumulated under different circumstances, I would by no means ignore, or in any way depreciate, the great value of the labours of those who, from possessing more time and talent, are enabled to give the result of their deeper researches towards the unravelling of the more intricate phenomena of disease.

It appears to me, however, that what we require in addition, is a brief, but faithful, detail of facts, emanating from every grade of practitioner, and giving the results of his personal experience; more particularly in reference to the value of remedies, the effects of atmospheric changes, and the influence of locality; and, also, the importance of particular symptoms, with a view to a correct diagnosis. The collection of facts bearing upon these points may appear trivial to him who is called upon to make them; but, in the aggregate, they cannot but prove of inestimable value, as the result of concurrent labour, worked out in different localities and under varying circumstances, but each having the same grand object in view; viz., the advancement of his profession, and the good of his fellow man.

Having made these observations, I propose now to give a cursory detail of the class of cases that have presented themselves as out-patients within the last two years at our local hospital. In doing so, I shall confine myself to those that have fallen under my own care; making such brief remarks upon symptoms and treatment as the nature of the case may warrant.

The town of Ipswich stands in a valley, in the midst of a purely agricultural district. The locality, in warm weather, especially for the young and to those unacclimatised, is relaxing; and, consequently, we find disease assuming, more or less, the asthenic type. Acute diseases, as obtaining among out-patients, is very rare; but the more chronic and tedious forms present themselves in almost every variety for relief; and this is especially seen in the different forms of pulmonary and gastric disorder.

In noticing the diseases classed under the several heads, I shall consider them in reference to their frequency of occurrence.

Nervous System.

1. *Cerebral Congestion.* This is a common form of complaint; and, when not arising from direct cardiac disease, it may be more frequently attributed to a deficient propelling power of the heart, and a turgid, languid condition of the venous system generally. Atmospheric influence, with the depressing effect of long continued east winds, greatly aggravate the congestive tendency.

The patient complains of "confusion", headache, and depression of spirits, giddiness, singing in the ears, muscæ and sometimes scintillations, and occasional nausea, although this seldom amounts to actual vomiting.

In the more severe cases, cupping between the shoulders has acted most favourably. Repeated blisters behind the ears; and, if the symptoms be obstinate, a seton in the nape of the neck, are useful. The bichloride of mercury is certainly useful in this affection. Ammonia, with the spirit of nitrous ether and tincture of colchicum; and acting steadily upon the bowels with neutral salts in occasional combination with the compound decoction of aloes should be employed.

The urine should be always carefully tested, both for albumen, oxalates, and excess of uric acid.

2. *Neuralgia.* The forms which this affection has presented during the two years have been Facial Neuralgia; Hemicrania; and Sciatica.

Facial neuralgia, when not depending upon decayed teeth or intracranial disease, may, in general, be traced to one of two exciting causes: 1, a general deficiency of nerve-tone, the result sometimes of malaria; and 2, which among all classes is a very common excitant—viz., a deranged condition of the digestive organs. In the treatment of the first variety, quinine, with or without cod-liver oil, will often effect a speedy cure; but I have, as a rule, found drachm doses of the sesquioxide of iron of the *London Pharmacopœia* more to be relied on.

Regulation of the bowels and attention to diet are, of course, very important auxiliaries.

In the treatment of the second, or gastric variety of facial neuralgia, the duration of the complaint is, I believe, often much prolonged by the too early exhibition of tonics, especially quinine. I have so frequently seen the pain, which had been agonising, subside so unmistakably upon the withdrawal of the quinine, and the substitution of an antacid digestive mixture, that I have no misgivings in jotting down this hint as one to be borne in mind. An useful formula is the following (*Lond. Phar.*):

℞ Potassæ bicarbonatis ʒiss; potassæ nitratis ʒss; tincturæ hyoscyami, spiritûs ammoniæ aromat., ā ʒij; ætheris chlorici ʒj; misturæ camph. ad ʒvij. M.

One sixth part to be taken three times a day.

With this, I give compound rhubarb pill at night; regulating the diet, and directing sherry (with water) to be substituted for malt liquor.

The case of hemicrania was a very severe one, resisting for a long time all remedies. It yielded at last, however, to arsenic and cod-liver oil.

The sciatica cases were also severe in character, and somewhat obstinate. In them, I certainly saw great benefit accrue from the purgative formula of (I believe) Mr. Hancock, of Charing Cross Hospital.

℞ Olei tiglii ♏j; pilulæ colocynth. comp. gr. viij; extract hyoscyami, pilulæ hydrargyri, ā gr. iv. M. Make four pills.

Two of these pills are to be given every second or third night, so as to ensure free purgation. This plan of treatment is certainly valuable. Of the direct tonics, provided the stomach be in a condition to receive them, the most efficacious will be found to be the sesquioxide of iron, in drachm doses, with cod-liver oil. I have seen benefit also from the extract of stramonium, in doses of half a grain, increased to one grain, every four hours. Guaiacum sometimes does good; but very frequently it fails. If a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, will be the proper remedies. Large blisters along the course of the nerve often afford much, and permanent, relief; and I have seen the hypodermic injection of a solution of morphia relieve the pain almost instantaneously. The cases giving rise to these notes having been purely functional, I do not here include such as depend upon the pressure of a tumour or a portion of necrosed bone. In forming a diagnosis and prognosis, however, this should not be lost sight of.

3. *Chorea.* The disease next in frequency is chorea. The cases treated as out-patients have not been severe; as the only two aggravated instances were advised to become in-patients, and were admitted as such.

One case only deserves a passing remark, inasmuch as the disease was confined to the muscles of the face and neck, the extremities being unaffected. In this patient, the eyes blinked continually, and the mouth, when opened, was closed with a sudden snapping motion. The head also, at the height of the attack was twitched continually towards either shoulder.

In the treatment of a case of chorea as an out-patient, the great obstacle lies in the difficulty of ensuring a diet sufficiently nutritious, with the additional stimulus of wine. These are remedial adjuvants of such importance, that it is thought by some practitioners that, with a nutritious diet, with wine, medicine, if necessary at all, plays but a very secondary part in the treatment. I have been so well satisfied with the result obtained from arsenic, that I have entirely depended upon Fowler's solution in the treatment, provided merely that the digestive organs be not disordered, nor the bowels much confined. Occasionally a blister to the nape of the neck will be found of signal service.

4. *Epilepsy.* The cases of epilepsy that have presented in the last two years among our out-patients have been fewer in number than have obtained in previous years. Two of these cases have been functional only, depending upon the period of puberty in both sexes.

In the treatment, if the attack be slight, I have been satisfied with the application of a blister to the nape of the neck. If, on the contrary, the disease be of a severe character, and the fits of frequent occurrence, I believe that no remedy acts with such good prospect of success as a seton at the same spot.

Of medicines given internally, I think that I have seen decided benefit follow the use of the bromide of potassium, in doses of five grains, increased, if necessary, to ten grains, three times a day. With this may be combined the ammoniated tincture of valerian. Steel, zinc, and arsenic, in the milder cases, are also valuable remedies. The beneficial effect of nitrate of silver has, I think, been much overrated. It must be borne in mind, however, that, in uncomplicated epilepsy, every new remedy for a time appears to do good.

The diet should be nutritious, with wine rather than malt liquor; and all over-fatigue, with mental excitement, strictly prohibited.

[*To be continued.*]

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

The course of these papers having been unavoidably interrupted, it becomes necessary to recapitulate the argument which the illustrations were intended to support. In the first papers, Melancholy was described; first, in its most simple form; next, with intellectual disturbance; then, with prominent motor symptoms—that is, in some cases with restless activity of motion, in others with a fixed and semi-cataleptic inactivity. After that, cases of Mania were given; and it was shown that, as a rule, all cases of acute mania commence with a melancholic stage—that the states of melancholy and mania run imperceptibly together, so that there is no evidence of any pathological difference between these different forms of insanity.

That a stage of melancholy ushers in a very large proportion of all cases of insanity is beyond question. It is the commencement as well as the chief portion of those attacks, to which the name of Melancholia is given; and we have seen that it also ushers in typical cases of mania. That every variety of mental disease has a primary melancholic stage has been doubted and denied. The question is an important one on many accounts; and therefore I have analysed all the new cases that came under my observation during the year 1863 at Hanwell, excepting the cases of general paralysis, epilepsy, and idiocy. I find that there were 198 admissions; and of these 32 belonged to some form of mania. The history of the disease was complete, however, in only 18 of these 32; and there was a distinct and well marked premonitory stage of melancholy in 13, and none in 5 only.

These five cases, without a melancholic stage pre-

ceding the evidences of mania, resembled each other in many other points. 1. None of them were primary attacks of insanity. Hence we may draw this inference, which is corroborated by all my experience, that all primary attacks of mania (proper) commence by melancholy; and the converse—viz., that where an outbreak of maniacal violence takes place in an individual without a previous stage of melancholia, such individual has been insane before. 2. These five exceptional cases commenced suddenly. 3. They exhibited great violence for a short period. 4. All recovered; and on recovery all denied having been ill, and dwelt much on the injustice of their detention or incarceration. 5. It is curious—but whether it is an accidental coincidence or not I am uncertain—that three out of the five (and these were all females) stripped themselves naked when first taken.

These cases certainly have characters of sufficient constancy and distinctness to enable us to predicate their future progress; I am not convinced, however, that they constitute in themselves a separate form of disease, or a distinct species.

I know of nothing which marks their character—for example, in the first onset, or in the primary attack. I am not aware of any diagnostic mark which would enable one who witnessed the primary attack to prognosticate that the patient would be liable to repeated secondary attacks of the disease. Nor does my experience enable me to say whether the primary attack is invariably accompanied or not accompanied by melancholic symptoms. This is a point which remains for future inquiry.

If we admit this form of case as distinct, it is nearly the only one out of the multitude of variations which have received distinctive appellations to which I would yield the same distinction.

In different authors, one meets with an almost innumerable variety of forms of insanity, on which separate names have been bestowed. The confusion thus introduced into the subject becomes perplexing in the extreme. Guislain thus commences his ninth chapter: "Vingt-trois formes de manie, sans compter plusieurs formes composées non indiquées, voilà, me direz-vous peut-être, une bagage symptomatologique passablement lourde pour la mémoire." (P. 203.) Before proceeding with the illustrations of distinct forms, it becomes necessary here to explain of what these so-called varieties consist. From a careful examination of all these variously named kinds of mania, I think it will be found that they belong to one of the three following classes.

1. Certain so-called forms will be found to consist of cases in which one particular symptom has been perhaps rather more prominent than the rest; as, for example, cases named kleptomania, erotomania, nymphomania, oinomania, homicidal, suicidal mania, etc.

2. Another large section of these varieties are named from some presumed cause of attack, such as puerperal mania, hysterical mania, phthisical mania, mania *a potu*, none of which have very distinctive characters, according to my experience.

3. Varieties have been formed out of what really are only stages in the progress of insanity. The cases hitherto narrated have all belonged to the acute stage of the disease. The morbid processes, in entering upon the chronic stage, undergo certain modifications in their downward progress. The disease may subside gradually, or it may alternate between activity and inactivity; and it may ultimately cease altogether, but leave the mind in one case enfeebled only, in another nearly annihilated. Out of these progressive stages, more kinds of insanity have been formed.

1. In the worst condition, the patient is demented—imbecility, dementia.

2. In another set of cases, the morbid process appears to terminate, but leaves the mind permanently changed in some peculiar function; as a particular delusion remains, an alteration of disposition, or an eccentricity in habits, etc. Most English writers would call this a state of chronic mania. In France, it constitutes what they call monomania; and some writers have coined names for almost every sort of eccentricity of conduct or behaviour met with. "There is a mania," writes Guislain, "which I call *manie astucieuse, malicieuse,* which resembles this foregoing (*manie raisonnante*), but which presents phenomena of marked character. The patient is guided by a spirit of intrigue; he is a cheat, a sharper, an intriguer," etc.

3. The downward progress in certain cases is not uniformly progressive. The patient, on the whole, declines towards dementia; but periods of activity—flickerings of the morbid process—occur. Thus the chronic mania may be subject to occasional outbreaks of violence—to a recurrence of the acute symptoms generally; and these attacks take place at completely irregular or at more or less regular intervals. We have the following modes in which this may take place.

1. The patient is subject to occasional outbreaks of violence and excitement; but a constant and progressive increase of imbecility goes on.

2. The patient's condition alternates between a state of general depression and one of great excitement. (This form is called *folie circulaire* by French writers.)

3. The patient has repeated attacks, of two or three months' duration every year, for many years consecutively; not entirely recovering sanity in the interval, but free from depression. These cases are what have already been alluded to as recurrent mania.

In the next paper, a few observations on these variations of the symptoms will be considered.

NOTE ON LARYNGOSCOPY.

By George Johnson, M.D., Professor of Medicine in King's College.

It is common to meet with persons who, having had no experience in the use of the laryngoscope, are sceptical as to the possibility of examining the larynx without difficulty, and, in particular, without occasioning considerable annoyance to the subject of the examination. In illustration of the facility with which, in the great majority of cases, the larynx may be inspected, I beg to narrate the following occurrence.

A few days since, after lecturing to my class at King's College on the Use of the Laryngoscope, I announced to them my intention of first showing them my own larynx, by the simple process which I have described in my published lectures, and then I requested that twelve of my pupils would submit to a laryngoscopic examination, with a view to ascertain in what proportion of cases the larynx could be inspected without difficulty.

Accordingly, twelve gentlemen presented themselves; and the result was, that in eleven cases I at once got a complete view of the larynx by a single introduction of the mirror; while in the twelfth case a large and rather nervous tongue somewhat interfered with the examination, and, after three or four attempts, I got only an incomplete view of the larynx.

The whole process of demonstrating my own larynx, and inspecting the larynx of twelve members of my

class, occupied exactly a quarter of an hour. I believe that not one of these gentlemen had ever before been subjected to a laryngoscopic examination. The ease with which the inspection was borne by the subjects of it was not, therefore, the result of habit on their part.

I thought that this mode of proceeding would be an effectual means of showing my pupils that a laryngoscopic examination may usually be made quickly and with ease; and I think that the publication of the result may influence some sceptics who may chance to read the account. To guard myself against a possible imputation of having made an unwarrantable "assumption", requiring to be exposed and corrected in a second edition of *Medical Errors*, I beg to state that I by no means infer from this experiment that an inspection of the larynx may always be made with equal ease in the same proportion of cases.

Reviews and Notices.

ACUPRESSURE: A New Method of Arresting Surgical Hæmorrhage and of Accelerating the Healing of Wounds. By JAMES Y. SIMPSON, M.D., F.R.S.E., Professor of Medicine and Midwifery in the University of Edinburgh, etc. With Illustrations. Pp. 580. Edinburgh: 1864.

A LITTLE more than five years ago, Dr. SIMPSON described to the Royal Society of Edinburgh a plan for the suppression of hæmorrhage by the temporary compression of arteries by means of metal. This method of treatment, to which he gave the name of *acupressure*, has excited much interest among surgeons, and its reception has been watched throughout by the proposer himself, who now, after a silence of years, comes forth with his matured opinions, first in two lectures in the *Medical Times and Gazette*, and then in the expansion of them in the present work.

After a chapter on the Importance of Surgical Hæmorrhage and Surgical Hæmostatics, the author speaks of the Impediments to the Primary Union of Wounds. In the course of his remarks, he traces the readiness of union in vesico-vaginal fistula, ruptured perinæum, and hare-lip, to the absence of arterial ligatures; and, *vice versâ*, he holds that, when surgical wounds fail to unite by primary union, it is because ligatures have been employed.

"It is, in short, the absence or the presence of these ligatures tied around the ends of the bleeding arteries, that makes the marked and distinctive difference between wounds likely to heal and wounds not likely to heal by the first intention. But then arises the next question,—Why do the ligatures interfere with the primary adhesion of wounds?

"Arterial ligatures prevent the primary union of the lips of wounds in two ways—(1.) By acting as extraneous and irritating bodies, and hence as miniature setons; and (2.) By their necessarily producing strangulation and sloughing of every tied artery at the part of deligation." (P. 22.)

He then proceeds to object to ligatures, that they act as foreign and irritating bodies, and that they strangulate and slough the artery at the point tied.

Again, Dr. Simpson still more strongly expresses his abhorrence of the arterial ligature, by comparing its use to the placing of minute morsels of dead flesh into the raw cavities or on the sides of surgical wounds.

"For thus, in every wound, surgeons (1) artificially produce and make as many small masses of strangulated, dead, and sloughing tissue, and have (2) as many small irritating seton-threads attached to these masses, as there are vessels tied. Further, they (3) retain these small sloughs, and the long threads which are anchored to them, for five, ten, or more days, in the depths and sides of the wound, whose surfaces they wish to cohere throughout. (4.) Each separate arterial slough inevitably sets up around it an eliminative process of ulceration and suppuration, and every ligature-thread inevitably also excites suppurative irritation along its track. Is it a great marvel then that primary union so seldom occurs in wounds so managed? Would it not be a greater marvel, if union by the first intention followed oftener under such adverse circumstances?" (Pp. 45-46.)

In the sixth chapter are described Acupressure-Needles, and the means of applying them.

"*First Method of Application* This was the mode which I generally adopted in most of the first acupressure operations. It consists in passing a long needle twice through the flaps or sides of a wound, so as to cross over and compress the mouth of the bleeding artery or its tube, just in the same way as, in fastening a flower in the lapelle of our coat, we cross over and compress the stalk of it with the pin which fixes it, and with this view pass the pin twice through the lapelle. The only portion of the needle which is left exposed internally on the fresh surface of the wound is the small middle portion of it, which bridges over and compresses the arterial tube at its bleeding mouth, or a line or two or more on the cardiac side of it. And if it were a matter of any moment, this part need not always be left bare; for the needle could be often passed a few lines higher up *between* the vessel and the cut surface, and without emerging on that surface. More or less of both extremities of the needle, viz., its head and point, are exposed externally on the cutaneous surface of the side or flap of the wound. When passing the needle in this method, the surgeon usually places the point of his left forefinger or of his thumb upon the mouth of the bleeding vessel, and with his right hand he introduces the needle from the cutaneous surface, and passes it right through the whole thickness of the flap till its point projects for a couple of lines or so from the surface of the wound, a little to the right side of the tube of the vessel. Then, by forcibly inclining the head of the needle towards his right, he brings the projecting portion of its point *firmly* down upon the site of the vessel, and, after seeing that it thus quite shuts the artery, he makes it re-enter the flap as near as possible to the left side of the vessel, and pushes on the needle through the flesh till its point comes out again at the cutaneous surface. In this mode we use the cutaneous walls and component substance of the flap as a resisting medium, against which we compress and close the arterial tube, But in some wounds a neighbouring bone or other firm unyielding texture forms the best and readiest point of resistance against which to pin and compress the artery by the acupressure needle. In such cases, the end of the finger at the bleeding point is sometimes necessary to assist the needle in duly pressing it down upon or against the open vessel. In both these modifications of acupressure a thick flap, or a vessel situated deeply, requires a proportionally longer needle; and the amount of pressure upon the artery is easily regulated and increased, when required, by the acuteness of the angle which the needle makes in its passage over the arterial tube. The degree of compression required to shut an artery by acupressure is generally by no means great, especially if care be taken to pass the needle as near as

possible to the arterial tube, and without a layer or layers of elastic tissue intervening between them. This needle can be withdrawn at will, at any hour or time, by pulling at the head of it; which, I have said, is placed externally.

"There are some objections to using such long needles in acupressure when they can be avoided. They are liable to be passed so as to compress the included tissues too strongly; they compress, however slightly, an unnecessary extent of tissue; and, being partly external, they are liable to prove unwieldy and incommodious in putting on dressings, etc., to the wound, provided we do use such applications to it.

"In the method of acupressure which I have described, the long needles are introduced from the cutaneous surface, and their extremities left out *externally*. In the two other methods—the second and third—common sewing needles are used. They are introduced on the raw surface of the wound, and are situated thus altogether *internally*, or between the lips of the wound.

"*Second Method of Application.* A common short sewing needle, threaded with a short piece of iron-wire for the purpose of afterwards retracting and removing it, is dipped down into the soft textures a little to one side of the vessel, then raised up and bridged over the artery, and then finally dipped down again, and thrust into the soft tissues on the other side of the vessel. In bridging over the vessel, care must be taken to press the end of the needle down upon the mouth or tube of the bleeding artery with force sufficient to shut the arterial tube and arrest the hæmorrhage. The end of the finger pushed against the side of the projecting portion of the needle is often required thus to compress and close the vessel adequately, before the tip of it is sent onwards and fixed in the tissues beyond.

"*Third Method of Application.* This method is the one which will probably be most frequently followed. It consists in compressing the vessel between the threaded sewing needle and a duplicature of passive iron thread. Here, as in the method last related, the cutaneous surface is left intact; but the needle is passed *below*, instead of over or above, the artery, The point of the needle is entered a few lines to one side of the vessel, then passed under or below it, and afterwards pushed on, so that the point again emerges a few lines beyond the vessel. The noose or duplicature of wire is next thrown over the point of the needle; then, after being carried across the mouth or site of the vessel, and passed around the eye-end of the needle, it is pulled sufficiently tight to close the vessel; and lastly, it is fixed by making it turn by a half-twist or twist around the stem of the needle. A slight half-twist usually fixes a rigid wire-thread quite perfectly. If the operator prefers, he may keep the two threads of the noose open after they bridge across the artery, and *tie* them below or behind the eye-end of the needle, in the form of a common single or double knot. A common silk thread may be used in the same way. But the tie with any kind of thread takes much longer time than the twist with metallic thread, and certainly is not more efficient. When in either case—whether the twist or tie has been adopted—the operator wishes to remove this simple acupressure apparatus after a period of, say five, twenty, thirty, or more hours, all he has to do in order to withdraw the needle is to pull it out, by dragging at the twisted wire with which it is threaded. The noose of wire-thread is thus at once loosened and liberated, and can be withdrawn. To distinguish easily between the wire-thread passed through the eye of the needle and the duplicature of wire, it is always convenient to mark the former by having it plaited or twisted, or a knot for the same purpose can be tied on the end of it." (Pp. 53-61.)

As to the time during which the needles should remain applied, further investigation, Dr. Simpson says, is required; but the period varies with the size of the artery, and is comparatively short, ranging from fifty to twenty or thirty and even two hours. The early removal of the needles is contraindicated by the presence of sickness and vomiting, and by pulsation in the artery up to the edge of the wound. In these cases, it is better to err by leaving the needles longer than is actually required, than to remove them too soon, and thus give opportunity for hæmorrhage to occur.

The eighth chapter contains Dr. Simpson's opinions on the Local Requisites for the Primary Union of Wounds. He advocates the use of metallic sutures; and, beyond these, the use of no other dressing whatever. Vesico-vaginal wounds, he believes, heal readily just because we cannot meddle with them and load them with all kinds of applications.

"Even a dressing of charpie and cold water to a recent wound is, perhaps, more hurtful than useful. It busily unmakes what nature is busily making—a crust along the edges of the closed wound. If the lips of it threaten to become red and irritated or inflamed, then we may apply to them cold water, or still better, cold air. I have found that occasional streams of cold air directed upon the wound or its vicinity from a pair of bellows prove both most beneficial locally, in keeping down morbid heat and irritation, and are most grateful to the feelings of the patient. When the surface of the wound is thus left uncovered, we have an opportunity of at once ascertaining the accession of redness or swelling in any part of it, and of relaxing or snipping any particular suture-thread that may be offering to produce traction or irritation. We can do this without putting the patients to the annoyance and pain of forcibly lifting or raising the dressings from the site of the recent and tender wound—entangled, as these dressings are always apt to be, with the ends of the ligature-threads, and with dried discharges gluing them to the newly cut surface. This absence of all coverings further frees their thoughts from the dread of the renewal and changing of the dressings themselves from time to time—a source of terror of which some patients, as M. Velpeau correctly observes, are almost as afraid as they are of the operation itself. The abandonment of all dressings whatever saves the patient, I repeat, alike from any sufferings and from any fears attached to the removal of them." (Pp. 117-118.)

In the ninth chapter, Dr. Simpson gives a Retrospective Notice of the Primary Local Dressing of Wounds, relating the well known tale of the alarm of Ambroise Paré at his supply of hot oil being exhausted, and his astonishment at finding that the wounded to whom he had applied a more simple dressing were in much the best condition. The author also notices the great changes which have taken place in the treatment of amputation-wounds during the last century in this country, and specially mentions "two of the most able and enlightened provincial surgeons of England"—Mr. Teale of Leeds and Dr. Humphry of Cambridge—as having warmly testified to the superiority of the practice of closing wounds with appropriate sutures, and, beyond this, using no applications.

Some objections against acupressure are now considered. First, is it more difficult than deligation?

Deligation itself, says Dr. Simpson, was once a difficult process in comparison with cauterisation; but now it has become simplified and much more easy. In like manner, "other and simpler means of applying the acupressure-needle than any which I have proposed will very probably be suggested by others." Even at present, however, most surgeons who have tried acupressure, according to the author, have found it as easy as ligature.

Is secondary hæmorrhage more liable to occur with acupressure or with deligation? Not with acupressure, says Dr. Simpson; because, as numerous surgeons write, secondary hæmorrhage depends in the large majority of cases on local causes—ulceration and sloughing; and these, unavoidable after ligature, do not occur when acupressure is used.

"It is when one or other, or both, of these processes proceed to a morbid excess and depth, that secondary hæmorrhage from the opened arterial tube follows. In acupressure, on the other hand, there is no ulceration or sloughing whatsoever of the arterial tube; its cavity becomes obliterated after merely laying its internal surfaces in contact by the pressure of the needle. And hence, secondary hæmorrhage as the result of its two common causes—viz., ulceration and sloughing—should be almost or altogether unknown when acupressure is resorted to." (P. 158.)

Acupressure has been followed by secondary hæmorrhage in two cases; one which occurred in the practice of Mr. Page of Carlisle, where, in amputation of the thigh, the needle was withdrawn in twenty-four hours—probably too soon; and another related by Mr. Crompton, where the formation of a plug in the artery was probably delayed by constitutional causes.

In the fifteenth chapter, Dr. Simpson examines and replies to further objections against acupressure, urged by several of our most eminent surgeons. It was stated by Professor Miller (when Dr. Simpson first brought forward the subject) that it would be difficult to avoid including the vein, and probably also the nerve. To this Dr. Simpson now answers, that acupressure has now been used in many operations without any evil consequences, such as were referred to by Mr. Miller, being induced.

The next statement referred to is that of Mr. Erichsen, who admits that acupressure is "unquestionably safe as well as convenient" for small arteries, but urges that the safety of its application to large arteries remains to be shown. Dr. Simpson replies:

"Already, however, acupressure has been repeatedly employed in stopping hæmorrhage from the largest vessels ever opened in wounds, and that as readily, and as successfully, as from the smallest bleeding arteries. It has been used repeatedly in all the larger amputations. I know of upwards of a dozen cases of amputation of the thigh in which the femoral and all the other arteries of the stump were simply, easily, and successfully secured by acupressure." (Pp. 252-253.)

Another objection is one started by Dr. Neudörfer of Prague, that acupressure can be employed in amputation-wounds only. Dr. Simpson thinks that Dr. Neudörfer can only have seen an imperfect notice of the process, and has hence misunderstood it.

To the objection that a great number of needles may be sometimes required, for the same reason that a large number of ligatures is demanded, Dr. Simpson replies, that the application of a great number of ligatures is the worse evil of the two. If twenty or more needles were ever requisite, "their use would be followed by no such unfortunate local lesions as the ligatures inevitably produce." He hopes, however, that at some time "one acupressure-needle may perform the function of many ligature-threads", by being applied half an inch or an inch or more above the proposed line of the wound.

Another objection, urged by Mr. Spence, is the frequency of necrosis of the stump after amputation; in consequence of which, too early closure of the wound is not advisable. Dr. Simpson thinks that Mr. Spence overrates the frequency of the occurrence of necrosis.

Mr. Fergusson has expressed an opinion that the tracks of the ligature are useful as vents for pus; and that acupressure may heal wounds too rapidly, and lead the patient to use the limb too soon. Dr. Simpson replies as follows.

"I incline to believe that one great and undoubted source of the suppurations in the interior of wounds is the very presence of the ligatures and of the sloughs and irritation which they produce; and if primary adhesions were far more directly and distinctly aimed at, the formation of any considerable amount of pus would be a far more rare occurrence. In short, it is better, I am inclined to argue, to avoid having foreign bodies, as ligatures, left in the wound, and capable of producing pus, in order, as far as possible, to avoid the formation of pus, rather than lead the pus off by these foreign bodies after it is once formed. By their presence they tend to create the pus as well as evacuate it; but in surgery, as in other practical sciences, the principle of prevention is recognised as infinitely superior to the principle of cure." (P. 263.)

"If the mere speed with which a wound was completely healed were any objection to the method by which that speed was accomplished, it would be a strange paradox in professional ethics. It would be an argument, at all events, that no patient could appreciate or approve of; for it would be difficult, I opine, to persuade him that his wounds should heal slowly under a chronic application of local disturbances, dressings, and discharges, rather than heal swiftly and kindly without any long continuation of pain, or vexation, or trouble whatever. The cure of a surgical wound, as much as the infliction of it, ought always surely to be accomplished, as Celsus writes it, '*tuto;*' but also as surely, wherever it is practicable, '*cito et jucundè.*'" (Pp. 264-265.)

Dr. Simpson then makes elaborate replies to some objections raised by Mr. Syme, who has stated that the ligature is not hurtful but useful in the healing of wounds; that torsion is a sufficient substitute for ligature; and that acupressure is only very limited in its action.

The sixteenth chapter contains notices of cases in which acupressure was employed successfully after ligature had failed or could not be applied.

In the seventeenth chapter, the author describes the arrest of arterial circulation by *Filo-pressure*, or compression by means of thread. The process is an old one, having been noticed by Marianus Sanctus in 1543. Dr. Simpson speaks of the suggestions made by Ferri, Paré, Guillemeau, Dionis, Antoine Louis, Lowe, Wiseman, O'Halloran, etc.; and observes:

"In the preceding retrospect we have found a series of stages of advance in the use and application of the

thread-compress—(1.) Santi applied the compress, tying the knot upon the unprotected skin; (2.) Ferri introduced the use of the bolster or cushion to tie threads upon; (3.) These authors used a thread-compress in common incised wounds, but Paré applied it to amputation wounds; (4.) Up to the time of Dionis the thread was introduced by the use of one long needle, which was passed twice in order to surround the vessel—namely, first from without inwards, and then from within outwards; but Dionis expedited the process by using two needles—applying one to each end of the thread, and passing both from the internal surface of the wound to the cutaneous surface of the flap.

"When studying in 1859 the effects of the circular ligature of vessels now commonly used by surgeons, and considering the means by which it was possible to avoid strangulating and sloughing the tied point of the artery, I had repeatedly occasion to look at the action and effects of the thread-compress as described by Paré, Dionis, and others. But I was led to believe that it had been found objectionable in practice from its having fallen into entire disuse, and I spoke only of acupressure in my first communication on this subject to the Royal Society of Edinburgh in December 1859. Within a few weeks after that communication was published, Mr. Hilliard, an ingenious instrument maker of Glasgow—evidently unaware of all previous writings in the matter—sent me a model and explanation of the thread-compress by which the plan of Dionis—as consisting of the simultaneous use of two needles—was exactly followed—being modified only by the substitution of a thread of iron-wire instead of a thread of hemp or silk. The mere material, of course, of which the thread is made may modify the safety of the operation, but it does not alter the character of the operation itself. Some months afterwards, Mr. Dix of Hull, to whom Mr. Hilliard had also sent his model and proposal, put the plan in practice in three cases of amputation of the finger, foot, and thigh, in a case of removal of the testicle, and in another of removal of the mamma; and, in January 1863, he read before the Medico-Chirurgical Society of London, a very ingenious and able paper on the subject, which has been published in the *Edinburgh Medical Journal* for September 1864." (Pp. 333-336.)

The thread-compress has also been used by Langenbeck, and recently by Neudörfer, who appears to have independently devised precisely the same procedure as that of Mr. Dix.

In succeeding chapters, Dr. Simpson comments on Surgical Fever and its causes, and its greater liability to occur after ligature than after acupressure; and describes various applications of acupressure. Among them, he suggests the use of acupressure to aneurism, and to the ovarian pedicle in ovariotomy. There is also an appendix of much interesting matter.

Dr. Simpson is a man to whom nothing seems to come amiss. Known throughout the civilised world as an obstetrician of the first rank, and as the discoverer of the anæsthetic properties of chloroform, he extends his inquiries not only into other departments of his profession—surgery especially—but even beyond. He has a name as a learned antiquarian. Very much of what we know of the medical service of the Roman armies is due to him; and we have seen some elaborate antiquarian—non-professional—essays, his productions. In this book, too, the spirit of research into old things appears; with the effect of showing what is due to the old surgeons. We will give a few interesting extracts, which may at least remind our readers of what our forefathers used to think good surgery. Let us take first a description of an old plan of removing the breast.

"Very many of the old and mediæval surgeons, without recommending the rush of blood following each new individual gash of the knife to be arrested by a new application of the red-hot cautery-irons, effected first the complete excision of the diseased organ, and then subsequently applied their cauteries, caustics, or other hæmostatics, to the extensive resulting bleeding surface, till the hæmorrhage was stanched and restrained.

"The diseased mamma, under this plan of treatment, was entirely sliced off by one or two huge and rapid incisions through its base. Ere the simple grasp of the hand was mainly trusted to, various ingeniously merciless devices were employed to hold the diseased mass steady and outstretched whilst the stroke for this swift and rough process of amputation was inflicted. For this purpose, one of the oldest methods followed consisted, as represented in the plates of Scultetus and Heister, in transfixing the breast with two threads or cords introduced crosswise to each other; a plan described and praised also by Nuck. The diseased part was pulled outwards by traction upon these cords, and then the wholesale extirpation of the entire mamma—gland, skin, and all—was effected by cutting behind the cords or through the base of the tumour. To lift and hold out the breast, Solingen and Bidlow transfixed it with a large strong fork, the prongs of which were seven or eight inches in length. Bidlow, in smaller cancers, employed for the same object a flattened sharp-pointed instrument, which Heister correctly compares to a small sword, effecting with it the transfixion and elevation of the mass. For the same purpose Helvetius contrived great pincers, the sharpened beaks of which were ruthlessley dug into the sides of the mammary mass to hook and hold it up; and this instrument of Helvetius was long in fashion and much employed and lauded by European surgeons. Tabor, Hartmann, and Vylhoorn, used for the purpose a special instrument or machine, which was intended for the double function of both fixing and slicing off the breast. It consisted of a jointed circlet of iron made so as to close and tighten upon the basis of the mamma that was to be removed; and then subsequently a knife, of the shape of a sickle or half-circle, by a strong and swift motion of the handle shaved off the whole diseased mass." (Pp. 220-223.)

Here, again, is the treatment of stumps, as described not a century ago by Mr. Bromfeild, surgeon to St. George's Hospital, and to the Queen.

"He recommends some twelve or more different series of applications to be laid upon it at its primary dressing; namely, 1, dry lint on the bone; 2, a circular piece of old holland to lie within the skin of the stump, or on the cut muscles; 3, dry lint applied on the outside of this piece of linen to fill up the cavities in the stump; 4, a little flour on this bit of cloth; or on, 5th, another superimposed layer of lint, which may also be assisted in its compression by applying—6, a soft bolster of tow on the lint; 7, small pledgets of digestive ointment spread on lint, and applied to the edges of the stump; 8, a large general pledget of digestive ointment, or lint; 9, a compress of tow; 10, straps of leather and cloth spread with adhesive plaster, and crossed over the end of the stump like the rays of a star at its centre, and kept in their places by passing—11, a slip of sticking-plaster, spread on leather, round the whole stump, so as to prevent any of the points getting loose; 12, the usual amputation cap of Fabricius Hildanus drawn over

the stump so as to envelope it, and secured by—13, a roller wound over it from the end of the stump loosely upwards, with strings sewed to the cap, and fastened round the body." (Pp. 126-128.)

Such were the old abuses, which modern light has dispelled; and Dr. Simpson, seeing still further need of improvement, raises his voice against the persistence in treatment which he believes to be injurious. As a rational reformer, however, he proposes a substitute for that which he denounces; and this substitute he defends with energy and ability against all comers. This must be borne in mind in reading Dr. Simpson's work, that he writes as a partisan—*for* one system, and *against* another; and hence, while we accept the book as the expression of his honest and carefully matured opinion, we must make all allowance for the parental affection which Dr. Simpson must naturally be expected to feel towards his own offspring. The profession is now in possession of what Dr. Simpson has to say on acupressure; he has laid his plan before surgeons; and it is for them to test it fairly, and to adopt, modify, or reject it. We would suggest a careful inquiry into the relative merits of the needle and the ligature. Our hospital surgeons throughout the country, and the Royal Medical and Chirurgical Society, might well take the subject up, and endeavour to determine by experiments *in corpore vili*, as well as in operations on man, whether acupressure really fulfils all that has been said of it by its proposer. Whatever be the result, the gratitude of the profession will be equally due to Dr. Simpson for his attempt to introduce an important improvement into the practice of surgery.

PRACTICAL DIETARY FOR FAMILIES, SCHOOLS, AND THE LABOURING CLASSES. By EDWARD SMITH, M.D., LL.B., F.R.S., etc. Pp. 265. London: 1864.

THE popular laudations of Bantingism, Turkish baths, hydropathic wet sheet and water-drenching establishments, and some other like "perfect cures", are, when reduced to their simplest expression, the thanksgiving of gluttony. People eat and drink more than their belly and its members can dispose of: and thereupon, in the due course of things, naturally and properly fall sick—"out of sorts". They can neither eat nor drink with their former degree of contentment, and are angry with the stomach because it is rebellious at being oppressed with work. But eating and drinking are, with the sort of persons we are speaking of, a great business—one of the most important. To be deprived of the privilege and power of "dining" would be fatal to their happiness—would, in fact, be to them a loss of one of the most essential purposes or objects of existence. When, therefore, the *gourmet* has arrived at such a pass; if he cannot dine with satisfaction; if he become painfully obese; if his liver enlarge, and his legs swell; if his breathing be short; if gout attack his joints excruciatingly; and if other of the luxurious evils attendant upon "good living" fall upon him,—he naturally looks around for relief from his woes; and he requires a peculiar relief. It must be of a kind which shall allow him quickly to return to his happiness—give him back his stomach. Let his doctor, for example, recommend to him the virtue of abstinence as his rational cure, and very certainly he will never trouble that doctor for advice again. But let his doctor purge him well—Abernethy him with blue pill and black draught—for a few days; disgorge his liver of bile; eliminate lithates, etc., with his urine; and give him a clean tongue and mouth—in fact, an appetite to start afresh with; and he will suit his patient, and have him again. But purging at last becomes irksome, and, what is more, ceases in the end to have its usual effects; and then the *gourmet* has to cast about for further help, but of the same sort—viz., that which shall enable him *revenir à ses moutons*—to go back to his table with a satisfactory stomach. And, consequently, there spring up for his services Herr Preissnitz and his plenaqueous brethren. Under their direction, our *gourmet* will, for the promissory note of a future stomach given him, put a check on his appetite; live for weeks on bread, and beef, and water; breathe fresh mountain-air; take good walking exercise—in fact, eat and drink like a reasonable creature. All this restraint he freely and hopefully undergoes for the time; and then returns to the city, lauds the water-cure to the skies, and abuses the doctors!

The Turkish Bath is another refuge for the glutton. By exciting an excessive action of the skin, this pleasant and luxurious remedy enables him, at all events for a time, to counteract the material evils of gluttony. Instead of blue pill, he takes a sweating. What a capital thing! It makes one light as a bird. What an appetite it gives one! But even the Turkish Bath is not an immortal remedy for gluttony; its virtues, like that of all unnatural operations, must come to an end. An overstimulated skin cannot be flogged into extra action beyond a certain point. And so our poor *gourmet* is again thrown on his beam-ends.

Thanks to the shade of Daniel Lambert, then comes panting to his aid the immortal Banting—last in the field of diet-teachers, and yet the most esteemed! "Listen to me," says he. "I neither purge you, nor sweat you, nor ask you to drink water and eat dry mutton, nor swelter in cold sheets, nor live in the outer regions of civilisation; but I will let you have capital eating and drinking, and, in truth, make your indulgence of your stomach your very means of cure. A fine and elegant, but carefully selected *cuisine*, shall be your remedy." Need we say that the men of fat and feeding fall down and worship and believe in Banting and his golden calving for the appetite?

Then there is another sort of human beings, and they also suffer through their stomachs; and, unfortunately, they are a much larger class than the one we have been speaking of. They suffer, not through a surplus, but from a deficit, of food; or suffer from an ill-chosen regimen; and it is with this class that Dr. SMITH has to deal. His work, he says, "is intended to be a guide to heads of families and schools in their efforts to properly nourish themselves and those committed to their care; and also to clergymen and philanthropists who take an interest in the welfare of our labouring population."

That such a book is wanted, every medical man knows well. The mischief done, the seeds of disease laid, through ignorance in proper feeding, is very great in schools, and especially in female schools. The bad management of infants is also a well known fact.

In the first part of the work, Dr. Smith treats of the Elements of Food required by the Body, and the Qualities of Foods. In the second part, the Dietary of Families, of Schools, of the Labouring Classes, is detailed at length. The last two chapters, upon the Dietary of the Labouring Classes, are of particular value. They show how the labourer may turn his money to the best advantage—how he may extract from his hard-earned wages the greatest amount of nutritive materials.

Though written mainly for non-professional readers, the book has an exact and philosophic style; and certainly no person in the kingdom is more entitled to write upon the subject of diet than Dr. Smith is. We will venture to prophesy that the book will find as great favour within as outside the profession; and for the reason, that it contains a very large amount of information which the medical man requires to know, and gives the information in a concise and philosophic form.

Progress of Medical Science.

MEDICINE.

Poisoning by the Endermic Use of Atropine. Dr. H. Ploss of Leipsic relates the following case. A man, aged 33, had an affection of the larynx, which Dr. Ploss regarded as being of a syphilitic nature. Another physician, however, being called in consultation, decided that the case was one of simple laryngitis, and ordered a blister to be applied round the neck, to be dressed on the following day with an ointment composed of 15 parts of sulphate of atropine to 700 of lard. Dr. Ploss expressed his fears as to the effects of this; but his remonstrances were not attended to. Some minutes after the application of the ointment, the patient suddenly sprang from his seat, in a state of undescribable anguish; he ran about the room, crying out that he was suffocated, that everything appeared black before his eyes, and that he felt as if he were being strangled. He violently tore off the dressing; and threw himself on his couch, his eyes fixed and his face fiery red. Dysphagia and dyspnœa increased more and more; clonic convulsions of the limbs set in, resembling those of chorea; the breathing became very frequent; the pulse rose to 140 or 150; the patient could not utter a word. An attempt was made to bleed him; but this could not be done on account of the constant convulsive movements. It was equally impossible to introduce anything by the mouth or by the rectum. The breathing soon became interrupted, the pulse thready, and the patient died, scarcely two hours after the application of the ointment. (*Zeitschr. für Med., Chir., und Gebürtsh.*; and *Gaz. Méd. de Paris*, 22 Octobre, 1864.)

Ether as an Anthelmintic. M. Lortet, in a paper read before the Société des Sciences Médicales at Lyons, proposes to destroy tapeworms by anæsthesia. He was, he says, one day assisting the late M. Bertolus in an experiment on a dog; when, the animal having been asphyxiated by the ether vapour, a mass of tæniæ rolled together were found in the lower part of the rectum. On being placed in water, at about 104° Fahr., they revived and swam about. This experiment has been several times repeated by M. Lortet, always with the same result; and he has, therefore, been induced to use ether as an anthelmintic in man. He has given it in five cases; and in all the tænia has been passed without pain, entire or nearly so, and always with the cephalic end uninjured. The dose of ether is sixty *grammes* (about two ounces), in capsules or mixed with syrup, followed in two hours by an ounce of castor-oil. (*Gaz. Méd. de Lyon*, 1 Janvier, 1865.)

Tartarised Antimony in Uræmia. Dr. Lange of Kœnigsberg recommends the use of tartar emetic in uræmia, especially that following acute exanthematous diseases. For adults, thirty *centigrammes* are dissolved in 150 *grammes* of water, and a teaspoonful is given every quarter or half-hour. This treatment appears to have been successful in three cases out of five. One was a weakly child, who had considerable anasarca and ascites, the result of acute nephritis; another was a strong woman, aged 23, who was suddenly seized, during scarlatina, with convulsions, coma, and other symptoms of uræmic poisoning. (*Presse Méd. Belge;* and *Bull. Génér. de Thér.*, 30 Dec., 1864.)

Traumatic Tetanus treated by Opium, Belladonna, and Chloroform: Recovery. A strong young man was admitted into the hospital at Poitiers, with a deep contused wound of the left hand produced by a pistol charged with powder and wadding only. The wound was almost healed on the sixth day, when the patient was seized (November 26) with trismus. Rest was ordered, and syrup of belladonna was given every two hours. On November 29, the trismus had not increased, but there was some stiffness of the dorsal and abdominal muscles. Anæsthesia was produced by chloroform twice on this day; and three times on the following. There was still much rigidity of the muscles of the trunk, and also constriction of the pharynx and consequent dysphagia. On December 2, chloroform was again given three times. On each occasion on which anæsthesia was produced, it was followed by abundant sweating, and the pulse fell from 70 or 80 to 45, and even 40. On December 3, the jaws were almost free. An opium pill was given every two or three hours, and the chloroform was continued. On the 9th, the patient had a febrile paroxysm in the evening, and eight grains of sulphate of quinine were given. The rigidity of the abdominal muscles did not completely cease until the 28th December, the treatment already described having been continued throughout. (*Journ. de Méd. de Poitiers*, and *Bull. Génér. de Thér.*, 30 Decembre, 1864.) In this case, as the reporter in the *Bulletin* remarks, it is difficult to say to which of the remedies employed the recovery was due. The occasional assumption by tetanus of a chronic form, and the consequent greater probability of the patient's recovery, must also not be forgotten.

Lead-Colic treated by Sulphur. M. Guibout of the Hospital Saint Louis, had recently two cases of lead-colic, in which he administered the usual remedies without success. He then gave them sulphur in daily doses of sixteen *grammes*, to be taken in honey or water. Both patients recovered. M. Guibout promised to make further experiments, and lay the result before the Academy of Medicine. (*Bull. Génér. de Thér.*, 15 Decembre, 1864.)

Pathological Complications of Chronic Rheumatism. According to M. Cornil, chronic rheumatism, as well as acute, may be complicated with disease of internal organs. He sums up a long memoir as follows:—1. Diseases of the heart, especially acute or chronic pericarditis, may be met with in cases of chronic articular rheumatism; and, if their occurrence has not hitherto been generally recognised, it is be-

cause of the difficulty of diagnosing them during life. 2. Diseases of the urinary organs—cystitis, pyelonephritis, and consequent atrophy of the parenchyma of the kidneys—are frequent enough in the course of this disease. 3. In some cases, there may be chronic albuminous nephritis. 4. In almost all cases, at an advanced period of the disease, there is dyspepsia, characterised by want of appetite, vomiting, and diarrhœa. 5. There is produced a peculiar cachexia which favours the production of gangrenous eschars and extensive suppuration, with loss of skin. (*Gazette Méd. de Paris*, No. 39, 1864.)

Syphilitic Pulmonary Disease treated by Iodide of Potassium. To the observations which have been made in recent years on the syphilitic affections of internal organs, Dr. Aynard adds the following. A man aged 27 had in 1861 a chancre on the penis, which was slow in healing and was accompanied by a bubo in the left groin, which ulcerated after a long time. The patient then had abundant discharge from the inguinal region, a copious pustular eruption on the lower limbs and on the scalp; the uvula was destroyed, the tonsils were injured, and the right testicle, having enlarged and suppurated, was obliged to be removed by the *écraseur*. He was also seized with frequent cough and hæmoptysis. Dr. Aynard, on seeing him, found that he had an icteric tint, extreme emaciation, profuse night-sweats, diarrhœa, constant cough, and hæmoptysis. There was a hollow sound on percussion beneath the right clavicle, and strongly marked dulness of the entire posterior and upper part of the left lung: on auscultation there were heard distinct cavernous respiration on the right side and large mucous *râles* in the left. There were also squamous patches on the hands, ulcerative inflammation about the roots of several nails, and commencing œdema of the feet. Iodide of potassium was given in doses of 15 *grammes* daily, and a tonic regimen, with quinine and nitrate of silver as external applications were ordered. The patient's state was much improved in the course of a month; and he ultimately made, according to Dr. Aynard, a perfect recovery. (*Journ. de Méd. de Bordeaux*, and *Bull. Génér. de Thér.*, 30 Nov., 1864.)

Treatment of Scabies. Dr. Metzl recommends the application of phosphuretted oil. This is made by boiling, in a vessel closed by membrane, two drachms of phosphorus in a pint of olive oil, and decanting when cold, so as to separate the undissolved phosphorus. (*Journ. de Méd. de Bruxelles*, and *Gaz. Méd. de Lyon*, 16 Nov., 1864.)

The Use of Phenic Acid in Medicine. M. Déclat, in a memoir read before the Academy of Sciences, dwelt principally upon the action of phenic acid as a local application to sloughing wounds, on which the action of the acid appears to be most remarkable. He also mentioned a case of epithelial cancer of the tongue, in which it appeared to be effecting a perfect cure. As an injection in some affections of the bladder and the genito-urinary organs, it also seemed to produce most beneficial effects. In obstinate eczema and other skin-diseases, a lotion of the acid appeared to be most useful; while, as a general and local disinfectant, it seemed unequalled. Lastly, he mentioned two cases of croup, in which the effects were most striking.

Stavesacre Ointment in Skin-Diseases. At a recent meeting of the Pharmaceutical Society, a paper was read by Mr. Balmanno Squire, on a New Form of Ointment of Stavesacre, and its Application in certain Skin-Diseases. Mr. Squire believed that prurigo senilis was the consequence of the presence of the common louse, *pediculus corporis*; and that the best thing for getting rid of the parasite and curing the disorder was an ointment of stavesacre. But stavesacre-seeds contain a good deal of oil, and are difficult to powder; and ointment made from the crushed seeds is an inconvenient and inelegant preparation. Mr. Squire had found, however, that the oil expressed from the seeds contains all the active properties; and when mixed with lard and a little white wax, to give consistence, it makes an excellent and useful ointment. A preparation nearly as effective, but not so white, can be made by digesting the crushed seeds in hot lard for some hours, and then straining. This ointment, though not so good as the former, is very useful for itch.

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, JANUARY 21st, 1865.

OUR PROFESSIONAL BRETHREN.

The case of Pryce *v.* Bowen will become a very important precedent. Never, perhaps, has the voice of the profession been more unanimous in the condemnation of the inconsiderate giving of that kind of medical evidence in law courts, which unjustly injures, or tends to the injuring of, a medical brother. Mr. Lund's explanation will, we fear, hardly satisfy his readers; and he will not be surprised if it do not, inasmuch as he himself confesses a regret that he "touched the case at all." Sincerely do we trust, that this incident will be a warning in the future to any medical man who may be tempted, either by a love of notoriety or a glittering fee, to enter the witness-box against a medical brother, unless the cause be one in which justice and honourable sentiment require his presence there. Far be it from us to preach the doctrine, that a medical man is never to appear in a law court to condemn the doings of a professional brother. There may be occasions when it would be a dishonour not to give evidence against him. What we judge as unpardonable is the conduct of those who, without sufficient knowledge of the facts, or upon a non-professional *ex parte* statement of facts, lend their voice and what influence they possess to the condemnation of the practice of a medical brother. Such conduct is utterly without excuse; for its consequences may be, and are, actually a serious calamity to a professional man, may ruin his reputation, and always heavily tax his purse—and all this, even when it may

be proved in the court that he has done his duty honestly and well, and as a man of science should do it.

Let there be no mistake about the matter. Whoever enters the witness-box as a medical expert, to give evidence against the practice of a medical brother, accepts the responsibility of the prosecution. Without his evidence and countenance, the action could never be brought into a court of law at all. Unless a medical man can be found to back the complaint, the complaint must drop to pieces in the lawyers' hands long before it comes into court. On the prosecuting medical man's head, therefore, must, in the court of professional opinion, rest any injury wrongfully done thereby to a professional brother; and most properly does the profession call such a man before its bar to answer for his conduct.

We may be asked, But how is a medical man to know when he ought to appear in court and condemn a medical brother's practice, and when he should abstain? We answer, that there can be little difficulty in finding a fitting answer to the question, if the man be only disposed to find it. If he seek a solution of the question (as a matter of conscience and duty on his part), he will never seek in vain. And if he owe a duty to his conscience in that way, to protect the interests of the sick, let him remember, also, the duty which is required of him by his conscience towards his professional brother. Let him remember how hard it is to judge fairly of another man's practice or conduct of a particular case, of his treatment of a case; and how impossible it is to do so honestly on the mere strength of non-professional evidence. Let him settle this also with his conscience, that, if he accept a retaining fee, he thereby drags his brother into a law court, gives his countenance to the accusation, and so, indirectly or by implication, admits its truth.

We will venture to affirm, that there never will be the slightest difficulty, wherever there is the will and the wish, in knowing when a medical man should abstain from witnessing against a professional brother's conduct, and when he should honestly enter the box and publicly denounce it. The mere consent on the part of a medical witness to appear in the case supposed against a professional brother, even though his evidence when given be not injurious to him, is, for the reasons here stated, perfectly unjustifiable. All the lawyer wants is the name of a respectable medical man as a witness. Without that name he could not get up his case; with the name he can bring the action into court. And what satisfaction is it, that the medical witness should say, when the trial is over, "Oh! I said nothing against you. My evidence was given on the assumption of certain hypotheses, which have been now shown to be untrue. My evidence has done you no harm." What retribution is this apology, at the hands of him who has been the means of dragging an honourable and honest practitioner of medicine into a court of law; for having subjected him to the whispers of malevolent tongues; for having thrown suspicion on his capacity or his character; for all the mental anxiety which he has suffered; and for the heavy pecuniary expense with which he has been saddled? The profession has now, through the bold out-spoken proceedings of the medical men of Liverpool, declared that it will accept of no such apology; and it has done well. Whoever accepts the position of prosecuting surgeon in such a case, must accept also the indignation of his professional brethren.

THE DOCTOR A SCAPEGOAT.

The judgment of the Poor-law authorities on the case of Timothy Daly, whose death was supposed to have been hastened by neglect or bad treatment while he was in the hospital of the Holborn Union workhouse, has not yet been given; nor are we altogether bound to accept that judgment, whatever it may be, when given. As far as we can judge from the case as it stands, this is just another of the instances in which the doctor is made a scapegoat when a too striking example of the hardships—we may say, in some cases, of the cruelties—of the Poor-law system, comes before the public. The Poor-law guardians pay their medical officers shamefully, and they know they do so; and they also know that no work—we mean regular business—ever is or can be done properly, which is not properly paid for.

Now here is the case of a gentleman who has undertaken to do work of a most serious and arduous kind, for remuneration which every one must know to be perfectly inadequate to the amount of work done. The Poor-law guardians of the Holborn Union must be as well aware of this as we are. We find that the salary of Mr. Norton is £100 *per annum;* and that out of it he finds drugs, which cost him, he says, about £20 a year. He has, on an average, 120 patients on his books in the house; and of these, about forty require daily attendance. Consequently, Mr. Norton attends daily forty patients, at the rate of about 4*s.* 6*d.* a visit; that is, the guardians pay him about one penny per patient for each visit. For twelve daily visits to Timothy Daly, he would, therefore, have received little more than one shilling!

One of the daily papers has, we are very glad to see, taken this plain matter of fact view of the case, and has thrown upon the shoulders of the system any defect which may have existed in its administration in this particular instance.

"In that one adjective, 'slovenly', lies the whole gist of this Tragedy of Error. From beginning to end the new Poor-law has been worked in a slovenly manner. The demon of slovenliness has sat brooding, like a ghoul on a sepulchre, over every union workhouse in the country. The workhouse pauper is

looked upon as something between a criminal and an object of sympathy, but more of the first than the last. The dietary scale for adult and juvenile paupers was drawn up by the most conspicuous political economists in England. It is low in quantity, but it is sufficient to support nature. In the treatment of the destitute, the sick, and the infirm, this same and most accursed system of slovenliness is to the full as apparent. The infirmaries and sick wards are throughout slovenly. They have no medical status; they are not schools of science, like the hospitals. The doctor is underpaid and overworked; the nurses are ignorant. What are termed 'hospital comforts'—wines, beef-tea, jellies, and the like—are administered either when they are not required, or when they are too late. Far different is it in our hospitals, where the meanest and raggedest are tended and cared for by the wisest and best physicians and surgeons of whom England can boast, and are treated as though they were princes of the blood."

It is painful to think that in this case, again, the first person who threw a stone at Mr. Norton, and exposed him (as we believe, without any just or sufficient cause) to all this painful scrutiny, and to the most cruel and unjust condemnation (before hearing) of a part of the press, was a medical man. It is painful, again, to have watched through this inquiry the arts of the advocate practised against his medical brother by a member of the profession. It is painful also to notice that, in a case manifestly so greatly complicated, medical brethren should have been found who were not willing, apparently, to give their unfortunate brother the benefit of any doubt. If the evidence be correctly reported, some of the medical facts, which were honestly capable of a very different construction, were to our mind most unfairly stretched against Mr. Norton. Let the history of Timothy Daly be briefly considered.

On the 29th of October he was admitted, suffering from acute rheumatic fever, to the Holborn Union. He was in such a weakly state that he had to be helped up the stairs by men, to be placed in the sick-ward. In this workhouse infirmary he remained more than six weeks; and on December 14th was taken to Union Court, where he lay, tended by a very kind landlady, and assisted by his wife, until the 22nd, when he was removed to St. Bartholomew's Hospital, where he died on December 23rd.

The case supposed against Mr. Norton is, that the man died from bed-sores; and that the bed-sores were the result of his neglect. Happily, however, Dr. Goodfellow, to his very great credit, stepped in here, and proved, we trust to the satisfaction of the Poor-law Commissioners, that in some such cases—and this was manifestly just one of the sort—bed-sores will happen even when the highest art and all appliances are engaged in the attempt to prevent them. Most properly, also, did Dr. Goodfellow lay stress on facts which had been too lightly estimated, not to say unfairly passed over, by others, as aiding causes of death. He referred to the signs of acute pleurisy and cardiac affection.

"When I first read an account of the case of Timothy Daly, I could not avoid coming to the conclusion that some remarks as to the impossibility of bed-sores occurring in the course of acute rheumatism with heart complications, if well and carefully nursed, were unfair to the medical officer of the Holborn Union; that, although unacquainted with that gentleman, I offered to give evidence which would tend to show that even with as good nursing as hospitals usually afford and constant medical supervision bed-sores of a very formidable character will exceptionally, though very rarely, occur. I meant to have adduced two cases that occurred in my own practice at the Middlesex Hospital during the last ten years, in which deep sloughing bed-sores had formed. The subjects of the disease were about the same age as Daly; the rheumatic attack was unusually severe and it was complicated with cardiac disease (pericarditis) and pleuropneumonia. It seemed to me also from a careful reading of the evidence and of the *post mortem* report of Dr. Andrews that the poor man's improvement could not have been so great as was reported after his leaving the infirmary, for in the first place he bore the removal from the workhouse to his lodgings without material suffering, while that from the latter to St. Bartholomew's Hospital in Dr. Andrew's opinion hastened, if did it not immediately cause, his death. In the second place, it appears plain from the *post mortem* report that the pleurisy was of recent date, and without doubt came on after his removal from the workhouse."

Dr. Goodfellow's views of the case seem just and reasonable, and clearly exculpate Mr. Norton from blame in this particular case. To suppose or pretend that patients in workhouses have all the care and attention and comforts that patients in ordinary hospitals have, is to make a gratuitous pretension, which everybody knows to be untrue. If there be a failure, let the workhouse system be called to account. To cast a stone at the medical officer is simply to make a scapegoat of him. At least, his medical brethren should not be the first to cast a stone at him.

The Times, since the above lines were written, entirely endorses our opinion, and has done the *amende* to Mr. Norton by confessing that the blame cannot be placed upon any individual.

"It will, we think, be seen from this review of the case that the matter cannot be fairly settled by laying the blame upon any individuals alone. The evidence leaves an irresistible impression, that though everything may be done fairly well for a workhouse, yet the whole system is scamped in every corner and by every one who has to do with it. Mr. Norton, for example, has on his books an average number of 120 patients, forty of whom require daily attendances; and for this amount of work he is paid by the guardians £100 a year, and out of this sum has to find his own drugs, which amount to £20 a year. No doubt when a man undertakes an office of his own consent, even upon such terms, he is bound to discharge it as thoroughly as if he were amply remunerated; but, as a mere matter of human nature, the guardians must know perfectly well that, if they want the medical duties of the workhouse to be thoroughly performed, they must offer a higher salary. Theoretically the doctor may order as much as he likes, but practically he knows he must keep within limits. Mr. Norton, for instance, says that the guardians have privately inquired of him how he ac-

counted for so much wine being used in the infirmary. Add to this the unpaid nurses and the beds barely long enough, and we have a picture of an administration the main and constant object of which is to spend as little as possible. This it was that was so disastrous in the present case. The patient was in a state in which he required generous and liberal treatment, and he received only a cheap and measured one. Such an instance, and the system which makes it possible, are a disgrace to the administration of our Poor Law; and the Poor-law Board will, we trust, set its face against all similar abuse of the duties of guardians."

The Council of the Royal College of Surgeons has again refused to do an act of simple justice to the great body of its Fellows. It has been urged a second time by the British Medical Association to take the requisite steps in order to enable all the Fellows of the College—country as well as town—to have a voice in the election of Councillors. At the present moment, the election is virtually in the hands of the London Fellows. Why should it be so? Have not the country Fellows as great an interest in the welfare of the College as the London Fellows? Are they not quite as likely to vote (freed from party feelings and personal likes and dislikes) for the most worthy men? Not to give the country Fellows a vote—for to refuse them the power of voting by papers, is virtually to deprive them of the power—is a declaration that the Fellows are unworthy of, or incapable of, properly exercising the privilege of electing Councillors. Or, we must assume that the Council will not give them the privilege, because of the expenses which would be involved in obtaining the required alteration of the Charter. But has the College come to the pass, that with an enormous income of thousands a year it is unwilling to expend a hundred in doing a great act of justice? We may, at all events, prophesy, that though the Council refuse to do it now, it cannot much longer prudently resist the performance of so plain a duty. The following is the answer returned to the Secretary of our Association by the Council.

Royal College of Surgeons of England, 13th January, 1865.

Sir,—The President has laid before the Council of this College your letter to him of the 19th of September last, together with its accompanying memorial of the 15th of September last, from the President and members of the British Medical Association, again bringing before the notice of the Council of this College "the general dissatisfaction" of the Fellows and members of the College at the mode of electing the Council, and requesting "that the Council will be pleased to obtain a new or supplemental Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford and Cambridge, in their election of members of Parliament."

I am desired to acquaint you, in reply, that the Council of this College, having taken the same into consideration, sees no reason to alter its opinion upon the subject, as communicated to you on the 24th of November, 1863.

I am, sir, your obedient servant,

Edm. Belfour, *Secretary.*

To T. Watkin Williams, Esq., General Secretary, British Medical Association.

We are glad to hear, in the interests of humanity, that Bethlehem Asylum may possibly even yet be removed into the country. It is surely impossible to offer one single solid reason for its retention in the metropolis. But the reasons why it should be placed in the country are too obvious to need any detailing. The only suggestion of a valid kind made for its retention where it is, is that it offers a receptacle always at hand to receive the insane. But this has been answered by the proposal, that a reception-house, or a ward attached to some public institution, should be established in London to receive patients, to be subsequently transmitted into the (proposed) country asylum. Summarily, the advantages of a country residence for lunatics are: diminution of expenses of keep; pure air, which promotes mental as well as bodily health; country walks, quietude, cheerful prospects, and garden occupations—healthful country recreations—benefit disordered minds. In Brussels, there is attached to St. John's Hospital an *annex*, with a small enclosure, where insane patients are received and temporarily treated before they are drafted off to Gheel or some public asylum. And just the same *annex* might be established in London to receive patients for Bethlehem. The manifest wisdom of removing asylums from crowded cities into the country has been practically admitted by most of the capitals of Europe. If Bethlehem do not migrate, London will have to blush that it is the only capital in Europe which retains its public asylums immured in smoke, surrounded by buildings, amidst a dense population; in fact, which treats and keeps its lunatics much as it treats and keeps its prisoners. By removal to the country, a flood of healthy light would be thrown upon this splendid asylum and its very large revenues. And we doubt not, amongst other discoveries made thereby, it would soon be found that its monetary capacity of relieving suffering would be very greatly increased.

Dr. T. H. Barker of Bedford has given, in a paper read before the Social Science Association at York, some very useful hints on the subject of Town and Village Kitchens for Sick Poor Cookery.

"It has often been my lot" (he says) "to regret the bad and inefficient cookery of the poor, in the agricultural district in which I live. In health, their cooking processes are by far too restricted; but in sickness, their ignorance of cookery is truly lamentable. It is difficult to get the commonest articles of diet for the sick-room—such as oatmeal gruel—properly prepared. The plan now suggested is the establishment in towns and villages of well appointed kitchens, under the direction of medical men, for the

upply of suitable food to the sick poor, and to poor ing-in women. These kitchens could be established connection with: 1. The hospital, the infirmary, the dispensary, in towns, or with the village hospital, where such already exists; or with—2. Some isting school, institution, or—3. As separate and stinct institutions in towns or villages, on a scale pendent upon the income."

Dr. Barker then details the way of carrying out ese kitchens; and lays down rules for their anagement.

"Steps" (he adds) "have lately been taken to establish two kitchens (in town and village) of the kind ow suggested. On another occasion, I may, perhaps, give an account of their management, etc. In e meantime I shall be most happy to give all the formation in my power to any one desirous of establishing such an institution."

No one can praise too highly the establishing of itchens in connexion with dispensaries and hospials, and for this plain reason, that proper food is, in great many out-door patients, of much more imortance than mere drugs; that drugs, without such od, are often quite unavailing for the cure.

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a pamphlet entitled *The Painless Extinction of ife in Animals Designed for Human Food*, Dr. acCormac recommends the use of carbonic acid the means of destroying the animals. He would ve them killed just as dogs are in the Grotto del ane. Afterwards they might be let blood; but is he objects to on account of the loss of food enailed thereby. It does not appear that he has perimentally tested his proposal.

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t the annual meeting of the Parisian Surgical ociety, the *éloge* of Mr. Guthrie was pronounced by e Secretary, M. Legouest. M. Legouest related e life of Mr. Guthrie, followed him through the mpaigns of Spain and Portugal from 1807 to 313, and represented him as assisting the wounded Waterloo. His eulogy appears to have excited e jealousy of the critic, who thus speaks of the scourse.

"He showed us Mr. Guthrie in private life, in prite practice, rich, honoured, and esteemed; he oke of him as an army surgeon in the field, as a vil practitioner, as professor, as operator, and as e author of remarkable works. And yet, who was ere, of those listening to M. Legouest, who could ast that he knew the English surgeon as writer, as erator, as professor, as military surgeon, or as ivate practitioner?"

Poisonous Herbage. Specimens have been brought Sydney of the poisonous bush that has proved so estructive to sheep passing through the desert to e north. Messrs. Devlin and Simpson lost no less an 2,200 sheep from eating this bush. Mr. Devlin scribes it as a pretty shrub, about four feet high, ith a bright scarlet pea blossom. The botanical ame is *Gastrolobium grandiflorum*, and it was first scovered by Stuart in Arnheim's Land.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Bath and Bristol. [Ordinary.]	Victoria Rooms, Clifton.	Wednesday, Jan. 25, 7.15 P.M.

MEDICAL PROVIDENT FUND.

The following contributions have been made towards the Guarantee Fund.

	£.	s.	d.
Amount already announced	576	16	0
London and Middlesex:			
Dr. G. T. Gream	21	0	0
Cæsar H. Hawkins, Esq., F.R.S.	10	10	0
Cumberland:			
Dr. S. Lockie (Carlisle)	1	1	0
Essex:			
Henry Laver, Esq. (Colchester)	1	0	0
Hampshire:			
John Covey, Esq. (Alresford)	5	5	0

Further contributions will be announced.

Gentlemen desirous of contributing to the Guarantee Fund, will oblige by forwarding their names and the amount of their donations, either to the Chairman (Dr. Richardson, 12, Hinde Street, Manchester Square, W.); or to the Secretary (Dr. Henry, 15, George Street, Portman Square, W.)

B. W. Richardson, M.D., *Chairman.*
Alexander Henry, M.D., *Secretary.*

London, 19th January, 1865.

WEST SOMERSET BRANCH: QUARTERLY MEETING.

A quarterly meeting was held at Clarke's Castle Hotel, Taunton, on Wednesday, January 11th, at 7 P.M.; Henry Alford, Esq., in the Chair.

Letters from the President, Dr. Kinglake, and from several other members, expressing their regret at being unable to attend, from illness and other causes, were read.

New Member. A. G. Cox, Esq., of Crewkerne, was elected a member of the Association and of the Branch.

Medical Provident Fund. A letter was read from Dr. Henry; and, after some discussion, it was resolved, that the subject of electing a Director to the Provident Relief Fund, be proposed to the annual meeting.

Communications. The following communications were read:—

1. The effect of Iodine in retarding the Growth of the Fœtus, and its application in Cases of Deformed Pelvis. By Hugh Norris, Esq. This paper elicited an interesting discussion. Mr. Norris was requested to send his paper for publication in the Journal.

2. Mr. S. Farrant gave the result of his experience of the use of Tincture of Digitalis in Delirium Tremens. He had found that when given in three-drachm doses (P.B.), very speedy and marked beneficial effects followed. If the tincture was good, the patient was often tranquillised almost immediately, and fell asleep in an hour or two; if not, a second and third dose were administered at intervals of five or six hours, until sleep was induced: and this successful result never failed to happen; and he *never* observed any depressing or injurious effects follow.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the Old Library, Birmingham, on Thursday, January 12; FURNEAUX JORDAN, Esq., in the Chair.

Paper. The following paper was read:—

On Holt's Treatment of Stricture of the Urethra, illustrated by several successful cases. By J. S. Wilders, Esq.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 7TH, 1864.

HENRY OLDHAM, M.D., President, in the Chair.

PROFESSOR Pajot, Professor Hecker, and Dr. Marion Sims, were elected Foreign Honorary Fellows; and two ordinary Fellows were elected.

Specimens. Mr. GAYTON presented to the Society a pair of forceps with a spring-racket attached to the handles, as made at his suggestion, and employed by himself on many occasions without a still-birth.

Dr. BARNES exhibited a piliferous cyst of the ovary.

Mr. BAKER BROWN showed a large fibroid tumour and uterus, the latter containing a large mass of fibroid growth to which the ovaries were adherent, and enlarged by cystic disease. It was proposed to remove only the large mass. Upon opening the abdomen the tumour was found to be pendulous, attached to the uterus by a very small pedicle. This was divided by the *écraseur*, but profuse bleeding ensued; and it was then considered advisable to remove the whole uterus and ovaries in one. This was done, the cervix uteri being transfixed by two ligatures an inch and a half from the os, and each broad ligament being pierced with a needle and tied with strong twine. After the removal of the mass it was found that the ligature of one of the broad ligaments had slipped, and that bleeding was going on. It was taken up with the vulsellum, and a second ligature applied. The external wound being closed, the patient went on very well for ten hours, when, suddenly vomiting, she became faint, and shortly afterwards died. It was found at the *post mortem* examination that bleeding had taken place from a portion of the broad ligament which had not been included in the second ligature. Mr. Brown remarked that in any future case he should tie the broad ligament with a double instead of a single ligature, to prevent the possibility of slipping.

Dr. GRAILY HEWITT exhibited Dr. Marion Sims's modification of Chassaignac's *écraseur*, which did not arrive in time for the last meeting.

On Puerperal Embolism. By W. F. WADE, M.D. (Birmingham.) The author reviewed the history of the disease, which he took as a real evidence of the progress of medicine. He entered into a description of its nature and varieties, and gave a sketch of Virchow's doctrine and of his experiments upon the production of embola. He then described a case which had occurred in his practice, in a woman suffering from phlegmasia dolens, who was suddenly, during exertion, seized with severe dyspnœa three weeks after her delivery. The pulse was feeble; skin cold and clammy. This state continued, but became each day more severe, for a fortnight, when she died. As was prognosticated, a large clot was found in the pulmonary artery, extending from the third or fourth ramification.

Dr. GREENHALGH stated that cases of fatal embolism after parturition were rare. He had met with but one case in his own practice. It occurred in a very healthy young lady, who had been confined of her first child. She had had a perfectly normal labour, not followed by hæmorrhage or any untoward circumstance beyond some acceleration of the pulse on the third day after delivery. She was suddenly seized during the evening of the sixth day after her confinement with severe dyspnœa, acute agony in the cardiac region, and intense mental excitement, speedily followed by alarming prostration and death in less than three hours. No *post mortem* was made.

Dr. BALLARD asked if there had been any febrile disturbance in Dr. Greenhalgh's case.

Dr. BARNES observed that the history of this case and of others in which embolism followed upon phlegmasia dolens had an important bearing upon treatment. Thus it was usual, after the subsidence of the acute symptoms of phlegmasia dolens, to rub the affected limb with the view of promoting absorption and supplying passive exercise to the muscles and other tissues. It might be that this friction would favour the detachment of a clot from the femoral vein, which being thrown into the circulation would constitute "embolism." This danger should be borne in mind. He thought the connection between a febrile state and clotting or thrombosis, suggested by the question of Dr. Ballard, was very frequent. He believed in most cases of phlegmasia dolens there was a pre-existent abnormal state of the blood which predisposed to coagulation. He (Dr. Barnes) had gathered up in his memoir on Thrombosis and Embolia, published in the Society's *Transactions*, vol. iv, most of the information at the time extant upon the subject. Since then, however, our information had been considerably enlarged by the publication of new cases.

THE BEST MODE OF DELIVERING THE FŒTAL HEAD AFTER PERFORATION.

BY J. BRAXTON HICKS, M.D., F.R.S.

In introducing the subject of this paper, the author said that, notwithstanding the employment of premature labour and version, cases would occur in which it was either necessary or desirable to perforate. He pointed out that the subject had of late years not received the attention it deserved. He alluded to the disputes which arose upon Dr. Osborn's case of E. Sherwood, when that physician asserted he could draw a child's head through a brim having an inch and a half antero-posterior diameter, by tilting the base of the skull sideways, and concluded that Cæsarean section might be done away with. The disputes which followed were so acrimonious that the valuable points elicited by Drs. Hull, Hamilton, and Burns were, to a certain extent, lost sight of, at least as far as they were calculated to give any rule in practice. Dr. Burns in particular deduced from his experiments that, the calvarium of the fœtal head being removed, the base of the skull could be drawn down easier face foremost than in any other direction. With this the author's experiments entirely agreed. And he pointed out further the advantage of the chin pointing anteriorly during the descent. He further instituted a comparison between the opposing diameters when the face is made to present and the other modes of drawing down the base of the skull. He then proceeded to answer the inquiry: if in cases of extreme lessening of the antero-posterior diameter, it is best to cause the face to present; and if, after simple perforation, it is best to continue vertex presentation, at what degree of reduction of the size of the head do the two presentations cause equal obstruction? This he answered by the results of experiments, which

night be thus concisely stated. That, as is acknowledged by all, vertex presentation in natural labour is the best; and that after perforation and evacuation of the brain up to the extent of one-fourth, this rule holds good; yet if the evacuation of the brain and collapse of the calvarium by this means, or by more or less fracturing the bones, be carried to a greater degree, we find that the facial presentation affords the easiest mode of delivery, provided that the mentobregmatic falls beneath the bizygomatic diameter. And further, that if we remove the whole calvarium, leaving merely the base, and then induce face presentation, taking care that the chin, as it descends, points anteriorly, we diminish to the smallest possible amount, short of wholly breaking it up, the opposition of the head, leaving only from one to one and a half inch in depth to oppose the conjugate diameter of the brim, and from three to four inches at the outside to oppose the transverse. The author, as practical deductions from these facts, recommended that in cases where simple perforation failed, to allow the descent of the head in cases of obstruction,—say above three inches antero-posterior diameter,—to break up purposely and carefully the bones of the calvarium, and remove at least a portion, preserving the scalp as protection to the edges, and then to induce face presentation. That when the diameter was under three inches, then to remove all the calvarium and then to induce face presentation, taking care to bring the chin forwards, if not already in that direction. Dr. Hicks then pointed out the facility of doing this with a small blunt hook, which could be readily and without chance of injury passed up to the orbit. The chin he had found had a tendency to point anteriorly upon being drawn down. He then entered upon some useful details, and compared this mode of craniotomy with the cephalotribe. He remarked that by this means, in deciding upon whether craniotomy or Cæsarean section should be performed, the head was not so much to be considered as the size of the body, in cases of brim obstruction.

The paper was illustrated by eight cases of craniotomy, six of which were required for contraction of the conjugate, and two for obstructions in cavity. In all the induction of face presentation was attended by instant and complete passage through the obstacle. In some of the cases the shoulder and pelvis of fœtus have more difficulty than the head. The paper was accompanied by details of the experiments.

Dr. GREENHALGH considered that the author had done much service to the profession by bringing the subject forward in such a scientific and practical manner. He drew attention to the dangers attending cases of extreme deformity of the brim, remarking that there was a wide difference between extraction and safe extraction, especially (as is often the case) where the passages are swollen and inflamed. He called to mind the occasional difficulty of entering the skull with the perforator, and quoted a case where this was almost impossible. He thought, from a case which he had seen at Vienna, that he should use Braun's cephalotribe in a future difficulty. He had, in a case where the whole vault of the calvarium had been entirely removed before he arrived, delivered by using three crotchets outside of the presenting part.

SPECTRUM ANALYSIS. No less than four new elementary bodies have already been discovered by means of spectrum analysis: cæsium and rubidium, by Bunsen; thallium, by Mr. Crookes; and indium, by Reich and Richter of Freiberg; whilst the foundations of solar chemistry, laid by Kirchoff, have been rendered more secure by the observations of Cooke in America; Donati in Italy; and Miller and Huggins in England.

Correspondence.

PRYCE *v.* BOWEN.

SIR,—Mr. Lund, finding that he has brought upon himself the censure of the medical press, and the just indignation of the whole profession, now comes forward and regrets the consequences which have arisen from his having given an opinion on the case in question, and trusts that the profession will withhold their final judgment until he has made a story for himself.

The first question which naturally suggests itself is, What was Mr. Lund's object in placing himself in the witness-box? Perhaps Mr. Lund will answer this question. He never attended the plaintiff. Had he done so, his conduct would have been excusable, as he could not have helped giving evidence if subpœnaed; but, as he himself tells us in a letter to you published in the JOURNAL of January 7th, he was called to give an opinion in respect of the treatment of the case during the first nine days after the accident, which opinion he founded on the written declaration of the plaintiff, knowing he was sought as a medical expert to give such an opinion as would support the evidence for the prosecution, and so assist in damaging the reputation of a professional brother, and mulct him in damages.

Without going into the difference of opinion given by the different surgeons at the trial, in which Mr. Lund appears to differ from the majority of practitioners, with, perhaps, the exception of Evan Thomas, jun., M.R.C.S., the bone-setter's son,—I must ask, Is Mr. Lund a man of such world-wide reputation that he should consider himself fit to call in question the treatment pursued in the case? I will now just state what the medical press and *Directory* give of the claims both of Dr. Bowen and Mr. Lund to public confidence.

Dr. Bowen was in the Crimea, where he had more opportunities of seeing surgery than most surgeons in civil practice. He afterwards settled at Chester, was surgeon to the Infirmary, and, on succeeding Dr. Dixon at Birkenhead, became surgeon to the Borough Hospital; and so highly does it appear he was thought of in the medical school where he was educated, that Mr. South, the senior surgeon and professor of surgery in the medical school in question, came all the way from London to give evidence in his favour.

Who, then, is Mr. Lund? The *Medical Directory* represents him as a teacher at the Manchester Medical School, and surgeon to the Dispensary attached to the Royal Infirmary; but *not* surgeon to the Manchester Infirmary, as stated in the reports of the trial. Is he, therefore, so much Dr. Bowen's professional superior, that he can call his treatment in question?

Liverpool was canvassed without success; and we must all congratulate Manchester that none of her great names were found in the witness-box of the Liverpool Assize Court in an action for malpraxis against a professional brother.

This, sir, is a question for the whole profession to stand up against. If it were not for the fact that a man of some professional standing had been found to support the evidence of Evan Thomas, the case never would have been brought into court. We all stand on the brink of a precipice. None of us can tell who will be the next, unless medical men resolve to be true to their profession and true to themselves, and strongly deprecate such proceeding in any case in future.

Dr. Bowen, I have been informed, has been put to great expense, although he gained a verdict; and, I fear, as his opponent is only a journeyman cabinet-maker, it is scarcely likely he will even get the taxed costs. It is, therefore, to be hoped that the profession will not let Dr. Bowen be the loser. Dr. Scholfield, of 14, Hamilton Square, Birkenhead, has been appointed to receive subscriptions on Dr. Bowen's behalf. I am, etc., M.D.

Birkenhead, January 11th, 1865.

Sir,—The profession again rejoices in the satisfactory termination of a recent trial, which has already been so fully and so fairly dealt with in your impression of last week.

One point of importance to consider is, the origin of these trials. Do they entirely arise from the evil influence of the local bone-setters? or do our professional brethren occasionally help to give rise to them? I fear the latter is but too frequently the case. How often do dissatisfied patients consult a second "doctor", to ascertain if their bone be set right; and, although this second doctor may refrain from expressing any actually prejudicial remarks, yet he may, by a surprised look, an unsatisfactory "humph", virtually leave the discontented patient even still more dissatisfied. The patient forthwith hurries off to the bone-setter; and, as a matter of course, is informed that everything his doctor has done for him has been wrong; that the bone was either not set right, or not set at all. Such was doubtless the origin of Dr. Bowen's case.

The results of trials against professional gentlemen have of late years been exceedingly satisfactory, and the recent case of Pryce *v.* Bowen particularly so. Yet, while we congratulate Dr. Bowen upon the happy issue of his trial, which must necessarily have involved him pecuniarily in a considerable sum, and occasioned him no little anxiety of mind, we feel bound, on the other hand, to censure his professional brother, without whose support the case could never have been brought into court.

True it is, that out of evil often comes good. The practitioner, in the honest and straightforward exercise of his calling, will now feel more than ever secure from these scandalous persecutions, knowing that his professional brethren will glad rally round and support him in time of need.

I am, etc., X. Y. Z.

Liverpool, January 2nd, 1865.

Sir,—If there is any lesson more important than another to be gained by the case of Pryce *v.* Bowen, it is this, that every member of the profession is bound by every honourable feeling, first of all to protect his brother practitioner from the ignorant and the designing, and to be extremely jealous of siding in any legal action against him without knowing all the facts on both sides, whether personally acquainted or not with the defendant. In such a case, when a young, amiable, and skilful practitioner's reputation is at stake, a man universally loved and respected by his surrounding brethren, which latter would rather have excised their own tongues than have borne witness against him—*in such a case, there ought to be no room for an error of judgment.* I hold that in such a case the prosecuting surgeon is, as you say, "without excuse". Let me suggest that the best reparation which Mr. Lund can make for the error which he now regrets he made is to send his fee towards the expenses of Dr. Bowen. I am, etc.,

A Liverpool Gentleman and M.D.

MEDICAL ERRORS.

Letter from A. W. Barclay, M.D.

Sir,—I am sorry to find that in the letter addressed to myself by Dr. George Johnson, published in the British Medical Journal of the 14th inst., he accuses me of having been unjust in my criticism, of having attempted to dispose of his proposition "by a sneer", and of being "surprisingly inaccurate" in my statements—three grave charges, which ought not to be made without due cause, and of which I can honestly say that, if guilty at all, my conscience acquits me of any intentional offence. I trust you will permit me to show, in as few words as possible, that I too consider "an accurate statement of facts at least as important as a logical argument;" fully believing that I shall clear myself in the judgment of those who are unprejudiced in the matter, and prove that Dr. Johnson has mistaken the drift of my argument.

He objects to the phrase, "one or two remarkable recoveries," because there were twelve recoveries in all. Were they *all* remarkable? I think not. My own experience of cholera would have led me to expect several of the cases detailed to recover without any treatment at all.

He next objects to my statement, that the theory was not properly tested by experiment before it was brought publicly forward. In my humble belief, the number fifteen was far too small for such a purpose; and, as a question of fact, no attempt at experiment in a logical sense was made. I can find none throughout the volume which Dr. Johnson has been so kind as to send me. His argument, whether as regards the fifteen cases first published, or the whole number subsequently treated, is simply of the *post hoc ergo propter hoc* kind. I do not think I have, even by implication, asserted that the assumption was based on the fifteen cases; but on a mistaken analogy with mineral and vegetable poisons. It is possible that there may be proof that the plans of Dr. Stevens or Dr. Ayre "have been attended with the largest amount of success;" it is also possible that such plans may be "essentially eliminative in their tendency;" and I am quite prepared to accept Dr. Johnson's statement, that these views prompted his conclusions. But he must permit me to remind him that they are both assumptions, on which he proceeds to build a third hypothesis, and then asks the profession to accept twelve recoveries out of fifteen cases as a sufficient testing by experiment.

Dr. Johnson thinks he has detected me in a "medical error", because I have used the expression, "the thickened condition of the blood following on the abstraction of serum." I am quite ready to admit that the phrase carries a wider significance than I intended. I merely meant, that the blood is deficient in water; and that the passing away of the watery part was one change out of many which altered its condition and rendered it unfit to maintain life. This "fact" of increased specific gravity from loss of water has not yet been "refuted", as far as I am aware.

Dr. Johnson goes on to say that I doubt or deny the existence of a morbid poison as the essential cause of cholera. Whence he has gathered this information I cannot divine, because I have boldly asserted it, in opposition to the atmospheric and other theories, on the faith of Dr. Baly's logical induction on the subject. But I hold that this poison, this something from without, when taken into the system, sets up a series of changes in various organs, by which it is multiplied and multipliable to an almost unlimited extent; that so long as these

changes are going on, no elimination can take place; and that, when they cease, it ceases to be a poison, and can no longer excite them. We cannot eliminate the changing tissues, and so the diseases arising from such causes stand in a wholly different category from mercurial tremor and lead-palsy, where we naturally try to eliminate the poison. The conclusion seems to me inevitable, that, if the poison of cholera ought to be eliminated, so ought the poison of small-pox. And I cannot at all admit that the morbid secretions in the digestive canal—the "internal cesspool", as I think he elsewhere calls it—should be substituted for what Dr. Johnson and I alike mean when we talk of the "morbid poison" by which an attack of cholera or small-pox is induced. To empty the intestinal canal is not to "eliminate the poison". But I will go one step further, and say that, supposing it to be very desirable to remove these morbid secretions, there is not one proof offered in the *Treatise on Epidemic Diarrhœa and Cholera* that castor-oil had any such influence until the natural process of recovery had begun, when the oil also began to take effect. Indeed, the problem of its action is one which physiology is not as yet able to solve; but the large quantity administered in these cases lends countenance to the hypothesis that, like calomel, castor-oil was not absorbed in the collapse of cholera; and that, without previous absorption, neither remedy can act as a purgative.

It is not my intention now to enter into any discussion of the value of the castor-oil treatment in cholera. Seldom has the verdict of the profession been more unanimous or more speedily arrived at than when it agreed that castor-oil could not cure the disease. Its influence for good or harm is as yet perhaps undetermined, and Dr. Johnson may in some future publication be able to prove experimentally what is its action in such cases. The result, whatever it may be, will not in the least affect the validity of my argument, and I fear that it must have been very imperfectly stated when one of such eminence in the profession has failed to perceive its meaning. My object in the Lumleian Lectures was to call the attention of the profession to the want of logical reasoning in most of our own writings. I felt that it was vain for us to attempt to oppose quackery when the arguments which pass muster among ourselves are so faulty. It seems no more than common sense and common prudence to demand, that before a remedy is pronounced to be capable of curing a disorder, some evidence of the relation of cause and effect should be adduced. Logical writers have laid down rules by which we may judge whether the evidence presented proves a "law of causation" or merely indicates an accidental sequence or coincidence. I have endeavoured to show that when the number of instances is small, the evidence must be distinct and the law definite; that it is very unsafe to propound an hypothesis except when based on a broad accumulation of facts; and that when no law can be suggested and we are driven to the alternative of statistics to establish the point, the number of cases required is enormous.

From this point of view it is quite immaterial whether castor-oil be the best, and brandy and opium the worst remedies in cholera, as asserted by Dr. Johnson, or *vice versâ*. The fifteen cases mentioned in his first letter on the subject gave no logical support to the theory, and were only calculated to mislead the public, because there happened to be twelve recoveries among them. In the larger enumeration of fifty-four cases set out at length in the volume, there are none that can be pointed out as in any way suited to test the theory experimentally. And as a contribution to the statistics of cholera, the whole number of 150 cases treated with castor-oil, collected by the Board of Health, is just as insufficient to prove that is valueless, as Dr. Johnson's cases are to prove that its action is on the whole beneficial. On these points, no one who has studied inductive reasoning can arrive at any other conclusion. It is quite possible that in alluding to the theory I may have expressed myself too strongly, because my own conviction went further than a mere condemnation of the mode of reasoning—a conviction strengthened, if not derived, from the report of Drs. Paris, Babington, Tweedie, and Baly, who "found, on an examination of Dr. Johnson's cases, that eleven of them were cases of cholera in a state of collapse, of which six were fatal. Five other cases of cholera did not pass into a state of complete collapse—these terminated in recovery."

I am, etc.,

A. W. Barclay.

Bruton Street, Jan. 18th, 1865.

Medical News.

Royal College of Surgeons of England. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on January 12th.

Blathwayte, William, Louth, Lincolnshire: diploma of membership dated September 27th, 1832
Kilner, John, Bury St. Edmunds: April 12th, 1843
Nance, James, Eccleshall: October 16th, 1840
Sterry, Henry, J.P., Paragon, Southwark: January 2nd, 1824
Wolff, Abraham, Gower Street: December 16th, 1839

Apothecaries' Hall. On January 12th, 1865, the following Licentiates were admitted:—

Clements, George, Middlesex Hospital
Eccles, George Henry, Felix Terrace, Islington
Miller, Reuben Zacchæus, Richmond, Surrey
Williams, John Hughes, Holyhead

As an Assistant:—

Haddock, Job, Bridge Street, Runcorn, Cheshire

APPOINTMENTS.

*Jones, C. Handfield, M.B., F.R.S., elected Physician to St. Mary's Hospital, in the room of Dr. Chambers.
*Wells, Soelberg, Esq., appointed Ophthalmic Surgeon of King's College Hospital.

Army.

Barry, Staff-Assistant-Surgeon T. S., to be Assistant-Surgeon Royal Artillery, *vice* G. A. Grant.

Royal Navy.

Ashford, J. W., Esq., Assistant-Surgeon, to the *Donegal*.
Brend, Alfred, Esq., Assistant-Surg. (additional), to the *Euryalus*.
Devonshire, C. J., Esq., Assistant-Surgeon, to the *Penguin*.
Doyle, E. W., Esq., Acting Assistant-Surg., to the *Princess Royal*.
Dunwoodie, John, Esq., Surgeon (additional), to the *Euryalus*.
Mair, George, Esq., Assistant-Surgeon (additional), to the *Fisgard*.
O'Flaherty, Thomas A., Esq., Assistant-Surgeon, to the *Landrail*.
Pattullo, William, M.D., Assistant-Surgeon (additional), to the *Euryalus*.
Richardson, F. H., Esq., Assistant-Surgeon, to Plymouth Hospital.
Sissens, W. H., Esq., Assistant-Surgeon, to the *Britannia*.
Wright, Frederick L. W., Esq., Assistant-Surgeon (additional), to the *Euryalus*.

DEATHS.

Brown, William H., Esq., Surgeon, of Lee, Kent, aged 55, on January 15.
Coley. On January 2nd, at Paddington, aged 64, Rachel, widow of H. F. Coley, M.D.
Fentem. On January 8th, at Eyam Terrace, Eyam, Derbyshire, aged 21, Wm. Hattersley, second son of *Thomas Fentem, Esq.
Fogarty, Frederick W., M.D., at Marychurch, Devon, on Jan. 15.
Tobin. On January 19th, in Upper Porchester Street, Jane Frances, widow of Richard Tobin, M.D., Surgeon R.N.
Walker. On January 8th, at Woburn, aged 22, Frances Harriet, eldest daughter of the late E. D. Walker, M.D., of Teignmouth.
Williamson, Henry G., M.D., of Holmes Chapel, at Nantwich, aged 25, on January 10.

Mr. KIERNAN is, we regret to hear, suffering from an attack of paralysis.

A DEATH FROM CHLOROFORM occurred on November 1st, 1865, in the Devon and Exeter Hospital.

ROYAL COLLEGE OF SURGEONS. Mr. Partridge is this year designated as the deliverer of the Hunterian Oration.

GRANT MEDICAL COLLEGE, BOMBAY. The Chair of Anatomy and Physiology in the Grant College of Bombay is now vacant.

COST OF LUNATIC PATIENTS. In the Sussex County Lunatic Asylum, the weekly cost of the patients per head per week is 9s. 9d.

BEQUEST. The late Jacob Stiebel, Esq., of Pembridge Terrace, Bayswater, has bequeathed to University College Hospital £5,000.

BLACKBURN HOSPITAL. The Blackburn Infirmary was opened on the 2nd inst. as a general hospital, a regular staff of medical men having been appointed. It had previously served as an infirmary of the Blackburn Relief Committee.

TESTIMONIAL TO DR. GIBBONS. A handsome goblet and snuff-box have been presented to Dr. Gibbons, medical officer of the Wolverhampton Workhouse, by his fellow officers, as "a mark of their high esteem."

ROYAL COLLEGE OF SURGEONS. Professor Huxley, F.R.S., will deliver twenty-four lectures on the Mammalia in continuation of his former course, commencing on Monday, February 6th, to be followed by Professor Fergusson.

DR. BROWN-SÉQUARD. We notice by the *Boston Medical and Surgical Journal* that this distinguished gentleman will be prevented by ill-health from delivering his course of lectures contemplated in connection with the course of the Boston Medical College this winter.

DEATHS FROM ACCIDENT. During the past week in London 65 persons lost their lives by accidents, 33 died from fractures or contusions (of this number 6 were killed by vehicles in the street), 11 infants and one adult were suffocated, and 13 deaths ensued from burns or scalds. A female, aged 30 years, died from taking cyanide of potassium by mistake for medicine.

A NEW REMEDY. The sting of a wasp or a bee is, we are told by a Frenchman, a very valuable remedy; and *apisination* has a marvellous virtue in cases of marsh-fever, yellow fever, headaches, nervous gastralgia, cholera, and the plague. Gasparin, we are told, cured himself of muscular rheumatism and a bronchitis by the sting of a wasp. The remedy truly is not an agreeable one, but perhaps not much more disagreeable than a blister, and not so disagreeable as a moxa. (*Chem. News.*)

STRUCTURE OF NERVES. M. Roudanovsky has lately made some interesting discoveries on the structure of nerves. He cuts very thin slices after subjecting the nerves to congelation; and with these he has been enabled to determine that the primitive elements of nerves are tubes having a pentagonal or hexagonal configuration. The walls of these tubes are formed of a conjunctive tissue, which in a bundle forms a true reticulum. As to the constitution, he says that every nerve has a substratum of brain-matter, and also of the spinal marrow, and probably of the ganglionic matter also. The grey matter, he says, is the fundamental nervous substance, and plays the principal part in the functions. Energetic poisons, like strychnia and nicotine, affect the nervous cellules; while other poisons, such as opium, chloroform, and perhaps alcohol, modify the myeline.

LONDON MEDICAL SOCIETIES. Dr. Peacock has succeeded Mr. Hewitt as President of the Pathological Society; and Dr. Murchison becomes Secretary *vice* Dr. Bristowe. At the Obstetrical Society, Dr. Barnes is elected President in the place of Dr. Oldham; and Dr. Graily Hewitt, on retiring from the Secretary's chair, becomes Treasurer. Dr. Meadows fills Dr. Hewitt's place. Mr. Longmore succeeds Mr. Adams as President of the Harveian Society.

SANITARY IMPROVEMENTS IN LIVERPOOL. The grand jury at the Liverpool Quarter Sessions made a presentment, upon information furnished by Dr. Trench, the Liverpool medical officer, condemning twenty-nine lots of property in the borough, as unhealthy and unfit for human habitation. The presentment recommended either their entire demolition or their complete alteration. This is the first important proceeding under the Liverpool Sanitary Amendment Act, passed last Session.

OXFORD, THE MURDERER. Outside is a small group of gardeners labouring with the minute labour of love upon a patch of ground committed to their care; and, again, you come upon a few painters, with Edward Oxford, now a fat, elderly man, at their head, all busy, and Oxford himself carefully graining a door in beautiful style. Oxford has now perfectly recovered his sanity, and is the most orderly, most useful, and most trusted of all the inmates of Broadmoor. A small pecuniary reward is given to those who labour well as an inducement to others to do likewise, and this money they are allowed to spend in any harmless way they please. Out of his small earnings Oxford has between £50 and £60 carefully saved. (*Times.*)

MAGNESIUM LIGHT. A burning magnesium-wire of the thickness of 0.297 *millimètre*, evolves as much light as seventy-four stearine candles, five to the pound. If this light lasted one minute, 0.987 *mètre* of wire, weighing 0.120 *gramme*, would be burnt. In order to produce a light equal to seventy-four candles burning for ten hours, whereby about twenty pounds of stearine are consumed, 72.2 *grammes* ($2\frac{1}{2}$ ounces) of magnesium would be required. The wire is now to be had at the low rate of threepence per foot; and half an inch of the wire evolves, on burning, light enough to transfer a positive image to a dry collodion plate; whilst, by the combustion of ten grains, a perfect photographic portrait may be taken, so that for photographic purposes alone the magnesium light will prove most important. (*Phar. Jour.*)

MEDICAL SERVICE IN THE UNITED STATES ARMY. The President of the Royal College of Surgeons of Ireland has received the inclosed letter:—"Nashville, Tenn., U.S.A., 16th Oct., 1864. To the President of the Royal College of Surgeons, Ireland. Sir,—As there are generally a large number of talented, *educated*, and adventurous young gentlemen in the medical profession in Ireland seeking for profitable employment in their profession, the writer sends the inclosed scrap of correspondence from the *Cincinnati and Ohio Commercial* of October 14th. Besides those required for Ohio, the new regiments of coloured troops are in need of surgeons, all paid by the United States Government regularly, and higher salaries than in the British service. It is, besides, a good school for young practitioners. Hospital stewards or medical cadets are also needed. No medical gentlemen are more thought of or respected here in the service than regular Irish surgeons, as they are generally, without exception, educated gentlemen.—Respectfully yours, J. A. Lynch, Captain and Assist.-Quartermaster, U.S.A." [We have just read a letter from a gentleman (an American) who held a high

osition as medical officer in the Federal army. His account of the service was far from a flattering one. He had been forced to retire from the service on account of the lowness of the pay, which, under the depreciated currency, was insufficient to keep his family. His health was also greatly damaged by the incessant fatigues to which he had been subjected in the discharge of his duty. EDITOR.]

HEALTH OF SCOTLAND. The Registrar-General reports the deaths in the eight principal towns of Scotland in the month of December (2,411) to be the average number; but 31 per cent. of them have to be recorded as due to the zymotic (epidemic and contagious) class of diseases. Typhus fever caused more than 10 per cent. of the whole mortality; in Paisley 12.5 per cent., and in Greenock as much as 20 per cent. This has been the most severe epidemic of typhus fever which has existed in Scotland for many years. 91 deaths were attributable to violent causes, 6 of them to the upsetting of a Clyde ferry-boat. The births in the month (3,139) were above the average, and the marriages (884) reached by far the highest number registered for the month during the ten years of registration. The mean temperature of the month was rather above the average; the rainfall, the smallest the Registrar-General has recorded in December, the mean of the eight towns being 3·42 inches, which is ·05 inch below the average. The greatest depth of rain was as Greenock—5·47 inches.

INSANE PAUPERS. The annual return of insane paupers in England and Wales at the beginning of the year has been issued. The return is made up to January 1st, 1864, and includes all but a few parishes rendering no account. The total number of paupers in receipt of relief on that day was little over a million—a considerable decrease (of above 130,000) as compared with January 1st, 1863; but the number of insane paupers had increased, and amounted to 37,576, of whom 27,590 were lunatics and 9,986 idiots. Thus, the pauperism ascribable to insanity, which was 3·17 per cent. of the whole pauperism on January 1st, 1863, was as much as 3·7 per cent on January 1st, 1864. In every 100 insane paupers 44 were males and 56 females. The distribution of pauper insanity appears to be very unequal. Thus, at the date of this return, London had among its 103,468 paupers as many as 5,859 insane; the south-western counties had among their larger total of 108,628 paupers only 3,705 insane. So, also, in the eastern counties among their 80,771 paupers there were but 2,456 insane, and in Wales also only 2,432 out of a total of 79,841; but stepping across the Welsh border into the west-midland counties (including Stafford, Warwick, Worcester, and Gloucester) we have 4,887 insane, double the last two numbers, among the not so greatly increased total of 104,894 paupers. Of the 37,576 insane paupers the number in county or borough lunatic asylums had risen to 20,257; the number in workhouses was still as large as 9,608.

PRESENTATION FROM THE QUEEN TO DR. CASS. On New Year's Day Dr. Cass, of Cowes, received through the hands of Sir Charles B. Phipps a massive and magnificent silver inkstand, "as a memorial from the Queen of her Majesty's appreciation of his skill and attention during the many years he attended in his professional capacity at Osborne." Dr. Cass, who has long been held in very high esteem at Cowes, had been the medical attendant upon the Royal family and household at Osborne for nearly twenty years; but, finding of late that his sight had become so seriously impaired as to threaten absolute blindness, he felt constrained, though still in the prime and vigour of his life, to resign his appointment at Osborne, and to withdraw altogether from the profession in which he had established a high and well-earned reputation. This circumstance has been a matter of universal regret throughout the whole of the wide district over which Dr. Cass's practice extended; but amongst the many expressions of sympathy which have reached him from all quarters none have been so warm, and none, of course, so deeply gratifying as those which have been conveyed to him from the Queen. "Her Majesty," says Sir Charles Phipps, in the letter which accompanied the costly memorial, "hears with great regret that she shall no longer be able to avail herself of your valuable medical services; and the Queen still more laments the sad cause which has thus forced you to abandon your profession at an age when your usefulness should be greatest." Again, Sir Charles Phipps says, "I am directed to express her Majesty's sincere sympathy for the afflictiom which has obliged you to discontinue your valuable services." These are queenly words, and well calculated to convey to Dr. Cass the highest solace he can possibly receive under the calamity which has fallen as a fatal blight upon his professional career, and marred the fairest hopes and promise of an honourable and laborious life.

THE QUEEN'S COLLEGE, BIRMINGHAM. At the quarterly meeting of the professors held on the 10th inst., Professor Postgate said that he and Dr. Hinds had had an interview with the Earl of Lichfield. His lordship stated that he had learnt from the Charity Commissioners that the affairs of the college were in the hands of the Attorney-General, and would soon be in the Court of Chancery, and that that Court would come to some practical settlement of the college difficulties. His lordship spoke very hopefully of the prospects of the college. It was suggested to him that pending the settlement of the affairs of the college, some scheme should be adopted for carrying on the college—that that wing of the college ought to be made productive, and that for this purpose the Theological Department ought to be brought down from the Crescent to the college. His Lordship said he had made efforts in this direction with Chancellor Law, but had not yet been successful. Dr. Suckling said the public ought to be informed that there was a fair number of students, and that the work of the college was going on in a successful and promising manner. He also said the professors now worked harmoniously with each other, and with the Dean of the Faculty.

ODONTOLOGICAL SOCIETY. The annual meeting of this society was held on the 9th inst., Edwin Saunders, Esq. (President), in the chair. Contributions to the museum were announced from Messrs. Hepburn, Lord, and Statham. Mr. Hulme mentioned a case in which a lady had three front teeth attacked by tartar; they could be readily removed and replaced. The curious point was that, although that state continued about seven years, the presenee of the teeth had preserved the gum from being absorbed. The President then read the balance-sheet and the report of the Audit Committee. It shewed an excess of expenditure over the receipts of £7 : 4 : 1 for the past year. The total balance in the hands of the Treasurer was £539 : 4 : 6. The report of the Library Committee shewed an addition of 102 volumes during the past year. Fourteen non-resident, four resident, and one corresponding member had been elected, making a total of 302 members. The following officers were then elected to serve during the present year. *President*, T. A Rogers, Esq. *Vice-Presidents* (resident), W. A. N. Cattlin, Esq.; W. Imrie, Esq.; W. Perkins, Esq.; G. A. Ibbertson, Esq.; and James Parkinson, Esq.; (non-resident), W. K. Bridgman, Esq. (Norwich); S. Tibbs, Esq. (Cheltenham); Dr. Roberts (Edinburgh);

J. R. H. Moore, Esq. (Dublin). *Treasurer*, Arnold Rogers, Esq. *Librarian*, J. B. Fletcher, Esq. *Honorary Secretaries*, A. Coleman, Esq.; C. Vasey, Esq.; and T. Underwood, Esq. *Councillors* (resident), T. Sheffield, Esq.; C. Fox, Esq.; H. T. Kempton, Esq.; R. T. Hulme, Esq.; G. Owen, Esq.; A. Hill, Esq.; S. Cartwright, Esq.; E. J. Winterbottom, Esq.; J. Saunders, Esq.; F. Weiss, Esq.; and N. Stevenson, Esq.; (non-resident), C. D. Rogers, Esq. (Newbury); S. L. Rymer, Esq. (Croydon); E. P. Parkinson, Esq. (Brighton); W. Hunt, Esq. (Yeovil); T. A. Baker, Esq. (Dublin); and T. R. English, Esq. (Birmingham). The retiring President gave his address, glancing at the events of the past year, and paying a warm tribute of respect to the late Samuel Cartwright, their first president. A vote of thanks to the President was proposed by Mr. Rymer and carried by acclamation. Votes of thanks were also proposed to the treasurer, secretaries, librarian, and curator of the museum. The society then adjourned.

THE MEDICAL ACT. The Scottish Branch of the General Council of Medical Education and Registration, at a meeting on the 13th instant, resolved that any Act for amending the Medical Act should be restricted to carrying out the following objects:—1. "To confer on the Medical Council definite powers to issue to the various licensing bodies regulations on the subjects of preliminary and professional education and examination. 2. To amend Clause XL, so as to render it more efficient than it has hitherto been to distinguish between qualified and unqualified practitioners, and to prevent unqualified practitioners from assuming medical titles to which they have no right." To carry out the first or these objects, the Branch Council recommend—"That it shall be lawful for the General Medical Council to issue to licensing bodies such regulations respecting preliminary and professional education and examination as may appear to the Council fitted to secure requisite knowledge and skill. That all regulations passed by a majority of two-thirds of the General Council shall be obligatory on all universities, colleges, and other bodies enumerated in Schedule (A) to the Medical Act. That it shall be lawful for the General Council to intimate to any of the said bodies not conforming to such regulations; that, in the event of the said body not conforming within six months after such intimation, the qualification granted by such body, after the lapse of the said period of six months, shall not be registered. That any body to which such direction shall have been given may appeal to the Privy Council, who shall have power to disallow the direction of the Medical Council. That it shall be lawful for the General Council to restore any right to registration which may have been suspended by them." In order to carry out the second of these objects, the Branch Council recommend a clause to the effect—"It shall not be lawful for any person, unless registered, to take or use the title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner, or General Practitioner or Surgeon-Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other medical or surgical title; and every person so offending shall, upon conviction, pay a sum not exceeding twenty pounds. The Scottish Branch Council having considered Clause XXXI of the Medical Act, are of opinion that what is objectionable in it would be obviated were the combination and co-operation of the licensing bodies, as provided for by Clause XIX, encouraged or even made obligatory, so that facilities may be given to medical students for acquiring the complete or double qualification without having to pass repeated examinations on the same subjects; the Branch Council also consider that it is highly expedient that a Bill for amending the Medical Acts should be submitted to the Home Secretary within two months from the present time, so that it may be introduced into Parliament, and passed into a law during the ensuing session." The Registrar laid on the table the registers of medical students, and intimated that from the number of blanks, it was impossible to frame an accurate register of medical students. The Branch Council resolve to report this to the General Medical Council, as an illustration of the necessity for enabling the Council to issue regulations of a compulsory character.

DEATHS IN LONDON IN THE LAST QUARTER OF 1864. In the thirteen weeks that ended December 31st, 19,636 deaths were registered in London. In the corresponding quarters of 1860-62, the numbers of deaths were respectively, 15,197, 15,866, 17,717, and 18,857. The increase in the mortality is chiefly found in the local class, 8535 persons having died from the diseases included under that head; in the same period of 1863, 7639 deaths occurred from the same causes, and in 1861 only 6300. Zymotic diseases in the aggregate were not so fatal as in the corresponding quarters of the two preceding years, the numbers in the three quarters being 5055, 5016, and 4847. The most fatal disease in the list is scarlatina, which caused 1095 deaths. 1064 persons have died from typhus, which shows a large increase in the deaths for the years 1860-63, amounting to 311, 624, 796, and 881. Small-pox was fatal in 120 cases, 81 of which were in young persons. Measles in the last quarter of 1861 carried off 171 persons; in the like period of 1862, 900 fell victims to it, and in the quarter which has just terminated it destroyed 638 lives. Hooping-cough proved fatal to 438 children; in the corresponding quarter of 1863 429 deaths were caused by this disease. Erysipelas and metria show an increase. From the former disease 151, and from the latter 82 deaths were registered. In the quarter which ended January 2nd, 1864, 3470 persons died from pulmonary diseases; in the quarter just ended 4467 persons died from the same causes. 2387 persons died from bronchitis, the numbers who died in the like periods of 1860-63 being 1630, 1553, 1760, and 1831. Pneumonia destroyed 1555 lives; the numbers who died in the periods with which the comparison is made were 1250, 979, 1065, and 1193. 1985 deaths occurred from phthisis. In the same quarters of 1860-63 the numbers who fell victims to the disease were 1785, 1840, 1899, and 2066. From diseases of the brain and nervous system 1927 persons died; 119 from cephalitis, 426 from apoplexy, 376 from paralysis, 22 from insanity, 91 from epilepsy, and 678 from convulsions. Diseases of the heart and blood-vessels occasioned 947 deaths. 572 persons lost their lives by accidents, 230 deaths were occasioned by fractures and contusions, 97 by burns or scalds, 47 by drowning, and 127 by suffocation; of these latter, 115 were young persons, 25 cases of murder or manslaughter, and 64 cases of suicide were registered.

BOOKS RECEIVED.

1. Medical Education in the University of Dublin. By William Stokes, LL.D., F.R.S. Dublin: 1864.
2. Eighteenth Report of St. Mark's Ophthalmic Hospital. Dublin: 1864.
3. Photographs of Diseases of the Skin. By A. B. Squire, M.B. Nos. v and vi. London: 1864.
4. Town and Village Kitchens for Sick-Poor Cookery. By T. H. Barker, M.D. London: 1864.
5. The Laryngoscope. Two Lectures. By George Johnson, M.D. London: 1864.
6. Quarterly Journal of Science. No. 5.
7. A Few Words on the Choice of a Microscope. By J. J. Plumer, M.A. London: 1865.

Abstract of a Clinical Lecture

ON

FEVER AND BRONCHITIS AS EARLY SIGNS OF PHTHISIS.

Delivered at the Birmingham General Hospital.

BY

JAMES RUSSELL, M.D.,

ONE OF THE PHYSICIANS OF THE HOSPITAL.

GENTLEMEN,—I have already stated to you that tubercle is a foreign body, a formation foreign to the natural condition of the lungs, inserted into the spongy tissue of those organs. I have also stated to you that it has special preference for a particular part of the lungs; viz., the apex.

Now, upon these two circummstances is based our interpretation of the physical signs of the first stage of phthisis. Viewed by themselves, these signs consist simply in evidence of a certain amount of consolidation of the pulmonary tissue, united frequently, but not necessarily, with signs of irritation or inflammation of that tissue; but they derive their peculiar significance from two collateral circumstances—namely, their local development, and the part of the lungs they affect. When present in that part of the lung which is known to be the chosen *habitat* of tubercle, and when confined to that part alone, comparatively slight evidence of either of the above named conditions acquires a degree of importance which would be denied to precisely the same sign in another part of the chest, even though existing there with a much greater degree of severity.

Confining our attention for the present to the evidence afforded by irritation of the pulmonary tissue, I observe that the irritation of tubercle is capable of producing all forms of inflammation connected with the lungs. Pleurisy is a general attendant upon phthisis, especially in its further stages; pneumonia less frequently, though, in the early stage of the disease, there can be no doubt that some degree of local pneumonia frequently exists, and that this is one of the causes of the consolidation to which I have already adverted. It is only in this manner that we are able to explain the very marked variation which the early signs of consolidation in phthisis will often undergo within a short period of time.

But by far the most important, because the most common and most significant, form of pulmonary inflammation, which attends the deposit of tubercle, is bronchitis. Now, the bronchitis of early phthisis possesses two special characteristics which distinguish it from the ordinary forms of the disease, and render its presence a most important diagnostic mark. First, it is mild, often so mild that, under any other circumstances, it would attract little of our attention; the kind of breathing which belongs to it is often spoken of as being merely rough or creaking, or accompanied with some degree of crepitation. And I may here remark that, in examining the chest for phthisis, as indeed in all other cases, it is important for you to observe the rule of separating in your mind the breath-sounds from those sounds which are adventitious—*e. g.*, the crepitation and other signs of bronchitis; you will thus compare correctly the breathing, as modified by the consolidation, with the added sound which indicates the bronchitis.

The second characteristic of tubercular bronchitis is its persistence, and its being localised in a particular part of one or both lungs. Local bronchitis is always a most suspicious sign, because it indicates local irritation. The ordinary causes of bronchitis, such as cold and poisons in the blood, affect both lungs alike, and the whole of both lungs; hence, when we find bronchitis confined to a limited portion of a lung, we are led to suspect the presence of some source of irritation seated in that spot; and, of all possible causes of irritation, tubercle will be the one most likely to be present.

You must, however, observe that bronchitis is by no means a necessary attendant of tubercle in the lungs; and that, consequently, its absence is no positive evidence against the presence of that disease. The presence or absence of bronchitis in phthisis is often dependent upon accident, upon exposure to cold, hard living, bad diet, etc.; often it depends upon peculiar sensitiveness in the nervous constitution. But there is one circumstance which may be cited as operating more powerfully than any other in determining the occurrence of bronchitis in phthisis: I mean the degree of rapidity with which the tubercle is deposited. The more rapidly the deposit takes place, the greater is the probability that bronchitis will be present; and precisely the same remark applies to the fever of phthisis.

Now I wish to remark, that it results from what I have said, that there is nothing peculiar nor special in the bronchitis of phthisis, *regarded as bronchitis*, to distinguish it from any other form of the disease. The bronchitis itself is the same, under whatever circumstances it is developed; but in phthisis it derives its significance solely from associated circumstances. Strip it of these adjuncts, and you lose all means of distinguishing its peculiar cause, save by certain characters of the expectoration, to which I do not wish to refer at present. Nor is tubercular bronchitis at all peculiar in this respect. The truth is, that our diagnosis, in most forms of disease, is founded upon a few leading signs much less frequently than a casual recollection of the mental operation employed would lead us to suppose; such signs may have attracted the principal share of our attention, and we may have been led by them to form a very just suspicion as to the nature of the case with which we have to deal. But it will often appear that we have really employed the process of comparison to a much greater extent than we might have imagined. It is only when the means of instituting such a comparison are taken from us, that we learn how much we really depend upon them for assistance.

This is precisely what occasionally happens in phthisis. In certain cases, tubercles are deposited very rapidly, and at the same time very generally, being disseminated in small isolated granules throughout the entire of each lung. As a consequence of the rapidity of their development, bronchitis is set up; and because the deposit of tubercles is general, the bronchitis is general also. Moreover, as there is no aggregation of tubercles in any particular spot, none of the evidences of consolidation are presented. Here, then, the adjuncts to the bronchitis are want-

ing; and the case presents only the characters of one of general bronchitis. It is only as the disease goes on without showing any disposition to abate, and as other symptoms of a constitutional and local character are superadded, that you are enabled to assure yourself with certainty of the true nature of the case. I may, however, observe, that the difficulty in diagnosis affects chiefly adults, since persistent general bronchitis occurring in children is of itself strong evidence in favour of the presence of tubercles in the lungs.

The following example will illustrate the extent to which a case such as I have described may be deprived of the indicative circumstances so necessary for its diagnosis.

It occurred in the person of a young lady whom I attended with a surgeon in this town. Her age was 9. She was the last surviving member of her family, all her sisters having been cut off by consumption. Her health had been excellent up to the day of her fatal illness, which commenced as an ordinary attack of continued fever, entirely without any chest-complication. At the end of a fortnight, she seemed to improve, and her fever subsided; but it returned in two days afterwards with increased severity, and now was attended by evidence of irritation within the lungs, afforded by the presence of crepitation throughout the chest. It was at this time that I first saw the patient, and the remainder of her illness comprised only the short term of nineteen days. Her symptoms were those of high feverish reaction, without delirium of importance until the close of the case. Perspiration was present at times during the day, and sometimes was profuse; at night, the skin was dry and hot. The pulse at first was 120; respirations 60; but each afterwards rose to 180 and 70 respectively. General crepitation continued throughout the chest; but there was neither local dulness nor prolonged expiration; yet there was very little cough; and, as she swallowed her expectoration, it was probably in small quantity. As the disease progressed, the lips became livid, hæmoptysis occurred, and delirium set in. I was not able to obtain an examination of the body; but, as the case developed itself, no doubt could be entertained that the bronchitis, which was the only disease present to our observation, depended upon a special cause affecting the entire lungs, and that such cause consisted in a general formation of tubercle.

I may just add, that Dr. Evans, who saw the patient with us, mentioned to me a very similar case which had occurred to himself, in which also phthisis ran an acute course without any cough at all, although the physical signs of bronchitis were present throughout.

In the cases of which I now speak, the tubercles are deposited rapidly; and the progress of the case is usually rapid in proportion, though rarely so rapid as in the instance I have just detailed. Hence these cases are termed acute phthisis; and, as I shall mention to you immediately, other difficulties may arise in the diagnosis than that of distinguishing the case from one of pure bronchitis.

Precisely the same remarks which I have now made in relation to the bronchitis of phthisis apply also to the fever which accompanies the deposit of tubercle. As is the case with bronchitis, the liability to fever may depend on extraneous circumstances; but most generally it depends on the degree of rapidity with which the tubercles are formed. Hence the serious significance of a feverish attack in one suspected to be disposed to phthisis. The history of many consumptive patients is made up of a succession of apparently trivial attacks of fever—attacks which, in another individual, would hardly be thought worthy of special care.

After such an attack, you will commonly find your patient's health occupying permanently a lower level; and you may be assured that the constitutional reaction has been the outward evidence of an addition having been made to the disease already present in the lungs.

But it is a very important circumstance, that, like bronchitis, there is nothing in the fever of tuberculosis which of itself distinguishes it as belonging to that disease; its connexion is determined by collateral circumstances. The remark I made in respect to bronchitis, that we use comparison in forming our diagnosis far more largely than we perhaps imagine, is especially true of fever; and, as fever is so common an occurrence, and attends so many different maladies, the possession of means for instituting such comparison is of still greater importance than it is in the instance of bronchitis. We are sometimes left with the fever as our only guide, and are then forcibly reminded of our need of further help.

I attended a little boy, aged 6, with one of the most experienced surgeons of this town. His illness lasted for eight weeks; my attendance comprised the last week only. His sole symptom was persistent feverish reaction, though with scarcely any delirium; the one single symptom of a local character was constant rapidity of breathing. The child's chest was searched over and over again, both by my colleague and by myself, for any indication of disease; but, to the very last, percussion was normal; not even a wheeze could be discovered; and there was entire absence both of cough and of expectoration. Death was rather sudden—I suspect, from fainting. On examination, both lungs were positively filled with tubercles.

Not long afterwards, a second case, precisely similar as regards the entire absence of every symptom referable to the lungs, came under my care, also in consultation; yet the lungs were occupied by tubercles in every part. Here, however, there was inflammatory softening of the central parts of the brain; and symptoms of cerebral disease were prominent. Close attention was, however, bestowed upon the condition of the chest, for the purposes of diagnosis.

These instances exemplify another form of acute phthisis, in which, from the absence explanatory indications, the fever at the outset of the disease is apt to be mistaken for typhoid fever.

But, after all, it is not of very frequent occurrence, that we are unable to diagnose the fever attendant upon the deposit of tubercle in the substance of the lungs, thanks to the assistance we mostly derive from the employment of auscultation and percussion. There is, however, another organ in which tubercles are liable to be produced, at least at an early period of life, and sometimes also in adult age, to which we have no means of applying physical examination. The cerebral membranes are often the seat of tubercle in childhood, and give rise to a most fatal affection. But the affection is also of a most insidious character. In the early stage of the disease, no characteristic symptoms of cerebral disorder develope themselves; the fever which attends the formation of

the tubercles is alone present. Here there are no physical signs to aid us; and the diagnosis of the disease, previous to the setting in of decided cerebral symptoms, is confessedly a matter of great difficulty. "A few years ago," says Dr. Wilks, "I collected a large number of cases of this affection in children, and in none of them was a correct diagnosis made during the first few days of illness, the case being styled one of fever or stomach-disturbance; and this error of diagnosis, or rather want of appreciation of the real nature of the case, is the rule." Dr. Wilks, however, draws attention to one distinctive characteristic, which may serve to arouse a suspicion as to the true cause of the fever; and I am sure that his observation will be found correct. He notices the irritability of the patient in the fever of acute cerebral disease, which contrasts in a most marked manner with the torpor of the fever-patient. When the disorders "are at their height," he observes, "and the patient is extremely ill, the fact is often very striking; the one with the inflammation of the brain being distressed by the slightest movement; it is irksome for him to be spoken to; he coils himself up in bed; is peevish, and wishes only to be left alone . . . . whereas a patient with fever generally suffers nothing, and he evinces no trouble or alarm when touched."

Were we but able to apply to the brain the same method of physical examination we employ in cases of disease of the lungs, no doubt the proportion of doubtful cases of this disease would be reduced to the smaller proportion observed in the instance of pulmonary tubercle.

Sale of a Medical College. The medical college property of Castleton, Vermont, whence two thousand young doctors have been sent, has been sold, and will be known as a medical college no longer.

Donation to Belfast Hospital. A gentleman, who desires that his name might not be published, has handed to the Treasurer of the Belfast Hospital the sum of £2000, to be expended as Drs. W. MacCormac, Pirrie, and Murney, with the Treasurer, might think best. It has been decided to erect a wing.

Early Baptism. An inquiry was recently held respecting the deaths of two children—a boy and a girl. Mrs. Knight was delivered of three children, the two deceased and another girl. They were fine children, but there was no doctor or midwife present, and the boy died almost immediately. At ten o'clock the same morning Mrs. Knight sent the two surviving children to a Roman Catholic chapel. The witness added, "We wrapped the two girls up, and when we got to the chapel the clergyman came to her and unwrapped the child she carried, and said, 'Oh, it is gone!'" It was dying or dead. The other child was christened. It was a cold day. Dr. J. S. Belcher said that the three children were healthy, considering that they were a triple birth. The deceased girl died from exposure to the cold. The boy died from want of artificial respiration being resorted to,—in fact, from want of skilled attendance at birth. The jury returned a verdict "That the deceased female child was found dying and did die in a Roman Catholic chapel from the mortal effects of exposure through being taken out so soon after birth, and that the deceased boy died from exhaustion from the absence of skilled assistance at birth." The proceedings then terminated.

Original Communications.

ON THE PHYSICS OF DISEASE,

AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By Benjamin W. Richardson, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

Chapter II (*continued*).

Conditions of Oxygen that Modify Combination with Blood. Oxygen as affected by Electricity. Active Oxygen:—Ozone.

When oxygen gas is exposed to various electrical states, it assumes, I had almost said new forms, it is so singularly changed in respect to its capacity for combination. On one side, it may be made almost as irrespirable as chlorine; and on the other side, it may be reduced to the nearly negative condition of nitrous oxide. In the common air, it exists in a medium between extreme activity and negation, as a general rule; but the rule has its exceptions, and upon these exceptions much depends having relation to disease. There are times when active oxygen is present in the air, for given periods—"the ozone periods" of Moffat. There are times when, in rooms at all events, the oxygen is to an extent negative, in so far as the oxidation of blood is concerned.

I am not certain that the use of the terms, *active*, *neutral*, and *negative*, as applied to oxygen under various conditions of electricity, are really correct or good terms; because, in truth, heat also makes oxygen negative, neutral, or active, as electricity does. Oxygen reduced to very low temperature is, as we have already seen, negative in reference to the support of life; oxygen at ordinary temperatures sustains life best; and oxygen at elevated temperatures causes an over-active animal combustion. But custom has willed it, and I suppose custom must have its way, that the terms active, neutral, and negative, shall be made to apply to oxygen as existing only under differing electric states.

That oxygen should be influenced by electric force as well as by calorific force, is not difficult to understand, if it be remembered that, in fact, the two forces are one. When electrical discharge occurs in oxygen, it puts the molecules of the gas into active motion, and their affinity for other bodies with which they are brought into collision is increased. As, by the lightning flash, great waves of the atmospheric sea are put into motion, and thunder is the result, so, in the more minute divisions of that atmospheric sea, in the molecular divisions, whenever there is electrical discharge, great waves are put into active motion, the effect of which is exhibited—the conditions being supplied—in the more active combinations that occur between oxygen and oxidisable matter.

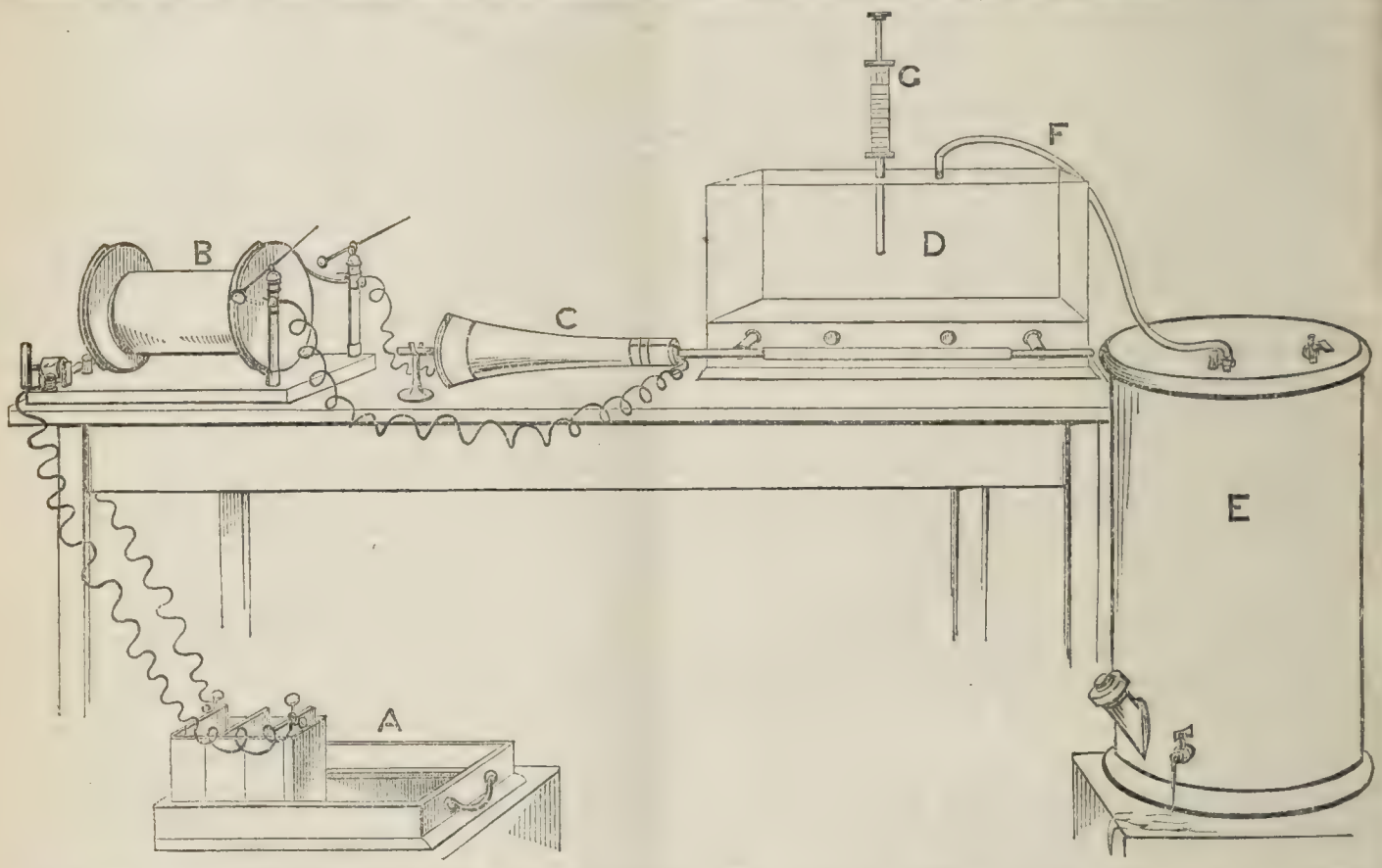
To prove that the two forces—heat and electricity—are the same in respect to oxygen, I may state that oxygen, heated to a temperature of 480° Fahr., ceases to be influenced by electrical discharges. To use the term common in experiment, oxygen cannot then be ozonised; this simply means that, after a time, the motion imparted by the heat is itself so great that the effect of the electrical discharge becomes unimportant. In the opposite scale, oxygen reduced to a very low temperature is not less inert

because it is present as negative oxygen; which means that, when inertia and condensation are produced by extreme abstraction of heat, the reduction of the electrical motion is not of moment.

It is well to bear in mind these analogies of action between the forces of heat and electricity; but with this remembrance it is also well to hold in distinct recollection the actual influence of electricity on oxygen, both in the simple state and as it is diluted in atmospheric air. To this part of our labours we will at once proceed.

To begin with active oxygen or ozone, we may produce it by several processes: *a*, by the manner in which we make oxygen, or rather evolve it, from bodies with which it had before been in combination; *b*, by the slow decomposition of water, whereby the oxygen is set free; *c*, by the exposure of phosphorus to air in the presence of water; *d*, by electrical discharge.

For practical purposes, the production of ozone is best carried out by electricity. In the experiments which are about to be related, a large frictional machine was usually employed in cases where the quantity of ozone required was small, and an apparatus invented by Siemens in cases where the quantities required were large. With the ordinary electrical machine, all readers are familiar; but as few are acquainted with Siemens's ozonometer, I have had a drawing made of it, as it is seen in operation ready for a physiological experiment.



In this apparatus, the electric discharge is obtained by means of a large induction coil. The coil, as represented in the diagram (B), is a Ruhmkorff's, having four miles of wire, and being worked by three cells of a Grove's battery (A). A spark of two inches, which answers every purpose, is thus easily obtained. The ozonometer (C) consists of two conical glass tubes, the outer one having a bore of three inches at the widest part, and the inner one a bore of two inches. The inner tube is covered on its outer surface with tinfoil, and the outer tube is covered in the same way. The whole represents an elongated Leyden jar. When in action, one pole leading from the induction coil is attached, by means of a platinum wire, to the tinfoil on the outer surface of the inner tube of the ozonometer, and the other pole is attached, by the same means, to the tinfoil on the outer surface of the external tube. When electrical discharges are made, the sparks pass from the outer tinfoil through the glass to the tinfoil of the inner tube. Air, or oxygen, being now passed between the two tubes, becomes ozonised, so long as the coil is in action, and the ozonised air can be collected at the small extremity of the ozonometer. The air can either be driven through the ozonometer with bellows, or drawn through with an aspirator. In the diagram, a large gas-holder (E) acts as an aspirator.

By means of this apparatus, ozone can be applied either by being collected in suitable vessels, or by being used in a current through a chamber. The method of using it in current for experiments on animals was first introduced by Dr. T. Wood. In the diagram, the apparatus is shewn as fitted up either for a current or for collection. The chamber (D) may be so arranged, while holding the animal, as to receive a stream of ozonised air, which enters by two openings at the side near the bottom, and escapes at the top by the tube (F), where it may be collected for analysis. Or the chamber may be adapted so as to receive from time to time certain measured quantities of ozone: for this purpose a plan, invented by myself, is used: a graduated cylinder (G), which can be filled with ozonised air, fits into a tube in the chamber; the cylinder is supplied with a well fitting piston, and the ozone, by the depression of the piston, is driven into the chamber as may be required.

In experimenting with ozone, it is necessary for the operator to proceed with caution, so as to protect himself from the danger of long inhalation of ozonised air. When ozone is being produced by means of Siemens's ozonometer, it is next to impossible to prevent diffusion of active oxygen through the apartment, and in a very short time the effects are manifested on the body. The inhalation of ozonised air, even

when I can scarcely detect its presence by the odour, produces in me, after a time, intense headache and pulsation. If I breathe it a few times from the ozonometer, it creates irritation of the lining membrane of the nasal cavity, and distinct injection and soreness of the throat.

One other little matter of fact in respect to the carrying on of experiments should be carefully noted. It is useless to attempt to carry the ozonised air through India-rubber tubing of any kind, or through gutta percha, for both these forms of tubing are destroyed by ozone as they would be by heat. The ozone should therefore be passed through glass tubes, and the connections, which ought to be as short as possible, must be made by quills cemented in with sealing-wax varnish. This excellent contrivance for joints is by Dr. Wood.

In considering the action of ozone on animals, I commence with the simplest experimental position, viz., the influence of electric discharges on pure oxygen which an animal is made to breathe; and if the reader will not weary in following the narrative, I will lead him to as perfect a knowledge as I can of all the facts. Up to the present time no systematic inquiry has been carried out on this subject; but records of numerous experiments, mostly reported second-hand, are scattered abroad. I shall not dwell on these experiments, but shall detail my own simply and solely, placing them forward in such manner that any one may with ease repeat them, and reject or confirm them.

On pure oxygen at a temperature of 55°-60° Fahr. faint electrical discharges, creating ozone in quantities just sufficient to be appreciated by the sense of smell, give such motion to the oxygen as enables it to support life, after the same manner as an elevation of temperature. I took two large mice, and placed one each in a chamber containing oxygen at 55°. The chambers were of the same size, and the oxygen was from one source. When the animals were in their respective chambers, the chamber containing one of them was so placed that sparks from a pointed rod of a frictional electric machine could be discharged into the gas. The chamber containing the second animal was placed in the same temperature, but was not connected with the machine. At the end of two hours, the animal in the simple oxygen was comatose and was breathing with difficulty, while the other animal, breathing the ozonised oxygen, was moving about and breathing rapidly but freely. Two hours later, the animal in simple oxygen was dead, and half an hour later it was rigid from rigor mortis: at this time the animal in the chamber into which the sparks were passing was sleepy but living, and so it continued to live for an hour more, when, on removal from the jar, it speedily recovered.

In another experiment, an animal in an oxygen chamber at 55° was placed in communication with an electrical machine, so that the air could be ozonised. At the same time, a similar animal of the same weight was placed in an oxygen chamber of equal size, and was removed to a temperature of 70°-75°. The animal in the ozonised air lived on for nine hours, until, in truth, I was tired of working the electrical machine; the animal, merely exposed to a temperature of 70°-75°, was then also alive. The animals, on being removed from their chambers and brought into the air, were semi-comatose: they both readily recovered after removal.

We may thus consider that heat and electrical force exert an analogous action upon oxygen; but, in watching the last-named experiment, I was wonderfully struck with the power I possessed over the oxygen by the electrical spark: I held as it were the life of the animal in my hands, and by the rotations of the electric wheel could quicken or reduce the respirations at pleasure. If I surcharged the gas, discharging the sparks rapidly, the animal began to breathe with immense haste: if I held back the motion for a long time, then the animal fell into a low comatose state, and would soon have died, had not motion been imparted again to the molecules of oxygen.

I performed another experiment by placing two animals (mice) of the same weight in chambers of equal size. One chamber was charged with oxygen in the form of ozonised oxygen, the jar being saturated with ozone: the other chamber was charged with simple neutral oxygen, and both animals were placed in a temperature of 60°. The animal in the ozone commenced at once to breathe very quickly, became comatose in an hour and twenty minutes, and died in two hours and forty minutes. The animal in simple oxygen also became comatose in an hour and twenty minutes, but it continued to live for four hours and forty-two minutes.

In this experiment we witness the effect of ozone as applied by the animal at once. The heat in this experiment was sustained throughout uniformly, and the animal that was subjected only to the motion produced by the heat lived long; but the animal that was at first subjected also to the motion added by electricity lived at first too rapidly, and the added motion, not being sustained, it died more speedily.

Next week I shall continue the record of these researches on ozone; but, before I conclude now, I would point out a fact which appears to my mind of much moment. This is, that animals are not all equally affected by oxygen. As I shall show, carnivorous animals are soon made to feel the effects of ozonised air; it induces in them so-called inflammatory states, and kills with comparatively quick action. But herbivora, such as rabbits, will live in it for long periods with little injury. It is as though those animals which live altogether on the vegetable world, and which prepare food so derived for the carnivora, do not, in active oxygen, oxidise so readily as the carnivora. I will not dogmatise on this point, but submit the evidence. If the evidence is satisfactory, it will stand without dogma, and will throw a flood of light over a region heretofore unexplored. It will show why diseases communicated from the carnivora to the herbivora change in form; why variola, for instance, in man, is vaccinia in the cow; and why some diseases are only communicable amongst special classes of animal life. For if disease be, as I have said, nothing than the phenomena of perverted motion; and if, in differing classes of animals, there be a special oxidation or generation of motion natural to them,—then must the phenomena of disease differ according to the class of animal through which it is presented.

CASE OF OCCLUDED VAGINA: RETAINED MENSES: OPERATION: CURE.

By W. J. Tubbs, M.R.C.S.Eng., Upwell, Cambridgeshire.

Sarah H., aged 16, residing at Outwell, had always enjoyed good health, with the exception of the usual diseases incidental to childhood. Her mother stated that, when the patient was two years old, she suffered from pain in micturating, and had a copious discharge from the vulva; that she brought the child to me, and had some black wash, and was ordered to poultice the parts. In the course of a week or two, the child was quite well.

About the middle of May last, the patient walked to Emneath, a distance of four miles, and, as she

was returning, ran behind a cart for a distance of about a mile and a half. Within five hours of her return home, she complained to her mother of great pain in the right side of the lower part of the body. She continued to have pain at intervals for the next two days, after which I was requested to see her. I found, on my arrival, that there was pain on pressure in the right iliac region; pulse 80; no heat of skin; bowels constipated. She was ordered to have a saline anodyne draught every four hours, and to have a belladonna liniment rubbed over the abdomen. Next day, I found all the symptoms better; and, after remaining in bed a couple of days, she returned to her place, where she continued but a short time, owing to a return of the pain compelling her to leave off work.

She returned home about the end of the next month. I was again called in; and, on June 28th, discovered a circumscribed tumour just above Poupart's ligament. Her symptoms since I last saw her had become more urgent. She complained of "gnawing pain" in the bones of the back, hips, and thighs. She had no sickness at first, but had been very sick every day lately, most commonly when she was lying down. The bowels acted with great forcing, sometimes as often as five or six times a day; but without much effect. She had pain in the mammæ on the 27th for the first time. The tumour did not move with change of posture. I recommended her to see Dr. Lowe of Lynn, whose report of the case I append.

"Examination by palpation discovers a small, firm, immoveable tumour in the right iliac region, dull on percussion, semi-fluctuating. By vagina, the hymen is found imperforate, very rigid, bulging; fluctuation is very distinct on pressure being made alternately on the abdomen and hymen. Retention of the menses was diagnosed, and an operation for their evacuation by division of the hymen recommended."

On her return, I proposed to operate at once, to which she assented. On June 30th, I called upon Dr. Gache, who was on a visit to one of my patients in Upwell; and requested his assistance. We returned immediately; and, having placed the patient in the lithotomy position, I passed a full-sized trocar through the tense bluish-white membrane which was bulging between the labia; Dr. Gache at the same time making pressure on the tumour. We were gratified at seeing a chocolate-coloured grumous fluid issue from the cannula, to the amount of three pints. After thoroughly washing out the vagina with warm water, we left her, she feeling greatly relieved.

July 1st, 10 A.M. She had had a good night; no pain; pulse 76; free discharge through the wound, of the same colour and consistency as at first. A great quantity had also passed during the night.

July 2nd. She was going on well. The discharge was less in amount, and thinner.

July 3rd. There was no pain. She looked pale, and had a rapid feeble pulse. She was ordered to have half an ounce of brandy every four hours in arrowroot, and the following mixture.

℞ Quinæ sulphat. gr. viij; acid. sulphur. dilut. ℥ j; magnesiæ sulphatis ʒss; tincturæ hyoscyami ʒ ij; aquæ ʒviij. Misce. Fiat mistura.

An ounce to be taken every four hours.

July 4th. She had had no pain, and felt much better. The bowels had acted freely. The discharge was now like thin blood. She was ordered to keep a pledget of lint as usual in the wound, and to remove it, if it gave pain; and to continue the quinine mixture.

July 5th. She was going on well.

July 8th. On visiting her to-day, I found her so well that I allowed her to sit up.

She has now been under my observation six months since she was operated on. Occasionally, there has been a purulent discharge from the vagina, for which she has used a tannin and alum lotion. She returned to service shortly after the operation; and, within a fortnight of doing so, menstruated freely for the first time. The catamenia continued for three or four days, rather profusely at first; and have returned at regular intervals since. She wrote to her mother the other day, saying she was quite well.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[*Continued from page* 61.]

5. *Hypochondriasis.* Hypochondriasis is a disorder of by no means infrequent occurrence among our agricultural population. The treatment, which should consist chiefly of moral measures, must otherwise be influenced by the nature of the case. To laugh unsympathisingly at a hypochondriac insures, in all probability, two results; viz., the confirmation of his nervous ideas, and the loss to the practitioner of his patient. In one case, the existence of oxalates was detected in the urine; and the nervous depression succumbed speedily to the nitro-muriatic acid, with small doses of opium. This should teach us not to overlook the condition of the urine.

6. *Hysteria.* This Protean affection is, of course, to be found every where. Moral treatment, with the encouraging prospect of a happy termination, will often alone effect a cure. Invaluable as are tonics in many cases, nevertheless, if they are prematurely given (which I have often seen), at the expense of the digestive organs, much harm, and a certain prolongation of the complaint, will ensue.

Hysteric aphonia has occurred in a few cases. A blister to the nape, and quinine, with a firm, cheerful assurance that the voice will be regained, will be found to do good. If this fail, galvanic electricity, applied to the inferior laryngeal nerve and crico-thyroid muscle, has been recommended; but of this I have no experience.

7. *Paralysis.* Two cases of hysterical paralysis have presented. In the one, the loss of motion was confined to one arm; the other was incomplete hemiplegia. Both cases did well under tonics; but in one the addition of a blister to the nape, and the use of galvanism, were had recourse to.

The other cases were of a more severe character, and depended, apparently, upon commencing cerebral disease. These derived considerable benefit, however, from the carbonate of ammonia, with bichloride of mercury, and counterirritation to the nape of the neck.

8. *Spinal Congestion.* Two cases, which I have thus denominated, applied as out-patients. In both the early symptoms were similar: slight pain over the lower dorsal vertebræ, not increased by pressure or by percussion; numbness and tingling in the lower extremities; imperfect power of progression; difficulty of micturition, alternating in one case with incontinence; and great torpidity of bowel.

The slighter case was treated as an out-patient, by a blister applied to the spine, and ergot of rye, with belladonna internally, and afterwards iodide of potassium. This case recovered.

The second was not so fortunate. He was admitted as an in-patient, and for a time improved

much under a similar plan of treatment, so that he could walk very fairly. He had, however, a relapse, the cord itself becoming probably implicated; and, although I have lost sight of him, I fear that he has become more or less permanently paraplegic. The lining membrane of the bladder in this latter case, as felt by the sound, was greatly hypertrophied and thickly corrugated.

9. *Convulsions.* Two cases stand upon the list under the name of fits and convulsions. These occurred in children, and in both instances depended upon cerebro-spinal excitement, originating in intestinal irritation. Calomel and scammony, with saline medicine, in each case effected a cure. In one, a small blister to the nape was had recourse to in addition.

Respiratory System.

1. *Phthisis.* In considering phthisis as it obtains among the out-patients of any hospital in the kingdom, we shall not err, I fear, in placing it, in point of frequency of occurrence, in the first rank of diseases incidental to the respiratory organs. Starting upon the pathological fact, that phthisis, or rather tuberculosis generally, depends upon depraved nutrition; and that this condition is brought about by various exciting causes, such as cold, insufficient food (especially if it be also of bad quality), imperfect ventilation, and too little bodily exercise,—we may consider that a decided step has been gained if we are able, by judicious management, to stave off the threatened diseased nutrition, or to check at its earliest onset its insidious but no less certain consequences.

Of the various exciting causes just mentioned, I believe that none act more certainly in producing a predisposition to the deposit of tubercle, than deficient ventilation and insufficient out-door bodily exercise. These several causes acting so simultaneously and so constantly upon the daily habitual life of our poor, we cannot be surprised at the melancholy pictures of tuberculous disease to which our attention as medical men is so painfully and frequently drawn.

Acute phthisis is not a common disease among the applicants of our hospital. In the last two years, I have not had one case presenting for relief. Of the chronic forms, however, we have every variety, and every stage of the malady. As a rule, hæmoptysis occurs much more frequently among the male than among the female patients. We have had two cases in which, in addition to the general symptoms of incipient phthisis (excepting only hæmoptysis), direct physical evidence has also existed at the apex of one lung. Under treatment, this has all cleared away, showing that condensation of an apex, apparently tubercular, may exist as the result merely of a local inflammatory attack. This is important in reference to diagnosis. The very earliest detection of the depressed condition of the system threatening phthisis, in which the digestive organs play a prominent part, and in which the general and physical disturbance referrible to the lungs is not detected without much and careful scrutiny, is the duty of every practitioner. Unfortunately, among our poor, the disease is too frequently established before they apply for relief; and, from the circumstances of their life, the carrying out any well directed hygienic measures is next to impossible. We are driven, therefore, to fall back upon medicine as our principal resource.

The treatment of the disease, after placing the patient in as favourable a position as possible for obtaining an improved nutrition, may be summed up very shortly.

As a counterirritant, I prefer blisters to any other forms. These should be small; and their repeated application is better, I think, than keeping up a long continued depressing local discharge. In administering medicines internally, one idea must be prominently carried out; viz., the endeavour to improve deteriorated nutrition. If the functions of the stomach be faulty, the first aim should be their correction; as steel and other tonics can but do harm, if the digestive powers resist their assimilation.

Cod-liver oil is unquestionably a most valuable remedy, although there are still some practitioners who doubt its efficacy.

Iron, iodide of potassium, and in some cases quinine, with the mineral acids, are our best tonics.

Morphia at night, and, if necessary, small doses during the day, should not be omitted, if the cough be troublesome.

If night-sweats be profuse, I have found no remedy, on the whole, so efficacious as the oxide of zinc, in doses of four or five grains at bedtime; and sponging the chest with acetic acid largely diluted.

There is a spurious form of phthisis which is not uncommon, more particularly among our male patients who are advanced beyond middle life. This is depending upon a cacoplastic deposit, not tubercle, and not strictly organised lymph. It produces many of the phenomena of bronchial phthisis; but the patient lingers on, improvement alternating with relapse; and the case lasts very much longer than an ordinary one of unmixed phthisis.

2. *Chronic Bronchitis.* I have had no case of acute bronchitis apply as an out-patient during the past two years. This may be explained, I imagine, by the fact that, if the attack be severe, the patient is necessarily confined, under medical care, to his own bed; and if the disease be comparatively slight, it is regarded simply as a "bad cold and cough", and no medical assistance is sought. Chronic bronchitis does, however, obtain; but perhaps not so frequently as in the north of England and Scotland.

In the treatment of the ordinary form of chronic bronchitis, the inhalation of steam soothes and affords much comfort. Blisters to the chest, or turpentine, and internally, ammonia, with chloric ether and the spirit of nitric ether, are useful. If the propelling power of the heart be weak, the addition of the tincture of digitalis, in doses of ten minims three times a day, will be advantageous. To quiet the frequency of the cough, expectorants with sedatives will also be needed.

One case of gouty bronchitis, in its subacute form, was speedily relieved by alkalies, colchicum, and the spirit of nitric ether. In two or three cases of very chronic bronchitis, accompanied with much spasm, I have found, as a vehicle for the ammonia, a strong decoction of the common clover-hay afford much relief, particularly to the spasm.

3. *Congestion of the Lung.* The cases thus designated are somewhat numerous, and include all the instances of hyperæmia of lung-tissue which do not advance to the stage of pneumonia. Cold and insufficient food are fruitful sources of this affection, and hence the frequency of the occurrence as an out-patient's malady.

The symptoms are common to those of catarrh and the early stage of bronchitis; a flushed face, hacking cough, with very scanty mucous expectoration, tightness across the sternum, with a general sense of pectoral fulness and discomfort.

Percussion may give no result, or there may be marked flatness elicited over the greater portion of one or both lungs. Auscultation generally yields a subcrepitant rhonchus, very variable in character, receding and returning in direct ratio to the general progress of the malady.

In severe cases, the warmth of bed, and occasional

cupping between the scapulæ, may be necessary. Saline purgatives, with saline medicines, ammonia, and the spirit of nitric ether, will generally effect a cure.

4. *Chronic and Latent Pleuro-pneumonia.* This affection is by no means infrequently met with in out-patient practice; and it is often one in which little, or very slow, progress is made towards recovery of lung-tissue. As this condition has been sometimes mistaken for phthisis, care in diagnosis is especially needed, lest the announcement of the more serious malady be hastily and erroneously made.

In the treatment, blisters, again and again repeated, will be called for. Internally, iodide of potassium with liquor potassæ, in large doses, will often be useful; and by those practitioners who do not entirely negative the value of mercury, except as a purgative or in syphilis, a few grains of mercury with chalk every night at bed-time may, I think, be advantageously prescribed. If the strength have failed, and indeed in most cases, cod-liver oil will be especially indicated.

A certain amount of persistent consolidation will often remain, despite of treatment, for a lengthened period; but, after many months, it may gradually give way to a restoration of fairly healthy pulmonary structure.

5. *Hæmoptysis.* Excluding those instances of pulmonary bleeding caused by tuberculous deposit, we have had one case attributable apparently to simple circulatory excitement. This occurred in a young man who had grown rapidly, but who was quite free from recognisable tubercle. The hæmoptysis was rather profuse; but it was speedily checked by dilute sulphuric acid, and he required no further treatment than the addition of quinine.

Two cases were vicarious of menstruation; and in these the hæmorrhage ceased upon the re-establishment of that function.

The third cause was referrible to hysteria, arising from ovarian irritation in a married woman without family. In this case, the hæmoptysis occurred only under the excitement of coitus, and for a time was obstinate; but it was ultimately entirely checked by the tincture of sesquichloride of iron with sulphate of magnesia. Valerianate of zinc, with compound galbanum pill, was also taken at bedtime.

[*To be continued.*]

FACILITY IN THE USE OF THE LARYNGOSCOPE: THE INSTRUMENT IN ITS SOCIAL ASPECT.

By George Duncan Gibb, M.D., Assistant-Physician and Lecturer on Forensic Medicine, Westminster Hospital.

In studying the practical application of the laryngoscope, no better method can be adopted than an examination of a number of healthy persons as opportunity permits, and this might be carried out almost to an unlimited extent, until a thorough acquaintance with manipulation is obtained, necessary for the examination of the larynx in a state of disease. If a party, say of twenty healthy and intelligent persons—medical pupils, for instance—are submitted to inspection, there ought to be no difficulty in seeing the interior of the larynx in all, with an autolaryngoscopic demonstration into the bargain, in twenty minutes, unless some cause beyond control be present—such as pendency of the epiglottis, for example, which I have observed in eleven per cent. of all the healthy I have submitted to examination, among both sexes and of various ages. The mere rapidity of examination will only prove how readily the mirror can be applied for inspecting a given number of healthy persons—indeed, I have examined fifty ladies and gentlemen within an hour; but it is hardly the kind of illustration to select for convincing the sceptical of the facility with which some forms of diseased throat may be looked at: for instance, epiglottic thickening, associated with ulceration both of it and the interior of the larynx, and probably dysphagia present. A case of this nature, far from uncommon, would much discourage those who might select it for their first essay.

Before my distinguished friend Czermak first came to London, I used to examine the throat, with some amount of success, with an oval steel mirror, which is figured in the first edition of my work *On the Throat.* But it was not until after I had received instruction from him, that I commenced examining parties of healthy persons, ranging in number from two or more to sixty, and this proved so useful for acquiring a complete control over the laryngeal mirror that I would advise others to practise it. Seeing the conformation and peculiarities of position of the parts in a state of health in a number of healthy people, will do more to impart a sound knowledge of the larynx, than the inspection of the same parts in disease. Next to this, if there be no intolerance to the introduction of the mirror, self-examination should be persistently studied, a process now well known as autolaryngoscopy.

My chief object in this short communication, is to urge those who may be sceptical as to the facility of application of the laryngoscope—and I think they are fewer and fewer every day—to look at the laryngeal mirror, firstly, as a social instrument, and employ it in their family circle amongst the young and old. An explanation beforehand of what it reveals will, amongst the young especially, create a desire to know how their own vocal cords look; and this feeling is so contagious, that even young children will surround the manipulator's chair with a very urgent request that they be not passed over. A good preliminary to this, is an autolaryngoscopic demonstration, with some vocal illustration, as the air of a song. Any one who can learn to do this will have no difficulty in examining cases of disease.

Homicide by a Delirious Patient. In the Berlin Charité there were four patients, suffering from delirium, fastened down in their beds. While they were all apparently asleep, the nurse left the ward, when one of them got loose and springing out of bed, seized a stool, with which he attacked the three other poor wretches. One of these he killed on the spot, another died in half an hour, and the third remains in a hopeless state.

Payment of Medical Witnesses at Quarter Sessions. At the late sessions at Athy, the barrister, Thomas Lefroy, Esq., stated that he had been in communication with the law officers of the crown on the subject of payment to medical men for attendance as crown witnesses at quarter sessions. The Attorney-General agreed with him that medical men should be paid liberally, but that there was no direct legislation on the subject; and that the matter was under the consideration of the law officers; and he was only waiting for information from England to have the question settled. In the meantime, his own view was that medical gentlemen should be paid as liberally for attendance at quarter sessions as at assizes; and he would direct that in future *two guineas* should be paid to them for each day's attendance as crown witnesses. (*Leinster Express.*)

Progress of Medical Science.

SURGERY.

SYPHILISATION. Dr. D. J. Simpson in the *Edinburgh Monthly Journal* gives a paper on syphilisation read by him before the Royal Medical Society of Edinburgh. Dr. D. J. Simpson appears to be an out and out admirer of this new remedy. But he has, we conclude from his paper, no personal experience at all of its action. The following is a short abstract of his remarks. The announcement of Auzias-Turenne, that the syphilitic taint could be removed by syphilisation from the constitution has, during the last eleven years, been verified by the experiments of M. Sperino of Turin, and more especially by those of Professor Boeck of Christiania, to whose labours we are indebted for the greater part of our knowledge of this wonderful remedy. The following is an abstract of two cases of very severe constitutional syphilis which defied the ordinarily employed curative means, but which, under the care of Professor Boeck, yielded at once to syphilisation.

CASE I. Mr. ——, contracted a chancre in 1853. After the lapse of a few months, the tonsils began to ulcerate. The ulcers, however, healed up under repeated applications of nitrate of silver. Iodide of potassium was then given internally, with sarsaparilla. No further symptoms manifested themselves until March 1858, when an ulcer formed on the inner side of the right knee, which healed up after being blistered and strapped. In December 1859, the tonsils and soft palate became extensively ulcerated. No local application seemed to be of any avail in checking the ulceration, and the constitutional treatment by iodide of potassium and sarsaparilla proved equally powerless. In August 1861, the patient came to Edinburgh for advice, and was examined by several of the most eminent physicians and surgeons in that city. His tonsils and soft palate were almost entirely destroyed by ulceration. He looked quite cadaverous, and was so weak that he had the greatest difficulty in walking. His condition was the more alarming, as several members of his family had died of phthisis. He was advised to proceed to Christiania, and submit, as a last resource, to treatment by syphilisation. This he did; and arrived in Christiania on September 1st, 1861. On his arrival he put himself under the care of Professor Boeck, who commenced treatment at once by inoculating him on the chest with matter from an indurated chancre; reinoculating every third day with matter from the previous pustules. At the end of a fortnight, the patient's appetite, which he had almost lost, became ravenous. He could also walk without experiencing much fatigue. Three weeks later, inoculation failed to produce any result; the successive crops of pustules having become gradually smaller, the last proving abortive. Inoculation was then tried on the arms; and pretty large pustules followed. After three weeks' treatment, the pustules aborted here also. The patient left, *completely cured*, on December 1st, 1861, having gained three stones in weight, and expressing himself as "almost as well as he had ever been in his life."

CASE II. Mr. —— was advised, in the summer of 1861, to go to Christiania and to place himself under the care of Professor Boeck, for a very severe attack of tertiary syphilis. Six years had elapsed since he contracted a chancre. In the summer of 1861, when he came to Edinburgh seeking advice, he had a large syphilitic ulcer over each tibia, and one over the left clavicle. Perforation of the palate had taken place, and some pieces of bone had come away from the interior of the nose. The frontal bone was swelled, indicating the commencement of a corona veneris. The ulcers were very obstinate, and continued to increase in size, in spite of treatment. The patient had previously undergone a complete course of mercury on two or three occasions. He had been treated by the heads of the profession in Edinburgh, London, and on the Continent of Europe, without experiencing the slightest benefit; and, despairing of recovery, he determined to go to Christiania. So reduced was he that he had to be carried on board the steamer on leaving Britain, and from it on his arrival in Norway. He underwent a course of syphilisation; and so rapid was his return to health and strength, that within two months after the time of his landing in Norway, he was able to hunt. After an absence of three months, he returned home perfectly cured. The cure in this case was the more remarkable, as the patient was labouring under an enormously enlarged liver, which he had acquired in China, when serving there as an officer in the army. Dr. Simpson saw both of the patients whose cases have been described, immediately after their return from Christiania. Both spoke in confident terms of the treatment. Up to the present time, neither of them has had the least sign of a relapse. Syphilisation may be practised either with matter from a *soft*, or with matter from an *indurated chancre*. Most late writers on the subject of syphilis maintain that the poison giving rise to an indurated chancre is essentially different from that which causes a soft chancre; but Professor Boeck has pointed out that both forms of chancre are the result of one and the same virus. According to him, it depends only on the difference of intensity of the virus whether a soft or indurated chancre be produced. Very intense virus gives rise to a *standard soft*, less intense, to a *standard indurated chancre*. Virus intermediate in intensity to these two extremes gives rise to intermediate forms, so that our prognosis must be always extremely guarded as to whether secondary symptoms will ultimately supervene. No satisfactory theory to account for the extraordinary disappearance of the constitutional symptoms under a course of syphilisation has yet been advanced. Dr. Danielssen of Bergen, has mooted the idea that the action of the remedy is purely depuratory. In consequence of many persons holding this view, experiments were set on foot in Christiania to ascertain whether by means of irritants an equally happy result could be obtained as by syphilisation. Pustules produced by friction with tartar emetic ointment were the media employed. The committee appointed to investigate "Tartarisation" report as follows:—"The members of the committee all agree that they do not know any manner of treatment which works more efficaciously, or even so efficaciously, as syphilisation does in cases of secondary syphilis in individuals not previously treated by mercury." That the ulcers produced should be syphilitic, and syphilitic alone, seems to be the great secret of success, as is shown by Nature herself throwing off the disease by the production of tertiary syphilitic ulcers. In comparing the average of relapses after the different methods of treatment, we see that after mercury thirty-two per cent. relapse; after iodide of potassium, twenty-one per cent.; after syphilisation, only nine and a half per cent. Professor Boeck, however, since he has confined himself to inoculating with matter from indurated chancres, has not had to record a single relapse. The two modes of treatment which claim our chief attention, are syphilisation and tartarisation. After tartarisation twenty per cent. relapsed; after syphilisation only nine and a

half per cent., or, according to Boeck's last series of experiments, not one. The greatly diminished chance of relapse, as well as the possibility of arriving at a certain point of immunity where we can pronounce our patient *cured*, which cannot occur with tartarisation—as in the latter case we can produce sores *ad infinitum*—shows the superiority of syphilisation over every method of treatment which has yet been proposed. At its first introduction, discredit was brought on the practice by its discoverer, Auzias-Turenne, proposing to employ the remedy as a prophylactic, like vaccination. This, of course, is revolting to the mind of every practitioner. Moreover, syphilisation does not act as a prophylactic, as one or two cases after having been cured by the treatment have subsequently contracted a fresh chancre, which has been followed by constitutional syphilis. Nor is its employment as a remedy for the primary sore in any degree a justifiable proceeding; for we can never tell whether any chancre will be for certain followed by constitutional syphilis. But as a remedy for the *constitutional* disease it stands pre-eminent, for syphilisation appears capable of curing *every* case of constitutional syphilis. Surely, instead of being summarily rejected, as it has been in this country, the remedy is entitled to a fair and impartial trial.

Aneurism of the External Iliac Artery Treated by Pressure. Dr. T. C. Moffat relates a case of aneurism of the external iliac artery successfully treated by pressure applied in a novel way. He observes that the exceeding simplicity of the operation by compression here described, and its entire safety to the subject, should commend it, wherever practicable, to the careful consideration of the surgeon.

The case is perhaps the first of the kind which has ever been brought the notice of the profession. The subject was suffering from an attack of bronchitis. He was an Englishman, 29 years of age. His general condition was that of robust health. He had a tumour in the right inguinal region, of about the size of a small orange, which, he said, first attracted his attention about five weeks before. It was then quite small and painless, and was attributed by him to a severe strain received in lifting. He said that it had given him no trouble, except in causing some stiffness of the hip-joint, until a week before admission, when he found that he was growing lame, that the swelling was steadily increasing, and that at times he was troubled with pains through the hip and back and extending along the thigh to the knee. On examining the tumour carefully, it was found to be well defined, lying mainly above Poupart's ligament and pulsating synchronously with the heart. The tumour appeared to involve about two inches of the artery lying over and above the horizontal ramus of the pubes, including necessarily the origin of the epigastric and circumflex ilii arteries. Several surgeons examined the case. There was no disagreement among them. It was found that tolerably strong pressure made obliquely downward and backward upon the cardiac side of the tumour arrested all pulsation in it, and that this pressure continued for a considerable time by the patient himself, by means of the apparatus described, did not cause him much discomfort. A band of India-rubber tubing of one inch calibre was passed around the patient's body, encircling the hips between the trochanters and the iliac crests. Between the rubber band and the skin wide strips of pasteboard were placed to relieve the pressure and diffuse it over a larger surface. An upright piece of wood, about one foot in length, an inch in breadth, and one and a half in thickness at the lower end, was covered with several thicknesses of chamois leather; the upper half of the upright was made quite thin in the line of the body of the patient, and about an inch in breadth. On one side of it the notches were made half an inch apart to admit a loop of strong cord which was tied to the India-rubber band at the point where it crossed the tumour. The lower end of the upright having been adjusted upon the artery, just at the upper side of the tumour, the band was drawn up probably with a force of six or eight pounds, and the small loop above mentioned was slipped into one of the notches of the upright. The contraction of the belt constitutes the power of the pressure, the amount of which was increased or diminished in exact proportion to the inclination of the upright. This was readily changed by lengthening or shortening a cord which passed from its upper extremity to the foot of the bed. The piece was easily kept in the position required by cords running from its upper end to each side of the bed. To adjust the whole apparatus above described, required but a moment's time, and its removal was readily accomplished without disturbing the cords. The violent paroxysms of coughing with which the patient was seized at frequent intervals, were such as to render it impossible, while they continued, to maintain sufficient pressure to obliterate pulsation in the tumour. Several times during the operation the apparatus was entirely removed in order to afford temporary relief to the patient; and at such times pressure was kept up as well as might be with the thumb or fingers of the attendants. At such times it was not possible to prevent a current of blood from passing through the tumour. At the end of six hours of continuous pressure it was found that it required but little force to prevent pulsation; and to effect this it was only necessary to change the loop to a lower notch in the upright. From this time onward he lay quite still, and at the end of eight and a half hours the tumour was found to be completely solidified. The temperature of the limb, which at the first had fallen very considerably, after the first four hours began to regain its normal standard; and when the operation was completed there was no perceptible difference between the two legs in this respect. The usual precaution of wrapping up the whole leg and thigh with cotton wool was not omitted in this case. The patient was kept in bed with the apparatus applied above twelve hours—he then got up and walked about with entire ease. He left the hospital on the second day after, rejoined his ship, and sailed immediately for Liverpool. He could not be influenced by any consideration to delay the voyage in order to test the permanence of the cure. The tumour, when he left, had shrunken somewhat, was hard and entirely painless. He was able to walk afterwards, quite as well as before the operation had been commenced. Dr. Moffat knows no reason to doubt the complete success of the operation in this case, and the permanent cure of the patient. Had he been free from cough, so that the apparatus could have been kept in its proper position without difficulty, cure could have been effected in much less time. (*Philadelphia Medical and Surgical Reporter.*)

Amputation at the Hip-Joint. A successful case of amputation at the hip-joint is related by Dr. Fayrer, Professor of Surgery in the Medical College, Calcutta. The case, Dr. Fayrer says, is interesting, not only for its own sake, as an amputation at the hip-joint, but because it was a secondary amputation following that of the thigh, and performed when the patient was very low, suffering from clear indications of blood-contamination, the result of a diseased condition of the medulla, which is unfortunately frequent in India after section of the long bones, and the cause of many unsuccessful amputations. The oper-

ation was performed, and the recovery occurred, at a very hot season of the year, the thermometer ranging from 86° to 104°. Cholera and other diseases were very prevalent at the time. On April 10th, 1864, a native boy 16 years old, was thrown from a horse; at the inner side of his knee the soft parts were severely injured, but the joint was apparently unhurt; on the 12th, it was found that the joint was opened. The limb was then removed at the lower part of the thigh. After the amputation, fever and extensive necrosis of the bone followed, so that as a chance of saving life the limb was removed at the hip-joint. The knife was entered a little above and in front of the great trochanter, and emerged at the root of the scrotum. The flap being raised, the femoral artery was tied before the posterior flap was cut. On dividing the bone at the great trochanter, drops of pus oozed out of its cancellated tissue; Dr. Fayrer therefore seized it with the lion-forceps and dissected it out, without loss of time. The acetabulum was healthy. All bleeding points, venous and arterial, were tied. The loss of blood was very small —less than eight ounces. His pulse, which was over 150° when the operation was commenced, was very little weaker after it was over. Stimulants were given and hot bottles applied. After the operation the patient immediately improved, and eventually recovered. The last report of him is as follows. "He goes to work regularly as a tailor, and is in robust health. He uses crutches and gets over the ground rapidly; is getting fat, and is much grown in height as well as circumference since his accident. He was admitted on April 10th, 1864; thigh amputated on April 12th; hip amputated on April 24th; perfectly cured on July 31st, 1864—just one hundred days from the operation."

Injuries of Nerves. A hospital for diseases of the nervous system was organised in Philadelphia in 1863; and was also opened for the reception of cases of wounds and other injuries of nerves. Thirty-one cases, illustrative of nervous derangement, some exceedingly rare, and involving separately and conjointly almost every main nerve-trunk and an infinite variety of branches, have been reported in a work on *Gun-shot Wounds and other Injuries of Nerves*, by Drs. S. Weir Mitchell, G. R. Morehouse, and W. W. Keen. Lesions of sensation, of function, of calorification, of volition, of muscular movement, etc., are described, and illustrate many obscure points of physiology and pathology.

The authors profess to treat fully of such points only as are novel, or upon which their clinical experience enables them to cast a clearer light. They describe a distinct kind of pain as a burning pain. It is a form of suffering as yet undescribed, and so frequent and terrible as to demand the fullest description. In their early experience of nerve-wounds we met with a small number of men who were suffering from a pain which they described as a "burning," or as "mustard red-hot," or as a red-hot file rasping the skin." In all these patients and in many later cases, this pain was associated with a glossy skin. They have also seen numbers of men who had burning pain without glossy skin; and in some they have seen the latter condition commencing. The burning comes first, the skin changes afterwards; but in no case of great depravity in the nutrient condition of the skin have they failed to meet with it. The seat of the burning pain is very various, but it never attacks the trunk; rarely the arm or thigh and not often the forearm or leg. Its favourite site is the foot or hand. The part itself is not alone subject to an intense burning sensation, but becomes exquisitely hyperæsthetic, so that a touch or a tap of the finger increases the pain. Exposure to the air is avoided by the patient with a care which seems absurd; and most of the bad cases keep the hand constantly wet, finding relief in the moisture rather than in the coolness of the application. As the pain increases, the general sympathy becomes more marked. The temper changes and grows irritable, the face becomes anxious and has a look of weariness and suffering. The sleep is restless and the constitutional condition reacting on the wounded limb, exasperates the hyperæsthetic state, so that the rattling of a newspaper, a breath of air, another's step across the ward, the vibrations caused by a military band, or the shock of the feet in walking, give rise to increase of pain. At last the patient grows hysterical, if may be used the only term which covers these facts. In two cases, at least, the skin of the entire body became hyperæsthetic when dry, and the men found some ease by pouring water into their boots. One of these men went so far as to wet the sound hand when he was obliged to touch the other. Cold weather usually eased these pains; heat and the hanging down of the limb made them worse. The temperature of the burning part has been always found to be higher than that of the surrounding parts, or than that of corresponding points on the other half of the body. (*Medical and Surgical Reporter.*)

Cancroid of the Cornea and Upper Lid. At a meeting of the Pathological Society, Mr. J. Z. Laurence opened a case of cancroid disease of the cornea and upper eyelid. The patient, James B., aged 26, was first seen at the Surrey Ophthalmic Hospital on April 22nd, 1864. From childhood he had had a thickening of the right upper lid, apparently chronic ophthalmia tarsi. The eyelid had been treated from time to time with caustics by various surgeons; and during the early part of 1863 he was under treatment at a London Ophthalmic Hospital for a "large cyst in the lower lid." The cyst was incised, he was directed to take three drops of liquor arsenicalis three times a day, and to apply sulphate of zinc drops daily to the eye. The cyst was cured, but at the end of some months the eyelid remained in precisely its previous condition. About the middle of October 1863, the patient first observed a small growth from the surface of the globe, which continued to increase in size till he applied at the Surrey Ophthalmic Hospital in April 1864. At this time, occupying nearly the whole outer half of the cornea was a soft, vascular, conical growth, measuring about four lines transversely, about three lines from above downwards, and rising a line and a half above the cornea. The greater part of the tumour appeared to spring from the deeper layers of the cornea, the smaller portion on the outer side passing insensibly into the adjacent scleral surface. Numerous vessels passed from the highly congested conjunctiva to the surface of the growth; especially one large vein from the inner side. The patient stated that he had experienced but little pain in the eye, and that the growth was but slightly sensitive to the contact of a foreign body. The portion of the cornea unobscured by the tumour was nebulous and highly vascular, and at its upper and outer part adherent to the upper lid, which was very much thickened and congested, and its palpebral surface roughened by minute fungoid elevations, like surgical granulations. The visual power of the eye was reduced to mere quantitative perception of light. On the day of his admission Mr. Laurence removed a portion of the growth with the knife; after which it bled very freely. The raw surface was then touched with the solid nitrate of silver, which was twice subsequently repeated, but eventually discontinued in consequence of the application causing most intense

pain, and apparently doing but little good. When last seen on January 17th, 1865, the eye appeared to have undergone little general change; but the conjunctiva was more vascular, the growth much larger in all its dimensions and its apex flatter, softish, uneven, and of a dirty white colour; numerous large tortuous vessels running to it, and ramifying over its surface. The protrusion of the growth between their edges prevented the complete closure of the lids. The upper lid was considerably thickened at its margin; and projecting from its under surface, moving freely upon the cornea, were two lobular fleshy growths, each measuring about a line and a half in length. (*Ophthalmic Review.*)

Reviews and Notices.

THE LARYNGOSCOPE, DIRECTIONS FOR ITS USE, ETC. Two Lectures, delivered at the Royal College of Physicians. By GEORGE JOHNSON, M.D., F.R.S. Pp. 64. London: 1864.

ON THE USE OF THE LARYNGOSCOPE IN DISEASES OF THE THROAT; with an Appendix on Rhinoscopy. By MORELL MACKENZIE, M.D. Pp. 154. London: 1864.

DR. GEORGE JOHNSON'S Lectures have already secured the attention of the profession in the pages of the *Lancet*. He has now published them in a convenient form for the more general benefit of the profession. They contain a clear exposition of laryngoscopy; and, by their aid, any medical man may, with an ordinary amount of care and attention, learn to practise laryngoscopy and rhinoscopy.

Dr. MORELL MACKENZIE'S work is of a somewhat more ambitious character; and, of course, in writing it he has the advantage of having at his disposal all the latest that has been said or written on a subject, which must be considered still in its course of development. Dr. Mackenzie gives a full and interesting history of the laryngoscope. He also does full justice therein to the late Mr. Avery, who has never had awarded to him all the merit which was his due in this matter. That Mr. Avery's instrument was not left by him in a perfect state, is only saying that death overtook that persevering and excellent surgeon while engaged in its perfection. It is, at all events, no slight credit to his ingenuity, that he should have succeeded so well in working out the main point—the principle of the thing.

"*Mr. Avery's laryngoscope*" (says Dr. Mackenzie) "*was very similar in principle to that now in use, and even in its details it did not differ widely from the modern instrument.*"

Dr. Mackenzie has given us all that is known up to the present moment, both of the instrument and of its capabilities. One of the most remarkable uses of the instrument is that which has enabled surgeons to remove morbid growths in the larynx. On this head, Dr. Mackenzie gives interesting details. His work is, like Dr. Johnson's, illustrated with woodcuts; but Dr. Mackenzie's contains no less than thirty figures. In the section which treats of the Application of Galvanism to the Larynx, Dr. Mackenzie details cases in which the voice was restored thereby after having been lost for two and three years. The work is well written, and the subject is systematically treated.

THE SUCCESSFUL TREATMENT OF INTERNAL ANEURISM. By JOLLIFFE TUFFNELL, F.R.C.S.I., M.R.I.A., etc. Pp. 34. London and Dublin: 1864.

IN the course of their investigations into the cure of aneurism by instrumental compression, the Irish surgeons demonstrated the value of diminishing, in place of arresting, the flow of blood through the sac. The brief treatise before us contains an account of the results obtained by Mr. TUFFNELL (and partly by the late Dr. Bellingham) in the endeavour to apply the same principle to internal aneurisms.

In the first case, an aneurism of the abdominal aorta of the size of an orange, became partially solid during three months of treatment; and the patient afterwards pursued his occupation of a hackney carman for four years and a half, with scarcely any discomfort. He subsequently died of some accident, which is not described. There is also no record of any *post mortem* examination.

The second case was one of pain and dulness on percussion, with an audible "double thump" in the left scapular region, attended with other symptoms, which were all relieved in ten weeks. This man returned to his occupation as a sailor, and did all his duties below and aloft.

In the third instance, an aneurism protruded through the chest to the right of the sternum, where it formed a thin-walled tumour, three inches in diameter, and having a double pulsation. After twelve weeks of treatment, the tumour was firm and flattened in the centre, and the beat in it was single. Three years afterwards, in 1857, the patient felt no inconvenience from the aneurism, and had resumed his work as a die-cutter. The tumour did not pulsate, and still felt firm; but it had reached the size of a small cancer; and there were indications in very extended dulness on percussion, in an audible double aneurismal beat, and in obstruction of the venous circulation, that the aneurism had much increased within the chest. There is no later account of this patient.

The fourth case, one of aneurism of the abdominal aorta, near the umbilicus, had, in thirteen weeks, the bellows murmur more soft, the pulsations less distinct, and other symptoms sufficiently relieved for the patient to return to Australia. When last heard of, he was reported to be well.

The next case, already published by Mr. Solly, was one of abdominal aneurism, which improved so greatly under treatment that the patient was persuaded by two eminent surgeons in Dublin that he had never had an aneurism at all. He resumed active life, and died suddenly, when the existence and the bursting of the aneurism were ascertained by a *post mortem* examination.

A sixth case is added, in which an aneurism, beating visibly in the epigastrium, was much reduced by three months of treatment. It could then be felt, when the abdomen was relaxed, "pulsating, with its outline hard and well defined, painless on handling and pressure, whilst the *bruit* could scarcely be heard."

The plan of treatment to which these results are attributed, though arrived at through a new principle, consists of the old and well known methods of prolonged rest in the recumbent posture, and a very reduced diet. The most minute directions are given as to the bed on which the patient is to pass many weeks, and as to the daily diet, which is only ten ounces of solid food (including three of broiled or boiled meat) and eight ounces of fluid.

Mr. Tuffnell's pamphlet appears to us of value for its clinical illustration of the advantage to be derived from rest and restricted diet, and for the preciseness of his directions for enforcing and rendering it endurable. With memories refreshed as to the many thousand beats a day by which the recumbent posture may reduce the pulse, and as to the fact that diet is capable of affecting the deposition of fibrine, practitioners may set about the treatment of internal aneurisms with renewed hope. But we confess to have been not a little disappointed in the expectations which the author has raised. His title-page promises success. The cases are selected ones to illustrate success. It is no fault of a reader that the second case has no appearance of having been an aneurism at all. The description furnished by the author would equally, if not better, apply to a deposition of tubercle in the left lung. None of the other cases were cured. Though partly consolidated, and thereby much improved, each of them continued to pulsate at the close of the treatment. The fifth patient, desisting from proper caution and care, died by the rupture of his aneurism. The third, continuing his work, had, when last seen, a great increase of his tumour. This, at least, is what we gather from the confused account of it which is given by the author. The first case is decidedly satisfactory, so far as it is related; the patient having been benefited for four years and a half. Of the fourth and sixth cases, nothing can be concluded, beyond the advantage which they obtained during, and for a short time after, treatment.

And yet it is fair to the author to state that success in the treatment of internal aneurisms can rarely reach beyond that which he has attained, and in most cases can never be complete. An aneurism cannot be reported as cured unless the artery be obliterated from which it sprung. Though filled with fibrine, it is ever liable to be again distended, and to burst at a newly expanded part. The cures of surgical aneurism are absolute, for the artery is obliterated; but such an event in the case of the aorta is impossible, except below the renal arteries. That in that part, however, the aorta may be suddenly and safely closed is now known to us by the experience of Dr. Murray, of Newcastle-on-Tyne, who, in accomplishing, with chloroform and a tourniquet, the cure of an abdominal aneurism, brought about the obliteration of the aorta itself.

On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. Soelberg Wells, Ophthalmic Surgeon to the Middlesex Hospital. Pp. 214. London: 1864.

This edition of his work Mr. Soelberg Wells has enlarged for the purpose of presenting in it a more complete synopsis of the group of diseases here treated of. These diseases—affections of the accommodation and refraction of the eye—have been hitherto too lightly considered.

"It is now known" (says Mr. Wells) "that certain forms of asthenopia and amblyopia which had in former times set all remedies at defiance, are not due, as was generally supposed, to serious lesions of the inner tunics of the eyeball; but are, in reality, dependant upon some anomaly of the refraction of the eye, or a peculiar asymmetry of the organ (astigmatism.)"

Now, by a very simple remedy—the proper use of glasses—some of these affections may be readily cured. Indeed, the author lays much stress upon the mischief which is often done by the "haphazard plan of selection of spectacles generally employed by opticians"; and insists that the surgeon ought himself to determine the number of the required lens.

In the chapter on Myopia and Sclerotico-Choroiditis Posterior, the necessity for an accurate investigation and careful selection of glasses is well brought out; and so, also, is the value of the ophthalmoscope in diagnosing the frequent presence of that affection in the short-sighted, and in the watching of its progress.

In Chapter v, we have a good account of Muscular Asthenopia, are told of its frequent occurrence, and the relief afforded by operation. The importance, again, of thoroughly understanding the symptoms and treatment of hypermetropia—a disease which often causes great distress of mind—is told in Chapter vii.

Great credit is due to Mr. Soelberg Wells for having so clearly and practically treated of what really is a very abstruse subject of investigation. The style and tenor of his book prove him to be thoroughly master of the business he has here taken in hand. His chapter on Astigmatism is a good example of his successful way of dealing with a subject difficult of ordinary comprehension.

One of the chief and most important objects of the book is, as we understand it, to point out the necessity of scientifically adapted spectacles to the case requiring them. Great injury, we learn, is often done to the sight by the present haphazard method usually followed in the matter of the choice of spectacles. On this head, and as a specimen of the author's style, we give what he says respecting the choice of spectacles in myopia.

"Care should be taken that the spectacles fit accurately, that the glasses are on the same level, and that one is not higher than the other; that they are sufficiently near the eyes, and that the centre of each glass is exactly opposite the centre of the pupil. The last point should be particularly observed in the selection of glasses which fit on to the nose by means of a spring (*pinces nez*); for we find that, on account of their oval shape, they are not generally centred; and if they do not fit properly, so that their centre corresponds to the centre of the pupil, they act as prisms, and give rise to diplopia or to squinting, and the latter may even become permanent, if their use be persisted in.

"Concave glasses should be quite close to the eye; otherwise they will diminish the size and distinctness of the retinal image. As the rays which impinge upon a concave glass are rendered divergent by it, it follows, that the further the glass is removed from the eye, the fewer peripheral rays will enter the latter, in consequence of which the retinal image is diminished in size and intensity. The reverse obtains in the case of convex glasses; for as they render the rays which fall upon them more convergent, a greater number of peripheral rays will enter the further (up to a certain point, of course) the convex glass is removed from it, the retinal image becoming at the same time larger and more luminous.

"Single eye-glasses should not be permitted; for, whilst the one eye is habitually used, the vision of the other soon deteriorates, on account of its disuse, and may become considerably amblyopic. Besides this, as only one eye receives a clear and well defined

image of the object, the other is apt to follow its own muscular impulse, and deviate in the direction of its strongest muscle, and thus divergent squint frequently arises, as the internal recti muscles are often weakened in myopia. If a single eye-glass is employed, it should be alternately used for each eye, so as to keep both in activity. It will be found, however, that spectacles afford a much more clear and well defined image than a single glass. Objects appear to stand out in far more relief, and with greater sharpness and definition, and the sense of depth and distance is also more keenly appreciated."

We cannot conclude our remarks on this work without adding a word in reference to the nomenclature of ophthalmic surgery. We remember hearing the late Sir Charles Bell, in one of his lectures in the Edinburgh University, say: "Oculists are a very learned body, if we may judge from their language." And certainly there is no special department of surgery which can boast of such a scientific nomenclature. We are not saying this as a reproach; because evidently it is better to state an idea in one word—if so it may be stated—than to use long periphrases. But we must insist on this; viz., that, if no English synonyms can be as conveniently employed in their place, authors should, for the benefit of the ordinary reader, define the exact meaning of their scientific terms. We want, in fact, a dictionary of modern ophthalmic phraseology. The profession, as a body, is decidedly not yet master of that same. How many of us are there outside the special ophthalmic body who could define "Aphakia", Asymmetry, Astigmatism, Buphthalmos, Cyclitis, Emmetropia, Epicrisis, etc.?

Functional Diseases of the Stomach. Part I. Sea-Sickness: its Nature and Treatment. By John Chapman, M.D., etc. Pp. 72. London: 1864.

In his preface, Dr. Chapman says that his intention was to have favoured the profession with a treatise on diseases of the stomach; but urgent affairs have forced him to prepare the part on sea-sickness only at present. The doctor's cure for sea-sickness is the application of ice to the spine. The ice is confined in bags, which have been patented, and, as we are informed, may be obtained at all surgical instrument-makers. Of the merits of this method of cure of a very distressing affection, Dr. Chapman speaks in much higher terms than (as it seems to us) are warranted by what he calls his experiments. We sincerely trust that he has hit on a good thing; but, as calm critics, must suggest that the proof of the cure is yet to be given.

Bequests. The late Miss Burton Forster, of Hyde Park Square, has bequeathed to the Charing Cross Hospital £1,000; and the late Miss Ellis, of Balham, has left to the Blind School, St. George's, Deaf and Dumb Asylum, Old Kent Road, Royal Free Hospital, and the Asylum for Idiots, each a legacy of £100.

Ovariotomy. Dr. Pirrie, Physician to the Belfast Lying-in Hospital, last week performed the Cæsarean section. The child is alive, but the poor woman, who before her admission to hospital had been four days and nights in labour, died. This is the second instance of this operation in Belfast, the first having been performed twenty years since by Dr. McKibben.

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, JANUARY 28th, 1865.

DR. STOKES ON MEDICAL EDUCATION.

In a discourse delivered at the opening of the present session of the School of Physic in Ireland, Dr. Stokes took occasion to speak of medical education. Dr. Stokes deplores the inferior position which the medical profession holds in relation to other professions; and he sees the cause of this inferiority in the defective primary education of the medical student.

"Medical corporations, and that class of universities which, by ignoring the value of an education in arts to the medical student, are really little more than faculties, have confounded instruction with education, have placed the special training as first in importance, often to the total neglect of that enlarged education, which would enable their members to advance the real interests and support the true rank of a liberal and a learned profession."

The Medical Act, Dr. Stokes says, has done nothing towards elevating the social rank of the profession. Its promoters had in view the securing of the material interests of the craft, rather than the promotion of the position of medicine. In this Act (as amended), we find seventy-seven clauses, but only five which relate to education; and of these five, three are so worded that it is doubtful whether or not the Council has any power to interfere with extra-professional education. The two other clauses relating to professional education, were introduced "for the protection of the most miserable quackery that ever soiled a noble calling."

At the time of the passing of the Medical Act, there were no less than nineteen bodies which had powers to grant diplomas; and of all these, three only essayed to give to medicine its proper position of equal rank, in an educational point of view, with divinity and law; viz., Oxford, Cambridge, and Dublin. Now, as there are upwards of 18,000 medical practitioners on the *Register* of 1864, and of these only 541 hold the degrees of those Universities, it follows that "only three per cent. of the entire profession has received that university education which places the members of the learned professions—in England and Ireland, at least—on terms of social equality in an educational point of view." And then again, of the three Universities referred

to, only two—viz., Dublin and Oxford—refuse the medical degree to all who have not taken the degree of Arts.

"Cambridge, by admitting to her degree on a less amount of education, has strengthened the opinion that medicine is to be looked on as inferior to her sister faculties. This should not be. No diminution in the amount of arts education—not the fractional portion of a term—should be allowed. It is the bounden duty of the old universities to look more to the character and social status of their graduates than to their mere numbers. In Oxford, the time of obtaining the degree is, in my judgment, too remote; in Cambridge, the objection is of another kind."

Dr. Stokes then describes the deplorable results (as he sees them) of this defective education.

"The system, in truth, was, and is, in most cases, deplorable. A young man, often little more than a boy, is sent from his parents' roof, and plunged into a medical school in a large city. As to discipline, there is none for him; as for example, he has that of his fellows. There are none to care for him. He may degrade himself to the last extreme. After a time, one idea takes possession of him, how he may best obtain his diploma; and so he resorts to the crammer, under whom he remains until his fourth year of misspent time is past; and then, with crowds of other victims, he is turned out to commence his professional life, ignorant even of his own business, with his observing and reasoning powers uncultivated, his moral sense necessarily blunted, his tastes unrefined, his literary attainments (if he had any) forgotten. Unfitted by his habits for independent thought, he enters on practice; and what wonder if he occupies an inferior place in society, when he finds, too late, that he wants that mental culture which would enable him to support the position of a gentleman, or the dignity of a profession?

"As the result of this system, large numbers of uncultivated men have been, and are still, admitted into the profession; and here is the cause which produces the evil of an inferior relative position, an evil of such magnitude, that were it not for the good and purifying influences of medicine itself on the character of those engaged in its ennobling work, the consequences to society would be deplorable.

"It was in reference to this state of things that the resolution of Mr. Teale was adopted by the Medical Council, to the effect that no degree in Medicine should be conferred on any one who had not received the degree of Bachelor of Arts, or who had not gone through the university education for that degree, or received an education equivalent to that necessary for the degree. Mr. Teale is no longer a member of the Council, and his loss is a great misfortune to the cause of professional progress."

Dr. Stokes earnestly calls upon the Universities to put an end to this deplorable state of things; "to follow the examples of the old Universities of Bologna, of Paris, and of the still older University of Salernum, in all of which the study of philosophy was made inseparable from that of medicine."

"Let the Universities unite in one noble brotherhood, and, looking at their great mission, think less of the numbers than of the mental training of their graduates, less of special instruction than of full education, and so further that system which has been the mainspring of England's greatness, because the nursing mother of her intellect and her civilisation."

With regard to the special medical education of the student, Dr. Stokes, we are glad to see, deprecates attendance on the number of lectures which at present form a forced part of his curriculum.

"The system of professional education, in all schools, requires a careful revision; and there can be no doubt that the number of lectures which the student is compelled to attend is excessive, and constitutes really a great evil. This evil might be mitigated by making attendance compulsory only on those courses which are essentially demonstrative. Or, again, the actual number of lectures in each course might be profitably diminished. As to examinations, they should be so conducted as to be essentially practical, and thus to diminish the great evil of cramming. I am myself not an advocate for the necessity of examination in all cases; for year after year we meet with men who might safely be admitted to their degree upon their character, without any such process being gone through. The examination in anatomy should be conducted in the dissecting-room; the examination in chemistry, in the laboratory; the examination in medicine and surgery, in the wards of a clinical hospital."

It is, we think, to be regretted that Dr. Stokes has not dealt somewhat more practically with the question of education than he has done. Every one will, we are sure, readily agree with him, that it is very desirable that a degree in Arts should be required of all candidates for a licence to practise medicine. But then comes the question, Is it possible to make such a demand of all candidates, and at the same time to fully supply the country with medical men? Likewise, we should have liked to hear what Dr. Stokes would say on another point, and it is this: Do those medical men who obtain most esteem and reputation with the public, who are considered the most skilful, and are run after as the best curers of disease—do they gain their esteem and repute because they are men of high general attainments? or is it not rather because they are supposed to have some special knack or quality in treating diseases?

What do the public care about the general education of the doctor whom they employ? The public want a curer, or one who promises that he is a curer. They will run, not after highly educated practitioners of medicine, but rather after him who advertises himself to be a first-rate curer.

Let the most illiterate scamp of a doctor advertise his cures loudly enough, and he will beat out of the field the most learned and scientific men of the day. We would gladly have heard from Dr. Stokes how learning and science are to compete with the notorious success of ignorance and impudence. Our profession differs from other professions in one essential particular. In other professions, a man's judges are his equals—his professional brethren. No man can successfully play the quack at the bar. He is there soon reduced to his level. But in the medical profession, a man's judges are those who are utterly incapable of judging him fairly. And where does quackery of any kind reign more supremely than

amongst our judges—amongst the high and educated classes?

We have just touched on these points, because the difficulties here stated seem to us to require explanation from Dr. Stokes. In what way, we would ask—judging from what we now see going on around us in the actual world of practice—would a higher degree of primary (general) education raise our reputation as practitioners of medicine or surgery in the estimation of the public? In other words, if no degree in medicine were granted except to those who possessed a degree in Arts, would the public—the sick man—value our professional services more highly than he does at present? Does the possession of a degree in Arts in any way tend to secure a man's success as a practitioner?

THE BROADMOOR CRIMINAL LUNATIC ASYLYM.

THE following interesting notice of Broadmoor Lunatic Asylum is condensed from the *Times*.

The building at Broadmoor is the Government asylum, and is capable of holding all the lunatic murderers, men and women, of Great Britain. It is distant about two miles from the Wellington College Station of the South-Eastern Railway, and, surrounded by pine woods, commands a magnificent prospect. It is composed of a distinct block of buildings lofty and handsome. Every part of the buildings, and the slopes in front, are surrounded with high walls, for the place is not only an asylum, but a strong house of detention also. Beyond these walls, whether sane or insane, the murderers once committed to Broadmoor never pass in life or death. In all that relates to diet, lodging, and every other comfort, they are treated with almost an excess of care. They can see their friends, can write to whom they please, can take what exercise they like in the spacious airing grounds, can, in short, do anything but pass the boundaries which shut them in for ever from the world beyond. Within these they live and die, and within these are they buried in the little cemetery attached to the asylum.

Broadmoor now contains about 400 men and 50 or 60 women. Nearly all are homicides, the victims of their united crimes probably amount to nearly 1,000. Here one may occasionally see a female croquet party on the lawn, the players in which have been guilty in the aggregate of some 30 murders; or on the men's side, playing at bagatelle, a little group, with each of whose crimes all England at one time rung. The sitting, dining, and recreation rooms, are all on the ground floor, the dormitories and infirmaries being above. The low mental organisation which one always finds associated with crime in the common run of criminals, the small head, narrow and receding forehead, and restless furtive eyes, are at Broadmoor intensified, and in most cases accompanied with a weakly, undersized physical development. Small ill-formed heads, narrow stooping shoulders, weak limbs, and shuffling hesitating gait, are the rule among them.

In all the wards the same rule of early rising, at 6 o'clock in summer and 7 o'clock in winter, are observed. Their diet is nourishing and abundant. The men who smoke are, under the doctor's orders, allowed tobacco in moderation. They are encouraged to amuse themselves with reading and bagatelle, and, in fact, everything is done to keep them quiet, which is about all that can be effected here. Anything like regular work as a labour is out of the question. All, it is true, would very gladly work; but only a very few can be trusted with such implements as spades, knives, scissors, or even needles and thread. In the quiet wards the patients have blunted knives and forks. In the "strong block" the food is cut up and the inmates have only a smooth horn knife and spoon. A few are trusted to work in the garden. There is a cobbler's shop, in which every one at work, save the superintendent, has killed one or more people. You can pass through a row of tailors, where the earnest-looking man in the midst, whose very spirit seems absorbed in the movement of his sewing machine, is among the worst, and, if mad crime is to be taken as a proof of danger, the most dangerous of all.

In the women's ward the same hours and rules are observed as in the men's, with only the difference which their additional fretfulness, vanity, and occasional acts of wanton, though not dangerous, mischief necessarily entails upon their management. The want of a refractory ward for the more violent of the women patients is sadly felt in this division, and the visitor's ear is often pained and startled by the prolonged hysterical outcries of those suffering under a sudden access of frenzy. Every possible care, however, is taken of them. Nearly all are quietly engaged in sewing or reading, while many, young and old, are walking rapidly to and fro in the airing ground beneath the window. It is very rarely that any of the women wish to be let out or make complaint of their detention. Their intellect seems to acquiesce at once, with a humble feebleness that is inexpressibiy touching, in the necessity for their future restraint, and their mania seldom rises beyond little vagaries in the matter of dress or jealous anger among each other. It is easy to utilise their labour in the kitchens, laundry, and sewing-rooms, where, under the care of the wardresses, many of them work hard and well, while their weekly recreation, the singing class on Friday, is looked forward to with eagerness by almost all but those few whom no kindness can entirely conciliate to quietness with the others. The last comer in the women's block is one who murdered all her children in a fit of jealous vanity. The overweening airs of pride which this young woman still gives herself would be almost amusing in their exaggeration, if they were not also painful evidences of the hopelessness of her malady.

It is in the "strong block," however, where the most dangerous of all the male lunatics are confined. Here are confined the men whose murderous propensities and love of bloodshed seem almost inextinguishable. They are in the airing ground as we enter, a ground enclosed with tall, strong iron railings, within the area of which they are muttering and pacing to and fro, only a certain number within each sub-division of the yards, and with each gang sufficient warders to guide them, rule them, and, when their desperate fits of murderous insanity break out against each other, as they may do sometimes, to overpower them when necessary.

With very rare exceptions, the minds of nearly all the men at least are bent on one object—how to get away. Whether through the interest of friends, by lamentably insane memorials to the Home Secretary, by fraud or violence, this is the one unchanging end which nearly all pursue. It is some comfort therefore to find that these incessant efforts are always unavailing. One would hear with less alarm that all the menagerie of Regent's Park was thrown open than that there was even the slightest chance of these men being again turned free to prey upon society.

Of the two, we honestly believe that the inmates of the menagerie would be less ruthless and less dangerous to human life than the liberated patients of Broadmoor. One thing the public may be pleased to learn, which is, that Victor Townley is not among the inmates of this great asylum. The intrigue which saved him from the gallows failed to secure him the easy life he might have passed here. The final examination which established his sanity, though too late to remit him to the hangman's hands, was early enough to consign him to penal servitude *for life*. In his case the work will be harder and the indefinite term of his dread sentence as inexorably carried out as it is among those mad criminals who are now and for ever enclosed within the walls of Broadmoor.

At another page will be found an account of important meetings held at Liverpool and Preston about the case of Pryce *v.* Bowen. These meetings, and the unanimous and determined position assumed by the influential bodies which attended them, will be of very great service to the profession in reference to the matter of medical evidence given in a court of law against a professional brother. In future the profession will show no mercy towards him who is guilty of thus indirectly bringing an innocent brother into a court of law, by lending his influence to the prosecution. As Mr. Steele well said at the Liverpool meeting, this is not a personal, but a general, question. Indeed, it must be confessed that Mr. Lund has done all he can to repair his false step. He has regretted that he ever touched the case, and has sent fifty guineas to the Bowen Fund, having received only fifteen guineas from the prosecutor. These meetings are the public professional declaration of a great principle. They are a warning to all those who may wrongfully offend in this wise in future. We may, on another occasion, say a few words touching the propriety of establishing a Defence Fund. We will now only remark, that the subject is one which requires serious consideration; and that strong arguments may be adduced to show that the maintenance of such a fund is neither advisable nor practicable. One only we may now adduce: viz., that the very existence of the fund will operate as an inducement for pettifogging attorneys to get up actions on speculation. The question, however, is one for discussion.

In a paper read before the Medical Society of London, on November 21st last, by Mr. H. Lee, the following interesting case is given, shewing the non-infecting quality of the milk as regards the syphilitic disease.

Agnes G., aged 21, married, was admitted into St. George's Hospital on the 5th of October, 1864. Had been married four years, had had two children, the youngest eight months old. Both these children were perfectly healthy, and she had always enjoyed good health herself. After her last confinement she took another child to nurse; this child had the "thrush" and became covered with running sores. Its mother, an unmarried woman, was ill and had lost her hair and eyebrows. This child died three weeks before the patient's admission into the hospital. Shortly after taking this child to nurse she noticed a sore on the side of the right nipple, which became "eaten away," and "very hard all round." Six weeks before her admission into the hospital an eruption appeared over the body, and her throat became ulcerated. She had continued suckling her own child, which remained perfectly healthy up to this period. She had, however, always kept her own child to the left breast, and had always used the right breast, from which the ulcer had formed, to suckle the deceased child. On her admission to the hospital there was a sore on the right side of the right nipple with a hardened bare and glazed surface. The corresponding glands in the axilla were enlarged, and rolled readily under the finger; a copper-coloured eruption existed on the chest and arms; the throat was ulcerated on the right side, and the patient was suffering from pain in the head. The inguinal glands were unaffected. She was directed to discontinue suckling her own child. The secretion from the ulcer on the breast was carefully examined by the microscope, and found to contain no pus globules. The ulcer itself gradually healed up, having an indurated cicatrix. The glands in the axilla also remained specifically indurated. This patient's own child, although allowed to suckle for six weeks after the appearance of the eruption on the mother, remained quite unaffected, and continued perfectly well to the present time (Nov. 21st, 1864). This case thus appeared to show that the milk, if derived from an otherwise healthy breast in a syphilitic patient, has not the power of infecting a child, but supposing that some form of secondary disease had appeared on the mother's breast during the time of suckling, then the disease might readily have been communicated to the healthy child, exactly in the same way as the disease had been communicated from the diseased child to the patient.

At another page will be found an account of a suicide in which the jury determined that the unfortunate man was rendered insane by the perusal of "Dr. De Roos's" pamphlets.

M. Voisin related an interesting fact to the Academy touching consanguineous marriages. In a little village near Croisic, in La Loire Inférieure, there has lived a population who from time immemorial have constantly intermarried. M. Voisin lately passed a month there, and counted that forty-seven marriages of consanguinity had produced one hundred and fifty healthy children, none of whom were albinos, scrofulous, rachitic, or deaf and dumb. He found the people healthy and robust, as it has been for two hundred years; and concludes that marriages of this kind have no injurious influence, when effected under the good conditions of healthy selection.

Two quacks, Morel and wife, have been condemned by the court at Niort in France, to a year's imprisonment and to pay a fine of 3460 *francs*, for the illegal exercise of medicine, and for practising magnetism, roguery, etc.

THE CASE OF PRYCE *v.* BOWEN.

MEETING OF THE MEDICAL PROFESSION IN LIVERPOOL.

A NUMEROUS meeting of the members of the medical profession of Liverpool and the neighbourhood was held on Monday last, at the Medical Institution, with reference to the case of Dr. Bowen; Dr. VOSE presided.

Dr. VOSE said it was not long since the medical profession of Liverpool and the neighbourhood had held a meeting for the purpose of condemning the conduct of the witnesses for the plaintiff at a notorious trial in an adjacent city; and it was mortifying that they had so soon found it necessary to hold another to express their opinion upon a like subject. All probably had heard of the case of Pryce *v.* Bowen. The case belonged to a class which appeared to be rapidly establishing itself as one of the institutions of the country. Actions of this kind were set on foot by a certain description of the community, in concert with a certain description of attorneys; but they could never be brought at all, if there were not also a certain description of medical men ready, for a pecuniary consideration, to give evidence against their professional brethren, and thereby involve them in disaster and in loss. They all remembered the formidable expense entailed upon the defendant in the Chester case, although the verdict was triumphantly in his favour; and in the present case, although Mr. South of St. Thomas's Hospital, as well as other surgeons of eminence, together with the judge and the jury, concurred in the opinion that Dr. Bowen's professional skill had been unquestionable, they found that that gentleman had been mulcted in £200 costs to defend himself, to say nothing of the annoyance, waste of time, and the suspense, in which he had been involved. It was to be hoped that the machinery of the British Medical Association would, without delay, be brought to bear upon this and similar transactions, and that its opinion would be expressed unflinchingly on the conduct of its members when they came forward to give evidence against professional men in cases like Pryce *v.* Bowen. [*Hear, hear, and cheers.*] So strongly had his (the chairman's) colleagues of the Royal Infirmary felt on this matter, that they lost no time, after the trial, in addressing the physicians and surgeons of the Manchester Royal Infirmary with reference to it. In rather less than a fortnight afterwards, they had the honour to receive an answer to their remonstrance; but only from a functionary of the hospital, who subscribed himself its "resident medical officer."

Mr. ELLIS JONES, who moved the first resolution, said that no doubt many members of the profession had been extremely annoyed at the imaginary opinions formed by patients of the mal-treatment of their cases. Both he and his colleagues had suffered in some degree in this way; and he mentioned a case at the Northern Hospital (with which Mr. Hakes had been more particularly concerned) where the patient expressed himself perfectly satisfied with the treatment he had received, and thanked Mr. Hakes and others for their attention to his case. But when he had left the hospital, he got hold of a medical man or two in the town, who told him that the treatment was not correct; that Mr. Hakes and the other medical men had no right to interfere with his limb; and even went so far as to say that no dislocation had taken place. The president had told them that actions like these were frequently brought in consequence of the assertions of persons who knew nothing of the treatment adopted, and who sought only to injure the fair fame of honourable men. [*Hear, hear, and applause.*] Mr. Jones mentioned another case in point within his own experience in Liverpool, where, though no action was actually taken, a medical man had been served with a writ, and sustained great anxiety and annoyance. With regard to Dr. Bowen's case, he (Mr. Jones) had been requested by the attorney for the prosecution to appear against Dr. Bowen; but he declared that he would rather sacrifice his property, and even his life, than do so, and he recommended the attorney to give up the case. [*Cheers.*] What, then, was his surprise to see a man, whom he had thought highly respectable, come forward from Manchester and give evidence for the prosecution. Mr. Jones then criticised the evidence adduced by Mr. Lund; and ridiculed the statement of Mr. Evan Thomas, jun., as to his having seen "thousands" of cases of arm dislocation. In conclusion, he warmly vindicated the talents and standing of Dr. Bowen; and pointed out how immense and unknown an injury might be done to a medical man by such unjustifiable attacks. He moved —"That this meeting desires to express their deep sympathy with Dr. Bowen for the annoyance to which he has been subjected in the trial of Pryce *v.* Bowen; and to congratulate him on the very satisfactory manner in which he has vindicated his professional reputation."

Dr. A. T. H. WATERS seconded the resolution. Painful as it was, he said, it was their duty on an occasion like this to come forward and express their sympathy and congratulations, and also, in firm and unmistakeable language, to declare their opinion of those who unjustly and unfairly gave evidence against their professional brethren. Meetings like the present would ultimately tend to put a stop to these most unjustifiable prosecutions; they had an important influence both on the profession and on the public, tending to show, in both cases, that a man who acted honourably and conscientiously and to the best of his ability, when unjustly accused, would have the support of his profession. [*Applause.*] If they respected and appreciated their own profession, so would the public respect and appreciate them. [*Hear, hear.*] With regard to Mr. Lund, he (Dr. Waters) could not help remarking that had Mr. Lund acted upon the golden rule, not to give an opinion upon the case before he had consulted with his professional brother, he would never have placed himself in the painful position which he now occupied, and the case of Pryce *v.* Bowen would never have been tried. [*Hear, hear.*] No honourable member of the profession would hesitate to give evidence against a professional brother who had been guilty of culpable negligence; but, in this case, everything had been done which skill could dictate; and it was inexcusable for a member of their profession to give evidence such as that which had been adduced. Dr. Waters hoped that meetings of this description would tend rather to diminish trials of the kind under review, and he believed this had actually been the result, as was shewn by the difficulty of procuring medical witnesses in the case which had been alluded to by Mr. Ellis Jones, in which both Liverpool and London were canvassed in vain. In conclusion, Dr. Waters warmly echoed the congratulatory terms of the resolution, which was then put and carried unanimously.

Mr. BICKERSTETH moved: "That this meeting feels bound to record their strong disapprobation of the course pursued by Mr. Lund in the matter of Pryce *v.* Bowen." It was extremely painful to pass a vote of censure upon any man, and nothing but a

tern sense of duty would have impelled him (Mr. Bickersteth) to move the resolution. Had it not been for the conduct of Mr. Lund, he believed the trial would never have taken place. He had it on the authority of the solicitors for the plaintiff, that they had canvassed Liverpool, and had found no one who would support the evidence. [*Hear, hear.*] By Mr. Lund's own acknowledgment, he had been called upon by the solicitors for the plaintiff with the object of involving a professional brother in disgrace, and he did not hesitate to give his services. Mr. Bickersteth alluded to the misstatement as to Mr. Lund's connexion with the Royal Infirmary of Manchester. He (Mr. Bickersteth) had read Mr. Lund's defence or explanation; but explanation it was not. Mr. Lund "regretted that he had ever appeared in the case;" and no doubt he would regret it as long as he lived, for they were a strong professional body; they had expressed their opinion of Mr. Lund, and Mr. Lund and Evan Thomas would for the future be connected in the minds of the profession with this case. In conclusion, Mr. Bickersteth pointed to the fact that in Mr. Lund's statement a simple regret was expressed that he had erred from a want of judgment —no regret that he had injured a member of his own profession and a brother practitioner. [*Hear, hear.*]

Mr. STEELE wished to place the nature of the meeting in its true light. It must be clearly understood that they had not met for the purpose of attacking any individual: it was not an aggressive, but a defensive movement, on the part of the medical profession. [*Applause.*] All present would acknowledge that, as public servants, they were responsible to the public for the efficient discharge of their duties; and any physician or surgeon who undertook the care of a case of disease or injury was bound to bring to its treatment a reasonable amount of skill, judgment, and attention. If a person suffered damage in life or limb through the gross negligence or ignorance of his medical or surgical attendant, he was undoubtedly entitled to compensation at the hands of that attendant; and, if such a case as this were brought before a legal tribunal, any member of the profession summoned to give evidence was not only justified but bound to obey that summons, and to give his honest opinion upon the case. Mr. Steele further argued, that the case of Dr. Bowen was not at all an analogous case to this, inasmuch as all necessary skill had been shown; and that the gravamen of the offence against professional propriety—the injury which Mr. Lund had done to himself, and the scandal that he had brought upon his profession—did not consist so much in what he said and did at the trial as before the trial. [*Hear, hear.*] Mr. Steele then quoted from the BRITISH MEDICAL JOURNAL of the 14th of January, which contained a letter from Mr. Lund to the editor. It was clear, he said, that the prosecution in Pryce *v.* Bowen had submitted a case to Mr. Lund, with the view of getting his opinion as to how far an action would lie, and what chance they had of getting a verdict. In this case, Mr. Lund had placed himself in the position of a grand jury, with the very important distinction, that grand juries never ventured to cut or to find a bill without hearing the evidence on *both* sides. [*Hear, hear.*] Mr. Lund said, in his letter: "It has been asked, how is it that I did not apply to Dr. Bowen, and hear his version of the case before the trial? My answer is, that it did not occur to me to do so; and, had I thought of it, I should have considered it highly improper, after giving an opinion on the merits of the case to the solicitor for the plaintiff, to have communicated with the defendant." Thus he admitted giving his opinion on the merits of the case—an opinion which must have been founded upon an extremely ambiguous statement of an uneducated woman as to whether the arm was in a prone, semiprone, or supine position, during a certain period of the treatment. But that was not all. Mr. Lund actually went further, and anticipated the defence Dr. Bowen was likely to set up, and suggested to the prosecution how they should be prepared to meet that defence. Mr. Steele gave quotations from the letter to support his argument, and then went on to say that the whole letter went to show Mr. Lund seemed at times to be desirous of conveying the impression that he was not prejudiced against Dr. Bowen, while at the same time he afforded all the materials requisite for an attorney to go on with an action. [*Hear, hear, and laughter.*] Dr. Waters had alluded to this matter; and, at the last meeting held in that room, this very point was brought forward by a speaker in reference to Drs. Ramsbotham and Lee, that a great portion of the offence that they committed consisted in the fact of venturing to give an opinion upon the treatment of a case without consulting the professional man who had the case in the first instance. Mr. Lund could hardly be ignorant of that case; and he (Mr. Steele) could really not understand how he could have forgotten to communicate with Dr. Bowen. [*Hear, hear, and cheers.*]

The resolution was then put, and carried unanimously.

Dr. STOOKES moved: "That a subscription be opened to assist Dr. Bowen in defraying the needful expenses incurred for his defence." Dr. Stookes remarked that there could be little doubt that, in addition to the annoyance and harass which he had experienced, Dr. Bowen had been put to very large expense in the case; and it was most desirable that his professional brethren should assist in defraying this expense.

Mr. HAKES had much pleasure in seconding the resolution, having had the misfortune himself to have been harassed in the same way as Dr. Bowen. In referring more particularly to his own case, Mr. Hakes said that, in order to procure witnesses against him, not only Liverpool, but London and other parts of England, were canvassed for the purpose; and he mentioned the fact that Mr. Erichsen of London, who had given an opinion on the case which precisely accorded with the treatment which he (Mr. Hakes) had adopted, after doing so, declined to have anything more to do with the case until he had communicated with the defendant. Mr. Erichsen wrote him (Mr. Hakes) a letter, telling him all he had discovered, and which made it easy for him to ask Mr. Erichsen to offer his services. Fortunately, he was not required; for the case broke down, the plaintiff being non-suited. But this conduct of Mr. Erichsen formed so marked a contrast to that which had occurred in connexion with Dr. Bowen's case, that he (Mr. Hakes) felt bound thus publicly to call attention to it. [*Applause.*]

At this point of the proceedings, Mr. Ellis Jones read a letter from Dr. Bowen, stating that the expenses of the case would be under £175. The resolution was then put, and carried unanimously.

Dr. SCHOLFIELD (Birkenhead) said he had received a letter from Mr. Hammond of Preston, stating that a meeting had been held in that town in reference to Dr. Bowen's case, and that upwards of £17 had been subscribed.

In reply to Mr. ELLIS JONES, Dr. Scholfield stated that Dr. Dobie and Mr. Harrison of Chester had each contributed to the fund; Mr. Harrison having also engaged to canvass the profession in Chester.

Dr. DESMOND moved, and Dr. FENTON seconded: "That Dr. Stookes be requested to act as Treasurer to the fund." This was adopted unanimously.

Mr. MANIFOLD proposed, and Mr. PARKER (Kirkdale) seconded, a resolution that the proceedings of the meeting be forwarded to the medical journals. This was adopted. Mr. Parker remarked, that accusations of this kind were now so frequent, that it would really in a short time be a question with many, how far they would be justified in the treatment of cases which were likely to end in a manner not quite so satisfactory as they could wish. He suggested that a committee should be appointed from the present meeting, to take into consideration some further means of preventing similar proceedings in future. The resolution was then adopted.

Mr. LOWNDES remarked that, as Mr. Martin's name had been brought in question in connexion with the case, and as Mr. Martin was present, it was desirable to hear any explanation he might wish to make.

Mr. MARTIN said that when he saw the case, they asked him what he should propose. He said he would not do anything without meeting Dr. Bowen in consultation, and that he should like to meet him. [*Hear, hear.*] He (Mr. Martin), in consequence of this application to him, and hearing that the case was going to trial, thought it his duty to go over to Oxton, and he had two interviews with Dr. Bowen. [*Hear, hear, and cheers.*]

Thanks to the Chairman were then moved by Mr. STUBBS, seconded by Dr. IMLACH, and carried unanimously. After which, subscriptions were received, Mr. M'Cheane and Mr. Harrison acting as secretaries to the fund.

MEETING OF THE MEDICAL PROFESSION IN PRESTON.

A MEETING of the medical profession of Preston was held at the Literary and Philosophical Institution, on Wednesday week, for the purpose of expressing sympathy with Dr. Essex Bowen, of Birkenhead, on the occasion of the unjust prosecution to which he has recently been subjected. At the meeting there were present Drs. Altham, Broughton, Brown, Gilbertson, Hammond, Heslop, Moore, Ridley, Smith, Stavert, and Walling, and Messrs. Pilkington and Richardson. Dr. STAVERT occupied the chair. Letters, approving of the object of the meeting and expressing strong sympathy with Dr. Bowen, were read from several gentlemen.

The first resolution was proposed by Dr. BROUGHTON, seconded by Dr. HAMMOND, and carried unanimously, viz. :—"That this meeting sympathises most deeply with Dr. Bowen on the annoying and vexatious trial to which he has recently been subjected, and begs most cordially to congratulate him on its satisfactory termination."

The second resolution, which was proposed by Dr. GILBERTSON, seconded by Mr. PILKINGTON, and carried unanimously, was as follows :—"That this meeting most strongly condemns the practice of medical men giving evidence against their professional brethren without first communicating with them."

The third resolution was proposed by Dr. SMITH, seconded by Dr. ALTHAM, and carried unanimously :—"That a subscription be commenced to assist in defraying Dr. Bowen's legal expenses, and that Dr. Hammond be appointed treasurer, and Dr. Moore honorary secretary."

It was next moved by Dr. ALTHAM, seconded by Dr. RIDLEY, and carried unanimously :—"That this meeting is of opinion that it is desirable to establish a General Medical Defence Fund for the protection of the profession, and suggests that any funds left after defraying the costs of Dr. Bowen's suit should be devoted to that object."

The last resolution was proposed by Dr. WALLING, seconded by Mr. RICHARDSON, and carried unanimously :—"That copies of the foregoing resolutions be forwarded to the different medical journals, and to Dr. Scholfield, the chairman of the Birkenhead meeting."

A vote of thanks to the chairman terminated the proceedings.

Special Correspondence.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

THE case of Pryce *v.* Bowen has created a good deal of discussion among us. This has been due both to the intrinsic interest of the case; to the spirited manner in which it has been taken up by yourself; to the personal character and position of Mr. Lund; and perhaps, slightly, to a feeling of mild rivalry which exists between Manchester and Liverpool. On the merits of the case there is, of course, but one opinion. Mr. Lund has committed a decided error; one that might have had most serious effect on Mr. Bowen, and one which the profession and its organs could not, if true to themselves, afford to overlook. The principle must henceforth be considered more firmly established than ever, that no medical man is justified in giving an opinion on the treatment of a fellow practitioner till he has heard his own statement of the case; and then only when there is clear and distinct evidence of culpable negligence. The profession is a gainer by the trial in that our professional ethics have been so forcibly maintained. Such being the case, may it not be allowable to temper justice with mercy? I speak with certainty when I say that he is one of the very last men in Manchester whom, from his previous professional character, one would have expected thus to err. Anxious, and I believe successfully anxious, to stand well with all his brethren, I am sure that nothing but an unaccountable error or haste of judgment could have led him into the matter. Anything like personal *animus* has not even been hinted at. His position as a former president of the Medical Society, and as one of our own Council, speak to his general estimation. I cannot but think that an otherwise unblemished professional character must lead us, after condemning and deprecating to the utmost the false step, to deal not too harshly with him, when he comes forward in a straightforward manner, admits to the full his error, and endeavours to atone as far as an honest man can. I believe he has already sent £50 to Mr. Bowen's fund; and I have seen no one who doubts that, as far as an honest admission of error can go, he has done all that lies in his power. Taking for granted the plaintiff's statements, which, of course, was the grand mistake, I do not see that his opinion as a surgeon is compromised. I believe Mr. Lund himself has said, that the acquittal was mainly due to the straightforward, manly way in which Mr. Bowen himself gave his evidence as to facts.

The attempt to fasten something like voluntary

perjury on Mr. Lund, with regard to his calling himself an infirmary surgeon, is simply hitting a man when he is down. It arose from the anomalous position of the surgeons to the dispensary department—a position which has already been abolished for all future members. There would have been nothing said on that point, had he been on the right side. To conclude, the case has done us all good here. The right has been fully vindicated, and a rod held in pickle for men of less character than Mr. Lund. He himself has suffered mentally and otherwise more than most are aware of; and I think I speak the opinion of all here when I say that his suffering has been held to atone for his error, and that there is no doubt of his being reinstated in our esteem as one who has admitted to the full his error, and who, if a sadder, yet as a wiser man, has still to look forward to a career of honour and respect.

I have left myself no room for other matter. A fatal case of chloroform, due mainly to syncope, rather than asphyxia; a case of explosion in making oxygen gas, which might show the public one of the numerous penalties they pay for free trade in physic, —have been reported in your columns. So I draw this to a close, hoping that I may not soon have a similar case to remark on.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

Amongst the topics of Edinburgh conversation of special interest to your professional readers is the *fama* that our distinguished professor of clinical surgery has, during the last few weeks, successfully performed extirpation of the whole of the tongue. As the case occurred in Mr. Syme's private practice, I am unable to supply any details in connection with it; the bare fact that the operation was performed, and successfully too, having reached me.

In a former communication, I referred to the remarkable success which Dr. Thomas Keith had achieved as an ovariotomist—a success which has placed the operation on a sure and firm footing in Edinburgh. Since my last communication, Dr. Keith has performed many operations, and his success has been very great. He has had eight successful operations in succession; and it is to the eighth of them that I wish to call attention, as it was performed under circumstances which might well be considered desperate, and as it is altogether, I believe, without precedent. Dr. Keith was consulted, a few weeks since, by a patient suffering from ovarian dropsy. The symptoms were urgent, and the tumour much distended, and as a palliative Dr. Keith determined to have recourse to tapping the cyst, fully intending to extirpate it on a subsequent occasion. After the tapping, however, symptoms of inflammatory action came on; the patient became very ill; and five days after she was evidently fast sinking. As a last expedient, Dr. Keith determined to proceed at once with the operation; and he accordingly removed a cyst weighing fifty-seven pounds and a half. When opened, this cyst exhaled the most horribly offensive odour, and *it was found to be gangrenous.* Immediately after the operation, the woman rallied; everything progressed satisfactorily, and she made a perfect recovery. The age of the patient was 51; and, as explaining to a certain extent her extraordinary recovery, I may say that she came from the country, and appeared to be a woman of vigorous constitution. This patient was the twenty-fourth on whom Dr. Keith had operated; of the twenty-four patients, eighteen have recovered; the last eight cases operated upon having all been successful.

On Monday evening last, Sir David Brewster read a short memoir before the Royal Society of Edinburgh, On the Causes and Cure of Cataract. The interest which any paper by so distinguished a man must necessarily elicit, was heightened on this occasion by the fact of one so altogether unconnected with medicine having chosen for investigation so professional a subject. Sir David Brewster had his attention directed to this subject about thirty years since, when he became affected with incipient cataract. His attention was first directed to the morbid alteration, by noticing that when he looked at a luminous object it appeared surrounded by coloured fringes; and he was led to investigate the optical conditions necessary for the production of this phenomenon. He arrived at the conclusion that it was due to a separation of the constituent toothed fibrés of the crystalline lens, and that the proximate cause was an alteration in the quantity and quality of the fluid of the lens. To this opinion he was led by his own experience, and by the observations which he had made on the changes which the crystalline lens undergoes when immersed in water for various lengths of time. The quality and quantity of this fluid, he supposes, is influenced almost entirely by the quality of the aqueous humour; and it is to inducing alterations in this fluid that the efforts of the surgeon should be directed. When the aqueous humour is too watery, the quantity of the fluid in the capsule of the lens is increased, and a soft cataract is produced; whereas, when the opposite condition exists, the fluid enclosed in the capsule of the lens will be insufficient to establish optical continuity between the fibres of the lens, and a hard cataract will result.

The efforts of the surgeon should be directed, according to Sir David Brewster: 1, to bring about a change in the general health of the patient, for sometimes, as in his own case, such general treatment may suffice to re-establish the proper balance between the fluids and solids of the eye; and 2, to change, by local means, the quality of the aqueous humour. He suggested that the anterior chamber should be repeatedly tapped, and that in those cases where the aqueous humour has too high a density, it should be replaced by water. Instead of having recourse to the latter expedient, the surgeon might trust to the fluid secreted after the operation being altered in quality.

At the termination of Sir David Brewster's com-

munication, Dr. Simpson drew attention to the fact that Sperino of Turin had lately published a monograph, in which he had stated that, by means of repeated tappings of the anterior chamber, he had succeeded in curing cases of cataract.

As confirming the value of Sir D. Brewster's suggestions, I may say that, on visiting Utrecht two years ago, I happened to meet Dr. Raymond, Professor Sperino's assistant, himself a very able young surgeon, who informed me that he had tapped the anterior chamber in a very large number of cases of glaucoma and cataract; that the operation could be repeated daily with perfect impunity for an almost indefinite period; and that the results, in cases of incipient cataract, were remarkably satisfactory.

On Thursday last, the President and Fellows of the Royal College of Surgeons of Edinburgh held a *conversazione* in the hall of the College, when Dr. Rutherford Haldane delivered a most interesting lecture, on the Modern Practice of Medicine. Dr. Haldane considered in succession the advances which pathology, diagnosis, and therapeutics, have made during the last few years, directing attention to the most remarkable discoveries in each of these departments. In his review of the progress of therapeutics, Dr. Haldane strongly opposed the view of a change of type in disease, arguing that a change of the opinions of physicians had, instead, led to a change in their mode of treating disease; a view which was also warmly espoused by Mr. Syme in some remarks made at the close of Dr. Haldane's lecture.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

DECEMBER 15TH, 1864.

JOHN CAMERON, M.D., Vice-President, in the Chair.

Medullary Cancer. Mr. LOWNDES exhibited a specimen of medullary cancer of the tibia, removed by him from a female patient in the Northern Hospital.

Alopecia. Dr. BALMAN recorded cases of alopecia areata. [An abstract will shortly appear.]

A Sketch of the Epidemic Fever now Existing, with Special Reference to its Origin and Mode of Extension. By A. B. STEELE, Esq. Although Liverpool was never entirely free from typhus, nor perhaps from most other zymotic diseases, yet, since the great epidemic of 1847, this disease has very much decreased, until about three years ago, when it began to increase gradually, and might be said to have become epidemic in the autumn of 1862. From September 1862 to 1864, the number of typhus patients in the Liverpool Fever Hospital ranged from 60 as a minimum to 200 as a maximum. From that period, the following table indicates its progress.

Number of Typhus Cases in the Hospital.

During the	39th	week of	1864	207
,,	40th	,,	,,	262
,,	41st	,,	,,	288
,,	42nd	,,	,,	316
,,	43rd	,,	,,	345
,,	44th	,,	,,	371
,,	45th	,,	,,	346
,,	46th	,,	,,	336
,,	47th	,,	,,	321
,,	48th	,,	,,	376

The following figures show the death-rate during the same period.

Weekly Average of Typhus Deaths in Liverpool.

First quarter of 1864	23
Second quarter of 1864	26
Third quarter of 1864	30

Weekly Average since.

40th week	47	45th week	55
41st week	48	46th week	54
42nd week	44	47th week	54
43rd week	59	48th week	53
44th week	53		

The course of the disease, as indicated by those tables, and as observed by the author in tracing its progress in the town, appeared to favour the view that, as would be shown hereafter, the mode of its extension was by contagion alone. Striking illustrations of this were adduced. Certain streets and courts, where overcrowding, bad ventilation, and all the other alleged causes of fever, existed in full force, remained entirely free from epidemic typhus for at least two years after it had become epidemic and was extensively prevailing in other parts of the town; in these very streets, in the early part of the epidemic, a few imported cases of typhus had been observed, but they gave rise to no extension at that time. These localities had been in the same sanitary condition for the last fourteen years, and yet typhus was not epidemic there until a few months ago.

The type of the epidemic was true typhus, all the cases presenting the characteristic eruption, except in children. The prominent symptoms in the generality of cases were those referrible to lesion of the function of circulation, indicated by prostration, frequent, weak pulse, dependent upon disturbance of the action of heart and large vessels; and by maculæ and petechiæ, resulting from lesion of the circulation of the capillary system. The disturbance of the cerebro-spinal system or the lesion of innervation, indicated by loss of rest, delirium, coma, and subsultus, was less frequent and less prominent than usual, especially amongst the pauper class.

There has also been but little tendency to complication or local lesion; so that although, as before noticed, the function of circulation has been most engaged in the disease, yet the very complication most likely to ensue—namely, that of the respiratory system—has not followed—at least, to any extent. In many cases, there was short, dry, irritable cough, scarcely ever proving serious or troublesome; and hitherto the author had met with nothing approaching the amount of hypostatic pneumonia which so frequently complicates typhus, which he learned was at the present time frequent in the wards of the London Fever Hospital, and which he remembered as a prominent feature in the cases in the Liverpool Hospital towards the close of the epidemic of 1847.

He referred the comparatively small extent to which the disturbance of the cerebro-spinal system existed in the poor to the fact that they have less thought and anxiety and are more enduring than those in a higher social scale, where the brain was more active in health, and the nervous system generally more susceptible. The freedom from thoracic complication, he attributed to the mildness of the season, and anticipated its increase as the weather became more severe.

A few cases of typhoid were met with; but these did not seem to have any connection with the present epidemic; out of about two hundred cases of fever during the last four months, the author had only seen about eight or ten of typhoid.

As might have been anticipated from the type of this epidemic, the mortality has not been high.

Compared with the average death-rate as computed by Dr. Murchison at 19 per cent. for England and Scotland, the present epidemic contrasts most favourably. In connection with this part of the subject, the author directed attention to the apparent low rate of mortality amongst typhus patients treated at their own homes as compared with those treated in hospital. He said apparent advisedly, because the results obtained from a careful and rigid inquiry were so opposed to preconceived notions, and constituted a problem upon the solution of which might depend momentous issues affecting the whole question of typhus, both in a sanitary and a therapeutic point of view, that he was disposed to accept them with the mental reservation that more extended inquiry might change the aspect of the case.

The following figures at once show the state of the case.

Typhus Mortality—Death-rate per cent. of Attacks.

	Under 20 years.	20 to 40.	40 to 60.	60 and upwards.
In 153 cases treated at home. District No. xi.	2.3	6.25	15.4	?
Liverpool Fever Hospital. (1864.) 1249 cases.	4.3	16.7	36.1	50.0
London Fever Hospital. (Ten years) 3506 cases.	5.5	16.9	39.6	62.3

The average mortality at all ages in the Liverpool Fever Hospital was about 15.5 per cent. The author had ascertained as accurately as possible the death-rate of home-patients throughout all the parochial districts, twelve in number. The result gave about 6 per cent.; but he could not rely so thoroughly upon the accuracy of those returns, as upon the figures given above.

He was not at present prepared to give a satisfactory explanation of this marked difference in the death-rates, in and out of hospital. The subject merited, and would no doubt receive, further investigation. He pointed out that any unfavourable comparison which might be made applied to fever hospitals in general, and not to the Liverpool Hospital in particular, as the death-rate in that institution is below the general average.

The author alluded to the present prevalence of other zymotic diseases—small-pox, scarlatina, and erysipelas of a low type—indicating, he thought, some peculiar condition of depressed vitality or other constitutional peculiarity favouring the spread of zymotic disease.

He then proceeded to show that the only exciting cause of typhus was contagion. All other agencies to which its generation has been attributed, he considered to be predisposing causes only. He illustrated this view—first, by analogical reasoning; and, secondly, by actual observation. He based his argument upon the zymotic theory of Liebig, endorsed by Simon and Paget, of which he gave a summary as given in the last edition of Dr. Watson's lectures. He thought that as malarious diseases, such as ague and yellow fever, are not contagious, there was *à priori* ground for the converse—namely, that contagious disease, such as small-pox and typhus, were not malarious—that is to say, they could only be produced by the introduction into the system of their own specific virus, and not by exhalations of any other kind.

With reference to destitution, which had been prominently mentioned as a cause of the epidemic, he pointed out that there was no proof whatever that greater destitution than usual now existed in Liverpool; but, on the contrary, the poor were suffering under far less pressure than at other periods when there was but little fever amongst them. Of all the Lancashire towns, Liverpool had suffered least from the depressing effects of the cotton famine, but most from typhus. In Blackburn, where there was much more poverty and distress, there was no typhus. And as to the Lancashire "midden" being a cause of fever, the question was easily disposed of; in London, there are no middens, but plenty of typhus; in Manchester, there are more middens than in Liverpool, but typhus had been absent from Manchester for many years until quite recently, and now existed only to a limited extent. All Lancashire towns have middens, but only one or two have typhus; none, in fact, to a serious extent, except Liverpool.

He fully admitted that destitution and its concomitants, especially over-crowding and bad ventilation, as predisposing causes, tended greatly to foster and promote the extension of the disease; but denied that fever was ever generated *de novo* by such conditions.

He adduced numerous striking facts, from authentic records of various authors, and from his own observation during nearly twenty years' experience as a public medical officer in Liverpool, showing that, on the one hand, all the alleged causes of typhus might exist either separately or in combination, and exist permanently, and yet no typhus would be produced; and, on the other, that typhus might and often did exist where none of these causes were present. He quoted, amongst other records, from the last report of the medical officer of the Privy Council, narratives of epidemics at Whitehaven by Dr. Bristowe, and at Festiniog by Dr. Buchanan. The latter was a most marked example of over-crowding, and yet not a single case of typhus occurred; and although typhoid fever which constituted the epidemic was evidently connected with the over-crowding and owed its extension to that cause, there was no conclusive evidence that the disease was generated *de novo* on the spot, or that it might not have owed its origin to contagion from without. The Whitehaven epidemic, he considered to illustrate a possible source of fallacy in tracing the cause of epidemics which appeared to have escaped notice. The report of Dr. Bristowe is summed up thus: "It is difficult to suggest any measures for producing typhoid fever so likely to be efficient as those which have allowed Whitehaven to be degraded into its present filthy state." His account of the epidemic there states that "fever was very common in Whitehaven until about fourteen years ago; but from that time until the commencement of 1862, it had practically disappeared." He does not, however, show that the supposed causes of the fever are of recent origin; and from our knowledge of that town, it is probable no great change has occurred for some years. Could it be supposed that, fourteen years ago, some sudden sanitary impulse removed all the then existing causes of fever and kept them in abeyance until 1862, when the town again abruptly deviated from the sanitary standard and was again visited by fever? Was it not more in accordance with common sense to suppose that Whitehaven has been for many years a filthy, over-crowded, ill-regulated town, and that the absence of fever for a long period, and its recent prevalence, is referable to some additional cause—viz., to the introduction of the disease by contagion? The author wished to be distinctly understood as fully appreciating the value of sanitary measures; but thought the views he had enunciated assisted us in directing those measures in their most efficient course, and enabled us to take a calm and rational view of the benefits that might be expected from them.

Mr. HAKES hoped Mr. Steele would explain the great difference that existed in the mortality between patients treated in hospitals and in their own homes.

Dr. SHEARER agreed with Mr. Steele in regarding the rapid spread of fever as an indication of an altered constitutional condition rendering the body more susceptible to the attacks of the disease. Dr. Shearer, alluding to destitution as a predisposing cause, drew attention to the fact, that in 1860 and 1861 there was not much fever; but in 1862 it prevailed, and this was the time when there was a large amount of destitution, owing, in a great measure, to commercial difficulties; and he considered that the ravages of fever might have been materially lessened if the distress had been more bountifully relieved. The hospital mortality was doubtless great; and, he thought, owing very materially to the following causes. 1. The worst cases were sent to the hospital; 2. Depression of spirits consequent on leaving home; 3. That home-nursing, even amongst the poorest class, was better suited to their requirements than that met with in hospitals.

Mr. BAILEY, Mr. GARTHSIDE, Dr. PRYTHERCH, and Dr. VOSE, took part in the discussion.

Owing to other business, and the length of the paper, time would not allow of further discussion, and it was, therefore, resolved that the subject should be re-opened by Dr. Gee at the next meeting of the Society.

Mr. STEELE, in reply, alluded to the great importance of removing patients into hospital in as early a stage of the disease as possible; for when it was delayed, the chances of the patient's recovery were greatly diminished; and this delay that so often occurred doubtless tended materially to increase hospital mortality. He did not agree with Dr. Shearer with reference to nursing; and did not consider that destitution had much to do with the present outbreak of the disease. We have had far greater commercial panics, and no outbreaks of fever.

Correspondence.

MEDICAL ERRORS.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—The passage in Dr. Barclay's book which most provoked me by what I considered its bold inaccuracy is the following.

"*One or two remarkable recoveries took place after the administration of castor-oil; and it was consequently assumed that the action of the oil was strictly curative by aiding in the elimination of the poison.*"

We have now Dr. Barclay's apology for this passage.

"He [Dr. Johnson] objects to the phrase 'one or two remarkable recoveries', because there were twelve recoveries in all. Were they all remarkable? I think not. My own experience of cholera would have led me to expect several of the cases detailed to recover without any treatment at all."

True. And I must confess that, until I read Dr. Barclay's letter in the last number of our JOURNAL, I had not discovered the convenient loophole which he had here provided for himself in the use of the word "remarkable".

Again, Dr. Barclay says: "I do not think I have ever by implication asserted that the assumption was based on the fifteen cases." To which I reply: No, not on the fifteen cases, but, as plainly as language can declare it, on the "one or two remarkable recoveries" referred to in the above quotation, which I have given in italics.

In short, Dr. Barclay, in his capacity of Lumleian lecturer, with the College of Physicians as his audience, and *Medical Errors* for his subject—bound, therefore, as he was, to be more than ordinarily precise and accurate both in his facts and his logic—asserts that I, having witnessed "one or two remarkable recoveries" from cholera after the administration of castor-oil, at once jumped to the conclusion that castor-oil is the cure for that terrible disease. It is true, that he elsewhere states that the assumption in question was based on what he is pleased to call "a false analogy with mineral and vegetable poisons"; but this only shows that, with curious inconsistency, a great logician and a teacher of correct reasoning may give two different explanations of the same phenomenon: it does not render the statement which I have above emphasised in any degree less offensive or less inaccurate.

When, within a few days after Dr. Barclay's lectures were delivered, I occupied the position of lecturer in the same room, and with the same audience, I was, happily for myself and my own mental composure, quite unconscious that I had so recently been exhibited there as a dreadful example of illogical and inconclusive reasoning.

Now, was it too much to expect that Dr. Barclay, before criticising my theories and my practice, should have taken the trouble to read what I have actually written on the subject under discussion? If he had done so, he would have known that I have nowhere said that castor-oil is a cure for cholera. He would have seen that my method of reasoning on this subject is not so illogical as he has represented, and as he doubtless believed it to be. He would have found that I have indulged in no extravagant expressions as to the success of my treatment; and he must, I think, in justice have admitted that, even if I have done nothing more in this matter, I have shown the fallacy of many of the conclusions which have been formed as to the effect of various modes of treating cholera; and that I have prepared the way for a better understanding of both the pathology and the treatment of that disease.

I am perfectly well aware that the fifty-four cases which I have published are insufficient to establish the utility of my mode of treatment. I am glad to have Dr. Barclay's acknowledgment that the hundred and fifty cases collected by the Board of Health are "just as insufficient to prove that it is valueless". I am persuaded that the mortality from cholera, under any plan of treatment, will always be great. I am convinced that, in a considerable proportion of cases, recovery will take place by the unaided powers of nature. I am also convinced that, while on the one hand the mortality may be much increased by mistaken modes of treatment, whose tendency is to oppose the curative efforts of nature, it may, on the other hand, be materially lessened by means which are calculated to aid those efforts. I am sure, too, that it will always be difficult to estimate truly the influence of any plan of treatment in this disease. All this I have endeavoured to set forth in my book on cholera; and, if I may be allowed to quote my own preface, "while I neither expect nor wish to escape criticism, I desire that the criticism which I receive may be impartial and honest—such, in short, as truth and the interests of humanity alike demand."

There are several statements in Dr. Barclay's letter to which I could easily reply; but I have no desire to prolong this discussion. I cannot, however, refrain from alluding to the startling novelty of the assertion that, without previous absorption, neither calomel nor castor-oil can act as a purgative.

I trust that I have not, either in this or in my pre-

ous communication, transgressed the bounds of gitimate self-defence; and I feel sure that Dr. Barty, in the second edition of his interesting book, hich without doubt will soon be called for, will so odify his criticism of me as, to say the least, will nder it less liable to be misunderstood.

I am, etc., GEORGE JOHNSON.

11, Savile Row, January 24th, 1865.

NEW INDIAN MEDICAL SERVICE.

SIR,—Your correspondent "D. J. G." obliges me, ry much against my will, to reply to his remarks in e last JOURNAL; viz., "provided only he bases his dvice on a fair representation of facts." Your corespondent appears to be fond of indulging in permalities, if I may judge from his favouring me a econd time; though to what purpose, in a matter of is kind, I am at a loss to know.

I am not aware of having misrepresented facts. I ompared the old pensions *with* Medical Retiring und, *versus* new *without*; and I proved the former be far superior. I admitted the new pay was lightly improved; and promotion to the rank of surgeon after twelve years I declared a boon. At the me time, I stated that neither pay nor pension ere at all adequate for transportation to a climate ke India; and I added, that it was impossible for married man to make a provision for his wife and ildren, taking into account sickness, education, and e increased expense of living in India to what it as; and I believe I proved that, with all the advanges the new service offers, it is far inferior to that f the Company.

I stated that the late dispatch created a new serice, and those entering under it have no claim to ny privileges of the old service; and that I would ot advise any one trusting the Indian Secretary. ut your correspondent "D. J. G." thinks I should quire at the India Office. Nay, I have read the ispatch, and am not alone in my interpretation of it; ut, as "D. J. G." has taken up the gauntlet for the ndian Secretary, I would advise him to get Sir C. Vood to publish the rules and regulations for the ew service, as an explanation of his dispatch; for hat it is read differently from "D. J. G.'s" reading f it, I would refer him to a letter from an "Indian urgeon" in the last *Medical Times and Gazette*, conemning it far more forcibly than I have done.

"D. J. G." holds forth, as a lure to the unwary, ne very exceptional case of Dr. Macpherson of the Iadras army. He and all the deputy inspectors-eneral will be gainers by the new rules; and, in ddition to all, will have £400 a year from the Meical Fund; but the case of Dr. Macpherson should ot be quoted as an example in favour of the new ules, as he was most unfairly promoted over his eniors, some of whom had seen service in the field efore he got his commission.

I never said a member of the Medical Board under ne old rules could retire on a pension of £900 a year. D. J. G." should read more calmly what I did rite about £900 a year. Under the old rules, the ighest pension was £700 a year, with £400 from he Medical Fund; total, £1,100, *versus* £550 under he new rules. If Sir C. Wood cannot get the assistnce of a better advocate than "D. J. G.", he may ell say, "Save me from my friends."

As regards my ignorance "on the subject of pensions in the British army", with which "D. J. G." aunts me, I find, on referring to the Warrant of October 1858, that your correspondent, who proesses to know from circumstances so much of both ervices, either errs in his statement, or there are new regulations since the Warrant was issued. As paragraphs 10 and 12 refer to retirement, under the former *only* is a medical certificate required; but, under the latter, "every medical officer who shall have served upon full pay for twenty-five years and upwards shall have the right to retire upon half-pay at the rate of", etc.; and I find the highest rate of half-pay (there is no such word as pension in the British service) is £736 : 7 : 6, not £600, as stated by "D. J. G."

"D. J. G." again introduces the subject of stoppages, and says he "alluded to another matter entirely", and quotes the case of a surgeon landing at Calcutta, his regiment being six hundred miles up country. Under the old rules, he drew no staff-salary until he joined; under the new, he gets what is now termed "unemployed pay on a liberal scale". But D. J. G." does not give us both sides of the story. Under the old rules, we were allowed thirty days at Madras, going to or coming from Europe; and time to join, according to distance, at the rate of ten miles a day. Thus, if my regiment was six hundred miles away when I landed, I had ninety days to join in; and many of us took the full time out at the Presidency. *Sed tempora mutantur et nos mutamur in illis.* The thirty days are reduced to fifteen, and "to join by the most expeditious available mode of travelling, and without unnecessary delay on the road." I quote from a general order by the Governor-General of India.

I say again, once for all, the pensions are not sufficiently good to induce men to go to India, when they have no guarantee that faith will be kept with them; for Paragraph 20 of the dispatch reads very suspiciously as to services being dispensed with. It says: "You will, of course, take into account the several situations which may be properly filled up by uncovenanted members of the medical profession." Now, to my reading, many of the presidency appointments (the prizes of the service) must, according to this order, in future be filled by outsiders.

I am, etc., A RETIRED SURGEON MAJOR.

January 1865.

Medical News.

APOTHECARIES' HALL. On January 19th, 1865, the following Licentiates were admitted:—

Smith, Solomon Charles, Halifax
Turner, Frederick, Buxton
Woodcock, John Rostron, Ramsbottom

At the same Court, the following passed the first examination:—

Simpson, Thornton Gerald, Guy's Hospital
Watson, George Samuel, St. George's Hospital

APPOINTMENTS.

*COOKE, Wm. Harry, M.D., appointed Certifying Surgeon, under the Factory Acts, for the District of Aldridge and Walsall.

MAUNDER, C. F., Esq., elected Consulting-Surgeon to Queen Adelaide's Dispensary, *vice* James Luke, Esq.

MARRIAGE.

ALLEN—BAKER. On the 19th instant, at St. Peter's Kirkley, near Lowestoft, by the Rev. Henry Willmott, incumbent, assisted by the Rev. John Allen, brother of the bridegroom, Joseph ALLEN, Esq., of Tombland, Norwich, to Sophia Augusta, daughter of the late John BAKER, Esq., Bengal Medical Service, of Noakholly, Bengal.

SUPERANNUATION OF UNION MEDICAL OFFICERS. The Lord-Lieutenant has appointed a day to receive the memorial from the physicians and surgeons of Ireland on the Superannuation of Union Medical Officers.

THE MEDICAL ACT. In the paragraph in the last number of the JOURNAL describing the proceedings of the Scottish Branch of the Medical Council, some important words were omitted in one of the sentences. The proposed amendment of the penal clause is as follows. "It shall not be lawful for any person, unless registered under this Act, to practise any branch of the profession, taking or using the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner, or General Practitioner or Surgeon Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other medical or surgical title; and every unregistered person so offending shall, upon summary conviction for such offence, forfeit or pay a sum not exeeeding twenty pounds."

SUICIDE AND "THE VIGOUR OF HEALTH" GENTRY. Last week, an inquest was held at Higham, Kent, on James Miles, who was found drowned in the canal. The deceased was 24 years of age. A few months ago, he was rather queer in his manner, and appeared very low-spirited. About a fortnight ago, he received something which made him worse, was very desponding, and complained of his head and stomach. The police-constable who was present at the finding of the body found several papers and printed bills in deceased's jacket-pocket. Two are from Dr. De Roos, of Tavistock Square, and one from a Dr. Smith, of Burton Crescent, London. They are what are called quack handbills. At the residence of deceased, he found a pamphlet on secret diseases. J. J. Ely deposed: I am a surgeon, practising at Chatham. From an inspection of the papers found upon the deceased, I have no doubt whatever they would cause a great depression of spirits, and tend to a person committing suicide. Persons suffering from disease are susceptible to depression of mind. The papers or bills are issued by quacks. It is not unusual for cases of suicide to arise from reading pamphlets similar to those produced. The Coroner then read several letters from Dr. De Roos, which stated that the deceased must still continue with the medicine, and impressing upon him the necessity for remitting money, as he did not make it a practice to give credit to his patients; and stating that, in consequence of having numerous correspondents in all parts of England, he hoped he would not neglect writing to him, as he (Dr. De Roos) might forget the case. About thirty letters had been sent to the deceased in the course of ten months. The Coroner summed up. He said: Gentlemen, you have heard the evidence which has been adduced. From this it would appear that the deceased had in all probability been reading the pamphlets which have been produced; and you will have remarked that, on opening one of these pamphlets, the word "suicide" appeared written prominently round the margin. The number of letters from Dr. De Roos, of Tavistock Square—letters which it is impossible to stigmatise too strongly, and which, when read by the weak-minded, would lead them to the commission of suicide—must be noted as a weighty fact, and they tend to prove that the mind of the deceased had been deeply harassed by them. The jury returned a verdict to the effect that the deceased had committed suicide whilst in an unsound mind. After the delivery of the verdict, a consultation between the coroner and the jury took place, which resulted in the foreman intimating that they considered deceased's insanity to have been brought on by the perusal of certain pamphlets issued by and letters received from Dr. De Roos, of Tavistock Square, London. The coroner ordered that the pamphlets and letters should be kept in safe custody.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Obstetrical Society of London, 8 P.M. Dr. Snow Beck, "On Puerperal Fever"; Mr. I. Baker Brown, "New Mode of Securing the Pedicle in Ovariotomy"; and other Papers.

THURSDAY. Harveian Society of London, 8 P.M. Dr. Drysdale, "On the Antecedents and Treatment of Phthisis."

FRIDAY. Western Medical and Surgical Society, 8 P.M. Mr. George Nayler, "On Syphilitic Diseases of the Skin following Vaccination."

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

K. R.—The little book entitled *A Few Words on the Choice of a Microscope*, is a reprint and revise from the *Quarterly Journal of Microscopical Science*. It is a very useful and well written essay on the subject of which it treats.

DOCTORS FOR SCAPEGOATS.—SIR: We must all thank you for your leader on the poor scapegoat, the doctor. Of course, what else was he made for? You have, in your leader, omitted to notice one thing. There is not sufficient work for the doctor in "*necessary*" visits; but he must be forced, if the orders of the Poor-Law Board are carried out, to do a great amount of work wholly *unnecessary*.

For instance, we all know that many chronic cases do not require a weekly visit; but the sapient powers at head-quarters decide that, whether they require it or not, every case on the book is to be visited *once* a week!

Where a surgeon has only limited time (and how many are there of this class), these *unnecessary* duties must be taken out of the time intended for *necessary* work. Again, the absurdity of filling up some of the columns in the weekly reports, consumes a great amount of time, which might be devoted to saving life; but, as your facetious contemporary *Punch* some two or three years ago remarked, union surgeons were not appointed for that purpose, if they were so foolish as to spend valuable drugs in saving life, when they were intended to get rid of it quietly, more fools they.

Possibly, Timothy Daly's case may prove the necessity for the reform which Mr. Griffin has so long been labouring at—the placing all medical officers on a similar footing. How many union appointments are better paid than that which Mr. Norton holds?

I am, etc., A POOR-LAW VICTIM.

ADVERTISEMENTS.—The following advertisements appear in the *Lincoln Gazette*.

[*A Card.*]

Mr. Fred. T. Mason, Surgeon and Bone-setter, 123, High Street, Lincoln.

Medical Notice.

Mr. Thomas Elkanah Hoyle, Surgeon, etc., begs to inform the public that he attends midwifery cases for 10s. 6d. Mr. Hoyle has had great experience in diseases of women and children.

Clinical Lecture
ON
VENESECTION.

BY
W. O. MARKHAM, M.D.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

:NTLEMEN,—I have to-day to bring under your no- e two cases which, as I think, illustrate in a striking y the beneficial effects of venesection. In both es, the patients were suffering, and suffering se- ely, from lung-diseases; and in both the symptoms which the venesection was practised were those ich represent in a marked degree interference with e free play of the heart and lungs. I will, in a w words, relate the history of these cases; and en make a few remarks touching the operation of e venesection in their cure.

J. J., aged 36, a healthy man, was seized, about a ek before his admission into St. Mary's Hospital, th difficulty of breathing and "stitch" in the right le. These symptoms increased up to the time ien he entered the hospital. When I saw him, the rning after his admission, he was sitting up in d, fighting for breath, and, as he expressed it, felt nost suffocated. His pulse was rapid; his tongue ist and coated; and his face livid. He had been lirous during the night. An examination of his est, hastily made, showed us that he was the sub- t of double pleuropneumonia, and that there was mplete dulness on percussion before and behind over least three-fourths of the right lung. Now, if ever e might have ventured to predict, from a considera- n of symptoms and physical signs in such a case, at the patient was being surely and rapidly asphyxi- d; and that, unless some immediate and great ief were quickly given him, he would inevitably rish, assuredly one might have done so in this se. Guided by this impression, and considering at the man had only been ill a week, and had pre- usly enjoyed good health, I ordered him to be d at once, and freely bled—*i. e.*, until he showed ns of relief or fainting. I may here remark, as a rious sign of the times we live in—of the revolu- ns which periodically occur in medicine, as well in all other things—that the house-surgeon had ver bled a patient, nor had seen a lancet used in eding! About sixteen ounces of blood were taken m the man's arm, to his very great and immediate ief. The pain in the right side (where the pleuritic mptoms were most acute) returned again in the ening, and therefore some eight to ten leeches were en applied. Next morning, the man was, com- ratively speaking, in a most comfortable state. He longer suffered from those urgent, and, as I deemed em, fatal signs of distressed breathing, which licted him the day before.

And what had brought all this so great relief to n, if not the venesection? Surely, if in any case may draw conclusions that the relief given in dis- se was the result of the remedy administered, we ty do so in such a case as this, where the nature of e disease is so manifest, where the relief following e remedy is so undoubted, and where it follows so mediately upon its use. More than this: it may be asked, Is there any other remedy besides venesection which could in such a case have produced relief so great, and so immediate? Well, then, unless we choose to shut our eyes to as palpable a fact as any which can be produced in the matter of the action of therapeutical agents, it seems to me that we are driven to the conclusion that venesection is, *in such a case*, the most sovereign and life-saving of remedies; that, in the instance before us, it had rescued the man from impending death. I do not intend to follow out the history of this man's case through his long convalescence. I will only add that, in addition to the double pleuropneumonia, he was afterwards attacked with pericarditis; and that subsequently a pleuritic abscess of the right side opened into, and discharged its contents through, the lungs and the trachea. Notwithstanding all this long catalogue of serious affections, he eventually left the hospital convalescent.

The other patient, alluded to as illustrative of the beneficial uses of venesection, was an adult man, who had occasionally suffered from "asthmatic" symptoms. When he entered the hospital, he breathed with much difficulty, and, in fact, suffered "excruciating" pain in the left side. His respirations were 50 in a minute, and his pulse very rapid. His disease was pneumonia of the left side. He was immediately bled to about fifteen ounces, and was as immediately relieved of his great distress. I will only add of him, that he thereafter rapidly and satisfactorily recovered from the attack, and left the hospital cured.

Now, I call your attention to these two cases, because they seem to me, as far as they go at least, to show the error of the present "extreme in practice", which virtually abolishes venesection from our list of therapeutical agents. I believe that in one of these cases, at all events, the man would inevitably have perished, had he not been bled.

You know the modern theory about bleeding, or rather I should call it the present prevailing theory; for it is in no way modern. It is this: that diseases have changed their type; and that men of these days will, therefore, not bear bleeding as men did thirty or forty years ago. I have elsewhere shown,* and, as I think, shown demonstratively, that this theory is a mere scapegoat which men have made use of as an apology for their own apparently inconsequent conduct—in order, in fact, to explain how it is that they no longer employ venesection as they once employed it in other and darker ages of medicine. I have asked and sought for the *proof* of the assertion that men will not bear bleeding now as they did in those other days; and I find it utterly wanting. I find that the assertion is founded on some indefinite kind of belief—on ordinary medical belief—in fact, on mere surmise and opinion. If you ask men for anything like a reasonable *proof* of the opinion, you ask in vain. I showed, in the lectures referred to, that this idea of an incapacity of man to bear bleeding was flourishing upwards of a hundred years ago—has, indeed, flourished at intervals during all ages, and has been handed down from physician to physician through generations past. A hundred years ago, Hunter tells us that some of the physicians of his day discovered, just as physicians of our own day have done, that diseases would not bear bleeding as well as they did formerly. Medicine is

* See Gulstonian Lectures, BRITISH MEDICAL JOURNAL, April 9, 16, 23, 30, and May 7, 1864.

continually repeating its own errors. At this moment, however, I only ask you to keep these two cases—surely I may call them these two facts—in your eye, when you may be tempted at some future day, and in an urgent case, and contrary to your own judgment, to forego venesection solely because you have a dread of this bugbear of a change of type in disease—of some modern incapacity of human nature to bear loss of blood. Just reflect again on what you here see going on around you daily and hourly in this matter of loss of blood. Look at patients, after accidents, lying in our surgical wards blanched through loss of blood. Note the enormous quantity which often wells away from women during labour; measure the black vomitings of patients suffering from ulceration of the stomach, and the bloody sputa sometimes thrown up in tubercular disease of the lungs; note the large dejections of blood which often accompany ulceration of Peyer's glands in typhoid fever: note all these, and many other sources of often most copious hæmorrhages which you see going on daily under your eyes in the hospital; and note also that the patients recover, and recover rapidly, from the effects of such large hæmorrhages. Mark how little they exhibit of that incapacity to bear loss of blood which they ought to exhibit if there were any truth in the theory that we are now living in an asthenic phase of diseases. More than this: I might ask you to observe the very great relief which these spontaneous hæmorrhages often bring with them, especially in those cases of disease in which the lungs and the heart are concerned.

Well, gentlemen, if you will note all these facts, and then carefully reflect upon them, you will, I am sure, at all events, have your belief greatly shaken in the truth of the idea that to take a few ounces of blood from a man by the lancet is something akin to taking the very life out of his body. These reflections will shake your confidence in the truth of the theory upon which is based the modern practice of non-bleeding in disease. And then, if you will also call to mind the markedly beneficial effects following the bleeding, and noted by your own eyes, in the two cases here spoken of, you may probably be induced, on proper and fitting occasions, not to fear to resort to this most excellent of remedies. This is the lesson which I have wished to impress upon you to-day.

And one word more, let me say, as to the probable action of the venesection in cases of this kind. The idea generally entertained on this point is, I believe, quite erroneous, and, what is worse, an error, which prevents the use of the remedy. It is thought that venesection is of service in inflammatory diseases, through the beneficial influence which it exercises over the local inflammatory process. I believe there is no proof whatever that venesection has any directly beneficial influence over any inflammatory process.

If venesection be of service in internal, it should equally be of service in external inflammations—*i.e.*, in those inflammations whose progress we can see with our eyes. But in what records of "bleeding" times, will you find any satisfactory proof that it ever was of service in such inflammations? And where will you find an authority of the present day to tell you that he has seen the benefits of venesection in external inflammations?

The truth is that, in past days, when venesection was in its glory—I mean gloriously abused—you will ever find that its benefits were most loudly proclaimed in those internal inflammations in which the action of the lungs or heart was impeded; and, assuredly, at the present day, there is never any pretence or thought of bleeding a man, except in those diseases in which the respiratory or circulatory organs are directly or indirectly affected. Facts like these, and other facts which I have not time now to tell of, indicate *à priori* the correctness of the proposition I here make to you; viz., that venesection has no directly beneficial influence over the inflammatory process itself; but that it is of benefit, by removing some of the accidents which arise secondarily out of those inflammations and diseases—viz., the impediments to the free play of the lungs and heart. No one ever did, or ever does, think of bleeding in pneumonia, unless the pneumonia be so extensive as to seriously interfere with the play of the heart and lungs. Men always did, and always do, judge of the necessity for the venesection by the amount of impediment to the action of those organs displayed in the physical signs and symptoms which indicate the impediment and the nature of it. The benefits of the bleeding, as I see the thing, are not the result of any good effected by it at the seat of the inflammation—of any good directly effected by it over the inflammatory process. Its benefits are rather to be ascribed to the freedom of action—the relief given by it to the play of the other, the uninflamed parts of the lungs and the engorged heart—of the organs or parts in fact which have become secondarily engorged, *i.e.*, impeded in action, in consequence of the inflammation. The bleeding neither arrests nor alters directly the condition of the inflammatory process.* It neither cuts the inflammation short, nor can it remove the exudations which are the necessary attendants of inflammation. In what possible way can bleeding alter directly the condition of a consolidated portion of lung? In the case of J. J., the bleeding most assuredly effected no instant change in the state of the inflamed parts of the lungs and pleura. But nevertheless the relief given by it was immediate—came whilst the blood was flowing from his arm—as it probably always comes, if the bleeding be of any service at all. Also, remark that the relief here given is just of the same kind as that which is given in cases, for example, of chronic diseases of the heart and of thoracic aneurism; in cases where impediments to the action of the heart and lungs, or, in other words, congestion of the heart and lungs, have suddenly arisen, and where inflammation does not exist. Hence, therefore, when bleeding is of service in the course of inflammatory diseases, it is so, not because it directly alters the inflammatory process, but because it relieves certain of the accidents which arise incidentally out of the inflammatory process—*i.e.*, the congestion of the heart and lungs. Bleeding therefore, it may be said as a corollary of this, is of service only in those inflammations and diseases in the course of or out of which arise impediments to the play of the heart and lungs.

But, after all, let no theoretical arguing draw us away from the patent fact which we have seen with our eyes. We saw a man, to all appearance *in extremis*, fighting an unequal battle with disease. We found him to be the subject of double pleuropneumonia. We saw an immediate stop, then and there,

* Of course, excepting in so far as by modifying the general state of the system, it may modify the general forces which are concerned in or preside over the process.

to the violence of this deadly struggle by bleed-
We saw the man recover from the moment of
bleeding. You may have heard him declare that
bleeding was the saving of his life—though you
not perhaps take any great account of a pa-
's opinion on such a point. You have seen all
Well, gentlemen, I trust I have a sufficient
e of the fearful amount of fallacies which beset
nedical reasoning—of what Dr. Barclay calls our
dical errors"—I believe I have a sufficient dread
ne proverbially reigning confusion in our ideas
he *post hoc* and the *propter hoc* in matters thera-
ical. But I think a man must be sceptical in-
, beyond all bounds of reason and common
e (if we may invoke that sense here), who re-
s to connect effect with causation, the con-
ence with the antecedent, the cure of the disease
the venesection, in the cases I have to-day
ght under your notice. And this one other
l let me add suggestively, What other remedy do
know of under the sun which is capable of pro-
ng off-hand, then and there, such great results in
formidable disease?

Original Communications.

ON VITAL FORCES.

By James Rhodes, Esq., Glossop.

HOUT much preface, I intend to state my views
the question of the origin of the motor or vital
in the living organism.

am not aware that any more appropriate term
be given to designate this subject than physico-
dynamics.

is no less true for the human system than for
xternal universe, that *no force can be lost or de-
ed*, and that *no force can increase in any degree
which exists.* When a force or power of motion
nce ceased to act in one particular manner—as
va, or mechanical force, light, heat, or electri-
—it becomes transformed into some of the other
s of force, according to the relation which the
unding parts possess in influencing the conver-
A good instance of this fact is mentioned by
ssor Grove, in his work on the *Correlation of
ical Forces* (page 58).

hall attempt to trace out the changes or con-
on of forces which take place in the human
m.

thout doubt, the prime moving force in all Nature
at which started worlds into existence—a First
e, producing the law of gravitation in the hea-
bodies, and called by Mayer, Tyndall, and
s, *vis viva*. Now, when this *vis viva* becomes
ted, an *equivalent* proportion of heat is produced;
the discovery of its equivalent may hereafter
us a key whereby we may estimate the value of
of the chemical agencies acting in the human
omy.

e mechanical equivalent of heat is equal to 772
pounds for 1° Fahr, and was discovered by Mayer,
rman of our profession, and by Joule of Manches-
whose labours were carried on independently and
out the knowledge of each other.

e leading philosophers now consider that one
force now exists. It is not my intention to
te this important point, but it will be necessary
incide with them. Yet the most uninitiated can ask, How can there be variety of forms out of one force? According to the more advanced philosophers, there exists a grand central force, round which systems of worlds revolve; and the light which emanates from the central bodies or suns of these systems is created by the very force which causes the revolution of the earth round our sun. It is not necessary here to enter fully into the subject of forces as they exist in external Nature, but the same laws apply to them in the human being; and I shall simply state the order and relationship which they possess to each other.

A gravitative force is established by the Great Unknown, which force is called *vis viva*. It is now discovered that a body falling to the earth will produce a certain equivalent of heat by the gravitative or moving force, which by this means becomes arrested and changed.

The following is an outline of the order in which I propose to consider this subject.

1. A close relationship exists between chemical force and the force of gravitation; and, under certain conditions, each of these produces heat and electricity—the former, the voltaic form; and the latter, frictional electricity.

2. A correlation between heat, light, and electricity is found to exist in the world around us; and it remains to be shown how these are connected and related in the living body.

3. It is not too much to expect that, as science advances, the total value of all these may be ascertained. The voluntary principle of man cannot create more force than is produced by the changes effected by the oxidising or chemical process in the system; otherwise exhaustion would be unknown, and sleep would be dispensed with.

4. There is the same correlation of forces in the human body, and these take their origin from simple motion, or *vis viva;* the attractive force existing in carbon, hydrogen, oxygen, phosphorus, etc., becoming converted into heat and nerve-force. These two are correlated, just as are heat and electricity. I do not consider that electricity and nerve-force present exactly the same phenomena; yet they are closely related, and almost identical.

5. I hope to show that heat and nerve-force are produced from the same origin; and that heat is not essentially, if at all, converted into nerve-force, as stated by Dr. Richardson; but that they are distinct at their origin, and that the nerve-centres are supplied with their force through afferent nerves—*i. e.*, cerebro-spinal and sympathetic—as well as that generated within the brain itself. This nerve-force becomes expended, as in walking, through the motor nerves, and it is, *à priori*, likely to be conveyed along the afferent nerves just in the same amount; but, without a knowledge of these facts, it would be difficult to understand how or why.

I think the results of the following experiments sufficiently prove the origin of nerve-force.

Most of the readers of the Journal are conversant with the experiments of M. C. Bernard upon the sympathetic nerves, whereby he made known the facts of their "calorific and vascular" influence. When a branch of the sympathetic nerve is divided, the vessels are paralysed, and no longer oppose active resistance to the pressure of the blood; they become expanded, from loss of the contractile power of the capillaries, and a suspension of nerve-current to and from the capillaries.

The fact of an exaltation of temperature to 6° or 8° cent. indicates that what is lost in the non-production of nerve-force is converted into heat, or the *plus* heat is equal to the *minus* nerve-force lost, as shown by the loss of contractile force of the capillaries of

the part. I consider that the nerve-force generated in the healthy capillaries is conducted to the nerve-centres and ganglia; and that some of this force is returned to produce contraction of the capillaries, whilst the rest is applied in voluntary and involuntary purposes of life.

This view is greatly supported by the experiment of ligature of the femoral artery, and section of the sympathetic nerve on the same limb. We now find a reduction of temperature, with diminished sensation; whereas, in the former experiment, we find exaltation of temperature and sensibility.

The immediate effects of closure of a large artery by ligature or embolius are well known; viz., coldness and diminished sensibility of the limb. I cannot agree with Dr. Richardson in considering heat added to the body as altogether sufficient to keep up the functions or vitality of a part or organ. If such were the case, heat applied to a limb, as in the above experiment (of ligature), would restore its sensibility. If the heat applied were converted into nerve-force, the sensibility of the limb would be restored to its former condition by such addition before the renewal of circulation in the part takes place by collateral means. But we know that sensibility does not return until the collateral circulation has become established; and, therefore, that the afferent nerve-force of the part which is essential to carry an impression (as a prick or burn) to the brain is supplied when the limb is re-supplied with fresh blood to its capillaries.

Dr. Richardson, in his communication on the "Physics of Disease", appears to object to the term nerve-force and muscular force. In all cases, those terms are the best which convey to the mind a clear idea of an object or thing, although this may be able to assume numerous forms under varying conditions; as by the terms steam, vapour, rain, snow, hail, or ice, we signify the various forms assumed by water. In the same manner, it is just as correct to speak of nerve-force and muscular force, since we understand that these are correlated or changed into each other; and so it would be convenient to give a dozen other names, if force within the body assumed as many characters. Therefore, it is quite proper to give generic terms when force is made to assume its peculiar generic characters.

In speaking of the action of light falling upon the retina, sound upon the tympanum, and the chemical influence of touch, he says: "The motion of the body, in all that pertains to its own power of action, is through heat." I have elsewhere shown that heat is not converted into nerve-force. If it were converted, we should not hear of the exhaustion produced by extreme heat. We all know of the prostration produced in the body by the great heats of summer, and the strength of body evinced on a winter's day.

No doubt it is a beautiful and wise arrangement, that the two forces arise together; for the sense of touch is increased with the increased temperature of the skin. Yet heat, light, and sound do not constitute true nerve-force; they are excitants; they are received upon the skin, eye, and ear, and produce corresponding impressions on the brain. We know that people die from excessive heat. The dial in electric telegraph operations is moved by the commutator; and a corresponding movement is noted at the other end of the wire or station. It is the force generated in the battery which is used up in the production of messages; so, in the system, it is the impression of a commutator, so to speak, upon the skin, or any impression received by any of the special nerves of sense, which is conveyed by the force which is in continuous formation, and is impressed upon the brain. It is impossible to see how th prick of a pin can impart force to a muscle. N doubt it causes an expenditure of force by the mus cular contraction which follows through reflex actior If a pin could generate force, a stout cudgel we applied to an animal would be an economical sub stitute for hay and corn.

I have thus shown that heat and nerve-force hav their own distinguishing characters at their origin I also consider that there is developed at least th same amount of heat, in proportion to the mass o matter in the brain, as occurs in other highly vas cular parts of the body. A proof of this is show when the bulb of a small thermometer is introduce into an animal's brain. If the sympathetic nerve i the neck is divided (Donders's experiment), the tem perature of that side of the head, and also the brain is increased in like manner; thus showing the cor relation of that force which is generated in the brain and heat.

In the number of the British Medical Journa for September 17th, 1864, a few remarks occur. M Pontevez states, that the hot and red skin is produce by relaxation of the blood-vessels, just as it is produce after division of the sympathetic. The cause of thi increased temperature can readily be understood b reference to statements before made; and the onl remaining means likely to produce increased tem perature are, increased friction by greater blood current, and by increased combustion by great ac mission of more blood into the capillaries of the par Now, by the discoveries of the mechanical value heat, and of the known quantity of heat evolved b combustion of carbon and hydrogen (the forme by Favre and Silbermann, and the latter b Grassi), we have a ready means to estimate th amount of heat capable of being produced by bot these means. To give the figures in proof of this woul take up much space.

When the half of the spinal cord in the lumbar r gion is divided, increased sensibility of the lin ensues; and this strongly convinces me that this i creased sensibility of the limb, or increased afferer nerve-force, becomes collected, and the limb high charged with this force, derived from the peripher extremity of the nerves.

To conclude this brief account: I consider that t sympathetic and sensitive nerves are supplied their peripheral or afferent extremities with the peculiar functions and forces. Their functions are receive impressions, as touch, vision, hearing, sme and taste. And these two classes of nerves are he connected by ganglionic nerve-cells. The derivati of the nerve-force supplied to the nerves of speci sense, and the function produced in each of these, w be, in my opinion, as follows. The nerve-force ger rated by chemico-vital action in the capillaries with the eye is conveyed to the retina by the expand layer of ganglionic nerve-cells which are found spre upon its surface; and hence, light falling upon t retina, the sensation of an image is conveyed to t brain by the force generated, not in the nerv centre, but in the eye. This instance will serve explain what is effected in the other organs of spec sense.

It is an established law in physiology, that t development and functional activity of an organ in direct ratio to the abundance of arterial blo which is sent to it. This is seen by the excited co dition of the pneumogastric nerve during digestic when the amount of blood to the stomach is mu increased. The opposite condition is seen when pa or organ is deprived of its arterial blood. Thus t functions of the brain are checked when all t arteries which go to it are tied, and return aga

n blood enters one of them. Instances are re-.ed of fœtuses born without brains and with only mentary spinal cords, and yet whose hearts have inued to act.

SE OF TRANSMISSION OF SECONDARY SYPHILIS: WITH REMARKS.

By Thomas Skinner, M.D., Liverpool.

mmunicated to the Medical Institution of Liverpool, April 14, 1864.]

the 20th of September, 1861, I was consulted by dy in reference to her first confinement. She suffering from pruritus vulvæ, arising from a ple non-specific herpetic eruption on the vulva, ch was cured in a week or two by diet and simple cs, directed to improve the digestive organs. On 4th of February following, she miscarried of a le child, which, although seemingly healthy, died in a fortnight of its birth. The mother has had eturn of the vaginal or vulvar irritation up to the ent moment, and has enjoyed better health ing all that time than has been her lot for some rs before.

n the 3rd of July, 1862, she again conceived, went full time of gestation without a single abnormal ptom, and was delivered of a rather puny-looking ale child on the 10th of April, 1863. Within a k after birth, the child exhibited unmistakable s of hereditary syphilis in an exaggerated form. both hips, and around the anus and vulva, there a florid red eruption, in rounded patches of va-s size and extent, each patch being raised above level of the surrounding skin; and on the worst most florid parts an ichorous discharge issued, ch seemed to inoculate the sound skin, greatly nding thereby the diseased surface. Over the le of the body a roseolar rash appeared, covered e or less with minutes scales, unaccompanied with ing. The whole of the mucous membrane of the th, lips, gums, fauces, and nostrils, became ex-ated. The lips and gums, particularly the angles he mouth, bled on the slightest touch; and they e always moist with a muco-serous exudation the broken surfaces. Aphthous deposits were ble every where, but chiefly on the tongue and cal mucous membrane. The child began to ema-e rapidly; and the mother's milk disappeared, arently from grief at seeing her infant in such a htfully diseased condition; so that we were driven he alternative of substituting a wet-nurse. A ng healthy wet-nurse was obtained; the child put upon grey powder; the diseased mucous and aneous surfaces were dressed thrice daily with a k solution of the acid nitrate of mercury; and in e weeks the child was free from any appearance isease; but, as it was still weak and delicate, I it, with the nurse and father and mother, to the st of North Wales, where it throve well, and re-ned quite well for a month, when a slight threat-ng of the eruption reappeared on the hips and va, with at the same time ozæna. A few more ders of chalk and mercury, and applying the on of the acid nitrate locally, again removed all e of the disease within a week. The child has n weaned, and is now thriving better than ever, ng both fat and plump.

o much for the disease in the child. But how did ome by it? As I have already stated, the mother er manifested a trace of syphilis, either locally or stitutionally, during either of her pregnancies; l from the 20th of February, 1862, until the pre-t date, she has never had any discharge, sore, or er local disturbance of the genito-urinary organs. I at once suspected the husband; and I told him of my suspicions, when he candidly confessed that he had contracted the disease by a primary sore on the penis eight years ago; but, as he had undergone a thorough salivation on more than one occasion, he thought the poison had been eradicated from his system. On making further inquiries about his present state of health, I found that he was still the subject of constitutional syphilis. The form in which it now manifested itself was that of chronic syphilitic ulceration of the tongue, coming and going, not yielding to ordinary tonics. I examined the ulcers; and, judging from their characteristic ash-coloured surface, combined with the fact that they had come and gone for eight years independent of external causes, I have no doubt in my own mind that the husband was the cause of the disease in the child. He has since been cured to all appearance by iodide of iron, baths of nitro-muriatic acid, and an occasional mercurial purgative.

Having now accounted for the disease in the child, let us turn to the wet-nurse. The child had not been a week at the breast when, with one of its nails, it injured or broke the skin a little below the nipple. Every care was taken of this broken surface, by means of cleanliness, etc.; but I fear they were too late of adoption, and that some of the saliva or the secretion from the excoriated lips of the child inoculated the wound. The wound did not heal kindly: more or less of a suppurative tendency showed itself. It healed with simple dressing within a week or ten days; and the woman went with the family to the coast, and remained out of my supervision for about four weeks. On her return, she was covered from head to foot with a roseolar rash, the same as I observed in the child a few days after its birth. On the back of the neck, and on other parts, the peculiar copper-coloured eruption of secondary syphilis was present; but I was very unwilling to believe it. Partly at my own request, and partly as it was the wish of the family, a second opinion was taken. The physician who met me was one who has had a very large experience of syphilis, and he at once pronounced it a genuine syphilitic eruption; in fact, he pronounced it so even before he had heard the history of the case; and I believe he was perfectly right. The wet-nurse was immediately put upon a course of mercurial purgatives, which removed all trace of the disease in about six weeks, without affecting the breast-milk otherwise than by increasing the quantity of the secretion. At this date, she remains perfectly free from any trace of the disease.

Remarks. I am fully aware that, so far as the profession as a body is concerned, we are far from being unanimous as regards the question of the possibility of the transmission of secondary or constitutional syphilis. My object in bringing this case before you is to strengthen our belief not only in the possibility, but in the certainty of such transmission; as also that we may see how deeply we are interested in the subject in a legal sense, as regards the general management of such cases.

The case I consider quite equal to an *experimentum crucis*; and I feel perfectly confident that every avenue leading to deception or mistake has been strictly guarded. I can vouch for it that, during these two years, neither locally nor constitutionally has the mother ever manifested any appearance of a primary syphilitic sore or sores; and far less has she shown any symptom at all approaching to constitutional syphilis. I can also testify that, during the same period, she never was treated with any anti-syphilitic agent. If you ask me how the mother escaped contagion, I answer that I know not. All that I can say is, that this case is not the only one

on record where a child has been born, not only with hereditary syphilis, but with scarlatina, variola, rubeola, and other contagious diseases, and where the mother showed not the slightest trace of any of these affections during or after gestation. Mr. Victor De Méric, in his Lettsomian Lectures in 1858, states that, out of twenty-three cases of congenital or infantile syphilis, "he perceived that *in thirteen the mothers who had given birth to them remained in perfect health.*" That the disease was syphilis in the child I make no doubt. My description of it; the effect of the mercurial treatment, local and constitutional; and the fact of the father having had syphilitic ulceration of the tongue for eight years,—are strongly confirmatory.

Lastly, of the wet-nurse. Before she was engaged, I examined her as I would any other wet nurse, and found her in every respect a very healthy woman, with the finest breast of milk that I ever saw. From motives of prudence, we did not institute a vaginal examination of the woman *after* the syphilitic eruption appeared; but, on inquiring of the servants who washed her linen, and from actual examination of the linen, there was never found any trace of matter or discharge of any kind upon her thrown-off underclothing. What goes still further to prove this point, is the fact that the secondary symptoms showed themselves when she was in North Wales; an interval of four or five weeks having elapsed from the time that the child scratched the left breast.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.

[*Continued from p.* 88.]

6. *Emphysema.* We have had a few well marked examples of this disease in the past two years. Like asthma (although depending upon very different pathological causes), its symptoms are very capricious; and it is striking to see what liberties, in reference to diet and exposure, a patient may take in one locality, while, in another, the most vigilant care is futile in warding off an attack. As it is now very generally believed that the pulmonary lesion is produced by over-forced expiratory, rather than by inspiratory effort, it behoves us to caution the labouring poor against an employment that will call for violent exertion while the breath is temporarily suspended, as in pushing or lifting heavy weights, etc.

Emphysema, whether vesicular or interlobular, is best relieved by strict attention to the general health. Flatulent dyspepsia will naturally much aggravate the attack of dyspnœa; and, as a rule, both in this complaint and in asthma, I have found the recommendation of Dr. Salter a very valuable one—viz., to debar the patient, as far as possible, from taking food after the middle of the day. The breakfast and midday meal may be substantial; but the lightest allowance, both in quantity and quality, should be taken in the evening. As a rule, also, I believe that stimulants, in the shape of wine or malt liquor, are better avoided.

Although the general application of blisters is thought to be questionable, I have certainly seen much relief obtained from a blister applied to the epigastrium. It operates partly, I imagine, by relieving gastric congestion, but more especially by the direct influence which it exerts upon the semilunar ganglion and branches of the pneumogastric nerve.

As medicines, alkalies and chloric ether are beneficial, and sometimes cod-liver oil may be given with advantage. I have seen also very great relief to the dyspnœa, both of emphysema and asthma, obtained by liquor arsenicalis, continued for some length of time.

Smoking stramonium and tobacco may be of temporary service; as is also the inhalation of the fumes of paper prepared with a saturated solution of the nitrate of potash.

It will be often found, however, in private practice, that a carefully regulated diet, with warm clothing and residence (if possible) in a dry atmosphere, will effect more in reference to the patient's comfort than we shall be able to afford him by medicinal treatment. The strict avoidance of constipation is, I think, a matter to be attended to in the treatment.

Circulatory System.

1. *Hyperæmia.* Under the denomination of congestion, we have a large number of cases noted as having applied as out-patients in the two years.

The symptoms at once point to the cause; viz., a more or less loaded state of the capillaries throughout the body, turgescence of the veins, and a dark purple appearance of the mucous membranes. With these, there is generally, also, a thickly coated tongue, and all the symptoms of congestive dyspepsia. Among the out-patient poor, the actual quantity of blood is probably increased as far as its watery constituent is concerned; while, among the more wealthy, indolent, and free-living, the quality rather than the quantity of the blood is changed, and this by increase both of the fibrine and also of the red globules.

The hard working "servant of all work" appears to me to be particularly prone to this hyperæmic condition of the circulation. In two cases, in this class of life, which were severe, I prescribed venesection with great advantage.

In general, a light diet without stimulants, free purgation by saline aperients, and the following mixture (*Ph. Lond.*), will be all that is necessary.

℞ Potassæ bicarb. ʒiss; potassæ nitratis ʒss; tincturæ colchici ʒj; spiritûs ammon. aromat. ʒ iss; spiritûs æther. nitr. ʒij; misturæ camph. ad ʒviij. M. Sumat. partem sextam ter die.

2. *Valvular Disease of the Heart.* The most frequent form of cardiac disease that has obtained lesion of the valves. Of these, the mitral have been most often affected; next, the mitral and aortic; then the aortic singly; and in one case, the semilunar pulmonary were alone implicated.

None of these cases were of recent date; and the majority could be traced to a rheumatic origin. In the treatment of mitral valve disease, the daily task and struggle to live among some of the poor almost hopelessly negative our attempts to relieve.

Regulating the digestive function, allaying flatulence, and keeping the liver tolerably empty by the steady use of aperients, and giving iron in combination with alkalies, will, I think, be found the best general treatment of this affection.

In the treatment of the aortic lesion, which is the more hazardous to life than the former, I have found the following formula of Dr. Barlow certainly afford much relief, although it is difficult to say how it acts.

℞ Tincturæ hyoscyam., spiritûs ætheris nitr., ʒ ij; decocti senegæ ʒvss. M. Sumatur pars sexta ter die.

I have added bicarbonate of potash to the mixture if the digestive organs be faulty. If the patient be anæmic, steel is indicated; and in one case arsenic appeared to do much good. The dropsy, depending upon valvular lesion, obtains only in a limited extent among the out-patients; inasmuch as when

is severe the patient is necessarily confined at ne.

The time-honoured combination of blue pill, squill, l digitalis, will still hold its ground, in many of se cases, as a remedy of much value. Iron com-ed with saline aperients, and diuretics, are also per.

Elaterium is more suited to renal than to cardiac psy; but, in obstinate cases, if its administration be watched, it may sometimes be given with ch advantage. To relieve congestion of the heart elf, dry cupping, frequently repeated, over the præ-dial region, may be adopted; and I think that I ve seen benefit derived from constantly wearing a ladonna plaster. In very chronic cases, with much lmonary distress, in addition to alkalies and anti-smodics, small doses of the bichloride of mercury, ntinued persistently at bed-time, will often give ief.

I need scarcely add, that cold and moisture must guarded against with the greatest vigilance, as in disease is their depressing influence more, and en irrecoverably, felt, than in valvular lesions of heart.

3. *Dilatation of the Heart.* Two or three well rked examples of this lesion have occurred; and, erring to notes from private practice, I am dis-sed to think that the disease is on the increase. the great strain to which the muscular fibres of heart are subjected, and the exhausted nerve-ver, as the consequence of mental and bodily wear l tear, with, in many instances, overwhelming iety, there is, I think, in the hurried habits of present day, more than sufficient to engender s lesion.

n the treatment, steel and digitalis are our sheet-hors; and with these medicines, I have combined all doses of strychnia. I am quite convinced of great value of digitalis as a cardiac tonic; and in es in which the action of the heart is exceedingly ık and fluttering, it will often be productive of the t result.

. *Palpitation.* This affection, which is rather a mptom than a disease, is interesting more particu-y in reference to its diagnosis. Both sexes have rded instances as hospital out-patients.

n the female, the cause has been chiefly traceable nental emotion, insufficient food, debility, hæmor-ge, leucorrhœa, and too close confinement—all ding to produce anæmia, with disordered nerve-e. In the male, dyspepsia is a fertile excitant of ctional palpitation; too rapid growth; excessive ulgence in stimulants; and sexual abuse; and per-s more prejudicial than any of the above is the eful and disgusting habit, among all classes and s of the present day—viz., the almost universal immoderate smoking of tobacco. I have had eral cases under my care, in which I was distinctly to trace as the effect of constant smoking, the erable train of nervous feelings, together with the in a great measure of virile power, for which as consulted. One more cause of inorganic palpi-on, common to both sexes, is commencing scat-d general tuberculisation throughout the lungs.

n forming a diagnosis, we must take into consi-ation all the collateral circumstances of the pa-t's life; the absence of the signs of organic dis-; the return at intervals to natural and quiescent on of the organ; and the improvement which we l generally see result from judicious treatment. ansient *bruit* will often be audible at the base of heart; and, if its action be very violent and able, this may be communicated more or less to-ds the apex, without being indicative of organic ase.

5. *Aneurism.* One case of this affection, occurring in a female, has been observed in the two years. Although the aneurism did not protrude tangibly, still the phenomena were sufficiently marked to warrant the diagnosis of the existence of an aneurism of the aorta.

The patient was about fifty years of age, stout; purplish cheeks, and mucous membranes generally. She suffered from constant dyspnœa, greatly aggravated by exertion; faintness, at times amounting to syncope. With this, she had substernal tightness, and a feeble but not unsynchronous pulse. Some dulness was elicited on percussing the upper sternal region; and there was a systolic *bruit*, feebly audible both at the upper sternal and right interscapular regions.

This patient's dyspnœa was so much benefited by taking the senega mixture above referred to, that she persisted in visiting the hospital once a fortnight (although repeatedly advised to the contrary), having to travel on each occasion six miles in a carrier's cart. I think, but I am not quite certain, that this patient has since died suddenly.

Digestive System.

1. *Dyspepsia.* Following the plan of noticing diseases in each class in the order of frequency of occurrence, we at once find dyspepsia taking the lead as the most common disorder we are called upon to treat. In the forms under which it most frequently obtains, it may be conveniently divided into two varieties—the irritative, and the dyspepsia of debility, or defective nerve-power. In the former, or irritative dyspepsia, which is very common among our out-patients, and which is productive of much distress, we have epigastric pain and tenderness; sometimes vomiting; headache; anorexia; a rough tongue, with a greyish fur, red at the tip, and scattered papillæ on either side, with, sometimes, a red streak down the centre. Food causes pain, often both during gastric and duodenal digestion; there are flatulence and confined bowels; and the urine deposits lithates and crystals of uric acid. In the atonic dyspepsia, we often find the tongue tolerably clean, or with a thin pale coating, and marked at the sides with the impression of the teeth; very frequently vomiting after all ingesta; but little, if any, epigastric pain; bowels torpid; and the urine variable, but frequently pale, clear, and of low specific gravity. In severe cases, gastralgia and pyrosis may become prominent symptoms. In both varieties, there exists great mental prostration, amounting often to melancholy.

The irritative variety may generally be attributed to phlogosis, or congestion of the mucous membrane, caused either by cold, improper food, or meals taken too hastily or at too short intervals; all in their turn producing a depraved condition, both in quantity and quality, of the gastric juice.

The second variety referred to is more frequently seen in women or delicate men. All causes producing nervous depression, especially fatigue, mental anxiety, and want, and, above all, tobacco-poisoning, the result of immoderate smoking and snuff-taking, are fruitful causes of this form of dyspepsia. As the cases under this head were none of them depending upon other than functional causes, I do not allude to the dyspeptic symptoms which owe their origin to cerebral or other visceral disturbance, or to malignant disease, ulcer, or blood-poisoning. In the treatment of irritative dyspepsia, a blister to the epigastrium at the onset will often materially shorten the attack. Blue pill with colocynth, followed, if necessary, by a draught of rhubarb and sulphate of magnesia, if the bowels are confined; and, if there be

much gastric irritation, small doses of mercury with chalk, with morphia at bedtime, will be very useful. Alkalies, with the nitrate of potash, may be taken during the day. This, with a diet strictly confined in the first instance to broth and farinaceous articles, will generally effect recovery.

In the atonic variety, the bowels will be best regulated by the compound rhubarb pill, with the addition of one grain of the sulphate of iron; alkalies, with ammonia and chloric ether, will also be proper; and if the vomiting be very troublesome, with a tolerably clean tongue, bismuth in ten-grain doses, with chloric ether, will often act like a charm in giving relief. The bismuth lozenges of the *British Pharmacopœia* will be found very useful in private practice, as an auxiliary to the alkaline treatment.

In reference to tonics, I believe that, as a rule, even the mildest are better avoided during any stage of the treatment of the irritative form of this disease. In the second variety, however, where nerve-tone is so decidedly deficient, a judicious combination of *small* doses of steel, with ammonia and carbonate of potash, and a few minims (four to five) of the liquor strychniæ (*Brit. Pharm.*), will often be very beneficial.

Of stimulants for dyspeptic use, the best are, unquestionably, dry sherry, diluted with water; claret, in small quantity, and brandy well diluted. Of these, I believe the first to be the best; but claret often agrees exceedingly well, particularly if the patient be of a gouty predisposition.

In the irritative form of dyspepsia, all stimulants of this kind are, I believe, as a rule, better interdicted.

[*To be continued.*]

EXCISION OF THE SCAPULA BY PROFESSOR MICHAUX OF LOUVAIN.

From Notes by Gordon Hardie, M.D.,
73rd Regiment.

Louvain lies out of the direct route of Belgian travel, but will repay a visit in many ways. It has still the grave ecclesiastical air of a mediæval university town. Its *hôtel-de-ville* is the gem of municipal Gothic architecture in Europe, as highly finished as a *châsse*. The University has a very complete Faculty of Medicine, a good hospital, and two excellent clinical professors in surgery and medicine.

The former, Professor Michaux, has an European reputation as a bold and skilful operator, especially in regard to excisions of the upper jaw and the extirpation of naso-pharyngeal polypi through the opening thus made. He has been led to adopt this operative process from his own experience, as well as from that of others, of the liability to relapse, if the polypus, with its various roots and insertions, be not wholly extirpated and freely cauterised with the red-hot iron; as also from the impossibility, in many cases, of removing the tumour through any smaller opening. He, therefore, considers that "Resection of the upper jaw, to make way for the removal of *large fibrous naso-pharyngeal polypi, with large and resisting roots and multiple ramifications*, should be considered as the general method."

He has now performed this operation seven times, with complete success, and with an experience of many years immunity from relapse in the persons of the first two. The remainder have been operated on within the last four years; but were all known to be well and without relapse in December 1864.

The credit of having been the first to perform this operation for the cure of naso-pharyngeal polypus, he gives to Professor Syme of Edinburgh, who, in 1832, led the way.

At the time I visited Louvain, Professor Michaux had removed the upper jaw, for these and other causes, twenty-three times successfully, and once with a fatal result.

While there, in December last, I witnessed another formidable operation by Professor Michaux—excision of the scapula, in which also Professor Syme has led the way.

The patient was a lad, of about 15 years old, in whom a large enchondroma (as was supposed) occupied the greater part of the right scapula, extending closely up to the glenoid cavity. It was represented as having originated in the soft parts (?), and as having increased rapidly, the whole duration of the disease being only about six months. At the time the lad entered the hospital, the tumour was closely incorporated with the scapula, and there seemed to be little chance of saving any part of the bone in removing the tumour.

A few days after entering the hospital, the lad underwent the operation. A crucial incision was made over the tumour, and the flaps quickly thrown back. The tumour was then divided to see if it could be detached from the scapula. This incision led to the most formidable hæmorrhage which occurred in the operation. It was arrested by means of plugs of charpie soaked in tincture of perchloride of iron. The last portion of the operation was done with the *écraseur*, dividing the parts in the vicinity of the joint without any further hæmorrhage. The lad bore the operation, which was prolonged from the necessity of administering stimulating enemata after the alarming hæmorrhage, very manfully.

I mentioned Professor Syme's operations to Professor Michaux, and sent him the *brochure* on my return. I have heard since from him that the wound was healing well, and that there was every prospect of the result proving successful. This was three weeks after the operation.

I stayed two hours only in Louvain after the operation, and did not learn what the nature of the tumour ultimately proved to be. I have no doubt that the case on recovery will be fully reported to the Belgian Royal Academy of Medicine.

"Woman's Rights." A novel question has arisen at Oxford respecting the rights of lady governors of the Radcliffe Infirmary. At the October quarterly court, two ladies entered the room and tendered their votes on the election of a committee. This was an unprecedented circumstance, and the Master of University College, who presided on that occasion, would only receive the votes under protest. At the quarterly court last week, five ladies attended, and a long discussion took place, two propositions being submitted—one denying their right of attending, and the other proposing that counsel's opinion be taken on the question. The advocates of the former urged the usage of eighty years, and relied on a phrase in the rules—"ladies subscribing as governors," as implying a distinction between them and the other sex. On the other side it was shown that ladies had the privilege of voting by proxy on certain occasions, and that proxies invariably conferred an additional and not a limited right. This view eventually prevailed, and it was consequently considered unnecessary to obtain a legal opinion. Professor Westwood has, however, since published a letter which, while admitting the right to vote of unmarried ladies, contends that this is a chattel interest, which in the case of married women is vested in their husbands. The dispute will, therefore, probably be revived.

LEEDS GENERAL INFIRMARY.

Statistical Tables of the Operations performed from January to June, 1864, inclusive.

[Continued from page 59.]

Removal of Malignant Tumours.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 54	Mr. Smith	Excision of epithelioma from lower lip, and plastic operation for restoration of lip.	24 days	Recovery, with very slight deformity. The disease has returned in the cicatrix, and is appearing in the submental glands.	The growth and ulceration were extensive, occupying nearly the whole of the lower lip. There were no enlarged glands. The whole was swept away by a semilunar incision; and a lower lip, made by drawing together the remaining lateral portions of lip, released by an incision on either side, extending from the base of the wound outwards through the cheeks to a distance of about an inch and a half. The whole united, and a good lip resulted, by means of which he was quite able to retain the saliva.
2	M. 60	Mr. Nunneley	Excision of epithelioma from lower lip.	7 days	Recovery. Return in glands beneath jaw, which were excised.	A small epithelial growth on the left half of the lower lip.
3	M. 72	Mr. S. Hey	Removal of encephaloid tumour from parotid region.	12 days	Recovery.	An ulcerated growth, the size of a pigeon's egg, sprung from the deep tissues in the left parotid region. It had commenced two years before.
4	F. 31	Mr. P. Teale	Excision of scirrhus from left breast.	21 days	Recovery.	The tumour was the size of a walnut, and occupied the superior part of the breast. No skin was removed, but that immediately covering the disease sloughed.

Plastic Operations.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 23	Mr. Teale	Plastic operation for deformity of the nose.	18 days	Considerable relief of deformity.	The deformity had resulted from syphilitic ulceration of the right ala and septum two years before, and consisted of a puckered and shrivelled right ala, a depressed tip, and a widely expanded but flattened left ala. The middle third of the right ala was cut away, and into the gap thus formed a quadrilateral flap, attached by its base superiorly and raised from the cheek, was transplanted and fixed there by wire sutures. The whole flap lived and united, and thus the two sides of the nose were made symmetrical.
2	F. 1	Mr. Teale	Plastic operation for single hare-lip.	10 days	Union complete.	The cleft was on the left of the median line, did not extend through the entire lip, and was confined to that situation.
3	M. 23	Mr. P. Teale	Rhinoplastic operation.	68 days	Recovery, with great relief of deformity.	The nose had been greatly disfigured by syphilitic disease; and, before his admission, attempts at relief had been made on two occasions by plastic operations, consisting of the separation of the remains of the alæ from the nasal bones to form the tip, and the filling of the resulting gap by two large quadrilateral flaps dissected up from the cheeks, and subsequently the formation of a septum from the centre of the upper lip. The result was not satisfactory. The nose was made up of a series of flattened patches, separated by deep cicatricial lines, was broad, short, and flat. The surface of the central portion having been pared away, the usual shaped piece of integument, taken from the forehead and left attached by a broad base at the left inner canthus, was turned down and fastened by sutures in the normal position of the nose. The whole lived and united. Subsequently, the deep lines of cicatrix above mentioned were dissected out, and the edges of the wounds brought into careful apposition, by which means direct union was obtained almost without any marking. When discharged, and when seen some months later, the nose presented a very shapely appearance. See No. 3, Removal of Eyeball.
4	F. 20 m.	Mr. S. Hey	Plastic operation for single hare-lip.	12 days	Union complete.	The cleft extended through the right side of the lip and alveolus, and did not reach the palate. Union by the first intention was perfect.
5	M. 11	Mr. S. Hey	Plastic operations for double hare-lip.	93 days	Recovery, with great relief of deformity.	In this case, the deformity was unusually great; the cleft was wide, and extended through hard and soft palates; and the central portion of the jaw, with attached lip and front incisor teeth, projected horizontally forwards so as to reach an inch beyond the tip of the nose. The operations were performed on three separate occasions. 1. The projecting portion of alveolus with incisor teeth was removed, having been previously detached from the central piece of lip. 2. The middle portion being ignored, the whole cleft was closed, as in ordinary single hare-lip, by bringing together the pared edges of the two lateral pieces of lip. 3. The edges, tip, and under surface of the central piece, were pared, and the remaining portion bent backwards, and so retained by plaister, as to unite with the pared edge of the septum nasi. All the operations succeeded perfectly.
6	M. 11	Mr. S. Hey	Plastic operations for double hare-lip.	93 days	Recovery, with great relief of deformity.	This patient was the twin brother of the above. Their cases were exactly alike, the operations were of a similar kind, and in both cases the results were equally good.
7	M. 7 m.	Mr. P. Teale	Plastic operation for single hare-lip.	11 days	Union complete.	The cleft was on the left of the middle line, and extended through the entire palate. The line of union was complete.
8	M. 19	Mr. Nunneley	Plastic operation for strumous protrusion of testis.	29 days	Healing by granulation.	The left testis had been the seat of strumous inflammation for two years, and was exposed and granulating. Soon after his admission into the hospital, two months before the operation, the sore became phagedænic, and spread rapidly, so as to expose almost the entire gland. After the spreading had been arrested, the wound for a time quickly healed; but when the protruding mass had reached the dimensions of half a hen's egg, cicatrisation ceased. The scrotum was dissected up all round the raw surface, and the two edges drawn over the testis, retained in apposition by hare-lip pins. Union did not take place, but the wound afterwards healed with considerable rapidity; and, on his discharge, was healthy, and about the size of half-a-crown.

Operations for the Removal of Cataract.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 69	Mr. Smith	Extraction of hard cataract.	23 days	Cured. Could see to read small print.	The left lens had been previously extracted. On this occasion, the right lens was removed. In both eyes a little prolapse of iris took place, but vision in both was very good.
2	F. 66	Mr. P. Teale	Extraction of left hard cataract.	18 days	Cured. Cornea hazy when discharged, but afterwards she was able to read No. 2 Jäger.	The right lens was still healthy enough to enable her to read large print. The left lens was quite opaque. A considerable amount of pain, accompanied by prolapse of iris and some inflammation of cornea, followed; but soon yielded to treatment.
3	F. 68	Mr. P. Teale	Extraction of right hard cataract.	30 days	Cured. When discharged she could not count fingers, owing to slight opacity of cornea, but afterwards improved, so as to be able to read No. 1 Jäger.	Both lenses were opaque. The right cataract only, however, was removed on this occasion. Prolapse of iris and inflamed cornea, attended by considerable suffering, as in last case, followed.
4	M. 42	Mr. S. Hey	Extraction of hard cataract.	20 days	Cured. Prolapse of iris. Clear and large pupil.	The left lens only was opaque. A little conjunctival inflammation followed the operation. Owing to the state of this patient's mind, it was impossible accurately to test vision. That he recovered so much as to enable him to see the people around, was, however, manifest. In the following month, he returned with right cataract, which was removed by extraction, with result similar to that in the left eye.
5	F. 9	Mr. Wheelhouse	Tearing up of capsular cataract.	4 days	Slight improvement of sight.	She had been born with left cataract. The lens had been torn up on several occasions, both at this hospital and elsewhere. Thick opaque capsule only remained. This Mr. Wheelhouse tore up. When seen some weeks afterwards, there was still a considerable amount remaining, but she was able to see large objects.
6	F. 28	Mr. S. Hey	Removal of cataracts by suction.	42 days	Cured. Able to read No. 1 Jäger with right eye, and with left No. 4 Jäger.	The right lens had been opaque four years, and the left two years. The lenses were on separate occasions removed—each at one sitting—by Mr. Pridgin Teale's suction-curette. A portion of the left lens, which was transparent, escaped observation, and was left; in consequence of which, a little inflammation followed. Both pupils were perfect.
7	F. 16	Mr. S. Hey	Removal of cataracts by suction.	85 days	Cured. Excellent vision, which could not, however, be tested, owing to her inability to read.	The cataracts had rapidly appeared during the month previous to her admission, in consequence of diabetes, from which she had been suffering for four months. The cataracts were completely removed—each at one sitting—as in the case last reported. Her recovery was made without any drawback. The length of her stay in the hospital was caused by the treatment necessary for the relief of the diabetes.
8	F. 64	Mr. P. Teale	Extraction of hard cataract.	21 days	Cured, Reads No. 1 Jäger.	The right lens had been previously extracted, with an excellent result.

Partial or Complete Removal of the Eyeball.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 30	Mr. Smith	Excision of eyeball.	10 days	Recovery.	A piece of metal had become deeply imbedded in the right eye five months before. Complete loss of vision in that eye, continued severe pain, and subsequent failure of sight in the left eye, resulted. After the right eye had been extirpated, vision was rapidly restored in the left. At the fundus of the right eye was found a piece of steel the size of a threepenny coin.
2	M. 15	Mr. Smith	Abscission of eyeball.	22 days	Recovery.	Vision of the left eye was beginning to fail, in consequence, it was presumed, of irritation caused by the presence of a diseased right globe, which had become the seat of a large staphyloma after a wound when he was four years old. Abscission, as recently brought before the profession at Moorfields Hospital, was performed. A considerable amount of inflammation, attended by constitutional disturbance, followed; but these in a short time were subdued, and an excellent moveable stump resulted. When he left the hospital, the left eye had quite recovered.
3	M. 23	Mr. P. Teale	Excision of eyeball.	See No. 3 of Plastic Operations.	Recovery.	This patient is the same as that reported at No. 3, Plastic Operations (see preceding page). When five years old, he received a blow on his left eye; inflammation and complete loss of sight followed. The injured eye had been subject to occasional attacks of inflammation from slight causes ever afterwards; and for some months prior to his admission into the Leeds Infirmary, the sight of the right eye was beginning to be impaired. In the left eye the iris was universally adherent to a shrivelled chalky lens, and the globe was tender. The right iris was slightly adherent behind. Mr. P. Teale first performed iridectomy on the left eye, and removed the degenerated lens. Suppurative inflammation set in, and excision was, therefore, at once performed. Sight of right eye improved much during his stay in hospital.
4	M. 40	Mr. Nunneley	Excision of eyeball.	5 days	Recovery.	The eye had been ruptured extensively in its anterior surface by a blow. In spite of treatment, suppurative inflammation was threatening, when the globe was removed. All pain and constitutional symptoms ceased at once.

[*To be continued.*]

Reviews and Notices.

DISEASES OF THE OVARIES, THEIR DIAGNOSIS AND TREATMENT. By T. SPENCER WELLS, F.R.C.S., Surgeon in Ordinary to Her Majesty's Household, etc. Vol. I. Pp. 376. London: 1865.

IN this volume, Mr. WELLS details 114 cases of ovariotomy, the results of his personal experience, in which the operation was completed; one case in which the operation was performed twice; several cases in which the ovariotomy was incomplete; and four cases of fibroid and fibro-cystic tumours of the uterus.

The volume is, if we are not mistaken, the most important addition to the history of ovariotomy which has yet been published; and most assuredly the highest merit must be awarded to Mr. Wells for the perseverance and the determination which he has exhibited in the performance of this operation. We are not saying too much when we state that to Mr. Wells must be mainly ascribed the merit of having given ovariotomy its true place in the domain of surgery—of having made it, in fact, an accepted, a legitimate, and established operation. Let us for a moment consider the position in which the operation stood in professional estimation before Mr. Wells took it in hand.

When Lizars first performed ovariotomy in Edinburgh in 1825—nearly forty years ago—an angry discussion arose, which has been carried on nearly ever since, as to the "legitimacy" of the operation. Liston (*Elements of Surgery*, Part iii, p. 54) said that the "perpetrator" of the operation was "indictable for culpable homicide"; and that it was not easy to conceive "how the proposal could have been seriously entertained by any *sane* individual, far less put in practice." And other high authorities said that it would be very unjustifiable to repeat such hazardous experiments. Mr. Wells reminds us, in the introduction to the work before us, that Mr. Lawrence closed the memorable discussion at the Royal Medical and Chirurgical Society in 1850 with the question, whether the attempt to treat diseased ovaries by surgical operation could "be encouraged and continued without danger to the character of the profession."

For years after this, it is well known that very few surgeons either performed ovariotomy or sanctioned its performance by others; yet Mr. Wells now lays before the profession no fewer than 114 cases in which he has completed this operation, and ten others in which he has commenced but has not completed it. Every case is given in the order of its occurrence, so that the book is to some extent an historical record of the progress of the operation. It is this strict and scrupulous performance of the self-imposed pledge to bring every case—success or failure—before the profession, which, in our opinion, has enabled Mr. Wells to do so much towards making ovariotomy an accepted, established, "legitimate" operation. If those who preceded him had not concealed unsuccessful or uncompleted cases, at any rate they had the discredit of concealment or non-publication; and it was not until the profession at home and abroad became convinced that Mr. Wells concealed nothing, that his example was followed. The present volume will still further extend the success of that example, for the success obtained fully equals that of any capital operation. The results of 114 cases of ovariotomy were 76 recoveries and 38 deaths—exactly 2 recoveries to 1 death; a result which, considering the otherwise incurable nature of the disease, is a triumph of which Surgery may well be proud.

Possibly the ordinary reader may think the perusal of case after case tedious and unprofitable work; but the real student—the man for the bedside—knows that there is nothing like a case, provided it be honestly told. What would not a would-be lithotomist give for a hundred consecutive cases of stone fairly and honestly recorded just as they happened, whether his patients lived or died, were cured, or half-cured, or relapsed, from Cheselden, or Martineau, or Liston, or Fergusson? How carefully would the aspiring surgeon scrutinise the progressive modifications made by each operator as his experience became wider! How anxiously would he seek for the causes of failure, and endeavour to avoid them! And with what interest would he compare his own results with those of the masters of his art! If Heurteloup, Civiale, Leroy d'Etiolles, or any other pioneer of lithotrity, had only given us a truthful record of a hundred cases of stone treated by crushing, what a mine of wealth the book would be to any one who felt that the stamp of honesty was on it, and that he could implicitly rely on every statement of fact, however he might be disposed to question any conclusion drawn from the facts. Now this is just what Mr. Wells has done for ovariotomy; and we do not know any other book, medical or surgical, in which it has been done so fully before. From his first case in 1857 to his last in November 1864, every case, complete or incomplete, successful or unsuccessful, is laid before his professional brethren, with such details as place all doubt as to accuracy quite beyond question. We believe that this characteristic will be quite as fully appreciated abroad as at home; and that the book will be generally received as a record of hard and honest work, which marks an epoch in the History of Surgery, and is especially creditable to the Surgery of this Metropolis.

CLINICAL SURGERY. ON TUMOURS, AND TUMOURS OF THE BREAST, more particularly in Reference to their Diagnosis. By THOMAS BRYANT, F.R.C.S. Part V. London: 1864.

THIS is another of the valuable practical contributions to clinical surgery, with which Mr. BRYANT has favoured the profession during the last few years.

A CONTRIBUTION TO THE ANATOMY OF THE AMPHIBIAN AND REPTILIAN RETINA. By J. W. HULKE. Reprinted from the *Royal London Ophthalmic Hospital Reports*. London: 1865.

THIS is an account of researches made by Mr. HULKE on the anatomy of the retina in the frog, salamander, snake, gecko, land-tortoise, water-tortoise, and turtle. Those who delight in comparative anatomy will find much interest in consulting it.

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 4TH, 1865.

THE MEDICAL PROVIDENT SOCIETY.

The organisation of the Medical Provident Fund—or rather, as it is to be called henceforth, the Medical Provident Society—has been advanced another and an important stage by the adoption of a code of rules by the Directors at their meeting on the 27th ult. These rules were first brought forward at a meeting of the Executive Committee on November 18th; and, having been submitted to each Director a month previously to the recent meeting, were then carefully considered and adopted; and will, with such modifications as may be found necessary by Mr. Tidd Pratt in order to their registration under the Friendly Societies' Act, and with such corrections of the tables as may be advised by Mr. Finlaison, form the laws by which the operations of the Society are to be guided.

Until the corrections suggested by these legal and financial authorities have been made, it is not desirable to publish any details of annual payments, etc.; but the abstract given at p. 123 is sufficiently full to enable the profession to judge of the general bearings of the Society. When the entire scheme, in all its details, is sufficiently matured for publication, we shall take the earliest opportunity of laying it before our readers. In the meantime, we may offer a few remarks on some prominent points referred to in the report.

The Directors have determined, in accordance with the decision of the meeting held on October 20th, that the benefits of the Society shall be open to all duly registered medical practitioners. Regarding the wisdom of this decision, there is, we believe, still some difference of opinion in the Association; certain members considering that, as the provident scheme was originated by the British Medical Association, its benefits ought to be confined to the members of that body; and that the Association ought not to be expected to include in its operation those who do not think fit to enrol themselves in its ranks. The reasons which we once had for expressing no opinion on the merits of the question are removed; and, while we retract nothing of our disapproval of the attempts made to coerce the Directors into admitting the whole profession to the benefits of the Provident Society, we consider that, in deciding in favour of such admission, they have acted according to the spirit of the Association, and have moreover acted wisely for its interests and for those of the Society.

They have acted according to the spirit of the Association. The Association has for one of its objects "the maintenance of the honour and interests of"—not merely its own members, but of—"the medical profession." If medical men do not think it right to avail themselves of the intrinsic scientific and social advantages of the Association by becoming members, the fault is theirs; but the Association has never yet acted on the principle of refusing to take cognisance of the interests of such men. It has laboured for the good of *the medical profession*. It has, during long years, striven to obtain medical reform; it has endeavoured to procure for the medical officers of the army and navy those improvements in their condition to which they are fairly entitled; it has always been ready to support medical men in the time of unjust persecution; and all this it has done irrespectively of the question whether those for whom its energies have been exerted have or have not been among its members. Surely, then, there can be nothing wrong, or officious, or derogatory, nothing but what is right and proper, in the resolution of the Directors—themselves members of the Association—that the advantages of a laudable and beneficent scheme, first propounded at a meeting of the Association, should be open to all properly qualified members of the profession.

It is highly probable, also, that the course taken by the Directors will be conducive to the interests of the Association. What we said on a former occasion, we would now repeat. "So far as the mere welfare of the Association is concerned, nothing but good can, we think, follow the measure that has been taken. It cannot be expected that any member will leave the Association because it seeks to do good beyond its own limits; and it may be expected that many subscribers to the Fund, by being brought into contact with the Association, and seeing the advantages of it, will join it also." (British Medical Journal, October 29th, 1864.)

Again, we believe that the extension of the benefits of the Provident Society to the entire profession will be of advantage to the Society itself, by insuring its stability. The greater the number of persons eligible as members of a friendly society, the greater must be the probability of a sufficient number enrolling themselves to place the society on a sure foundation. It may be, and it is to be hoped, that so many members of the British Medical Association alone will join the Provident Society as would suffice for its firm establishment; but still it is judicious, considering how many men there are in the world who do not know their own good, that no restriction

that is not absolutely demanded by prudence should be laid on admission. Moreover, it is possible that the profession outside the Association, seeing the benefits arising from the formation of a Provident Society, would, if excluded, attempt to form a similar institution; a proceeding which could do nothing less than destroy both.

One difficulty existed when it was first proposed to open the Society to the whole profession; viz.: How are those members who are not members of the Association to be represented in the governing body? To overcome this difficulty, the Directors have decided that, while the privilege of electing a Chairman and Vice-Chairman shall be vested in the Association, and while the interests of the members of the Society belonging to the Association are to be entrusted to Directors elected by the Committee of Council and by the Branches, the members of the Society, not of the Association, are to choose Directors for themselves in proportion to their number. This is, we think, the fairest plan that could be devised; by it the interests of all are provided for, and none are excluded from a voice in the appointment of Directors.

Another question which has occupied serious consideration, is the age at which members should cease to subscribe and to receive benefit. It will be remembered that at first it was proposed that all subscriptions and benefits should cease at the age of 60; and that considerable opposition to this proposal was manifested at the Cambridge meeting. The Directors, therefore, to meet the wishes of the profession in a manner consistent with the financial safety of the Society, have determined, on the suggestion of the Chairman, that medical men admitted, under necessary regulations as to health, up to the age of 45, shall have the option of either paying annual premiums which shall entitle them to the benefits of the Society during life, or of making payments which, with the contingent benefits, will cease at the age of 65. The payments, of course, will be higher in the former than in the latter case, on account of the increased risk of sickness in old age. They have further resolved, that members aged from 45 to 60 shall be admitted up to a fixed date, and shall be entitled to receive benefit during the whole of life. What the exact amount of annual premium demanded will be, we cannot at present say; inasmuch as the Secretary is still in negotiation with Mr. Finlaison, the actuary to the National Debt, regarding the formation of a scale which shall be at once sufficient and not oppressive.

The conduct of Mr. Finlaison towards the Society, as detailed in our report, deserves certainly the warmest acknowledgments of the profession. In first applying to him on the subject of revision of the tables, it was fully expected that for the application of his time and of his high professional knowledge he would charge a considerable fee—a hundred pounds, report said. And this would have been no more than fair; for Mr. Finlaison is not a man who has his reputation to make as an actuary, but holds a position and enjoys a reputation which might reasonably entitle him to demand a proportionate payment from those consulting him. Nevertheless, he has most generously, and at the same time most delicately, of his own free will, offered to aid the Directors in the revision of the tables, without any expense whatever. Nothing, indeed, could well be more kind and delicate than his letter to the Secretary of the Society. After saying that he will "cheerfully render the Medical Provident Fund all the assistance in his power", he asks, as a favour, that "he may be permitted to render the Directors this service without any further question of charge"; and adds: "A general respect for the profession, as well as for the laudable object now more particularly held in view, impels me to take this freedom. I trust it will be pardoned." Surely no pardon is wanted for such a letter. Much rather are the deepest obligations of the profession due to Mr. Finlaison; and we are sure that they will fully endorse the resolution of thanks which the Directors most cordially voted to that gentleman. We are glad to learn that he has readily accepted the office of Consulting Actuary, offered to him by the Directors.

Mr. Finlaison has further manifested his warm interest in the Society, by suggesting the formation of a reserve fund, for the purpose of meeting emergencies "which may arise out of the associated risks of a body of professional men, whose sense of duty and undaunted courage every day leads them to face dangers from which the common run of people reasonably shrink with the utmost dread." That which Mr. Finlaison here so considerately recommends, is being carried out in the formation of the auxiliary—or, as it has hitherto been inappropriately named, the guarantee—fund. The necessity for the formation of such a fund has been felt; many liberal men in the profession have contributed towards it; and, if any further argument in its favour be required beyond those which have been already adduced, it is to be found in the unsolicited advice offered by Mr. Finlaison. We trust that his words will have weight with our associates and with the profession at large, and that those who have not yet given to the auxiliary fund will give. It already amounts to above six hundred pounds. Why should it not be raised to as many thousands?

We cannot leave the subject of the auxiliary fund, without calling special attention to the very generous offer made by Mr. Carden of Worcester; who, having already contributed thirty guineas—as large a sum as has been subscribed by any donor—has intimated his willingness to give an additional fifty

pounds on the establishment of the Society, provided that ten others will do the same. Surely it will not be long before those other ten liberal-minded men come forward. In any case, Mr. Carden at least gives practical evidence of his desire for the prosperity of the Society.

To draw up a code of rules for the management of such a Society is no light task; and, for men unaccustomed to pursuits of this kind, as are most of the Directors, the labour would have been great indeed, but for the fortunate circumstance that they have among them, and on the Executive Committee, a gentleman thoroughly conversant with the requirements of the Friendly Societies' Act, and possessing moreover much accurate and valuable knowledge. To Mr. Clay of Birmingham is due the merit of having framed a code of rules and tables for the consideration of his colleagues in the Executive Committee; and he most justly, we understand, deserves the acknowledgment of his valuable assistance which was rendered to him by the Directors.

Here, for the present, we must conclude; expressing our renewed confidence in the ability and judgment of the Directors, and urging the claims of the auxiliary fund on our associates and other professional brethren.

A DEFENCE FUND.

We last week suggested that it was not certain that the establishing of a Defence Fund, to meet the legal expenses of iniquitous prosecutions carried on against medical men, was a thing to be desired. At all events, it seems to us that the matter should be well considered before it is seriously attempted to raise such a fund. We will state what appear to be the difficulties and objections which may be fairly raised against the proposition.

The first objection which meets us is this: that the fact of the existence of such a fund may encourage the bringing of actions against medical men. The very knowledge of the fact will surely not fail to operate on the mind of the low pettifogger who is ordinarily engaged in carrying on business of this nature. It will be to him a positive temptation to foment suits of the kind, to bring actions for pauper clients on speculation; being assured, if haply he may win the day, that his costs will be assured to him. The bait of prospective costs ready for him will encourage him to take the chance of obtaining a verdict—and when is a jury's verdict not in some degree a lottery in such cases?

Then, again, there can, we venture to think, be no doubt that the existence of such a Defence Fund would prejudice the case of the defendant in the eyes of the judge, the jury, and the public. The prosecuting counsel, at all events, would not fail to excite, *ore rotundo*, the indignation of the jury against the profession for being banded together, as he would tell them, in this Defence Fund, *per fas et nefas*, to carry their medical colleague harmless through the trial. "What chance," he would say, "has my poor client to get justice, when the wealth of the profession is arrayed against him, unless you, gentlemen of the jury, show by your verdict to-day that poverty shall be no bar to the obtaining of justice?" Loud and claptrap Buncombe of this kind will doubtless be brought to operate on the jury to the prejudice of the medical defendant. Counsel, indeed, may say with some show of justice, that the backing of any given case with the Defence Fund would be an actual prejudging of the case—an anticipation of justice, practised by the profession.

Moreover, something may be asked respecting the practicability as well as the policy of establishing a Defence Fund; something, also, as to the satisfactory distribution of it, if established. If we may judge from the important character of the actions which have of late years been brought against medical men, of what they are likely to be in future, it is evident that a fund of this kind, to be worthy of the name, must reckon its pounds by thousands—must be, in truth, a very large fund. Whether it is or is not possible to collect so large a sum for the object inferred, whether it is or is not probable that men can be induced to subscribe for the defence generally of such actions—that, is, without previous knowledge of their individual character—are matters which we will leave to the opinion of our readers. This, however, we may observe, that it is clearly one thing for the profession to come forward and assist a professional brother who has suffered cruel and manifest hardship, but quite another thing to subscribe for the hypothetical case which may at any time hereafter occur. We must not forget, as experience has shown us, that there are cases in which, in the judgment of the profession, a medical defendant may not be altogether free of blame; that he may by his negligence or ignorance have, in a greater or less degree, himself brought down the mischief which has fallen upon his head. We may suggest to our readers that cases of such a kind have occurred within the memory of all of us; and, at all events, cases may occur, and have occurred, in which the opinion of the profession is greatly divided as to the degree of blame which may justly attach to the medical defendant. In such cases, clearly, difference, and fatal difference of opinion, will be expressed as to the distribution of the fund.

A calm consideration of the whole matter seems to us to suggest that in every respect it is best that each case should stand before the profession upon its own special merits or demerits. Where can a better proof of this be given than in Dr. Bowen's case? What can be more honourable to Dr. Bowen, and to the profession amidst whom he dwells, than the manner

in which his friends have rallied round him on this occasion? Can we for a moment doubt that in all like cases the profession will equally come forward and assist a brother in distress? When has it failed to do so? Is not the present result far more satisfactory to Dr. Bowen, and to the profession, and, we may add, to the public at large, than if the legal expenses had been paid out of some regular cut and dried centralised fund? Dr. Bowen has not only had his expenses paid, but the manner in which the the thing has been done has been towards him a gratifying expression of professional sympathy. No hesitating or doubtful hand has come forward to assist him. He is sure that he not only receives this proper aid from the profession, but that he also receives its warmest sympathy. Can our readers not imagine that, with a Defence Fund in existence, a defendant might receive the pecuniary aid, but not the sympathy, of the profession? May not cases occur, in short, in which such a fund might, out of mere pity, be perverted from its proper purposes?

These points we throw out for the consideration of our readers; merely adding, that we shall be glad to be convinced by fair arguments that our view is an incorrect one.

In last week's Journal was given a summary, from the *Edinburgh Monthly Journal*, of so-called successful cures of syphilis by syphilisation. We would particularly call attention (in reference to one of these cases) to a letter of Mr. H. Lee. The author of the paper in question will, we fancy, admit, when he sees this letter, that his own experience of the value of syphilisation rests upon a very insecure basis.

The Report of the Vienna Hospital for the year 1863 has just been published. It contains 271 pages of statistical and nosological data. The number of patients received into the hospital during the year was 23,769, of whom 15,410 were males and 8359 females—the number of patients under treatment during the year being 26,247. Of these, 2846, *i.e.*, 12.7 per cent., died. Syphilis produced the greatest number of patients, 2424; tuberculosis, 1071; gastro-intestinal catarrh, 1424; itch, 1067; diseases of the eye, 1066; injuries, 1274. The average stay in hospital was thirty-two days. The cost of drugs was 20,938 *florins;* food, etc., 253,820 *florins;* fire, lights, and washing, 70,847 *florins;* baths of different kinds figure at about 70,000 in number. The statistics show that syphilis is continually increasing. Amongst operations on the eye are 24 for squint, 103 iridectomies, and 51 for cataract.—The Report of the Lying-in Hospital is just as full and extensive. During the year 1863, the number of women confined was 8826; the number of children born alive was 4393 males and 4223 females, and born dead was 186 males and 149 females. There were 122 double and 2 triple births; 1.08 per cent. of mothers, and 4.8 per cent. of the children born, died; 607 operations were performed. Of remarkable malformations were observed, anencephalia with spina bifida, absent sternum, three cases of hemicephalia—one of which lived seven days—etc. Of the women, 15 per cent. suffered from puerperal disease, and of these 41.05 per cent. died.—In the Foundling Hospital, during 1863, were received 9408 children, 4734 boys and 4674 girls; 358 had inflammation of the eyes; 1051 died in the hospital (9.82 per cent.), and of these 130 from diarrhœa. Each nurse had to feed two, and sometimes three, children. The total number of foundlings (in and out of the hospital) was 24,777; of whom, 7242 died, and 9 per cent. of them under 1 year of age. The average time during which foundlings are kept is about six years and a half—the normal time being ten years. In the hospital, each child costs per day 63.11 *kreutzers*; in the private houses, each child costs 10.23 *kreutzers*. The total cost of the Foundling is 645,778 *florins*. The cost of a child for ten years is about 308 *florins*.

In the *Australian Medical Journal* is reported the case of a woman whe died of hæmorrhage, with retained placenta, after delivery. A doctor, who was sent for, refused to attend her unless his fee were secured to him. The case will remind some of our readers of one like it which occurred some time since at Birkenhead. We refer to it in order to quote the words of the *Melbourne Argus* on the point.

"We have known juries in very similar inquiries censure medical men for neglect; and we should not have been surprised, had it been so in this case. Not that we consider censure in any way merited, but that such seems to be the feeling of the general public. A doctor is knocked up at all hours of the night; and if he do not at once obey the summons, without any inquiry as to whether or not there is a probability of his receiving compensation for his trouble, all sorts of hard epithets are attached to his name. Why is this? Why is it thought that a medical man only, among all professional men, should be ready to give his labour gratuitously in cases of emergency? If a man were to die without making his will, because a lawyer refused to attend his deathbed unless he had some chance of remuneration, we should not hear of the lawyer being heartless, or cruel, or neglectful. If a barrister refused to defend a prisoner unless his fee were guaranteed, he would not find himself spoken of as though he were guilty of some heinous crime against society. Why, then, is the medical man expected to act as though he had not to gain his bread as well as other working men? He generally has to work hard enough for it in any case. The talent and labour requisite to gain a living by medicine are not less, certainly, than other of the 'liberal professions' demand. The current number of the *Australian Medical Journal* speaks of the 'grave misapprehension' which appears to exist 'as to everybody's right to demand the services of a medical man, without even an implied obligation of remuneration.' We are told of several instances

wherein medical men having refused to visit persons to whom they were suddenly called, 'there has been raised a cry of hardheartedness and inhumanity, and members of the profession have been held up to public odium for doing simply what is considered perfectly right in those who practise any other vocation save that of healing.' We imagine there are few persons who cannot tell of their own experience of nobler instances of real charity among medical men than among any other class. Is it, therefore, that they are to be considered public property? Is it considered that a kind of prescriptive right to the services of the whole profession has accrued to the general public, because of the charity shown by many of its members? If so, the other professions have proved themselves wiser in their generation than these. People do not get their wills made, their cases argued, their conveyances drawn, or their houses built, for nothing; and so attorneys, barristers, conveyancers, and architects, pursue their profession for their own benefit, as they have an undoubted right to do, without fear of blame from an injured public. To no men do we go so readily in time of need as to the doctor—of none do we think so little when the time of need has passed."

M. Palasciano has published some further details of interest concerning "animal vaccination". The discovery of Jenner, he says, demanded the inoculation of matter taken from the cow only; and, when the vaccine is passed from one human being to another, it is not surprising that it should, after a certain time, become weaker or lose its power. Troja at Naples was the first person who inoculated the cow from man; and he did this in order to augment the activity of the vaccine, not to increase the supply of it. Troja followed the Bourbons to Palermo, at the beginning of the century; and then Galbiati took up the subject. In 1810, Galbiati published a memoir on *Animal Vaccination*. He there speaks of the diseases which sometimes appeared after vaccination; and maintained that man should be vaccinated from the cow, in order to preserve him from all chances of contracting such diseases. Galbiati was aware that the accidents following animal vaccination in man were more severe than when the matter was taken from a human being; but he showed that it was not more dangerous, and not less prophylactic. King Ferdinand II had his children vaccinated with matter from the cow at the very time when the Government obliged his subjects to be vaccinated with human vaccine. Indeed, in 1810, at the very time when the Committee threatened to proscribe by law animal vaccination, some of its most distinguished members—Cotugno, Villari, and Sementini—actually employed vaccine from the cow in vaccinating their children and relatives.

Out of 272 candidates for the Doctorate of Medicine and Surgery for the year 1863-64 at Berlin, 205 were received. Out of 158 candidates in Pharmacy, 144 were accepted.

THE LATE EDMUND BELFOUR, Esq.

We have to announce the death of a well known and much respected functionary of one of the medical corporations—Mr. Edmund Belfour, who for upwards of half a century filled the important post of Secretary to the Royal College of Surgeons of England. He died on Monday last, at his residence in Lincoln's-inn Fields, in the 76th year of his age, of asthma, with senile exhaustion and decay. The deceased was highly esteemed, both by the Council of his College and by the numerous members of the profession with whom he had come into contact in the course of his long official career. So highly was he esteemed by the Council, that he was presented by them with the following testimonial, engraved on a massive silver salver: "Presented by the Council of the Royal College of Surgeons of England, with other plate to the value of two hundred guineas, to Edmund Belfour, Esq., in acknowledgment of his zeal, fidelity, and honourable conduct, and of the invaluable services he has rendered the College, in all its departments, during the fifty years of his tenure of the office of Secretary. (Signed) John Flint South, President. November 9, 1860." The deceased has left a widow and two daughters; one of whom is married to Captain E. Ward Fox, of Haddon House, Bakewell, Derbyshire. The remains of Mr. Belfour will be interred this morning (Saturday), in the family vault in Hackney Church.

THE LATE JONES QUAIN, M.D.

We regret to have to announce the death of Dr. Jones Quain, who died on the 31st ult. His health had been for some time failing.

Dr. Jones Quain was first known as a teacher of anatomy and physiology at the Aldersgate School of Medicine, in its palmy days, when Lawrence was a lecturer there. Thence he removed to University College, where he succeeded Dr. Paterson as Professor of Anatomy and Physiology—a post which he held for seven or eight years. His pupils will never forget his eloquent and charming method of instruction, and his kind and affectionate behaviour towards them. His retirement was regarded as a profound loss to the student and the school. His fine and sensitive nature was not made to brook the roughnesses which so often cross the path of men engaged in public life; and he retired into pursuits more congenial to his nature.

After leaving University College, he passed his days in the life of a scholar, in the cultivation of literary pursuits. We are not aware, however, that, since his retirement, any contribution to literature has appeared from his pen. He is well known to the profession as the author of *Quain's Anatomy*—a work which has, we need not say, won for itself the highest place as a standard work of anatomy. He was the editor, conjointly with Mr. Erasmus Wilson, of *Quain's Anatomical Plates*; and translated also Martinet's *Pathology*.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Birmingham and Midland Counties. [General.]	Medical Department, Old Library, Birmingham.	Thursday, February 9th, 6 P.M.

MEDICAL PROVIDENT SOCIETY.

The second meeting of the Directors of the Medical Provident Society was held at the Freemasons' Tavern, London, on Friday, January 27th. There were present: Dr. Richardson, in the chair; Dr. Armstrong (Gravesend); E. Bartleet, Esq. (Campden); R. B. Carter, Esq. (Stroud); Dr. Chevallier (Ipswich); J. Clay, Esq. (Birmingham); Dr. Desmond (Liverpool); Dr. Fayrer (Henley-in-Arden); Dr. Latham (Cambridge); C. F. J. Lord, Esq. (Hampstead); Dr. Morris (Spalding); T. Heckstall Smith, Esq. (St. Mary Cray); Dr. A. P. Stewart (London); H. Veasey, Esq. (Woburn); S. Wood, Esq. (Shrewsbury); and Dr. Henry, Secretary.

The minutes of the last meeting of the Board of Directors were read and confirmed.

Letters stating their inability to attend the meeting were read from Dr. Bryan (Northampton); Dr. Burrows (London); H. D. Carden, Esq. (Worcester); Dr. Collet (Worthing); Dr. Littleton (Saltash); and Dr. Waters (Chester).

The following is a copy of Mr. Carden's letter:—

"Worcester, January 26th, 1865.

"My dear Sir,—I regret very much to say I find it quite impossible to attend the meeting of the Medical Provident Fund tomorrow. I quite coincide with making the Fund open to the profession generally. I wish the allowance per week could be increased to three instead of two guineas..... I hope the preliminary fund will soon be raised to £1000 or more. I will find an additional fifty pounds, if ten others will do the same—contingent, of course, on the fact of the Society being established.

"In haste, believe me yours very truly,

"H. D. Carden.

"B. W. Richardson, Esq., M.D."

Mr. Carden's letter was very warmly received.

Resignations. Letters of resignation, on the ground of being unable to attend to the duties of directorship, were read from Sir Henry Cooper of Hull and Dr. Sieveking of London.

Mr. Carter moved, Mr. Heckstall Smith seconded, and it was resolved—

"That the Secretary be requested to give notice to the Metropolitan Counties Branch, and to the East York and North Lincoln Branch, requesting them to fill up the vacancies in their representation at the Board of Directors."

Rules of the Society. The minutes of a meeting of the Executive Committee, held on November 18th, at which a draft code of Rules was prepared for the consideration of the present meeting, were read. The Rules having been printed, and a copy forwarded to each Director a month previously to this meeting, it was agreed that they should be taken as read, and discussed *seriatim*.

Mr. Clay said that, before the rules were discussed, he wished to have the opinion of the meeting as to whether they should be registered under the Friendly Societies' Act. There were several reasons in favour of their being so registered; for example, legal power was thereby given to the Society to sue and be sued in courts of law; and the safety of its funds was insured. He moved—

"That the Medical Provident Society be registered under the Friendly Societies' Act."

Mr. Heckstall Smith seconded the resolution, which was carried unanimously.

Mr. Clay also moved, Mr. Heckstall Smith seconded, and it was unanimously resolved—

"That the Chairman and Secretary be requested to communicate with the Registrar in reference to the registration of the Society, and to make the necessary alterations in the rules in accordance with the requirements of the Registrar and of the Friendly Societies' Act, provided that these do not interfere with the scheme propounded by the Directors."

The rules were then discussed *seriatim* by the members present, various additions and amendments being made. As they are to be submitted to Mr. Tidd Pratt in accordance with the foregoing resolution, and further consultation with Mr. Finlaison is required in regard to the tables of payments, an outline only of their principal provisions is here given.

The Society is to be denominated "The Medical Provident Society in connection with the British Medical Association"; and may be ordinarily designated "The Medical Provident Society." Its object is to enable certain duly registered medical practitioners to provide, by mutual assurance, for those exigencies of sickness or casualty which render them unable to discharge their professional duties. The Society is to consist of honorary and contributing members. Donors of ten guineas and upwards, being duly registered practitioners, and approved by the Board of Directors or Executive Committe, may become honorary members for life; and shall be eligible to office, but shall not have any claim on the sick fund unless they be also contributing members. The Board of Directors may also confer the title of honorary members on benefactors of the Society, but these shall have no part in the management of the Society nor claim on its funds.

Contributing members are to be duly registered medical practitioners residing in the United Kingdom, and approved by the Board of Directors or Executive Committee, enrolled in the books of the Society as contributors to the sick fund for benefit. They must not be in active service or on full pay in the army or navy. They must be healthy; and must not have any organic disease, or predisposition to periodical or recurring attacks of illness, likely to incapacitate them from discharging their professional duties. A candidate for admission as a contributing member is to be required to fill up an examination paper (resembling those of insurance companies) and to obtain a certificate of health from two registered medical practitioners; and also to sign a declaration of the truth of the statements made on the examination paper. These being found satisfactory, he is to be admitted by the Executive Committee, and duly enrolled. Any contributing member obtaining admission by means of false statements is to be expelled, if the fraud be proved by investigation within twelve months from his admission, and will thereon forfeit all interest in the Society.

The annual contributions are to be paid within a fixed time; and any member not doing so will be suspended from receiving benefit; but the suspension may be removed if the arrears are paid within a certain period, and a certificate of health is produced. Members who have been struck off in consequence of not paying their subscriptions may be again admitted on complying with the rules for original admission.

The funds of the Society are to consist of an Auxiliary Fund; a Sick Fund; and a Management Ex-

pense Fund; of each of which a distinct account is to be kept.

The Auxiliary Fund is to consist of all donations and bequests made to the Society, and of the interest which shall be from time to time received from the investments of the same. This fund is to be under the especial direction and control of the Board of Directors, who are empowered to apply it to increase the Sick Fund, whenever this may be necessary. The Sick Fund is to consist of the contributions of contributing members thereto, as defined in the rules and tables; of the admission fees of those contributing members who join the Society before July 1, 1867, and who at the time of enrolment are above forty-five and under sixty years of age (if, on actuarial advice, it be found advisable to demand such fees); and of the interest which shall be from time to time received from the investments of the same. There are to be three classes of contributors to the Sick Fund; viz., members not exceeding 45 years of age, who are to be entitled to receive benefit during the whole of life; members within the same limit of age, whose subscriptions and benefits are to cease at the age of 65; and members aged between 45 and 60, who may be admitted up to July 1867, and from whom probably an admission fee will be required in addition to the annual subscription.

The Management Expense Fund is to be formed by each contributing member paying an annual sum, to be determined by the Board of Directors.

The Sick Fund, or a competent part thereof, is to be from time to time applied, as occasion shall require, for the benefit of such of the contributing members respectively as shall have conformed to the rules of the Society, and who, suffering from sickness or casualty, may be unable to follow their usual professional occupation; but no member is to be entitled to claim benefit in consequence of infirmity. Every contributing member who has been enrolled a member of this Society upwards of twelve months and who has paid his annual contributions, shall be entitled to receive, during the first twenty-six weeks of his illness, two pounds per week; and if his illness continue longer than twenty-six weeks, he shall then be entitled to receive one pound per week.

Regulations are made for the proceeding to be followed when a contributing member is desirous of recovery of sick pay; also for his periodical visitation by a referee of the Society, if he continue a certain length of time in receipt of pay.

The affairs of the Society are to be managed by a Board of Directors, elected in part by the Committee of Council and the Branches of the British Medical Association, and in part by those members who do not belong to the Association. The Chairman and Vice-Chairman are to be elected by the British Medical Association at its annual meeting. The Directors are to hold an annual meeting either in July in each year or at the time and place of the annual meeting of the British Medical Association, and are to meet at such other times as the business of the Society may render necessary. Provision is also made for calling special meetings of the Board. A report is to be presented to the annual meeting of the British Medical Association. The Directors are to elect a Treasurer, Secretary, Trustees, and Auditor; as well as an Executive Committee for carrying on the business of the Society. The special duties of the various officers are defined. Power is given to the Society to appoint agents in such localities as they may think fit; and they are instructed to appoint duly registered practitioners to act as referees in cases demanding inquiry.

Mr. Heckstall Smith proposed, Dr. Armstrong seconded, and it was resolved unanimously—

"That the Rules which have been now adopted be the Rules of the Medical Provident Society, subject to such modifications as may be made by the Chairman and Secretary after consultation with the Registrar of Friendly Societies."

Letter from Mr. Finlaison. The Secretary reported that he wrote, on December 9th, to Mr. Finlaison, the Actuary to the National Debt, asking him whether he would consent to revise the Tables of the Society, and also what his fee for doing this would be. In reply, he had received the following letter.

"Old Jewry, City, 15th December, 1864.

"Sir,—Severe domestic affliction has delayed my reply to your letter of the 9th instant. I will most cheerfully render the Medical Provident Fund all the assistance in my power as to their Tables; and with regard to the fee, as the inroad on my time will not be very important, I beg that nothing more may be said on the subject, but that I may be permitted to render the Directors the service you mention without any further question of charge.

"A general respect for the profession, as well as for the laudable object now more particularly held in view, impels me to take this freedom. I trust it will be pardoned. "I am, sir,

"Yours faithfully,

"Alexander Glen Finlaison,

"*Actuary to the National Debt.*

"Alexander Henry, Esq., M.D."

The Secretary also reported that he had on that day received a letter from Mr. Finlaison containing suggestions in reference to the Tables, which would demand further consideration. In the course of his letter, Mr. Finlaison wrote as follows:

"I would be glad, in the interest of the Society, to learn, if possible, that the means could be found of creating some fund in the nature of a reserve, for the purpose of meeting demands which the experience of ordinary provident societies is not accustomed to anticipate, but which may arise out of the associated risks of a body of professional men, whose sense of duty and undaunted courage every day leads them to face dangers from which the common run of people reasonably shrink with the utmost dread."

Dr. Chevallier moved, Mr. Clay seconded, and it was unanimously resolved—

"That the Board of Directors of the Medical Provident Society desire to express to A. G. Finlaison, Esq., their cordial appreciation of the kind feeling expressed by him towards the medical profession and this Society; and to thank him sincerely for the valuable assistance he has consented to render them in the revision of the Tables of Annual Payments, and for his liberality in offering to perform this labour without expense to the funds of the Society.

"That Mr. Finlaison be elected an Honorary Member of the Society.

"That he be requested to accept the office of Consulting Actuary to the Society.

"That Mr. Finlaison's letter be entered on the minutes."

The Chairman, in putting the resolution to the vote, said that he could not fail to express, in the name not only of the Directors but of the many other supporters of the Society, the pleasure that was felt in giving such an expression of thanks to the distinguished actuary, Mr. Finlaison. He (the Chairman) had been apprised that a fee of one hundred guineas would have been considered a fair sum for the services of Mr. Finlaison, which had been so kindly offered. This was a great boon; but the way in which the offer was made was the most pleasing part of it. A letter couched in more delicate and generous language was rarely seen. It was a compliment to

the profession altogether, and would be long remembered. [*Hear, hear.*]

Vote of Thanks to Mr. Clay. The SECRETARY called the attention of the Board to the fact, that very valuable assistance had been rendered to the Executive Committee by Mr. Clay, who had kindly drawn up a code of rules for their consideration, and had thereby relieved his colleagues, and especially the Chairman and Secretary, from much trouble and anxiety.

The CHAIRMAN proposed a vote of thanks to Mr. Clay. He said that, but for the industry and the accurate knowledge of Mr. Clay, the Rules that had been drawn up and adopted that day could hardly by this time have been prepared. It was but to express the opinion of the whole Board to move, as a resolution,

"That the sincere thanks of the Board of Directors be given to John Clay, Esq., for the valuable assistance which he afforded the Executive Committee by drawing up a draft code of Rules and Tables for their consideration."

Mr. HECKSTALL SMITH seconded the motion, which was carried unanimously.

Treasurer. Dr. CHEVALLIER moved, Dr. ARMSTRONG seconded, and it was resolved—

"That Dr. Westall be elected Treasurer of the Society."

Executive Committee. On the motion of Dr. CHEVALLIER, seconded by Dr. ARMSTRONG, the Executive Committee was appointed, to consist of the same members as before.

Secretary. Mr. CLAY proposed, Mr. HECKSTALL SMITH seconded, and it was resolved—

"That Dr. Henry be appointed Secretary, and that his salary be at the rate of £100 *per annum*."

It was also resolved that the Treasurer be empowered to pay the Secretary his salary for the past quarter; and that the sum of Ten Pounds be advanced to him from the auxiliary funds for incidental expenses.

A vote of thanks was given to the Chairman.

THE CHAIRMAN, in acknowledging the vote, said he was more than compensated by the success of the Society up to the present time. He had not anticipated so much success; neither was he aware, until the project had ripened into action, that the want of a Medical Provident Society was so keenly felt by the profession. They had but to hold on as they had begun, and one of the most useful and important medical societies of England would soon be in active operation.

The meeting then adjourned, after a continuous sitting of seven hours.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE third ordinary meeting of the session of the above Branch was held on Wednesday, January 25th, in the Victoria Rooms, Clifton; R. W. FALCONER, M.D., President, in the chair. There were present forty-two members and visitors.

The minutes of the previous ordinary meeting were read and confirmed.

New Members. The following gentlemen were elected members of the Parent Association and of the Branch: James Douglas Harington, M.B. (Bath); Charles S. Bayliffe, Esq. (Chippenham); Henry Freeman, Esq. (Bath); Charles Vernon Hitchins, Esq. (Weston-super-Mare); G. F. Atchley, M.B. (Bristol); William Cooper, Esq. (Bristol).

The Medical Provident Society. Dr. MARSHALL proposed that the election of a Director of the Medical Provident Fund, in the room of Dr. Budd, who had resigned, be deferred until the annual meeting of the Branch; which was unanimously agreed to.

Union Medical Officers. Dr. COLBORNE (Chippenham) submitted the following petition to the House of Commons on the question of the remuneration of the Poor-law Unions; and proposed that the same be signed by the members of the Bath and Bristol Branch of the British Medical Association, and when so signed be forwarded to Mr. Henry Berkeley, M.P. for Bristol, and Mr. Tite, M.P. for Bath, for presentation to the House of Commons; and that the President (Dr. Falconer) be requested to communicate with the Committee of Council on the subject of the petition.

"*To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.*

"The humble petition of the Members of the Bath and Branch of the British Medical Association,

"SHEWETH,—That, in the opinion of your petitioners, the present administration of the Poor Laws acts most injuriously towards the members of the medical profession throughout England and Wales, and especially towards such members of the medical profession as are engaged in the attendance upon and care of the sick poor.

"That such members of the medical profession have been compelled to accept salaries or remuneration much below the value of their services, which is a hardship inflicted upon the medical profession.

"That the present administration of the Poor Laws often impedes the members of the medical profession in the proper and conscientious performance of their duties towards the sick poor.

"That it is highly unsatisfactory that there is not any competent medical superintendence of the medical relief to the poor, nor a competent body to assess the true value of the services rendered by the medical profession.

"Your petitioners, therefore, humbly pray your honourable House to cause a searching inquiry to be made into the subject of the medical relief of the poor; and that your petitioners may have the opportunity afforded them of laying their grievances before you; and that they may have such relief as your honourable House sees fit.

"And your petitioners will ever pray, etc."

This proposition was carried unanimously; and the petition received a large number of signatures.

Papers. The following papers were read and discussed.

1. On Excision of the Wrist-Joint. By R. W. Coe, Esq.
2. A Case of Fungus Hæmatodes of the Eyeball. By F. Mason, Esq.
3. Case of Rupture of the Uterus. By J. G. Swayne, M.D.
4. An instrument for controlling hæmorrhage in operations on the lips (hare-lip, cancer of the lip, etc.) was exhibited by A. Prichard, Esq.

Other papers had to be postponed till the next ordinary meeting.

ROYAL COLLEGE OF SURGEONS. Professor Huxley, F.R.S., will deliver the first lecture of his course, consisting of twenty-four, on the structure and classification of the Mammalia, in continuation of the course of last year, on Monday next, in the theatre of the College of Surgeons.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

JANUARY 12TH, 1865.

JAMES HAKES, Esq., Vice-President, in the Chair.

Adjourned Discussion on Fever. Dr. GEE commenced by corroborating what had been stated with reference to the form of the fever during the epidemic; the majority of the cases admitted into the Fever Hospital being typhus, but few typhoid; and no case of relapsing fever had come under his notice since the commencement of the epidemic. The mortality of fever cases treated in hospital was undoubtedly very large, being 15 per cent., compared with the 6 per cent. that occurred in those treated at their own homes. This was very difficult to account for, considering that in hospitals were found proper ventilation, good diet and nursing—conditions which we should consider favourable, compared with the filth and wretchedness so often met with in the houses of the poorer classes. Dr. Gee did not agree with Dr. Shearer on the subject of nursing; for he had, generally speaking, found that the patients' friends were the very worst nurses that could be found. Dr. Gee then alluded to the fever patients that were admitted into the Fever Hospital from Mr. Steele's district, where he found that, out of fifty-four admissions from this part of the town, only one death had occurred—a circumstance proving that the fever was of a less fatal form; but why it should be so, he was at a loss to explain. He agreed with Mr. Steele as to contagion being the exciting cause of the disease; sanitary defects strongly predisposing to attacks of the disease. Dr. Gee stated that six years ago there were only two or three patients in the Fever Hospital, whereas at the present time all the wards are fully occupied. Dr. Gee did not think Mr. Steele had grappled successfully with the important question, How do we account for the present epidemic? He thought it owing mainly to the great communication between the various classes that exists at the present day. Yet there was something which he confessed he was at a loss to explain. During the year 1853, when fever was very prevalent in the town, he recommended that certain houses, where fever had been raging, should be entirely closed, and their inhabitants removed elsewhere. Dr. Gee concluded his remarks by an allusion to the "fever-wave" which he thought would in time pass over us, leaving us comparatively free for some years to come.

Dr. E. WHITTLE concurred generally with the remarks that had fallen from Dr. Gee, and more especially when he applied the simile of a wave to the epidemic now in Liverpool. He thought too little importance had been attached to destitution as a cause of the disease. All famines had been followed by epidemics. He had noticed, at the commencement of the present epidemic, the large number of people out of employ; these men, with their small parish allowances, hardly sufficient to keep body and soul together, were the very victims for fever. Dr. Whittle thought too much time was lost in getting fever patients into hospital, and in the meantime the disease allowed to spread from one to another.

Mr. HODGSON mentioned that, amongst one thousand workpeople under his care, there had been numerous cases of fever. Prior to the outbreak of the disease, he had noticed a great declension in the general health of the men, for which he could not account. Mr. Hodgson was not surprised at the large hospital mortality, for in his own practice he only sent those cases whose chance of recovery was exceedingly small; and if, as he supposed, other medical men did the same, he could not wonder at this large death-rate. Strangers coming from the country, where they had been engaged in agricultural pursuits, and settling down in our filthy courts, soon fell victims to fever, and assisted materially in its spread.

Dr. CAMERON entirely disagreed with the views taken by Mr. Steele and Dr. Gee as to contagion being the only exciting cause of fever. How would the theory held by these gentlemen explain typhus fever not being communicated to other individuals in respectable houses, where there did not exist any sanitary defects? How could it explain a fact that had lately come under his notice, of typhus fever breaking out in an emigrant ship six weeks after it had left the shore? Would this theory explain satisfactorily the presence of fever in the Crimea, where it was found that the disease abounded in proportion to sanitary defects? 9,588 cases were admitted into the Belfast Fever Hospital from 1818 to 1835, of which 7,246 were traceable to contagion, and 2,342 to other causes; and in the Glasgow Fever Hospital, out of 1,061 cases admitted under the care of Dr. Cowan, only 47 per cent. were traceable to contagion. Dr. Cameron argued that it was for those who held the contagion theory to account satisfactorily for these figures; and, with these before him, he could not come to the conclusion that contagion was the sole exciting cause. He drew attention to some admirable remarks on overcrowding by the late Dr. Duncan, who showed that fever raged in large towns proportionate in amount to sanitary defects. With reference to the spontaneous development of the fever-poison, Dr. Cameron remarked that we were unacquainted with the essential nature of it; but, assuming it to be analogous to an organic chemical agent, there was no inconsistency in believing that, under certain circumstances, it might be developed *de novo*. He considered that the experience of the present epidemic had confirmed his opinion as to the error of adopting as a basis of classification the alleged difference in origin of the so-called distinct forms of fever—viz., "typhus," "typhoid," and "relapsing." For the prevalence of fever, an "epidemic influence" was required, which Dr. Cameron took to be a combination of sanitary defects. The army blue-books contained much valuable information on the subject of fever. Dr. Cameron thought fever depended on some atmospheric influence—a supposition that was strengthened when he looked at its geographical distribution. He thought it was not judicious, with our present knowledge, to attempt to trace the spread of the disease to one cause alone, for by so doing we tended rather to impede the progress of scientific investigation.

Dr. TELFORD thought, from observations principally conducted in Dublin, that the spread of typhus was by contagion alone; and he consequently agreed with Mr. Steele and Dr. Gee.

Dr. SPRAKELING thought the great mortality of fever hospitals might in some measure be due to a concentration of the poison.

Mr. STEELE, in replying, commenced by stating that he did not wish to underrate destitution, overcrowding, and other sanitary defects, as contributing very materially to the spread of the disease; but he regarded them as predisposing causes alone, and incapable of generating the disease. He considered that the convalescent period was most dangerous, as far as contagion was concerned; and he took occasion to draw the attention of the Select Vestry to this,

hoping they would make practical use of his suggestion. He considered children as exceedingly liable to attacks of typhus, and felt sure that they were frequently the means of conveying the disease from one house to another. Mr. Steele was quite aware of the small percentage of deaths that had occurred in the Fever Hospital amongst the patients admitted from his district, but was quite at a loss how to explain the fact. During the time that Dr. Buchanan was visiting the town, Mr. Steele took an opportunity of showing him that typhus, in some instances of a very malignant form, was, and had been, raging in his district. He agreed with Dr. Sprakeling's remark, when he alluded to the excessive hospital mortality being in some measure due to a concentration of the fever-poison. In his practice, some of the worst cases had recovered by asking the friends of the patient to give them plenty of brandy—a request which was, generally speaking, readily responded to. Mr. Steele regarded many of the points brought forwarded by Dr. Cameron as tending rather to strengthen the contagion theory which he (Mr. Steele) had been endeavouring to prove. There was so much difficulty attendant on proving contagion in every case, that he considered it unreasonable to require that it should be done. He acknowledged that he had met with cases of fever in the most isolated places; but he did not the less believe that the disease was conveyed there. There were so many ways of carrying the disease that would not, perhaps, be perceived.

Mr. STEELE will conclude his paper "On the Nature and Treatment of Continued Fever" at the next ordinary meeting of the Society, on Feb. 9th, 1865.

Correspondence.

MEDICAL ERRORS.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—I am very unwilling to prolong a discussion which, I cannot but feel, degenerates into personalities when your readers are told that I have provided a "convenient loophole" for myself. Dr. Johnson evidently does not comprehend what I have endeavoured to explain in the Lumleian Lectures: that the hypothesis assumed to explain the phenomena is generally, if not always, suggested by some other circumstance than that immediately under consideration. He consequently repudiates the explanation offered in my last letter, in language which I am sure he will, on more mature consideration, acknowledge to be unsuited for scientific discussion.

I do not wish to be drawn into a criticism of Dr. Johnson's volume; but, as he so continually refers to it, I must say that I have failed to discover any logical proof of a single statement which it contains. I would especially commend to the author's notice the expression several times repeated, that a patient was *cured* by so many doses of castor-oil, corresponding as it does exactly to the words "strictly curative", to which he so much objects.

I may be permitted to add, that throughout I conscientiously believed that the occurrence of the "one or two remarkable recoveries" was the circumstance which misled him, just as the occurrence of two very remarkable recoveries after treatment by calomel misled many of us for some time at St. George's Hospital. I cannot, therefore, feel that any "apology" is needed for the sentence which he once more quotes from my volume.

I am, etc.,
A. W. BARCLAY.

23A, Bruton Street, January 30th, 1865.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—In my letter published in to-day's JOURNAL there are two misprints, which are rather unfortunate, inasmuch as, both of them occurring in extracts from Dr. Barclay's letter, it may be thought that I have misquoted him. In the sixth line from the commencement of the letter, the word *strictly* should be *directly;* and in the sixth line from the bottom of the same column, *ever* should be *even*.

I am, etc.,
GEORGE JOHNSON.

11, Savile Row, W., January 28th, 1865.

ARMY MEDICAL SERVICE.

SIR,—Will you allow me to say a few words on two subjects relating to the service? I mean "uniform" and "attendance at mess."

I think it will be allowed that there are advantages resulting from the use of uniform on certain occasions; but there can be no doubt that when on "active service" uniform is absolutely indispensable for every individual holding a recognised position with the army. In the Crimea, even the *Times* Correspondent deemed it advisable to adopt a species of "uniform" by which he might be recognised. Uniform cannot well be improvised for an occasion by any large class of men, therefore it is desirable that there should be a regular established uniform for medical officers, if it be admitted that on *any* occasion it may be necessary that one should be worn. At present there are a variety of "dresses and appointments" prescribed for medical officers, all more or less ugly and objectionable, and considerable expense is entailed by the objectionable habit of removing medical officers from regiments at the caprice of the Director-General. As a remedy for this evil it has been suggested that medical officers should cease to belong to regiments, but should all belong to one staff corps, and wear the same uniform, and be moved about at the discretion of the Director-General. To this arrangement there is one fatal objection: very few indeed would willingly place themselves so entirely in the power of the Director-General. Experience does not justify the belief that such power would be exercised impartially. But the same uniform might well be worn by all medical officers without regard to the branch of the army with which they might be actually serving.

I would wish to recommend that *all* medical officers should wear the same uniform as that now worn by the Inspectors and Deputy-Inspectors-General. There is indeed no valid reason why they alone should wear embroidered belts, and other medical officers be condemned to wear plain, unsightly black belts, similar to those worn by railway guards. It may be said, what is the importance of a belt? I reply, much!—and so will any one who has heard the remarks passed on the dress and appearance of medical officers by "other" officers, and the "unwashed" crowd at a review. Adopt the cap and belts now worn by the Inspectors, and there would be no reasonable cause for complaint.

Secondly, as to "attendance at mess." Undoubtedly the position of a medical officer at mess, according to the prevailing custom and the wishes of the Horse Guards officials, is most unsatisfactory; but if we were removed from attendance at mess, we should suffer much inconvenience individually, for I do not see how a bachelor would be able to live respectably or comfortably without the aid of the mess; and the whole profession would suffer damage, as it would be insinuated by our enemies (and their name is legion) that we had ceased to be members of messes because of "unfitness." No! never let us take such a false

step as that—the withdrawal of the medical officers from the membership of different messes; but rather seek to obtain the position in a mess which is due to the age, knowledge, and relative rank of the medical officer. I am, etc.,

FORTIS EST VERITAS.

INDIAN MEDICAL SERVICE.

SIR,—I enclose a reprint of the *Englishman's* (one of the leading Indian papers) opinion of Sir Charles Wood's late despatch, from which you will see that I was pretty correct in the estimate I formed of it; the next mail will, I think, bring stronger disapproval when the despatch has been fully understood. A few days more will tell us how far Sir C. Wood has succeeded in deluding the unwary. Do, pray, warn our young friends to avoid the snare.

I am, etc., A RETIRED SURGEON-MAJOR.

February 1865.

"A careful perusal of Sir C. Wood's despatch does not prejudice us in its favour. We readily acknowledge that it confers some benefits; these benefits being the removal of the anomaly in the previous order, by which unemployed and employed officers were remunerated alike, and the consequent acknowledgment of the propriety of granting staff salaries; the granting promotion to assistant-surgeons after a definite period of service; the allowing the twenty-five years of service qualifying for a step of honorary rank on retirement to count from the date of first commission, and to be inclusive of all leave of absence; the limitation of the tenure of office of a deputy inspector-general and an inspector-general to five years, unless re-elected; the making the ranks of inspectors-general and deputy inspectors-general substantive ranks; the bestowal of an additional pension upon inspectors-general and deputy-inspectors-general after five years' active employment in India in those grades, and the annulment of the retrospective operation of Clause III of the Royal Warrant of January 13th, 1860, which required two years' service in, or with, a regiment as a qualification for an assistant-surgeon for promotion to the rank of surgeon,—these are certainly advantages which we feel confident the members of the medical service will fully appreciate. We wish we could write as favourably concerning the remaining clauses of Sir C. Wood's despatch. From paragraph 16 it will appear that the administrative staff of the service is to undergo a reduction, the prizes of the service will thus necessarily be diminished in number, and the chances of earning an augmented pension under paragraph 36 and 37 materially decreased. From paragraph 20, it is to be inferred that many appointments now held by members of the service will, in future, be bestowed upon uncovenanted medical men, and an evident desire is shown on the part of the Home Government to confine Indian army medical officers to the charge of native troops. Paragraph 27 acknowledges the propriety of granting staff salaries for independent responsibilities, but the salaries so granted in paragraph 28, for the charge of native troops, and with reference to which the revised emoluments of all other appointments are to be calculated, we consider utterly inadequate; that we are justified in this opinion will, we think, appear from the comparison of the staff salary, in addition to staff corps pay of his rank, which the order confers upon the medical officer, and that which is granted to other officers of a native regiment of cavalry or infantry.

"The value which the comparison shows that the government place upon the professional usefulness of its medical staff will scarcely tend 'to diffuse a spirit of satisfaction and contentment among the officers, now in the service, and to secure for the future a certain supply of medical officers of good social position, liberal education, and professional ability, for her Majesty's service in India.'

"Our first impression that, at least in the matter of retiring pensions, the new order would prove a boon, we are sorry to say, further inquiry compels us to correct. We omitted to notice that the pensions now sanctioned are for certain terms of service in India, and that no allowance is made for absence on furlough, as in the pension scale now in force. The comparison of the two scales will show that, except in the case of inspectors-general and deputy inspectors-general, who get an additional pension under paragraph 36 and 3, the alteration is in no respect an improvement." (*Englishman*, Dec. 17th.)

SYPHILISATION.

LETTER FROM HENRY LEE, ESQ.

SIR,—In your JOURNAL of this date, under the head of Progress of Medical Science, you furnish an abstract of some cases of supposed very severe constitutional syphilis, which yielded at once to syphilisation.

One of these patients was advised, in 1861, to go to Christiania, and to place himself under the care of Professor Boeck. Six years had elapsed since he contracted a chancre. He was suffering from an ulcer over each tibia and one over the left clavicle. Perforation of the palate had taken place, and some pieces of bone had come away from the interior of the nose; the frontal bone was swelled; and he was very much reduced in strength. He underwent a course of syphilisation, and was "completely cured" in three months.

Now, sir, curiously enough, I have had under my care during the last eighteen months a gentleman who has suffered from disease of the bones of the legs, from enlargement of the left clavicle, and from whose nose some pieces of bone had come away. The frontal and parietal bones in this gentleman were enlarged; he had been sent from Edinburgh to Professor Boeck, and had undergone some 160 inoculations.

It is most unlikely that two cases could agree in so many particulars; and I, therefore, conclude that my patient is the same as the one you mention as having been completely cured.

I took great pains to investigate my patient's case; and, to his surprise, gave him my decided opinion that he had never suffered from syphilis at all. One day, after leaving my house, he met a relative somewhat older than himself; and he mentioned to him, that it appeared a very curious thing that, after going over to Norway to be syphilised, he should now be told that he had not had syphilis at all. His relative replied by asking him if he knew what his father had died of. He did not; and was then informed for the first time that his father had died of "softening of the bones." My patient returned at once to furnish me with this information; which afforded to him, as it did to me, a satisfactory explanation of his symptoms.

The absence of any eruption in this case, and the interval of some years between the appearance of the supposed primary and secondary affections, would of themselves be sufficient to lead to the inference, that the patient's symptoms were not syphilitic; and I can only conclude that, although his journey to Norway had undoubtedly done him much good for a time, he had very unnecessarily undergone some 160 inoculations. One more inference may, I think, be deduced from this case; namely, that the matter em-

ployed in these inoculations was pus from suppurating or soft sores, and not the secretion from indurated or infecting sores.

Had the latter been employed, my patient would probably have returned from Norway with a disease which he had not when he left England.

I am, etc., HENRY LEE.

Savile Row, January 28th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 24th.

Bell, William, Uppingham
Brady, John, Belfast
Clements, George, Brixham, Devon
Dixon, George, Penrith, Cumberland
Edgelow, Thomas, Teignmouth, Devon
Farrington, Anthony Charles, Ottery St. Mary, Devon
Fernie, James, Kimbolton, Hunts
Griffith, Griffith, Edeyrn, near Pwllheli, North Wales
Hulme, Samuel James, Bowdon, Cheshire
Iliffe, Charles Webb, Coventry
Logg, Robert Duncan, Calcutta
Lupton, Richard John, Bradford, Yorkshire
Pearson, Henry, Manchester
Powell, Richard Douglas, St. John's Wood
Rogers, George Arthur, Commercial Road
Stokes, George, Hanley, Staffordshire
Sutton, Frederick, County Asylum, Norwich
Taylor, James, Chapel-en-le-Frith
Webb, George Fortescue, Exeter
Webster, Thomas James, Conway, North Wales
Whipp, Robert, Bowdon, Cheshire
Wilson, David, Carmoney, co. Antrim
Wilson, Thomas, Darlington

Admitted on January 25th—

Archer, Herbert Ray, Montagu Street, Portman Square
Armitage, Frederick William, Louth, Lincolnshire
Bott, Charles Glen, Brentford
Broom, Charles, Llanelly, South Wales
Cox, Pierre Georges, Mauritius
Davies, Evan Parry, Denbigh
Grealy, Francis, Galway
Howse, Henry Greenway, Liverpool
Hughes, William Lewis, Llandudno, North Wales
Macaulay, James Campbell, Leicester
Murray, Septimus Henry Liddle, Newcastle
Samuels, Henry George, Liverpool
Stirling, William Boughton, Whitechapel
Walker, Henry George, Great Russell Street
Wallbridge, John Smith, Demerara
Williams, Owen Thomas, Bangor, North Wales
Wood, Miles Astman, Ledbury, Hereford
Wykes, Edwin, Birmingham

Admitted on January 26th—

Adrien, Edward William, Old Town, co. Dublin
Anningson, Bushell, Hampstead
Charlton, Alfred, Tunbridge
Cheatle, Edward, Tamworth
Child, Edwin, Vernham, Andover
Cotter, Arundel Hill, Cork
Curtis, Charles Edwin, Yately, Hants
Dowman, Joseph Rymer, New Zealand
Drummond, Edward, Blyth, Northumberland
Grimes, John, Castle Thorpe, Bucks
Howes, Frank Charles Plumptre, Great Yarmouth
Jacques, John Thomas, Birstall, Leicestershire
Jeffreys, Richard, Chesterfield
Morgan, William John, Burwood Place, Edgware Road
Murray, John, Aberdeen
Orme, Robert, Instow, North Devon
Parkinson, Richard Colville, Guildford
Purcell, Ferdinand Albert, Cork
Shaw, James, Handsworth
Taylor, Arthur, Kennington

Admitted on January 27th—

Armistead, John William, Leeds
Bryan, John Morgan, Northampton
Clayworth, Charles Creasey, Spilsby
Gosselin, William, Cavan, Ireland
Kilroy, Mark Antony, Virginia, co. Cavan
Neate, Charles Pitt Wetherell, Fowey, Cornwall
Redwood, Thomas Hall, Rhymney, Monmouthshire
Shedd, Ebenezer, Montreal

Naval Surgeons. At a meeting of the Court, on January 24th, the following gentlemen passed their examinations for Naval Surgeons.

Bellamy, George, Haslar Hospital, Gosport
MacLaurin, Henry Normand, Greenwich Hospital
Slaughter, Charles Henry, H.M.S. *Royal Adelaide*

APOTHECARIES' HALL. On January 26th, 1865, the following Licentiates were admitted:—

Broom, Charles, City Road
Hedley, John, Newcastle-upon-Tyne
Renton, William Matthew, Shotley Bridge, Durham
Watson, George Henry, Jersey
Wilford, John George Frederick, Brompton, Yorkshire

At the same Court, the following passed the first examination:—

Shedd, Ebenezer, Manchester

APPOINTMENTS.

*WADE, W. F., M.B., M.R.C.P., elected Physician to the Birmingham General Hospital, *vice* *James Johnstone, M.D., resigned.

ARMY.

BARROW, Staff-Assistant-Surgeon T. S., M.D., to be Assistant-Surgeon 23rd Foot, *vice* J. Greig, M.B.
DAVENPORT, Assistant-Surgeon C. J., M.D., 6th Dragoon Guards, to be Staff-Assistant-Surgeon, *vice* T. P. Flynn.
GREIG, Assistant-Surgeon J., M.B., 33rd Foot, to be Assistant-Surgeon Royal Artillery, *vice* G. D. Milne, M.D.
HANNAN, Staff-Surgeon J., to be Surgeon Royal Artillery.
LANDALE, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 6th Dragoon Guards, *vice* C. J. Davenport, M.D.
WOODS, Staff-Surgeon D., to be Surgeon 107th Foot.

ROYAL NAVY.

HILL, George B., Esq., Surgeon, to the *Osborne*.
MURPHY, Alexander, Esq., Assistant-Surgeon, to the *Cumberland*.
WIMBERLEY, C. C., M.D., Assistant-Surgeon (additional), to the *Euryalus*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

DEANS J., Esq., to be Honorary Assistant-Surgeon 37th Kent R.V.
FISHER, L., M.D., to be Honorary Assistant-Surgeon 29th Lancashire R.V.
SHAW, H., M.D., to be Surgeon 1st Devonshire R.V.
WINTERBOTHAM, L., Esq., to be Honorary Assistant-Surgeon 13th Gloucestershire R.V.
WOOD, H. B., Esq., to be Assistant-Surgeon 5th Administrative Battalion Kent R.V.

DEATHS.

ABBOTT, Charles T., Esq., Surgeon 39th Regiment, at Aldershot, aged 35, on February 2.
*BARTLETT, Jacob Bickford, Esq., at Teignmouth, aged 72, on January 17.
BURROUGHS. On January 28th, at Lee, aged 44, Mary Ann Julia, wife of J. T. R. Burroughs, Esq., Surgeon.
CLARKE, Charles H., M.D., at Stonyhurst, aged 49, on January 14.
FALCONER, Hugh, A.M., M.D., at 21, Park Crescent, Portland Place, on January 31, aged 56.
MERYON. On December 21st, 1864, at North End, Fulham, Eliza, wife of Charles L. Meryon, M.D.
REECE. On January 12th, aged 6, Lydia Florence, youngest child of the late *George Reece, Esq., of 45, Sussex Gardens.
SCHNYLER, Allen P., M.D., at East Budleigh, Devon, on Jan. 16.
SHUTTER. On January 10th, at Gravesend, aged 71, Catherine E., wife of Thomas Shutter, M.D., of Southampton.
SILVER, William, M.D., at Clifton, aged 85, on January 19.
SMYTHE, William D., Esq., Assistant-Surgeon, Royal Artillery, at Calcutta, aged 27, on December 13, 1864.
WRENTMORE, John, Esq., Surgeon, aged 74, on January 18.

PROFESSOR SYME has been appoined one of the Examiners of the College of Veterinary Surgeons of Scotland.

PROFESSOR CHELIUS has resigned the Professorship of Surgery in the University of Heidelberg, which he has held for fifty-two years.

DR. LYONS has resigned his seat for the city of Cork, though earnestly entreated to retain it till the next general election.

IRIDECTOMY IN DUBLIN. In the eighteenth report of St. Mark's Ophthalmic Hospital we note that amongst the list of operations on the eye iridectomy does not occur.

A Medical Magistrate. The Lord Chancellor has recently placed W. H. Ackland, M.D., on the Commission of the Peace for the borough of Bideford, North Devon.

Health of Scotland. During the month of December 1864, there were registered in the eight principal towns of Scotland the births of 3,139 children, of whom 1,599 were males and 1,540 females. Of these 2,856 were legitimate and 283 illegitimate, indicating a proportion of one illegitimate in every 11·0 births. The proportion of illegitimate births was lowest in Greenock, where it was 4·8 per cent., while in Aberdeen 18·3 per cent. of the births were illegitimate. Eight hundred and eighty-four marriages were registered in the eight towns during the month, being by far the highest number registered in December during the nine previous years. The deaths of 2,411 persons were registered. Allowing for increase of population, the deaths would be the exact average of the corresponding period during the nine preceding years. Forty-four per cent. of the deaths were of children under five years of age. In Aberdeen the proportion was 10 per cent. below this average, and in Dundee the average was exceeded by seven per cent. The zymotic class of diseases proved fatal to 756 persons, or 31 per cent. of the deaths. Typhus fever was the most fatal epidemic; it caused 244 deaths, or 10·1 per cent. of the whole deaths. In Glasgow the proportion of deaths from typhus was 11·7 per cent.; in Paisley, 12·5; and in Greenock, 20·1 per cent. This is the most severe epidemic of typhus fever experienced in Scotland for many years. Scarlatina caused 153 deaths; measles, 102; hooping-cough 89; smallpox 15; diarrhœa and dysentery, 31; diphtheria, 30; croup, 47; metria, 9; erysipelas, 13; apoplexy, 23; paralysis, 52; diseases of the heart, 92; inflammatory affections of the respiratory organs, 402; bronchitis, 276; consumption, 222. Seven of the persons who died (one male and six females) had exceeded the age of 90 years; the two eldest (females) were aged 95 years respectively.

The late Dr. Baikie, the African Explorer. The *Orkney Herald* gives an obituary notice of Dr. Baikie, who was a native of Kirkwall. About the age of 16 Dr. Baikie proceeded to the University of Edinburgh for the purpose of studying medicine, and passed through the regular curriculum. From respect to one of his teachers there he gave the name of Mount Christison to a lofty hill along the reaches of the Binue. Natural history was one of his favourite studies; and in 1848, at the close of his University curriculum, there was issued from the press *A Catalogue of the Mammalia and Birds observed in the Orkney Islands*, by Messrs. W. B. Baikie and Robert Heddle. It was soon after the publication of this little treatise that Dr. Baikie obtained an appointment in the Royal Navy. Dr. Baikie's first experiences as an African explorer were given to the world in a volume, entitled *Narrative of an Exploring Voyage up the rivers Kwora and Binue (commonly known as the Niger and Tsadda)* in 1854. The expedition mainly owed its success to Dr. Baikie's energy and ability. . . . Dr. Baikie visited his friends in Orkney after his first expedition. In 1856 the narrative of his exploration was published, and he seems immediately to have set his whole heart upon returning to Africa. An opportunity soon presented itself. He left Kirkwall in March 1857, and immediately afterwards embarked for Africa. In his second expedition up the Niger, which was destined to extend over the lengthened period of eight years, he was accompanied at first by Lieutenant H. Glover, R.N. Dr. Baikie's aim, in exiling himself for so many years in Central Africa, was to become thoroughly acquainted with the people and the trading capabilities of the country. For this purpose he established his head-quarters chiefly at Leukoja, on the banks of the Niger, near the confluence of the Tsadda; but he also went occasionally several hundreds of miles inland to Soccata and other places, where he could have no communication from England, and could only himself seize every rare chance of sending letters to this country by caravans crossing the desert of Tripoli. Letters from England, when they reached him, were sometimes a year old.

Practical Dietary. Dr. Edward Smith has just published a volume called *Practical Dietary for Families, Schools, and the Labouring Classes*. Dr. Smith urges the distribution among the poor of handbills with the heading, "The Cheapest and Best Kinds of Food;" and he supplies the contents. Amongst his directions are such sentences as the following:—"If you are very poor, spend nearly all your money on bread. Bread and milk porridge make the best breakfast for husband, wife, and children. Buttermilk is a very good and cheap food. Whey is food, and is a much better drink than water or beer. Every member of the family should, if possible, have two pints of new milk, skim milk, or buttermilk, daily. With plenty of bread and milk there will probably be health and strength, and no doctors' bills. When you can buy Indian corn meal you will find it a stronger and cheaper food than flour. Potatoes are the best of all garden vegetables. Tea is a very dear food. If you are very poor, do not buy any tea, but spend your money in bread and skim milk. When you cannot obtain sufficient milk, and must drink tea, let it be weak, and add as much milk as you can to it; but it is then better to make broth for breakfast and dinner. Hot food is both more agreeable and digestible than cold food. Children, old and feeble people, need hot food more than strong adults. When you are very poor, and have not enough to eat, do not drink cold fluids." The teetotallers may like to know that Dr. Smith is convinced that the use of wine is quite unnecessary in the ordinary conditions of health, and that all the elements which give value to wine, except the alcohol, which has been added to it, are found equally in the so-called light wines and the strong wines of Spain and Portugal; and hence ordinary claret is quite as valuable to the system under numerous conditions both of health and disease as port or sherry. With regard to beer he says: "Whilst we cannot deny to beers the position of foods, it may be doubted whether they are necessary ones, and whether others cannot be found which offer the same advantages at a less cost. It is impossible to regard them as economical foods, whilst as medicinal agents they may have much value, and as luxurious foods they may supply a want in the present state of society." (*Daily News.*)

A Students' Row at Vienna. A misunderstanding has arisen between the professors and students at the University of Vienna. The arbitrary proceedings of the Rector Magnificus (Hyrtl) and his learned coadjutors led to a great academial uprising on the 17th January. Many months ago it was resolved that the 500th anniversary of the establishment of the University should be celebrated on March 12th, that being the day on which the University was founded by Rudolph III, Duke of Austria. As the Austrian Revolution of 1848 began on March 12th and 13th, the government expressed disapproval of the resolution taken by the students, and proposed instead August 8th. The committee elected by the students for the management of the festival publicly protested against the change of day, and then declared that they had ceased to be in office. For this "act of insubordination" the twelve members of the committee

were summoned to appear before the Consistory. On the 17th ult., the offenders made their appearance in the Consistorial Hall, in which sat the Rector Magnificus (the renowned pathologist, Dr. Hyrtl), Messrs. Arnts, Späth, and Miklosich (the Deans of the Faculties of Law, Medicine, and Philosophy), and an academic notary. When the members of the committee entered the hall, so many of their fellow students went in with them that the beadles found it difficult to close the doors. Professor Arnts said that they had "offended against the discipline of the University." While he was speaking the students outside, who were in great force, shouted "Vivat!" "Bravo!" and "Hoch!" so loudly that Professor Späth left the hall in order to request them to be less demonstrative. As soon as the door was opened the students forced their way into the room, which was soon so densely filled that it was not possible to continue the proceedings. It must be supposed that the Rector got nervous, for he promised the intruders that their colleagues should not be subjected to punishment of any kind if they would consent to leave the room. On hearing this the young men retired with loud cries of "Bravo Hyrtl!" The students expressed their resolve not to take a part in the jubilee unless it be held on March 12th. A long conversation then ensued between the professors and their disciples, and it ended by Dr. Hyrtl's promising to see what could be done. When the doors of the hall were opened the Rector Magnificus and the members of the committee were hoisted on to the shoulders of students, and borne in triumph to the University. Dean Späth was loudly cheered by the students, who were about 2,800 in number, but Arnts and Miklosich were greeted with hisses and deafening cries of "Pereat! Pereat!" The young men then took some refreshment at Dreher's new "beer hall," and then proceeded *in corpore* to Dr. Hyrtl's residence. The professor begged the students to return quietly to their homes, and promised to exert himself to the utmost to bring about a satisfactory solution of the question at issue. Formerly Hyrtl was a highly popular man in the scientific world, but recently he has become an object of suspicion to his colleagues and disciples, because he curries favour with the Ultramontane party. There are about seventy professors at the University, and fifty-eight of them take the same view of what may be called the "anniversary question" as the students. The young men see that the Ultramontanists are straining every nerve in order to increase their influence in Austria, and they are determined to thwart them in their efforts to get the University under their rule. The *Wien Med. Woch.* writes thus of the above affair. The proceedings at the University are not satisfactory. His magnificence Professor Hyrtl is not lucky in his new charge; and he has only himself to thank for it. His famous Rectorial Discourse lost him the sympathies of the scientific world; and his weak temporising proceedings in this students' affair has disgusted his colleagues in the Consistory.

Bad Air. At the request of the Royal Commission which has recently reported on the condition of the Cornish and other metalliferous mines, Dr. Angus Smith examined the quality of the air which the miners have to breathe, to the impurity of which is chiefly attributable the early break-down in their strength. A healthy atmosphere may be taken to be one with 20·9 per cent. of oxygen, and ·04 per cent. of carbonic acid gas. Late in the evening in the pit of London minor theatres as much as 0·252 and 0·330 per cent. of carbonic acid has been found; but the average of above 300 samples of air taken from these mines had 0·785. Two-thirds of the samples presented an atmosphere exceedingly bad, and the worst parts of the mines had only about 18·69 per cent. of oxygen, and as much as 1·8 or more of carbonic acid, in one instance 2·26 per cent. In order to test the effects of such bad air, Dr. Angus Smith caused to be constructed a small close chamber of lead, with windows sufficiently large that they might in any emergency be broken through for a way of escape. The first trial was made by sitting down in the chamber for an hour and forty minutes. This produced about 1 per cent. of carbonic acid, and the air became cheerless. A young lady was anxious to be in the chamber when the air was such that candles would not burn. She was not much struck by the impurity of the air on entering, although the candles were threatening to go out; there was not quite 19 per cent. of oxygen, and there was rather more than two per cent. of carbonic acid. No one had been breathing in the chamber, so that organic matter from the person was absent, and that makes a great difference. She stood five minutes perfectly well, making light of the difficulty, but suddenly became white and could not come out without help. On another occasion a still greater amount of carbonic acid was present in the chamber, but it was not accompanied with a corresponding loss of oxygen, for the gas was driven in upon pure air; there was 20·19 per cent. of oxygen, with 3·84 of carbonic acid. Two persons got headache instantly, and were unable to stay above seven or eight minutes. Dr. Smith stayed about twenty minutes, but felt very anxious to get out, as his movements were made with great haste, and both mind and body betrayed symptoms of feverish activity. The face was flushed, and the lungs acted more rapidly than usual. In fact there was a burning haste to live, as if life were afraid of being put out. It seems to him impossible to endure 4 per cent. of carbonic acid for any length of time. There was a very remarkable lowering of the pulse, and as this happened regularly he puts it down as the result of poisoning with carbonic acid gas, and asks whether it may not suggest a mode of lowering the pulse in fever. These experiments show the great mischief that must arise from the impure, unwholesome air in metalliferous mines. The men call it "thin," "poor," "dead;" the effect is slow poisoning. The explosions of gunpowder produce sulphide of potassium, the effect of which is probably like that of sulphide of hydrogen, but from its acting more slowly there is distributed over a long period that death which might ensue instantly, and so, in chemical phrase, the effect is dissolved in health, and becomes disease. Gun-cotton seems to promise to perform the work of blasting with less injurious influence upon the air. In the coal districts, where, on account of the dangerous gases, great attention has been given to the proper ventilation of the mines, the mortality (accidents excepted) is considerably less than in the metalliferous districts, and this shows that the excessive mortality in the latter is not caused by the mere working underground in dark galleries. Dr. Smith touches incidentally in his report upon various points of practical importance. He notices the purifying effect of rain upon the air, of which there was such a scarcity last year. Moisture with a high temperature is oppressive, but moisture with a lower temperature improves the air, and he holds that cold and moisture in such amounts as those in which they are found in Great Britain are capable of producing powerful constitutions, and that the more watery districts of the kingdom present in many instances the most healthy spots. Still, in relation to ventilation, he notes that "chemical action, and with it the feelings demand a certain amount of warmth first and above all things. No function can go on without it. You may live

hours, days, or years in badly ventilated places with more or less discomfort and danger, but a draught of cold air may kill like a sword. In railway carriages, and in houses also, the great instinct of man is first to be warm enough, and he is quite right. Such a universal instinct must not be sneered at."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Epidemiological Society, 8 P.M. Dr. Babington, F.R.S., "Suggestions for the Diminution of Venereal Disease among the Civil Population."—Medical Society of London, 8.30 P.M. Dr. E. Symes Thompson, "Notes on Cases of Tumour in the Mediastinum"; Mr. Teevan, "On Certain Fractures of the Skull."

TUESDAY. Pathological Society of London, 8 P.M.

WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.30 P.M. Mr. Henry Smith, Lettsomian Lectures on the Surgery of the Rectum. Lecture I, "On Some Points connected with Fistula in Ano."

FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) In Manchester and Salford (Sanitary Association). (B.) At Preston (R. C. Brown, Esq.). (C.) At St. Marylebone, London (Dr. Whitmore).

5 weeks ending December 31, 1864.

	A.	B.	C.
Small-Pox	109	—	5
Chicken-Pox	9	5	9
Measles	95	15	128
Scarlatina	59	64	48
Diphtheria	—	—	7
Hooping-Cough	34	4	75
Croup	4	1	6
Diarrhœa	127	32	355
Dysentery	12	4	3
Erysipelas	29	6	21
Insanity	31	2	23
Bronchitis and Catarrh	1240	48	1294
Pleurisy and Pneumonia	107	11	50
Carbuncle	—	—	4
Accidents and other diseases	5369	.... no return	3795
Totals	7225	—	5823

COMMUNICATIONS have been received from:—Dr. HENRY MARSHALL; Dr. DURRANT; Dr. W. H. O. SANKEY; Dr. B. W. RICHARDSON; Dr. HARDIE; Mr. T. M. STONE; Mr. REGINALD HARRISON; Dr. BARCLAY; Mr. RHODES; THE HON. SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. J. JAMES; Dr. GEORGE JOHNSON; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY; Mr. W. R. HUGHES; Mr. A. RANSOME; Dr. JOHN THOMPSON; Dr. SCHOLFIELD; Dr. W. H. ACKLAND; Mr. PRIDGIN TEALE; Mr. J. H. HAMMOND; Mr. J. N. RADCLIFFE; Dr. FITZPATRICK; Mr. J. SADLER; Mr. RICHARD WILDING; Dr. WILLIAM NEWMAN, THE HON. SECRETARIES OF THE MEDICAL SOCIETY OF LONDON; Mr. W. N. HIRON; and F.R.C.P.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

NON-MERCURIAL TREATMENT OF SYPHILIS.—SIR: In answer to the inquiries of Dr. Fox, concerning the cases published in the JOURNAL on December 24th, 1864, as to whether they are strictly within the limits of the non-mercurial treatment, I must say that I consider they are. The ointment used in Cases I and II was merely as a local application, not to produce any effect upon the system; the patients used about one ounce a week, and it contained six grains of the nitric oxide of mercury. In Case III, the child had been under treatment before it was brought to me; and instead of improving, it was gradually losing ground: it soon rallied on the non-mercurial treatment. Allow me to add another case, that of J. R., aged 5 weeks (third child). The father informed me that his two previous children had suffered from the same disease. They had been treated with grey powder and blue ointment; both died. Upon examining this infant, I found that it had syphilitic psoriasis on the buttocks and testicles, an ulcer at the anus, and snuffles, and was pale and emaciated. I ordered it, on Oct. 11th, two grains of chlorate of potash three times a day; and on Nov. 1st, it was discharged cured.

I have treated upwards of thirty cases by the non-mercurial treatment with the most favourable results; and will publish them *in extenso* in the JOURNAL, if you wish. I will refer Dr. Fox to a letter of mine, published in the JOURNAL on June 24th, 1864, for three more cases, treated without mercury.

I am, etc., R. WILLIAM DUNN.

13, Surrey Street, W.C., January 25th, 1865.

THE POOR-LAW MEDICAL SERVICE.—SIR: One who has known from childhood what work'us life really is, hardly needs an apology for speaking out when occasion tempts. As the eldest son of a medical family, whose parent was Poor-law Medical Officer, or, in more intelligible language, the parish doctor, during the thirty-three years he spent in a laborious country practice, I feel I have an Englishman's right to a simple hearing, on the case of Timothy Daly. *Punch* has exhausted my argument on behalf of the Poor-law profession, in to-day's issue. To endorse his views, and encourage the indomitable Richard Griffin—whose effigy ought to adorn the entrance of every workhouse—I send you a copy of a paper I was compelled to print, in self-defence, when assailed by the Leicester Guardians and their clerk some years ago. The facts contained in the paper are indisputable, and, I think, appropriate to the *in memoriam* tablet of Timothy Daly and his aggrieved medical advisers. I am, etc., JOHN A. BOLTON, M.D.

Leicester, January 28th, 1865.

PRYCE *v.* BOWEN.—SIR: I wish to inform the members of the medical profession that sufficient contributions have been raised to enable Dr. Bowen to defray the legal expenses incurred by the late trial, "Pryce *v.* Bowen." I am, etc.,

H. D. SCHOLFIELD, M.D., Treasurer.

14, Hamilton Square, January 31st, 1865.

Further contributions to the "Bowen Fund":—Preston (per Dr. Hammond), £17:16:6; Dr. Waters (Chester), £5:5; Dr. Stevenson (Birkenhead), £5; Mr. Mullock, Chemist (Birkenhead), 10s. 6d.; J. Boutflower, Esq. (Manchester), £1:1.

SIR: I shall feel greatly obliged if you will allow the following additional list of subscribers to the "Bowen Fund" to appear in this week's JOURNAL. I am, etc., J. H. HAMMOND.

Winckley Square, Preston, January 31st, 1865.

James Hall, Esq. (Preston), £1:1; W. H. Spencer, Esq. (Preston), £1:1; E. L. Dixon, Esq. (Preston), £1:1; Dr. Arminson (Preston), 10s. 6d.; Dr. Marshall (Preston), 10s. 6d.; J. Rigby, Esq. (Preston), 10s.; Dr. Gradwell (Lytham), 10s. 6d.

ADVERTISEMENTS.

DR. GRAILY HEWITT ON THE DISEASES OF WOMEN.

Just published, in 1 vol. 8vo, price 16s. cloth,

The Diagnosis and Treatment

of DISEASES of WOMEN, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D.Lond., M.R.C.P., Physician to the British Lying-in Hospital; Assistant Physician Accoucheur and Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital Medical School.

'REMARKABLE for the erudition, judgment, and accuracy with which it deals with the whole subject.' *Lancet.*

'UNDOUBTEDLY reflects on the Author the highest credit for ability and research, and it must be looked on as one of the most able contributions of our time to the science of gynæcology.' *Glasgow Medical Journal*

'A really original work, the study of which will be found almost essential for those engaged in this department of practice.' *Deutsche Klinik.*

London: LONGMAN, GREEN, and Co., Paternoster Row.

Clinical Remarks

ON

EXCISION OF THE ELBOW-JOINT FOR THE RESULTS OF INJURY.

Delivered at the Queen's Hospital, Birmingham.

BY

FURNEAUX JORDAN,

SURGEON TO THE HOSPITAL.

GENTLEMEN,—The change which I made twelve months ago in my duties as a teacher of clinical surgery—a change, namely, from an hour's formal clinical lecture to a couple of hours each week (independently, of course, of our systematic visits to the wards), of partly clinical lecture, partly clinical demonstration, partly clinical examination—has, among other advantages, this one: I can bring before you a larger number of surgical topics for practical illustration, and re-introduce, change, or dismiss them at will.

Joint-diseases have always occupied much of our attention, because of their frequency, their importance, and the rapid progress of our knowledge of their surgery in recent years. It is not more than true to say, that this branch of surgery, as exemplified in the writings of Bonnet, Richet, Bryant, Barwell, Sayre, Bauer, and many others, is as much in advance of the state in which Sir B. Brodie placed it, as Sir B. Brodie's views were in advance of those of his predecessors. Nor is this improvement found in pathology only; it is seen in treatment also, especially in the practice of excision of joints, the value of which, particularly in the upper extremity, where mobility is the great requisite, cannot be too highly estimated. I have so often drawn your attention to the several features of the progress of our knowledge of the pathology, diagnosis, and treatment of diseases of the joints, that I need not now advert to them; but pass directly to the consideration of cases which you have recently seen, of excision of the elbow for the results of injury.

As a general rule, the success which follows excision of the elbow and shoulders for injury is extremely satisfactory; not, however, so satisfactory as that which follows the operation for idiopathic or non-traumatic disease. In both classes of operations, the chief mischief arises from delay. I have known several cases of death from too protracted delay in the removal of disease of even the smaller joints of the upper extremity. A great danger of delay in the upper extremity (I need scarcely tell you that the principles which regulate the excision of joints in the upper and lower extremities are totally different) in osseous disease is the fatty degeneration of the muscles which rapidly ensues from the resulting disease of a joint. An useful hint in the practice of excision of the joints may be drawn from modern pathology—a muscular fibril which has once become fatty is never regenerated.

You all remember a case of excision of the shoulder of a young woman who was under my care in Ward 3. The disease, though not of many months' duration, had constantly progressed, in spite of careful treatment before admission, until the deltoid was little more than a thin sheet of fat and fascia. It is true that when rid of the painful disease, she acquired considerable use in the shoulder, and with the preserved elbow and hand could follow a skilled occupation; but the deltoid could never again lift the humerus. This might have been effected by an earlier operation.

For simple disease, the results of excision are excellent. I will give you Mr. Bryant's opinion on this point. "At Guy's Hospital" (he remarks) "amputation for diseased elbow is so rare that in five years but one case has taken place, and in the same period eight excisions of the elbow have been performed with one death and with one subsequent amputation; in the remainder, a good arm was preserved." (*Diseases and Injuries of Joints*, p. 141.) Our experience at the Queen's Hospital is even more favourable than this.

For the results of an injury, delay is positively disastrous. A severe injury to the elbow-joint may require excision at any time—immediately, or in a few days, or weeks, or months—so rapid and destructive to all tissues is the inflammation which follows. It is the severity of the inflammation and the injury to adjacent structures—muscles, tendons, vessels, and nerves—which place the results of excision in traumatic cases below those of the operation in simple disease. Indeed, in many cases of disease, and in the slighter injuries, appropriate means short of operative interference will often arrest the mischief, and preserve the mobility of the affected joint.

In all diseases of the elbow-joint, whether of traumatic or idiopathic origin (as also in injuries which require immediate operative interference), remember this fundamental rule—however limited the injury or disease, if an operation be required at all, no part of the joint-structure must be removed without removing the ends of all the bones. Such a proceeding is as indefensible as, say, applying the taxis, or operating in strangulated hernia, or attempting to pass a catheter in retention of urine from spasmodic stricture, without securing the inestimable advantages of chloroform. To remove part of a joint, is to induce, with absolute certainty, anchylosis and its consequent inutility; to remove the whole joint is to secure, in the great majority of cases, a thoroughly useful limb. I remember well, during a lengthened stay in Edinburgh a few years ago, the amusement which was produced in that distinguished surgical school on the publication of a case by a well known surgeon of a large London hospital. The case recorded the removal of the head of the radius only, simply because the head of the radius only was diseased.

The following case illustrates well the advantages of excision of the elbow for disease of traumatic origin. I shall make a few comments as I proceed.

W. C., aged 40. Nearly two years before admission (since which time he has been a complete invalid), a waggon wheel passed over the elbow. The skin was not broken. There was no fracture nor dislocation of the bones. The injury was immediately followed by intense synovitis, which was very speedily succeeded by inflammation of the bone-extremities. The elbow

was flexed at first from synovial distension. [Bonnet, of Lyons, induced the characteristic positions of the several joints in synovitis by forcibly injecting the joint cavities of the subject with water. I have had occasion to show you the value of his experiments, especially in hip-joint disease.] The character of the flexion was subsequently modified by that peculiar muscular contraction which accompanies osteitis, and which is absent in synovitis. Severe intermittent pain was present. Any attempt at movement of the joint was insupportable. For nearly two years the poor man passed from one practitioner to another—all of them being presumably of opinion that an operation was "uncalled for." The last medical practitioner whom he saw, very correctly surmised that surgical interference alone promised any benefit, and desired the man to place himself under my care at the Queen's Hospital. After careful examination, I pointed out to the man not only that excision was the best measure, but that there was really no alternative. I adopted Moreau's method. The patient was removed to bed, a light dressing having been applied and a figure of eight bandage. The arm was at first laid on a pillow, and in a few days when the patient left his bed (the sooner a patient gets up the better), was simply placed in a sling. Every kind of splint was carefully avoided, as splintage greatly favours the tendency to anchylosis. On the tenth day passive motion was commenced, and gradually increased in frequency and extent. After several weeks, by means of strenuous exertions, he succeeded in effecting slight movement without external assistance. In a few months, by devoting himself to seconding our efforts, he acquired every movement in his new elbow as completely as in the elbow of the sound extremity; indeed he could perform all the movements which the military surgeon requires of the recruit—movements, I may tell you, which many men with healthy joints are unable to perform.

The portions of bone which I removed are not altered in shape; and as the cancellous tissue is simply condensed, and the cartilages here and there only very gradually worn down to the bone, they might seem to have little the matter with them to those whose only ideas of bone-disease are those of advanced caries; ideas commonly derived from the "sensation" specimens which abound in museums; specimens which are, for the most part, discreditable memorials of a terribly antiquated surgery, and serve only as surgical scarecrows to warn students of the immeasurable evils of procrastination.

Give me your attention for a few moments to certain inferences which naturally flow from this case. Professor Syme introduced the operation of excision of the elbow into this country; and in all that appertains to this question, he is still our unapproached authority. What does he teach? This: that excision is the one remedy for the vast majority of diseases of the elbow; that anchylosis is itself a sufficient cause for excision (and anchylosis, bear in mind, is the certain result of severe inflammatory disease of the elbow—disease which quite possibly may leave the bones untouched); that every kind of splint should be avoided, as anchylosis is by far the greatest evil to be feared; and, lastly, that passive motion should be commenced at an early period—about the tenth day. The truth of these principles is aptly illustrated in the case I have narrated. The man now follows an occupation which requires mobility and strength, with as great efficiency as before his interregnum of two years.

I have already told you that the results of excision of the elbow for injury are inferior to those of the operation for disease. A careful consideration of the following case will show that the results are far from being so uniformly satisfactory as in the case of W. C.

A man in the neighbourhood of Dudley, received a severe injury to the elbow and arm in a colliery—the soft parts, including the ulnar nerve, being divided down to the bone at the back of the joint. In a short time, to use his own language (I quote these particulars from the report which was taken on his admission into the Queen's Hospital), "the arm was swelled to the size of his thigh." Six weeks afterwards, on his admission into the hospital, the elbow was immoveable, and any attempt at movement gave rise to intolerable pain. Marked intermittent pain was also present. A sinus characteristic of bone-disease existed over the olecranon, and permitted a probe to come into contact with denuded bone. In short, there was no room for doubt that the joint was the seat of destructive inflammation implicating the bones; there was equally little room for doubt of the future of the case, unless surgical measures were adopted without delay. What the nature of the interference should be, could not admit of two opinions being held. Excision was the only remedy which gave any prospect whatever of success. The bones when removed gave signs of more advanced disease than was present in the case I have already brought before you, and could not possibly escape detection in any competent and careful examination. The bone-extremities were slightly enlarged, but not altered in shape. The sawn surfaces of the radius and ulna showed condensation of the cancellous tissue. In the olecranon process the osteitis had passed beyond the stage of sclerosis; the once cancellous tissue could be scooped out with the finger-nail and rubbed into a putty-like pulp. The cartilages, as in the case of W. C., were here and there gradually thinned down to the bone. The synovial membrane was completely destroyed. The man's habit of body was flabby, and his mental idiosyncrasy so strange, that in the after-treatment he not only did (as my dressers frequently remarked) the very reverse to what he was told to do, but undid what others had done for him. Add to these circumstances the severe injury to the adjacent structures at the time of the accident, and you will not be surprised to learn that the fibrous union was weak, and subsequently somewhat elongated; and that the muscular power over the elbow has not yet been regained. Much, however, may frequently be done in these cases by means of time, and (a suggestion of Mr. Barwell) by forcible friction of the bone-extremities, subcutaneous puncture of the uniting medium, and other measures.

I have frequently drawn your attention to the pathology of bone-disease; and there is no part of it more important than the changes which occur in the several stages of osteitis; and these have been greatly elucidated of late years by continental observers. Before I conclude these remarks, let me urge upon you the importance of an energetic and life-long study of pathology generally. I mean an attention so profound, that you will apply at first-hand to the writings of the numerous honest workers who are now revolutionising this most important branch of our knowledge; but whose views have not yet permeated the general current of surgical literature and teaching. Never forget that diagnosis is neither more nor less than the recognition of pathological states. As all treatment is founded on some

kind of pathology, the truer the pathology the more successful the treatment will be.

I might give you many illustrations of the everyday practical value of even advanced pathology. I will give you one or two. Those who have worked most closely at this subject in this country, and especially in Germany, have shown indisputably that phlebitis (in its common acceptation) has no existence; and yet surgeons are still too frequently afraid of putting ligatures on veins—structures which inflame with more difficulty than any others in the body. Another evil, a corollary to this, is of still greater magnitude. The numerous and too frequently fatal results of thrombosis and embolism, if unrecognised, are of course also unchecked, or are aggravated if treated as so-called phlebitis. Pyæmia, again, has quite recently been resolved into several distinct diseases; and, therefore, the treatment of the one supposed disease (which really never had any existence) should surely be relinquished. Take, again, the question of repair. It is still taught widely that there are many modes of the repair of wounds—immediate union; union by the first, by the second, by the third intentions; subcutaneous repair; repair of fractures. There is really but one simple method of repair in all localities, in all tissues, and in all circumstances. The sooner the views of Reichert, Donders, Virchow, and Kölliker (a late and reluctant convert to the new school), on the development of the tissues, are carried into the domain of surgical pathology, the sooner will the treatment of wounds be placed on a single, uniform, and philosophic basis.

At our next week's clinical meeting, I shall call your attention to a case of large strangulated inguinal hernia, who came in, a few days ago, with intense collapse (partial consciousness, pulse 48), hiccough, and constant vomiting. I performed the single form of the extraperitoneal operation which I have devised (*Medical Times and Gazette*, 1864) for relieving the stricture by a small incision in the cutaneous structure away from the tumour, as in Mr. Gay's operation (large enough to admit the finger only), and leaving in all cases a hernial tunic unwounded between the subperitoneal fat and the knife. The peritoneum, subperitoneal fat, and fascia transversalis, in unguinal, umbilical, and ventral herniæ, are left undivided; and the peritoneum, subperitoneal fat, and femoral sheath, in femoral hernia. In two hours, the pulse rose from 48 to 72; and he has remained well, chiefly because the almost subcutaneous wound was not in itself dangerous. The wound in itself, in the operation of opening the sac, is extremely dangerous. I shall also bring overwhelming evidence to show the enormous saving of life which follows the extraperitoneal (pre-taxoid) operation, as contrasted with the rude, unanatomical, unnecessary (save in rare, exceptional, and recognised cases), and dangerous operation of opening the sac.

A Commission is engaged in collecting subscriptions for the erection of a statue to Dupuytren, as well as of Laennec.

Medical Mayors. Mr. Garrington, a medical man of high standing in Portsmouth, is candidate for the office of Mayor of Portsmouth, vacant through the death of Mr. Cooper, who was also a medical man. Mr. Garrington has two lawyers for his opponents.

Remarks

ON

DR. BARCLAY ON MEDICAL ERRORS.

BY

THOMAS MAYO, F.R.C.P., F.R.S.

I will venture to suggest some remarks to Dr. Barclay, the subject of which, I am sure, has not escaped his attention in his work on *Medical Errors*, though I do not think he has given it quite sufficient weight.

Dr. Barclay affirms, that "few have attempted to apply the rules of inductive reasoning to medicine, though many of the collateral branches of knowledge which are embraced in the education of medical men, are cited by logical writers as instances of progress made in consequence of the employment of the methods of research which this department of philosophy has suggested." Dr. Barclay afterwards says, that he thinks he shall be able to show that the principles of medicine are based upon true and legitimate inductions. Now, the process of induction by the method of agreement, as applied to the simpler uniformities of cause and effect, *has been* cultivated with various skill by many medical writers; and Dr. Barclay adduces good examples of it from Dr. Jenner and Dr. Baly, not using, indeed, the expression for it which I borrow from Mr. Stewart Mill. But when Dr. Barclay proposes to show that the principles of medicine are largely based upon *true and legitimate induction*, by which I presume him to mean the method of difference of Mr. Stewart Mill, or its equivalent, *per exclusiones et rejectiones debitas*, of Bacon, I beg leave to observe that this latter induction has been abstained from, whether consciously or unconsciously, by medical writers, *because it is inappropriate*. We cannot isolate, and exclude, and subject to experiment the elements of disease, so as to arrive at that class of conclusions which are arrived at in science; *e. g.*, in the science of chemistry. Meanwhile, the induction by the method of agreement, inferior as it is to the more exhaustive process which constitutes true and legitimate induction, has been able to give us a high amount of certainty, as in those instances quoted by Dr. Barclay. But if medical writers venture to affirm more logical certainty in inductions than their subject matter allows, in place of progress in pathology and therapeutics, a reactive state of medical opinion will take its turn. We shall fall into a distrust of reasoning from having overrated it, and cease to antagonise disease for fear of antagonising it too much; a state of thought to which the conclusions of Sir John Forbes manifestly point.

I do not consider these cautions as vain. The early history of medicine is full of gratuitous assumptions, taking the form of *à priori* principles, and leading to proportionate error. Dr. Barclay will benefit medical reasoners, not by directing them to aim at inductions analogous to those of pure science, but by preserving them from such as he has commented on in Dr. Todd's practice.

One form of gratuitous assumption, I think, Dr. Barclay will allow me to suggest, as an important

though minor element of inductive thought. "It may be called" (I am quoting from my own outlines of medical proof) "the extemporaneous hypothesis, applicable, as it is, when a case falls under no recognised law, and the mind craves, in the absence of such law, some intelligible ground of immediate practice. It is the faculty of thus extemporising, which perhaps, more than any other, distinguishes an able physician, provided it be combined with a just appreciation of the value of such hypothesis, and a readiness to abandon it in the presence of contravening facts. A capacity and readiness in executing this process is, indeed, sometimes a source of reproach to us, as practising a merely conjectural art, by those who are unable to distinguish the results of luck from those of sagacity; and sometimes physicians, with a false modesty, humour the imputation. Although in its immediate application conjectural, the power which I speak of demands an original talent, and is never successfully carried into practice, except by men of large acquired knowledge."

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[*Continued from page* 62.]

In the last paper, certain so-called varieties of insanity were arranged under three classes: viz., 1, Varieties named after some particular symptom; 2, Certain cases named from a supposed cause; 3, Others formed out of the progress of the disease. The present article will be confined to a few remarks upon some of these cases.

1. The varieties named after a particular symptom —as Kleptomania, Oinomania, Nymphomania, etc.— are chiefly recent cases; and the prominent symptom from which the case is called, is not the sole or single deviation of the mental faculties, but is perhaps the most obvious or predominating only. There are other cases, in which a fixed delusion lasts for years; and on such the popular belief, that a person can be mad on one point only, is probably founded. The class of which we are now speaking are usually free from true delusion, which only occurs at a late stage of mental disease. The symptoms in question are more an alteration of the moral faculties, or the appetite, desire, etc., and are, therefore, connected with the disease in an earlier stage; but there is nothing whatever to separate these cases from melancholia and mania generally, to one of which forms the cases usually belong.

The state called Kleptomania is merely a symptom; and it is one very commonly met with in the first stage of general paresis.

With respect to Nymphomania, it occurs in connection with melancholia and recurrent mania more frequently than in acute mania.

Oinomania, or Dipsomania, presents itself in two forms: 1, Simply as a vice, the result of an unbridled appetite; 2, As a true symptom of disordered mind; and the cases are usually recurrent mania. A person, otherwise respectable, without obvious cause, suddenly breaks out into an uncontrollable desire for drink. The attack, in its suddenness, resembles closely the outbreak of homicidal insanity; and neither case, I am disposed to believe, occurs as a primary form of disease; and when dipsomania happens as the result of mental disease, it obeys all the rules of an attack of recurrent mania. The patient is often a temperate person in the interval between the attacks.

Of Puerperal and Phthisical Mania, I have had numerous examples under my care; and some have already been given as illustrations of mania and melancholia in these papers. I know of nothing that distinguishes cases attributed to these causes from disease arising from other causes. It has been asserted, that the phthisical patient is much more excitable; but this is by no means true of all. Dr. Clouston, who has studied these cases with the greatest attention, thinks that, in about one-fourth of the whole, the symptoms are of a peculiar and fixed type. The line of demarcation is not, however, very clearly made out by him even; and the peculiarity of the symptoms appears rather to be due to debility. The patients are, perhaps, a little more peevish and suspicious. It may be called, says Dr. Clouston, a mixture of acute mania and dementia.

With respect to suicidal mania or suicidal melancholy, I have already described several cases. Another remarkable instance of this condition, and its connection at times with an hereditary predisposition, may be here cited.

A governess of good ability was admitted into the Hanwell Asylum affected with melancholia. Her mother was insane, and died so. She was eighteen months out of her mind, and was depressed the whole time, and appears to have died by exhaustion. One brother, at the age of 28, committed suicide. He had been low spirited for six weeks previously. His death was believed at the time to have been accidental. He took medicine, and had to go to the water-closet during the night; and he was found dead on the following morning, with his head in a tub half-filled with water and empty ginger-beer bottles. A second brother, at the age of 18, destroyed himself on account of a love affair. A third brother was found drowned; but it was suspected that he had been foully dealt with. Her mother's brother shot himself. All the above were relations on the female side. On the male side, her father's brother shot himself. None of the above were given to drink. There was never any intermarrying, that could be traced, in the family.

The patient was a governess, and a very accomplished person. Her case was melancholy, with restless agitation. She was removed from Hanwell to another asylum; but there were no symptoms which would distinguish her case from others arising from different causes.

With respect to those cases on which distinct names have been bestowed, but which, according to my views, are simply stages of one disease—as imbecility, dementia, etc.—there is one form which requires a few words, and which has received the title of "Folie Circulaire", or "Folie à Double Forme", from the French authors, by whom it has been particularly described. In most French systematic treatises on insanity, it occupies a distinct position. In well marked, or typical, instances of this form, there is a stage of melancholy, in some cases followed by a lucid interval, and then a stage of excitement or mania. In some cases, the lucid interval is absent —at least, such is the account given by authors. To

M. Falret is due the first emphatic account of *folie circulaire*; but Willis, in 1680, speaking of mania and melancholia, says, "Hi affectus sæpe vices commutent, et alteruter in alterutrum transeat." I cannot view these cases as belonging to, or constituting, a separate form of disease. The fact is, that in chronic insanity very frequent alternations of the patient's state occurs, and every variety of alternation is found. Sometimes the patient is restless one week and dull at another period; or the same takes place on alternate days, or months; or one may go even several months, and then have a period of decided maniacal excitement; indeed, among a number of chronic lunatics, such is the rule rather than the exception. Very few chronic lunatics, before they sink into absolute imbecility, are free from occasional outbreaks of excitement; and many have periods of depression, also; and, on the other hand, many who have sunk into absolute dementia are also at times excited and violent. Out of the large number of chronic patients, an infinite variety in the modes of alternations must be found; and, in a small proportion, this somewhat regular interchange of lowness and excitement occurs. The condition is always allied to a state of imbecility, and, like all disease in a chronic state, is very incurable.

With respect to the states of imbecility and dementia, all degrees of mental debility are to be met with. On the subsidence of the acute stage, some patients, of course, regain perfect sanity of mind; in others, on the subsidence of the morbid process, a permanent mental defect remains. The patient recovers, like one from a fractured leg, with a permanent limp or halt. It is to certain cases of this description, that English writers apply the term monomania. The French, however, use that term for chronic insanity, or chronic mania. A condition of monomania, or of a mental defect on one point, as the term is used in England, is an absurdity, if the definition is to be applied with scientific strictness. Every mental operation is more or less complex; indeed, the simplest proposition involves many mental faculties. For example, when a patient believes himself to be king, how many mental actions are brought into play, as judgment, reason, memory, etc.?

Many states of mind, however, are met with on the subsidence of active disease. There is this peculiarity about them, which marks their chronic character—they are connected with the intellect proper. They are errors chiefly of judgment, reason, association of ideas, etc.; and involve to a much less degree or more indirectly the moral attributes of mind. The condition is a stage of chronic disease; it may be permanent or nearly so, or transitional to a greater degree of mental debility; and whether we call the state monomania, or chronic mania, or chronic insanity, it is still but a stage of one original or primary disease, which may have occurred with predominating maniacal or melancholic symptoms.

When a persistent false belief—that is, a delusion—is found, the case in which it occurs is chronic and of long standing. A delusion, an alteration of the intellect, does not occur in the first stage of the disease. At least, such is my experience. I have received patients who have had a particular and predominating delusion, whose cases have been certified to be perfectly recent, and the symptoms to be primary; but which have all proved to be otherwise on a more careful investigation.

Many of these cases appear to be stationary; certainly many continue in one state for years; yet, in all, there is a gradual declining of the mental power. In some, the progress is rapid and evident; in others, slower and almost imperceptible. In by far the larger portion, a state of imbecility and dementia gradually becomes established.

When the disease has advanced to this stage, recovery is of course hopeless. However, as the mind becomes more and more feeble, the patient may be, by careful attention, re-instructed in many matters, and habits lost in the acute stage of disease can be restored. Very many, even of the worst cases—even those who have lost all ideas of propriety or decency of behaviour—have been rendered orderly, quiet, and cleanly, by good nursing. Indeed, taking the class as a whole, perhaps there is none for which amelioration of the condition can be so safely promised as for the imbecile and demented.

To the Commissioners in Lunacy, and to Mr. Gaskell especially, is due the attention which the specialty have lately given to this branch of treatment. At Hanwell, the number of wet and dirty patients was reduced from 10 per cent. to 2 per cent. by careful attention day and night; and with the cure of wet and dirty habits, there was a corresponding improvement in habits of propriety and decency, as well as in health and comfort. By the word cure is meant that the habit was eradicated. Many patients who required to be roused twice or even three times during the night at first, afterwards required attention once only, and at length no attention at all, and were restored to the wards appropriated for the cleanly or orderly classes.

[*To be continued.*]

A CASE OF CHOREA.

By John Thompson, M.D., F.R.C.S., Bideford.

The article in a late number of the Journal by Dr. J. Turnbull, on chorea, has brought forward a subject, on which much has been written, and yet no very precise information rendered respecting the pathology or the treatment of the disease, on both which our knowledge is painfully defective.

A well written description, such as the one referred to, embraces the general characters of the disease, and points out graphically striking facts; as that rheumatism and chorea have sometimes a clear relationship; also that chorea and hysteria sometimes approximate closely. But, nevertheless, a number of phenomena are still undescribed, which yet appear to belong to chorea in some one of its forms, as I think the following case will show.

I was consulted in February 1864 for a well grown intelligent girl of fourteen, under the following circumstances. She had menstruated regularly for some time, but the quantity was in excess; and she was weak, apparently from this cause. There was pain in the right elbow-joint, which contained a little effusion; and this condition impaired the mobility. In other respects, there seemed not much the matter. The joint-affection was believed to be rheumatic; and this was confirmed by a speedy accession of the same character of pain about the intercostals of the left side. The stomach became very irritable; food was seldom retained; the bowels were rather constipated; menstruation ceased. The spine was sensitive along the whole line of the spinous processes; and some disposition to twitching was occasionally manifested about the neck and extremities. There came on a peculiar convulsive voice-sound, somewhat resembling hiccough, repeated with almost the rapidity of time-seconds, and accompanied with an agitation of the neck much resembling paralysis agitans. All these had been developed by the beginning of April. At that time Dr. Brown, of this place, met me in consultation; her case being then, in brief, as follows.

Vomiting almost always follows any taking of food. The bowels are rather constipated. There is a constant tremulous movement of the head and neck, and the peculiar laryngeal sound before described. The limbs are rather tremulous on being used; and there appears to be anchylosis of the diseased elbow-joint. She cannot stand, nor sit up without being supported. The agitation of her system and the voice-sound entirely subside on her taking sleep.

I had already given her steel, effervescing salines, iodide of potassium, calumba, opium, etc.; some of these being directed to the improvement of the tone of the system, others to the relief of the vomiting. Some counterirritation was employed over the spine, to the side, and to the elbow; and every attention given to the diet, ventilation of the room, and nursing.

During another month, we tried the preparations of zinc, the mineral acids, strychnia, cod-liver oil, occasional doses of purging medicine, with a little blue pill; and supported her strength in every possible way. Counterirritation was still applied to the spine.

The case did not at all seem benefited by our assiduity; and we now recommended her to be taken to a house in the country, in a commanding situation, and enjoying a strong breeze from the Atlantic. When she left, she still had the agitation of the voluntary muscles, and the spasmodic action of the larynx; and both these were notably increased if she were hurried by the intrusion of a stranger, or by any undue notice of her ailment. After being in the country for some weeks, the agitation of the neck (which was continuous when she left), as also the voice-sound, ceased; but the irritability of the stomach was in no way abated.

It was now determined to omit the medicines, and see what would be the effect of trusting to the influence of the country air; counterirritation by means of mustard being still advised as an occasional application. The omission of the medicine was attended with no improvement in the symptoms, the vomiting being even worse than before, and the patient could not be induced to take any food. I endeavoured to support her system by means of injections of good broth or milk, and these were continued for some weeks. During this period, vomiting sometimes occurred; and blood was occasionally ejected in some quantity.

At length the patient objected so strongly to the use of the injections, that they were first omitted occasionally, and at length discontinued, in spite of my advice to the contrary. I warned the friends that, without food, it was impossible that life could long be sustained; but to no purpose. The patient was inflexible, and they would not consent that force should be employed. But, notwithstanding the abstinence from food and drink, the patient lived on. An injection of water was twice used to unload the bowels; but no other interference with nature took place.

A most complete abandonment of the case was made; for I believed that the craving from hunger would compel the patient in no long time to eat; but in this I have been entirely disappointed, for she has now been over six months without having taken a morsel of food or moistened her mouth with fluid, so far as is known. She has had no injection for several months; the bowels do not act, nor is any water passed. Her condition resembles that of hybernation; rolled up in a little bed in the corner of a room, she takes no notice of any one, and only answers in a low whisper any question that is put to her.

Her pulse is now about 120 in the minute, and the respirations about 16. The breathing during the illness has been generally slow, and the pulse much less frequent than at present.

At times she has been in a state of great excitement; has had croupy breathing; and a disposition to hysterical convulsion, throwing about her hands, and endeavouring to pluck out her hair. It has been necessary for her attendant to restrain her for an hour or two at a time, when this has occurred. For the last few months, nature has seemed too much exhausted to allow such exertion.

It is now over ten months, since this patient came under my attention. She took very little food for the first four months, and is believed to have taken none for the last six. The residence in the country, which extended over four months, benefited her, in that all the paralytic agitation and spasms were removed; but no improvement took place in any other respect. The last time an evacuation was procured, the matter was scybalous, and strung bead-like; the last evacuations of urine resembled the thick ammoniacal fluid, which constitutes the urine in birds.

She is greatly emaciated; her spine being particularly distinct, and every bone in it defined. There is tenderness over the spines; but no paralysis in any part of the body. The surface of her skin is now, and has been throughout her illness, rather cold; the superficial blood-vessels appear congested; the extremities are not œdematous.

The facts of this, which I deem a most extraordinary case, will probably be received by some with a feeling of scepticism. On my part, I shall be happy to give any further explanation of the statements I have made, either by private communication or through the pages of the JOURNAL.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

DIGESTIVE SYSTEM. (*Continued from p.* 114.)

2. *Congestion of the Liver.* The affection classed under this head might, it may be thought, have been included in one of the varieties of dyspepsia. The symptoms, however, pertaining to hyperæmia, or abnormal accumulation of blood in the capillaries of the liver, differ sufficiently from those of simple dyspepsia to merit and call for a separate notice. Congestion of the liver is a prelude to almost all diseases of the organ terminating in alteration of structure; but, in the cases to which these notes have reference, the affection depended solely upon simple engorgement of the hepatic circulation, and were quite distinct from the passive congestion and enlargement arising from cardiac or other organic visceral diseases.

Patients with this affection generally present a dusky, semi-jaundiced hue. The tongue has a thin yellowish coating. There are nausea and more or less anorexia, although at the commencement the appetite is sometimes ravenous. The chief complaint is of a dull heavy pain in the right hypochondrium. On examining this region, the natural hepatic dulness is increased; and pain is caused by pressing the liver upwards from the costal margin, where we may not unfrequently detect the enlarged and turgid edge of the organ itself. The bowels are for the most part confined, and the excretions dark, offensive, and bilious; and complaint is often made of pain in defæcation, from enlarged and swollen hæmorrhoidal veins. The urine is scanty and high coloured; and in some cases the nervous system sympathises, as evidenced by great mental depression, together with tingling and numbness of the extremities.

In the treatment, a blister applied over the liver at the commencement gives great relief, and tends to shorten the attack. The portal vessels should be drained by saline aperients, preceded, if necessary, by calomel; while the alkalies, with the aromatic spirit of ammonia and spirit of nitric ether, with tincture of colchicum, should be given during the day.

The diet should be light and in moderate quantity, consisting chiefly of fish, broth, and vegetables, without stimulants.

As a subsequent tonic, which is not often required, cod-liver oil acts favourably in these cases.

3. *Diarrhœa.* The affection next in frequency of occurrence has been diarrhœa. This has prevailed chiefly during an epidemic of the disorder; but we have had some sporadic cases, especially in infants, which have been very obstinate, and in two instances almost terminated fatally.

This epidemic diarrhœa, influenced doubtless by atmospheric causes, has immediately depended, apparently, upon vitiated and acid alvine secretions, giving rise to much fermentation and flatulence. If the case be seen early, it is desirable to commence the treatment by giving a mild rhubarb and magnesia draught, containing a few drops of laudanum and chloric ether. Afterwards, the following formula, by correcting the disordered secretions, and giving tone to the nervous centres, has generally completed the recovery.

(*Ph. Lond.*) ℞ Ammon. sesquicarb. ʒss; sodæ bicarb. ʒi; æther. chloric. ʒi; tinct. opii ♏xx ad ʒss; misturæ camph. ad ℥viij. M. A sixth part every three or four hours.

I have not used chalk mixture, catechu, etc.; but, with two adults, the dilute sulphuric acid, in doses of twenty minims, acted very favourably; and, in some of the infantile cases, this remedy was prescribed with the best effect. I believe that the sulphuric acid treatment will be found to act with most certainty, if it be administered chiefly to cases in which the tongue is moderately clean and pale.

4. *Chronic Gastritis.* A subacute inflammation of the mucous membrane of the stomach is not an uncommon occurrence as an out-patients' disease.

Faulty diet, chiefly from excess, but sometimes from deficiency, if the latter circumstance be long continued, and the quality of the food taken be depraved, especially if to this be added the depressing influence of persistent cold, will, singly or combined, act as a powerful excitant to the disease.

It will be well also to remember that, in the gouty subject, this disorder may be a latent but exciting cause of the gastric inflammation. The tongue is red, more or less glazed, and with a thin creamy coat; the apex being surrounded with firey, closely set papillæ. There are, anorexia; pain at the epigastrium, increased on pressure, and by taking food, and after vomiting; and a disordered condition of the digestive functions generally. When enumerating the causes, I should have noticed a not very uncommon one among workmen exposed to its influence; viz, the inhaling the fumes arising from noxious gases, or from the ignition of woollen materials, etc.

In the treatment, a few leeches to the pit of the stomach, followed by a large linseed-meal poultice, will often afford considerable relief. A blister may subsequently be applied, if the tenderness remain. A few grains of mercury, with chalk, with extract of henbane, or poppy, will be useful at bedtime; and a mucilaginous mixture, containing chlorate and citrate of potash, I have found to answer well, given during the day.

Perhaps the most important part of the treatment will be the strict confinement of the patient to the blandest milk diet, allowing small quantities of quite cold water or ice to be sipped or sucked at intervals.

5. *Ascites.* The cases of ascites were only three in number. One was an acute attack, the result of exposure to cold; and the remaining two were passive dropsy, consequent upon chronic peritonitis, which was not, however, of tuberculous origin. In neither case were the kidneys involved; and the heart and liver were equally free from disease.

The acute case was treated by free purging with saline aperients; bicarbonate and nitrate of potash, with the spirits of nitrous ether, being taken during the day. Under this plan, recovery rapidly followed.

In the chronic cases, the treatment was of necessity more prolonged; but these ultimately did well, after blistering the abdomen, giving blue pill and henbane at night, and saline diuretics during the day; to which was subsequently added iodide of potassium, with cod-liver oil. After the healing of the blister, great comfort and benefit were derived from the application to the abdomen of a large plaster, composed of equal parts of mercury and opium plasters.

6. *Hæmatemesis.* We have had a few cases of rather severe hæmatemesis. In two, the hæmorrhage was simply vicarious of the catamenia; but, in the remainder, the cause was traceable to congestion of the mucous membrane of the stomach, which, in its turn, was attributable to confined bowels and a surcharged condition of the portal circulation.

The practical point in these cases is to decide whether the hæmorrhage proceed from mere congestion, or whether it depend upon an ulcer of the stomach, which may be either simple or malignant in its character. In the former case, when arising solely from congestion, the hæmorrhage generally takes place suddenly and in large quantity; the patient feeling faint and oppressed, and often complaining of an undefinable sensation at the pit of the stomach, prior to the occurrence of the bleeding.

When, on the contrary, the hæmorrhage proceeds from ulceration of some part of the coats of the stomach, whether it be simple or malignant in its character, the bleeding is generally much less in quantity; is often vomited, mixed with food; occurs chiefly after a meal; and presents the well known coffee-ground appearance. Besides this, a careful manual examination will sometimes detect an isolated painful spot, or the irregular enlargement of malignant disease.

Hæmatemesis may arise from blood-poisoning; but in this case the previous history of the symptoms, and the general condition of the patient, will sufficiently clear the diagnosis.

The treatment of these cases consisted of a blister to the pit of the stomach; mercury with chalk at bedtime; and saline aperients, with a view to unload the venous capillaries both of the stomach and liver.

The vicarious cases recovered upon the re-establishment of a healthy menstruation.

If the bleeding be very troublesome and persistent, the best astringents are acetate of lead, gallic acid, and turpentine. The perchloride of iron is said to answer well, given as a strong solution.

The patient should, if possible, rest in bed, taking only a bland unstimulating diet, with cold water or ice from time to time while the bleeding lasts.

7. *Melæna.* The cases in which the hæmorrhage assumed this form were, like the preceding, of a simple character, resulting from hepatic obstruction. In these, free daily purging by senna and sulphate of magnesia, giving over-night calomel or blue pill, speedily effected recovery. I have witnessed cases of melæna, after resisting the most persevering and varied use of astringents, yield at once, in the most

satisfactory manner, to the daily adoption of active purging.

I need scarcely add, that care must be exercised to avoid mistaking simple melæna from bleeding from hæmorrhoids, and still more not to confound it with the hæmorrhages from intestinal ulceration or malignant disease.

8. *Intestinal Irritation.* Although scarcely a disease *per se*, still the symptoms under which patients classed under this category labour are so common and so uniform, that, practically, it may be desirable to give it a separate notice.

There is pain, often very severe, but not increased by pressure, in some part of the intestinal tract, generally at or around the umbilicus. It is very frequently accompanied by reflex neuralgic pain at the sides of the abdomen; also in the rectum, and over the sacrum, extending sometimes to the genitals in the male, and to the inguinal regions in the female. The tongue is coated, and it has a reddish tip. The appetite may not be much interfered with. There is much flatulence; and the bowels are alternately constipated and relaxed, the evacuations being very fœtid, and of a particoloured and unhealthy character. The urine is generally clear, high coloured, and with an excess of uric acid.

These symptoms depend upon a faulty condition of the contents of the bowels, giving rise to congestion of the mucous membrane and enteric pain.

The exciting cause is most frequently cold; to which may be added improper food, and the many depressing influences to which the labouring poor are so constantly exposed.

At the commencement of the treatment, a mild dose of castor-oil, guarded with laudanum, will be desirable; and alkalies, with mucilage, henbane, and chloric ether, will be the most suitable combination.

The cutaneous neuralgic pains are often more distressing to the patient than the immediate phenomena referable to the bowels themselves. Mr. Hilton, in his valuable *Lectures on Rest*, etc., strongly, and as the result of a long experience, recommends the more frequent application of anæsthetics to the peripheral extremities of the nerves. "I believe," says Mr. Hilton, "this plan of treatment—I mean the application of anæsthetics to the cutaneous nerves—is, as a rule, most imperfectly carried out in practice." For this purpose, he recommends *strong* solutions of belladonna, opium, or hemlock; and further adds his belief that "the reason why these applications are not more frequently employed, and why they are so often ineffective, is, that the solutions are not strong enough, and that the proportion of the materials is not sufficient." In the neuralgic pains under consideration, the extract of belladonna, freely smeared upon the part, will often give much relief; or, this failing, a strong solution of opium may be tried.

9. *Malignant Disease of the Bowel.* These cases were, happily, only two in number; and in each instance the relief that we were able to afford was but slight and very temporary.

The first case, in the absence of a *post mortem* examination, was, I believe, a thickened and contracted condition of the cæcum, of a malignant character. The patient suffered great pain; he had passed blood and sanious matter *per anum*; and he was rendered much worse by the flatulence engendered during digestion. This case ultimately died; but an inspection of the body was unattainable.

The second case was one of carcinoma of the rectum, accompanied by much pain, and purging of what the poor fellow himself graphically termed "bloody corruption". Opium gave very partial relief, and his attendance at the hospital was discontinued.

In a case of extensive cancer of the rectum, accompanied by great abdominal pain, preventing sleep, and with whom opium, given internally, entirely destroyed the appetite, Mr. Hilton was induced to advise a strong solution of opium to be rubbed upon the abdominal parietes every night and morning. "From that time," adds Mr. Hilton, "the patient had scarcely any pain, or spasmodic abdominal contraction; he required no more opium by the mouth to make him sleep; and he regained his appetite."

10. *Mesenteric Disease.* Affection of the mesenteric glands is a malady of very frequent occurrence, especially among children as out-patients. In two or three of the applicants, the disorder had advanced so far, and the tubercular deposit had produced such extreme emaciation and debility, that death was the only termination to be looked for.

The cases which present most frequently, however, are those termed by Dr. Ferguson "meseraiasis". In these, the glands are congested and irritable, and more or less enlarged; but their functions, as yet, are not so much impeded as to prevent recovery, if judicious remedial measures be adopted. The experienced eye of the practitioner will at once detect the peculiar abdominal expression of the little patient. The face is anxious, thin, and drawn; the eyes sunk, but often preternaturally bright, with a dark line below the orbit. The child is fretful, and complaining of pain in the body. The skin is hot, and over the abdomen pungent; the tongue red at the tip, with a white creamy fur; lips often sore and ulcerated from picking; appetite very capricious; and sometimes vomiting. The bowels are generally relaxed, with most offensive, unhealthy evacuations; the urine variable in colour; abdomen swollen, tense, and tender upon pressure. The legs are often drawn up upon the body. There is general wasting, especially of the extremities; and increasing debility. These cases, if seen early, and before the glands become much infiltrated with cacoplastic or tuberculous matter, offer a reasonable chance of recovery, especially if tonics be not administered (as I believe is often the case) too early. The plan that I have found to be most useful is the following.

As perfect rest in bed as it is possible to obtain, in order to lessen peritoneal friction. A large thin linseed-meal poultice, sprinkled freely with laudanum, and covered with oil-silk, should be applied to the entire abdomen. After poulticing for a day or two, the belly should be covered with a plaster consisting of equal parts of opium and mercury plasters. The bowels should be regulated with the mildest aperients; and, in general, none answer better than rhubarb and carbonate of soda, guarded, if necessary, with Dover's powder.

It must be recollected, that the improvement in the appearance of the evacuations takes place very slowly in these cases; and that it is not desirable or safe to use active or irritating measures in order to effect this object.

In addition to this, I have found the best result from a combination of the citrate and chlorate of potash, with tincture of opium and chloric ether, apportioning the doses to the age of the patient. When the febrile symptoms lessen, and the tongue improves, the cod-liver oil will be the best tonic, in addition to the mixture. I am persuaded that I have often seen much harm done in these cases by the too early exhibition of steel and iodide of potassium.

The diet should be of the lightest kind, consisting chiefly of milk, with farinaceous articles. A very lightly boiled egg will sometimes agree, and be enjoyed, when other food is refused. If broths be allowed, the mildest only, as chicken-tea, should be

selected at first. A small quantity of sherry with water may, I think, in most cases, be advantageously given at intervals during the day.

As the patient improves, the abdomen should be enveloped for a prolonged period with a well adjusted flannel bandage.

The point which strikes me to be particularly observed is the avoidance of a too early administration of tonics, or a diet that will overtax the very much weakened digestive organs.

[*To be continued.*]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON EXCISION OF THE WRIST-JOINT.

By R. W. Coe, F.R.C.S.E., Senior Surgeon to the Bristol General Hospital.

[*Read January 25th*, 1865.]

On regarding the results of operations for the removal of diseased bone from the carpus, we cannot but be struck by their unfavourable character—a character certainly not dependent upon the complex anatomy of the carpal joints, nor upon the tendinous structures in their neighbourhood; for it is well known that no class of injuries is more quickly recovered from than those affecting the hand or wrist requiring immediate operation. It must be familiar to us all how after partial crushing or severing of the hand or injury by gunshot, that it is the rule for the sound portion to be saved, on the injured part being removed; though in the doing this, the carpal joints may be freely opened, some or all of the carpal bones taken away, and tendons cut through.

These cases afford an illustration of the reparative powers of the upper limb; and if we compare the results of these injuries with those of corresponding injuries in the lower one, we shall find them to be more favourable than in the latter, shewing that the powers of reparation are greater in the upper limb than in the lower. Yet if we compare the results of the removal of diseased bone from the carpus, with those of excision of the tarsal bones for the same cause, we find the balance much in favour of the latter—a consequence for which *à priori*, I think we should hardly be prepared.

Dr. Humphry in a note to his published Address on Surgery, delivered at Cambridge (1864), has truly stated the reason of the difference. After observing that the reparative powers in the upper limb are greater than in the lower, its exposure to injuries less, and its opportunities for repose greater, he says: "Hence a given amount of disease in it is, proportionately, more indicative of constitutional debility than in the lower limb."

In considerations of this nature must be sought the explanation of the frequent unfavourable results of operations on the joints of the arm, especially on the wrist. It may, with something approaching to accuracy, be said that diseased bone when resulting from injury to the lower extremity, is produced by a faulty local nutrition primarily, and secondarily by a constitutional taint; whilst in the upper limb the same condition is brought about in spite of the local energy of the part, and in consequence of a constitutional taint. If this be so, what inducements are there for the surgeon to operate in affections of the wrist-joint, it being avowed that the results have been on the whole not only somewhat less than favourable—indeed positively unfavourable.

It must be borne in mind that the comparisons I have instituted are very rude, and the statements proportionately general; there are consequently many exceptions to be made. It is by the recognition of these exceptions that we may hope to discover the cases which will repay our labour.

A rough classification of the diseases of the joint compared with the results of the recorded cases will, I think, clearly shew what the inducements are, and when we may hope for a favourable issue. Excluding those cases where injury to the hand or wrist is immediately followed by operation, I would divide the wrist-joints injured by violence or disease into the following classes.

1. Those where the violence is followed by acute inflammation of the joint and soft parts, interfering with their nutrition, and ultimately causing a true necrosis of the carpal bones by preventing their blood supply.

2. Those where a slight injury, as a sprain or blow, is followed after some interval of time by a slow chronic inflammation, which takes its character from a constitutional condition, and which may eventually present every sign of a specific disease; the injury to the joint having the same relation to the developed disease that a blow on the breast has to the development of cancer in that organ.

3. Those where the disease, of whatever nature, is idiopathic, and the mere expression of a constitutional cachexia.

In looking over the recorded cases, I find the success of the operation following the order of the above division being most perfect and most frequent in the first class. In the second, the result hardly to be called a success, and this partial success but infrequent; whilst amputation after the excision seems to have been the rule in the third class.

In the first class of cases, I should say that the operation of excision was imperatively called for. Of the second, I speak with more diffidence. It has been clearly shewn that many so-called strumous affections of joints are amenable to treatment when continued through a sufficient length of time, rest being esteemed a principal element. When this has failed, the sooner the excision is performed the better; for the disease continuing, forms a nidus for the constitution to act upon, and to be in turn affected by; and if the operation fail, amputation can be had resort to under but slightly, if any, increased disadvantages. Of the third, I can only refer to the results, which are so unfavourable as to demand amputation.

How the carpal bones, and, if necessary, the carpal extremities of the radius and ulna and metacarpal bones, can be best excised, is the point I wish principally to bring under your notice this evening. Of the value of the mode I advocate, you will have an opportunity of judging by the inspection of one of my cases; but brought rather earlier under notice than I wish, from its being doubtful whether I should be able to present her at our next meeting in Bristol.

Erichsen has removed the carpal bones through a long longitudinal incision over the dorsum of the wrist; also, by a flap uncovering the tendons, and picking the bones out from between them. Fergusson has removed them by two lateral incisions; also, by a flap over the dorsum, leaving the tendons. Simon has removed them by two longitudinal incisions, one over the dorsum, the other on the palmar aspect, passing between the tendons—a proceeding not very likely to find imitators. Stanley has operated by a flap on the dorsum, cutting through the tendons, and turning them back with the flap. Butcher takes credit to himself for what he calls a

new operation; viz., by a flap on the dorsum, beginning on the ulnar side of the extensor secundi internodii pollicis, thus leaving the extensors of the thumb uninjured. It is very doubtful, however, whether he improved much upon Stanley's operation; for it would require a special bungler to cut through the extensor ossis metacarpi pollicis and extensior primi internodii pollicis in turning up a flap from the dorsum of the wrist. Spence of Edinburgh has lately adopted the two lateral incisions.

Of these modes, Stanley's and Butcher's have obtained the best results; but rather depending upon the class of case operated on, than on the kind of operation; and each of these has this great disadvantage, that all extension of the fingers is lost.

I find that a lateral incision on the ulnar side of the wrist beginning half way up the side of the fifth metacarpal bone and terminating two inches above the end of the ulna; a dorsal incision, beginning over the upper end of the second metacarpal bone, and carried obliquely over the wrist on the radial side of the second extensor of the thumb; and, if needs be, a third incision in the palm, an inch and a half in length, over the upper end of the metacarpal bone of the thumb and prominence of the trapezius, for the purpose of taking away this last bone, which is the only one there is any real difficulty about. Give room enough for the removal of all the carpal bones, together with the ends of the radius and ulna and metacarpal bones, not exposing the tendons and rendering them liable to slough, as in the superficial flap operations, nor destroying the extension of the fingers, as in the deep flap operation of Stanley and Butcher; in fact, if the operation be successful, preserving all the functions of the hand, indeed there is no necessity, if these incisions be adopted, for cutting any tendon, artery, or nerve.

I will not take up your time by detailing at length the two cases I have operated on. Suffice it to give the following statement of the first.

Aaron Morse, aged 34 years, engine-driver, was admitted under my care at the General Hospital on June 17th, 1858. His disease was said to have been injury of the right wrist, followed, after two months, by inflammation of the carpal and wrist-joints (probably of a strumous character), and subsequently by necrosis of some of the carpal bones.

His history was that, in September 1857, he stumbled over a railway switch-handle, and fell on the palm of his outstretched right hand. He jumped up, not having apparently suffered any injury. He continued to work until November, when he was obliged to give up; his hand having become swollen and painful. He was treated by Mr. Morgan of Newport, who first blistered and then leeched the wrist—upwards of seventy leeches having been applied.

A swelling eventually pointed over the first metacarpal bone, which was opened by caustic. He had had altogether three small swellings open and discharge near the wrist.

His appearance and condition on admission were described as follows.

He looked somewhat pulled down and cachectic, with a strumous aspect, partly due to a loss of blood from the anus, following a dose of castor-oil taken a week before. The whole of the back of the carpus was swollen, but not painful. There were three old openings leading to the wrist; one on the upper and inner side of the first metacarpal bone. The bone was not to be felt by a probe passed through it. A second opening existed between the upper extremities of the second and third metacarpal bones, leading down to the os magnum apparently, which was quite necrosed and moveable. And there was a third between the upper extremities of the third and fourth metacarpal bones, leading down to the carpal bones, but through which no bone could be felt. The whole discharged a glairy looking matter, as if formed by pus and synovia mixed. Over the inner side of the styloid process of the ulna was a small abscess, which I opened. From this there escaped discharge of the same character as that which came from the old openings. A probe introduced through this new opening passed deeply among the bones of the carpus without touching any bare bone.

On June 23rd, I removed his carpal bones, with the exception of the pisiform, by means of the incisions I have already described. He progressed satisfactorily, and left the house in August, with only a sinus unhealed. I heard favourable accounts of him from time to time; but in a few months he died of phthisis.

This case is almost a typical one of those of the second division. Its history and appearance prior to operation, and subsequent behaviour, may fairly represent the origin and course of most of the recorded unfavourable cases. The slight injury, followed after some time by signs of irritation; that irritation of a specific character; the character dependent upon a constitutional diathesis; and all the stronger probably from manifesting itself in the upper extremity. The interference with the healing process and the ultimate death were both due to the general affection.

I learnt from this case, that the operation, performed in the manner I advise, in a fitting subject, would, in all probability, be followed by a successful result as regards the functions of the hand.

I had not an opportunity of testing this until September of last year, when I removed the carpal bones and ends of the radius and ulna under as disadvantageous conditions as are likely to be met with, excluding the almost fatal complication of a specific constitutional diathesis.

How gladly ought we, then, to welcome any conservatism which will retain for its possessor such a priceless gift. That conservative surgery has done much for this patient, I think she feels; for, with the elbow- and wrist-joint both removed in the same arm, she yet possesses what promises to be a very useful, and is certainly a most seemly looking limb. No person casually looking at her could tell that she had undergone any operation.

Elizabeth Jones, aged 40 years, a domestic servant, was admitted under my care at the General Hospital on May 13th, 1864, for an obscure affection of the left elbow-joint. The character of the disease gradually developed itself; and I removed the joint on July 21st. Although she suffered from cellular inflammation round the seat of operation, which threatened to be diffuse, she recovered by the latter end of August, and was able to move about the ward; the wounds having healed, and there promising to be a very useful false joint.

After getting about a few days, she had a rigor, which was followed by diffuse cellular inflammation of the forearm and hand of the same side. Incisions were at once and freely made; but the first phalanx of the little finger was found bare, as also the carpal bones. The discharge was very profuse; and the constitutional irritation so exceedingly great, that her life was threatened.

It became necessary to remove the then source of the irritation, either by removing the arm above the elbow-joint, which it would have been useless to preserve; or the wrist and ends of the radius and ulna. My colleagues assented to my doing the latter, on the understanding that I should at once remove the arm, if her system did not rally.

On September 22nd, I excised the carpus and ends of the radius and ulna. Within forty-eight hours,

he patient was much improved in health. The local ondition also steadily improved, care being taken to rovide a free egress for pus, at one or other side of he wrist, as occasion arose. Her general treatment, need only say, was of the most supporting cha- acter.

Her present condition you will be enabled to judge f. Her elbow has every movement; though, from he necessity there has been for keeping it quiet, it s not so free at present as it would otherwise have een. When under chloroform, however, the arm an be moved freely in every direction. Her fingers re yet stiff, and the wrist somewhat lax; but I have ittle doubt but that she will regain full power over he fingers, and that her wrist will become strong nd firm. Both these changes are making them- elves evident from week to week.

It is not for me to dwell, before such an audience, n the wonderful and complex structures which fit he hand for its various functions; yet it is right, in iscussing the propriety of any operative proceeding, o bear in mind, and bring prominently under no- ice, the manifold services such an organ as the hand erforms for its possessor. It is the exponent of his motions, the asserter of his rights, the slave of his ill. It is the giver of formal expression to the enius of the artist, the engineer, and the mechanic. t is the special instrument whose cunning gives rise o the appellation which includes the great indus- rial community of our land—the "handcraftsman"; nd, while priceless to the liver by its labour, it ppears scarcely less valuable to the merest idler.

If such be its uses, how incalculably great must be ts loss; and what a triumph to our art to succeed in preserving, even in a mutilated form, an organ of uch infinite value! A solitary finger is worth some- hing: a finger and thumb more to be esteemed than ny artificial contrivance whatever.

The surgeon naturally witnesses much suffering, nd himself inflicts many and serious mutilations. He must indeed by stoical who passes by all un- noved; but different men are affected in different ways and by diverse circumstances. For myself, I confess to more mental pain on removing or seeing removed an arm or hand, than from any other surgical proceeding. A man's individuality seems more affected by this mutilation than by any other; he appears more helpless, less able to make his mark upon the world, more needful of sympathy, kindness, nd help.

Army Medical Service. The next examination of candidates for the army medical service takes place at Chelsea on the 20th inst. On this occasion the examination will embrace candidates for the In- dian medical service as well as for the army medical service.

Training of Idiotic Children. Mr. C. Brady, in a pamphlet entitled *The Training of the Idiotic and Feeble-minded Children*, describes a visit made by him to the Asylum at Earlswood, etc. Mr. Brady re- commends for the 7,000 imbeciles who, according to the last census, are in Ireland—"1. The foundation of a general institution for the reception of all de- grees of idiocy, from the hopeless to the most im- provable. 2. The opening of an asylum for the pure idiots, who are not susceptible of much improvement, but who can be housed, cared for, and cured of bad habits. 3. The establishment of a training school for the improvable cases, where, as in the asy- lums of which I have attempted a description, they may be trained to habits of usefulness, rendered able to earn a livelihood, and be taught the way of salva- tion."

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secre- tary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 11th, 1865.

THE POOR-LAW OFFICIAL'S REPORT ON TIMOTHY DALY.

Mr. Farnall has given in his report upon the case of Timothy Daly: No blame attaches to Mr. Nor- ton as medical attendant of the man; and no blame attaches to the Poor-law system in reference to its dealing with the case! It was necessary, how- ever, to find some scapegoat—to blame somebody; and the doctor, therefore, has, of course, received censure.

"I beg to inform you, with Dr. Carr's sanction, that in his opinion, and in my opinion, the evidence taken at this inquiry does not establish the charge publicly brought against Mr. Norton, the medical officer of the Holborn Union Workhouse, of having ill-treated and neglected Timothy Daly, while he was an inmate of that house." In reference to the al- leged neglect of Mr. Norton, as regards the entries in the "workhouse medical relief book," Mr. Farnall adds: "If Mr. Norton had kept this book, he would have been enabled to produce a faithful record of the days when he attended Daly, and of the dietary which he ordered. I consider Mr. Norton's conduct to have been very careless in this matter, and it appears to me to deserve your censure."

Mr. Norton is blamed for not having fulfilled to the letter some one of the thousand minute formulæ which are demanded of Poor-law medical officers, and which we believe would, if carried out to the letter, occupy as much time as is devoted to the actual business of attending on the sick. Still it is officially declared that Mr. Norton, as regards the treatment of Timothy Daly, is free from all blame. But while Mr. Farnall, the Poor-law official, is ready enough to throw a stone at Mr. Norton, in order, we may assume, to blind the public, and screen his own masters from blame, he takes good care to do and say nothing which can indirectly cast suspicion or discredit upon the working of the Poor Laws. In this he exhibits the true spirit of a paid official; he shows that above everything in this inquiry is the saving of his masters from public censure. In doing this, to say the least of it, he has acted very un- justly. Mr. Farnall has great faith in Dr. Carr; he called him in to assist in the inquiry concerning Daly's death; and at every step he quotes Dr. Carr, where he can do so to the advantage of the "sys- tem." Why does he stop there? Has he acted

fairly to all parties in doing so? and, above all, to those most concerned in the matter? Dr. Carr is quoted by him freely enough to prove that at the Holborn Union, bedding, food, ventilation, etc., in the sick ward, are all excellent; and to show, in fact, that in the death of Daly the system is blameless. Now, we ask, has this Commissioner acted honestly towards the public, and to Mr. Norton, when he makes no comment or reference to that part of Dr. Carr's evidence, which indirectly throws the very severest censure on the system, as worked out by the Guardians of the Holborn Union? What is the meaning of the following words of Dr. Carr's report, if they do not distinctly say this:—You have no right to expect that your pauper patients will receive proper medical treatment unless you pay your medical officers properly? Here are Dr. Carr's words.

"On the subject of the medical officer, I would respectfully suggest, looking at the large amount of duty which he is expected to perform, that some change should be made in relation to him; 1, That the drugs should be supplied by some respectable wholesale druggist, and paid for by the Guardians; and, 2, That his salary should be raised to £150 *per annum*.

"This additional expense would, I doubt not, be followed by real and positive good, alike to paupers and Guardians.

"I would also suggest that two properly educated nurses should be appointed, and paid sufficient salaries to command a high-class character, who would raise the tone of feeling in the wards, and prove a source of help and comfort to all concerned, who would save life and spare the expenditure of the rates.

"Remembering that the poor are always with us, the object of the Legislature should be to provide a remedy at once economical and preventive; erring not by meanness, which propagates the evil of pauperism, nor by extravagance, which wastes the rates levied from the industrious classes. Moderate and liberal policy is often, if not generally, the wisest course of conduct.

"WILLIAM CARR, M.D., F.R.C.S., etc.

"Blackheath, January 24th, 1865."

Could any more severe censures be passed upon the Poor-law guardians than are contained in these words? Mr. Farnall knows, as well as we do, what they imply. They say, as plainly written as words can be: *You, the Poor-law guardians, are guilty of neglect; you have injured the sick poor placed under your charge; you injured Timothy Daly, by refusing to give him and them the proper medical attendance, the proper medicines, and the proper nursing which he and they require.* Dr. Carr has told the Board that which doubtless they knew well enough before; but he has told them, as one of their own temporary official advisers, that their pauper sick suffer—*i. e.*, are not duly cared for—because they do not pay properly for attendance on the sick. Mr. Farnall has, therefore, we must again repeat it, acted meanly and unfairly to Mr. Norton, in not boldly repeating, in his report, what Dr. Carr has thus truly and honestly stated. Mr. Farnall, instead of doing this—instead of censuring the Holborn Board—has screened them, by unjustly throwing blame on Mr. Norton. And does not all this show that official inquiries of this kind, carried on by the official officers of the "system", are simply a delusion and a farce—not meant to get at the truth, but only to screen the system from censure.

One word, however, we must add of a more strictly ethical professional kind. It is clear that, if it had not been for the unnecessary interference of one of his own professional brethren, Mr. Norton would have been saved all the great pain and anxiety and obloquy to which for the past month he has been so unjustly subjected. Mr. Lowne saw Daly after his removal from the Holborn Union. He therefore

"Wrote a letter to Mr. Shuter, the honorary Secretary to the Farringdon Dispensary, setting forth his view of Daly's case, upon which Mr. Shuter immediately visited Daly in Mr. Lowne's presence, and at once requested Mr. Lowne to modify the letter referred to, so that it might be made fit for publication in the *Times* newspaper. Mr. Lowne did as he was desired, and, dating his modified letter December 17th, handed it to Mr. Shuter. Six days after this occurrence, after Daly's removal by Mr. Lowne to St. Bartholomew's Hospital, Mr. Shuter addressed a letter to the editor of the *Times*, in which he embodied Mr. Lowne's letter of the 17th of December. Mr. Shuter headed his letter with the words 'Horrible Case of Union Treatment,' and thus it appeared in the *Times* newspaper of December 24th, and so brought Daly's case before the public, who were invited to view it with disgust and resentment. Mr. Shuter says that he published this letter out of mercy to the poor; but he also admits that he wrote it with some desire to attack the Poor-law Board."

Mr. Lowne, it thus appears, without making any inquiry from Mr. Norton about the nature of the case of Daly, assists Mr. Shuter in rushing into the *Times*, and thereby injuring Mr. Norton. The result of the inquiry proves, as we have said, that Mr. Lowne's proceedings were very blameable. He imputed blame to a professional brother without a sufficient knowledge of facts. To Mr. Norton the profession, therefore, must accord its sympathy, and visit with its censure those who have so cruelly injured him.

PRIVATE GRATUITOUS MEDICAL SERVICES.

THERE is one species of the system of gratuitous medical services prevalent in the metropolis, as well as elsewhere, which is deserving of particular condemnation. We regret to say that it is practised even by some of those who are of high standing in the profession. The system to which we refer, is that of doing business, on a large scale and regularly, in the gratuitous advice way at their own houses.

Reduced to its simplest expression, the proceeding is nothing but a private advertising move; there is not a grain of real charity in it. The trick (for so we must call it) no doubt answers the purposes of those who practise it; but it is degrading to the dignity

and injurious to the interests of the profession at large. These gratuitous advice-giving gentlemen are indiscriminate in their gifts of advice. All they seem to desire is to have a well known street door. We have heard of paying patients seduced in this way from a neighbouring practitioner's house; and we have also heard of cases in which the gratuitous patients, sick of waiting their turn in the benevolent man's consulting-room, have gone to a neighbouring practitioner's and paid their guinea. We need hardly say that, as a pretence at benevolence, the whole thing is a brazen-faced sham. Selfishness is at the bottom of the whole business. The numerous visitations to their house, implied in the gratuitous advice, is a publication of their name and address—the patients acting as hookers-in; and, besides this, the gratuitous patients cram up the hall and make a show, and fill the minds of the paying patients with wonder and admiration at the "immense reputation and benevolence of the doctor."

One of this class of advice-givers had, and, for all we know, still has, a most ingenious method of displaying and utilising his gratuitous patients. His plan was to plant them round the room through which his first class patients had to pass before they gained admission into his presence; and as his specialty was the cure of an incurable disease which involves a good deal of coughing, the paying patient passed, in bewilderment and admiration, through a perfect explosion of barkings, wheezings, and all the different varieties of sounds which represent defective respiration, before he could gain the presence of the great curer. Of course, the impression made upon his mind by the display was, that the doctor was a profound genius and enormously benevolent. We need hardly tell our readers what sort of benevolence really stirred this individual's breast. He kept the third class patients there as long as their services were required; and then rapidly started them off with a prescription, to be taken to a special druggist, with whom (if report be no lying jade) he shared the plunder of a thirteenpenny bottle of physic.

AN ACTION FOR FEES.

The Lord Chief Justice Cockburn has always shown himself a warm supporter of the honour and dignity of our profession. In the case of Tamplin *v.* Cosens (reported at another page), which lately came before him, he gave his entire support to the professional side of the case. We must, therefore, congratulate Mr. Tamplin on having successfully asserted what he considered his rights in a court of law. We would, however, remark—and we are sure that the feeling of the profession, and no doubt of Mr. Tamplin, is with us—that the more rarely medical men, and especially men in a high position in it, appear as claimants for fees in a court of law, the better is it for us as a professional body.

No doubt Mr. Tamplin had good and sufficient reason for taking action in this particular instance—more so, perhaps, than appears before us; but still the public will not always take a pleasant view of such proceedings. It would, indeed, perhaps be well if our leading surgeons, operative and consulting, should stand, as regards their fees, in the position of honorary claimants only; and, as a rule, such, we believe, is their position. None of us would like to see our Sir Benjamin Brodies or Sir Astley Coopers suing for fees in a court of law. It is certain, moreover, that men in high repute, either as physicians or surgeons, are the last men in the profession who have occasion to make, or are justified in making, such claims. The fees usually paid to them for visits and operations are notoriously, as a rule, high fees, and, moreover, are religiously paid.

We must add, as regards the particular case in question, that it may be fairly questioned, from a professional point of view, whether it is right that a surgeon or physician should continue for a year or two in constant attendance upon a patient (without receiving or claiming his fees), unless there is a distinct understanding as to the payment of the fees. Candidly speaking, it seems to us that a patient would be justified in believing—might reasonably believe—that his physician or surgeon would not charge him the full tariff for a daily attendance, for eighteen or twenty months, on a case where there was little or nothing to do daily, and where repose and nature were mainly effecting the cure—unless it was distinctly understood that the full payment of fees was to be made. In such cases, it seems to us evident, that the physician or surgeon should either take or demand his fee at each visit, or should have a distinct understanding as to what his fee is to be at the conclusion of his anticipated lengthy attendance. Surely a patient might not unreasonably object to his doctor, in a case of the kind supposed, that it was hardly fair to come down upon him, at the end of a couple of years, with a charge of three or four hundred guineas for as many attendances, unless the doctor had already at starting distinctly explained to him the terms of his attendance. The payment of such a sum would be to most men, who have to get their living by professional labour, a very serious difficulty. At all events, if the doctor in the case supposed is determined to maintain the professional tariff of one guinea per visit, he should, in our opinion, make his charge an honorary one; and so leave it to the patient's honour or conscience for settlement.

A new objection has been thrown in the way of the utilisation of sewage, and one which has probably occurred to few of our readers. Dr. Cobbold, our highest authority on helminthology, warns us that

we may be ruined and overwhelmed by entozootic diseases, if we spread this sewage as manure over the country. He has published a pamphlet with a formidable title, which explains, however, its contents: "New Entozootic Malady: Observations on the probable Introduction of this formidable Disease, and on the almost inevitable Increase of Parasitic Diseases in general, as a Consequence of the proposed extensive Utilisation of Sewage." We feel bound to say that a perusal of this pamphlet has much relieved our mind of the fears which were raised by reading the title. Dr. Cobbold leaves a very wide hiatus in the tale of how the eggs of the *Bilharzia*, when distributed in the sewage over the land, are to find their way into the human body. He traces them into the bodies of land and water snails, and there he leaves them. But there is always what has seemed to us an unanswerable answer to all those who argue as Dr. Cobbold does, and it is this: There is no shadow of proof that any entozoon can or does survive in meat which is properly cooked. Even, therefore, if we suppose, by a stretch of the imagination, that the fears of Dr. Cobbold may be realised, we clearly have the remedy in our own hands. Of course, if people will act the part of cannibals, and eat raw meat, they must be prepared for the consequences which ensue from such unnatural doings. But the truth is, that the possible consequences of the eating raw meat are unknown to those who indulge in that propensity. Ignorance here is the source of disease, just as it is in a thousand other deviations from the laws of nature which produce disease, and are daily practised around us. Our right business, therefore, should be to enlighten ignorance, and in this way prevent the introduction of live entozootic animals into man's body. Of course, we are not wishing to recommend the raising up of entozoa to infest our beef and mutton; but, as we have in our kitchens a positive destroyer of all danger of infection from that source, and as Dr. Cobbold seems to have failed in a satisfactory proof of the connexion between the spread of sewage over the land and the increase of entozoa in man, we cannot hope that his objections will interfere with the realisation of an immense national blessing—the utilisation of our sewage, and the purification of our rivers.

The fifth Annual Report of the Cranley Village Hospital, just issued, gives a very satisfactory account of its success. Every one must rejoice at the progress of so excellent an institution. It is greatly to be hoped that similar hospitals will become general throughout the country. Their advantages in every respect are very great. They bring relief home to the working man's door; they are very economical; they are also salubrious, being small in size; and they give our brethren in country districts a good field for the cultivation of their profession as a science, and in so far tend to improve our art. Only one objection we must raise to them, as at present carried on; and that is, that they do not pay their medical officer. On what grounds should the medical man give his gratuitous services to them, we beg to ask?

The Manchester Medico-Ethical Association has published the subjoined advertisement in all the Manchester daily papers. In doing so, it has set an example worthy of imitation by other influential medical bodies.

"*Manchester Medico-Ethical Association.* At the annual general meeting of the Association, held on Wednesday, the 25th inst., at the Clarence Hotel—Sir James L. Bardsley, M.D., President, in the chair—it was unanimously resolved:

"That this Association has great pleasure in publicly expressing its thanks to the proprietors of the *Manchester Guardian* for having excluded licentious and immoral quack advertisements from a paper so influential and of such extensive circulation; also, to the many other journals which have given up the somewhat lucrative but dishonourable practice. The Association begs to express its high sense of a proceeding which, though inseparable from an honourable press, has yet too few imitators.

"Jon. Wilson, F.R.C.S. } *Hon. Secs.*"
Jno. Thorburn, M.D. }

The French Academy of Medicine has been engaged in a learned, lengthy, and serious discussion about the transmission of syphilis through vaccination. It seems passing strange to us to note all this wondrous waste of time and eloquence—this veritable logomachy. We suppose that two words will sum up all the *facts* of the case; and that, in truth, every one is agreed as to the nature of those facts. Why, therefore, all these grand displays of oratory from the Ricords, Depauls, and Trousseaus of our art? That syphilis has been and may be transmitted through vaccination seems to be a positive fact acquired to science; but, as M. Trousseau and his colleagues admit, such transmission is "not only rare, not only very rare, not only excessively rare, but is prodigiously rare." Why, then, it is asked, make all this noise and fuss, why set all society in agitation, why excite all this emotion, about an event which happens so rarely as to be an actual prodigy, a kind of miracle, when it happens—an event, moreover, which, there is every reason to believe, has never happened except through the sheer ignorance or carelessness of the vaccination? The end of Trousseau's long oration is just this: The transmission of syphilis by vaccination is excessively rare; but it is a fact which ought to be known. But who does not already know the fact?

GUERSANT ON VULVITIS IN CHILDREN.

M. Guersant writes as follows in the *Bulletin Général de Thérapeutique* for November 30th, 1864.

Inflammation of the vulva in children may be met with under the following forms: 1. Simple; 2. Diphtheritic; 3. Ulcerative; 4. Gangrenous; 5. Syphilitic.

1. *Simple Vulvitis* commences with very slight erythema of the mucous membrane of the whole vulva, with or without itching. It is met with in very young children, sometimes a few weeks after birth, and is characterised by redness and itching, with mucous exudation. It is caused by want of cleanliness, and is the source of the leucorrhœal discharge so common in female children. When detected, it can be arrested by lotions of cold water, pure or slightly astringent. If this application be neglected, it frequently happens that the labia become glued together; sometimes the adhesion is congenital—has been formed before birth, although M. Guersant has never met with any positive instances of this. He has often been consulted by the parents of children, and even by medical men, regarding supposed cases of obliteration of the vagina. In these cases, the labia majora had become adherent by very thin transparent false membranes, analogous to those which are met with between the prepuce and the glans in boys who have had balanitis and in whom the glans is not uncovered. This false membrane glues the labia together, but does not cover in the urinary meatus. It is readily torn by means of a probe, or even by gently separating the labia. The performance of this slight operation averts the production of more solid adhesion, which may occasion inconvenience and require a more formidable proceeding when the catamenia appear. When the labia have been separated, it is a good plan to place between them some charpie (or lint) to prevent fresh adhesions; lotion of acetate of lead should also be applied three or four times a day—it may prevent a return of the condition, which recurs rather frequently.

M. Guersant has sometimes seen vulvitis produced by ascarides (*oxyures vermiculares*) which had passed from the anus to the vulva. In these cases, the children have intolerable itching. The best remedies are, mercurial inunctions, calomel suppositories, injections of infusion of wormwood, and sulphur-baths.

2. *Diphtheritic Vulvitis* is characterised by the presence of false membranes. It is met with either in children who do not yet present any other morbid manifestations, or, more frequently, in those who have or are threatened with diphtheritic disease of other parts, as the pharynx, larynx, and tonsils. The internal surface of the labia majora is lined with white false membranes, more or less solid, analogous to those which are met with on the tonsils. When one of these false membranes is removed, the subjacent tissue bleeds. They have a tendency to be reproduced; the inguinal glands are often enlarged; the patient is more or less depressed; and there is often fever.

The appearance of this affection denotes frequently that the child is seized with a general diphtheritic attack; and hence it ordinarily resists local means, and even general remedies rarely subdue it. But, although the prognosis is serious, local and general treatment must not be neglected. The local means consist of the application of nitrate of silver, either solid or in solution; lemon-juice may also be applied successfully, as well as insufflation of alum and tannin. These remedies are most likely to succeed when the disease is purely local; otherwise, general treatment alone can modify the disease. This diphtheritic false membrane must not be confounded with that met with in syphilitic children; these have generally other symptoms, such as chancres, etc.

3. *Ulcerative Vulvitis.* It is not rare to meet in young female children with ulcerations or excoriations on the inner surface of the labia majora. They are met with in neglected cases of simple vulvitis; they also arise from want of care in children who have leucorrhœal discharges; or they may be produced by repeated masturbation. They have no syphilitic character; and are nevertheless sometimes accompanied by *plaques muqueuses.* The ulcerations and excoriations yield to local applications, general and local baths, astringent lotions, lemon-juice applied locally, chlorinated water, nitrate of silver, but especially to careful cleanliness. The labia must be kept separated.

4. *Gangrenous Vulvitis* is frequently a termination of the affections which have been described. It occurs only in children whose general health is in an unfavourable condition. It has been observed as a result of fevers, adynamic diseases, and certain severe forms of scarlatina. It is characterised by a transformation of the mucous membrane of the labia majora and the entire vulva into a blackish tissue, forming a soft moist slough, which tends to extend so long as the disease is left to nature.

The treatment must be local and general. The principal indication is to combat the disease which is weakening the infant; hence tonics of various kinds—cinchona, bitters, beef-tea, wine, coffee, etc.—are to be placed in the first rank. The local treatment is no less important. Applications of lemon-juice, of powdered cinchona and camphor, spirit lotions, etc., may be sufficient. These, however, often fail; and the best means of arresting the gangrene is the application of iron at a white heat; the cauterisation ought to extend beyond the limits of the eschar. When this energetic remedy is successful, there is left a large eschar—a true burn of greater or less depth, and requiring the ordinary treatment of burns. Powder of cinchona, or of charcoal, with a little camphor, are important applications; lotions of aromatic wine or chlorinated water may be useful. Every possible care must be taken to prevent adhesion of the labia; the dressings should be carefully applied and frequently renewed.

5. *Syphilitic Vulvitis* is characterised by the presence of chancres or mucous pustules. It must be observed, that the mucous pustules observed between the labia majora and also at the anus are not always syphilitic, but are often produced by want of care and cleanliness; and yield to lead lotions, the application of nitrate of silver, and baths, without general treatment. When, on the contrary, the mucous patches resist these measures and are accompanied by true chancres or by syphilitic pemphigus, it is necessary not only to attend to the cleanliness of the patient, but to subject her to mercurial treatment. This affection, when met with in very young children, is hereditary, and frequently appears fifteen or twenty days after birth; in older children, from eight to ten years of age, it is acquired, being produced by the contact of individuals affected with syphilis.

In infants, M. Guersant has employed the following treatment with success. The child is placed daily in a bath containing some corrosive sublimate; and a few drops of Van Swieten's solution (a preparation of bichloride of mercury) are also given daily in a little syrup. If the mother be suckling, she must be subjected to general treatment. If the infant cannot be suckled by the mother, it must not be entrusted to a nurse, but must be fed by the bottle. In some cases, M. Guersant thinks, it is advantageous to give the child the milk of a goat which has

been subjected to mercurial friction; but it is of the greatest importance that the animal should live in the open air, so that its milk may be of the best quality.

Syphilitic children may also be fed with the milk recommended by Dr. Labourdetti, and brought daily into Paris. It is obtained from cows fed in the pastures of Normandy, to whom is given every day, before and after their return from pasture, a bolus of iodide of potassium. M. Guersant says that he has known the best results to follow the use of this milk, which he prescribes in cases of syphilis and scrofula in newly born children.

EXCISION OF THE TONGUE.

The week before last we announced the fact that Mr. Syme had successfully removed the tongue. The following is the history of the case and the operation.

Some years ago I endeavoured on two occasions to afford relief from disease of the tongue, otherwise incurable, by cutting out the entire organ; but, as both cases terminated unfavourably, I felt no desire to repeat the experiment, and have repeatedly declined doing so under circumstances of a very urgent character.

In the early part of November last, Mr. W., aged 52, from Manchester, applied to me on account of a very formidable morbid condition, affecting his tongue. From its point to the root it was swollen and indurated, the surface being of a brown colour and roughly tuberculated, so as to resemble the back of a toad. It was also nearly quite immovable, and, from completely filling the mouth, not only prevented articulation, but rendered deglutition impossible with respect to solids and extremely difficult in regard to fluids. From the same state of matters, there was a most offensive fetor through mucus secreted by the unhealthy surface not being permitted to escape.

The patient informed me in writing that he had suffered from uneasiness in his tongue for many years, but that neither articulation nor deglutition was seriously affected until 1862, since which time he had been under medical treatment in London as well as Manchester without experiencing any benefit. As palliation seemed all that could be expected, I offered some suggestions with this view, and advised that no time should be lost in returning home. But soon after his arrival there I began to receive from the patient very painful letters, reporting aggravation of the symptoms, especially in regard to deglutition, so that death from starvation seemed imminent, and urgently desiring some means of relief. To these appeals I replied that the only effectual remedy was removal of the tongue, and that this could not be done without very serious danger to life, so that the operation promised nothing more than a chance of escape. This slight encouragement brought the patient back, and he arrived here on December 27th.

Being thus as it were compelled to make another trial of excision, I carefully considered all the circumstances concerned that might tend to interfere with its successful performance. Of these the one which most prominently presented itself was the prevention of voluntary deglutition that must result from depriving the os hyoides of the power by which it is drawn forwards. In the common cases of cut-throat, where a large transverse wound is made into the pharynx, although the suicide rarely accomplishes his object in the first instance, he still more rarely escapes the fatal effect of pulmonary inflammation induced by irritation propagated from the larynx; and I did not forget that both the patients on whom I had performed the operation in question died from purulent effusion into the lungs. Instead, therefore, of cutting through all the muscles of the os hyoides, as had been done in the former cases, I resolved to retain the mylo-hyodei and genio-hyodei entire, and divide merely the attachments of the genio-hyoglossi. I also thought it would be better to perform the operation without chloroform, since the patient, instead of lying horizontally, might thus be seated on a chair, so as to let the blood run out of his mouth and not pass backwards into the pharynx.

The operation was performed on the 29th, with the assistance of Mr. Annandale, Dr. Sewell, and Mr. Cheyne, to the first of whom I am especially indebted for his able co-operation. Having extracted one of the front incisors, I cut through the middle of the lip and continued the incision down to the os hyoides, then sawed through the jaw in the same line, and, insinuating my finger under the tongue as a guide to the knife, divided the mucous lining of the mouth, together with the attachment of the genio-hyoglossi. While the two halves of the bone were held apart I dissected backwards and cut through the hyoglossi along with the mucous membrane covering them, so as to allow the tongue to be pulled forward and bring into view the situation of the lingual arteries, which were cut and tied, first on one side and then on the other. The process might now have been at once completed had I not feared that the epiglottis might be implicated in the disease, which extended beyond the reach of my finger, and thus suffer injury from the knife if used without a guide. I therefore cut away about two-thirds of the tongue, and then, being able to reach the os hyoides with my finger, retained it there while the remaining attachments were divided by the knife in my other hand close to the bone. Some small arterial branches having been tied, the edges of the wound were brought together and retained by silver sutures, except at the lowest part, where the ligatures were allowed to maintain a drain for the discharge of fluids from the cavity.

Next day I visited the patient, and finding him in all respects comfortable, inquired if he could swallow. In reply he pointed to a drinking-cup containing milk, and intimated that he wished it to be filled; then, placing the spout between his lips, while his head was bent backwards, he drank the whole without any cough or sputtering. Having seen this, I felt assured that the result would be satisfactory, and was not disappointed, as everything went on well afterwards. The only inconvenience experienced was from the edges of the jaw being occasionally displaced; but this was easily remedied by an ingenious contrivance of Mr. Wilson, the dentist, who, finding that a silver cap inclosing the teeth, was not sufficient for the purpose, fashioned a shield of gutta-percha, embracing the chin on each side, and secured to the metal plate by a wire.

Under an ample supply of nourishment by milk, soup, and soft solid food, there was a rapid return of strength, so that an improvement in this respect was almost daily observable, and before the end of three weeks the patient declared that he had never felt better in his life. He returned to Manchester on January 23rd.

Excision of the tongue has thus afforded complete relief in a case of the most formidable and distressing disease. How far the relief thus obtained may prove permanent, and how far it may admit of being extended to cases of a similar kind, are questions that can be determined only by experience. But the frequency of malignant growth affecting the tongue in an otherwise sound state of the system urgently requires the truth to be ascertained in regard to the value of a

remedial measure; and if the operation is now, as I trust it has been, freed from the chief danger attending its performance, facts sufficient for the purpose will probably ere long be accumulated.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
North Wales. [Intermediate.]	Dr. Roberts's, Hafod Elwy, St. Asaph.	Friday, February 24, 1 P.M.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 10th, 1865.

R. Partridge, Esq., F.R.S., President, in the Chair.

ON ECZEMA OF THE EYELIDS, CONJUNCTIVA, AND CORNEA.

BY FURNEAUX JORDAN, M.R.C.S., BIRMINGHAM.

[*Communicated by* E. H. Sieveking, M.D.]

Many observers, and especially writers on diseases of the skin, have considered ophthalmia tarsi to be simply eczema of the lids. Dr. Mackenzie has pointed out that scrofulous, or as he terms it, phlyctenular ophthalmia, is frequently associated with eruptions on the skin. It is the object of this paper to show that not only ophthalmia tarsi is eczema of the lids, but that granular lids, a peculiar swelling of the subintegumental connective tissue of the lids, lippitudo, strumous ophthalmia, certain forms of simple or catarrhal ophthalmia, keratitis and strumous keratitis, and certain ulcers on the cornea, are merely varieties of eczematous disease. Cases of extreme, firm, indolent, pale or pinkish swelling of the lids, occur occasionally, the only cause of which is eczema of the margins of the lids. The eczema may be very slight, or it may pass away quickly, and leave only the swelling behind. Unchecked eczema of the eyelids terminates in lippitudo just as persistent and progressive eczema of the cornea produces pannus. Both these conditions are analogous to the eczematously red, swollen, and moist condition of the skin which may persist for an indefinite period. Eczema of the conjunctiva presents many important features. The so-called strumous ophthalmia may be regarded as chronic eczema. The several stages of pimple, vesicle, ulcer, or thickened patch, admit of indisputable demonstration. In acute eczema of the conjunctiva, there is for a few days a uniform scarlet colour; then a crowd of vesicles, which soon pass away, and leave an irregular or patchy redness—each patch, however ill-defined, having a redder, thicker, and possibly ulcerated centre. These cases have a slight mucopurulent discharge, and are always tedious. If treated as eczema, they speedily recover. The so-called keratitis, or strumous keratitis, is eczema of the cornea. When vesicles, white patches (necessarily white because of the anatomical structure of the cornea), or ulcers occur on the cornea in conjunction with vesicles on the conjunctiva, the term scrofulous ophthalmia is commonly used. If the same pimples (necessarily flat), vesicles, patches, or ulcers occur on the cornea alone, especially near its centre, the term keratitis is applied, notwithstanding the symptoms are similar, and notwithstanding that there is usually, if it be carefully sought for, evidence of eczema of the lids or face, or ears or scalp. The characters of eczema of the cornea are quite as typical as they are of eczema elsewhere. The several varieties of eczema of the cornea, conjunctiva, and lids are combined in a great variety of modes. They are much more frequently combined than not, and very frequently indeed associated with cutaneous eczema in its favourite localities. Eczema is often limited to sites as small as the cornea. The treatment should be directed to eczema. Its chief features are non-stimulating diet and alkaline medicines, with a little iron added in most cases. If the lids are affected, as also in pannus, lippitudo, and granular lids, a little of any of the "eczema ointments" may be used, with the customary attention to details; if there be much photophobia, a little morphia may be given in the morning.

ON THE SUBCUTANEOUS INJECTION OF QUININE FOR THE CURE OF AGUE AND OTHER MARSH FEVERS.

BY P. H. DESVIGNES, M.R.C.S.

[*Communicated by* John Birkett, Esq., *Hon. Sec.*]

The author had had large opportunities of testing the value of this remedy in the intermittent fevers which were so common in the district of Tuscany called the "Maremma." The use of quinine and arsenic, in the usual manner, having repeatedly failed, he resolved to try the subcutaneous injection of solutions of quinine. The solution he employed was a grain and a half in fifteen drops of water, acidulated with a drop of dilute nitric acid. With this he successfully cured several hundred cases.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, January 4th, 1865.

Henry Oldham, M.D., President, in the Chair.

Five gentlemen were elected Fellows.

Communications. Dr. Playfair read a case of Extra-Uterine Fœtation, on which Dr. Priestley made some remarks.

Mr. Wills, through Dr. Graily Hewitt, described the Mode of Birth of a Double Monster, and exhibited a photograph of the same.

Dr. Parsons exhibited a specimen of Pulmonary Embolism, of the tubular kind, after ovariotomy; and described the case.

Dr. Richardson entered at considerable length into the question of these fibrous deposits.

Mr. Napper read a case of Amputation of Arm during early Pregnancy.

ANNUAL MEETING.

The business of the annual meeting then commenced. The report of the auditors of the accounts of the treasurer for the year ending December 31st, 1864, was read; from which, it appeared that the balance in the hands of the treasurer is £262:6:5, and that during the year a sum of £181:10 was invested in Consols, in the name of the trustees of the society, making a total now invested in Consols of £731:10. The balance-sheet showed that the society had received during the year the sum of £469:7, as subscriptions from the fellows, and £40:9:6 from the sale of *Transactions*.

Mr. Mitchell, in proposing the adoption of the report, congratulated the society on its financial prosperity. Mr. Nichols having seconded the resolution, it was carried unanimously.

The Secretary having read the modifications of the laws rendered necessary by the opening of the library, Dr. Meadows proposed their adoption. This, being seconded by Dr. Hall Davis, was unanimously adopted.

It was then announced that arrangements were

now completed for the lending of the books of the library to the fellows, at Mr. Hardwicke's, publisher, 192, Piccadilly.

Dr. PRIESTLEY moved the following resolution, which was seconded by the whole meeting—

"That the thanks of the society be and are hereby given to the President and officers of the society for their services during the past year. That they be particularly given to the retiring President, Dr. Oldham, for the able and efficient manner in which he had presided over the society; and also to Dr. Graily Hewitt, on his retiring from the office of Honorary Secretary, for his zealous aid rendered to the society from its commencement."

The list of donations to the library was then read.

The following gentlemen were then elected officers for the ensuing year:—*Hon. President:* Sir C. Locock, Bart., M.D. *President:* R. Barnes, M.D. *Vice-Presidents:* G. T. Gream, M.D.; R. Greenhalgh, M.D.; F. S. Haden, Esq.; R. Hardey, Esq. (Hull); T. H. Tanner, M.D.; J. G. Wilson, M.D. (Glasgow). *Treasurer:* Graily Hewitt, M.D. *Honorary Secretaries:* J. Braxton Hicks, M.D.; A. Meadows, M.D. *Honorary Librarian:* A. Meadows, M.D. *Other Members of Council:* J. Aveling, M.D. (Sheffield); C. Clay, M.D. (Manchester); J. H. Davis, M.D.; H. Gervis, M.D.; A. Hall, M.D. (Brighton); I. Harrinson, Esq. (Reading); H. Madge, Esq.; J. T. Mitchell, Esq.; G. C. P. Murray, M.D.; E. Newton, Esq.; H. Oldham, M.D.; E. Ray, Esq.; S. Richards, M.D.; T. Skinner, M.D. (Liverpool); W. Tyler Smith, M.D.; F. Symonds, Esq. (Oxford); J. R. Traer, Esq.

ANNUAL ADDRESS. BY H. OLDHAM, M.D., PRESIDENT.

The PRESIDENT referred to the prosperity and activity of the Society, as shown by the balance-sheet, by the *Transactions*, and by the number of its Fellows, who now were to be found in Australia, New Zealand, India, and Canada. He lamented, however, the death of six Fellows during the past year. He congratulated the Society upon the formation of the Lending Library, which had long engaged the attention of the Council. The tone in which the discussions had been carried on in the Society was very satisfactory, although subjects had been brought before them upon which there had been strong diversity of opinion. Dr. Oldham pointed out that it was to the interest of the Society to continue to maintain this spirit unimpaired. He thought it desirable to establish a committee of two experts to report to the Society upon the results of any new line of practice which might prove of serious consequence to the patient. It was one of the duties of the Society, not only to bring forward new suggestions for improving practice, but, by the light of modern science, occasionally to revise the older rules and opinions; and he noticed, among other subjects, the advantages of the careful and intelligent investigation of the influence of the ergot of rye on the mother and fœtus, and on the uterus in functional or organic diseases. He alluded to the possibility of improving the education of women as nurses to the lying-in room, by instructing them in public institutions to a competent knowledge of their duties, which would save a vast amount of the injury and misery inflicted by incompetent nurses. Referring to the revival, in a recent case, of a jury of matrons to decide upon the pregnancy of a condemned criminal, he hoped the Society would take an early opportunity of endeavouring to induce the legislature to alter this rule, and refer in future to obstetric practitioners. The President, in conclusion, expressed his warm acknowledgments for the assistance rendered him by the Honorary Secretaries; and thanked the Fellows for their support, which had rendered the performance of his office one of the most agreeable recreations of his professional life.

Dr. TYLER SMITH proposed, and Dr. GREENHALGH seconded, a vote of thanks to the President for his valuable address, which was carried unanimously.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, JANUARY 19TH, 1865.

J. LANGMORE, M.B., President, in the Chair.

Extraction of Cataract. Mr. J. Z. LAURENCE exhibited a case of Mooren's operation for the extraction of cataract. It was that of an old woman, 79 years of age. Mr. Laurence had first performed iridectomy, and then extracted by the downward section. The patient, with a proper glass, read the most minute type (No. 1 of Jäger). The case illustrated forcibly the great value of Mooren's operation; for it would have been difficult to have selected a more unfavourable case for any operation, and more especially for one in which reparative action has to take place in a non-vascular texture, like the cornea. The patient was very aged; she suffered from chronic bronchitis, and was very emaciated and feeble. During the progress of the case, she had nearly succumbed from a violent attack of diarrhœa; she had iritis, which had left the iris adherent to the anterior capsules in parts; the cornea was opaque at one part. Yet, in the face of this complication of untoward circumstances, the operation had been attended with the most brilliant result. Mr. Laurence stated he had now extracted about a dozen cataracts successively by Mooren's method without losing a single eye; and that, notwithstanding many of the cases presented as unfavourable circumstances as the case before the society. He felt convinced that many of his cases would have gone wrong had the flap extraction not been preceded by iridectomy. In answer to a question, as to how long a time the iridectomy should precede the extraction, Mr. Laurence stated that he waited until all irritation had gone off after the iridectomy, which was, on an average, about a month.

Favus. Dr. SQUIRE showed a photograph of favus.

Embolia of the Great Vessels of the Heart, and its Diagnosis. By W. STEWART, M.D. The author wished to draw the attention of the Society to the following cases, which, he hoped, would throw light on the diagnosis of embolia. Case I was that of a widow, who, enjoying perfect health, was suddenly seized with fainting, vomiting, cramps, and coldness. When seen by the author, she was in collapse, with general cyanosis of the surface. She died five hours afterwards. *Post mortem* examination showed general venous congestion, externally and internally; interlobular emphysema of both lungs, with pulmonary apoplexy. The cavities of the heart were full of black fluid blood. A large clot of partially decolorised fibrine was attached to the lining membrane of the heart, and filled up the orifice of the aorta so as completely to occlude it. The second case was that of a single woman, aged 49, who fell down suddenly and expired. For ten years, she had suffered from angina pectoris; but had been well previously to her death. There was cyanosis of the head, face, and neck. On *post mortem* examination, there was found to be general venous congestion externally and internally, pulmonary apoplexy, and emphysema. The heart was hypertrophied, dilated, and atheromatous, with softened valves. Its right cavities were full of dark fluid blood; and fibrinous clots existed in the pulmonary artery. Case III was that of a gentleman who died suddenly. Atheroma of the heart was

found; and a large clot filled the vena cava descendens and both subclavian veins. In the fourth case, a woman, aged 46, died suddenly, with great dyspnœa and cyanosis. No *post mortem* examination was allowed. In all of these cases, the cyanosis was of a deep purple hue; so deep as only to be seen in cases of strangulation by hanging or blueness from cholera. The clots of fibrine, in one case, were softened, and fat globules were seen on them. Dr. Stewart said that, if he were called to a patient evidently seized with extreme excitement of the nervous, vascular, and arterial systems, great anxiety of the countenance, with blueness of the surface coming on in apparent health, accompanied with fainting, vomiting, and exhaustion, without apparent cause, he would diagnose embolon of the great vessels of the heart.

Dr. HARE thought that the definition of the word embolon ought to be kept closely in view. It meant something thrown by the heart into the arteries and plugging them up. He thought that none of Dr. Stewart's cases fulfilled this definition, and consequently they were not embolia. All persons constantly engaged in *post mortem* examinations were accustomed to these fibrine plugs in the great vessels.

Dr. DRYSDALE said that Virchow had first pointed out that thrombus and embolia were probably the causes of pyæmia; and that, in rheumatism, the smaller vessels of the brain might be plugged up from the heart; but such large plugs as those mentioned by the author were not embolia, he thought; though cases were given where the femoral artery was occluded and dry gangrene ensued.

Mr. J. Z. LAURENCE said that embolia of the retinal vessels might be observed in some cases by the ophthalmoscope.

Mr. JAKINS related two cases of what he considered embolia of the heart occurring in soldiers who were invalided. In the second case, a soldier was found dead in his bed, with an empty laudanum bottle near him, and a large clot was found in the auriculo-ventricular opening extending into the great vessels, which he thought had caused death.

Dr. CLEVELAND considered this case to be probably one of poisoning by laudanum; and the plugs in the great vessels to be what was constantly met with in *post mortem* examinations.

Correspondence.

SYPHILISATION.

LETTER FROM PROFESSOR J. Y. SIMPSON, M.D.

SIR,—My son, whose report of two cases of tertiary syphilis cured by syphilisation was quoted by you in the JOURNAL for January 28th (p. 89), is abroad. In his stead, therefore, allow me a word or two in answer to Mr. Henry Lee's criticism on one of these cases, contained in the last number of your JOURNAL (February 4th, p. 128).

1. Mr. Lee (who never saw the gentleman I allude to, before his cure by syphilisation) states it as his "*decided* opinion that he had never suffered from syphilis at all." All the medical men who saw him when he was ill, entertained exactly the opposite opinion; and surely they had infinitely better means of forming a correct judgment. Dr. Rynd of Dublin, who attended the patient during the existence of the primary disease, declared the sore to be syphilitic; and Dr. Guthrie, Professor Miller, and Professor Boeck, who had him successively under their care after the tertiary symptoms broke out, never, I believe, had a single doubt as to the syphilitic character of his malady. I never myself saw a more distinct and marked case of tertiary syphilis.

2. Mr. Lee argues that the absence of any recollected eruption in this case, and the lapse of some years between the primary and the tertiary affections, "lead to the inference that the patient's symptoms were not syphilitic." This argument seems to me inconceivably strange, coming from a gentleman in Mr. Lee's high position. Mr. Lee himself states, in his work on *Syphilis* (2nd edition, p. 268), that there is no well-marked natural division between the secondary and tertiary symptoms, "and, in fact, the so-called tertiary symptoms sometimes appear before the secondary." Mr. Acton (*Practical Treatise*, 2nd edition, p. 558) lays it down that occasionally no secondary symptoms whatever appear after the primary sore; but, after "a considerable lapse of time", in consequence of some exciting cause, as cold, etc., "tertiary symptoms all at once declare themselves". In his elaborate and masterly treatise on the *Pathology and Treatment of Venereal Diseases*, Dr. Bumstead of New York observes: "We meet with some instances in which syphilis appears to skip over its secondary, and manifest itself *only* in its primary and tertiary forms." (P. 652.) One of the greatest living authorities in surgery, Professor Gross of Philadelphia, remarks in regard to the phenomena of tertiary syphilis, that the average period of their evolution ranges "from six to eighteen months, although in very many instances they do not occur until a number of years after the appearance of chancre, or chancre and bubo. Thus I have repeatedly seen tertiary symptoms manifest themselves for the first time from twelve to eighteen years after the primary disease, the poison having lain all this time like a hidden spark in the economy." (*System of Surgery*, vol. i, p. 486.)

3. Evidently Mr. Lee is anxious to reject this case as a case of tertiary syphilis, merely—it appears to me—because it was completely cured by syphilisation, And, indeed, the recovery was one of the most wonderful that I ever witnessed. The patient left this country for Christiania in the most wrecked and wretched state of health, so helpless and hopeless that most of his friends were in despair of the possibility of his recovery. He came back in three months well and feeling well; and one of his first visits was to the racket court. But Mr. Lee maintains that the disease of which this patient was cured was not syphilis, but "Softening of the Bones". That syphilisation should cure syphilis is, according to some minds, a great paradox—though not in reality a greater than the cure of it by mercury, iodine, or sarsaparilla. Professor Boeck has now used syphilisation successfully in hundreds of cases, and he looks upon the cure of syphilis by syphilisation as one of the most certain and "mathematical" facts in the range of practical medicine. I have the pleasure of knowing Dr. Boeck personally, and I know how entirely and implicitly his facts and observations and statements can be trusted to. But I opine that, if Mr. Lee's allegations be true, Mr. Lee has made—perhaps unwittingly—a greater discovery in surgical therapeutics than the cure of syphilis by syphilisation; for, according to his letter, he believes that inoculations from suppurating or soft sores cured in this case what was formerly, I believe, deemed incurable—namely, "Softening of the Bones". If the cure of syphilis by syphilisation is a marvel, should not the cure of "Softening of the Bones" by syphilisation be regarded in surgical therapeutics as a still more marvellous marvel?

4. The "Softening of the Bones" which, according to Mr. Lee's pathological views, was the malady under which the patient was brought to the gates of

death, was marked, as he himself states, by disease of the bones of the legs, enlargement of the left clavicle (there being carious ulcers in each of these three parts); pieces of bone were discharged from the interior of the nose, and the frontal and parietal bones were enlarged. What species of "Softening of the Bones" is, may I ask, indicated by this combination? Is there any new osseous disease, or "Softening of the Bones", of which these are the symptoms? Is there any old disease of the bones, *except* syphilitic disease of them, which ever leads to such a combination of them as the above?

I am, etc., J. Y. Simpson.

Edinburgh, February 6th, 1865.

P.S. I shall forward a copy of Mr. Lee's letter to Professor Boeck, who, I have no doubt, will answer it better than I can. Allow me to add, that I happened to see in the country lately the gentleman whose case is the other instance of syphilisation reported by my son. This gentleman is in the enjoyment of the very best of health, and spoke, to my astonishment, quite distinctly. He showed me that the secret consisted in his having a flexible caoutchouc palate to replace the havoc made in his mouth, etc., by the syphilitic ulceration. He assured me that, since leaving Christiania, he has not suffered in any degree from the old syphilitic enemy that had formerly nearly destroyed him, before he was cured by syphilisation. J. Y. S.

MEDICAL ERRORS.

Letter from George Johnson, M.D.

Sir,—In the concluding paragraph of Dr. Barclay's last letter, we have a good illustration of his mode of reasoning. He and many others at St. George's Hospital were, for a time, misled by two remarkable recoveries after treatment by calomel; so he conscientiously believed that one or two remarkable recoveries misled me. Therefore, he "cannot feel that any apology is needed" for the sentence which I have twice quoted from his book, containing, as it does, a statement of which I complain as inaccurate and unjust. It appears, then, that a censor who takes upon himself to expose and to correct the errors of his professional brethren, so long as he gives utterance only to what he conscientiously believes, is under no especial obligation to inform himself accurately as to the facts of a case before he ventures to pass judgment and to publish his prejudgment to the world.

Dr. Barclay "evidently does not comprehend" that the repeated reference to my book which appears so much to displease him, is an appeal to published facts from his "conscientious" belief as to what the facts are.

I sincerely regret to learn that he has "failed to discover any logical proof of a single statement which the book contains." Will he pardon me if I venture to suggest that this failure is not necessarily or certainly the fault of the book?

Dr. Barclay gives us in his own book an example of what I presume he considers a logical proof of a statement. He says: "The idea of increasing the discharges from the bowels, is opposed to the fact that the thickened condition of the blood, following on the abstraction of the serum, is prejudicial to life. This, I think, has been *proved* by the wonderful efficacy of fluid injected into the veins in bringing back temporarily to life and consciousness patients who were in the last stage of collapse."

Now, I beg to offer a few words of comment on the experiment which, to the logical mind of Dr. Barclay, appears to prove that the worst symptoms of cholera are due to the drain of liquid from the blood. During the cholera epidemic of the year 1832, the late Dr. Mackintosh of Edinburgh, with a marvellous confidence in the truth of this theory, injected the veins of no fewer than 156 patients, of whom 131 died. Fortunate would it have been for many of these unhappy victims of a pathological theory, if they had been left to the unaided efforts of nature. But was not the temporary relief, in most instances, wonderfully great? Unquestionably it was; and on a superficial view, this result would seem to afford strong support to the hypothesis, that the symptoms of collapse are mainly the result of thickening of the blood through loss of its liquid. I believe, however, that the true explanation of the phenomena has been missed, and that, rightly interpreted, the results of this remarkable experiment afford as little support to the hypothesis in question, as does the undoubted fact that many of the most extreme cases of collapse are those in which there has been the smallest loss of liquid; or, again, the fact that the symptoms of collapse have often been observed to pass away, while the loss of liquid by purging has continued unchecked; or yet, again, the fact that many a patient has begun to rally from extreme collapse under the influence of a copious venesection. Dr. Markham, who has so well shown the influence of venesection in relieving distressing symptoms which result from embarrassment of the circulation through the lungs, will find few better illustrations of the principle which he advocates, than is afforded by the well authenticated instances of great and immediate relief by venesection during the collapse of cholera. There is good reason to believe, that the hot saline injection into the veins and the operation of venesection have this effect in common—*that they tend to facilitate the passage of the blood through the lungs, and thus to remove that embarrassment of the pulmonary circulation, which is the essential cause of choleraic collapse.* For the details of this explanation, I must again, with an apology to Dr. Barclay, refer to another publication.

Dr. Barclay appears to be anxious to fix upon me the statement that cholera is cured by castor-oil; and he especially commends to my notice "the expression several times repeated—that a patient was cured by so many doses of castor-oil"; corresponding, as it does, exactly to the words "strictly curative."

Now I can sincerely declare that if such a statement does occur in my work, it is the result of inadvertence, and not a true expression of my opinion, as must be manifest from the whole tenor of my remarks on treatment. But, as Dr. Barclay appears not to have discovered the printer's substitution of one word for another in the twice repeated extract from his own work, it may be that he has misread mine. For, although I find that the reports of several of the cases by my clinical clerks terminate with the expressions "cured" or "discharged cured", I can nowhere find the expression which Dr. Barclay commends to my notice. If, however, he will refer me to the page where it is to be found, I will at once admit that, in this particular at least, I have without reason questioned his accuracy.

I beg once more to express my conviction that while, in the proper sense of the term, there is no cure for cholera, and probably never will be, the eliminative plan is the rational and the right principle of treatment—the only treatment which can claim to have been in any degree successful. I repeat, too, that this conviction is not an assumption based on "one or two remarkable recoveries"; but a legitimate induction from a careful study of the entire history of the disease; more especially of the pathology of collapse, and the influence of various and opposite modes of treatment. I am aware that, in maintain-

ing this opinion, I stand opposed to some men for whose learning and judgment I entertain the highest respect. Nevertheless, so confident am I as to the general truth of the doctrine, that I feel it a positive duty to advocate it, in the face of opposition, prejudice, and even misrepresentation.

I am, etc., GEORGE JOHNSON.

11, Savile Row, W., February 7th, 1865.

THE DISCUSSION ON FEVER AT THE LIVERPOOL MEDICAL INSTITUTION.

LETTER FROM A. B. STEELE, ESQ.

SIR,—In the report under the above heading, published in the JOURNAL on the 4th inst., inaccuracies are so redundant as to render portions of the debate almost unintelligible to any but those who were present at the meeting. The importance and interest of the subject will, perhaps, induce you to afford me the opportunity of attempting to explain particulars which the report has left somewhat obscure.

The author of the paper, in his reply, is represented to have said "that he considered children *as* exceedingly liable to *attacks* of typhus"; which clearly implies that he ignored the well ascertained fact that typhus, like other exanthemata, as a rule, rarely occurs more than once in the same individual. The correct reading of the statement is as follows. A previous speaker had expressed an opinion that children enjoyed comparative immunity from typhus contagion. The author, in simply expressing his doubts as to the correctness of this view, did not, as the report implies, contend for a special liability in the case of children, although he laid stress upon the important fact that children were frequently the conveyers of contagion from house to house.

The inconsistency of the following sentence is apparent. The author is said "to have taken an opportunity of showing Dr. Buchanan that typhus, in some instances of a *very malignant form*, was and had been *raging* in his district." In the original sketch of the epidemic, it was described as exceptionally mild, and far less fatal than usual.

Your reporter has evidently failed to catch the point of the statement. The author had dwelt upon the significant fact, that hospital mortality in typhus was much greater than home mortality; and, as this important conclusion rested mainly upon statistics taken from his own district, he referred to the fact that his figures, as well as the cases from which they were derived, had undergone the rigid scrutiny and investigation of the government inspector, as evidence of their probable accuracy. Although severe and fatal cases of typhus were met with in the district referred to, the author had seen no examples of typhus during the present epidemic to which the term "malignant" could with any propriety be applied.

The summary of the treatment adopted by the author—viz., "some of the worst cases had recovered by asking the friends of the patients to give them plenty of brandy—a request which was, generally speaking, readily responded to"—scarcely conveys the true sense of this division of the subject. It might be inferred that the patients depended upon their friends for the supply of stimulants, instead of obtaining them, as they do, through the judicious liberality of the parochial authorities; while the special point of the remarks is altogether lost.

During the discussion, the question of the comparative merits of hospital nursing and home nursing had been raised; and the author wished to show that, however deficient in other respects the friends of the poor might be in the requisite qualifications of efficient nurses, he had found that, where the importance of the regular administration of stimulants had been duly impressed upon them, they, as a rule, gave the quantity ordered to their sick friends, and did not, as has sometimes been insinuated, follow the tactics of the "Sairey Gamp" school, by appropriating the "drops of comfort" to their own use.

There are several questions of much interest bearing on the subject of the causation of typhus, which were not fully brought out during this long and interesting discussion, but which I hope, on a future occasion, to lay before your readers.

I am, etc., A. B. STEELE.

Liverpool, February 1865.

VENESECTION.

LETTER FROM THOMAS MARTIN, ESQ.

SIR,—I have been much pleased in the perusal of Dr. Markham's clinical lecture on Venesection; and we are all much indebted to him for its insertion in the JOURNAL.

I am a very old practitioner, having formerly exercised the profession, for more than half a century, in what I call "The Happy Valley"—the vale of Holmsdale and the hill region round about—which is not only eminently healthy, but, according to the mortuary returns of the Registrar-General, is the healthiest part of England. In this district, I have had a large practice; and have had to treat many hundred cases of inflammatory disease, a large proportion being those of the respiratory organs and of the heart.

If applied to timely, one bleeding would perhaps suffice; producing the requisite impression on the action of the heart and arteries. Syncope was not required; but the change from a quick and hard pulse to a soft one was required, from which moment the patient was safe, the symptoms were at once relieved, and a speedy convalescence ensued, unimportant as might be the subsequent medicinal treatment. Another moderate bleeding might be demanded, or perhaps a blister; but I had no anxiety as to the patient's recovery, if application for aid was not too long delayed. I consider that the neglect of the use of the lancet of late years has been unfortunate; and a great mistake has been made in not distinguishing between depression of strength and real debility, inducing the use of stimulants, and thereby increasing the disease.

On a retrospective view, after sixty-five years' residence at this place, I have no hesitation in confessing to having sometimes overbled patients; correcting my error by the administration of opium, and encouraged by the wise admonitions of Dr. Marshall Hall.

I shall now, so long as I am spared (aged 86), hope to live to hear of the exercise of a correct diagnosis, and a judicious and appropriate treatment, instead of the present blind devotion to a stimulant system in all cases of congestion as well as inflammation of important organs. In such a pleasant reflection, I shall bear in memory my grateful recollection of my great master, Dr. George Fordyce, in avoiding nostrum-mongering and "extremes in practice."

I am, etc., THOMAS MARTIN.

Reigate, February 5th, 1865.

THE MEDICAL ACT.

LETTER FROM J. G. PARSONS, M.D.

SIR,—Not being quite satisfied with any of the proposed emendations of the 40th clause of the Medical Act, I beg, after mature consideration, to propose the following.

On and after the day of , 1865, it shall not be lawful for any person to pretend to be a medical practitioner, or to take or use any name, title, or description, contained in Schedule E of this Act, unless holding one or more qualifications *registered* under this Act; and entitling him to the use of such name, title, or description; and every person so offending shall, upon summary conviction, for such offence forfeit or pay a sum of money not exceeding twenty pounds. Provided always that nothing contained in this section shall prevent the free use of any qualification entitling to registration under this Act, granted by any university, college, or body, in the United Kingdom.

SCHEDULE E.

1. Physician or Doctor.
2. Surgeon.
3. Apothecary or General Practitioner.
4. Medical or Surgical Practitioner.
5. Professor of Medicine or of Surgery.
6. Physician or Surgeon, in combination with other words.
7. Any qualification, or the initial letters of any qualification, contained in Schedule A of this Act.
8. Any description implying that he is registered under this Act.

OBSERVATIONS.

By throwing the prohibited titles into a schedule, the wording of the clause is rendered clear and concise.

It prohibits the use of any title, even by registered practitioners, which their qualifications do not confer.

It prevents unqualified persons from evading the law by such compound words as Surgeon-Dentist, Surgeon-Accoucheur, etc.

It does not interfere with the proper use of medical titles granted by any body in the *United Kingdom*, even though the holders should not be registered. If gentlemen omit to get their foreign qualifications registered, they must submit to the inconvenience.

I am, etc., JAMES GAGE PARSONS.

Bristol, February 6th, 1865.

DR. BROWN-SÉQUARD. During the last week, much interest has been excited in Dublin by the visit of Dr. Brown-Séquard to that city, and the performance of a very formidable operation under the advice of that gentleman. The operation—excision of a portion of one of the vertebræ in a case of partial dislocation of the spine from injury—was performed by Dr. Robert Macdonnell in Jervis Street Hospital. In view of the certainty of death as the only remaining alternative, it was determined to endeavour to relieve the symptoms of paralysis by operation. The vertebra, which was low down in the dorsal region, was, we believe, found to be twisted and compressing the chord, and portions of the laminæ were removed. Up to the present time, we understand that a slight improvement in motive power, or in the incontinence of urine and fæces, has resulted. On Friday, the 3rd instant, a lecture on the Pathology and Diagnosis of Diseases of the Nervous Centres was delivered by Dr. Brown-Séquard before the King and Queen's College of Physicians. (*Dublin Med. Press.*)

Medical News.

APOTHECARIES' HALL. On February 2nd, 1865, the following Licentiates were admitted:—

Hora, Tudor, Blomfield Street
Mahony, Arthur John, Charlwood Street West
Richardson, James Francis Hamilton, Down, Kent
Wilson, Moreton S. W., Mowsley, Leicestershire

At the same Court, the following passed the first examination:—

Crowe, George, University College Hospital
Willmott, Robert, Moseley, near Birmingham

APPOINTMENTS.

*BROADBENT, W. H., M.D., elected Assistant-Physician to St. Mary's Hospital.

*DAVIES, Redfern, Esq., elected Surgeon to the Free Surgical Cottage Hospital, Walsall.

ARMY.

MARLOW, Surgeon-Major B. W., M.D., 28th Foot, to be Staff-Surgeon-Major, *vice* J. H. Ross, M.B.

ROSS, Staff-Surgeon J. H., M.B., to be Surgeon 39th Foot, *vice* C. T. Abbott, M.D.

WILLIAMS, Staff-Surgeon T. R., M.B., to be Surgeon 28th Foot, *vice* B. W. Marlow, M.D.

ROYAL NAVY.

CUNNINGHAM, Chas. L., Esq., Assistant-Surgeon, to the *Liverpool*.

MEIKLEJOHN, John A. S., Esq., Surgeon, to the *Columbine*.

TRIMBLE, James, Esq., Assistant-Surgeon, to the *Britannia*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

JOB, S., Esq., to be Assistant-Surgeon 1st Administrative Battalion Nottinghamshire R.V.

MORISON, J. W., M.D., to be Assistant-Surgeon 5th Fifeshire A.V.

PRITCHARD, W., Esq., to be Surgeon 1st Administrative Battalion Nottinghamshire R.V.

ROGERS, R. J., Esq., to be Assistant-Surgeon 1st Sussex A.V.

WILLIAMS, T. M., Esq., to be Assistant-Surgeon 1st Administrative Battalion Nottinghamshire R.V.

DEATHS.

COLBOURNE, Robert, Esq., Surgeon, at Great Marlow, aged 66, on January 20.

CREED. On January 26th, at Greenwich, aged 3, Ada Mary, only surviving daughter of Thomas Creed, M.D.

DUCE, James, Esq., Surgeon, at Wednesbury, aged 28, on Jan. 27.

HANDYSIDE. On January 24th, at Clifton, Lætitia, widow of the late Robert Handyside, Esq., Surgeon R.N.

MAITLAND, James, M.D., Deputy Inspector-General of Hospitals, at Anglesea, Gosport, aged 57, on January 23.

MASFEN, George B., Esq., Bengal Civil Service, at Gondah, Oude, aged 39, on December 6, 1864.

MULLAR. On January 20th, at Kilburn, Frances, wife of F. G. W. Mullar, M.D.

ORD. On January 22nd, at Streatham Hill, aged 32, Julia, wife of W. M. Ord, M.B.

WATSON, James, M.D., at Edinburgh, on January 23.

WHEELER. On January 27th, at Swindon, aged 34, Edward, second son of Daniel Wheeler, Esq., Surgeon, formerly of Reading.

WOLSTENHOLME. On February 4th, at Holywell, Ada Elizabeth, youngest daughter of *John H. Wolstenholme, Esq.

THE LATE MR. BELFOUR. The remains of this gentleman were interred on Saturday last in the cemetery of Hackney Old Church.

BEQUEST. By will John Arnold, of Great Barford, Bedfordshire, and of Aldersgate Street, druggist, leaves to the Bedford Infirmary, £100. His personalty was sworn under £60,000.

THE LATE DR. H. FALCONER. It is contemplated to erect a memorial of the late Dr. Hugh Falconer, in the form of a marble bust, in the rooms of one of the learned societies of which he was so great an ornament. The following gentlemen have undertaken to receive subscriptions for this purpose:—George Busk, Esq., F.R.S., 15, Harley Street; John Percy, M.D., F.R.S., Museum of Practical Geology, Jermyn Street; Colin Macrae, Esq., Oriental Club; and Charles Murchison, M.D., 79, Wimpole Street, W.

Fever in Liverpool. A short time ago, the Government sent down to Liverpool Dr. Buchanan, as a medical commissioner, to report upon the cause and spread of fever in Liverpool. A summary of his report has been read before the Liverpool Select Vestry. The report is very minute and exhaustive. The conclusion arrived at by Dr. Buchanan is, that drinking and overcrowding are the principal causes of the fever which has so long afflicted Liverpool.

An Appeal. The following appeal has been made through the *Times* by the Rev. T. L. Fellowes, of Brighton Rectory, Acle, Norwich. "The appeal was made on behalf of the children of the late Dr. Andrews, the rector of Portwick, in Norfolk. He was originally a physician, but he had subsequently a strong desire to engage in the work of the ministry, and was ordained by the Bishop of Cape Town, Dr. Gray, in 1848. He remained a missionary in Africa for ten years before he returned to England, six years ago. He had been four years curate of Portwick at the death of his rector in 1863, and the Earl of Rosebery, with whom he had no acquaintance, generously presented him to the living in consequence of the esteem entertained for him by his parishioners. He had held his preferment but a single year when he died, in 1864, aged 55, leaving seven orphan children with no inheritance whatever, and no relations who are capable of assisting them. They had the calamity some years ago to lose their mother. The good fortune of Dr. Andrews was so brief that it only afforded him time to incur the expenses of his new situation without reaping its advantages. His previous salary had never exceeded £100 a year, to which was added such precarious earnings as he could derive from taking pupils. His eldest son is at the Cape, and can obtain his own livelihood. His two eldest daughters, aged 22 and 18, will trust, in like manner, to their own exertions. There remain three boys, aged 15, 14, and 13, and one girl, aged eight. A sum of £450 has been raised already, mainly through the agency of the press, and I venture once more to ask your indulgence to assist us in procuring the £1,050 which is still required."

Dr. Hugh Falconer. On the 31st ult., there died in London a man of science who was little known to the public, but who had made a great reputation for himself in the various scientific societies of London. He died at the age of 55, and twenty of the most active of these years were spent in India in the service of the East India Company. It is this absence from England that has chiefly retarded his public reputation. During the few years in which he has been at home he quickly became known as the possessor of one of the most scientific intellects in England. His chief field of study was palæontology, but he was also favourably known as a student of botany, and indeed generally of natural history. His scientific memory was prodigious, and he had such stores of knowledge at command that men of science in London are just now speaking of his loss as if with him had perished a great treasure of information which is not likely to be soon amassed again. From this enormous knowledge of his great things were expected; but he was cautious to a fault; never liked to commit himself to an opinion until he was perfectly sure of it; and he has died in the fulness of his power, before his race was run. He was born at Forres, in the north of Scotland; he studied successively at the Universities of Aberdeen and Edinburgh; and went out to India in 1830. His two official appointments there, in which he became best known, were those of superintendent of the Botanic Gardens at Suharunpore in succession to Dr. Royle, and afterwards of those at Calcutta. It was to information supplied by him that we owe the cultivation of tea in the district of Assam. It was through his exertions, also, that the cinchona plant has been introduced into India. The South American supply of quinine threatened failure through bad management. He suggested the cultivation of the plant in India, and the result has been completely successful. But beyond this he made great discoveries of fossils in India, and the result of his researches, arranged by himself, is a splendid gallery of specimens in the British Museum, the like of which is not to be found in any other collection in the world. He has been one of the chief instigators and directors of the inquiries which have recently been raised as to the antiquity of man. Many of the facts bearing on the question, such as those connected with flint implements, have been discovered either by him or by friends whom he urged to this or that course of investigation. About ten years ago he returned from India with shattered health, and he has died before his time. All those who had any knowledge of him will deeply feel his loss.

Sanitary Condition of Woolwich. At a meeting of the local Board of Health, held on the 24th ult., at Woolwich, a letter was read from Dr. Simon, F.R.S., requesting to be informed what steps had been taken by the Board to carry out the recommendations of Dr. Bristowe, who had been specially employed by the Privy Council to make an inspection of the town with reference to the frightful epidemic which recently prevailed. Dr. Bristowe, in his report, strongly recommended the advisability of connecting the sewage system of the district with the tall shaft at the steam factory department of the Dockyard, as the best available means of getting rid of the noxious gases and effluvia which escaped from the ordinary sewer traps; and it was now stated that the local board had applied to the Admiralty for permission to carry out the plan proposed, but that some objections had been made, which it was believed could be obviated, and the subject was still under the consideration of the Board of Admiralty. A reply to this effect was ordered to be forwarded to the Privy Council.

Testimonial to Dr. Anderson and Mr. Bracey. Dr. Anderson having resigned his situation as resident medical officer of the Birmingham General Hospital; and Mr. C. J. Bracey, who has filled the situation of house-surgeon at the same institution for the last three years, having also vacated his office, the students of the Sydenham College and the General Hospital availed themselves of the opportunity of expressing their obligations to those gentlemen by presenting them with testimonials on the occasion of the separation of the connection that had existed between them. Accordingly about thirty of the students assembled at Nock's Hotel, Monday evening last, when both gentlemen were present. After tea had been served, Mr. Hickenbotham, a late student of the college and hospital, was called to the chair, and briefly mentioned the object for which they were assembled. Mr. W. N. Hiron, one of the hospital pupils, then presented to Dr. Anderson a handsome marble timepiece, which had been purchased by the pupils as a testimonial of the respect and esteem in which that gentleman was held by them. The timepiece bore the following inscription:—"Presented to Dr. Anderson, by the students of the Birmingham General Hospital, upon his resignation of the office of House-Physician to that Institution. January 23rd, 1865." One of the hospital pupils referred to the distinction Dr. Anderson had attained in the University of Edinburgh where he had enjoyed for a considerable period the advantage of the prac-

tical instruction of Mr. Syme, and to the fact that he had studied under the personal superintendence of Professor Virchow at Berlin. Mr. Hiron said that the regret the students would experience from Dr. Anderson's departure at any period was increased by the comparatively short time they had been permitted to enjoy his society, and more especially by the fact that Dr. Anderson was going to leave Birmingham entirely, to practise in another part of the country (Burton-on-Trent), so that really the separation was more complete than they at first anticipated; he assured Dr. Anderson that they deeply appreciated his very kind attention to their studies, and that he carried with him their most earnest good wishes for his future success. In expressing his acknowledgments, Dr. Anderson assured them that he should always look back with pleasure to the time he had spent amongst them. He was aware of his shortcomings, for which he had always experienced their kind indulgence, and for which he most heartily thanked them. With regard to his late colleague, Mr. Bracey, he could assure them that whatever amount of order had prevailed in the hospital was mainly due to that gentleman, who had been a warm and zealous friend, and in the highest sense of the word had proved himself an amiable and honourable gentleman. In conclusion he thanked them most heartily for their present, and bade them a kind, hearty, friendly, and a most reluctant farewell. Mr. Read, a student of Sydenham College, then presented Mr. Charles J. Bracey with a marble timepiece and a pair of side ornaments, tazzas. This timepiece bore the following inscription:—"Presented to Charles James Bracey, M.B., by the students of the Birmingham General Hospital, upon his resignation of the office of House-Surgeon to that Institution. January 23rd, 1865." Mr. C. J. Bracey, in replying, said that his connection with the General Hospital and Sydenham College had been one of very long duration; it had been his pleasure—as he had felt it was his duty—to direct their attention to the principal cases under treatment, and he said that if he had been able to facilitate their comprehension of disease he was amply repaid; he thanked them for their very kind and handsome present. A vote of thanks was afterwards passed to the chairman, on the motion of Mr. Alfred Bracey, and the remainder of the evening was spent in a very harmonious manner.

Action for the Recovery of Fees. Tamplin *v.* Cosens and another. This was an action against the executors of a gentleman of the bar to recover the fees in respect of attendance upon his daughter. The young lady had laboured under double lateral curvature of the spine; and in November 1861, her father took her to the plaintiff, and placed her under his care. Mr. Cosens paid him the usual fee of a guinea, and nothing was then or at any time said as to fees. The plaintiff, however, intimated that his process of cure would probably take a considerable time—at least six months, if not longer. This was in November 1861; and he continued to attend the lady until July 1863, when her father died, and the claim in the present action, of course, could not extend beyond that date; though, in point of fact, the plaintiff continued to attend her, and in the result succeeded in effecting a cure, so that she had perfectly recovered, and, indeed, had since married. The total number of visits came to 218, for which he charged at the rate of one guinea for each visit; and thus the amount of his claim, up to the father's death, came to the sum of £228:14. The executors, however, conceived that the deceased gentleman, whose income, it appeared, was limited, could not have intended to pay so much; and they, therefore, only acknowledged the claim to the amount of £129:13. Surgeons were called for the plaintiff, and stated that one guinea a visit was the usual rate of charge; and he himself positively stated that he never charged less, although, in cases of poverty, he would sometimes, out of charity, remit his fees, and charge only for alternate visits. And although he was pressed as to whether it was usual to let the fees run on so long, he stated that it was not usual to ask for the fees so long as the case continued. The Solicitor-General said he did not think that, after this evidence, it would be becoming in him to keep the case up longer. The Lord Chief Justice said he quite concurred in that course. The case started with the payment of a fee of a guinea, and nothing had been said as to a reduction or abatement. In such a case, the medical attendant being a gentleman of high eminence, it could not be doubted that the charge was as stated, and if there were any reason, on account of the length of the case and the circumstances of the patient to ask some abatement, it was for the patient or the relatives to request it, and throw themselves upon the liberality of the medical man. A verdict was then taken for the plaintiff for £99.

Virchow and the Cellular Pathology. A correspondent from Berlin writes:—Perhaps the most important thing I have to tell you is as to a recent change in Virchow's opinion regarding the cell theory. This change has been caused by the discoveries of Recklinghausen (Virchow's *Archives*, about a year ago) in the cornea. He has shown that the corneal cells have not special cell-walls, but are merely *spaces* between masses of intercellular substances. The nuclei in the angles he therefore considers *free*; and he says that many of them can move along the canaliculi from one angle to another. Moreover, he says that the interior of these canals is continuous with that of the lymphatics; you can inject the lymphatics from them; so that, according to him, the origin of the lymphatics is to be found in the canaliculi of the so-called connective-tissue corpuscles. Then he says that the corpuscles of tendon and connective tissue are merely spaces with contained nuclei—a view which, of course, is *not new* to an Edinburgh man. Virchow admits all this; he admits that the corneal corpuscles are not cells. He seems rather reluctant to admit that those of tendon and connective tissue are the same, but he does not deny it; and he told me personally that he *now did not regard a cell-wall as an "essential part of the cell,"* as stated in *Cellular Pathology*; but that a nucleus surrounded by a molecular blastema was sufficient to constitute a cell: then he says that the outer part of this cell-blastema consolidates and forms a cell-wall, as Beale has shown; and that this takes place in the amoeba when placed in fresh water. This, of course, is a great triumph for Goodsir, who long ago was cautious enough not to say that the cell-wall is always present. (*Edin. Med. Jour.*)

Meeting of Medical Practitioners in the East of London. In pursuance of a requisition, a meeting of medical practitioners was held at the Beaumont Institution on Thursday, the 2nd instant, for the purpose of considering the subjects of medical evidence at coroners' inquests and the appointment of medical coroners, and the necessity of establishing a fund for defraying the expenses of legal assistance in defending proceedings arising out of the profession.—Dr. Rose, of Mile End, was called to the chair.—After some preliminary discussion, a resolution was proposed, to the effect of condemning the present mode of taking medical evidence at inquests followed by the coroner for East Middlesex. The Chairman and several other gentlemen supported the

resolution, and complained that the coroner was in the habit of putting leading questions to witnesses in such a way as to prejudice the medical practitioners. It was also averred that he was supported in this by three well known members of the profession—Dr. James Edmunds, Mr. Gant, and Mr. Gay. —Dr. Edmunds denied the accuracy of the statement which had been made in respect to himself. He had certainly been referred to as an independent witness by the coroner in several important cases; but he challenged any one to mention a single instance where he had allowed his professional character or the just interests of his professional brother to suffer. —After a somewhat stormy discussion, Dr. Edmunds proposed the following amendment: "That any medical practitioner who may be instructed to make a *post mortem* examination in a case where another practitioner has attended at the time of death shall always do the best he can to give such practitioner an opportunity of being present." This was carried unanimously. Allusion having been made to a case in which Dr. Edmunds was said to have disregarded the principle laid down in his amendment, he explained that the deceased person had not been attended before death by the practitioners mentioned; but only for a short time by a homœopath, to whom he would not feel bound to extend professional courtesies. He did not think that gentlemen who had not seen the case during life, and who had made a *post mortem* examination without a coroner's order, had any right to expect a second examination to be deferred until they had been communicated with. He was willing, however, to forego his own personal opinion if the meeting should so decide. A resolution was next proposed for the purpose of establishing an East End Defence Fund, to provide standing counsel and a solicitor to watch over the interests of practitioners. This was warmly supported by the previous speakers.—Dr. Edmunds thought that a resolution of this sort should not be set forth without due consideration by a meeting purporting to represent a large section of the metropolitan profession. He questioned the policy both of the object itself and of the local and practical mode in which the meeting would be able to carry it out. His arguments against the existence of the fund itself are, curiously enough, almost precisely anticipated in last week's JOURNAL; and with respect to the mode of carrying it out, he showed that if such a fund were formed by the meeting, it would only assist and be assisted by a small section of the profession, and that the cost of organising it and investing the funds would be very considerable in proportion. He communicated to the meeting the organisation of the British Medical Association, consisting of nearly 3000 members in all ranks of the profession and all parts of the empire, who were placed in weekly communication by their JOURNAL, which was sent post-free for one guinea annually, while the membership of the local Branches cost only half-a-crown. He suggested that, if the meeting determined to establish a defence fund, it should put itself into communication with the Association, and affiliate itself thereto. Dr. Edmunds thought that a Medico-Ethical Association was what was really wanted. If such an association existed, the misunderstandings which arise between practitioners and patients would be adjusted according to the general voice of the profession; and any one who should afterwards revive them would be discountenanced by his professional brethren. For the purpose of taking the sense of the meeting upon these points, he moved the following amendment: "That a committee be appointed to consider these subjects and report thereon.—The amendment was carried unanimously; and Dr. Miller, Dr. Rose, Mr. Thompson, Dr. D'Olier, Mr. Stevenson, Mr. Reilly, Dr. Swyer, Dr. Edmunds, and another gentleman, were appointed members of the committee. The meeting, notwithstanding that there had been a good deal of warm discussion, broke up in harmony.

ARTIFICIAL LIMBS. The present sanguinary war has proved a powerful stimulus to inventive talent; and in nothing more than that of artificial substitutes for mutilated limbs. We have noticed from year to year the gradual improvements introduced into this department of surgical appliance; and, while most of them are far superior to either French or English productions, yet one could not but feel there remained great room for more simplicity in the mechanism. We have recently witnessed the working properties of the artificial limbs of Messrs. Kimball and Lawrence. They are constructed from a material (vulcanised rubber) which is comparatively unaffected by either heat or cold. In the arm, the contrivance for communicating the required movements is exceedingly simple, durable, and effective, admitting of such a variety, freedom, and facility of motion, as to wonderfully approximate the functions of the natural extremity. A party present, who was wearing one of these limbs, played, with no small degree of skill, on the violin; tossed up his handkerchief, catching it as it fell; and exhibiting several other equally difficult feats. In the lower limb, there is the same simplicity observed in its construction. The articulation at the knee is at once original and ingenious, combining the properties of precise movement with durability in so eminent a degree that it would appear impossible for it to become disarranged. (*Phil. Med. and Surg. Rep.*)

SMALL-POX. Dr. Corrigan, on the 23rd ult., delivered a lecture at the Richmond Hospital, in which he made some statements with reference to the present prevalence of small-pox in Dublin. "I do not, in my whole hospital experience, remember that this terrible disease (small-pox) at any time prevailed to the extent which it does at present, for about one-fourth of our whole hospital accommodation in the Hardwicke Fever Hospital is occupied by cases of small-pox. We have at present in the hospital thirteen or fourteen cases. I perceive by the week's register that three deaths from small-pox have occurred within the city within the week—exactly the same number of deaths that occurred from fever. But this number of deaths gives us no indication whatever of the extent of the disease, and this is one of the defects in the Registry of Deaths Act, which I hope will be amended. When this Act was passing through the Houses of Parliament, the College of Physicians drew attention to this defect in the Act—a defect existing in England as well as here—namely, that the death register gives no idea whatever of the sanitary state of a country or a district. In the common fever of the country it is different. If there be ten deaths from fever, we may, without committing any error, infer that there are 100 cases of fever at the time, because the mortality in the ordinary fever is generally ten per cent. But in the disease before us there may be for three deaths 500 cases of small-pox. The evil we have now to dread, the spread of small-pox both in England and Ireland, is like a fire that is smouldering beneath us. Now, I don't wish to be an alarmist, but at the same time I should be wanting in my duty to the public, and to my position here, if I were not to look fairly in the face the fact that the disease is now spreading around us. It is, in my opinion, an epidemic far more to be dreaded than cholera. Its mortality is nearly as great. The mortality of small-pox is about 30 per cent.; the mortality of cholera is

about 40 per cent. The mortality in cholera terminates the whole mischief; those who recover, recover perfectly; those who die are gone. But in small-pox it is not so; the blood is poisoned, scrofula is generated, consumption follows, and an amazing number of cases of blindness are the result in small-pox of the pustule settling on the eyes; and last, though not least, is the disfigurement produced by it. So that, as regards the epidemic, small-pox is more to be dreaded even than the epidemic of cholera. The poor-law authorities are doing all in their power to meet it. They are doing all they can under the present Vaccination Act for Ireland, but the Vaccination Act is by no means sufficient to meet the evil."

Poisoning from Digitalis. At Quebec three gentlemen, Messrs. Murney, Rankin, and Scott, lately at the drug store of Messrs. Sturton and Co., ordered a stimulating drink. Mr. Sturton, who is reputed one of the best chemists in the province, was absent; but his son made up the potions as ordered. Unfortunately, he mistook one bottle for another, and gave his patients a draught of digitalis instead of gentian. The party had no sooner left the store than the effect of the poison began to manifest itself. Each of them complained, on leaving the store, that their fingers and the extremities of their toes were affected alike; that a burning sensation, as if pierced by needles, was troubling them, but did not suspect for a moment that they had been poisoned. Although the distance from Mr. Sturton's to Russell's Hotel is scarcely one hundred yards, yet the deadly draught had such an effect that Mr. Murney fell twice from exhaustion, and immediately after entering the hotel his companion, Mr. Rankin, fell senseless on the table in the reading-room. They were immediately conveyed to their respective rooms and medical aid called in. Dr. Marsden and other physicians were in immediate attendance, and the stomach-pump with a free application of antidotes were used, yet they were found of no avail. Mr. Murney, after suffering for an hour and a half, expired, while his friends, Mr. Rankin and Mr. Scott, lay in a very low condition, their medical attendant, Dr. Marsden, remaining with them all night. Mr. Scott and Mr. Rankin are now out of danger. The coroner's inquest has resulted in a verdict of "Manslaughter" against Mr. Sturton, jun. (*Quebec Daily News.*)

Non-combatant (?) Surgeons. The medical staff is making for itself an imperishable record by its intelligence, endurance, and patriotism. Instances are not wanting where medical men have entirely laid aside their profession, and taken up that of active combatants. Thus the surgeon stationed at Fort Sumter, at the outbreak of the war, is now a brigadier-general in active service, and has been a prisoner in the hands of the enemy. A prominent physician of West Virginia was recently killed in an engagement in the Shenandoah Valley campaign, while acting as commanding officer of a regiment. We have heard of instances in severe battles, where the loss of officers has been great, of medical officers taking their place and leading troops in the charge. Some have lost their lives, and others have been wounded while attending to their duties in collecting and caring for the wounded on the battle-field. The duty often devolves upon us to record the fact that surgeons have been killed or wounded in battle. Another way in which surgeons have shown their heroism and earnest and patriotic devotion to duty has been by remaining with the wounded on the battle-field when the fortunes of the battle have been against their friends. A marked instance of this kind of heroism on the part of our surgeons occurred during the Seven Days' Battles before Richmond in 1862, when Dr. Swinburne of New York, and a number of other surgeons, remained with the large field-hospital of wounded troops at Savage's Station after it had fallen within the enemy's lines, and were taken prisoners. Bravery on the part of army and navy surgeons, whether in or out of the line of strict duty, is the more commendable, as it has not the stimulus of hope of advancement. There is not a private in the army who may not by personal courage win for himself some substantial acknowledgment of appreciation from the government. Not so the surgeon. No matter what heroism he displays, his status is fixed; his promotion is not influenced thereby. It is right that it should be so, perhaps, as his office is not one in which personal bravery on the battle-field is expected, or even proper. His reward must consist in the consciousness of duty well performed; and his hope for promotion must be founded on a faithful, intelligent, and conscientious discharge of that duty. (*Phil. Med. and Surg. Rep.*)

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

Tuesday. Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Dr. Morell Mackenzie, "On Inhalation of Atomised Liquids in Chronic Disease of the Lungs"; Mr. J. W. Hulke, "Ichthyosis of the Tongue"; Dr. Hillier, "On Congenital Hydronephrosis."—Anthropological Society of London, 8 P.M.

Wednesday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.30 P.M. Mr. Henry Smith, Lettsomian Lectures on the Surgery of the Rectum. Lecture II, "On Stricture, Cancer, and Polypus of the Rectum."

Thursday. Harveian Society of London, 8 P.M. Mr. J. Z. Laurence, "On Certain Functional Diseases of the Retina"; and discussion continued on Dr. Drysdale's paper on Phthisis.

Friday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

COMMUNICATIONS have been received from:—Mr. Furneaux Jordan; Mr. R. W. Coe; Dr. Durrant; Mr. Stone; Dr. John Thompson; Mr. J. W. Irvine; Mr. W. J. Tubbs; Mr. Redfern Davies; Dr. J. G. Parsons; Mr. Wm. Parker; Mr. D. Kent Jones; Dr. Mayo; Dr. Brush; Mr. Thomas Martin; Dr. James Russell; Mr. A. B. Steele; Dr. H. D. Scholfield; Mr. Henry Lee; Dr. Carr; Dr. J. Y. Simpson; The Hon. Secretaries of the Royal Medical and Chirurgical Society; Dr. George Johnson; Mr. J. W. Black; Dr. Thorburn; The Honorary Secretary of the Harveian Society; Dr. Waters; Mr. John H. Wolstenholme; Dr. Beigel; Mr. J. Glover; Mr. Augustin Prichard; Dr. W. H. Colborne; Dr. W. Marshall; Colonel Walmsley; and The Secretary of the Royal College of Surgeons of Edinburgh.

Clinical Records.

XIV.

CASES OF RESECTION OF JOINTS: WITH OBSERVATIONS.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO ST. GEORGE'S HOSPITAL.

THE detailed notes of the following cases were furnished by Mr. Thomas Pick, the Surgical Registrar of St. George's Hospital. A few years ago, all the patients whose cases are here given would probably have suffered amputation of the affected parts; but they have all up to the present time, under the treatment adopted, preserved their limbs.

One of the cases affords an example of primary resection, of which there are very few cases upon record. The patient, in this instance, recovered with wonderfully slight disturbance, either local or general; and the parts around were left so little thickened, that the part was more moveable after his recovery than was desirable.

The director used in the fourth case is an instrument little known in England. It was lent to me by Mr. Samuel Wood of Shrewsbury, who, I believe, obtained it from Paris. It consists of a shaft slightly curved and grooved on its convex side (somewhat like an ordinary grooved staff), with a handle which may be bent towards the concave side of the instrument. It is passed behind the part which is to be sawn through, with its concave side next to the bone. It is then turned half round, so that the groove is brought in contact with the bone; the handle is then bent down out of the way, and the bone is divided upon the groove. Great security is thus afforded against wounding any of the soft structures round the joint by the saw, and the bone may, in consequence, be more rapidly sawn through. In ordinary cases, where the bones are disarticulated before they are divided, no such instrument is required. But, in cases where the bones cannot be easily separated, the operation is very much more easily performed by the aid of an instrument such as is now described.

In the fourth of the following cases, the bones were removed without being detached from each other, and their extremities were found united together by fibrous bands. Had an attempt been made, in this instance, to disarticulate the bones, the operation would have been rendered more tedious and difficult. The use of the instrument described rendered this stage of the operation unnecessary.

CASE I. *Resection of Knee.* Benjamin Bennett, aged 8, was admitted on April 14th, 1863, into Fitzwilliam Ward.

History. Three years previously, he fell out of a small hand-cart and struck his knee. He did not suffer in consequence for some weeks; but then began to complain of pain, which was after a time accompanied by swelling. He became an out-patient at the hospital; and in the spring of 1862 was sent down to the Convalescent Institution at Margate. Whilst there, an abscess formed above the knee, which continued discharging ever since. He had suffered lately from starting and jumping of the limb at night. He had had no other scrofulous symptoms, and had no cough.

On admission, the left knee was much swollen, and had assumed a somewhat globular form, so that the various prominences of bone could hardly be distinguished; the ends of the bones appeared, however, to be thickened, more especially the internal condyle of the femur and the inner side of the head of the tibia. The swelling had a soft semi-elastic feel, except just below and to the inner side of the patella, where there was evident fluctuation. The knee was maintained in a semi-flexed position; and could not be straightened. On the outer side of the thigh, some inches above the joint, were the remains of an old sinus, from which thin sero-purulent fluid exuded. The two bones could be moved on each other from side to side, producing partial dislocation.

Operation. April 23rd. The patient having been put under the influence of chloroform, a transverse incision was made just below the patella, extending from one condyle to the other; the knee was then forcibly flexed and the patella dissected out; a section of bone was then removed from both the femur and the tibia, not, however, so much as to remove the whole epiphyses. The bone which was left appeared healthy. There was little hæmorrhage, no vessel requiring a ligature. The wound was brought together with silk sutures, and the leg put up in a Macintyre's splint, with a long side splint, and swung in a Salter's cradle.

On examining the parts removed, the synovial membrane was found to be thickened and the crucial ligaments destroyed; the cartilage covering the external condyle was completely gone; that over the internal condyle was eroded in patches; the cartilages of the patella and tibia were also somewhat ulcerated. There was a small collection of pus in the internal condyle; and the bones throughout were somewhat softened and infiltrated with red pulpy fluid.

Vespere. He was very restless, and complained of considerable pain. Pulse 90. No sickness. There was oozing from the wound. He was ordered to have ten minims of laudanum immediately.

April 24th. He slept well during the night, and did not appear in so much pain this morning. The tongue was covered with white fur. His bowels had not acted. Pulse 100, soft, and easily compressible. The wound looked remarkably quiet; the edges were in nice apposition; a little thin serum exuded from the wound. There was some swelling, but no redness; pain was produced by pressure. He was ordered to have beef-tea, eggs, and arrowroot.

April 25th. He had passed a very quiet night, and this morning seemed free from pain. Pulse 98, quiet; tongue clean. The bowels had not acted. Skin hot; appetite improved. The wound looked remarkably quiet; there was no inflammation, and the edges were in nice apposition.

April 26th. He did not sleep so well, and seemed restless. The tongue was furred white. Pulse 90. The wound looked quiet. There was a little pus escaping from one extremity of the wound. Two of the sutures were removed. He was ordered half a roast slice, and half a pint of porter; and three grains of compound rhubarb pill at night, if necessary.

April 28th. He seemed much better. Tongue clean; pulse quiet; bowels open; wound quiet. Two more of the sutures were removed.

May 1st. The wound was very quiet; a little laudable pus exuding from one or two points. Pulse quiet; tongue white. The digestive functions were rather disturbed; he had slight nausea and sickness.

May 3rd. The last suture was removed to-day. The boy appeared to suffer no pain, and the whole appearance of the part was healthy; there was a little healthy discharge.

May 16th. A large abscess had formed in the upper part of the thigh. This was opened. The original wound looked healthy; there was a little discharge from one or two points.

July 1st. There was a perfect union, and very little shortening. The wound was quite healed. He was discharged.

Dec. 22nd. He came to the hospital to show himself. He could walk and run with facility. The knee was anchylosed and slightly bent; the leg was about one inch shorter than the opposite one.

Case II. *Resection of Elbow.* Kate Wood, aged 15, a dressmaker's assistant, was admitted May 15th, 1863, into Princes Ward.

History. Three months before admission, without assignable cause, she found she was unable to bend the elbow. At this time, there was little pain, but swelling soon supervened; and for the last fortnight there had been starting and jumping at night.

On admission, there was considerable swelling, the joint being of a conical form, the base directed upwards and corresponding with the joint, so that the swelling was principally connected with the bones of the forearm. There was evident fluctuation just below the internal condyle. It was the right elbow. She was a scrofulous looking girl. A free incision was made.

June 27th. Another abscess formed. There was pain on pressing the articular surfaces together. Her general health was worse. The abscess was opened. Quinine and acid, and wine, were ordered.

July 8th. She appeared weaker. She had considerable cough, was restless at night, and complained much of giddiness.

July 11th. The cough had increased, with frothy expectoration. Sonorous *râles* were heard over both lungs.

July 16th. There was less fever and cough.

July 21st. Almost all the chest-symptoms had disappeared. The arm was quieter. There was less swelling.

August 6th. Her general health was very much better. She complained of great pain in the arm; and there was considerable discharge.

August 27th. The patient having been put under the influence of chloroform, an H-incision was made down the back of the arm, and the ends of the bones removed. This was somewhat difficult owing to the immense infiltration and thickening around. The arm was put upon a short angular splint, and the edges brought together. On examining the parts removed, the synovial membrane covering the end of the humerus was found to be thick and pulpy. On the ulna, the cartilage was absorbed, and a small portion of the cancellous tissue exposed, on squeezing which a small quantity of pus exuded. There was a deposit of crude tubercle, of the size of a bean, in the cancellous tissue of the ulna, which had been cut through in the operation. The articular cartilage of the radius was gone, and the joint filled with pulpy semi-organised lymph.

August 28th. She had been very sick and feverish all night. Skin hot; tongue furred. There was no hæmorrhage.

Sept. 1st. The inner flap of skin had sloughed. There was immense purulent discharge.

Sept. 4th. The wound was rapidly filling up, all sloughing having stopped. The granulations were healthy, but pale. An abscess had formed, and burst on the outer side of the arm. Her face was pale; tongue clean. She felt stronger since the operation. Pulse 132, weak. Red wash was applied.

Sept. 6th. Pulse 112, weak. She felt better, and slept well. She suffered much less pain. The discharge was less than it had been.

Sept. 10th. She seemed weak and thin, but her spirits were much better; she slept well, and enjoyed her food. The wound was filling in rapidly; at its bottom could be seen a portion of the lower end of the humerus, black and necrosed; in all other parts, the wound was covered with healthy granulations. The discharge was thin, but healthy.

Sept. 18th. The arm was now in good position, and the wound was filling in rapidly. There was still, however, a large hole to be filled up. Her general health was good, and she went out daily.

Sept. 28th. The arm continued to improve, and granulated freely. She had no pain.

Oct. 7th. Two or three spiculæ of bone had come away.

Oct. 13th. The splint was left off to-day. There appeared to be some amount of union and power in the limb. It could be raised to the mouth.

Oct. 19th. A fresh sinus had formed on the inner side of the arm.

Oct. 24th. The wound had all but filled up; there were two ulcers of about the size of florins, and there was still considerable thickening and two sinuses. She could raise her arm to the mouth, and place it behind the back. There was some loss of sensation in the parts supplied by the ulnar nerve. She was sent into the country.

Oct. 29th, 1864. She had free motion in every direction and very considerable power. There was one little sinus which was still discharging.

Jan. 1865. She can extend her arm to very nearly a right line, and put it to her mouth without difficulty. From its appearance when her elbow is covered, no one would know that any disease had had existed. The discharge from the sinuses around the joint had now ceased.

Case III. *Primary Resection of Elbow.* Thomas Offer, aged 13, schoolboy, was admitted on September 20th, 1864, into Fitzwilliam Ward.

History. He was standing by a gentleman who was shooting, when the gun burst, and a piece of the barrel struck him on the arm.

On admission, there was a lacerated wound passing transversely across the outer side of the elbow-joint, and leading into it. There was a fracture of the radius just below the tubercle, the fracture communicating with the wound, through which the head of the radius could be seen. There was considerable bruising of the muscles.

Operation. A longitudinal incision was made down the back of the joint, and the ends of the bone were dissected out and removed, as well as some of the bruised muscle. Three vessels required ligature. The wound was brought together with silver sutures, and the arm put at an obtuse angle on a splint. On examining the portion of the radius which was removed, it was found to be comminuted, and the periosteum torn off; the cartilage covering the ends of the bones was bruised and chipped off in places.

Sept. 21st. He slept well. Tongue clean; pulse 104, quiet; skin cool; no bleeding.

Sept. 23rd. There was a good deal of swelling of the arm, which looked red. One of the stitches was removed. He was ordered to have two ounces of port wine.

Sept. 24th. There was less swelling, and more discharge. Tongue clean; bowels open.

Sept. 26th. The swelling was subsiding. He had very little pain. There was a healthy discharge from the wound.

Sept. 28th. The wound looked very quiet. He had no pain.

Oct. 1st. The wound looked rather sloughy in one part; there was no pain. Tongue clean; pulse quiet.

Oct. 5th. The wound was quite clean, except at one sloughing spot.

Oct. 9th. The slough had all separated, and the wound was cicatrising. The granulations were exuberant; there was no pain; and his appetite was good.

Oct. 15th. The wound was very healthy; the granulations were still very high. There was no pain. Heath's splint was applied, and he was ordered to get up.

Oct. 23rd. The wound was closing rapidly. The limb had already considerable motion, without pain in the joint.

Nov. 5th. The wound was all but healed; there was very free motion.

Nov. 9th. The wound was quite healed. He could flex and extend the forearm; there was slight pronation and supination, but this caused pain. He was discharged.

Case iv. *Resection of Elbow.* Walter Walder, aged 36, a draper's assistant, was admitted on August 17th, into Fitzwilliam Ward.

History. Two years and a half ago, an abscess formed on the right elbow, in consequence of his having struck it against a piece of wood. He had, however, been able to continue his ordinary occupation till eight months before admission. He was an in-patient in the spring; and after he went out, various abscesses formed, and one small piece of bone came away.

On admission, there was some fulness of the right elbow-joint, especially on the outer side over the head of the radius; on the inner side, there was a swelling, soft and fluctuating, apparently communicating with the joint. The motion of the joint was limited. There were numerous sinuses around the joint, principally on the outer side over the radius. On probing, they appeared to pass through the joint and to lead down to exposed bone. He suffered little pain. There was very great discharge.

Oct. 6th. *Operation.* A longitudinal incision four inches in length was made over the outer side of the arm, and a corresponding one over the inner side. These were joined by a transverse one over the olecranon. The upper flap was dissected back, and a curved director on a handle was passed round the humerus and the saw applied; the bones were then separated from the surrounding parts, and the ulna and radius sawn through. The wound was put up with silk sutures, and the arm placed on a turned splint.

On examination of the portions which were removed, there was found to be much gelatinous thickening of all the tissues around the joint, and the parts were filled with sinuses, one of which passed through the joint. The cartilages of the joint were eroded; that covering the anterior surface of the humerus was entirely gone, and the articular end of the bone was eroded; the cartilage covering the humerus was also gone, and the bone softened. The extremities of the bones were in some parts connected together by newly formed fibrous tissue.

Oct. 7th. He was very restless all night; there was no bleeding. Pulse 104; tongue furred.

Oct. 8th. He was very restless all night, from pain in the back; no pain in the arm. Pulse 100; tongue clean. The wound looked quiet.

Oct. 9th. He slept better. There was less pain in the back; and not much pain in the arm. The wound was gaping; a number of clots were breaking down, and there was redness and swelling around. Pulse 112; tongue clean. He enjoyed his food.

Oct. 11th. The wound looked very much quieter and cleaner; all the clots had disappeared, and there were less swelling and redness around. He had no pain. Pulse 96.

From this time, he continued to improve. In a month, the wound had completely filled up and all but healed, and there was free motion in the joint.

On Nov. 30th, the wound was healed. He could flex and extend the joint to a certain extent without assistance. There was union between the ends of the bone; and he had a strong grasp. He was now discharged.

Case v. *Resection of Knee.* Patrick Rekell, aged 24, a groom, was admitted November 9th into Fitzwilliam Ward.

History. Four years previously a horse which he rode was constantly in the habit of lying down on his knee, which caused numbness in it for a time. A year afterwards shooting pains set in, and it gradually became weaker and he lost flesh. He had constantly been under medical treatment, and had the knee blistered and otherwise treated. He was an in-patient in July, when there was considerable thickening of all the tissues around the knee, but more especially over the inner tuberosity of the tibia; just above this, and to the lower and inner side of the patella, there was a hard, small, moveable substance to be felt. There appeared to be partial dislocation of the tibia, backwards and slightly outwards. There was pain on moving the joint and starting at night. After he went out, the pain and starting became much worse.

On re-admission, he was very much thinner, and seemed lower and weaker than he was in the summer. He had a slight cough, and there was slight dulness at the apex of the left lung, with tubular breathing. The joint was very much larger, from effusion both within and around it. The head of the tibia was also enlarged. Pain was very much increased; and he suffered very much from starting of the limb at night, which kept him constantly awake.

Operation. November 24th. A transverse incision was made over the front of the patella, and this bone first dissected out. The condyles of the femur were then separated from their attachments and removed. This was not done in the usual manner, but an oblique section was first made, removing the anterior part; a transverse one was then made, removing the under part; and lastly, a second oblique, removing the posterior part. The tibia was then exposed at its upper part, and a section made; this cut through an abscess surrounded by scrofulous matter in the head of the bone. In this abscess was a considerable portion of necrosed bone, detached from any surrounding structure. The sides of the cavity lined by scrofulous matter were carefully gouged out. The knee-joint was full of pus, which communicated with the abscess in the head of the tibia. Several small vessels required ligature. The bones were adapted and the incision brought together with silk sutures. The limb was put up in a MacIntyre's splint, with a long extension splint on the outside, and swung in a Salter's cradle. On examining the extremities of the bones, they were found to be entirely denuded of cartilage, and to be so much softened that they could be cut with a knife.

Nov. 23rd. *Vespere.* There had been slight oozing of blood. Skin hot; pulse 104; tongue white.

Nov. 24th. He had a good night; there was not much pain, but jumping of the limb. Tongue clean; skin cool; pulse 112. The wound was quite quiet: there was no more oozing.

Nov. 27th. He slept well, and had very little pain. Tongue clean; pulse quiet; skin cool. There was not the slightest tinge of redness about the wound. A little pus was oozing from one corner. Two sutures were removed.

Nov. 28th. He was seized with a severe attack of rheumatism, which continued for above a fortnight. There was very considerable discharge from the wound throughout the time that this continued, and for some time afterwards. He still remains under treatment (January 1865).

Original Communications.

FIVE CASES ILLUSTRATING THE ADVANTAGES OF MR. BARNARD HOLT'S PLAN OF TREATMENT IN STRICTURE OF THE URETHRA.

By William Newman, M.D.Lond., St. Martin's, Stamford.

Case I. F. H., aged 53, had had stricture upwards of thirty years. He had been treated by dilatation up to Nos. 6 and 7 on more than one occasion; but the condition had always returned. For the past four or five years nothing had been done; and the symptoms were daily becoming more urgent. He passed urine in a twisted corkscrewy stream, and with a good deal of forcing. He could rarely retain it in the day for more than two hours at a time; and had for years been obliged to rise and pass urine two or three times every night. Always, after micturition, he had the feeling that the bladder was not emptied.

Nov. 16th, 1863, 10 A.M. It was with some difficulty that I passed a No. 2 silver catheter into the bladder. On withdrawing this, I passed Mr. Holt's instrument through one long stricture anterior to the bulb, and then through a second, even more tight, further on in the canal. Urine at once came, *guttatim*, through the hollow guide; and I split both strictures by passing down a No. 9 tube on the guide. This required some very positive force. There was very little bleeding. I introduced a No. 8 silver catheter easily enough, and drew off about six ounces of urine, and then sent the patient to bed.

He was ordered to have every four hours, a draught containing two grains of quinine with ten minims of tincture of opium.

1 P.M. There was a little smarting; no rigor. He had no wish as yet to pass urine.

2 P.M. He passed six ounces of urine with some blood, and two or three small moulded clots; there was some smarting.

8 P.M. He had passed urine twice again, and was quite comfortable.

Nov. 17th. He was very fairly well; was up twice last night. He had no need to pass urine oftener than once in four hours. I passed a No. 8 catheter with some little difficulty; the operation was followed by a little blood.

Nov. 19th. He was very well; had lost the sense of weight and discomfort about the lower part of the abdomen, and felt now that the bladder was emptied by each act of micturition. I passed No. 8 very easily.

Nov. 21st. The patient maintained that the anterior stricture had not been thoroughly split. There was some distinct resistance to the stream of urine about three or four inches from the orifice; so, at his own request, I again passed the dilator and ran down a No. 10 tube; it was followed by some little bleeding. I drew off six ounces or more of urine at once by No. 8 catheter.

Nov. 23rd. There had been no discomfort or trouble; and the stream of urine was decidedly improved. A No. 10 catheter passed very well. He was told to pass a No. 10 steel sound about twice a week.

Dec. 15th. He was not at all disturbed in the night; passed urine three or four times in the day without straining, and with thorough sensation of relief. He could pass No. 10 without difficulty. There was sometimes a little resistance at the seat of the front stricture.

Four months afterwards, this patient remained quite well.

Case II. E. W., aged 45, nail-maker, had had stricture for the past ten years, consequent on gonorrhœa. He had been once under surgical care for some months, and a No. 10 catheter was reached after very many introductions; but the condition returned, and he was now as bad as ever. He was obliged to get up three or four times every night, and had much straining to get rid even of a small quantity of urine. He was obliged to make water every two or three hours through the day.

Jan. 5th, 1864. I could not succeed, even after employing the warm bath and giving some opium, in passing No. 2 silver catheter through the stricture. The urethra was riddled with false passages; and into one of these and for some distance, rather on the left side, the point of the catheter constantly slipped.

Jan. 6th. After some little time I managed to pass the dilator through one stricture anterior to the bulb; and by this the instrument was so closely gripped that I could not move it onwards, and had difficulty in even partially withdrawing it. Under these circumstances, and guided by a case recorded in Mr. Holt's book *On Immediate Treatment of Stricture of the Urethra* (2nd Edition, Pp. 108-109), I did not hesitate to split the stricture by passing down on the guide No. 9 tube; but not even then could I carry on the dilator in the bladder through a second very evident and tight stricture. I sent the man to bed, and gave him some quinine and opium.

Jan. 7th. He declared himself to be in some measure relieved by the operation. He was not up once in the night to pass urine; this had not been the case before for years.

Jan. 11th. Yesterday and to-day, I was able to pass a No. 2 solid steel sound fairly over the site of the first, and also through the second stricture, into the bladder. The calls to pass urine were not so frequent; and the stream was rather larger than he had lately found it to be. He had had no rigors, nor local suffering.

Jan. 13th. I passed No. 3 catheter, and on its withdrawal, No. 4 steel sound, fairly into the bladder.

Jan. 14th. I introduced Mr. Holt's instrument and split both strictures thoroughly by running down between the blades a No. 10 tube. I withdrew the dilator, and then passed No. 8 silver catheter; but the eye was soon blocked with clot, and urine would not flow through it. When the catheter was removed, the patient, unable to restrain the desire, passed *immediately* about three ounces of urine with some quantity of blood; and about twenty minutes later (after I had left the room), he passed eight ounces more. He was ordered to take the quinine and opium as usual.

Jan. 15th. He said he was very well; had not had any rigor, and did not pass urine very frequently. He was not disturbed once in the night.

Jan. 16th. I passed readily into the bladder a No. 8 steel sound.

Jan. 19th. He passed urine about three times

day in very fair stream—clear of his person; and was not disturbed in the night. I passed No. 10 catheter readily enough.

Jan. 23rd. He went home; and was ordered to pass No. 10 catheter twice a week.

Feb. 22nd. I had this report by letter:—"I never was better in my life; make a large stream of water, and can keep it all night without disturbing me at all. I make water three or four times a day, and can pass the instrument as often as I want it."

In August, I heard that he was and had remained thoroughly well.

Case III. J. C., a shoemaker, aged 42, had gonorrhœa nearly twenty years ago, twice over. For the last six years he had had excessive trouble in micturition; was obliged to get out of bed three or four times every night, and passed urine almost every hour throughout the day. The urine dribbled away in a very small stream. He was a worn, thin, haggard man. No instrument had ever been passed fairly into the bladder.

Jan. 13th, 1864. After some trouble I passed No. 1 solid sound into the bladder, through one long and tight stricture beyond the bulb.

Jan. 15th. A No. 3 solid sound was passed through the stricture.

Jan. 16th. He passed urine an hour before I saw him. I succeeded in passing No. 3 silver catheter into the bladder, and drew off fully twelve ounces of turbid and high coloured urine. Having tied the catheter in, I left him for the night.

Jan. 17th, 4 A.M. The catheter slipped out, and thereupon he passed a quantity of urine in a larger stream than he had done for years.

9 A.M. I introduced the catheter again, and tied it in more securely.

9 P.M. I withdrew the catheter, and passed easily enough Mr. Holt's instrument, splitting the stricture thoroughly with No. 10 tube; there was rather free hæmorrhage afterwards. I emptied the bladder by passing No. 8 catheter. He was ordered to take quinine and opium.

Jan. 19th. He slept without waking from 10 P.M. to 6 A.M. this morning. He had not had so long a sleep for years. There was no pain, and no shivering. On waking, he passed urine in some quantity, and with little smarting.

Jan. 20th. I passed No. 9 steel sound; some little hæmorrhage followed its withdrawal. No subsequent trouble occurred, and on February 25th, I had this report from a surgeon near his home:—"J. C. passes No. 9 easily. He does not need to make water more frequently than other people."

In the summer I saw him again; he was looking far better; had gained a stone in weight, and had no trouble whatever in making water. The instrument (No. 9) was passed at intervals by himself very easily.

Case IV. J. L., aged 40, had had stricture for eight or ten years back, but the symptoms had not until lately been very urgent; he had had once or twice almost complete retention of urine, and on these occasions ordinary means with the warm bath, etc., had relieved him. No instrument could then be passed into the bladder.

I first saw him in September 1864, and in some few days succeeded in passing a No. 2 catheter into the bladder, and emptying it of six or eight ounces of residual urine. There was a tight stricture anterior to the bulb, and through this in the first instance, I could only succeed in passing a very fine rather long probe. A very smart attack of stricture-fever and general constitutional disturbance followed the introduction of the catheter, so for some days he was left quite alone.

Oct. 10th. I succeeded in passing No. 2 catheter through the stricture; but, warned by prior disturbance, I did not carry it on into the bladder.

Oct. 12th, 9 A.M. The instrument (Mr. Holt's) was passed after a litttle trouble through the stricture; urine flowed through the canal of the guide, so I split the stricture at once with No. 10 tube. To do this effectually a good deal of force was needed. Ten ounces of clear urine were withdrawn at once by the No. 8 silver catheter. Quinine was given as usual.

1 P.M. He felt very well; had no shivering. I passed No. 8 catheter; six ounces of urine were withdrawn.

8 P.M. I passed No. 8 catheter. He was very well.

Oct. 13th, 8 A.M. He had slept very fairly well; he had no great desire to pass urine. I passed No. 8 catheter. He passed urine afterwards twice during the day in a very fair stream, and with very little smarting.

Oct. 16th. I passed No. 9 solid steel sound very readily; and he could also pass it for himself. He went home to-day, with full directions as to the use of the sound.

Nov. 4th. He came to see me, and reported himself quite well.

Jan. 7th, 1865. I met him accidentally; he had had no trouble whatever; passed urine as well as ever, and continued to introduce the instrument for himself once a week.

Case V. *Stricture of Urethra Twenty Years; Absolute Retention; Puncture of Bladder per Rectum; Subsequent Splitting of Stricture.* H. S., aged 40, looking much older, thin and haggard, came to me with great trouble in micturition on October 11th, 1864. He had had stricture for twenty years; it was treated eight years ago, and for a time successfully, by dilatation; but he was now constantly wanting to pass urine. He was often up in the night, and could only void urine in a very irregular small stream or *guttatim*.

For the next week, I made several attempts to introduce an instrument (No. 1) through a very tight stricture in the membranous part of the urethra, and could not succeed. Then suddenly, after two nights of hard work and exposure at a cattle-fair, he found himself quite unable to pass urine.

Nov. 18th. I could not, with or without chloroform, introduce an instrument into the bladder. Opium in full doses and warm baths were of no avail; and the bladder was distended up to the umbilicus.

At 9 P.M., after consultation with a surgical friend, I punctured the bladder *per rectum* with the usual long trocar and cannula. More than three pints of urine were caught, and some escaped into the bed. I then tied the cannula in.

Nov. 19th, 11 A.M. Pulse 84. He was very comfortable; had had some sleep. Urine ran away very well. He had had no pain; there was no constitutional disturbance.

9 P.M. He was very well; was rather cramped from lying on his back, but had no pain. A good quantity of urine had come away. Pulse 70; no feverishness; no headache.

Nov. 20th. He complained sadly of being wet; and the skin of the back and hips was beginning to look red from soaking with urine; I therefore contrived this plan. I plugged the cannula with a piece of a No. 8 gum-elastic catheter, and on this drew the end of some small bore (one-sixth of an inch) India-rubber tubing, so that through the tubing, two feet or more long, all the urine was carried into a basin placed on the floor at the side of the bed; then, to prevent the flattening of the tube as it ran under the left thigh, I got a common brick circular drain-tile, wrapped this in flannel, and placed it under the left thigh,

which was just slightly bent. Through the canal of the drain-tile, I then carried the piece of India-rubber tubing to the receptacle on the floor.

Nov. 21st. The arrangement answered admirably. The man was very well; he slept, took food, and had no complaint.

Nov. 22nd, 4 P.M. He complained to-day of soreness about the abdomen. There was resonance down to the upper edge of the os pubis, but pressure made him flinch; so I thought it best to withdraw the cannula (it had been in the bladder now four days less five hours), and left him without attempting to pass any instrument *per urethram*.

Nov. 23rd. I failed in an attempt to pass a Thompson's probe-pointed catheter through the stricture. About eight ounces of urine had run away in drops, or in a small stream, *per urethram;* and there was more than a suspicion, almost a certainty, of some leakage *per rectum*. The bladder was slightly distended; there was a line of dulness above the pubes. He felt very well in health.

Through the next week, he remained much in the same condition. Most of the urine, I feel sure, escaped through the fistulous opening into the rectum, there collecting until he was obliged to empty the bowel. Some urine, however, ran through the urethra; but, whether from actual paralysis of the bladder, or from the feeling that it would escape *per rectum* if any effort was made, he was not able to use any force in passing urine.

Dec. 1st. I succeeded in passing a probe-pointed catheter (No. 1) fairly into the bladder, and tied it in for the night.

Dec. 2nd, 4 P.M. I removed the catheter, and substituted Mr. Holt's instrument, splitting the stricture thoroughly with No. 10 tube. I emptied the bladder with a No. 8 silver catheter. Four ounces of urine were contained therein.

9.30 P.M. I drew off sixteen ounces of urine with a No. 8 catheter.

Dec. 3rd. I emptied the bladder twice in the day; there was no escape *per rectum* as yet. He had no shivering; no trouble.

Dec. 4th, 7.30 A.M. He tried to pass urine *per urethram*, and could not do so; but more than ten ounces at once escaped *per rectum* (this I verified by personal observation of the urine passed). Some hours afterwards, therefore, I emptied the bladder by a gum-elastic catheter, and tied it in; and, so as to ensure, if possible, the thorough healing of the recto-vesical fistula, I directed him to empty the bladder every two or three hours.

It is not necessary to weary the reader with further daily reports. The gum-elastic catheter was retained in the bladder (daily changed and washed) for eight or ten days. The man remained quite comfortable; but the loss of power over the muscular coat of the bladder was made evident by his complete inability to influence or accelerate the stream through the catheter.

I then taught him to pass the catheter three times daily for himself; and found that to ensure his doing this easily, it was only necessary to give the catheter rather a large curve, so as to keep it along the smooth and newly formed bottom of the canal, instead of allowing the point to catch on some still existing roughnesses on the upper part or roof of the urethra. I had personally no trouble in passing No. 10 or No. 11 steel sound; the passage was not perfectly smooth or normal, but still the instrument travelled very well.

An attack of orchitis (left side), due apparently to exposure, delayed the patient's discharge; but he recovered from this, and will soon go to work.

Jan. 24th. I saw him to-day. He was very comfortable and very grateful; said that he was slowly regaining a little power over the bladder; and that three times each day, morning, noon, and night, he was able to pass unaided from three to four ounces of urine. Then, also, three times a day, and directly after his own effort, he passed a catheter and emptied the bladder thoroughly. There was no leakage *per rectum*; and no discomfort whatever. The man looked well, and had gained weight.

REMARKS. I have thus given the salient points in the successful treatment of five cases of urethral stricture by the use of Mr. Holt's instrument; and I shall be very glad if the publication may conduce in the slightest degree to a more extended employment of means at once so simple and so satisfactory.

The first four cases speak for themselves. Not one manifested any unfavourable symptom; and the relief in all has been so far complete. Rigors were not noted in any one instance—not even in Case II, where, from the first, the patient passed urine *sua sponte* over the freshly torn surfaces. Still I believe that plan to be the best, which has dictated the removal of the urine by the catheter for the first twelve hours after the operation. All contact of urine with the recent wound is thus for a certain time prevented; and the surfaces will probably have acquired an efficient coating of plastic material before the highly irritating fluid can pass over them.

It may not, wilfully to misapply the term, be very far from the truth to assert that the absence of ill results, after the splitting has been fairly accomplished, is due to the operation being *practically subcutaneous*. To the wounded tissues no access of external air is possible. Their ordinary distance, at least some inches from the external outlet; the pendent condition of the organ; and the constant apposition of the walls of the urethral canal—all favour this condition, and lend some reason to a proffered explanation.

I believe it a manifest advantage, that the dilator should not be employed to examine the canal in the first instance. It would seem better that solid steel sounds up to No. 3 or No. 4 should be employed to open up a channel through the strictured part, and so to pave the way for the larger instrument. They are to be preferred, I think, on several grounds, to hollow catheters, though rather more time is needed in the preparatory treatment when solid instruments are used.

Not improbably, however, it may be found, as I experienced in Case V, that Mr. Thompson's probe-pointed catheter will aid in the earlier stages. It may be used where No. 2, and often where No. 1, ordinary catheter can pass; and, once introduced, some twelve hours' retention will so far dilate the strictured part as to favour the easier passage of Mr. Holt's instrument.

Case V is exceptional in several points. It affords a fair illustration of the ease with which the bladder may be punctured *per rectum*, and of the relief so to be obtained. Very probably some of my readers may believe that a catheter ought to have been passed into the bladder; and I willingly concede that, in abler hands, this might have been successfully done; yet

"Non cuivis homini contingit adire Corinthum."

And the puncture of his bladder certainly saved the patient from an impending and not very distant death. The cannula was retained between three or four days with no local discomfort worth mention, and with not more than the suspicion of vesical irritation. The subsequent escape of urine *per rectum* was decided; but the expedient of keeping the bladder almost empty allowed thorough rest, and consequent

repair of the punctured wound. In any similar case, I believe that the adoption of my plan of conducting the urine away from the person would add materially to the comfort of the patient.

I have suggested to Mr. Coxeter of Grafton Street that, for this purpose, it would be well to prolong the cannula one-half or three-quarters of an inch beyond the shield; and upon this projecting part, clear of all possible interference with tapes or fastenings, the India-rubber tubing might readily be slipped after the cannula has been secured in the bladder.

It would seem very doubtful if this poor fellow will ever recover power over his bladder so as to dispense with his catheter. The stretching of the viscus from excessive distension must have been very great. He has taken, as yet with little absolute good, muriate of iron, strychnine, etc. Yet, with reference especially to the heading of my paper, I may be allowed to compare this man's present condition with the state in which he was three or four months ago. He has now, it is true, to pass a catheter three times a day; but this is a small evil, compared with his continual and painful attempts at micturition, disturbed nights, constant abdominal discomfort, and the chance of absolute retention daily hanging over him—to say nothing of the ultimate organic changes which would almost certainly have followed in the bladder and kidneys.

The operation of splitting urethral stricture is even yet *sub judice;* but as a simple and facile mode of ensuring a permanent benefit, at a minimum risk to the patient, I believe it deserving of more extended trial.

The instrument would, in my opinion, be made even more useful, if its stem were graduated in inches and half-inches. Valuable information as to the seat and length of the strictured part might thus be readily obtained by the operating surgeon.

REMARKS ON VENESECTION IN INFLAMMATION.

By William Marshall, M.D., Mortlake.

In the Journal of February 4th, is a report of a most excellent clinical lecture by Dr. Markham, shewing the great and immediate beneficial effects of venesection in two cases of inflammatory diseases of the lungs. In my hands, in two or three similar cases, the same unmistakable and immediate benefit has resulted from it; and I am satisfied that this benefit is due in a great measure "to the freedom of action; the relief given by it to the play of the other (the uninflamed) parts of the lungs and the engorged heart; of the organs or parts, in fact, which have become secondarily engorged—*i.e.*, impeded in action in consequence of the inflammation."

But has bleeding no other action upon inflammation? Does it never "arrest, nor directly alter, the condition of the inflammatory process? I think it does; and would submit the following cases as evidence in favour of such an action.

Case i. J. S., a strong, robust man, aged 59, a night watchman at a railway-station, was found, at 2 o'clock a.m., insensible, lying on the railway below a bridge, from which he had evidently fallen, and alighted on his head. His head and face were swollen and bruised to a great extent; so much so, that it was impossible to ascertain accurately whether the skull were fractured or not. He was semi-comatose. About 10 a.m., he became restless, throwing himself about and muttering. Ice was applied to the scalp, and active purgatives administered. Towards the afternoon, phrenitis had unmistakeably set in. He was violently delirious; the pupils were contracted; the eyes were intolerent of light and the ears of sound; the skin was hot; and the pulse was rapid, full, and bounding. Leeches were applied to the scalp, and he was bled from the arm; to what extent I cannot say, as the violence of his struggles rendered it impossible to measure the quantity; blood, however, was allowed to flow until he showed symptoms of fainting. The change for the better was most marked and immediate. He became comparatively quiet; the intolerance of light and sound were greatly diminished; and the pulse, though still rapid, was soft. Towards evening, the delirium returned, and the pulse rose. I removed the bandages from the arm, and allowed eight ounces of blood to flow away, with the same happy result. Next day, he was greatly better; the heat of the skin and the intolerance of light and sound were gone; the pulse was but little affected; and there was scarcely any delirium. From this time, the patient gradually recovered; but was for months subject to hallucinations. As the swelling went down, an extensive fracture of the skull was found, extending from the outer angle of the right eye obliquely across the top of the head, ending about three inches behind the left ear. One edge of the fracture could be distinctly felt and even seen to be raised above the other; and his head had a curiously twisted appearance.

Case ii. A. M., a strong healthy woman, aged 24, was struck violently with a hoe over the junction of the left parietal and frontal bones; the result was a compound depressed fracture. The depressed bone was raised. The membranes seemed uninjured. Everything apparently went on well for forty-eight hours. Symptoms of phrenitis then showed themselves, and rapidly increased in intensity. The skin became hot, the pulse full and bounding; delirium was constant and violent; intolerance of light and sound were most marked. Leeches were applied to the head, and twenty-five ounces of blood abstracted, within even more marked benefit than in the previous case; for within an hour the bad symptoms diminished, and rapidly disappeared. The patient recovered.

Here, then, are two cases in which "I think a man must be sceptical indeed, beyond all bounds of reason and common sense (if we may invoke that sense here), who refuses to connect effect with causation, the consequence with the antecedent, the cure of the disease with the venesection." And to go on quoting from Dr. Markham's lecture, "What other remedy do we know of under the sun which is capable of producing off-hand, then and there, such great results in such formidable disease." And yet phrenitis is not an inflammatory disease, "in the course of, or out of which, arise impediments to the play of the heart and lungs." I think we must admit, that the bleeding had an immediate, and probably a direct, effect on the inflammation in these two cases. What, then, is probably this direct effect?

Dr. Markham writes: "If venesection be of service in internal, it should equally be of service in external inflammations—*i. e.*, in those inflammations whose progress we can see with our eyes. But in what records of 'bleeding' times will you find any satisfactory proof that it ever was of service in such inflammations?" I would, however, direct attention to what we *can see* of the beneficial effects of local bleeding in external inflammations.

Now, to an eye affected with strumous ophthalmia apply two leeches, and watch the effect. As the blood is withdrawn, it will be seen that the redness diminishes—becomes paler. Repeat the leeching at subsequent periods, and the same result always follows: the redness—this visible sign of inflammation

—immediately diminishes,* and does not retrun when the bleeding has ceased. What has caused this paleness? It is not simply that the leeching has partially emptied the engorged vessels, and thus relieved tension (which in this case, I think, is analogous to impeded action of the lungs when inflamed); because the very small quantity of blood that two leeches have abstracted can have produced little or no effect on the strength of the general circulation; and blood would be immediately forced, on the cessation of the bleeding, into the vessels, and the inflammation return as previously. But it does not. The paleness always remains for hours—sometimes is permanent. Evidently, some other and a more direct effect on the inflammation than the mere abstraction of the superabundant blood, thus affording relief to tension—to impeded circulation—has taken place. What is it?

Into a forearm, affected with severe inflammation of the cellular tissue and skin, before pus has been formed, make free incisions. Tension is at once relieved. But observe the change in the redness as the blood flows from the wounds. Immediately around the incisions a white margin appears; then pale spots here and there through the bright red; these rapidly enlarge, coalesce, and transform the brilliant into a pale dingy red. What had been severely inflamed one minute before is so no longer. Introduce lint into the wounds, so as to stop the bleeding effectually: the bright redness does not return, as it would do if the engorged vessels had been simply relieved of their superabundant blood. Manifestly, some other effect on the inflammation has taken place. What is it?

The explanation of the cause of the paleness given by Mr. Lister is, I believe, the correct one. The blood-vessels in the immediate vicinity of the incisions contract, as it were in defence of the loss of blood; this contraction by nervous influence spreads rapidly to the smaller arteries around; and the supply of blood to the inflamed parts becomes almost as effectually cut off as if pressure had been applied to the main artery of the limb. The parts now have the benefit of *rest*, and, before the contraction of the arteries yields, have so far recovered that they do not in many cases again inflame. But does general blood-letting act in the same manner in internal inflammations—viz., by affording *rest* in some degree to the inflamed parts? I think it does. When a man with an inflamed brain is bled till he is faint, the first effects must be to relieve the brain in some degree of its superabundant blood, and thus diminish tension; and the second, to induce general pallor, then syncope; *i. e.*, to cause contraction of the arteries of the body in general, including those supplying blood to the brain, and thus diminish the quantity of blood sent to the inflamed parts, and afford them *rest*. When a patient suffering from rheumatic ophthalmia is bled freely, we can absolutely *see* that the inflamed parts participate in the general contraction of the arteries of the body—in the general pallor. And if this be the case with the eye, surely it must be so with the brain, lungs, heart, or any other inflamed organ.

The *facts*, then, concerning blood-letting are: that it *does* in many cases produce a most marked, immediate, beneficial effect upon some inflammations; that it relieves tension—impeded circulation—impeded action—by causing diminution of the quantity of the circulating fluid, by enfeebling the heart's action; that, when used locally, it causes an immediate paling of the redness, which does not return when the bleeding is stopped. When used generally, it causes universal pallor and syncope. The *inference* naturally is, in the first, that it has caused contraction of the arteries supplying blood to the inflamed parts; and in the second, that it has caused contraction generally of the arteries of the body.

The *theory* of its action I deduce from the above facts and inferences is, that by diminishing tension, and cutting off in a great measure the supply of blood, it gives the inflamed parts *physiological rest*—that most powerful of all remedial agents.

ON THE PHYSICS OF DISEASE,

AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By Benjamin W. Richardson, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

Chapter III.

Conditions which Modify Oxidation of Blood (continued). Further Researches on Ozone.

At the close of my last chapter, I adverted to the effect of ozone, or active oxygen, on carnivorous as distinct from herbivorous animals. The remarks there made, I will ask the reader kindly to bear in mind as the subject progresses.

In the year 1852, I constructed an apparatus by which freshly made oxygen could be passed in current over animals confined in chambers properly constructed so as to allow them freedom of motion, and at the same time prevent them from receiving any air save that which was specially supplied to them. By sending oxygen through the chamber in free quantities, perfect ventilation was sustained, and no accumulation of carbonic acid could take place. The oxygen, as it was used, was in the active state; but the quantity of ozone present was small. Arrangements were made by which the animals subjected to the oxygen could be supplied both with liquid and with solid food.

A cat was first placed in the oxygen chamber; no attempt was made to save the gas; and the current of gas was sustained so steadily, that at any time a partly extinguished taper could be re-lighted at the escape-tube. For an hour and a half the animal breathed the gas, the temperature being 65° Fahr., without signs of derangement. Then the breathing became quickened and harsh; and thirst was a prominent symptom. After breathing the oxygen seven hours, there was slight convulsive movement; the animal was, therefore, set at liberty in the open air, but it continued to sink, and died at the end of three hours. On examination, the lungs were found to be intensely red in colour, but no organ had undergone structural change. The cause of death was separation of fibrine in the right side of the heart; the right auricle was choked with a firm fibrinous mass, which was of a pure white colour, and adhered closely to the muscular wall.

In another experiment, results of a like kind were produced in a guinea-pig. In a pigeon exposed for nine hours to the gas, symptoms resembling those of croup were induced; the animal breathing with a

* If Dr. Marshall will refer to the British Medical Journal of April 2nd, 9th, 16th, 23rd, 30th, and May 7th, 1864, he will find that Dr. Markham has, in his Lectures delivered before the Royal College of Physicians, referred to the excellent effects of the *local* abstraction of blood from inflamed parts, and has explained it in part by reference to its *local* action over the vaso-motor nerves. Dr. Markham has there shown, or endeavoured to show, that venesection and the local abstraction of blood are remedies totally different in their effects as regards inflammation; that to bleed a man for inflammation of the conjunctiva, for example, and to draw blood immediately from the conjunctiva by leeches, are to perform two distinct and essentially different operations—to use two distinct and essentially different remedies. Editor.

distinct croupy inspiration. In this animal, the blood was found firmly coagulated in the cavities of the heart; and in the upper and the lower segments of the trachea there was distinct fibrinous exudation.

From these experiments, it seemed to me conclusive that oxygen administered in the manner I have described was generally destructive of animal life by increasing waste and causing separation of fibrine in the blood. The inference was not just, as the following experiments will show.

On July 9th, a rabbit was placed in the same chamber in which a number of the experiments, described above, had been performed. The oxygen was made in the same way, and transferred in the same way. At first the animal seemed excited, and often thirsty; but it also ate voraciously of green food. During nine days it was kept in the stream of gas; and no material change followed. It was now removed from the oxygen. It weighed four ounces less than before the commencement of the experiment; but otherwise it was unaltered.

After the lapse of a week the rabbit was replaced in the chamber, and the administration of the gas recommenced. This time the exhibition was kept up for twenty-one days, without any indication of dying or even of suffering on the part of the subject. Once more the animal was placed in the common air, and it lived many months. It continued always thinner than it was before being submitted to the action of the gas; but that was all.

One or two special changes which occurred during the inhalation of oxygen, should not escape notice. There was often a brilliant vermillion tint of the ears; and when the creature wanted food, the breathing was more hurried, varying from fifty to even one hundred respirations a minute. On two or three occasions it became oppressed, and the alæ of the nose worked rapidly. Then the current of gas was supplied a little more swiftly, and at once the animal became as alert as before.

I witnessed in this experiment the results obtained by Lavoisier, and by that section of observers who have considered that the inhalation of oxygen is not attended with danger, even though sustained for long periods of time. What was more, whenever I repeated these experiments on the same kind of animals, I obtained the same results to the letter. Dogs, cats, pigeons, and Guinea-pigs died; but rabbits lived on. The fact, so often repeated, led me to think that the differences arose from the animal employed. To settle this point, I made the following experiments.

I constructed a chamber of a cubic capacity of two feet. I made a perforated false bottom as before, and put beneath this potash for taking up carbonic acid. I arranged so that I could change the potash at pleasure. The chamber was then divided into stalls by perforated zinc; and a neat and effective plan was made for introducing food into each division. Eighty gallons of oxygen gas were then made in two reservoirs; and the chamber was tubed for a current as in the one already described.

There were now placed in the chamber in the different stalls, a dog, a kitten, a rabbit, a pigeon, and three frogs; and the oxygen-current was turned on. The pigeon began to suffer from rapid breathing in two hours, and its legs, previously pale, became vermilion red. The dog suffered more; the kitten less. At the end of twelve hours, the dog was nearly dead; the pigeon was drooping; and the kitten was suffering considerable excitement. The rabbit was as well as ever. The frogs were also uninfluenced. On removing the animals, the dog died almost immediately. The other animals slowly recovered.

On a succeeding day I repeated this experiment on other animals of the same kind, continuing it for thirteen hours. The result was the death of the pigeon and of the kitten; great prostration of the dog, which, however, recovered on removal into the air; and entire escape of the rabbits and the frogs. The temperature in all these experiments was from 60° to 65° Fahr.

We gather from these experiments the fact, that in carnivorous animals and in birds ozonized oxygen, at ordinary temperatures, produces what would be called pathologically a general inflammatory condition, with death from separation of fibrine, as is common in inflammatory diseases. We see also that in one experiment local inflammatory mischief was induced in the trachea. In rabbits, the circulation is quickened by the same process, and waste of tissue results, but the animals are enabled to live. In a succeeding chapter, I shall show the effects on similar animals of common air charged with ozone.

TINCTURE OF DIGITALIS IN DELIRIUM TREMENS.

By James Pollard, Esq., Torquay.

J. M., aged 46, a strong muscular man, much addicted to drinking, was kicked by a horse in the leg, which became inflamed, and confined him to his bed. On being sent for on Friday evening, January 6th, I found him very restless, tossing about in bed, fancying that dogs were biting him, and other delusions. His wife informed me that he had not slept for the last two nights, and that she had had great difficulty in keeping him in bed. I at once gave him a strong glass of brandy and water, with half a grain of muriate of morphia.

Jan. 7th. He passed a troublesome night without any sleep. I prescribed for him two cathartic pills to be taken immediately; a saline mixture during the day; and in the evening, half a grain of morphia and half a drachm of tartar emetic wine every two hours, which was given regularly until 10 P.M. on the 8th without any good results.

About 2 A.M. the following morning, I was requested to see him immediately, as it took three men to keep him in bed; and on my arrival I found this to be the case. I then gave him four drachms of tincture of digitalis. He very soon afterwards became tranquil and slept for an hour.

At 4 A.M., three drachms more of the tincture were given (about half an hour afterwards he became very sick), which kept him quiet until 10 A.M., when, as he became again disturbed, the draught was repeated containing four drachms of the tincture. He did not sleep, though he was quiet till evening, when I again saw him, and found him as bad as ever. Four drachms more of the tincture were given, with the best results, as he slept the whole of the night and the greater part of the next day; and from that time he rapidly progressed.

I believe that, if I had given him the fourth dose at a shorter interval, a more satisfactory result would have been earlier produced.

The Irish Medical Man, says Dr. Mackesy, "is exposed to great risk from contagion. He has to combat fever in all situations and at all seasons. It is a startling fact that the mortality—the proportionate deaths of the medical officers of Irish charitable institutions, exceeded by more than one-half the proportionate deaths of the officers of the British army during the Peninsular war."

LEEDS GENERAL INFIRMARY.

Statistical Tables of the Operations performed from January to June, 1864, inclusive.

[Continued from page 116.]

Strangulated Hernia.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 15	Mr. S. Hey	Herniotomy.	3 days	Death from strangulation. Reduction *en masse*.(?) Sac opened.	This was a congenital right scrotal hernia as large as a hen's egg. Strangulation commenced eleven hours before the operation. The sac was opened, and found to contain bowel. A constricting band at the neck was divided, and without the exercise of much force the bowel was returned. Symptoms of strangulation continued until his death. At the *post mortem* examination it was found that the bowel had escaped through a rupture in the sac anterior to the strictured neck, and was lying between the peritoneum and the abdominal muscles.
2	M. 45	Mr. S. Hey	Herniotomy.	44 days	Recovery. Sac opened.	A left inguinal hernia, the size of an egg, strangulated five hours. In 1858, the same hernia had been reduced by operation; and in 1863, by taxis in warm bath. The sac was opened, and contained bowel only; very severe peritonitis followed; and subsequently a large abscess formed in the sac. For some time his life was in great jeopardy, but he ultimately made a good recovery.
3	F. 59	Mr. Wheelhouse	Herniotomy.	47 days	Recovery. Sac opened.	This patient had had a right femoral reducible hernia, of the size of a large walnut, for twelve years, and had never worn a truss. Strangulation had existed three days, and did not yield to taxis under chloroform. The sac was opened, and besides fluid, contained a knuckle of slightly inflamed intestine. The bowels were moved for the first time on the thirteenth day after the operation by a small enema. She recovered without a bad symptom.

Removal of Ovarian Tumours.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	F. 30	Mr. Nunneley	Ovariotomy.	21½ hrs.	Operation abandoned. Death.	The patient had had six children; the youngest was eleven weeks old. During her last pregnancy—before which her health had been in all respects good—she noticed that her body increased much more rapidly than usual, and during the whole period she suffered excruciating pains in the abdomen and back. After her confinement, the body remained very greatly distended. She was, on admission, thin, pale, sallow, and apparently worn down by great suffering. Eight days before the operation, a trocar was thrust into the tumour, but no fluid escaped. An incision, seven inches long, was made down to the sac, and universal adhesions to the abdominal wall separated by the introduced hand; the sac was now tapped, but in consequence of the thick flaky contents blocking up the cannula, very little fluid escaped; a free incision was then made into the sac, and its contents turned out by the hand; several smaller cysts were emptied into the larger one. On further examination, the adhesions were found to be universal, involving liver and bowels to such an extent as to render separation of the cyst impracticable. The operation was therefore abandoned; the opening in the cyst was closed by continuous suture, and that in the abdominal wall in the usual way. At the *post mortem* examination, the universality of the adhesions was proved, and the impossibility of removing the cyst placed beyond all question.

Cure of Stricture, etc., by Perinæal Section.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 48	Mr. S. Hey	Perinæal section.	34 days	Recovery.	There was extravasation of urine into perinæum, scrotum, and penis, with retention, caused by a gonorrhœal stricture of thirty years' standing. Deep incisions were made into the infiltrated tissues, and one in the median raphe of the perinæum, laying open the urethra. When all had become quiet, the stricture was treated by dilatation with bougies; and at the time of his discharge, all the wounds had closed, and a full-sized instrument could be readily passed.
2	M. 33	Mr. Nunneley	Perinæal section.	2 days	Death from pelvic infiltration.	In this case there were an impassable stricture, four perineal fistulæ, through which a considerable proportion of urine passed, and a large abscess distending the perinæum. The stricture had resulted from two attacks of gonorrhœa, which he had acquired twelve and ten years ago respectively. In the operation, a grooved staff was made use of as a director.
3	M. 31	Mr. S. Hey	Perinæal incision.	42 days	Recovery.	On the day before his admission, he fell astride the edge of a plank. There were complete retention of urine, with distended bladder, and infiltration of urine into the perinæum, scrotum, penis, and groins. A deep incision was made in the raphe of the perinæum, laying open the urethra, and at once giving free exit to the retained urine; others were made in the scrotum and penis. No sloughing of the parts followed. Seventeen days afterwards, a No. 9 catheter was introduced, and fastened in the bladder, where it was allowed to remain during eighteen days; after which, all the urine was passed *per urethram*—the perinæal and other wounds having quite closed.

Operations for Stone.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 31	Mr. Teale	Lateral lithectasy.*	20 days	Death from exhaustion.	He was subject to attacks of acute mania, one of which came on just prior to the operation; and, persisting afterwards, caused his death by exhaustion. The stone was composed of oxalate of lime, and weighed 14½ drachms. No bad symptom occurred consequent upon the operation, nor was any lesion found on *post mortem* examination.
2	M. 4	Mr. P. Teale	Lateral lithectasy.	22 days	Recovery.	The calculus, coated with lithates, weighed two scruples. Urine ceased to flow by the wound on the thirteenth day. He recovered without an untoward symptom.
3	M. 40	Mr. Wheelhouse	Lateral lithectasy.	74 days	Recovery.	The calculus—a round mulberry, covered with very large projecting cones, weighing an ounce and a half—was extracted with considerable difficulty, owing to its peculiar formation, and to the fact that it was lodged above the pubes. Attacks of severe peritonitis several times endangered his life, and very much retarded his recovery. Some of the urine was passed by the wound up to a fortnight before his discharge from the hospital. He has since quite recovered.
4	M. 58	Mr. Wheelhouse	Lithotrity.	41 days	Recovery.	The stone was crushed on five occasions, an interval of about a week being allowed between the operations. On examining the fragments, composed of phosphates, of which a very small proportion (℈ij) only could be collected, several were observed to contain vegetable fibre, which, on microscopic examination, was found to be hay. The patient acknowledged that, thirty years before, he had passed a stem of hay (flower foremost) down the urethra, and that his symptoms dated from that time.
5	M. 7	Mr. Nunneley	Lateral lithotomy.	48 days	Recovery.	An oval mulberry calculus, weighing nearly three drachms, was readily extracted through a free opening. The urine ceased to flow by the wound on the sixteenth day. No bad symptom arose throughout.
6	M. 46	Mr. Nunneley	Lateral lithotomy.	57 days	Recovery.	The calculus was flat and circular, weighed four drachms, was composed of lithic acid, and, being lodged above the pubes, was with some difficulty extracted by means of curved forceps. The patient was stout, very nervous and dejected, and had a deep perinæum. From the time of the operation, some of the urine passed *per urethram*, and on the fifteenth day ceased to flow by the wound. He recovered without a bad symptom; but on his discharge from the hospital, the wound had not quite closed.

* In "lateral lithectasy", the usual lateral incision is made, and the operation is completed by dilatation after Allarton's method.

Operations for the Reduction of Dislocated Hip.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 31	Mr. S. Hey	Reduction by manipulation under chloroform.	27 days	Recovery, with perfect limb.	The left femur was dislocated upon the dorsum ilii by a fall from a height of thirty feet. Having put him under chloroform, the leg was completely flexed upon the thigh, and the thigh upon the body, so as to form with it an acute angle; the whole limb was then forcibly rotated outwards, and on drawing the leg down, in order to ascertain its position, the head was felt, and heard to slip into the acetabulum.
2	M. 71	Mr. Nunneley	Reduction by manipulation under chloroform.	16 days	Perfect recovery.	This old man was knocked down and run over by a horse, whereby he sustained a dislocation of the right femur upon the dorsum. The signs were well marked. The limb was put through the usual movements; and, when drawn down, was found to be in its natural position, although no sound nor feeling of reduction had been manifested.
3	M. 20	Mr. S. Hey	Reduction by manipulation under chloroform.	13 days	Perfect recovery.	Dislocation of the right femur upon the dorsum alone was found to have resulted from a large fall of earth, which for a time completely buried him. The limb was reduced by one series of movements only, which occupied but a few seconds.
4	M. 30	Mr. P. Teale	Reduction by manipulation under chloroform.	19 days	Perfect recovery.	This patient had also been buried as high as the waist by a fall of earth, and thereby sustained a dislocation of the head of the femur into the left sciatic notch. A little difficulty was experienced in the reduction, in consequence, as was afterwards proved, of the rotation outwards having been made whilst the thigh was flexed at too acute an angle with the body.
5	M. 13	Mr. P. Teale	Reduction by manipulation under chloroform.	42 days	Good recovery.	Whilst working in a coal-pit, he was knocked down, and pushed for a distance of several yards before the wheels of a laden wagon. Dislocation of the right femur upon the dorsum, and fracture of the shaft of the left femur, resulted. One series of manipulations sufficed for the reduction.

In July, a sixth case, in a child two years and a half old, was reduced also by manipulation under chloroform, with a perfect result.

[*To be continued.*]

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

Action of Iodine and Iodide of Potassium on the Nervous System. Dr. M. Benedikt, having observed that the injection of tincture of iodine suddenly produced paralysis of respiration and circulation, has been led to investigate the action of iodine on the nervous system. His experiments, seventy in number, have been made on frogs. The solution of iodide of potassium used contained one part in four of water; the tincture of iodine had a strength of one part to three or six. He has found that iodine and iodide of potassium, especially the latter, immediately affect respiration; that sensation is diminished and finally disappears; that the heart is paralysed more quickly by iodine than by the iodide of potassium; and that muscular contractility is lost sooner than that of the heart when small doses are employed. The application of iodine or of iodide of potassium to the central extremity of the spinal cord arrests respiration, circulation, and muscular contractility, much more rapidly than when the poison is introduced into the circulation. The symptoms of poisoning are more slow in appearing when the poison is applied to the peripheric extremity of the cord. Introduced into the circulatory current, iodine and iodide of potassium attack the central extremity of the cord, and excite or paralyse the organs of respiration and circulation, and the sensory and motor nerve-fibres. (*Medizin. Jahrbücher*; and *Gaz. Méd. de Paris*, 29 Oct., 1864.)

The Origin of Lymph. M. Ludwig of Vienna has combined the results of a series of researches made by himself and by Noll, Krause, Schwanda, and Tomsa. The lymphatic vessels, he says, do not commence in closed tubes, but in interstitial lacunæ traversed by blood-vessels. He has described and given figures of this arrangement in the testes, the intestinal mucous membrane, and several other organs; and concludes that it is universal. He attributes the production and the flow of lymph to the pressure of the blood. According to this theory, lymph is nothing but blood-serum filtered through the walls of the vessels. (*Medizin. Jahrbücher;* and *Gaz. Méd. de Paris*, 29 Oct., 1864.)

Position and Function of the Ciliary Processes. Dr. Otto Becker has studied, by the aid of the ophthalmoscope, the eyes of seven albinos. Four of them had the iris so transparent, that objects situated behind it could be seen perfectly. They were aged respectively three weeks, and 6, 14, and 28 years. Dr. Becker arrives at the following conclusions. 1. The ciliary processes are situated outside and in front of the edge of the crystalline lens. 2. Their length varies with the size of the pupil. When this is dilated, the ciliary processes become longer, and are shortened when the pupil contracts. 3. When the ciliary processes enlarge during the dilatation of the pupil, they glide forward in the posterior chamber of the eye between the peripheric portion of the iris and the anterior aspect of the lens; but they do not touch the latter either at its edge or in front. 4. The brilliant edge which the crystalline lens exhibits under direct light, and its dark edge when lighted from behind, are phenomena of reflexion. The size of this border depends on the width of the angle at which the two surfaces of the lens meet. As this angle is enlarged when the lens is thickened in the direction of the visual axis, an increase in size of the border is a sign that the lens is becoming thickened, and in this way the change in the lens produced by accommodation can be directly observed. Dr. Becker concludes that the ciliary processes are never in contact with the lens, and recede further from it when the eye is accommodated to viewing objects at a distance. (*Medizin. Jahrbücher;* and *Gaz. Méd. de Paris*, 29 Oct., 1864.)

Pathological Changes in the Kidney in Albuminuria. M. Cornil, in a paper read before the Société de Biologie in Paris, gives the following conclusions. 1. Renal congestion is not sufficient for the production of albuminuria; there must also be an anatomical lesion of the epithelial cells of the uriniferous tubules. 2. This lesion of the epithelial cells —which is constantly found in albuminuria, however slight or transient—consists in a tumefaction of the cells, which are filled with granules, first of protein substance, afterwards of fat. This state of the tubes is met with both in transient and in permanent albuminous nephritis. 3. Temporary albuminous nephritis (*nephritis catarrhalis* of Virchow and Rosenstein) occurs very frequently in typhoid fever, in typhus, cholera, puerperal fever, erysipelas, etc. 4. Persistent or parenchymatous albuminous nephritis comprehends three forms. (*a*) Simple albuminous nephritis may supervene on the temporary form already mentioned, and differs from it only in the gravity and extent of the morbid changes: it begins with an enlargement of the cells, and ends in their complete transformation into fat-granules. This is the most frequent of all the lesions of the kidney which produce albuminuria. (*b*) Albuminous nephritis may be accompanied by fatty degeneration of the vessels (arteries, vessels of the glomeruli, and capillary network). Although these lesions may coexist with simple albuminous nephritis, there are generally found, at the same time, commencing atrophy of the kidney and granulations in the cortical substance of the organ, produced by atrophy of the surrounding tubules, while the tubules and the glomeruli preserve their normal dimensions within the nodule. For the production of these granulations, nothing is necessary beyond an excessive formation of the cellular tissue of the kidney. (*c*) Albuminous nephritis, with so-called amyloid degeneration of the vessels, presents two varieties, the altered parts simply becoming brown on the addition of iodine and sulphuric acid, or passing through all the colours of the prism. This form sometimes succeeds the form (*a*), of which it is only a complication. 5. Epithelial and hyaline cylinders are met with in large numbers in all cases of albuminuria; they may be found, but very rarely, in healthy urine. Hyaline cylinders, of waxy appearance and encrusted with fatty granules or covered with cells that are undergoing fatty degeneration, are only of value in the diagnosis of persistent or parenchymatous albuminous nephritis. 6. Fatty degeneration of the cells may be met with in the tubules, although there may be little or no albumen; this has been especially observed in cases of poisoning by phosphorus, and in severe icterus. (*Gazette Médicale de Paris*, 12 Nov., 1864.)

Hydatid Cysts of the Brain. In a paper read before the Société de Biologie, Dr. Leven states that the symptoms produced by hydatid cysts on the cerebellum do not differ from those of other tumours in this region; but that this is not the case with cysts in the cerebrum. They do not give rise to inflammation of the brain-substance; they gradually increase in size, and always tend in the direction of the lateral

ventricles. Pressing on the floor of the ventricles, they produce atrophy of the parts constituting the lower floor. Tubercle and cancer produce phlegmasia of the periphery, and are attended by congestion, hæmorrhage, and softening. Dr. Leven divides hydatid cysts into two classes; those seated on the surface of the brain, and those in or near the lateral ventricles. He has collected the observations of thirty cases. With cysts at the surface of the brain, the principal symptoms were headache and epileptoid attack. When the cysts were at the level of the ventricles, the principal symptoms were those of disturbed motor power. In fifteen cases, there were tremblings, weakness of gait, difficulty in standing, frequent falling, and choreic movements. Hemiplegia was observed in ten cases, at an advanced stage of the disease. More or less complete loss of voice was met with in nine cases. Disturbances of sensibility were more rare, being found in seven cases only; disorders of the intellect were met with in thirteen instances. The functions of the organs of sense were frequently disturbed. Strabismus was not met with; but there was amaurosis, at first single, then double, in half of the cases; deafness occurred in four, and hallucinations of vision in two; fifteen patients had epileptoid attacks; vomiting occurred in six cases; eight of the patients died in a state of coma, and four suddenly. (*Gaz. Méd. de Paris*, 3 Dec., 1864.)

Function of the Spleen. MM. Estor and Saintpierre, in a note presented to the Academy of Sciences, state that they have endeavoured to determine the amount of oxygen in the arterial and venous blood of the spleen of dogs, during digestion and during fasting. They found that, while the amount of oxygen in the arterial blood is constant, that in the venous blood is increased, and may be even doubled, in the fasting animal. Thus, in one animal, after finding 11.69 of oxygen in the blood of the splenic vein of a dog which had fasted twenty hours, they injected milk into the stomach, and found that the blood of the same vessel contained 7.26 of oxygen. From five experiments, they arrived at the following average: blood of the splenic artery, 14.38; of the splenic vein during digestion, 5.70; in fasting animals, 11.53. They hence conclude that the spleen alternates in function with the stomach. (*Gaz. Méd. de Paris*, 21 Janvier, 1865.)

The Cause of the Respiratory Murmur. Dr. A. T. H. Waters believes the air-sacs of the lungs to be the seat of the murmur. The air-sacs consist of somewhat elongated cavities, which communicate with a bronchial ramification by a circular opening, which is usually smaller than the cavity to which it leads, and has sometimes the appearance of a circular hole in a diaphragm, or as if it had been punched out of a membrane which had closed the entrance to the sac. It is obvious that a condition of this kind must have an influence on the passage of the air into the air-sac; that, to a certain extent, it must produce an impediment to the current of air, and thus would give rise to a sound. As the air is moved along the bronchial tubes it meets with no obstruction to its passage; but at the commencement of the air-sacs an opening exists, which is smaller than the cavities between which it is placed. As the air-sacs expand with each inspiration, air must pass through the constricted opening. Dr. Waters believes that, in the passage of air through this opening, the main element of the respiratory murmur consists. The following facts appear to him to afford arguments in favour of the view advanced. The respiratory murmur is loud and well marked in infancy and childhood; it becomes modified in adult age; and in old age it is frequently very feeble. In the infant, the membrane placed at the mouth of the air-sac is well marked and uninjured; the opening in it has a clearly defined and hard margin; and, moreover, it is smaller—not only absolutely, but, he believes, also relatively—than in after life. In the adult, the air-sacs have undergone enlargement, and the membrane at their entrance is more or less perfect according as the lung is in a more or less healthy state; whilst, in old age, the membrane has often, to a great extent, disappeared, apparently as the result of the wasting and absorption which so frequently occur in the lungs of those advanced in life. Further, the changes which take place in the character of the respiratory murmur in emphysema of the lungs afford an additional argument in support of this view. In this disease, in consequence of distension, rupture, and absorption, the air-sacs become much altered in character, and the membrane guarding the entrance to them entirely disappears as the disease progresses. The obstacle to the passage of air is therefore removed; and hence the reason of the extremely feeble respiratory murmur which characterises the affection. (*Brit. and For. Med.-Chir. Review.*)

Reviews and Notices.

Lectures on Diseases of the Stomach; with an Introduction on its Anatomy and Physiology. By William Brinton, M.D., F.R.S., Physician to St. Thomas's Hospital. Second Edition. Pp. 368. London: 1864.

In this second edition of his work, Dr. Brinton has made such revisions and additions as his extended observation has shewn to be necessary in the lectures formerly published; and he has also added two new lectures, viz., on Gastric Phthisis, and on "Gout in the Stomach."

In the lecture on Gastric Phthisis, Dr. Brinton, noticing the frequency with which phthisis is accompanied by digestive disturbance, observes that it is impossible to determine absolutely the causal relation of the two affections to each other.

"In some instances, it is fair to infer that the dyspepsia causes the phthisis; which, in point of time, it certainly precedes and ushers in. In other cases, perhaps more numerous, the thoracic lesion and the gastric disturbance seem to be twin effects of a common cause—a bad or cachectic state of the constitution. Far oftener, I believe, the dyspepsia, as well as the various appearances which we sum up by the word cachexia (so far as the word has any exact meaning) is itself the result of the injurious action of tuberculous deposits—dying, dead, or decomposing—in the tissues of the body or the system at large." (P. 340.)

These forms of dyspepsia attending consumption, Dr. Brinton thinks, may be arranged for consideration into a class of cases which he proposes to denominate *gastric phthisis* — a condition which, while its symptoms merge into those of ordinary dyspepsia by almost imperceptible gradations, yet presents sufficiently well-defined characters. The following is his account of a typical case.

"The patient, usually under thirty-five years of age, feels the first approach of the malady as an 'indigestion,' an epithet which, on inquiry, resolves itself into a pain beginning between the first and second hours after food, and going off gradually. At

first such a pain often follows but one of the daily meals; perhaps oftenest a full morning repast. It rarely brings with it any flatulence; and is still more rarely relieved by eructation. As the malady advances, the pain becomes more frequent, and follows all the meals; only distinguishing by attacks of unusual severity, those in which the food is more copious in quantity, or more solid and indigestible in quality, By and by, the sickening depression which has gradually been recognised as an element of the increasing pain diverges into distinct nausea; and this again soon provokes retching; which, in its turn, sometimes gradually deepens into vomiting. Often, however, the latter symptom remains long or permanently absent. If present, it is only rarely, or after long persistence, that it brings back from the stomach any of its alimentary contents; and even then scarcely ever unloads the organ, much less relieves the pain by which it is preceded. By longer continuance, the pain and retching become more severe, and more easily provoked; and therefore continually approach the period of taking food, so as not only to follow it by a shorter interval, but at length to limit the meal to little more than painful and unavailing attempts to take food, the suffering which immediately follows its deglutition becoming almost unbearable. The climax of gastric disturbance thus attained is, in rare instances, itself the chief cause and immediate forerunner of death. But it much more commonly either inaugurates a rapid infiltration of the lungs with tuberculous deposit, or is displaced by the thoracic symptoms of tubercle already deposited; to alternate (it may be) with such symptoms during the brief remainder of life. In other cases, the dyspepsia amends spontaneously, or is vanquished by appropriate treatment; and the patient, slowly recovering flesh and strength, advances towards that imperfect health which, in so many instances, is associated with the retardation or arrest of the progress of tuberculosis; perhaps until the infirmities of declining years, mingled with the insidious symptoms of the malady, leave us in doubt to which of these two causes—natural decay or tubercular disease—we must chiefly refer the eventual death." (Pp. 342-3.)

Regarding this affection, Dr. Brinton finds that it is hereditary; but that there is less frequent evidence of this than in ordinary phthisis, so that Dr. Brinton has found the gastric disease in a considerable number of persons whose family history was free from suspicion of tubercle; and that various members of the same family may be affected, some with gastric phthisis and others with ordinary tuberculosis.

The relation of the chest-symptoms to the gastric lesion is at first sight paradoxical; inasmuch as it is indicated sometimes by the presence of thoracic symptoms, sometimes by their absence. That is to say, while the presence of large or advanced lesions of the lungs suggest that any present gastric disturbance is of phthisical origin, Dr. Brinton has, on the other hand, rarely or never found the typical gastric phthisis which he has described to be attended by signs "indicative of the presence of even moderate aggregations of tubercle in the lungs, much less of their disintegration and removal."

As further characteristics of gastric phthisis, Dr. Brinton points out that the febrile reaction is in excess of that met with in cases of ordinary dyspepsia or even of gastric ulcer; that the pain varies in intensity and in situation, rarely or never, however, becoming what patients call "spasm"; and that the relation of the pain to food is comparatively capricious and uncertain. Vomiting sometimes occurs so rapidly after food as to supersede pain; and in such cases it is difficult often to determine its cause. Hæmorrhage is absent; and this Dr. Brinton thinks, indicates a bloodless rather than a congested state of the stomach. Constipation is the most frequent intestinal disturbance; but the bowels are often unaffected. Diarrhœa is also sometimes met with.

In regard to its pathology, Dr. Brinton considers gastric phthisis to be "a kind of neuralgia of the pneumogastric and sympathetic nerves"; and he draws an analogy between the phenomena which it exhibits and those of facial neuralgia.

The treatment of the disease in many features approaches that of ulcer of the stomach, which it often closely simulates. It is very amenable to systematic treatment, and its worst symptoms often yield very promptly; but amendment is liable to be interrupted, and the interruption requires decided measures to prevent serious relapses. As medicines, opium and other strong sedatives are generally objectionable; alkaline carbonates, either free or in effervescing draught, and small doses of iodine, are most useful. Bismuth is often advantageously added; and the above mentioned remedies may be given in some light bitter infusion, such as calumba. Blisters are of doubtful utility; all mercurials must be carefully avoided. The simplest purgatives alone should be given; and, if there be suspicion of accumulation in the colon, a gruel enema, with olive- and castor-oil, should be administered. Preparations of iron, which may be combined with iodide of potassium in small doses, are often of great service. The diet should at first consist of small and frequent doses of milk, or meat-broth, with farinaceous food; and should be increased gradually as the patient can bear it. A moderate quantity of alcoholic stimulant is generally beneficial from the first.

On the subject of "Gout in the Stomach", Dr. Brinton is sceptical; although he does not deny that there may be such a disease. He believes, first, that "any sufficiently sharp or sudden dyspepsia occurring in persons known or suspected to be gouty, is apt to be dignified by this term"; and he endorses the facetious hint of Dr. Watson that the word "pork" should sometimes be substituted for gout. Other cases of "gout in the stomach", he believes to be in reality cases of biliary colic; others are connected with disease of the kidneys; while others, again, are referrible to disease of the heart.

These various affections being removed, Dr. Brinton can only say that he knows of no case of "gout of the stomach"; that he has never seen one; and that he has never been able to obtain trustworthy evidence of one. But he does not deny the possibility of its existence.

Dr. Brinton has put before the profession some important matter for consideration in those additional lectures; and has increased the value of his instructive work.

Donation. At the meeting of the Committee of King's College Hospital, an old friend of the charity, who requested that his name should not be mentioned, attended and handed to the chairman the munificent sum of £504, being 16 new life governor's donations of 30 guineas each, in aid of the current expenses of the hospital.

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 18TH, 1865.

SYPHILISATION.

The subject matter of a correspondence between Mr. Henry Lee and Professor Simpson, which has lately appeared in the Journal, is worthy of attention in several respects. Whoever has read the same will have wished good luck to any one, or to any Commissioners, who will tell us what is syphilis, and what is its proper treatment. A few weeks ago, we gave a summary of a paper by Dr. Simpson—a son of the Professor—in the *Edinburgh Monthly Journal*, containing details of two cases of syphilis which had been treated by syphilisation by Professor Boeck. Assuredly these cases were very remarkable. They were cases of very severe constitutional syphilis, which had defied all the ordinarily employed curative means in this country, but had, under Professor Boeck, readily yielded to syphilisation—were completely cured. (See British Medical Journal, Jan. 28th, 1865, p. 89.)

Now, one of these cases reported by Dr. Simpson as completely cured in 1861, has, it appears, been under the hands of Mr. Henry Lee during the last eighteen months; and Mr. Lee writes and assures us that it was not a case of syphilis at all; but that the disease was softening of the bones—a family affection in this particular case. Surely Mr. Henry Lee ought to know a syphilitic affection when he sees it; and surely, one would think, he would not lightly, in such a case, declare that the symptoms and history negatived the idea of syphilis unless the facts were very sure and satisfactory to his mind. But to him Professor Simpson (in the absence of his son) rejoins; and assuredly the statement he makes is not to be lightly explained away.

"Dr. Rynd of Dublin" (says Professor Simpson) "who attended the patient during the existence of the primary disease, declared the sore to be syphilitic; and Dr. Guthrie, Professor Miller, and Professor Boeck, who had him successively under their care after the tertiary symptoms broke out, never, I believe, had a single doubt as to the syphilitic character of his malady. I never saw a more distinct and marked case of tertiary syphilis."

Thus, then, we have all this weight of positive evidence in favour of the syphilitic character of this disease. When fairly weighed, must it not be considered as of greater value than Mr. Henry Lee's negative evidence? We leave others to answer the question; and will content ourselves with saying that it is very unfortunate to find great authorities so divergent in opinion as to what is, and what is not, syphilis.

But other points of great interest are involved in this little episode.

Mr. Henry Lee asserts that Professor Boeck must in this case have inoculated the patient with matter from a soft, a non-infecting, sore. Because, as he argues, and according to his creed, if the patient had been inoculated with matter from a hard, an infecting, chancre, he would have necessarily had syphilis inoculated into him, and, in fact, would have brought back from Copenhagen a disease which, according to Mr. Lee, he had not when he went there. Now, what shall we say, or rather what will Mr. Lee say, if Professor Boeck assure us that the gentleman was inoculated from a hard, an infecting, sore? But we will not further anticipate that difficulty; and will only add, under this head, what Dr. Simpson tells us; viz., that Professor Boeck now confines himself to inoculating with matter taken from indurated chancres; so that, in all probability, the gentleman in question was inoculated from an infecting sore.

Another point of great interest in the case is the fact of the wonderfully recovered health, recovered under the syphilisation. On this fact, at all events, we suppose, there can be no kind of doubt. The man had been in the hands of leading medical men in London and Edinburgh.

We wish, of course, to draw no forced connection between the cause and the effect; but the most sceptical as to the value of syphilisation as a cure of syphilis must opine that something *plus* the journey to Christiania may have had a beneficial action in the cases reported by Dr. Simpson. Both the patients were, we are told, in a desperate state. English doctors and English treatment availed them not. As a last hope, they were advised to go to Christiania. One was so reduced that he had to be carried on board the steamer bound for Norway; the other's condition was alarming. In three months, after a course of syphilisation, one patient returns and declares himself "almost as well as he had ever been in his life"; and in three months, the other patient is reported as returning home "perfectly cured". Of the first case, Professor Simpson says in his letter that he "had lately seen the gentleman", and that "he is in the enjoyment of the very best health". The second case is the one lately under Mr. Lee's care. What effected the cure reported in these cases? Two gentlemen, apparently in desperate condition, incurable by Anglican or Scottish treatment, are, in a few weeks, by a sea-voyage to Christiania *plus* some 160 syphilitic ulcers artificially produced on their skin, "perfectly cured". Was it the specificity of the inoculations which brought them from

the jaws of death to vigorous health; was it the sea-voyage, or was it the mere 160 ulcerations, emunctory or counter-irritant, on the surface of the body, which effected the cure? This question we will leave to the consideration of the Syphilitic Commission.

Another point, and perhaps the most important of all, in the affair, is the fact that Professor Simpson apparently gives in his adhesion to the practice of syphilisation; regards it, in proper cases of course, as an appropriate remedy. Surely, therefore, we may surmise, that it will not be long before the practice is put on its trial in this country; and surely, therefore, we are justified in sifting very carefully the value of the data upon which men consider they are justified in resorting to the practice. There is, we need hardly say, something in the character of the remedy which is, *à priori*, revolting to our moral sense, and which gives to the trial of it a much more serious responsibility than attaches to the trial of an ordinary remedy. Syphilisation bears with it consequences which do not end with the mere passing and temporary application of it. It is not like a remedy which purges, or sweats, or vomits a man. Clearly, therefore, and without entering into any judgment of its merits, we have a right to ask of any man who practises it, or recommends its practice, that he shall give clear, and explicit, and reasonable grounds for doing so. We read the cases of Dr. Simpson (detailed in the *Edinburgh Monthly Journal*); we read his high praises of the excellence of syphilisation; and we ventured to think that his facts did not satisfactorily bear out his praises. Dr. Simpson has also, we believe, seen Professor Boeck's practice, and no doubt his opinion has been much guided by what he has seen; but then he gives no details of what he saw. He describes the two cases above referred to; but we think more evidence is required than they afford to decide the value of syphilisation.

THE HUNTERIAN ORATION.

On Tuesday last, the Hunterian Oration was delivered at the College of Surgeons by Mr. Partridge. The orator expressed the difficulty which he felt in performing the task. In the many orations already delivered, the subject had been exhausted. Mr. Partridge gave a short summary of the well known details of Hunter's life; the want of care in his early education; his happy introduction to the great men of science and of medicine of the day in London; his connexion with St. George's Hospital; and his comparatively early death. Mr. Partridge then spoke of the peculiarity of the man—his indefatigable earnestness in work, his devotion to scientific labour, his genius, and his warmth of imagination.

In the rest of the oration, Mr. Partridge referred to incidents of the lives of distinguished Fellows of the College who had lately died. He also gave some interesting details of improvements made and making in the Museum of the College; and he wound up his discourse with a few words of reprobation to those "querulous and carping" spirits who are not contented with the rewards accorded to them as professional men, but who would step out of their proper sphere of scientific culture, and have medicine, for example, occupying a high place in the senate of the country. Medical men, he said, have no business with politics; and, in illustration of his position, quoted Sir Benjamin Brodie, who, he said, had declared that he regarded the Presidency of the Royal Society as a far greater honour than any peerage would have been to him. In all this part of his discourse, Mr. Partridge was, in our opinion, most unfortunate. Sir B. Brodie never had a peerage offered to him. In our opinion, also, one of the very greatest disadvantages under which our profession labours is, that it has no spokesman in Parliament. Not only does our profession, but the whole community, suffer through want of properly instructed men of medicine in the legislature, to advise and instruct. We side decidedly with the "carping, querulous" individuals rebuked by Mr. Partridge, who desire to see worthy and capable members of their profession sitting amongst the legislators of our country. If, in other days, there had been a doctor in the House of Commons, Mr. Partridge would probably not have had, in his oration, to refer to the ignorance and niggardness of the government in regard to Hunter's Museum.

Mr. Partridge, in his discursive remarks, also referred to the Venereal Diseases Commission; and, in doing so, we note that he repeated the views concerning it which have already been uttered in these pages. It is not likely, he hinted, that a Commission can tell us anything more than we already know about the disease and its treatment; and, if it does anything, it must be in recommending a prophylactic treatment. But, added Mr. Partridge, it is not very likely that Parliament will sanction the introduction of the continental system of governmental supervision of prostitution into this country. Mr. Partridge seems to be unaware of the fact that Parliament has already sanctioned an Act which gives powers far beyond anything which is to be met with in any regulations of continental countries in the matter of prostitution. Mr. Partridge, however, said that he had no doubt the Commission would do a good work; but then, as he was satisfied it would not be allowed by Parliament to do the only good thing which it was capable of doing—viz., registering and regulating by Police Acts prostitution—it is difficult to imagine what good it is likely to produce! Mr. Partridge lamented the loss to medical science resulting from the general neglect, in London as well as in provincial hospitals, of duly recording and registering the cases.

Mr. Partridge's oration was, speaking generally, of a discursive character. No doubt, he dreaded repeating what might have been an oft-repeated tale of Hunter and his doings; and, for this reason, said so little of the great man, and of his works, and of the impress which he has left in the world of science.

But has all yet been said that may be said of him? Are we to conclude, that the proper well of matter for an Hunterian Oration is dried up? Is the time arrived that the oration must cease to be Hunterian? We can hardly think so. Our own belief is, that many of the very latest additions to our physiological and pathological knowledge serve to illustrate the wonderful sagacity, or genius rather, of the man; that modern discovery, in fact, coincides with and explains many of those statements of his which have been to us hitherto obscure. A striking example of this may be found in the correctness of some of the views which he held concerning the condition of the capillaries in inflammation, and in the practical conclusions thence deduced by him; Claude Bernard's and other discoveries of the action of the vaso-motor nerves over the smaller arteries were assuredly, in some sense, anticipated by him. If we might venture to suggest a way of dealing with the Hunterian Oration, we should say, Let a physiologist and a surgeon, who is thoroughly alive to advanced physiology and surgery, study Hunter's doings by such light, and then show us how and in what a wonderful measure that genius was in advance of his age. We believe that he who would undertake the task, and is capable of performing it, would thereby erect a higher monument to the fame of Hunter than yet exists. If, as Mr. Partridge tells us, and as so many others have told us, Hunter's genius gave him a far glance into the future of science, how could an Hunterian orator be better employed than in now showing forth these fulminations of his genius?

M. Gosselin, of La Pitié, who may be regarded as one of the advanced and rising school of surgery in Paris, has lately expressed his opinion on the treatment of amputations. The main efforts of French surgery seem to be directed against the secondary evils, erysipelas, phlebitis, etc., which decimate their patients in hospital. One French surgeon of great note has almost entirely relinquished the use of the knife through dread of these evils—using the *écraseur* and other frightful proceedings even in large amputations. M. Gosselin considers three conditions as desirable in patients who undergo amputation: 1. They should be strong, and of good moral courage. They should not have the operation pressed upon them; but rather left to seek for it themselves, by inquiring of other patients around them, thus gradually reconciling themselves to it. 2. They should be placed under favourable conditions, and especially as regards abundance of fresh uncontaminated air. The windows of the ward should be frequently opened. Nothing is so important as this; and upon this, he believes, depends mainly the success of operations at La Pitié. Then, again, consult the feelings of the patient as to the site of his bed. Is he too hot or too cold? Does he like his neighbours? Would he prefer another part of the ward? Has any patient near him a repulsive wound, erysipelas, etc.? 3. There is the proper surgical dealing with the case. In this particular case of amputation of the forearm, the patient was put under the influence of chemically pure ether.

"In this case, I was forced" (he said) "to do the flap operation; but, in general, I employ the circular, because it is less frequently followed by secondary hæmorrhage—a very serious accident. As regards dressing the wound, I may say, that the practice of all surgeons has for some years been greatly modified; for some time they attempted to procure immediate union. You know that I have long given up the practice; because, in this mode of proceeding, pressure and pulling is exercised on the borders of the wound; the stump is compressed, and the swelling attending its inflammation prevented; pain is excited, and putrid matters are retained on the surface of the wound. Moreover, experience has shown that union by the first intention is very rarely obtained in Paris in adults. Always, also, avoid giving pain; the greater the pain, the greater the chance of fever and purulent infection. I place the stump on a pillow covered with oil-silk, and cover it with a compress dipped in cold water; but only the anterior and lateral parts of it—so that the compress may be changed three or four times a day without moving the stump. When the inflammation and pain are gone, when all the mortified parts, etc., are removed, I attempt secondary union by bringing the edges of the wound together with diachylon. As to food, I feed the patient well. And as regards his *morale,* observe that I avoid in the dressing of his stump everything which may make him anxious or afraid. I enjoin the sister and nurses and patients around to trouble him in no kind of way; and I have removed from near him any patient whose life is in danger. Be well assured that all such precautions are of consequence and of a first necessity to all nervous patients; and never forget that, amongst the prime causes of traumatic fever and of purulent infection, must be placed physical and moral suffering."

Dr. Roger, in a clinical lecture on Infantile Syphilis, lays great stress (in the matter of diagnosis) on the time of the appearance of the first symptoms of the disease. Congenital syphilis is very rarely observed. The symptoms are almost always observed for the first time between the first and third months of extrauterine life.

M. Rayer has presented to the Academy of Sciences, in the name of Dr. Desormeaux, an instrument destined to aid in the introduction of light into the urinary passages—an instrument the first idea of which is due to M. Ségalas. Mr. Avery, our own countryman, was engaged in the making of such an instrument at least fifteen years ago.

THE LATE RICHARD D. GRAINGER, ESQ., F.R.S.

Richard Dugard Grainger was born in Birmingham in 1801; and was the son of Mr. Edward Grainger, a surgeon of that town. At first it was intended that he should enter the army; and for a time he studied at the Woolwich Military Academy. Circumstances and his inclination, however, led him to medicine; and, having joined his elder brother Edward, a surgeon of great promise, who had successfully established a private anatomical school at Webb Street in the Borough, he succeeded him, at the early age of 22, in the management of the school, in which he held the anatomical chair. During nearly twenty years he maintained the usefulness and popularity of the institution; until, in 1842, when the private schools were rapidly waning before those attached to hospitals, he amalgamated the Webb Street school with that of St. Thomas's Hospital, in which he became lecturer on Anatomy and Physiology—an office which he held until 1860. On his retirement, his friends and pupils were desirous of presenting him with a testimonial. This, however, he declined, desiring that the contributions might be applied to the formation of a physiological prize at the medical school of the hospital. An address, expressing the high estimation in which he was held, and the value entertained of his scientific labours, was presented to him.

Mr. Grainger was a zealous prosecutor of anatomical and physiological research. The nervous system was a principal object of his investigations; and, in 1837, he published a work on the *Structure and Functions of the Spinal Cord*, and soon afterwards obtained the Fellowship of the Royal Society. At the time when Dr. Marshall Hall was carrying on his researches on the nervous system, the independent labours of Mr. Grainger contributed much to the solution of some of the difficult problems that were raised. He also devoted considerable attention to the study of developmental anatomy.

When sanitary and social reforms began to be publicly advocated in this country, amid but cold encouragement, Mr. Grainger was one of the first to attach himself zealously to the good cause; and to it he held throughout his life. In 1841, on the appointment of the "Children's Employment Commission", he was nominated one of the inspectors; and the ability and discretion with which he discharged the duties of his office were testified to in 1862, when he was appointed one of the members of a second commission bearing the same name. In 1849, he was appointed, by the then existing Board of Health, one of the inspectors to inquire into the origin and spread of cholera; and in 1853 he was selected as one of the inspectors for carrying out the Burials Act. This latter office he held up to the time of his death. To him also is due the formation of a society for the protection and succour of young women employed in milliners' and dressmakers' establishments.

In 1845, Mr. Grainger was elected a member of the Council of the Royal College of Surgeons; and in 1848 he delivered the Hunterian Oration. His subject was, "The Cultivation of Organic Science"; and in his oration he dwelt chiefly on "the importance of recognising the triple combination of design, unity, and law" in all researches on structure or function.

In person, Mr. Grainger was tall and of spare form, with an habitual stoop; his forehead was high and expanded, and his eye bright and quick, showing a man of superior intellect and culture. In manner he was courteous, quiet, and retiring; but, having once entered on conversation, he was lively, energetic, and earnest, impressing his hearers with a feeling that he was thoroughly convinced of the truth of what he desired to teach. These characteristics marked also his lectures and public addresses, causing them indeed to appear somewhat slow and laboured, but at the same time imparting to them a degree of eloquence. He was an ardent admirer of natural science, in the prosecution of which he was constantly ready to find proofs of the wisdom and goodness of the Creator. Of decided opinions and deep convictions, he was charitable and tolerant towards those who differed from him; but towards the untruthful and selfish he did not spare his expressions of indignation and scorn. In the discussion of scientific or philanthropic questions, he was ever ready to acknowledge merit in the humblest fellow-worker; and his liberality to the destitute and struggling among his profession was bounded only by his means. Helpless misery and woe called forth his deepest sympathy, and gave him unfeigned pain.

He was not only a searcher after scientific truth, but devoted much of his time to the study of the Bible. On the teachings of Christianity his character was founded; and the convictions at which he had arrived were truly and eloquently expressed in his peroration to the Hunterian address:—"We must turn to the sacred volume of revelation, wherein we shall discover laws as perfect and principles as fixed, for the guidance of the spiritual nature of man, as those which rule the phenomena of the material world—where, in fine, aided by the Divine grace, and prepared by a fitting humility, each and every one of us may hope to come to that 'true light which lighteth every man that cometh into the world'." He took an active interest in the Christian Medical Association, before which he delivered several simple but earnest addresses. He was anxious that those who are entering on the study of medicine should feel that the claims of revealed truth, though superior, are not antagonistic to those of scientific truth.

Mr. Grainger's health was never very robust; and five years ago, on his consulting his friend Dr. Risdon Bennett on account of dyspeptic symptoms, it was found that he was suffering from renal disease and albuminuria. The disorder for a time appeared to make but little progress; and the interruptions caused by it were not sufficient altogether to prevent him from pursuing his avocations until a few months before his death. He died on February 1st, aged 63, and was buried at Eltham on the 7th. He leaves a widow, but no children.

[The preceding notes are abridged from a memoir which appeared in the *Medical Times and Gazette* of last week. Editor.]

CARDINAL WISEMAN'S ILLNESS.

Our readers have lately seen daily accounts in the papers of the illness of Cardinal Wiseman; and may be interested to know what was the nature of the disease which of late so gradually and almost imperceptibly carried him off. It is, we understand, a fact that at least twelve years ago the presence of sugar was discovered in his urine, and ever since then he has been the subject of diabetes. In 1860, his health seriously failed him, and he was seized with symptoms of great prostration and weakness of the heart. He also, at this time, was troubled with carbuncles; but, after a journey to Rome, was gradually restored to something of his previous state under the care of his ordinary medical adviser, Mr. Charles Hawkins. Shortly before last Christmas, he discovered two "blisters" on his foot. These blisters were, in fact, signs of his weak circulation; and, eventually, the surface of the skin where affected sloughed. The sloughs, under a nourishing diet, completely healed; but signs of general prostration supervened. He felt himself that he was very seriously ill; and for many hours during one particular night was insensible, and was restored apparently by the abundant administration of stimulants. His pulse was slow, and very weak; but no signs of any organic disease of any organ of his body could be diagnosed. His death, in truth, seemed to be brought about by a very slow failure of his weakened heart. Shortly before his death, he was again attacked by erysipelas of the head and face, followed by the formation of a carbuncle on the forehead.

The Cardinal died in his sixty-second year. It is curious to note that, when he was quite a young man, he was copiously bled in Rome for "consumption", as it was alleged; and that it is thought his life was then saved by his having been carried off from the hands of the Italian doctors by some English friends.

One interesting fact may be added, and it is this: that no attention has been paid by him to following out what may be called a diabetic diet. He has, we believe, all along lived as a person not affected with the disease. In his case, therefore, the advantages of a strict and painful diabetic diet are not illustrated.

No *post mortem* examination was made; but it was, we understand, distinctly ascertained by Mr. Charles Hawkins, Dr. Munk, and his other medical attendants, that, up to the very time of his death, neither his lungs nor any of the organs of his body showed any deviation from health, except in the way above spoken of.

Dr. Demmé, concerned in the Trumpy-Demmé tragedy, is Dr. Hermann Demmé the author of a work on military surgery, for which he collected the material during the late Italian war. He has, besides, written an essay on Osteomyelitis, part of which appeared in the columns of this journal, translated by Dr. Bauer, of Brooklyn. (*Phil. Med. and Sur. Rep.*)

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
North Wales. [Intermediate.]	Dr. Roberts's, Hafod Elwy, St. Asaph.	Friday, February 24, 1 P.M.

MEDICAL PROVIDENT SOCIETY.

The following contributions have been made towards the Auxiliary Fund.

	£.	s.	d.
Amount already announced	615	12	0
Bedfordshire:			
H. Veasey, Esq. (Woburn), additional	5	5	0
Devonshire:			
Plymouth Medical Society (per Dr. Cookworthy, Treasurer)	10	0	0
Lancashire:			
Dr. Desmond (Liverpool)	3	3	0
Dr. Dickinson (Liverpool)	5	0	0
T. Howitt, Esq. (Lancaster)	5	5	0
W. M'Cheane, Esq. (Liverpool).....	1	1	0
W. H. Manifold, Esq. (Liverpool).....	1	1	0
Middlesex:			
Dr. E. S. Willett (Isleworth)	1	1	0
Shropshire:			
Samuel Wood, Esq. (Shrewsbury).....	5	0	0
Suffolk:			
W. E. Image, Esq. (Bury St. Edmunds).....	5	5	0
Wales:			
Dr. Dyster (Tenby)	10	10	0

Further contributions will be announced.

Gentlemen desirous of contributing to the Auxiliary Fund, will oblige by forwarding their names and the amount of their donations, either to the Chairman (Dr. Richardson, 12, Hinde Street, Manchester Square, W.); or to the Secretary (Dr. Henry, 15, George Street, Portman Square, W.)

B. W. Richardson, M.D., *Chairman.*
Alexander Henry, M.D., *Secretary.*

London, 18th Febuary, 1865.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

An ordinary meeting of this Branch was held Feb. 9th; James Russell, M.D., President-elect, in the chair. Fifteen members were also present.

Paper. The following paper was read:

Two Cases of Obstructed Labour. By S. Berry, Esq. Mr. Clay, Dr. Earle, and Messrs. Yates and Downes, took part in the discussion.

New Members. The following gentlemen were elected members of the Branch: John Bassett, Esq., Hockley; J. D. Scurrah, M.D., Birmingham; T. Birt, M.D., Leamington; G. E. Hyde, Esq., Worcester.

The late Duke of Northumberland was a Fellow of the Royal Society, of the Society of Antiquaries, of the Royal Geographical Society, and a member of the Royal Astronomical and other learned societies. He was also a munificent supporter of many of our charitable institutions; was president of the Westminster and Middlesex Hospitals, vice-patron of Charing Cross Hospital, president of the Seamen s Hospital Society, president of the Westminster General Dispensary, vice-president of the Royal Humane Society. His Grace was also president of the Royal United Service Institution, president of the Royal Institution of Great Britain, a director of the British Institution, and a trustee of the British Museum.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24TH, 1865.

W. R. BASHAM, M.D., Vice-President, in the Chair.

CONTRIBUTION TO THE NATURAL HISTORY OF "WINTER COUGH." BY HORACE DOBELL, M.D.

THIS paper was an analysis of fifty-eight cases of "winter cough," the details of which were given in an appendix. The cases were arranged in four groups, according to the physical signs:—

1. Cases in which there were physical signs both of bronchitis and of emphysema.
2. Cases in which there were physical signs of bronchitis, but not of emphysema.
3. Cases in which there were physical signs of emphysema, but not of bronchitis, and in which there was *no* history of previous bronchitis.
4. Cases in which there were physical signs of emphysema and not of bronchitis, but in which there *was* a history of previous bronchitis.

Each case was reported in the form of answers to a set of forty-one questions relating to the short breath, the cough, the taking of colds, the past illnesses, the occupation, the dwelling, the food, the habits, and the family history of the patient, in addition to a concise statement of the personal condition at the time of examination. The number of facts thus collected was too numerous to admit of their being discussed within the limits of a paper; the author therefore restricted himself to an analysis of the cases under the several groups, and a comparison of some of the principal facts in a series of twenty tables, thus putting the materials into a convenient form for future use.

Dr. SALTER questioned the appropriateness of the words "natural history" in the title of the paper. He thought nothing was gained by removing the ordinarily received landmarks of a vocabulary by taking up a word and transplanting it into a position not its own, and that nothing tended so much to weaken and impoverish the resources of a language as attempting to expand the use of words too far. By "natural history" was generally understood the history of organised beings, animal and vegetable. No doubt the study of disease was the study of a department of nature; but if the use of the expression "natural history" was defended on this ground, it would be as appropriate to speak of the natural history of astronomical or any other natural phenomena. The point on which the paper seemed to promise to throw some light was the causation of emphysema; but in this it had disappointed him. The only case that really bore on the subject was the single case in which emphysema was said to have existed without bronchitis; but he could not conceive that bronchitis really was absent in this case. Emphysema with cough and without bronchitis he could understand; but emphysema with *winter* cough and without bronchitis he could not understand: the bronchitis might be very feebly pronounced, but he did not believe in any non-bronchitic winter cough. While containing much that was interesting, and suggestive of many hints for future useful work, he thought the paper suffered a great disadvantage from being so entirely a paper of figures. And he thought, too, that it very well illustrated what had been often said of figures—that they could be made to prove anything. Take, for example, the fact stated by the author—that patients with emphysema had bad spirits, while those with bronchitis had good; and his explanation—that this difference depended on the presence of expectoration in the one case and its absence in the other. He (Dr. Salter) thought that this statistical evidence of the exhilarating tendency of expectoration was a strong proof of the omnipotence of figures. He differed from the author in the little importance he assigned to occupation in the causation of winter cough; he (Dr. Salter) found it the most potent of all circumstances in the production of the affection. By far the larger proportion of sufferers from it who came under his observation were those whose occupation exposed them to all weathers, and at the same time prevented their lying by—such as vendors of things in the streets, cabmen, porters in Covent Garden Market, etc. Indeed, the fact that the disease was due to climatic influences was itself a proof that those whose occupations the most exposed them to those influences must be the greatest sufferers. He quite agreed with the author as to the undefined use of the word "asthma"; that a great many cases of so-called asthma were simply chronic bronchitis; and that any chronic difficult breathing is commonly called asthma. At the same time, he thought that a carefully directed inquiry would generally detect whether such cases were truly asthmatic or not.

Dr. DOBELL thanked the Society for listening so patiently to his very dry paper. He had hesitated to bring it before them because of the number of tables and calculations which it contained. He was much obliged to Dr. Salter for his suggestions about the term "natural history" used in the title; but he entirely disagreed with him. When treating of animals or plants, the term "natural history" was used to comprise a description of the "conditions of their existence"; the circumstances influencing their development, maintenance, growth, and reproduction; their habitats, habits, and the like. It was precisely this kind of information which he had collected with regard to "winter cough"; and he must, therefore, maintain that it was correct to call it "natural history." With regard to occupation, he entirely agreed with Dr. Salter that the influence of occupation on winter cough was of the greatest importance. Dr. Salter had simply misunderstood the words of the paper. It was there stated that, as there were only fifty-eight patients, and as they followed twenty-eight different sorts of occupation, no more than seven following any one of these, it would not be fair to draw any conclusion as to the influence of occupation on the disease from the tables, but that, as a correct record of facts, it would become valuable when added to others of a similar kind. With regard to the whole paper, he (Dr. Dobell) wished particularly to impress that, as it only treated of fifty-eight cases, broken up into four groups, and as each case necessarily differed to some extent from the rest, he did not consider that it ought to be taken as a safe basis for general conclusions respecting such an important and widely-spread class of diseases. He had scrupulously abstained from making such conclusions, and he hoped that others would do the same. The title described the paper as no more than a "contribution" towards a natural history, and he did not wish it to be considered as more than it assumed to be.

ON SEA-SICKNESS AS A FORM OF HYPERÆSTHESIA. BY JULIUS ALTHAUS, M.D.

Most writers on sea-sickness consider this affection to be due to hyperæmia of the brain and spinal cord, or to a morbid condition of the gastric nerves. The object of this paper was to show that sea-sickness was in reality, caused by anæmia of the brain and the

cervical portion of the spinal cord, arising from insufficient power of the heart, whereby a general increase of reflex excitability throughout the system was brought about. The first and most constant symptom of the disorder was not retching or vomiting, but vertigo, which was most severe in the standing posture, and at once relieved by a strictly horizontal position, and which was thus proved to arise from a deficient amount of blood in the nervous centres. The increase of reflex excitability was also shown by greater sensitiveness of the patient to light, sound, touch, etc.; and in some cases there were even reflected spasms in the lower extremities. It was, however, greatest in the stomach, as evidenced by retching and vomiting, the degree of which was dependent upon the posture of the patient, but not upon the full or empty condition of the stomach, or its greater or less vital power. This increase of excitability was after a time, generally followed by a considerable diminution of it, there being great torpor and profound indifference. The organ primarily disturbed, therefore, appeared to be the heart, which, in consequence of the ship's motions, became unable to propel the blood with sufficient power into the nervous centres. The blood was accumulated in the chest and the abdomen, where it produced a feeling of pressure and heat. Persons with a strong heart and a slow pulse generally suffered little from sea-sickness; while irritable people, with a quick pulse and a tendency to palpitations, were more liable to be affected. This explained to a certain extent the different liability to sea-sickness of the different nations; for, as a rule, the French and Italians, being of a more irritable temper, suffered most, the Germans less, and the English least, of the disorder.

The treatment of sea-sickness flowed directly from the pathology enunciated. Our task should be to facilitate the afflux of blood to the nervous centres, and to strenghten the heart's action. For this purpose a horizontal position should be enjoined, and a few tablespoonfuls of well-seasoned beef-tea, and small doses of brandy, should occasionally be given.

Fever in Greenock. A serious and fatal epidemic of fever has been of late present in Greenock. Its nature may be judged of from the fact that, since November, no less than four medical men have died from it there, and all of them young and in the prime of life.

Deaths in London. During past week, in London, fourteen infants died from being overlaid or otherwise suffocated in bed. A man was killed by a cart. Mr. Yardley, Registrar of St. George's, Bloomsbury, who records eighteen deaths in the week, of which eight were in the Infant Home, 35, Great Coram Street, an institution for illegitimate children, states that the mortality in this house continues to be very great; and that Dr. Buchanan, the medical officer of St. Giles's district, having visited it, made suggestions to the principal of the establishment, which have been carried out, and, amongst others, that the resident medical officer of the Sick Children's Hospital should visit it daily, in addition to the visits of the regular surgeon of the Home, which are made three times a week; but the children are generally so weak and emaciated from want of nourishment and attention previously to admission, that the mortality of the inmates is inevitably high, and it is only by the greatest care that any considerable number of them can be saved. The rate of mortality was 27 per 1000 in London, 28 in Edinburgh, and 34 in Dublin; 45 Liverpool, 35 in Manchester, 35 in Salford, 26 in Birmingham, 34 in Leeds, 28 in Bristol, and 41 in Glasgow.

Correspondence.

SYPHILISATION.

Letter from Henry Lee, Esq.

Sir,—Professor Simpson has, in a very friendly manner, furnished me with the means of identifying the case he mentions in your impression of last week as the same as the one to which I had previously referred.

It is now admitted that that patient had no constitutional symptoms for six years after the appearance of the supposed primary affection; and that he had at no time any eruption upon the skin. Professor Simpson has attempted to show that the case might nevertheless be one of syphilis, by quoting passages from Dr. Bumstead and Professor Gross, to the effect that sometimes "tertiary symptoms manifest themselves for the first time from twelve to eighteen years after the primary disease"; and, in the clever way in which Professor Simpson has put it, an ordinary reader might be led to suppose that the authors mentioned believed that constitutional symptoms, in real cases of syphilis, might not appear until after that lapse of time. A fallacy underlies Professor Simpson's whole argument.

It is true that Dr. Bumstead says we meet with some "instances in which syphilis appears to skip over its secondary, and manifest itself only in its primary and tertiary forms." But he also states that "the general symptoms of syphilis, in the absence of specific treatment, *always* appear within six months, and generally within three months, after infection."

Dr. Gross says very much the same thing; and Ricord has printed his opinion upon the subject in very large letters; namely, that, in the natural development of the disease, "IL NE PASSE JAMAIS SIX MOIS SANS QU'IL SURVIENNE DES MANIFESTATIONS DE L'INTOXICATION SYPHILITIQUE." (*Lettres sur la Syphilis*, p. 300.) I must add, that the opinion here expressed agrees with my own experience.

It is then evident that, when authors mention the tertiary symptoms as appearing after the lapse of some years, the "tertiary" are put in opposition to the "secondary" symptoms, which have previously appeared at their natural time. Such a case I well recollect, where an eruption appeared after the lapse of twenty years; but in this, as in other similar cases, the secondary symptoms had first manifested themselves at their usual time.

There are other reasons, such as the absence of any history of an indurated chancre and of any chronic indolent enlargement of the glands, which induce me to believe that the disease under which the patient in question was suffering was not syphilitic. I was of that opinion when the patient was first sent to me for a written opinion on his case; I was of the same opinion when I read the case reported in the British Medical Journal; and I am of the same opinion now that I have read Professor Simpson's comments upon it.

If, on the contrary, Professor Simpson has indeed made out that constitutional symptoms may appear for the first time after a lapse of six years, it is he who has made a great "discovery". For myself, I must disclaim having maintained the "marvellous marvel", that softening of the bones could be cured by syphilisation, especially in the instance before us; seeing that it was the father who had the "softening of the bones", and the son who was (as it is termed) syphilised.

In the third paragraph of his letter, Professor Simpson implies that I am anxious to reject the case in question only because it was completely cured (?) by syphilisation. Whatever opinion I may now entertain with regard to the virtues of syphilisation, I certainly had no prejudice against it originally, and have published a plate in my work on *Syphilis*, illustrating the appearances of the inoculations in a case in which I had tried it.

Mr. friend Dr. Marston informs me that he has also lately carried it to the extent of some forty to sixty inoculations, but with no benefit to the disease for which it was tried, and with a certain amount of damage to the patient's constitution.

When these experiments are tried on those who are already syphilitic, and who are provided for in military hospitals, no great harm can probably follow. But, holding the views I do, your readers will not be surprised if I should exert what little influence I may have to prevent the young men of our country from leaving their homes to be syphilised with matter taken indiscriminately from hard and soft sores, where there is any chance of their having a disease communicated to them which they had not before.

I am, etc., HENRY LEE.

9, Savile Row, February 12th, 1865.

ADVICE GRATIS "AT HOME."

LETTER FROM HENRY LOWNDES, ESQ.

SIR,—On the question of the gratuitous services of hospital surgeons I am compelled sometimes to differ from you, as I think both the charities and the profession gain by the medical officers being an associate rather than a servant of the committee or governing body. But I had the greatest pleasure in reading your remarks on private gratuitous advice.

In this town this system is carried on to a considerable extent, and that even by gentlemen who profess, and I believe honestly, to have the welfare of the profession at heart. I believe—and I shall be glad to be put right if wrong—that at least five-sixths of these gratuitous patients bring as introductions notes from druggists who have been tampering, as far as they dare, with the case; and to these druggists they of course return with their prescriptions until such a change takes place as will either require a certificate or allow the patient to swallow the druggists' own prescriptions in comparative safety. Of course, respectable druggists do not do these things, but the very system of gratuitous advice has, I believe, led to the existence of a class of shops that could not be otherwise maintained.

Any one who knows not how easy it is to poison a child, but how difficult it is sometimes not to do so, can imagine how much of our excessive infant mortality this system may account for. Those who by keeping open house support this system, are not indeed perhaps morally guilty of murder, but they are accessory to this wholesale slaughter.

The injury the system inflicts on young and struggling medical men is manifest. Those who have got past their early struggles are often greatly annoyed by finding that their patients who could well afford, if necessary, a consultation fee, run off in secret to have a gratuitous interview with some great doctor who declares the oracles. I hope abler pens than mine will take this matter up, and that the profession will not rest until this system is at least reformed. I am, etc.,

HENRY LOWNDES.

Liverpool, February 11th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on February 8th, 1865.

Clements, George, Brixham, Devon: diploma of membership dated January 24, 1865
Dillon, Patrick William, Ennis, co. Clare: July 11, 1851
Douglas, George Cox, Ware, Herts: May 24, 1864
Dwelly, Henry James, Wandsworth: July 26, 1864
Hatherly, Henry Reginald, Derby: November 16, 1864
Hyde, Edward, Witney, Oxon: July 30, 1863
Jones, William Owen, Bala, North Wales: August 1, 1861
Purcell, Ferdinand Albert, Cork; January 26, 1865
Roberts, John Coryton, Peckham: July 26, 1864
Rogers, Charles Edward Heron, West Meon, Petersfield: July 27, 1864
Smith, Edward Roberts, Dudley, Worcestershire: May 24, 1864
Smith, Walter, Bognor, Sussex: May 11, 1864
Stone, William Domett, Lincoln's Inn Fields: April 10, 1861
Williams, Hutchins, Southampton: May 27, 1853

ROYAL COLLEGE OF SURGEONS, EDINBURGH. During the recent sittings of the examiners, the following gentlemen passed their final examinations, and obtained the diploma of the College.

Clendinnen, William Ellis, county Wicklow
Higgins, Thomas James, Lisson
Hoggan, Edward, Meerut, India
Ingram, James, Orkney
Jamieson, Alexander Wallace, Derbyshire
Mason, James, Rutlandshire
Thin, Robert, Kilconquhar

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Budge, John T., Caithness
Coppinger, Albert W., Cork
Goulden, James Henry Oswald, Stockport
Leman, J., Montreal
Mason, James Lindsay, Montreal
Roche, Arthur, Cork
Stewart, Robert, Edinburgh
Thompson, William G. W., Ballymoney
Wotherspoon, John Thompson Richardson, Dumfriesshire

And the following gentlemen passed their final examinations, and were admitted L.R.C.P.Edinburgh, and L.R.C.S.Edinburgh.

Beresford, Robert, Dublin
Dods, James, East Lothian
Forbes, Daniel Mackay, Edinburgh
Hague, Samuel, Ashton-under-Lyne
Miller, Alexander Hunter, Edinburgh
Turner, Robert, Antrim

APOTHECARIES' HALL. On February 9th, 1865, the following Licentiates were admitted:—

Boult, Edward Farrington, Bath
Mackenzie, George Weiland, Tiverton, Devon
Mason, James, Barrowden, Rutlandshire
Roberts, John, Festiniog, Merionethshire
Rogers, Charles Edward Heron, West Meon, near Petersfield
Tuck, Francis, Oxford
Watts, Arthur John, Alfred Street, Harrow Road

At the same Court, the following passed the first examination:—

Barton, Frederick, University College Hospital
Croft, Gilmore Winton, St. Thomas's Hospital
Withers, Walter Owen, King's College Hospital

APPOINTMENTS.

BELL, Joseph, M.D., appointed Assistant-Surgeon in the Surgical Clinical Wards of the Royal Infirmary of Edinburgh.

ROYAL NAVY.

CLIFT, Samuel, Esq., Surgeon, to the *Rattlesnake*.
JACKSON, Gordon, Esq., Surgeon (additional), to the *Asia*, for service in the *Enchantress*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CLARK, W. W., M.D., to be Honorary Assistant-Surgeon 7th Northamptonshire R.V.

HARRIS, C., M.D., to be Honorary Assistant-Surgeon 9th Cinque Ports R.V.

BIRTH.

MARTYN. On February 13th, at Clifton, the wife of *Samuel Martyn, M.D., of a daughter.

DEATHS.

ADAMS, George Hill, M.D., at Mall Terrace, Notting Hill, on Feb. 6.

BARLOW. On February 4th, at Writtle, Essex, Eleanor Stansfield, second daughter of William R. Barlow, Esq., Surgeon.

GRAINGER, Richard D., Esq., F.R.S., at Highgate, aged 63, on February 11.

GULL. On February 8, at 26, Brook Street, aged 3 years and 10 months, Mary Dacre, youngest child of W. W. Gull, M.D.

HALL. On January 14, in London, Eliza, youngest daughter of Thomas Hall, Esq., Surgeon.

LOWE, William, Esq., Surgeon, at Warboys, aged 60, on February 8.

MACLIMONT, Robert, M.D., at Bath, on February 8.

NICOLAS, Thomas, M.D., at Portland, aged 41, on January 27.

RALEIGH, Edward W. W., Esq., late Bengal Medical Service, aged 62, on January 22.

SCOT. At Farnborough, Hants, lately, aged 78, Helen Goldie, widow of William Scot, Esq., late Superintending Surgeon at Madras.

WALES. On February 14th, at Downham Market, aged 71, Mary, the wife of *Thomas Garneys Wales, Esq.

WAVELL, Robert M., M.D., at Newport, Isle of Wight, aged 66, on February 8.

WELCH. On February 14, at Taunton, aged 83, Mary, widow of the late Charles Welch, Esq., Surgeon.

CANDLER *v.* PEAT. One hundred pounds have been subscribed and given to Mr. Peat to help in defraying the expenses incurred by him in the action of Candler *v.* Peat.

SMALLPOX IN DUBLIN. The ages of the persons whose deaths from smallpox were *registered* during the past week in Dublin were respectively 9, 10, and 22 years; *none of them had been protected by vaccination.*

BEQUEST. By will George Dodd, Esq., late of Grosvenor Place, leaves the following charitable bequests: To the Royal Institution, the Artists' Benevolent Fund, St. George's Hospital, Middlesex Hospital, and Lock Hospital, each £100.

KNIGHTHOOD OF DR. A. TAYLOR. The Queen has been pleased to direct letters patent to be passed under the Great Seal granting the dignity of a Knight of the United Kingdom of Great Britain and Ireland unto Alexander Taylor, Esq., Doctor of Medicine.

MR. CHARLES HAWKINS has been unanimously elected (by ballot) treasurer of St. George's Hospital, in place of the late Sir A. Croft. This is, we believe, the first time that a medical man has been appointed to the post of honour; and is a sure indication of the high esteem felt for Mr. Hawkins by the governors of the hospital.

SUICIDE OF VICTOR TOWNLEY. Victor Townley, the murderer of Miss Goodwin, destroyed himself on Sunday afternoon by jumping over the staircase railings in Pentonville Prison, on his return from chapel. He received a concussion of the brain, and died in a state of unconsciousness at eight o'clock the same evening.

THE SANITARY CONDITION OF CALCUTTA. On Tuesday last, Mr. Vansittart asked the Secretary of State for India whether anything had been done to improve the sanitary state of Calcutta; if so, whether he had any objection to produce papers relating to the same? Sir C. Wood said that a sanitary commission was appointed and made a report, but he had not received a report of what had been done in consequence of that report.

SOMETHING LIKE AN APPETITE. The *Patria* of Naples states that there is at present in the Hospital of Incurables in that city an old woman who is suffering from a strange disease. She every day eats at least five portions of roast meat, seventy eggs, several loaves, and other food, of course including a good quantity of macaroni. When attempts are made to reduce her diet she raves like a mad woman. Professor Zamoglia has recently undertaken to cure the poor woman, but up to the present time her appetite remains unimpaired.

CHILDBED DIET. Before summing up these few remarks, says Dr. Patterson, let me add my humble testimony to the good effects of a more supporting diet after childbirth, as for a series of years past I have enjoined and ordered a pretty liberal diet, especially in great exhaustion from uterine hæmorrhage after severe labour; and instead of harm, much benefit was derived by the patient after delivery. I am convinced that by this means recoveries will be less tedious and far more satisfactory, than under the frugal bill of fare which in such cases is usually prescribed. (*Glasgow Medical Journal.*)

POOR-LAW UNION MEDICAL OFFICERS. In the House of Commons, on Tuesday, Mr. R. Long asked the President of the Poor-Law Board whether he proposed to reappoint the select committee on the poor laws, with the view of further inquiry into the position and the grievances of medical officers of poor-law unions. Mr. Villiers said it was not his intention to move the reappointment of a committee of inquiry on this subject. It was investigated by the committee referred to by the hon. gentleman who took into their consideration the evidence given before a committee of the house, and declined to call further evidence.

ANOTHER VICTIM TO THE POOR LAWS. It is with feelings of pain that we find ourselves called upon to announce the death of another member of the medical faculty, by fever contracted in the discharge of his professional duties. Dr. Cæsar, jun., has, like Mr. George Fitton, succumbed to fever. We understand that his death is indirectly traceable to the hardships he has had to encounter while acting as medical attendant at the Auxiliary Fever Hospital instituted by the Board of Guardians. While his attendance was required at the hospital throughout the whole day, he was not allowed even a chair to sit on. Although we have the information from reliable authority, we can scarcely believe it, and we hope it may be found to be exaggerated. We cannot, however, forget that it was sought by some of the guardians to require his attendance by night as well as by day, and that such a course would have been attempted but for the outspoken manner in which Dr. William Townsend showed the inhumanity of requiring more service than they had been receiving. The deceased took fever at the Auxiliary Fever Hospital, and was removed to the North Fever Hospital, where he died, after an illness of fifteen days. It cannot be expected that medical men, whose education costs a large sum of money, and requires the application of several years, will be got to put their lives in jeopardy for the miserable stipend of two guineas a week, which the guardians have been rather grudgingly paying. We cannot repress the thought that the parsimony of the guardians, respecting the management of the fever hospital, has been productive of loss of life, and we think the death of Dr. Cæsar an event for which they ought to show their sorrow by evincing, for the future, a more humane spirit towards the members of this very useful, but insufficiently appreciated profession. (*Cork Reporter.*)

The Army Acting Assistant-Surgeons. A recent number of the *London Gazette* contains the announcement that the undermentioned acting assistant-surgeons have ceased to do duty, there being no longer occasion for their services:—W. E. Bower, J. G. Cambell, P. Lee, J. Craven, F. P. Beamish, M.D., R. E. Hogan, T. Hunt, R. P. Gelston, W. Haynes, M.D., T. P. Tyrrell, J. T. B. Lawrie, M.D., R. Wallace, W. K. Brock, J. R. Roe, E. A. Keogh, M.D., J. B. Gaffney, W. Durrant, J. A. Gaven, R. FitzGerald, A. Mulcahy, W. F. Fenton, W. Adams. This list, we believe, comprises the whole of the recently appointed "acting assistant-surgeons."

A Homœopathic Convert. The *Jersey Times* of last week has the following:—"*A Disagreeable Surprise.* At a recent complimentary public dinner given by his professional brethren to Dr. Thomas, the eminent surgeon to the Staffordshire County Hospital at Wolverhampton, the recipient of this honour is reported to have stated in his acknowledgment of the toast of the evening that he had instituted a long and careful inquiry into the nature and value of homœopathy, and had found its principles and practice to be so unequivocally true and reliable, and, above all, so extremely effective in the treatment of disease, that he had firmly resolved to devote the remainder of his life to their propagation and support. Dr. Thomas is a graduate, with honours, at the University of London, a member of the College and Hall, and a gold medallist both in anatomy and medicine of London University, Longridge prizeman of University College also, and, prior to his appointment of surgeon to the Staffordshire County Hospital at Wolverhampton, was demonstrator of anatomy in the University College Medical School. (*Liverpool Weekly Mercury*, December 31st, 1864.)"

Jottings from Registrars' Notes. The reports transmitted to the Registrar-General by the local registrars on the state of their districts during the last quarter of 1864 contain the following among other statements:—St. Martin's, Birmingham—"Smallpox has been very prevalent; vaccination is frequently disregarded; there is no local medical officer of health in the town." Worcester, West—"Small-pox is very prevalent; none of the persons who died were vaccinated." Scarborough—"43 deaths from smallpox; not one of the victims, so far as I can ascertain, had been vaccinated." Exeter, St. Sidwell—"Scarlatina and smallpox are very prevalent; not more than one-third of the children are vaccinated." St. Helen's—"Smallpox is most prevalent in that part of the town noted for its defective sanitary arrangements, and inhabited principally by the Irish; there is an entire absence, apparently, of all ideas of cleanliness." Yeovil—"Several deaths have occurred from typhoid fever; the drainage is in a very bad state." Blyth—"Nineteen deaths from typhoid fever, 11 of them occurring in Newsham and Forster Pit districts, which are deficient in sanitary arrangements and a proper supply of water." Oswaldtwistle, Lancashire—"Upwards of 300 persons have been attacked by typhoid fever during the quarter; the medical men attribute the great prevalence of the disease to bad drainage." Orsett, Essex—"Fever of a typhoid character has prevailed; cases of this kind were sent into the workhouse, and in spite of all precautions the disease spread." Wiveliscombe, Somerset—"The excess of deaths is caused by scarlatina existing as a wide-spread epidemic; medical men are rarely called to treat this disease in its early stages by the poor and middle class." Ely—"There were 23 deaths in town from scarlatina, and only one in the fens." Mutford, Lowestoft—"A woman died aged 104 years; her faculties appeared unimpaired until the last." Acton—"Among the deaths is that of a child found dead in the Church Road, the sex of which is returned by the coroner's 'information' as being both male and female."

Learned Lunatics. At a trial last month before the City Court of Brooklyn, New York, in which the plaintiff claimed a verdict and damages against her brother and nephew for taking her to Bloomingdale Lunatic Asylum, though she was (she alleged) really of sound mind, Dr. Brown, the principal physician of the asylum, was asked whether it was not possible that a person of insane mind could write such poems as this lady had written, one of which had become very popular. The doctor's answer was,—"Certainly. I suppose the best reply I can give to that question is to state that *Adler's German and English Dictionary*, which is used as a standard text-book in the principal colleges in the country, was written in the Bloomingdale Asylum by a person of insane mind. I might also mention a number of standard text-books which were written in that institution; and I will state as a conclusive fact that one of the leading newspapers in New York is principally edited in the Bloomingdale Lunatic Asylum, and the leading editorial is written three or four times a week by a person of unsound mind confined in that institution."

Superannuation of Medical Officers. We would be glad that the superannuation fund of all workhouse officials were placed on the Consolidated Fund, as has been done with the officers of the civil service. We know of no learned profession so trying, and, at the same time, so inadequately rewarded, as that of the medical practitioner. He comes daily into contact with scenes of misery and suffering, and the wretchedness he sees must, if he be not possessed of a breast of stone, urge him, in many instances, to bestow more than he can, perhaps, afford to part with. The physician, in the exercise of his profession, becomes acquainted with want in its thousand and one forms. What other professional man endures so much? Putting out of consideration the expense of his education, and the extent of his acquirements, who, in the practice of his business, endures such hardships, and runs such risks. The soldier braves the battle-field; but, happily, wars are not contagious, and he is afforded ample leisure to "shoulder his crutch, and show how fields are won." The clergyman attends at the bedside of the sick to administer religious consolation. But his functions cease when consciousness is overwhelmed by contagious disease. The physician is called on to be most active and attentive, when all other relief is useless, and when danger is most formidable. He is a soldier—daily, hourly facing the cannon's mouth. He is a "ministering angel," when fond friends think more of the cure of the body than of the soul. And yet, how poor is his reward! The number of general practitioners who enjoy an income adequate to the mental wear and tear of their profession is small; while of those whose incomes are small and precarious the name is "legion." (*Southern Rep.*)

The Martin Exhibitions. The subscribers to the fund for establishing exhibitions in the Reigate Grammar School, in memory of the late Mr. Peter Martin, will be glad to learn that, not only have the requisite funds been collected and invested in the names of certain trustees, but that the first examination and distribution has already taken place. There were eight candidates; and on the 27th ultimo, the trustees attended at the school to distribute the awards of £20 and £10 respectively, in the presence of the scholars, to the successful candidates; viz., Gooch, jun., to whom the examiners had assigned the senior, and to Nash the junior exhibition. George Baker, Esq., expressed the great pleasure he had in

handing over to the successful competitors the exhibitions which had been established to the memory of their departed friend whose bust he now saw before him. Mr. Baker spoke of the many excellent qualities of Mr. Peter Martin, who had so greatly endeared himself to a large circle of friends by whom his virtues were cherished. The allusion of Mr. Baker was to a cast of the marble bust executed by the eminent sculptor, Mr. Weekes, R.A., of the late Mr. Peter Martin (presented to the trustees by Thos. Martin, Esq.), which, after the design of one of the trustees of the school, has been placed by Mr. Carruthers in an elegant niche in a conspicuous part of the school. Our readers will be glad to know that not only the profession, but also the public (from whom such subscriptions are highly gratifying) of Reigate and its neighbourhood, have done full justice to the memory of the late Mr. Peter Martin. Besides £1000 set apart for the Exhibition Fund, sufficient money was subscribed to secure a bust in duplicate by Weekes and a memorial window.

Registration of Births and Deaths. London has hitherto been the only great city of the world in which the causes of all the deaths and the births have been inquired into, and published weekly. The bills were commenced in the reign of Elizabeth, when thousands of the people were swept away by zymotic diseases; and London was in truth periodically the city of the plague, containing within its walls and liberties a population of only 130,178 souls. The cause of nearly every death is certified by the medical attendants, and the certificates are copied by the 135 registrars, who forward abstracts of their registers weekly, which reach the General Register Office every Monday morning. The population of London was 2,803,989 in 1861. It is no longer decimated by the plague, and it is some years since cholera ravaged its parishes. But the causes of death are numerous, and their operation can only be arrested by a knowledge of the laws which govern death as they govern life. Our knowledge of these laws is likely to be increased by extending the area of observation; and in endeavouring to accomplish this object the Registrar-General has everywhere met with co-operation. The utility of weekly returns is admitted all over Europe. Vienna is at present one of the great medical schools of the age, and from that city the returns are punctually sent to this office every week by Dr. Glatter. Berlin will probably supply the same information. Baron Haussmann, whose efforts to improve Paris are well known, has been communicated with, and he will, with his admirable administrative organisation, have no difficulty in supplying science with the same information about the state of the public health of Paris as is furnished here respecting the health of London. The Registrar-General of Ireland publishes weekly tables for Dublin; and the Registrar-General of Scotland zealously co-operates by procuring returns for Edinburgh and Glasgow. Under these circumstances it has been thought right to procure returns from Liverpool, Manchester, Salford, Birmingham, Leeds, and Bristol, six of the greatest cities or boroughs of England. The returns are furnished by the local registrars, who have laudably aided in the work.

Criminal Lunatics. These are what they always call themselves, "her Majesty's pleasure people," that is, sentenced to imprisonment during her Majesty's pleasure. Some are reading, some are writing, some playing draughts, a few shambling to and fro in moody silence like caged animals, while some sit staring with blank intensity upon the opposite wall, from which they never move their eyes. Here comes one who was, when at large, more dangerous to her Majesty than Oxford himself, hopelessly mad from a vain love of notoriety, which he thinks he has attained, as the grand strut with which he enters the room shows clearly enough. The once terrible Captain Johnston is here now, cured to a mild and inoffensive idiotcy; and here, too, is Macnaughten, as really mad as when he killed poor Mr. Drummond. Here is a non-commissioned officer, whose murder of his wife and family some years ago shocked all England. His only anxiety now is about his good conduct medal. Here, too, are several who had already been in asylums before for attempted murder, had been discharged as cured, and having then perpetrated murder outright, have been committed to stay here for evermore. As a rule, those reading are the half-cured, and these seldom speak or are spoken to. Those writing so intensely are generally preparing interminable memorials to the Home Secretary, or keeping the most insane of diaries to show the Commissioners in Lunacy as proofs of their cure and reasons for their discharge. The maddest of all these are those who beset the governors with endless arguments on the necessity for their being set at liberty at once. As a rule, all in this block are harmless, though the prefixes which come attached to their characters and dispositions are not at first sight calculated to convey this mild impression. Thus we find "T. M., murdered his wife and two children; quiet and very harmless. L. F., murdered his wife, sister, and child; obedient, quiet, and perfectly inoffensive." A few who are sane during the greater part of the year are subject to periodical returns of their dangerous maladies. But of the symptoms which precede these outbreaks Dr. Meyer is always a careful observer, and the patients are in good time removed to the "strong block," of which we shall have to speak presently.

Army Medical School. The following was the examination at the close of the ninth session of the Army Medical School, Netley, between January 30th and February 4th, 1865. The Examiners were Professors Parkes, M.D., Maclean, M.D., Longmore, and Aitken, M.D. *A. Written Questions.* I. *Military Hygiene.* 1. If you were called upon to give your opinion as to the desirability of a certain water-supply, which it was proposed to use for a garrison of five thousand men, what points would lead you to an opinion, firstly, as to the sufficiency of the supply; secondly, as to the purity of the water? 2. If an outbreak of diarrhœa affected suddenly a number of persons in a limited area, what would be the most probable causes? and how would you ascertain the existence of those causes? 3. What are the principal causes which produce movement of air in rooms? and at what rate does movement become perceptible? What are the regulations as regards cubic space per head at home and abroad? and what are the recommendations of the Barrack Commissioners in respect of the quantity of air which should be given per head per hour in barracks? 4. What are the chief diseases which at present cause mortality in the West Indies and the Mauritius? and what are the chief rules of prevention? II. *Military Medicine.* 1. Give as complete an account as you can of the causes which produce (*a*) typhus, (*b*) dysentery, and (*c*) phthisis, in armies. 2. Describe the general and special indications of the treatment in the typhus of armies. 3. Give the causes, symptoms, diagnosis, consequences, and treatment of enlarged spleen. III. *Military Surgery.* 1. Describe the treatment you would adopt on being called to a recent case of gunshot wound of the abdomen, under each of the following six conditions—(*a*) one opening, without direct evidence whether the projectile has or has not penetrated the cavity of the abdomen; (*b*) one opening, the cavity being evidently opened, but no complica-

tion being visible; (*c*) wound penetrating the cavity, complicated with hæmorrhage externally; (*d*) wound with protrusion of the intestine, the intestine itself being unopened; (*e*) the same, but with intestine opened; and (*f*) two penetrating wounds, without visible complications. 2. Explain the way in which the eye is enabled to see objects at different distances, and the method by which the range between the nearest and the most distant points of distinct vision may be determined and expressed. Show also how, when presbyopia exists, its degree and the means of correcting it can be ascertained. 3. Give an outline of the surgical duties and of the general arrangements for the care of the sick and wounded under the ordinary circumstances of troops on the march in time of war. IV. *Pathology*. 1. Define what is understood by syphilis. Describe the characters, probable periods of incubation, duration, and consequences, of the various primary venereal sores; and state what kinds of eruptions or sores on the organs of generation may be confounded with venereal sores. 2. Define what is understood by pyæmia and hospital gangrene. Describe the circumstances which tend to induce and propagate the morbid states which these terms comprehend. 3. Describe and interpret the prominent lesions seen in the *post mortem* examination of * * *, who died, aged 23, of chronic dysentery, and was dissected on January 6th, 1865. The points to be attended to in your accounts are as follows: (*a*) What were the anatomical signs in the small intestine which pointed to the nature of the common continued fever which he was said to have had in Hongkong? State the name of the common continued fever it is probable he had. (*b*) What were the conditions of the colon and rectum, (*c*) of the liver, and (*d*) of the lungs. *B. Practical Examination*. I and II. Examination, historical account, statement of diagnosis, prognosis, effects of proposed treatment, etc., of one *surgical*, and one *medical* case. III. *Hygiene*. Examination of various specimens of water, for chloride of sodium, for organic matter, and for total hardness. Examination and analysis of specimens of milk and of beer. Microscopic examination of samples of coffee and flour. IV. *Pathology*. Demonstration of the urinary tubuli and cortical portion of a microscopic preparation of a kidney. Description of various preparations of morbid anatomy. Examination of secretions.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.30 P.M. Mr. De Méric, "Clinical Experience in Syphilis."

TUESDAY. Pathological Society of London, 8 P.M.

WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.30 P.M. Mr. Henry Smith, Lettsomian Lectures on the Surgery of the Rectum. Lecture III, "On the Treatment of Hæmorrhoids, and Prolapsus of the Rectum."

FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

COMMUNICATIONS have been received from:—Dr. WILLIAM NEWMAN, Dr. DURRANT; Dr. W. H. O. SANKEY; Mr. FURNEAUX JORDAN; Mr. STONE; Dr. MARTYN; THE HON. SECRETARIES OF THE MEDICAL SOCIETY OF LONDON; Mr. H. LOWNDES; Dr. JOHN THOMPSON; Dr. S. W. D. WILLIAMS; Dr. BRUSH; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; COLONEL H. M. WALMSLEY; Dr. BEIGEL; Mr. E. BATTY; Mr. OLIVER PEMBERTON; Mr. H. TERRY, JUN.; Dr. SKINNER; Mr. T. PRIDGIN TEALE, JUN.; Dr. WOODFORDE; Mr. BRODHURST; Mr. HENRY LEE; Mr. E. BUSH; Mr. SANKEY; Dr. RADFORD; Dr. JAMES RUSSELL; Mr. T. D. JACKSON; Dr. J. BELL; Mr. T. G. WALES, JUN.; Dr. SNOW BECK; Dr. RICHARDSON; Dr. R. FOWLER; Mr. A. RANSOME; and Dr. N. D. MOORE.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE INDIAN MEDICAL WARRANT. (OBSERVER.)—We gave no credence to the report of the Indian Medical Warrant having been withdrawn, and therefore did not allude to it in the JOURNAL. Our correspondent has perhaps learnt that the same journal which spread the report has also authoritatively, in a later number, stated that the report was incorrect.

VENESECTION.—SIR: I cannot forbear offering Dr. Markham my meed of sincere approbation for his lines on the subject of venesection. I am so far advanced in years as to see the immense changes in medical practice and surgery. The boldness of the latter is almost exceeding all belief in comparison with its former status. I congratulate Dr. Markham on hitting the more common sense view of treating disease, by a modification of the two extremes into which medical men have verged. Having been an old lecturer on midwifery, etc., I have constantly endeavoured to impress on the pupils that, whatever theories with their apparent degrees of success, they must maintain their opinions based on "common sense", and not be led away by the *ipse dixit* of any man who has not experience to guide him.

Liverpool. I am, etc., E. B.

THE WOODHALL AND ASHBY SPAS.—SIR: Can you furnish me with some account of the medicinal properties of the spas at Woodhall and Ashby-de-la-Zouch; or allow me to ask the same of some local M.D.; as well as the complaints in which they are said to be specially serviceable. I am, etc.,

THOMAS DIXON JACKSON, M.R.C.S., etc.

Slaidburn, Clitheroe, February 14th, 1865.

ADVERTISEMENTS.

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Lectures
ON
ORTHOPÆDIC SURGERY.

BY

BERNARD E. BRODHURST, F.R.C.S.,

OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

Lecture XVI.
ON CONGENITAL DISLOCATIONS.

The dislocations which are for the most part found at birth, are those of the hip. Other dislocations exist however, though rarely; such as, of the shoulder, the elbow, the wrist, the knee, and the jaw; but these are almost always associated with monstrosity, or with paralysis and idiocy, or they are subluxations and not true luxations. Congenital dislocations of the shoulder, for instance, are partial displacements of the head of the humerus, simulating more or less true dislocations, with complete or partial paralysis of the muscles around the articulation; while those of the elbow and the wrist are always associated with malformation or monstrosity, and are produced by muscular retraction. Congenital dislocations of the knee are subluxations, which are to be treated by extension of the limb after subcutaneous section of the hamstring tendons. Thus, other forms of congenital dislocation occurring together with anomalies of organisation, or with paralysis, or being subluxations only, we may proceed, without further remark, to consider dislocations of the hip.

Congenital dislocations of the head of the femur occur in three directions; namely, upwards and outwards, directly upwards, and upwards and forwards. But although these three varieties of luxation occur, one alone demands serious attention—that, namely, upwards and outwards; the two last mentioned varieties having only been seen in fœtal monstrosities.

Dislocations, then, of the head of the femur upwards and outwards, on to the dorsum of the ilium, occur generally as double luxations; and they are seen much more frequently in the female than in the male sex. In his lectures, Dupuytren mentions that he had seen twenty-six cases of congenital dislocation of the hip; and that these were double luxations, except only in two or three instances, where one limb alone was affected. Of these twenty-six cases, twenty-two were females and four were males. I have had twelve cases of this dislocation under my care, of which ten were instances of double luxation, and of these nine occurred in female children. Also, one of the single luxations occurred in a female child.

The *causes* of this dislocation have occasioned much difference of opinion. Some have supposed the affection to be hereditary; others have imagined that inflammation of the synovial membrane may have caused effusion within the capsule and dislocation; while, again, arrest of development, defect in the organisation of the germ, spasm, and external violence, have each its supporters.

It will not be necessary here to enter into arguments for and against the theories which have been now recited. It is probable that congenital luxation of the head of the femur upwards and outwards, with perfect development of the head and the cotyloid cavity, is induced by sudden or violent traction at birth; some impediment having arisen to impede the completion of the birth. When the child is healthy and well developed, and the signs of disease which might have occasioned dislocation are wanting, the cause of luxation will not be found either in the articulation itself or more remotely hidden in the medulla or elsewhere; but the dislocation may probably be traced to undue violence at birth, either instrumental or direct. In the same manner, doubtless, the shoulder may be dislocated, as I have known it to be; but it is a rare accident.

Also, it is not improbable that spasm of the muscles about the hip may tend to displace the head of the femur—spasm, whether induced by external violence or by other cause. And when we find this lesion to co-exist with other spasmodic affections, such as varus for instance (and two such cases have come under my own notice), we cannot refuse to entertain the idea, that spasm may cause the head of the femur to pass from the acetabulum and lie upon its brim. The position of the fœtus *in utero* is such that the head of the femur must press on the posterior and inferior portions of the capsules of the joints, the thighs being flexed upon the abdomen. A slight spasmodic action would probably be sufficient to displace the head of the bone and cause it to lie upon the brim of the acetabulum. But the head of the femur having passed the border of the cotyloid cavity, nothing more is required to displace the bone upon the dorsum ilii, than extension of the limb at birth. And, thus, the act of extension would complete the luxation by drawing the head of the femur into its ultimate position, the external iliac fossa.

The *symptoms* of this dislocation differ as the age at which the lesion is observed differs. At birth, it passes unobserved; there is then but little to attract attention to the displacement. When, however, luxation is suspected, and an examination is made with a view to its discovery, it is found that the motion at the hip is unusually free; that voluntary motion is diminished; and, especially, that the head of the bone occupies the external iliac fossa. The head of the bone, which is very slightly prominent while the child is lying down, may be distinctly felt on rotating the limb; and as the child grows and is able to stand, the heads of the femurs become prominent, and present visibly on the dorsum of the ilium above and behind the cotyloid cavity. When the dislocation is double, the pelvis is rendered very oblique—the pubes being carried backwards, and the sacrum in a corresponding degree being raised; so that the abdomen is rendered prominent and the lumbar region is curved forward in an abnormal degree—lordosis. The trochanters project unnaturally, and approach the crests of the ilia; and the heads of the femurs can be seen projecting on the ilia beneath the glutei. The muscles of the lower extremities, from insufficient use, are small and weak; and frequently there is produced genu valgum and

flat-foot. These several points are well shown in the accompanying engraving. (Fig. 51.)

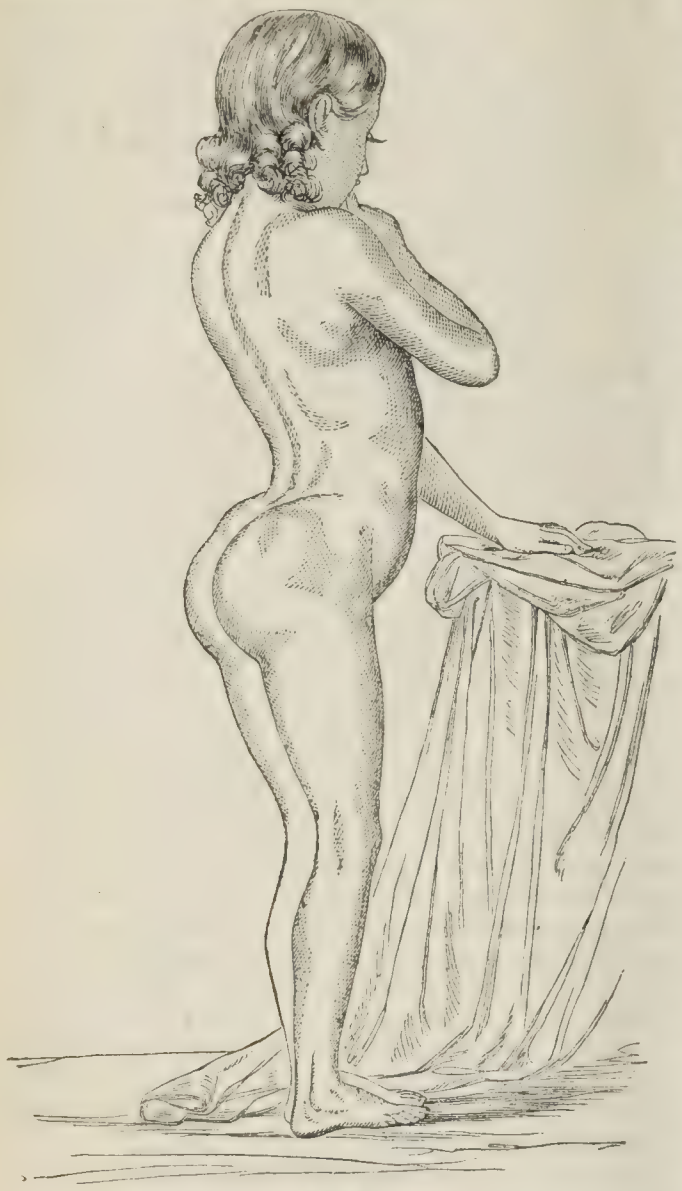


Fig. 51.

The gait is very peculiar; and having once been seen, it can never again be mistaken: it is a rolling motion of the trunk, together with double lameness, and yet the movement is rapid and painless. There is much more deformity and lameness produced when the femur is dislocated on one side only; the toes only are then brought to the ground in walking, and the weight of the body is borne on them, the heel being raised; but the pelvis is less oblique than when both limbs are dislocated.

Morbid Anatomy. It has been already stated that one form only of congenital luxation of the hip occurs, except in cases of fœtal monstrosity; namely, dislocation upwards and outwards. At birth, or soon after, the head of the femur, as well as the acetabulum, retain their normal forms; but changes rapidly take place, which result in the head of the bone being somewhat flattened in form, and the acetabulum being in part occupied with cellulo-osseous matter. At length, the head of the bone is deprived of its articular cartilage, and becomes atrophied and misshapen; and it may eventually escape through its capsule, and lie in close contact with the ilium. Then a false articulation is formed: first, the capsule commences to be formed; and afterwards, bone is thrown out around it and upon the ilium, which is fashioned more or less into a cavity to receive the head of the femur.

The *treatment* of this affection is, in its early stage, much more hopeful than is generally supposed. If dislocation occur without other abnormality, the acetabulum and the head of the femur are usually perfect at birth. There should, then, be neither difficulty in reducing the dislocation, nor in retaining the head of the bone when reduced. The diagnosis would present the only difficulty. When, however, attention has been directed to the occurrence, a careful examination would speedily cause the various points now mentioned to be detected; and the dislocation being recognised, its reduction would be easily effected. Perhaps, if one point more than another were to be insisted on in the reduction, it would be that the replacement should be effected as gently as possible.

When the dislocation has been overlooked at birth, and attention is only directed to it after several years, changes will have occurred which may prevent the head of the bone being retained in the acetabulum. Partial absorption will have taken place, both of the head and of the cartilaginous margin of the acetabulum; and the cavity itself will probably be in part filled with new matter. It is in consequence of the changes which are here described that it has been supposed by some that the acetabulum has not been formed in the embryo.

When the luxation is single, the diagnosis is easy, and the lesion ought always to be discovered immediately after birth. Should it unfortunately be overlooked, and not discovered until the child exhibits lameness in walking, it may be necessary to use prolonged traction by means of weights and pulleys on the inclined plane. There is no difficulty, even after several years, in restoring the length of the limb, by drawing down the head of the femur to rest on a level with the acetabulum; but there is great difficulty in retaining it in that position. By retaining the bone for a long time in this position, and making pressure upon it, it may be hoped that eventually it may be permanently retained. Great patience and endurance, however, are required, and such nice adjustment as is not easily to be obtained; but since the luxation has been in some instances overcome, it is probable that the head of the bone may be reduced and retained in most of the cases, if not in every case, of congenital luxation, when it has occurred without other abnormality, and when no long time has elapsed before the attempt at reduction is made.*

* I am indebted to the publishers of Holmes's *System of Surgery* for permission to use the above engraving, as well as for much of the matter in the lecture. For more information with regard to these lesions, however, I must refer to vol. iv of the work itself.

Quackery in Philadelphia. Quacks are full of expedients. One of the latest is that adopted by one of the genus in this city, who prefixes "Rev." to his name and affixes "M.D." He rented one of the theatres and advertised sermons to be preached on "taking subjects" on Sabbath evenings, admittance five cents "to pay expenses—no change given!" In these sermons he spoke of a "physiological religion," and frequently wandered away into the fields of medical theory and practice, referring the curious hearer to "his office" for further information! It is needless to say that in this way he picked up many a patient and pocketed many a fee. (*Phil. Med. Press.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

ENCEPHALOMA OF THE CEREBRUM.

Under the care of JAMES RUSSELL, M.D.

THE following case presents some points of considerable interest. We may remark how strikingly the cancerous nature of the tumour, characterised as such tumours are by quick increase, answered to the very rapid progress manifested by the principal symptoms, and especially by the blindness. Although the history does not afford us means of judging when the earliest symptoms made their appearance, there can be no question that the pain had only been severe for ten weeks, and that the patient lost his sight almost entirely in the course of two weeks. It may also be noted, that the symptoms attained their full severity at once, probably from the tumour having reached the organs situated at the base of the brain before it induced any great disturbance.

The symptoms were typical of a tumour within the skull, and there was much to lead us to refer its situation to the cerebellum. The pain affected the occipital region; and, although it extended also to the forehead and temples, such a position of the pain is also met with in cerebellar disease. In a case of my own (*Medical Times and Gazette*, vol. i, 1863, p. 534), of tumour in the middle lobe of the cerebellum, the pain was seated in the temples. Again, loss of vision is known to be of no infrequent occurrence in connexion with tumours in the cerebellum. Vertigo was also mentioned by the patient, and probably loss of the faculty of balancing the body.

The pain was paroxysmal; it was also distinguished by its great intensity. Severity is sometimes a striking quality of the pain attending tumour of the brain; the pain not infrequently amounts to agony. In the present instance, the size and density of the tumour would give it the power of producing pain by pressure alone; and the remarkable posture instinctively assumed by the patient seemed to intimate that he derived relief from throwing the weight of the tumour off the nerves at the base of the brain. In other cases, however, as in my own case quoted above, the smaller size and less dense nature of the tumour negative the supposition that its weight can have much share in producing the pain, which, therefore, must be referred to stretching of the cerebral fibres, rendered preternaturally sensitive by protracted irritation.

The blindness also deserves attention. As is well known, this is a symptom not infrequent in cases of tumour of the brain, especially when seated in the cerebellum. In the present case, its cause is very satisfactorily furnished; and I would especially note the peculiar disposition of the parts at the base of the brain, which rendered a tumour in one hemisphere, not transgressing the middle line, capable of producing blindness in both eyes. This symmetrical affection of the eyes was one of the chief circumstances which led me to refer the disease to the cerebellum.

I may refer to a very similar case under the care of Dr. Wilks (*Medical Times and Gazette*, vol. i, 1863, p. 535), in which a tumour of the posterior lobe of one hemisphere of the brain caused blindness by pressing upon "the parts about the origin of the optic tracts". In this case, however, the tumour projected beyond the middle line, and the pressure was direct on both sides.

In many instances, however, we do not obtain the mechanical explanation of the blindness afforded by the present case, the optic tract and quadrigeminal bodies being found quite out of reach of the tumour; not to mention other cases in which blindness occurs in connexion with disease seated exclusively in the spinal cord. In such cases, other explanations, connected with the state of the blood-vessels of the optic organs, or with some more obscure cause affecting the nutrition of these organs through nervous influence, have been advanced.

I would also remark on the incomplete and varying ptosis, clearly due to slight and varying pressure exerted by the tumour on some of the closely adjoining fibres of the third nerve; and on the constant torpor, the dulness of apprehension, and slowness of recollection, evinced by the patient, resulting from the general pressure from which the entire cerebral mass must have suffered.

Fungoid Tumour of the Brain: Blindness: Compression and Atrophy of the Optic Tracts.

SECTIO CADAVERIS, thirty hours after death. *Head.* The veins of the dura mater and the longitudinal sinus were very full of dark blood; the cerebral substance also was much loaded with blood. The vessels at the base of the brain, and the entire substance of that organ and of the pons and medulla oblongata, were quite healthy.

A large firm tumour occupied the lower part of the middle lobe of the right hemisphere of the brain; it was very irregular in shape, nodulated, about three inches each way. It rested upon the middle fossa of the skull, where it was covered by a thin layer of cerebral tissue; it was also connected closely with the substance of the brain posteriorly; but in other parts its surface had little connexion with the surrounding tissue; at least, it was perfectly clean after the tumour had been removed. It projected into the right lateral ventricle; had pushed forward the hippocampus major, which curled over its surface; and had so greatly compressed the optic thalamus, and expanded it, that the ordinary shape of that body was quite obliterated. The corpus striatum was intact. At the base, the tumour, by its pressure, had given a twist to the central organs, depressing the corresponding crus, and throwing up that of the opposite side. The same twist was observed on the upper surface of the mesocephale, in the oblique position of the corpora quadrigemina. The tumour projected close upon the place where the right third nerve emerges; the trunk of the nerve was, however, entire. The optic nerves were healthy; but the right optic tract was compressed and completely flattened between the tumour and the crus, whilst the left crus was so much forced upwards as to cause a like pressure of the left tract between it and the middle lobe of the brain. In consequence of this distortion, the left tract was nearly as much flattened as the right. By a very careless accident, I destroyed the right optic tract; but the left tract, examined under the microscope, presented hardly any indication of its normal tissue; some short fragments floating around were nearly all that remained of its tubules. The anterior pyramids and the spinal cord, examined microscopically, were quite healthy.

All the other organs of the body were healthy, but were much loaded with blood. No secondary formation of cancer was discovered.

The tumour presented the usual appearance of encephaloma of a firm character; it exuded only a clear

fluid. It appeared composed mainly of caudate nuclei, with fine fibrous tissue. The nuclei varied in diameter from 1-750th of an inch downward, and each presented a long caudate appendage.

History. W. G., aged 28; married; labourer. We were, unfortunately, compelled to rely entirely on the patient for information; and his torpid condition rendered his history more scanty than could be desired. Eighteen months ago, he was stunned by a heavy blow on the back of the head. He kept his bed for a month afterwards, and it was three months before the wound healed. A small cicatrix over the apex of the occipital bone was, however, the sole remains of the injury, the bone being quite uninjured.

His present illness was only of ten weeks' duration. It began with severe frontal pain, which at once disabled him from work, and more than once kept him in bed for a day or two. A fortnight ago, his sight began to fail. It went a little at first, and only at times; but the blindness rapidly increased, and now is almost complete. He thought that his hearing had been impaired for a month. He had never had any sickness.

I did not see the patient for the first fortnight of his residence in hospital; but it is noted that, when admitted, he complained of severe pain in the frontal, temporal, and occipital regions. In the back of the head, the pain was more severe than it had ever been before; he had also much vertigo. He was very torpid.

The pain increased in severity, especially in the right temple; and when in greatest suffering, the patient placed himself on his hands and knees, with his head hanging low. The head was quite free from heat. The mental faculties became more dull. The pulse was 64.

On the twelfth day after admission, I found him heavy and sleepy, inclined to talk foolishly; but, when thoroughly roused, sufficiently intelligent. Nevertheless, apprehension was obviously slow. He spent his days mainly in sleeping, partly from the effects of opium required to ease the pain, and partly from extreme torpor. The pulse was 64, feeble; respirations 20. He was nearly blind, only just distinguishing the presence of any body between him and the light. The pupils were much and equally dilated. Hearing was perfect.

There was partial ptosis of the right eyelid, but subject to singular variation, diminishing to a very considerable extent when the patient was fully roused. With this exception, the function of all the cerebral nerves, and even of the right third pair, was perfectly normal, excepting that there was some convergence of the axes of the eye, probably consequent upon the loss of the guiding power of vision.

No evidence of paralysis in the limbs could be obtained, excepting only that the movements of the right lower extremity seemed rather formal; but he appeared unable to balance himself, and could not advance without some one at hand to steady him. I should, however, say that the patient's dulness, his obvious weakness, joined with the confusion consequent upon recent loss of vision, rendered the evidence on this point not perfectly conclusive.

A day or two afterwards, when more awake, he gave us with accuracy some details of his history; but the long pauses testified difficulty in arousing his memory.

He was admitted December 17th, and died on the 28th of the following January. He did not present any important change in the symptoms. Sometimes the pain was absent for some days; then it would return with severity, the patient assuming the peculiar posture noticed before, and moaning very much. The ptosis also retained its marked variability. His pulse remained about 68. Towards the last he wandered somewhat, and then became so dull that it was impossible to rouse him; and finally he passed his evacuations involuntarily. Some dysphagia also presented itself at this period of his case.

His torpid condition quite precluded examination by the ophthalmoscope, though two attempts were made by my friend Mr. Bartleet.

LIVERPOOL NORTHERN HOSPITAL.

CASES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. Waters, M.D.,
Physician to the Hospital.

[*Continued from* page 606 *of* vol. i *for* 1864.]

Case xxviii. *Pneumonia: Recovery.* (Reported by F. T. Roberts, M.B., Junior House-Surgeon.) W. S., a labourer, 30 years of age, was admitted into the hospital on March 23rd, 1864. He said he had been much exposed to cold, and that, three days before admission, he was seized with pain in the right side. He did not, however, give up work till the following day—viz., March 21st. On admission, he complained of severe pain in the right side, cough, and dyspnœa. The pulse was 120; the respirations were 40 per minute. The skin was hot and dry, and the tongue furred. There was deficient movement of the right side of the chest, with crepitation all over the back of the right lung. He was ordered a quarter of a grain of antimony every four hours, a blister to the right side, and beef-tea.

On the 24th, the pulse was 116; the respirations were 32.

On the 25th, the pulse had fallen to 108; the respirations were 40. The pain in the side continued. He had expectorated some rust-coloured sputa. He was ordered a grain and a half of opium at bedtime, and five grains of carbonate of ammonia every four hours. Three ounces of port wine were given at night.

On the 26th, the pulse was 88; the respirations were 26. He had slept, the pain was less, and he was generally improved. There was dulness with crepitation over the front and side of the right lung; but there was no dulness at the base behind, and the breathing behind was good. The opium was repeated at bedtime; he was ordered four ounces of wine; and some ipecacuanha was added to the ammonia mixture.

On the 27th, the pulse was 68. He had slept well, and was decidedly better. The opium was repeated.

On the 29th, the pulse was 70. He complained of a good deal of pain in the chest, which was relieved by the application of croton-oil liniment.

He rapidly improved from this date. He continued the ipecacuanha mixture, and had six ounces of wine daily.

On April 1st, the breath-sounds were normal all over the right lung. He was discharged well.

Case xxix. *Pneumonia: Recovery.* (Reported by F. T. Roberts, M.B., Junior House-Surgeon.) Patrick F., a carter, 36 years of age, of spare body and somewhat intemperate habits was admitted into the hospital on August 8th, 1864. On the morning of admission, at an early hour, he was out in a shower of rain, got very wet, and did not change his clothes afterwards. In the course of two or three hours, he felt pains in his limbs, and had severe rigors. Soon after he was seized with severe pain in the left side.

When admitted into the hospital, about midday, he complained of a severe pain in the lower part of the left side, increased on inspiration. There were no febrile symptoms, and no abnormal physical signs about the chest. He was ordered a dose of chlorodyne,

and turpentine fomentations. In the evening, he was feverish; but the pain was somewhat less.

On the following morning, his condition was as follows: Pulse 120; respirations 32; skin very hot and dry. The tongue was coated with white fur. The pain in the side had increased, and there was tenderness on pressure. There was no cough; but a good deal of dyspnœa. There was good movement on both sides of the chest. *At the lower and back part of the left lung, the respiratory murmur was peculiarly loud and harsh; but there was no crepitation.* He was ordered a grain of opium three times a day, with a tenth of a grain of antimony every four hours; and for food, beef-tea and milk.

On the 10th, the pain had almost gone. The pulse was 104; the respirations were 28. The medicine had produced vomiting and purging. The physical signs were as follow: There was deficient movement of the left side, and dulness at the left base. There was crepitation over the lower half of the left lung. The mixture and pills were stopped, and the following was prescribed.

℞ Vin. ipecac. ʒij; tinct. opii ʒj; misturæ camph. ℥vj. Cap. ℥j 4tâ quâque horâ.

On the 11th, the pulse was 106; the respirations were 26. The pain had returned in the night, and was again severe. He had expectorated a small quantity of tenacious mucus. There was less crepitation. The respiration was distinctly tubular at the base of the left lung, with strong bronchophony. A blister was ordered; and two drachms of antimonial wine were added to the mixture.

On the 12th, the pulse was 100; the respirations were 24.

On the 13th, the pulse was 96. There was slight dulness at the back of the left lung, with abundant moist crepitation. Six ounces of port wine daily, and a carbonate of ammonia mixture were ordered.

On the 15th, there was no dulness at the back of the left lung; but crepitation was audible.

On the 16th, the patient was quite convalescent, and able to take meat diet.

On the 17th, he was ordered quinine. He did not recover his strength very rapidly; but steadily improved under the influence of good diet and quinine and iron.

He was discharged well on September 7th.

[*To be continued.*]

The Holborn Union. Last week, at the meeting of the guardians of the Holborn united parishes, the letter of the Poor-Law Board, on the late inquiry on the death of Timothy Daly, came on for consideration. A desultory conversation arose on this letter, and on the recommendation of Dr. Carr, the medical officer who assisted Mr. Farnall; namely, that the drugs should be found by the parish, and that the medical officer's salary should be raised from a £100 a year to £150. It was stated this would be a double "rise," as the medical officer now has to find the drugs out of his salary of £100, and two or three of the guardians were of opinion that the salary of £100 was sufficient, as the surgeon had fees which amounted to upwards of £50 a year additional. After a long discussion, it was resolved to recommend the Board to reconsider the whole subject of the medical relief, both indoor and out. On the motion of Mr. Cullen, it was carried that the clerk should write to Mr. Norton and convey to him the censure of the Poor-Law Board, with the expression of a hope that in future he would attend to his duty in respect to keeping the books.

Original Communications.

ON THE PHYSICS OF DISEASE,

AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By Benjamin W. Richardson, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

Note on the Paper of Mr. Rhodes on Vital Force.

Mr. Rhodes, in the excellent paper which he published in the Journal of February 4th, has done me the honour to refer to my views on "vital action." In making his remarks, Mr. Rhodes has evidently misunderstood my meaning on two points, and I would, therefore, offer a brief explanation.

1. In speaking of heat as the means of motion in the organism, I do not use the word as specific, but as indicating simply a form of motion; and I am quite ready to agree that the force that is absorbed or laid by in the nervous system is simple motion. At the same time, I feel that the motion produced or evolved in the body is due to the oxidation of carbon, and is primarily manifested or made tangible in the form of heat, or, more correctly speaking, caloric. In other words, the oxidation of carbon is sufficient to produce all the phenomena of animal motion.

2. I agree that the motion conveyed to the nervous system by the blood is communicated not to the nervous centres alone, but to the nervous periphery and to every part of the nervous system which the blood enters; and I would do away altogether with the term "current of nerve-force" as it is usually applied. In my Lettsomian lectures, delivered four years ago, I very carefully considered this point, and was, I believe, the first to point out the communication of motion to nerve at the periphery and in every part. Mr. Rhodes will find a full account of this view in the *Transactions of the Medical Society of London*; but I quote a passage or two in full.

"According to the view I hold, I should infer from all the phenomena observed, that the nervous system is in every part a producer of the peculiar force with which it is endowed; not that the brain or ganglia are special producers; not that a current from these centres, intermittent or continuous, is traversing the nerve-fibre; but that the nerve-structure, so long as it is supplied with blood, is producing the force wherever there is nervous filament. I look on the vast area of nerve-fibre in the peripheral surface; and I see in it a mass equal to that of the brain; I see this mass supplied with blood everywhere, and built always on the same plan. I assign to it everywhere the same purpose and labour.

"In this sense we may look on the muscular system as an entire independency, and on the nervous system also as an entire independency. The muscular system, nourished by blood and charged with caloric as caloric; the nervous system, nourished everywhere by blood, and charged also with caloric in its electrical modification; each are independent systems. We conjoin the systems, and the result of their equilibrium is a simple passive state, while the

result of a disturbance of their equilibrium is motion and sensation.

"Thus, as every portion of nerve down to the minutest branch possesses producing power, the mass of the force generated is so universally distributed, that interference in any part of the nervous communications is reflected to the whole nervous system. So when our distinguished brother, Dr. Brown-Séquard, produces artificial epilepsy, and induces the paroxysm by irritation of some particular external point of nerve, he does, in fact, in that irritation touch at one presenting point the universal fluid pervading the whole body of his subject, and excites, not by special transmission, but by general disturbance of the equilibrium of the forces, a convulsion through the whole muscular organism. So, when with the intermittent current I galvanise a portion of the nervous tract, I produce convulsion, because I induce an alternation of force; at one moment allowing the natural equilibrium to establish itself; at the next moment disturbing it. So, when I continue the current without intermission, I virtually cut off altogether the included nervous tract from its system and cause paralysis of will, because I have cut off also communication with the brain; but I can nevertheless call into play at pleasure the excitability of the nerve-trunks below, as long as they continue to summon into their service blood for their nourishment and force-producing faculty.

"If it were possible to entirely remove from the body every muscular fibre, and, leaving the nervous system entire, still to supply that system with blood and surround it with those conditions under which its blood could be applied; that nervous system would exist as a motionless intelligence. It might think, feel, and by virtue of its sensual organs appreciate and know the external world surrounding it; yet be incapable alike of act or of expression. On the other hand, if every particle of nerve-matter could be removed, the muscular system being left with its ataachments to bone still secure, and its blood-current free; that muscular system would remain an unintelligential mechanism, having in itself its *vis insita*, but feeling incapable of exerting movement until brought into action and guided by the intelligential part of a more perfect animal.

"By the combination of the two systems in the perfect organism we obtain, so long as the necessary conditions for life are supplied, the doubly endowed and self-acting body. An excitation of light refracted on the nervous expanse of the retina touches the pervading force, and the animal sees; but this light must be presented to the nerve-expanse, or, in other words, to the force that pervades the expanse, in such way that the absolute physical picture shall be put upon it, or the picture will not be seen. It is not that the picture is to be carried to the brain, but that it is to be looked on at this point of the nervous expanse by the presiding force. A vibration is set up in a mere physical membrane, spread above another distribution of nerves, and the animal hears; it is not that anything is conveyed specially to the brain, but that the equilibrium of the pervading force is disturbed. An impression is made on the skin, and the animal feels; it is not that any current is conveyed to the brain, but that the impression disturbs the balance of the nerve-fluid throughout its universality. The impression made is slight, and it is pleasant, or not painful; it is severe, and it excites the whole animal body, so that the body writhes in agony, and may even die from the reflection of the impression upon the muscular fibre, and the resultant spasm."

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.

Digestive System. (*Continued from p.* 141.)

11. *Intestinal Worms.* The only varieties of intestinal worms that have presented in the last two years, are the *trichocephalus dispar* or long thread worm, the *ascaris vermicularis* or short thread worm, and the *tænia solium* or common tape-worm. We have had occasional examples of the large round worm, the ascaris lumbricoides, but no case has occurred during the period to which these notes refer. The variety that has obtained most frequently, is the small thread-worm. These have existed in adults as well as in children.

In the treatment of ascarides, the use of injections will generally be successful; but in out-patient practice, the adoption of this measure is often attended with much inconvenience. I have generally depended upon calomel and scammony as a purgative, giving as medicine infusion of quassia with chloric ether. If this plan fail, which it has seldom done, the injection of common salt, or the sesquichloride of iron, should be tried.

In the tænia cases, I have been well satisfied with the employment of the oil of male-fern. I have usually ordered a full dose of castor-oil to be taken the morning previous to administering the specific remedy. The patient should be directed to limit the quantity of food taken during that day; and on the following morning one drachm or a drachm and a half of the fern oil is to be taken, suspended in mucilage, and on an empty stomach. This plan, repeated twice a week if necessary, for three or four doses, has effected the expulsion of the worm; which, either whole or in portions, is generally brought in triumph by the patient on the next visiting day.

Ether in large doses has lately been recommended by M. Lortet as a remedy for tænia. His mode of giving it, and the dose, will be found in our Journal for January 21st. With a view to prevent the recurrence of the worm, the patient should be directed to abstain from eating pork, or, if he take any, it should be of the best quality and thoroughly cooked. The raw hams, eaten so largely in Germany, are a fruitful source of tænia. The tincture of sesquichloride of iron with quassia may be taken for a time with advantage, and if the slightest suspicion of the re-formation of the parasite exist, the oil of male-fern, preceded by castor-oil as before, should be at once administered. It may be sometimes noticed that tape-worm becomes, as it were, epidemic within a certain locality, and then disappears, not to be seen again perhaps for a lengthened period. This fact may be explained by the researches of Küchenmeister and Von Siebold, who have shewn that the cysticercus cellulosæ of the pig and sheep is the same parasite, in a different stage of development, as the tænia solium. Hence, if the former have existed largely in the flesh of those animals in any particular spot, it is easy to understand the comparative frequency of tape-worm at one time, and its almost entire absence at another.

12. *Dysentery.* Only three well marked cases of dysentery have applied as out-patients in the past two years. In one of these, the disease was traceable to a residence in the West Indies. In a second, it first shewed itself during a sojourn in Canada. In the third, the exciting cause was, I believed, attributable to exposure to cold and moisture acting upon a

mucous membrane irritated by an accumulation of unhealthy secretions in the colon.

The first case occurred in a young sailor, and had advanced to a chronic stage. He was emaciated and anxious, and complained of griping pain in the abdomen, which was very tender on pressure, particularly over the ileo-cæcal valve. The evacuations were very frequent, and mixed with blood and mucus. He was directed to have the abdomen poulticed with linseed meal, and as there was much fermentative action in the bowels, I ordered him to take two minims of creasote with one grain of opium three times a day. This medicine acted very satisfactorily, and he recovered perfectly, requiring only cod-liver oil as a tonic.

The second case was taken into the hospital, and treated at first with opium and creasote, which, in this instance, did not check the discharges from the bowels. He was then ordered three grains of ipecacuanha, to be increased by a grain daily up to ten grains, three times a day. This medicine did not produce nausea, but it entirely cured the disease. Flatulent distension of the abdomen continued to give the patient some discomfort. This, however, was quite removed by the compound galbanum pill at night, with the tincture of sesquichloride of iron with chloric ether during the day.

The third case was also admitted as an in-patient, the treatment out of door having been ineffectual. This man had had from eight to sixteen evacuations daily, consisting of bloody mucus, with horribly fœtid and unhealthy liquid fæcal matter, and the abdomen felt doughy and resisting. The treatment was commenced by two or three doses of castor-oil guarded by laudanum. This had the effect of emptying the intestines of a considerable quantity of semi-solid fæcal accumulation; and the inflammation, with its attendant purging, was subsequently quite cured by ipecacuanha in ten-grain doses.

Another rather severe case is now leaving the hospital, in which the same remedy, with poultices, has produced an equally favourable result; but, in consequence of sickness, this patient was unable to increase the dose beyond five grains.

On speaking upon the subject of dysentery as it occurs in India to a friend, an Inspector-General of Hospitals, who has spent the greater part of his life in that country, he states that no remedy is found to act so favourably upon the disease as ipecacuanha. He tells me that he has sometimes found it necessary to give as much as two drachms three times a day, and this with success, after the failure of opium in doses of four grains every four hours. This gentleman also stated that the sickness induced by ipecacuanha was best obviated by giving it combined with the extract of gentian.

13. *Colica Pictonum.* But one case of this affection has presented as an out-patient in the two years, and that by no means of a severe character. The blue line along the edge of the gums was well-marked, but there was no paralysis, and the symptoms were limited to colic with constipation. The disease yielded without difficulty to purgatives, followed by iodide of potassium. The malady in all its bearings has been so fully treated of in our JOURNAL of January 14th, by Dr. Fleming of Birmingham, that it will be unnecessary to enter further upon the subject in these notes.

URINARY SYSTEM.

1. *Albuminuria.* Until recently, the majority of cases of diseased kidney characterised by an albuminous condition of the urine, were included under the general term of granular degeneration or Bright's disease. Dr. George Johnson has done good service by classifying the different forms of this affection according to the pathological changes upon which each variety depends.

The cases which have presented among our out-patients have been confined to the varieties designated by Dr. Johnson as acute and chronic desquamative nephritis. The two cases of acute renal dropsy both occurred in children, and could be traced to exposure to cold after an attack of scarlet-fever. This is a very common affection among the children of the poor, from the well known fact of acute dropsy supervening so much more frequently upon a mild than after a severe attack of scarlet-fever, rendering careless nursing and rash exposure such rife causes of the disease. The vessels of the kidney becoming laden with the scarlet-fever poison, in consequence of the suppressed action of the skin, the organ is unable to perform its functions, and while the epithelium is being thrown off in large quantity, there is an escape of serum, and sometimes of blood-globules, into the uriniferous tubes, which, mixing with the urine, renders it albuminous.

Acute desquamative nephritis is not a disease that can be safely treated as an out-patient's malady, but in the cases of the two children, here referred to, the symptoms were not urgent, and by directing them to be kept in bed, and giving purgatives and diaphoretics, and subsequently iron, they both recovered, and the urine was restored to a healthy condition. The patient should in all cases be directed to wear flannel next the skin after an attack, however mild, of acute desquamative nephritis. The remaining cases which came under notice as out-patients, presented merely the phenomena of chronic renal dropsy uncomplicated by heart-disease. They were much benefited by treatment, but the condition of the kidney precluded its restoration to a healthy structure. A few words upon the chemical as well as the microscopical examination of the urine, and the import of the latter in reference to diagnosis, may not be out of place.

In examining the urine for albumen, I believe that a correct estimate of its amount and value as a diagnostic sign is often overlooked, from the hurried and imperfect manner in which its presence is sought. In testing for albumen, it is not sufficient to depend upon the result obtainable either by heat or nitric acid used separately. If, for instance, the urine be alkaline, heat will often fail to throw down albumen, even if it exist in large quantity. It is necessary, therefore, to make the urine first *decidedly* acid, and then apply heat, which will freely develope the precipitate. Again, heat used alone, without the addition of acid, may render the urine cloudy from an excess of earthy phosphates. On the other hand, nitric acid, if added singly, may deceive, by decomposing the acid salts of the urine, and thus form a deposit, which will be again dissolved by the application of heat.

It is unnecessary to boil the urine in order to obtain a precipitate, as a temperature of 180°, or even less, will suffice to coagulate the albumen.

Chronic desquamative nephritis, which is essentially a disease of mal-nutrition, may obtain as a sequel to the acute form, or it may originate as a blood-disease; and it may exist for some time without the occurrence of dropsy; or, if any be present, it is only evidenced by slight morning puffiness of the eyelids, or evening swelling of the ankles. Under these circumstances, we may have as symptoms only general *malaise*, with dyspepsia, and chronic rheumatic or myalgic pain. The patient often finds it necessary to empty his bladder more frequently than usual, especially at night; and the quantity of urine is sometimes considerably increased. On examining a deposit collected from the urine, we find it to con-

sist of granular masses of fibrine, with cylinders, and broken up epithelium which has been thrown off, and subsequently washed from the tubes by the urine.

In the acute disease, the epithelium is generally entire; while, in the chronic form, the cells are disintegrated and granular, and free from the blood-corpuscles which frequently obtain in the former variety.

There is another form, described by Dr. Johnson as the non-desquamative and fatty degeneration of the kidney. This may result from ulterior changes taking place in the desquamative varieties; or it may originate from exposure to any of the causes productive of depraved nutrition. In the fatty degeneration, the urine is more frequently diminished in quantity, highly albuminous, clear, and of very low specific gravity; and the resulting anasarca is a much more common and early attendant than in the desquamative form of the disease.

The microscope shows waxy casts, containing oil-globules, some adhering to the walls of the cast-off cells, and others scattered over the field of the instrument.

In reference to prognosis, Dr. Johnson states that "the quantity of disintegrated epithelium in the urine is a pretty accurate measure of the rate at which the disease is progressing." Again: "A very advanced state of disease is indicated by pale, almost colourless urine, rather small in quantity, more or less albuminous, with a scanty sediment containing large waxy casts."

In the treatment of chronic albuminuria, the facilities for benefiting the patient will be, of course, much enhanced if we can procure his admission within a hospital; and, indeed, if dropsy, or other secondary complications, be severe, treatment as an out-patient will be impracticable.

If much tenderness on pressure exist over the kidneys, the withdrawal of a few ounces of blood by cupping may sometimes be resorted to with advantage. Afterwards, repeated dry cupping, and the application of mustard plasters or a strong solution of iodine over the same spot, will be useful. The warm or hot air baths, when attainable, will be important adjuncts to the treatment.

For the removal of the anasarca, purgatives and diaphoretics will be found very valuable remedies. If the effusion be not very extensive, I have seen an excellent effect from one-eighth of a grain of elaterium taken every night, followed by a drachm of the bitartrate of potash in three or four ounces of water the next morning. If the dropsy be extensive and distressing, the elaterium may be increased to one-third of a grain and upwards, taken early in the morning, so as to insure copious watery evacuations. There is no better diaphoretic in this disease than the citrate or acetate of ammonia, with which I usually combine the spirit of nitrous ether and tincture of digitalis.

I have not myself seen reasons to fear the use of diuretics in the treatment of chronic albuminuria, especially if combined with an alkali, which renders the urine less acid and irritating to the denuded tissues over which it has to pass. The following is a formula which sometimes answers exceedingly well.

(*Phar. Lond.*) ℞ Ferri ammon.-citrat. ʒss ad ʒi; potassæ bicarb. ʒiss; potassæ nitrat. ʒss; tinct. digitalis ʒi; spir. æther. nit. ʒij; mist. camph. ad ℥viij. M. A sixth part three times a day.

Having more or less drained off the serum, no remedy becomes so valuable as iron; and no preparation answers better than the tincture of the sesquichloride, with sulphate of magnesia and tincture of digitalis.

The cases of our out-patients did not present complications requiring especial treatment for any secondary disorder besides the anasarca.

The removal of the poor to a more open and healthy residence is seldom attainable; but, if it can be effected, it is a measure tending to improve the deteriorated condition of the blood which accompanies this disease.

For the higher and wealthier classes, some well authenticated cases have been detailed, in which the most happy results have followed a long sea-voyage to a tropical climate. In the case of young persons suffering from the chronic desquamative form of the disease, the propriety of recommending such a step might become a matter for grave consideration and consultation.

[*To be continued.*]

REMARKS ON PHTHISICAL INSANITY.

By S. W. D. Williams, M.D., L.R.C.P.Lond., Acting Medical Superintendent of the Northampton General Lunatic Asylum.

The learned Lecturer on Psychology in University College (Dr. Sankey), in his "Illustrations of the Different Forms of Insanity", in the Journal for February 11th, seems to doubt whether there are symptoms of a peculiar and distinct type in "phthisical insanity", by which it can be detected from other forms of insanity. I hope he will not think me presumptuous if I take the liberty of differing from one who has had such extended experience as he has; but, both before and since the appearance of Dr. Clouston's paper in the *Journal of Mental Science*, I have paid special attention to such cases, and I cannot but agree with Dr. Clouston in his theory. I will go even further, and assert that I could diagnose incipient tuberculosis from a mere examination of the psychical condition of a patient suffering from this disease, and have certainly done so on many occasions.

In such patients, I should expect to find great excitability, irritability, and emotional exaltation; a tendency to fits of laughing and crying; delusion of a suspicious nature, and a most unpleasantly strong tendency to misconstrue the actions of their attendants; constant complainings of everybody and everything. Indeed, the more assiduously such patients are attended to and cared for, the more capricious, selfish, and unthankful they become. Nothing pleases them; and the least irregularity gives rise to delusions and hallucinations which torment and distress them beyond measure. There is a strange mixture of sense and nonsense, reality and delusion, pertinence and irrationality, in all they do and say. They will utter the most satirical and witty things one moment, and on the next wander into strange paths strewed with the most wild and chaotic vagaries and ideas. At rare intervals, they become quite calm, rational, and happy; and seem to revel in sweet recollections, whilst

> "Their memory brightens o'er the past,
> As when the sun, concealed
> Behind some cloud that near us hangs,
> Shines on a distant field."

It is impossible, within the compass of a short note, to accurately do justice to this subject; but such a collection of symptoms as even those run through above never, I submit, occur except in connexion with insanity combined with tuberculosis; and yet the faithfulness of my description will, I think, be allowed by all who have had any long connexion with mental alienation.

CASES OF ORTHOPÆDIC SURGERY.

By Dr. Berend, Director of the Orthopædic and Gymnastic Establishment at Berlin.

Case I. *Permanent Restoration of the Functions of a stiff Elbow-joint (complete Ankylosis) by Resection of the Epiphyses.* The operation was executed five years ago; and, considering the amount of osseous ankylosis, it was indispensable. The result exceeded all expectation, inasmuch as the motion of the elbow-joint, which was quite impossible before, was perfectly restored. Of physiological interest is the circumstance, that the resected epiphyses of the upper arm and ulna grew into the shape of a real elbow-joint. This regeneration was not obtained by the preservation of the periosteum.

Case II. *Spurious Ankylosis of the Elbow-joint; Oblique Fracture of the Epiphysis of the Humerus.* The fracture had passed through the internal condyle and trochlea without any luxation. The internal condyle was split into two fragments, the undermost of which was dislocated and united to the uppermost. The joint had become useless. From the nature of the injury, an operation in this case was not admissible; but the advantage obtained by gymnastic treatment appears the more evident.

Case III. *Spastic Right-angled Fracture and Ankylosis of the Elbow after a Fall, cured merely by Gymnastic Exercise.* This observation belongs, perhaps, to those that are most rarely met with, and may be compared to a similar case of spasmodic knee-contraction caused by injury of the leg, the highly interesting cure of which is described by the author in the tenth account of his establishment (p. 10, Berlin, 1861, Hirschwald). The above patient suffered a fall, in consequence of which the elbow was at once permanently placed at a right angle. Neither the application of cold nor plaster bandage brought relief. Gymnastic treatment, carried on for three months, perfectly restored the functions of the joint.

Case IV. *Fracture of the Forearm, Gangrene, Consecutive Contraction of the Forearm and of the Wrist, with Impossibility of using them. Section of the Palmaris Longus. Treatment by Orthopædic and Gymnastic Exercise. Restoration of the Normal Shape and of the Functions of the Forearm and of the Hand.* This observation proves the correctness of Dr. Berend's opinion, that, with a certain species of distortions of the fingers, the carpal flexors are principally concerned; and that the resection of them (in the above mentioned case, the resection of the palmaris longus) is sufficient, while tenotomy of the real flexors of the fingers is to be avoided. At the same time, the usefulness of a rational and varying gymnastic and orthopædic treatment, in which so often the whole mystery of orthopædy is comprised, is placed in the proper light.

Case V. *Paralysis of the Right Lower Extremity in an Infant; Inclination of the Pelvis; Varus Paralyticus; Cure by an Operation, by Orthopædy, and Electricity. Amelioration of the Walking Movement by Application of an Orthopædic Apparatus. Restoration of the Normal Position of the Pelvis.* The indispensableness of orthopædy as a means of support with paralytic muscles, especially of the nether extremities which are short of the quadriceps, is shown by this observation. The quadriceps is replaced by propping the knee and transferring the whole power of bearing to the muscles of the hip, as the latter suffice to effect locomotion. The realisation of this principle (which, unfortunately, is by no means universally acknowledged) is repeatedly recommended to the physicians, and the success obtained in the case just mentioned pointed out.

Case VI. *Ankylosis of the Thigh at both Sides, with the highest Degree of Adduction, and nearly right-angled Pronation of the Trunk, in consequence of Rheumatism; Forcible Extension also in the Abductive Direction. Treatment by Orthopædy and Gymnastics; Essential Improvement.* This case is, in spite of Dr. Berend's long experience, especially in deformities of the hip, the only one of this kind that has ever occurred to him; and only a single deformity of the hip, although but of one side, has been described by the author in the tenth account of his establishment. The great value of a thorough diagnosis of this kind of diseases, which are so difficult to distinguish, appears as evident from this observation as the necessity of immediate forcible stretching of the hip in the highest degree of ankylotic juncture. In regard of the treatment after the operation executed, the advantage of gymnastics and orthopædy, in order to straighten that part of the body which had so long been in a perverse position, is to be put into consideration. The orthopædic apparatus invented by Dr. Berend for this purpose, which is inserted into the bed of extension, and at the same time a supporting apparatus, of which the author gives us a very fine picture, most evidently prove that it is not only the operation, but the proper treatment after it, from which a favourable result for the cure of deformities may be expected.

Case VII. *Ankylosis of both Knees. Successful Treatment by Forcible Extension.* While the preceding case explains to us the importance of the highest degree of ankylosis of the hip, the latter presents us an inveterate ankylosis of the knee with a person of advanced age. Here we see improvement obtained in a man of fifty-eight years of age, suffering from arthritic nodosis, after he had with difficulty dragged himself along by means of crutches. Here, too, the brisement force was the only expedient, which in a few months effected an upright carriage. The latter two observations, being most unmistakably illustrated by instructive pictures, will preserve a lasting value for the pathology of deformities.

[Dr. Berend's cases are interesting; but he does not tell us that which practitioners would most desire to know: viz., the nature of the gymnastic and orthopædic treatment which he employs. Ed.]

Bequest. By will, the Hon. Gertrude Florinda Tollemache has bequeathed to the Middlesex Hospital all her linen and under-clothing, and plain pocket-handkerchiefs without borders or lace.

Smoky Air. The Registrar-General makes the following opportune remarks on the atmosphere and thoroughfares of London:—"If coal were cheap, the greater command which the poor would have over that commodity would materially help to reduce the winter rate of mortality; and if smoke were abated at domestic fires, as well as at bakers' ovens and public furnaces, by more thorough combustion of fuel, the carbonaceous particles which they emit would not darken the air and pollute whatever they touch, nor, by forcing a passage into the throat and lungs, aggravate or excite fatal pulmonary complaints in human beings. Given a broad river, with a temperature at the time above that of the air; let there be another vast moisture exhaling the surface on its banks 60 or more square miles in extent, and this area covered with houses which pour smoke from a million of chimneys into a still atmosphere, and the result is that almost impervious fuliginous mass called 'a London fog.'"

Reviews and Notices.

On the Diagnosis and Treatment of Cancer and the Tumours analogous to it. By Maurice Henry Collis, M.B. Univ. Dub., F.R.C.S.I., Surgeon to the Meath Hospital and County Dublin Infirmary, etc. Pp. 317. London, John Churchill and Sons: 1864.

The eighteen chapters into which this book is divided have as titles: 1. Various Forms of Cell-growth; 2. General Remarks on the Clinical Aspect of Tumours; 3. Encephaloid Cancer; 4. Scirrhus; 5. Atrophic Scirrhus; 6. Lardaceous Scirrhus; 7 and 8. Treatment of Scirrhus; 9. Cancroid Tumours; 10. Fibro-plastic and Myeloid Tumours; 11. Recurrent Fibroid and Fibro-nucleated Tumours; 12. Fibrinous or Hæmorrhagic Tumours; 13. Colloid Tumours; 14. Fibrous Tumours; 15. Epithelioma; 16. Cystic Tumours; 17. Adenoid Tumours; 18. Melanosis.

In the first chapter, Dr. Collis describes the characters of various forms of cells, and expresses his opinion that all these, benign and malignant, are not separate entities, but variations of the healthy lymph-cells; between which and the special cells of cancer and of fibrinous and fibrous and fibro-plastic tumours, all gradations are to be met with. He points out, and endeavours to formulate, that the observation of the resemblance of the cells of a tumour to the healthy lymph-cell, or of their divergence therefrom, is of practical clinical utility.

"The nearer the constituent cells of a tumour approach to the healthy lymph-cell in form and power of development, the more clinically benign is the tumour; the farther they are removed in these two particulars from the healthy type, the more destructive or malignant is the growth. To this I would add the further observation, that tumours of rapid growth, and with a tendency to recur, have round or oval cells, which are rapidly reproduced, and have small powers of development in the direction of fibres, while the more chronic tumours, as a rule, are composed of cells which have more or less tendency to form fibre. By a combined use of these formulæ or laws, a correct conclusion may generally be deduced as to the rate of growth of any given tumour, and its tendency to return, even when its clinical history and features are unknown to us. It is not, however, expedient to get the habit of examining tumours microscopically, without as accurate an acquaintance as possible with their clinical aspect." (Pp. 4-5.)

In the second chapter, the author gives a classification of tumours founded on their structure. He divides them into two classes; viz., those tumours which are mainly composed of cells, including encephaloid and scirrhous cancer, fibro-plastic, fibroid or recurrent, and fibrous tumours, and epithelioma; and tumours in which the cellular element is not of primary importance, including cystic and fatty tumours, enchondromata, and bony tumours.

In his remarks on Epithelioma, Dr. Collis gives reasons for not considering the affections as cancerous or cancroid. It is not, he says, originally an infiltrating growth; and "its superficial origin, its slow progress, its indisposition to infiltrate the deeper structures or to contaminate the glands, the certainty of cure which follows its timely removal, and the different appearance of cancer when occupying similar localities, are of sufficient importance to outweigh the points of resemblance which it undoubtedly bears to cancer in its advanced and secondary stages."

The author of this work has ably combined the observations of recent writers on the pathology and treatment of tumours with his own. The utility of the book is increased by the record of cases, and by the introduction of numerous well executed coloured plates and woodcuts.

Essays and Reports on Operative and Conservative Surgery. By Richard G. H. Butcher, Surgeon and Lecturer on Clinical Surgery to Mercer's Hospital, Dublin. Illustrated by Lithographic Plates (coloured and plain) and Engravings on Wood. Pp. 933. Dublin: 1865.

The readers of the *Dublin Quarterly Journal of Medical Science* will be familiar with many of the surgical essays contained in this volume. These are now revised and reprinted, together with abundant new matter: the whole constituting a remarkable display of the energy and ability of one man, and a not less distinguished record of actual experience in almost every branch of practical surgery.

As might be expected, the foremost place in the book is accorded to the subject of Excision of the Knee-joint. Commencing with Mr. Fergusson's revival of the operation in 1850, Mr. Butcher supplies his readers with everything necessary to be known concerning the proceeding down to his last recorded case in September 1863. The high appreciation which his views have already met with from the profession on this particular question, does away with the necessity of our following him step by step over the ground he has so cautiously trodden. We give, therefore, a summary of those rules which, according to his latest experience, ought to guide the surgeon when the operation is had recourse to. These are:

1. The bones must not be diseased far beyond their articular surfaces.
2. The H-incision should be preferred.
3. "The patella should be taken away in all cases, whether diseased or not."
4, 5, and 6. Have regard to the prevention of "intermediary hæmorrhage"; the adjustment of the limb on the operating-table, and its final security, being assured by the box-splint.
7, 8, and 9. Enjoin the non-disturbance of the limb for several days. Drainage-tubes are to be used in case of abscesses, and the "free administration of stimulants and sedatives" are "imperatively demanded in all cases of excision, regulated, to a certain extent, by age, sex, temperament, and habit."

The further discussion of one point, and one point only, seems avoided by Mr. Butcher: Is not the growth of the limb checked by excision of the joint in childhood? We believe that the answer to this must yet be in the affirmative, in the absence of evidence of the contrary being established. As to whether the little limb is better than a wooden one, as maintained, *per fas et nefas*, by Professor Fergusson, in his last year's lectures before the Royal College of Surgeons, when commenting on the published observations on this "want of growth" of Dr. Humphry and Mr. Pemberton, this is matter on

which surgeons may fairly differ in accordance with the particular merits of any given case. But the fact remains, nevertheless, as laid down many years ago by Mr. Syme, and too fully confirmed since to justify doubt: "The growth of the two limbs is not equal."

Mr. Butcher thought otherwise when he wrote in 1857. Our regret is, that he is so silent on this subject in 1865.

From the knee, the author passes on to the Elbow- and Wrist-joint; the Conservative Surgery of the Hand; the Excision of the Upper and Lower Jaws; and concludes this section of the book, occupying 357 pages, with an account of Certain Cases of Excision and Removal of the Shafts of the Bones.

Under these various heads, the surgeon and the student will alike find a storehouse of practical information, gathered at the bedsides of patients, and recorded with eloquence and truth for their guidance.

For the other subjects considered in this very able addition to our works on practical surgery, we mainly recommend our readers to the book itself, satisfied that no operating surgeon should be without it; as not only are the historical and surgical peculiarities of every case most fully related, but every detail of dressing, of daily treatment and complication, are discussed in such a manner as to convey exactly the knowledge wanted by the inquirer having to deal with diseases of similar magnitude and importance with those described by Mr. Butcher.

Amongst the most important may be mentioned, Wounds of Arteries and their Treatment; and, as a part of this, in particular, On Wounds of the Palmar Arches of Vessels. The author is decided as to the treatment he would adopt in these latter cases: graduated pressure, flexion, and (if necessary) ligature of the brachial. This view, we take it, will commend itself to most surgeons; though it is curious how great diversity of opinion exists amongst authorities on the question. Nor is this diversity confined to mere opinion; at least, it was not in London, when the case of wound of the ulnar artery in the palm, and its treatment, under the care of so eminently experienced a surgeon as Mr. Skey, is borne in mind. (*Lancet*, vol. i, 1855, p. 574.)

Syme's and Pirogoff's Amputation at the Ankle-joint; Amputation at the Knee-joint and at the Knee; On the Treatment of Fracture of the Thigh-bone, and in the Vicinity of the Ankle-joint; The Treatment of Hare-lip; are titles of essays which follow—the last mentioned containing some most valuable hints on how and when to deal with complicated cases.

In the paper on Lithotomy in the Infant and the Child, the details of seven cases of successful lateral operation are given, at ages varying from $1\frac{1}{2}$ years up to 9. In all these cases, the forceps were conducted into the bladder on the blunt gorget. Mr. Butcher thinks the gorget will "travel through a smaller space" than the finger. We, however, deny this. He goes on to say:

> "The forceps passed along the finger seem more showy to lookers-on; but greater security is ensured to the patient by conducting the instrument through the hollow of the gorget; therefore, the latter must be received and considered most practical." (P. 747.)

This is, in our judgment, an unnecessary precaution. No fact is, perhaps, better established amongst English lithotomists of the present day, than the almost unerring certainty of consent with which the forceps follow the finger into the bladder on the withdrawal of the staff. The great aim of modern surgery has been to simplify the character and reduce the number of instruments used in operations. Lithotomy, as carried out by Liston in the past, and Fergusson and his disciples in the present, may certainly lay claim to be first on the list in this respect.

We regret we are precluded, on account of space, from referring to several other subjects of interest which bring this volume to a close.

But enough has been written to show the estimate in which we hold Mr. Butcher as a surgeon and an author; and we repeat our conviction that this work embodies, in a remarkable degree, those practical elements the publication of which confers distinction on their author, and on the great school of Dublin; and that—which is of far more importance—great advantage will be derived from its perusal by the profession.

HANDBOOK OF DENTAL ANATOMY AND SURGERY, for the Use of Students and Practitioners. By JOHN SMITH, M.D., F.R.C.S., Surgeon-Dentist to the Royal Infirmary, Edinburgh. Pp. 136. London: 1864.

OF the eight chapters of which this little work consists, the first three are on the Anatomy and Physiology of the Teeth and Maxillary Apparatus; the fourth on Dentition; the fifth on Dental Diseases; the sixth on Extraction and Instruments; the seventh on Filling or Stopping Teeth; and the eighth on Anæsthetics.

To commencing students of dentistry, this work will no doubt be useful. The matter is concisely expressed, and very simply—sometimes, indeed, especially in the anatomical portions, in a very elementary manner. But practitioners, we think, are likely to require more information than is conveyed here.

Dr. SMITH deserves thanks for his attempt to remove from his pupils the preliminary difficulties attending the study of dentistry. It will give them a very fair introduction both to the scientific and the practical study of their profession.

ON THE EARLY SYMPTOMS OF PHTHISIS, and the Means best adapted to Prevent or Arrest its Development. A Graduation Essay. By P. W. LATHAM, M.D., Fellow of Downing College; Physician to Addenbrooke's Hospital, etc. Pp. 48. Cambridge and London: 1864.

IN this essay, Dr. P. W. LATHAM proposes:

"1. To discuss the nature of tubercular deposit in the lungs, and the changes which it subsequently undergoes.

"2. To point out and establish the fact, that nature does frequently effect a spontaneous arrest, not only in the early, but even in the advanced stage of phthisis.

"3. To show what are the exciting causes and the early or premonitory symptoms of tubercular deposit; and,

"Lastly, what means, hygienic or medicinal, should be adopted to prevent or arrest its further development."

The views expressed by the author are sound and practical. In speaking of the treatment, he insists strongly on the importance of hygienic measures—nutritious food, good ventilation of the patient's habitation, and regular exercise. Without these, he very correctly says, "medicine is utterly powerless and useless, and the treatment of the disease perfectly hopeless."

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

Extrauterine Pregnancy in a Woman who had Undergone Cæsarean Section. In 1863, Dr. Hillmann of Bonn performed the Cæsarean section on Frau K., who had all the symptoms of progressive mollities ossium. In February 1864, being in the eighth month of her pregnancy, she fell against a hard article of furniture; after which the fœtal movements were no longer felt. In the night of February 12th, labour-pains set in, with discharge from the vagina. On attempting to make a digital examination, Dr. Hillmann found that, on account of the narrowness of the space between the rami of the pubic bones, he could introduce his finger no further than the vaginal entrance; the os uteri could not be reached. He thought it possible that rupture of the uterus might have occurred, with escape of the child into the abdominal cavity; but the general symptoms which should denote such an occurrence were absent, and the labour-pains continued, although feebly. The fœtal heart-sounds and movements could not be perceived. The labour-pains gradually ceased; and Dr. Hillmann waited, but in vain, for their reappearance as an indication for further operative proceedings. In eight days, the external enlargement of the abdomen, especially in the ileo-cæcal region, assumed an erythematous appearance; the part was tender to the touch, and felt as if there were œdema of the subcutaneous areolar tissue. At the same time, febrile symptoms appeared; and, as the epidermis desquamated, the patient had occasional sanguineous discharges from the bowels, which required the use of strong injections of acetate of lead to arrest them. On February 27th, an abscess appeared between the umbilicus and symphysis pubis. It broke, and discharged a quantity of fetid liquor amnii. On introducing the finger, Dr. Hillmann felt the body of the fœtus immediately behind the abdominal wall. Subsequently, the right hip of the child, denuded of its epidermis, presented at the opening and was removed by Dr. Hillmann. Fearing that the continued pressure on the abdominal walls might lead to their laceration, he, after the bladder had been spontaneously emptied, extended the abscess-opening upwards and downwards for about six inches. The child was found entwined by the umbilical cord; it was a male, of about a month less than full term, and was dead and putrid. The placenta was found attached in a space between the abdominal wall and the anterior part of the uterus; it was removed with some difficulty, but without hæmorrhage. There were no fœtal membranes attached to the placenta, and none had been discharged from the vagina; Dr. Hillmann puts it as a physiological question whether the serous membrane of the abdomen may not have discharged the duty of the membranes. The wound was closed, and dressed with infusion of chamomile. The progress of the patient was satisfactory; on March 8th, she was able to leave her room for the first time, and in six weeks the catamenia appeared, and afterwards returned at regular intervals of three weeks. On examination of the abdomen in September, the cicatrices of the two incisions were seen crossing each other at a very acute angle. In that left by the first Cæsarean section, the tissue had given way, so as to produce a hernia. On making a vaginal examination in the middle of October, and gently pressing on the hypogastric region, the anterior lip of the uterus could be felt. The patient was in as good health as could be expected in the circumstances. (*Berliner Klinische Wochenschr.*, 21 Nov., 1864.)

Puerperal Erysipelas. Dr. Hervieux gives the following conclusions at the end of a paper on this subject. 1. Like common erysipelas, puerperal erysipelas may assume various forms—phlyctenoid, phlegmonous, and gangrenous. 2. It may affect all parts of the body, but it is chiefly met with on the seat, face, and limbs. 3. Puerperal erysipelas is sometimes sporadic, sometimes epidemic. 4. Its causes are local and general. When erysipelas occurs in the buttocks, the local causes are the irritation produced by abundant and fetid lochial discharge, sloughs of the vulva, or erythematous or phlyctenoid ulcers in the sacral region; erysipelas of the face and scalp is produced by eczema or impetigo of the nose, lips, or ears, by ophthalmia, stomatitis, or angina; erysipelas of the limbs has for its causes suppurative phlebitis or purulent deposits in these parts. The general causes of puerperal erysipelas are overcrowding, infection, and perhaps contagion. 5. Puerperal erysipelas is sometimes accompanied by severe general symptoms, which may be mistaken for those of peritonitis or of uterine phlebitis with purulent infection. 6. The prognosis of the disease varies according to its form and situation, to the complications which attend it and the causes which have produced it. The phlegmonous and gangrenous forms are more severe than the erythematous and phlyctenoid. Erysipelas limited to the face is the mildest of all; erysipelas of the seat and lower limbs is ordinarily much more severe than that of the face or even of the scalp. 7. Erysipelas supervening during pregnancy is rarely fatal; but it may produce premature labour. 8. In the treatment, the patient must be removed from the influence of the causes, both local and general, which have produced the disease. (*Gaz. Méd. de Paris*, 28 Janvier, 1865.

Continuance of Life of the Fœtus after the Mother's Death. Professor Breslau has attempted to solve the question, how long can the fœtus live after the mother's death? by means of experiments on the lower animals. He details and tabulates twenty experiments, the great number being performed upon Guinea-pigs. The following conclusions are drawn:—1. The life of the fœtus always endures with a certain independence after the mother's death. 2. The life of the fœtus in the dead mother is very quickly in great danger, which reveals itself in strong convulsive movements. 3. "Apparent death," into which the fœtus commonly falls in the first minute after the mother's death, may be continued in the uterus in extreme cases as long as eight minutes; but mostly death occurs much earlier. 4. The fœtuses removed, "apparently dead," from the body of the dead mother, are nearer to death than to life, for they do not recover by themselves, but quickly, almost without exception perish. 5. Only seldom, and in the most favourable case, will the young be removed alive within five minutes after the mother's death. Even in the third minute the probability of extracting a live fœtus is very small. 6. If we operate later than five minutes, we cannot extract a living fœtus; if we operate later than eight minutes after the mother's

death, not even an "apparently dead" fœtus can be extracted; the young are by that time dead. 7. The mode of death of the mother seems not to be without influence upon the life and death of the fœtus. Death by asphyxia is unfavourable to the fœtus; death by hæmorrhage more favourable, so also death by chloroform, and by paralysis of the nerve-centres. 8. It appears to be of consequence for the persistence of life whether the fœtus be mature or immature, but the experiments could not determine this matter. With regard to the applications to the human fœtus and to practical obstetrics, Dr. Breslau submits that: 1. There is no doubt that the human fœtus, like the brute, always survives its mother when the mode of death is rapid and violent, as from bleeding, blows on the head, apoplexy, etc. 2. Daily experience shows that the power of resistance of the human fœtus is greater than that of the brute. 3. The duty of every physician is, after the ascertained death of the mother, to perform the Cæsarean section as quickly as possible, in order to save the child's life. The Cæsarean section may, however, be avoided when the previous death of the fœtus is certain, or when the fœtus may more readily be delivered by the natural passages. 4. The Cæsarean section will give no prospect of a living or of an "apparently dead" child, if not performed within the first fifteen or twenty minutes after the mother's death. 5. If the mother have died from disease, as from cholera, typhus, puerperal fever either during pregnancy or labour, scarlatina, smallpox, etc., there is no hope of saving the child's life. The same will be the case in those poisonings of the mother which effect a rapid decomposition of the blood, and which affect the child, as by hydrocyanic acid. Chloroform-death appears to be an exception, since chloroform, as such, does not pass into the fœtal circulation, of which one may be convinced by any labour completed under chloroform-narcosis. In the discussion upon the memoir in the Berlin Obstetrical Society, Professor Martin observed that in none of the four cases in which he had performed Cæsarean section after the mother's death was a living child extracted. In one the operation was completed within ten minutes; in one it was done "very soon;" in the remaining two it was done within half an hour. Dr. Boehr referred to a collection of cases in *Caspar's Wochenschrift*, in which out of 147 cases only three instances of living children occurred. (*British and Foreign Medico-Chir. Review*, January 1865.)

Spontaneous Pelvic Version in Shoulder-Presentation. Dr. Gignoux relates the following case as having occurred in his practice. Jeanne M., aged 27, was taken in labour at 5 A.M., at the full term, with her third child. On examination, at 10 A.M., the right shoulder was found to be presenting; the head could be felt through the abdominal walls in the left iliac fossa; the fœtal heart was heard a little above the pubes. The uterine contractions were very painful and frequent, but the labour made little advance. At midday, not the shoulder, but the arm, was presenting; the head had ascended, and the heart was heard at a higher point than before. Painful and apparently ineffectual uterine action continued; and, at 3 P.M., the scrotum and anus could be felt. The head was felt in the epigastrium; the heart-sounds were loudest at the level of the umbilicus. At this time the contractions became less painful, and more regular and effective. The os uteri dilated rapidly, the liquor amnii was discharged, and the labour was successfully terminated at 5 P.M. The infant was healthy, and of moderate size. The mother died in eight days of metro-peritonitis. (*Gazette Médicale de Lyon*, 1 Dec. 1864.)

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 25TH, 1865.

IS ALCOHOL FOOD?

Some of our readers may perhaps be aware that the views concerning the non-alimentary character of alcohol laid down by MM. Perrin, Lallemand, and Duroy, have been combated by Dr. Baudot. Dr. Baudot asserts that alcohol is food.

M. Perrin, however, cannot allow the assertion of Dr. Baudot, respecting the alimentary character of alcohol, to pass uncontradicted; and, therefore, in a letter to the doctor, re-affirms the correctness of the statements made by himself and Lallemand and Duroy; viz., that alcohol neither undergoes transformations nor is destroyed in the body; but that it is eliminated as alcohol by different organs of secretion, and that it has none of the characters of an aliment.

Dr. Baudot objects to M. Perrin, that if alcohol be wholly excreted from the body, he ought to be able to collect the total quantity which, in any given experiment, has been ingested. But to this, M. Perrin answers, that the human body is not a crucible or a retort; and that to fix the finely divided vapour of alcohol which passes off from the lungs and skin is utterly impossible. And even if we were to obtain from the secretions eighty *grammes* out of a hundred *grammes* of alcohol ingested, how would that advance the question? You would still maintain that the remaining twenty *grammes* were destroyed in the body as food. And if, again, by distilling the blood and the organs of the body, we were to obtain the missing twenty *grammes*, you would then object: Oh! the body has not had time to convert the alcohol into food.

Previously to the date of our experiments (says M. Perrin), it was generally accepted, that alcohol ingested could not be found again in the body—not even a trace of it; and the conclusion was that alcohol was a food. But the discovery, that alcohol ingested can be found in all the secretions of the body, of necessity destroys the argument upon which that conclusion was based. The arguments derived from the fact—that alcohol is a ternary body, is very combustible, burns better than fat, starch, and acetic acid, etc.; that the animal machine possesses powers of chemical transformations which art cannot rival;

that alcohol exists so widely spread through nature; that the alimentary character of alcohol is of universal belief; that Liebig explains its use, and Bouchardat admits it; etc.—are all arguments wide of the mark. The theory of the combustion of alcohol in the body has no other scientific base to rest upon, than the absolutely negative one derived from the researches made to discover its presence in the body.

When we undertook our investigations (says M. Perrin), we firmly believed in the opinion then generally held; but when we found the alcohol present in every part of the body, and in all the secretions, we naturally altered our views. We argued thus. All substances taken into the body may be divided into two classes—those which aid nutrition, and those which do not aid it. Although it may be difficult to define these classes absolutely, there are attached to each of them certain sufficiently characteristic marks. Food, whether ternary or quaternary in composition, under the action of living chemistry, rapidly loses its identity, and is absorbed. Except under very exceptional conditions, it is never found in its original form, either in small or in large quantity, in any of the excretions. Contained in the blood, and circulating with it, it exercises no appreciable influence over the functions of different organs; its action is lost in the silence of vegetative life; and then, after a certain term, and under the influence of catalysis, it is removed from the body under the form of different secondary combinations. On the other hand, non-alimentary substances undergo no transformations in the blood, they are foreign bodies, which the body tries to be rid of, which disturb the healthy functions of the body, and which are, therefore, rejected with the excretions.

By the aid of these typical characters, we test the properties of alcohol. We find, in the first place, that alcohol, unlike food, passes into the blood, and is present there as alcohol and as a foreign body. In the second place, alcohol, unlike food, is eliminated from the body in the different excretions as alcohol, the elimination being constant, and commencing almost immediately after its ingestion, whatever be the quantity taken; the elimination, moreover, goes on as long as the blood and the organs of the body are impregnated with alcohol. In the third place, alcohol, unlike food, undergoes no transformations in the body, and furnishes no product of oxidation. In the fourth place, alcohol, unlike food, demonstrates its presence in the body by certain special effects, which are always of a like kind, and may be of mortal intensity. In the fifth place, alcohol, unlike food, accumulates in certain organs—the nervous centres and the liver—which, consequently, contain, weight for weight, more of it than the blood.

Hence, then, we unreservedly maintain that alcohol is not an aliment—1, because it exists and remains unaltered in the blood; 2, because no trace of its destruction or transformations can be found in the body, nor in the pulmonary exhalation, nor in the fact of calorification; 3, because it is eliminated unchanged by all the organs of excretion; 4, because the phenomena excited by it in large or feeble doses, its accumulation in the nervous centres, and its toxic and well known pathogenetic action, show it to have a modifying power over the nervous forces, and show it not to be an aliment; and 5, and lastly, because the objection drawn from the circumstance, that we are not able to obtain the whole of the alcohol ingested, considered physiologically, is ill founded; and even, if it were admitted, it would only show that some of the alcohol has disappeared in its passage through the body (and in the manner we have described). But, assuredly, no proof can be drawn from this that the alcohol is either destroyed or has undergone combustion.

From all these objections, however, to the alimentary character of alcohol, M. Perrin does not draw the inference that alcohol is a deadly enemy to human nature. On the contrary, he rejects the conclusion which M. Baudot would thrust upon him, that alcohol, if not a food, must be useless and hurtful to the body. We believe (says M. Perrin) the very reverse of this.

"In demonstrating that alcohol is neither a succedaneum of starch nor of cod-liver oil, but a kind of dispenser of nerve-force, we have rather enlarged, specialised, and ennobled its uses, than diminished its value. Regarded from this new point of view, everything is explained, everything touching the organic effects or functional disturbances produced by alcoholic drinks justified. It is by its action on the nervous system that, taken in small doses, it excites in exhausted man such a marvellous and instantaneous re-integration of his force. It is by its action on the nervous system that, in the form of generous wines, it developes that reaction, that sense of comfort, which the best selected teetotal dinner (*diner aquatique*) will never produce. It is by its action on the nervous system that it occasions poisonous effects when taken in excessive quantity. And, lastly, it is by their action on the nervous system that alcoholic beverages are of indirect but very powerful service as regulators and moderators of the nutritive functions—as we hope one day to show you."

Such is the answer given by M. Perrin to the doctor who has ventured to attack the non-alimentary theory of alcohol. We fear that our teetotal friends will hardly approve of the conclusions of M. Perrin in reference to the virtues of alcohol. M. Perrin and his late co-experimenters have heretofore been accounted of the greatest authority amongst those who forbid the use of alcohol. What will be said of M. Perrin if, at some future day (as he promises), he tells the world of all the great services afforded to nutrition by alcohol, *in a secondary way*. We shall be anxious, indeed, to see how M. Perrin will prove the high use of an article, which he

himself says is "a foreign body, which the system tries to get rid of, and which disturbs its healthy functions"!

PENSIONS TO POOR-LAW MEDICAL OFFICERS.

Our brethren in England, and especially our Poor-law medical officers, would do well to take note of the efforts at present being made in Ireland to obtain retiring pensions for Poor-law medical officers. These efforts should receive their warmest support; for it is certain that the English Poor-law medical officer, whilst aiding his Irish brother, will be doing himself a service. The attempt now being made in Ireland to obtain superannuation for medical officers *who do not devote their whole time to the service of the union*, if successful, will be a battle won for the Poor-law medical officers of England. In 1862, Sir R. Peel introduced a Bill into Parliament "for granting superannuation allowance to Poor-law officers." This Bill was, however, withdrawn. Last month, the subject was again prominently brought forward by a most important and powerful deputation which waited upon the Lord Lieutenant in Dublin. A memorial, setting forth the reasons why a superannuation fund should be granted to Poor-law medical officers, was then presented. The arguments given in it are as follows.

"1. That whilst, under other departments of the Poor-law, six or seven hours a day are considered as constituting an officer's whole time, and entitling him to a pension, the Poor-law medical officer gives far more than this; for, in addition to several hours of regular duty per day (Sundays not excepted) devoted to his workhouse or dispensary, he must hold his whole time, as well by night as by day, available to the calls of the public service, to the postponement or even exclusion of private professional claims.

"2. That the duties discharged by Poor-law medical officers expose them in an especial manner to those agencies that produce contagious disease, rapidly endangering life, as well as bodily infirmity, for which a superannuation allowance should be given.

"3. That the salaries attached to the Poor-law and dispensary medical appointments are so small, and the duties so peremptory and absorbing, as to incapacitate the medical officer, in a large majority of instances, from making any provision for infirmity or old age by remunerative private practice; and that, consequently, medical officers are compelled by necessity (in the want of a retiring allowance) to persevere in holding their appointments when, by reason of age or infirmity, they can no longer do so with satisfaction to themselves or advantage to the public.

"4. That all risk of abuse in granting such superannuation would be effectually guarded against by enacting that such grant should be under the fiat and control of the Poor-law Commissioners."

This memorial was strongly supported both by the Presidents of the College of Physicians and the College of Surgeons of Ireland, and by Dr. Mackesy and others. Dr. Mackesy told the Lord Lieutenant that a "deputation which had waited on Sir Robert Peel had fully satisfied him of the justice of including the medical officers in any superannuation fund for Poor-law officers."

We would urgently recommend our medical brethren, therefore, to use all their influence to support any measure embodying this desirable object which may come before Parliament. No man in Ireland has done more to support the cause of the Poor-law medical officer than our distinguished associate Dr. Mackesy; and, in this attempt to procure a superannuation fund for the Poor-law medical officers, we find him still a veteran, nobly and disinterestedly fighting for the welfare of his medical brethren.

The acting assistant-surgeons have been (all of them, we believe) gazetted out of the service—bundled off, as we forewarned them they would be, most unceremoniously. They have only had their proper reward. The Irish medical element has been so freely supplied to the army of late, that Dr. Gibson and the Duke have been able to dispense with the class of medical men who occupied a position in the scale of knowledge several degrees below the third class. Third-class men are the *beau ideal* of men for the army, in the Director-General's opinion; and now, thanks to numerous applicants, he has a full supply of the class he affects so warmly!

The Lunacy Commissioners, in their Report of the Suffolk Lunatic Asylum, speak in strong language of its excellent management by Dr. Kirkman.

"We had every reason to be well satisfied with the state in which we found the patients, observing throughout numerous indications of the care and attention given to their comfort and well-being by Dr. Kirkman. We are glad again to report *very* favourably of the condition and management of this asylum."

The points which were particularly noted by the Commissioners are the following.

"We heard no complaints of ill-treatment on the part of the attendants and nurses, who seemed to us to be very kind and judicious in the performance of their duties. No patient on either side of the house was in seclusion, and only two were in bed. The amount of seclusion since the last visit has been very small, and there has been no mechanical restraint. We are glad to find that the same large proportion of the inmates are taken out for walks beyond the premises, and that it is intended this year to take an increased number of them to the sea-side. The wards were throughout very clean, and the bedding excellent. We noticed with pleasure that there were no special contrivances to palliate the faulty habits of the patients. Acting on the same principle, Dr. Kirkman has fitted up and papered the wards used by the most impulsive patients in exactly the same manner as the best wards; and the result has been a marked improvement in the patients' habits, with little or no destruction of the furniture or decorations."

We learn from the Report of Dr. Mouat, the Inspector-General of Jails in the Lower Provinces, Bengal, for the year 1863-64, that with an average number of prisoners (17,957), there were 1,711 deaths, amounting to a *mortality of about nine and a half per cent.* The ratio per cent. of sick in hospital to strength, 167.52. The sanitary condition of the jails has not been so good as in former years. This was caused partly by the prevalence of cholera, and in some jails by the extraordinary prevalence of a very virulent form of fever, which was epidemic at the time in Lower Bengal. One reassuring point in the Report is the statement that the jail establishments have manufactured articles, within the last few years, to the value of nearly six lacs of rupees (£58,000). The net profits for the year were about £22,000). In eight jails, the prisoners earned for the State more than they cost—a fact worthy of study by all those interested in the subject of convict and prison discipline. The entire number of jails have returned, within eight years, above a third of the total prison expenses—a sum of twenty-three lacs of rupees—as the result of the labour of the convicts.

The Academy of Sciences has given the following prizes. 1000 *francs* to M. Balbiani, for his Researches into the Constitution of the Germ in the Animal Ovum before Fecundation; 1000 *francs* to M. Gerbe, for his Researches concerning the Reproduction of Kolpodes; 500 *francs* to M. Sappey, for his Researches into the Structure of the Ovary; 2500 *francs* to M. Zenker of Erlangen, for his work on Trichiniasis; 2500 *francs* to M. Marey, for his work on the Circulation of the Blood; 2500 *francs* to MM. Martin and Colineau, for their treatise on Coxalgia; 1000 *francs* to M. Ollivier, for Clinical and Experimental Researches on Saturnine Albuminuria; 1000 *francs* to M. Lemaître, for his Researches into the Properties of Atropine and Daturine; 1000 *francs* to M. Willemin, for his Experiments on Cutaneous Absorption in Baths; 1000 *francs* to M. Lancereaux, for his Pathological Researches on Cerebral Thrombosis and Embolia; 1500 *francs* to M. Grimaud, for his Hygienic Researches; 5000 *francs* to M. Roussel, for his History of Pellagra; and 2000 *francs* to M. Costallet for the same subject.

The *Dublin Medical Press* comments as follows upon some remarks made in this Journal *à propos* of Dr. Stokes's Address on Medical Education.

"A writer in the British Medical Journal of January 28th asks, 'Do those who obtain most esteem and reputation with the public, who are considered the most skilful, and are run after as the best curers of disease,—do they gain their esteem and repute because they are men of high attainments?' We answer, as we are sure Dr. Stokes would, that no advocate of general education means to affirm that the knowledge of Horace, Homer, or Natural Philosophy, will enable a man to treat a fever or a fracture with success; but we do affirm that the above knowledge will expand his mental powers, tend to enlarge his views, and render it possible for him to appreciate more correctly the results of observation. Are we to be told that this exercise of his mental capacities will not have a marked influence on the development of the discriminative and diagnostic capacities of the physician or surgeon, and, in this way, tend to render his task easier and his success much more certain than that of one who, with moderate genius, has to contend against an uncultivated intellect and a mind unaccustomed to deal with the generalities of science? It will not supply a defect in the special qualities which render a man a good surgeon or physician; but it will afford him a general and abstract knowledge which at all times may be rendered practical by an observant mind."

Our cotemporary has mistaken the drift of the question we put. Assuredly we never doubted for a moment the immense advantages accruing to the individual himself from a first-rate preliminary education. What we asked was this: Do the public encourage high learning amongst us? Are those who bear away the golden palms of practice—who have the favour and the ear of the public—always men of high attainments? Does this high education do these classical or mathematical attainments—in any way recommend a man to the favour of his clients? Do they in any way assist him in his career as a successful practitioner of medicine? Is it not true that some highly gifted members of our profession have actually had to conceal the classical light which was burning within them, because it injured their professional prospects? Is it not true that we constantly see men of the most commonplace and ignorant stamp of mind brilliantly successful practitioners of medicine? This was the question which we put to Dr. Stokes; and we did it for the purpose of asking him what encouragement there was given by the public to our profession to induce its members to become learned and of high general attainments. Look at that public board of which Dr. Gibson is—nominally, at all events—Director-General—the Army Medical Service; and we find that the Board is not ashamed publicly to declare that the lowest kind of medical education suffices for the soldier's purposes; that third-class men are good enough to tend the sick and wounded soldier! We are, we believe, stating only that which every one knows to be the fact, when we say that the reform, as regards the position of their medical officers, which might have been forced upon the army medical authorities, has been defeated for the present solely through the rush of Irish candidates for the appointments. Well, these candidates for medical military honours have been received with open arms, with boastings and joy and thanksgiving, as godsends, by the Horse Guards. But what appears to be their title to the high education of which Dr.

Stokes is so eloquent a supporter? The *Dublin Medical Press* shall answer the question.

"Considering that by far the larger proportion of the students of medicine in Dublin present themselves at the College of Surgeons for the preliminary examination, in what a responsible position does that body stand to the profession and the public for the proper fulfilment of the trust reposed in them, and how lamentable it is that it should have adopted *a lower standard of general education than that required by any other examining body in the United Kingdom.* The only subjects required are Latin and Greek. The first five books of Virgil and the Gospel of St. John is the extent of the course; there is no examination by writing, nor any test of proficiency in composition."

Here, then, we have the fact before us, that gentlemen from whom are required the *lowest standard of general education* are the gentlemen who are received with open arms by the managers of the Medical Department of the Army; that into the hands of the worst educated class—as we must presume—of men in the country are committed the health and life of our soldiers!

THE Medical Council will this year meet early in April. The Council have again applied for, and obtained, permission to use the College of Physicians for their meetings.

"THE sedative effects of the constant current," says M. Remak (who is now experimenting at La Charité), when the current is very feeble, "are exceedingly interesting. To produce such effects, in fact, the current must never excite painful sensations. The sedative action produced by this current differs from that of other sedatives; and it may be employed when, for various reasons, the use of opium, belladonna, etc., is objectionable. One of the most striking instances in which the current is of service, is in removing the increased sensibility of an inflamed part. If, in such a case, a positive electrode, of sufficiently extended surface, be applied over the seat of inflammation, and the negative electrode at a distant part of the body, we shall find, in the course of five or ten minutes, that the sensibility of the part has greatly diminished. Thus, for example, in a case of very painful inflammation of the elbow or the wrist, we place the positive pole over the brachial plexus, and the other over the scapula; and we find the pain is soon lessened. Lately, in the presence of MM. Claude Bernard, Velpeau, and Beau, I applied the current in the case of a man who ten days before had struck his knee, and suffered great pain at the inner border of the patella. The pain was so great, that the patient could not walk except with his knee bent. I placed the positive electrode over the crural nerve below Poupart's ligament, and the other pole over the extensors of the leg. In a few minutes, we observed that the joint became less painful, and the extension of the limb more easily performed. The patient was completely cured by three applications of the remedy. Let me remark to all those who would repeat my experiment, that the curative effect depends upon the surface of the elements of the pile; that is to say, that piles composed of small elements must be absolutely rejected."

Phosphorus-necrosis is a common disease in Vienna. The Medical Society there has appointed a Committee to draw up a report to present to the Government on the subject. Professor Schuh, who lately presented to the Society two cases of the disease which had been cured, remarked that he did not consider the subperiosteal of as much value as was generally supposed. It is a fact, that the bones are not regenerated in man; though how it might be with animals he knew not. Of the two cases mentioned, one was that of a young woman who had worked for a long time in a match manufactory, and from whom he had removed the whole of the under jaw-bone. He first of all removed only the left jaw-bone; but, as the necrosis extended to the right side, he afterwards removed the other half. The other was a case of necrosis of the upper jaw.

Rokitansky lately brought under the notice of the Vienna Medical Society the subject of Torsion and Strangulation of Ovarian Tumours. During the last few years, he has seen eight cases of this kind. His observations lead him to the conclusions —1. That torsion and strangulation of ovarian tumours are not uncommon; 2. That they sometimes come on suddenly, at others gradually; 3. That in the first case they are generally fatal to life. 4. When the tumour, previously moveable, suddenly becomes fixed, and there arise symptoms of peritonitis, we may surmise that torsion, etc., have occurred. In such case, attempts must be made to replace the tumour. 5. Intestinal incarceration may also result from the same causes. 6. Destruction of the tumour may also follow, and may account for the disappearance of ovarian tumours in some cases.

Typhoid fever is the cause of the greatest number of deaths in French military hospitals, being, for the year 1862, 185 per 10,000 of effective soldiers. Suicide appears to be very common in the French army; it is three times greater in the army than amongst civilians. In 1862, there were 231 suicides in the army. Syphilis is in France, as in England, the most cruel scourge of the army.

M. Velpeau places the recommenders of secret remedies to the Academy of Medicine in this fix:

"One of two things. The persons who recommend these new remedies have not tried them, and in such case they can know nothing of their effects; or, if they have tried them, they have rendered themselves liable to punishment for illegal practice of medicine. So far, therefore, from receiving recompense from the Academy, they should be punished by the law."

SIR CHARLES WOOD AND THE INDIAN MEDICAL SERVICE.

A PERUSAL of the despatch from Sir C. Wood on the Medical Department confirms the views we have expressed, that the new scheme will tend to the extinction of the local medical service. The doctors, perhaps, have no more reason to complain that their occupation is gone, than have the officers who cast in their lot with the local army. The absorption of the old race of Company's servants, and the filling of their places by strangers who knew not "The Honourable John", is a mere question of time. Whether it was necessary, in doing this, to repeat the foolish twaddle of a foolish earl, and thereby to insult publicly a large body of honourable and high-minded public servants, is a matter for the nation to decide. Sir C. Wood has inflicted an unnecessary amount of pain in the performance of this his latest operation, whereby he acquiesces in the dictum of the War Minister, that the Indian medical officers are of too low a caste professionally to admit of admixture upon equal terms with their brothers of the Royal army. The insult has been deliberately made; and it remains to be seen whether the service will pocket the affront, in consideration of the olive-branch held out to it in the shape of a few extra rupees, and somewhat more favourable facilities of retiring into private life.

It remains for us to consider briefly what the "benefits" of the new despatch to medical officers are. The figures at first sight look imposing on paper. The pay of deputy inspectors-general, for instance, is increased from 1,575 rupees to 1,800 rupees, the present Bengal rate; but at the same time the Indian Government is informed "that a readjustment of the local department of inspection, to meet the altered condition of the service," which means that the "reduction" is to be at the expense of the Indian medical service; and that for every deputy-inspector reduced, the British medical service will have a valuable appointment bestowed upon it. The members of the Indian medical service are so obtuse that they cannot see the advantage of increasing the pay of, say, four deputy-inspectors from 1,575 rupees to 1,800 rupees; and at the same time reducing the number of appointments from *eight* to *four*, thereby diminishing the prospects of promotion of those now in the service to the higher grades exactly by one-half!

The immediate effect of the new rule will probably be a complete stagnation in promotion to the higher ranks. If the circles of inspection are to be reduced in number, there will be several supernumeraries "out of employ", all of whom will, of course, be brought in as vacancies occur; and, naturally, every one will try to hold on for "five years" in the grade of deputy-inspector, so as to secure the extra pension held out by the new rules.

It is a curious fact, that all the late attempts at "improvement" of the medical service have been marked by the loss of valuable appointments. The new warrant threatens the further extinction of one "inspector-general" and three or four "deputies". It is evident that, if these "improvements" are to go on, there will shortly be nothing left for the services to look forward to beyond the rank and pay of "surgeon-major". It of course will be said that "the altered conditions of the service" do not require so many administrative officers. This may be true enough; and the medical officers may allude to the fact, in asking that the same consideration may be shown to them as to the colonels and majors who were "no longer wanted", and who were allowed to retire upon handsome bonuses.

It seems to us that, by the introduction of the new rules, there will be a superfluous staff of senior surgeons. It is evident that forty-four regiments of native infantry and cavalry cannot give suitable employment to a staff of eighty-six surgeons. Those who are not wanted—whose prospects of promotion have been utterly blasted by the new rules—should, we submit, be tempted to move out of the way by a more liberal scale of retiring pension than the one now offered. Having ruined their prospects of advancement, the Government should, in mercy, allow them every facility for retiring into private life, and forgetting their real or fancied wrongs. (*Madras Athenæum* and *Daily News*.)

Special Correspondence.

CONTINENTAL NEWS.

[FROM OUR OWN CORRESPONDENT.]

THE monograph by Professor Zenker of Erlangen, *On the Changes which the Voluntary Muscles Undergo in Typhus Fever*, the publication of which had already been announced to us by the author, has appeared. Our readers may recollect that it was while prosecuting the researches contained in this essay, that Professor Zenker discovered trichiniasis. There is some danger that the more sensational one of the two discoveries with which his labours were rewarded will, for a time at least, withdraw the attention of the medical public from the intrinsically more important one relating to typhus fever. And this is, perhaps, no more than natural, seeing that trichinæ had puzzled the learned for thirty years, and that now, by one grand masterstroke of science, the world is put in a position, not only to know all about them, but also to do all that is requisite for preventing their propagation.

The discovery which relates to typhus fever, on the other hand, does not admit of any immediate application to the treatment or prevention of that disease; but is important rather as a basis for further researches. The changes of the muscular tissue which take place in typhus fever may mostly be ranged under two heads—granular disintegration and waxy confluescence. In the first variety, the transverse striæ disappear, and the sarcolemma appears filled with finely granular matter. In the second variety, the striated matter becomes, as it were, pervaded by a coagulating material, which sets, and in contracting breaks up the fibres into great numbers of short waxy looking lumps, not unlike a certain variety of casts of the tubuli recti of the kidneys. Muscles thus changed do not present the red colour of flesh, but a peculiar fawn or yellow tint, permeating the ordinary red in patches and veins not unlike the appearance of vein-marble. This aspect is well represented in a coloured plate. Other plates represent the microscopic appearances in the affected muscles. Zenker regrets that he was unable to combine with his researches a chemical inquiry into the changes of the muscular tissue. We recommend the

essay of Professor Zenker to our readers as an important contribution to the knowledge of typhus fever and zymotic diseases in general.

There has also appeared the concluding portion of the second volume of the *Anatomy of Man*, by Hubert Luschka, the Professor of Anatomy at the University of Tübingen. This part is a stately volume, and treats of the pelvis and the organs contained in it. It is adorned with sixty-two beautifully executed wood-cuts, which, by their originality and clearness, remind us of the copper-plates of Camper and Smellie. The text is a masterpiece of arrangement and style; and accomplishes an apparently impossible task—namely, to make the study of anatomy from a book an interesting pastime or an useful effort. We cannot give any higher praise to this work, than that it has enticed us to read many chapters right through, merely for the purpose of enjoying a piece of natural history at the hands of one of its most accomplished teachers. We can conscientiously say, that physicians and surgeons cannot get a better book of reference than Luschka's Anatomy. The book has another advantage, in that here and there heavy matter is seasoned with the salt of Latin and Greek quotations. These efforts have succeeded more to our liking than those of Hyrtl.

A monograph by Dr. W. Erb, assistant-physician in the Medical Klinik at Heidelberg, treats of the Physiological and Therapeutical Effects of Picric Acid. The author gave picric acid mostly combined with alkalies; so that his results and his doses must be understood to refer to picrates. He found that, when taken by the stomach, it dyed nearly all the tissues of the body, and was excreted with the urine. When larger quantities were absorbed into the blood, many red corpuscles became destroyed; the white ones, on the contrary, were augmented, and a kind of artificial leucocythæmia was the result. The author also speaks of a kind of artificial icterus caused by the picrates; but it is not clear whether he designates thereby the yellow coloration due to the imbibition of the picrates, or a coloration caused by colouring matter of bile. While small doses of picrates can be borne for a long time, large doses produce symptoms of inanition and death. Fifteen grains of picrate of potash or soda is a moderate dose for an adult. But children and feeble persons require very small doses, and those must be administered with great caution. The only tangible effects of picrates are of an anthelmintic nature. They are most strongly pronounced against the tænia serrata of the dog. The tænia solium of man is also expelled by its use with tolerable certainty; of the tænia saginata, pieces only, and never heads, come away after its use. It is excellent against the ascaris lumbricoides; less powerful, but still effective, particularly in the form of clysters, against the oxyuris vermicularis. Trichinæ and cysticerci are not affected by it. Intermittent fever is in no way altered by its use. [Erb evidently was not aware of the use which London cow-keepers make of picric acid. They use it, in combination with turmeric powder dissolved in old ale, as a purgative drink for cows ("tamric and icy picree drink.")]

The Report of the Sixth Annual Meeting of the Central Society of German Dentists (*Germanicè*, "tooth-physicians"), which was held at Munich on Aug. 1st, 2nd, and 3rd, 1864, has been published. The scientific meetings were held in the apartments of the Academy of Sciences. The first discussion concerned anæsthetics and their use in dentistry. The suboxide of nitrogen (*vulgo*, laughing-gas) came in for a large share of attention. After much discussion, Snersen of Berlin read a paper on the Preparation for Stopping of Teeth in which the Pulp is Bare. After several subjects of great practical value had been discussed, Schrott of Mühlhausen communicated his system of obtaining the most certain impressions and the most accurate articulation. The Report is full of matter which must be of great interest to dentists. In its last meeting, the assembly awarded two prizes—one to the author of a competitive popular essay on the Hygienic Treatment of the Teeth; the other to Schrott of Mühlhausen, for his paper and demonstration.

Aniline and aniline dyes have now become articles of wholesale manufacture, on the continent as well as in England. In West Prussia, many cases of poisoning occurred round places where these articles were manufactured. It was found that they arose from careless manipulation of the arsenical residues obtained in the manufacture of the dyes. The work of Dr. Sonnenkalb, *On Aniline and Aniline Dyes, from a Toxicological and Hygienic Point of View*, contains all the information on this subject which can at present be obtained.

Bärensprung's work on *Hereditary Syphilis* has been published after the death of its accomplished author. He completed the manuscript during a lucid interval in the mental derangement with which he had lately been seized; the insanity returning, he put an end to his life by drowning. The book he has left gives evidence of his great power of observation, and the extensive range of his practice. The work is accompanied with seven plates.

The *Preussische Medicinalzeitung* has ceased to exist; and its staff and connection are merged in the *Berliner Klinische Wochenschrift*.

Even in Germany, the quarterly publications are becoming too slow for the impatient and impetuous pioneers of science; and the monthlies are consequently in the ascendant. But the greatest success is the *Berliner Klinische*, which comes out weekly; and mostly contains good and interesting matter, and sometimes well written essays.

The *Pharmaceutische Zeitung* gives a series of articles on the affairs of the apothecaries in Prussia. That kingdom, containing 18,500,000 inhabitants, has 1580 apothecaries' shops, all privileged and under supervision; there is, consequently, one shop for every 12,000 inhabitants. The population buys medicines at these places at the rate of one shilling ($\frac{1}{3}$ of a dollar) per head per year. There are about 7500 practitioners of medicine in Prussia; and their aggregate

income now may be calculated at 5,000,000 dollars *per annum*. It will be remembered that the apothecaries in Germany are not permitted to practise, in any sense, as curers of disease; but must confine themselves strictly to the dispensing of prescriptions written by medical men. These arrangements are now imitated very closely in the empire of Russia.

Professor Griesinger of Zurich has been called to fill a newly created chair for psychiatrics at Berlin, and to take charge of the klinik for mental diseases.

It is rumoured at Berlin, that Leyden, the author of a work on Progressive Paralysis from Disease of the Spinal Marrow, will be called to the clinical chair at the University of Königsberg.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thurs., March 2, 7.30 P.M.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

DECEMBER 15, 1864.

Alopecia Areata, followed by Universal Loss of Hair. By T. BALMAN, M.D. It was remarkable that a disease which had received so much attention, and had not been very inaccurately described by many of the older writers, should still have to be classed among the most obscure, and least understood, of the whole group of cutaneous maladies.* Very contradictory opinions were held regarding the appearances presented by the disease. Willan, Good, Hutchinson, Bazin, Burgess, and Turner, distinctly asserted that the bald circular patches, one of its characteristic features, were, for the most part, smooth, white, and shining, and never exhibited any indications of redness, pustules, or scurf; whilst Todd, Anderson, Devergie, and others, considered that the skin from which the hair falls was almost always changed both in structure and appearance: being red and inflamed, often puffy and œdematous. Dermatologists were equally at issue regarding its causes. Robin, Gruby, Bazin, Küchenmeister, and Anderson, believed the disease to be one of parasitic origin; whilst the great majority of English observers, including Wilson, Hutchinson, Startin, and Jenner, appear not to have discovered nor to believe in the existence of the fungus first described by Gruby in 1843, and named by him the *microsporon Audouini*. Its contagious character was admitted by one party, denied by the other. Those who believed the little parasite to be the cause of all the mischief had no difficulty in adducing evidence of its spread, by contact or otherwise, among members of the same family. The English school, with one or two exceptions, stood alone in denying that the disease was ever communicated in this way.

The records of medicine supply but a very few examples of the complete loss of hair, whether resulting from alopecia or from other causes.

* Alopecia, porrigo decalvans of Willan and Bateman, is mentioned by Asclepiades, Archigines, Galen, and Celsus.

A case is given by Hardy occurring in a child. (*Leçons sur les Maladies de la Peau*, par le Docteur Hardy.) Devergie, with his great experience at St. Louis, appears to have met with only one rather doubtful case of this kind. (*Traité Pratique des Maladies de la Peau*, par Alphonse Devergie.) J. P. Frank saw it in a young man; and instances of its sudden occurrence are mentioned by Paulini and Heister. (See also *Journal de Physique*, t. xiv; *Berlin Méd, Trans.*, vol. iii, p. 372; *Journal de Progrès*, t. xiv, p. 244; and Otto's *Pathology*, by South, p. 120.)

The following lately came under Dr. BALMAN'S own observation; and its history clearly showed, that it commenced with well defined patches of baldness, and was unquestionably, at its commencement at all events, a case of true alopecia.

R. H., aged 33, a man of about the middle stature, and in robust health, stated that he was a cabinet-maker by trade, unmarried, and a native of Scotland, having resided in England only a few months. His family had generally been reputed healthy, and for the most part had lived to a ripe old age. In July 1861, his attention was first accidentally drawn to a small bald circular spot, of about the size of a sixpence, on the back part of his head, a few inches from the left ear. Other spots of a similar kind soon showed themselves below, and subsequently on the opposite side of the head; they never coalesced, nor, to the best of his recollection, did they ever exceed the diameter of a two-shilling piece. Some months later, he observed, for the first time, that his hair was gradually becoming thinner, more particularly from the vertex downwards; and on looking at his brush and comb one morning, he noticed that they were covered with an unusual quantity of loose hair, and very shortly afterwards discovered, to his great consternation, that it was all rapidly falling away. The denuded patches first noticed were never red or tender to the touch; and, but for the loss of hair, he probably would not have noticed them.

In March 1862, seven months from the commencement of the disease, every hair had vanished from his body—except that one solitary stranger on the right side of his face had survived the wreck. It looked remarkably vigorous and well, and seemed little disposed to follow the bad example of its kin. With this exception, not a hair of the smallest size was to be found on any part of his body. Whiskers, eyebrows, eyelashes, genitals—all were completely naked.

There was nothing in his present or antecedent state of health to account for this sudden phenomenon. His health had been always good; and he had continued his occupation up to a very recent period.

The scalp looked perfectly white, smooth, and unusually glossy, and was rather more firmly adherent to the cranium than was usual. He had never seen the slightest indications of any scurf, pimples, or discoloration; and only very faint traces of the hair-follicles were perceptible.

The only peculiarity noticed was a partial state of anæsthesia of the scalp. This was obvious enough on the application of either the acetum lyttæ, or a strong concentrated tincture of iodine, of which he scarcely took the slightest notice for very nearly twenty minutes; even then he remarked that he scarcely felt that any application had been made to his head at all.

He wore a wig as a protection from cold, and to conceal his deformity. The only other inconvenience he felt was in dusty weather, when his eyes sometimes became red and troublesome from particles of dust coming into contact with them.

The course of the disease in this instance was ex-

ceedingly obscure. No gastric derangement or disturbance of any organ or function existed, so far as could be ascertained; and the case could hardly be said, therefore, to have been a constitutional disorder, in the strict sense of the word. As to its parasitic origin, how far the first manifestation of the disease was due to any such cause, it was not easy to say; but Dr. Balman thought that it would be absurd to suppose that so rapid a destruction of hair as took place in this instance could by any possibility have been the work of a minute cryptogamic plant, even if we were to admit the full influence and importance of such a class of causes in producing the disease in question.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 14TH, 1865.

W. R. BASHAM, M.D., Vice-President, in the Chair.

ON THE TREATMENT OF CHRONIC DISEASE OF THE LUNGS BY THE INHALATION OF ATOMISED LIQUIDS.

BY MORELL MACKENZIE, M.D.LOND., M.R.C.P.

[*Communicated by* T. B. CURLING, F.R.S.]

THE author, after an elaborate description of the various instruments invented for the purpose of introducing medicine by means of inhalation, entered into an account of the apparatus invented by Dr. Siegel* (of Strasbourg) and himself, which he thus described. It consists of a little kettle with a horizontal spout, in which there is a very fine opening. Placed at right angles to the horizontal spout is a vertical tube which dips down into the kettle, with a spirit-lamp placed beneath it. As the steam issues from the spout it causes a vacuum in the vertical tube, and the medicated liquid rising up becomes mechanically incorporated in the steam. The dilution of the medicated liquid which takes place is very slight, as the conversion of a drachm of water into steam will take up three drachms of medicated liquid. The temperature of the steam is lowered by the incorporation of the liquid, so that at the end of the cylinder it has only a temperature of about 70°. In this apparatus there is of course no current of cold air. The amount of liquid taken up varies; that is, it depends on the amount of heat applied, on the height of the column of liquid, etc. This is not an important defect, but when it is thought desirable to take up a definite quantity of liquid the author uses the following apparatus. A graduated glass tube, about eight inches high, has from its lower part a fine piece of tubing, which is bent round and up again, and then extends about an inch horizontally, and ends with a minute opening. In the vertical portion of the fine tubing there is a stop-cock. The small aperture of the tube is placed at right angles to the spout of the kettle, and as the liquid emerges it becomes incorporated in the steam. By means of the stop-cock the amount of liquid which passes from the tube can be regulated, so that the same amount can always be taken up in the same time. Dr. Siegel's simple apparatus is a excellent one, and the author stated that he had often used it with great advantage.

The author observed that his own atomiser is very simple and can be used very easily. The liquid is driven from a fine glass pipe on to a projection in a bell-shaped tube, by the descent of a piston. The piston is drawn up without any exertion by a wheel and rack, at its upper part, and is forced down by a circular spring which surrounds the cylinder. The apparatus is filled with liquid by a funnel in its top, and all the spray except that which is inhaled passes back into the apparatus. The advantages of his (Dr. MACKENZIE's) atomiser are:—

1. Its simplicity, requiring only a few turns of a handle to set it in operation.
2. The extremely fine state of subdivision which it effects.
3. The uniform pressure exerted.
4. The fact that the waste liquid returns into the apparatus.
5. The ease with which it can be taken to pieces and cleaned.

After enumerating the physicians and physiologists who had worked at the subject on the continent, the author analysed the experiments which had been performed by Demarquay, Fournié, Brian, and others, on rabbits and dogs. He then related his own experiments, which had been carried out in conjunction with Dr. Duchesne, of Woodford.

After detailing various experiments performed on pigs and dogs, Dr. Mackenzie thus summed up the results. Leaving Demarquay's rabbits out of the question—it having been shown by Claude Bernard that, as those animals in their normal state breathe through the nares when their nostrils are covered, and they are made to breathe through the mouth, the conditions are not physiological; and by Fournié that any solution (not atomised) injected into a rabbit's mouth passes into the lungs—there are (1) Demarquay's and Brian's experiments on dogs; (2) his (Dr. Mackenzie's) on pigs and dogs; (3) an experiment performed by Demarquay in the presence of numerous witnesses on a woman with tracheal fistula, in which it was shown that the inhaled liquid penetrated to the trachea, though there was a great obstruction at the upper opening of the larynx—this experiment, which had been previously unsuccessfully performed by Fournié, has since been repeated by Lieber, Schnitzler, and others, with results similar to those obtained by Demarquay; (4) the fact first shown by Bataille, and since by Moura-Bourouillou, the author, and others, that after the inhalation of a coloured atomised solution the sputa remained tinged long after the employment of the laryngoscope could detect any traces of the material used. On the one hand there were an immense number of positive proofs of the penetration of atomised liquids; on the other hand there were a few experiments performed with negative results. It was scarcely necessary to remark that any experiment might be performed—the most simple chemical test employed—in a manner to ensure failure. But a few experiments of this sort could have little weight against the mass of evidence on the other side.

The author stated that the greatest benefit from this system of therapeutics might be expected, and had resulted, in bronchitis, asthma, and hæmoptysis. He brought forward twenty-two cases treated between October 1863, and January 1864. There were ten cases of bronchitis, six of phthisis, two of hæmoptysis, three of asthma, and one of whooping-cough. The author did not believe that in phthisis the treatment would have a positively curative effect, but was beneficial in cutting short intercurrent bronchitis.

Of the twenty-two cases detailed, only two were unable to make use of this curative process. Of the ten cases of bronchitis, eight were cured, one relieved, and one obtained no benefit. The average duration of the time required for curing these cases, though most of them were severe and of long standing, was only fifteen days and a quarter. The shortest time was six days (a severe case, No. 4); the longest forty days. The duration of treatment was not in proportion to the severity of the disease; one mild case requiring twenty-eight days to get well. Of the

* This admirable apparatus has unfortunately been patenteed by Dr. Siegle.

six patients labourihg under consumption, two were unable to use the inhalations on account of the irritation which they caused. Of the remaining four cases, whilst the physical signs did not undergo any material alteration, the local symptoms (expectoration, pain, and cough) were greatly relieved. The general health was much improved in two cases, Nos. 11 and 15; slightly in a third, and not at all in a fourth. In two cases of hæmoptysis, one severe, the other slight, the atomised liquids rapidly stopped the bleeding. In three cases of asthma—one, a very severe case, which had obstinately resisted the ordinary treatment, this system of therapeutics soon gave relief. In one case of whooping-cough (in an adult) the inhalations gave immediate relief, and quickly effected a cure.

The author stated that during the past year he had used atomised liquids in more than eighty cases of diseases of the lungs, and that he had found the plan of treatment no less successful than was detailed in this paper. The various instruments referred to in the communication were brought before the Society, and likewise diagrams illustrating their action and method of employment.

Correspondence.

MEDICAL ERRORS.

Letter from A. W. Barclay, M.D.

Sir,—It is highly gratifying to find that my views of medical reasoning have to so great an extent received the approbation of such an original thinker and intelligent observer as the late President of the Royal College of Physicians. Dr. Mayo will, I am sure, forgive me for saying that he seems, in some measure, to have mistaken me when he assumes that I should require proofs of causation which the very nature of the case rendered unattainable. He also seems to me, perhaps unnecessarily, to shrink from following out to their full limit some of the teachings of philosophy, which, as they prove that a degree of uncertainty clings to all the practice of medicine, might unsettle the faith of some who have no substitute for the dogmatism of the schools, if that be shown to rest on an insecure basis.

It is perfectly true that, in very many cases, we are unable to apply the canons of Mr. Stuart Mill to our rules of practice; but I have more than once stated in my volume, that medicine, in its application for the cure of disease, must be chiefly deductive. I do maintain, however, that, if it is to rank as a science, it is absolutely necessary that we should base all the inferential and analogical reasoning which guides our practice on laws which have been arrived at by correct induction. When the law of the action of any remedy has been ascertained, it is very easy to apply it in the management of a case; and the skill of the practitioner is chiefly shown in the judicious employment of the means most suited to accomplish the end of promoting the recovery of the patient. For example, we know that the action of certain substances in the body is purgative; and, if we think the evacuation of the bowels likely to be beneficial in any given case, a purgative is ordered. The determination of the necessity, and the selection of the remedy, can never be made the subjects of inductive reasoning; but the law of the purgative action may very well be so. In fact, it is as clear an induction as can be traced anywhere in science, that a dose of castor-oil will purge unless its action be somehow or other interfered with. It is still to be determined, whether absorption is essential to this action, and wherein it differs from other purgatives; whether it be true, for instance, that castor-oil acts on the whole canal, aloes chiefly on the lower end, calomel chiefly on the liver. If we knew any such laws, they would be of immense value; but they must be made out inductively, if at all.

On the other hand, it was at one time believed that we had traced, as a law of the action of mercury, that it caused the absorption of effused lymph; and every one, in treating a case of inflammation with fibrinous effusion, felt bound to prescribe calomel and opium. This law, however, seems not to have stood the test of further inquiry; at all events, I can nowhere find the induction by which it is proved.

No one will dispute the accuracy of Dr. Mayo's statement, that it is impossible to apply the same tests to many of the facts in pathology and therapeutics which are employed in such a science as that of chemistry; but my object has not been so much to teach the exact bearing of inductive reasoning on medical science, as to point out that the philosophy of induction has been lost sight of altogether, and that the existence of causation is generally assumed without any attempt being made to prove it in a legitimate manner.

If Dr. Mayo will refer to the pages of any of the homœopathic journals, he will find cases carefully and fully recorded in which the treatment is detailed, and the recovery of the patient attributed to the employment of a third dilution of nux, or a tenth trituration of arsenicum, etc.—whatever such language may mean. The cases to which I allude will bear comparison with hundreds detailed in medical periodicals, or even in the standard works of medical literature; and if the recovery of a considerable number of cases after the use of certain remedies be admitted as evidence of their curative action, there is no alternative, as it appears to me, but to admit that these "dilutions" and "triturations" are curative. We may demur to the hypothesis; but if we do not require of all treatment whatsoever that it be shown that there is a distinct relation of cause and effect, we have no sound argument to prove the utter uselessness of homœopathy. It is not my intention to waste the time of your readers by attempting a refutation of this oft exploded folly; but to any one who will take the trouble to read the writings of their more reasoning and better instructed correspondents, a most useful lesson will be taught by the parody of induction exhibited in the "provings" of remedies, and by the extraordinary jumble of fact and fiction which takes the place of deduction in their hypotheses.

I think we cannot too clearly understand that there ought to be and must be a firm basis laid in inductive reasoning for our medical beliefs; and if I could have any longer carried on the controversy with Dr. Johnson, I think I could have shown him that such a basis was wanting to his theory. That he may not regard me as untruthful, I beg to refer him to page 265 of his own volume, whence I copied words, the accuracy of which he questions. The only aim I have had in bringing forward instances of inconclusive reasoning has been to stimulate others to strive after greater accuracy. Far be it from me to claim for myself any superior degree of logical acumen, or to set up my own reasoning as a model for others to copy. The inductive philosophy rests on a basis which I believe to be indestructible, and when its principles are understood, it is not difficult to bring any argument propounded to the test of experimental inquiry, and decide whether it complies with its requirements. In the hope that some few

among us may be stimulated to make ourselves still more familiar with its teaching, I do most earnestly commend this branch of study to my fellow-workers and fellow-students. I am, etc.,

A. W. Barclay.

23a, Bruton Street, February 21st, 1865.

INVESTIGATION OF DISEASE.

Letter from A. Ransome, M.B.

Sir,—It is possible that the object of the paper "On the Need of Combined Medical Observation" may not be thoroughly understood by some of your readers, and disappointment may result from want of clear apprehension of the means which I am anxious to see employed.

Many important medical problems cannot be solved by detached individual observation; the weight of evidence necessary to true induction can only be amassed by associated labour. Thus, Dr. Durrant's "Retrospective Notes" on the action of remedies, etc., are valuable, as giving the carefully noted results of his experience; but they need corroboration by many others, before sound conclusions can be drawn from them. And these observations must be made with method, in concert; and must be organised by skilful leaders. To carry on the metaphor quoted by Dr. Durrant, it is not by our present desultory guerilla warfare that we shall prevail over our difficulties: our forces must be drawn together and headed by officers who will direct the operations, marshal the facts, and, most important of all, who will carefully examine our weapons, and exclude all weak or inefficient materials.

I have ventured to express the opinion that the central governing body of our Association would most fitly perform this important duty, and have urged that they should appoint a subcommittee "to devise the best means of obtaining the evidence of members of the Association upon questions having a practical bearing."

The Association is now promoting a most worthy object—the formation of a Provident Fund for medical men; but surely it would not be less worthy or less important that we should combine for other than internal work; that we should attempt to remove from the profession the stigma of uncertainty upon subjects which at the present day ought not to be permitted to remain undecided.

If the Council would take the lead in this matter, there can be little doubt that they would be well supported by their members, and a most useful society of observation would be formed. We might hope not only that a rich harvest of results would be gathered in, but the labourers themselves would get good by the labour, and would gradually strengthen and train their powers of observation.

The work, however, must be well organised, and needs careful guidance; otherwise we cannot hope to obtain that well tried and carefully sifted evidence which is required. I am, etc.,

Arthur Ransome.

Manchester, February 14th, 1865.

[Is our correspondent aware that a Committee was appointed at the London meeting of the Association in 1862, for the very object to which he refers? That Committee drew up very careful schedules of queries concerning the actions of remedies on diseases; but their labours have not been duly rewarded. Might it not be well to start again upon the same basis, with any improvement which experience may have suggested? Editor.]

MEDICAL EVIDENCE AT CORONERS' INQUESTS.

Letter from James Edmunds, M.D.

Sir,—As imputations have been cast upon me in respect to my mode of giving evidence at coroners' inquests where the reputation of other medical men has been concerned, and as such imputations, although utterly groundless, have obtained a wide publicity, I shall be glad, as a member of the Association, if you will favour me with the insertion of the inclosed copy letter; and I am prepared to furnish evidence to the same effect from several other medical gentlemen with whom I have come into contact as medico-legal witness deputed by the coroner, and with whom I have not the honour to be otherwise acquainted.

If any gentleman feels aggrieved by my want of caution when occupying so responsible a position, I shall be happy to meet his complaint, if submitted in writing to the British Medical Association; the condemned party to pay ten guineas to the Medical Benevolent Fund, and make such other amends as the adjudicators may impose.

I am, etc., James Edmunds.

82, Gower Street, Bedford Square, February 1865.

"22, Essex Street, Islington, February 20th, 1865.

"My dear Sir,—I well remember your evidence at the inquest of one of my policemen, whose family accused me of neglect in the case, because I did not go to see him myself about every two hours through the night. . . . I had great reason to thank you for your honest and manly evidence, and your determination to uphold the character of the medical profession.

"Believe me, dear sir, yours faithfully,

"J. B. Mather,

"*Surgeon G Division of Metropolitan Police.*

"Dr. Edmunds."

A Bad Lot. The following medical officers of the United States army have been cashiered. Assistant-Surgeon Owen, 16th New York Heavy Artillery, for stealing from the United States, and embezzlement, and defrauding the government: to be dishonourably dismissed the service, with loss of all pay and allowances due him from the United States. It shall be deemed scandalous for an officer to associate with him. Surgeon J. H. Thompson, 124th New York Volunteers, for cowardice. Assistant-Surgeon John V. De Grasse, 35th United States Coloured Troops, for drunkenness on duty, and appropriating to his own use liquors belonging to the medical department. Assistant-Surgeon James Henderson, 201st Pennsylvania Volunteers, for appropriating to his own use medical supplies, and appearing before officers and enlisted men in a state of intoxication. Assistant-Surgeon Avery, 3rd Missouri Cavalry, for habitual drunkenness and neglect of duty. Assistant-Surgeon Christian Miller, of the 8th United States Coloured Troops, having been put in charge of the transportation of one hundred and fifty, as he admits, wounded men who had nothing to eat all day, as he reports, left Deep Bottom without making any preparation for their comfort or providing for them food, and when reaching Bermuda Hundred was found personally intoxicated from, as he says, a grain and a half of morphine, and a half gill of whisky, so as to be unable to do his duty, is ordered by Major-General Butler to be and is dismissed the service of the United States with the loss of all pay and allowances. Assistant-Surgeon N. S. Drake, 16th New York Cavalry, for messing and drinking with enlisted men.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, February 20th, 1865, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Foster, John Bunyan, 66, Upper Charlotte Street, Fitzroy Square
Glynn, Thomas Robinson, 35, Canonbury Road, Islington
Griffith, William, Oswestry
Günther, Charles Theodore, M.D.Tubingen, Hampton Wick
Hudson, John, Rochester
Lamb, George, Hull
Marshall, John
Murphy, J. Wm. C. Neynoe, Aldershott

At the same meeting, the following gentlemen were reported by the examiners to have passed the *first part* of the Professional Examination for the Licence:—

Burt, William Jennings, St. George's Hospital
Butler, William Harris, Guy's Hospital
Joseph, Thomas Morgan, University College
Renshaw, Edwin, St. Bartholomew's Hospital
Ridout, Charles Lyon, St. George's Hospital
Underhill, Francis William, St. George's Hospital
Watson, George Samuel, St. George's Hospital
Withers, Walter Owen, King's College

APOTHECARIES' HALL. On February 16th, 1865, the following Licentiates were admitted:—

Burnham, Ralph, Preston, Holderness, Yorkshire
Carr, Charles, Newcastle-on-Tyne
Gould, Franklin, Charlotte Street, Bedford Square
Rigden, George William, Burgate Street, Canterbury
Robertson, Robert, M.D.Edin., Liverpool

At the same Court, the following passed the first examination:—

Lloyd, Ridgway R. S. C. C.

APPOINTMENTS.

BARNES, Henry, M.D.Edin., elected Resident Medical Officer to the General Hospital for Sick Children, Manchester.

ARMY.

CRANE, Assistant-Surgeon E. J., 90th Foot, to be Staff-Assistant-Surgeon, *vice* T. S. Barry.
MATHEW, Assistant-Surgeon C. B., 54th Foot, to be Staff-Assistant-Surgeon, *vice* C. J. Weir, M.B.
TROUP, Staff-Assistant-Surgeon R. W., M.B., to be Assistant-Surgeon 54th Foot, *vice* C. B. Mathew.
WEIR, Staff-Assistant-Surgeon C. J., M.B., to be Assistant-Surgeon 90th Foot, *vice* E. J. Crane.

DEATHS.

*MARTIN, John F., Esq., at Abingdon, aged 60, on February 14.
SOPER. At Stockwell, on February 19th, aged 2 months, William, son of *William Soper, Esq.
WILKINSON, Charles, Esq., Surgeon, at Southgate, aged 73, on February 9.
WILLDERS, Frederick W., M.D., in Stamford Street, Blackfriars, aged 36, on January 29.

DEATH OF M. GRATIOLET. Professor Gratiolet, who a week before was lecturing at St. Sorbonne, has suddenly died of apoplexy.

MEDICAL CORONERS. The contest for the vacant coronership of the northern division of the County Dublin lies between two medical men—Mr. G. F. Davis, Assistant-Surgeon 50th Regiment, and Dr. Davys of Swords.

VACCINATION IN MARYLAND. A correspondent informs us that the law of Maryland requires that vaccination shall be performed with matter not more than four removes from the cow. *(Philadelphia Medical and Surgical Reporter.)*

KING AND QUEEN'S COLLEGE OF PHYSICIANS. The President of the King and Queen's College of Physicians in Ireland held a *conversazione* on Monday evening in the College Hall. The Lord Lieutenant was present, with various members of the vice-regal household; also the Lord Chancellor, the Lord Mayor of Dublin, the Attorney-General, the President of the College of Surgeons, Major-General Lloyd, and numerous Fellows and Members of the College. The band of the 84th Regiment was in attendance. Various interesting specimens, scientific and historical, were exhibited.

KNIGHTHOOD OF DR. A. TAYLOR. The *Memorial des Pyrenées* contains the following paragraph:—"In consequence of an application (unofficial) which the French Ambassador in London made by order of the Emperor to the Government of Her Britannic Majesty, Queen Victoria has been pleased to order letters patent to be made out conferring the dignity of Knight of the United Kingdom of Great Britain and Ireland on Mr. Alexander Taylor, M.D. This high distinction has been accorded to Dr. Taylor by the Queen in recompense for the services rendered by him to his countrymen and to the town of Pau." Dr. Taylor formerly served on the medical staff of the British Legion in Spain, under Sir De Lacy Evans.

BEEF AT THREEPENCE PER POUND. Last week we attended at the London Tavern, and made trial of various dishes prepared from the beef imported by the South American Beef Company. Of the soups we may speak in the highest praise, and the curries were not to be despised. The *bouilli*, the least satisfactory of the dishes, was scarcely inferior to what we have eaten at continental *tables d'hôte*. We hope this entertainment will serve to dissipate all the doubts which various people have held as to the possibility of making the beef palatable as well as nutritious. It simply requires time and care in cooking. We must add that the Company now supply the beef in powder, or ground with peas, so that strong, highly nutritious soups can be prepared without the trouble of long boiling. *(Chemical News.)*

THE INDIAN MEDICAL WARRANT. The Calcutta *Times* correspondent says: "The new medical warrant, which looks so liberal, has been generally received by the service as doing bare justice to the older members in the matter of pensions, as taking away all hope from the younger men of the prizes, which will now be the lot of Queen's surgeons, and as virtually keeping out of it hereafter all gentlemen by localising it. The native papers are accordingly delighted at the prospect of getting for natives good appointments in the local service, which Englishmen will henceforth scorn. They say the unjust order which shut them out of the general medical service, even when they had passed the examinations in England, is now practically removed."

METALLIC TRACTORS AGAIN. *Metallopathy* is just now being revived in Paris. It means the cure of nervous affections by the application of metallic plates to the seat of pain. The reviver of the practice is Dr. Dufraigne, who relates the following extraordinary cure. He had invited a dinner party, and among the guests was a lady, who, just as the company were about to sit down, was seized with a violent headache. A happy thought struck the doctor. He sent for the cook, who came with a copper stewpan, which the doctor held to the lady's forehead for ten minutes, after which she was perfectly cured, and sat down to her dinner as lively as the rest. A second attack at home some days later was cured in the same simple way.

Naval Prize Medals. Two gold medals, of the value of ten guineas each, founded by the late Sir Gilbert Blane, have just been presented to Dr. Charles Forbes, H.M.S. *Topaze* (1860), and Dr. Andrew Graham, of H.M.S. *Agamemnon* (1861), for the excellent manner in which their respective "logs" have been kept.

College of Physicians. During the past year, 27 candidates presented themselves for the preliminary examination for the licence, of whom 25 were approved; 63 candidates came up for the first part of the professional examination, and of them 55 were approved; 67 came up for the final or pass examination, and of these 56 were approved.

Scholarships at Sidney College, Cambridge. Among other scholarships to be competed for at this college, on October 10th next, are two of the value of £40 each annually, for natural science, electricity, chemistry, geology, anatomy; an intelligent knowledge of any one or two of which, added to a fair knowledge of classics and mathematics, would probably ensure a scholarship. It may be held with another scholarship if the candidate be fortunate enough to obtain another. Information, however, is to be obtained from the Rev. J. C. W. Ellis, tutor of the college.

Odontological Society. A meeting of this Society was held on February 6th; T. A. Rogers, Esq., President, in the chair. A patient was introduced by Mr. Ramsay, wearing the apparatus invented by Dr. Kingsley for cleft-palate, with the view of allowing the members to see the improvement resulting from the use of the apparatus. The patient was requested to read and speak. [Why does the reporter not tell us the opinion of the Society on the apparatus in question? Editor.] Pathological preparations were exhibited by Mr. Ibbetson and Mr. Fletcher. The Secretary read a paper by Mr. Cartwright and himself upon the Skulls at Hythe Church, Kent. The writers, after stating how the bones were arranged at the above church, gave reasons for disbelieving the traditionary account of how they had been collected; viz., after a great battle between the Danes and Saxons. The appearance of the skulls, and the number of them that had belonged to children, and probably to females, were contrary to such a view. The maxillæ principally occupied their attention. The alveolar arches were all well developed; and in quality the teeth were much finer than was usually seen in the present day. Irregularities of any kind were uncommon amongst them. In many cases, they were much worn, probably from food containing much of the outer husk of the grain and grit from the rude utensils used in preparing it. Caries existed, but to a less extent than is seen in the present day; it occurred generally on the masticating surfaces of the teeth, and was attended, in most cases, with alveolar abscess. Mr. Coleman read a paper upon Certain Forms of Irregularity and their Treatment. The object of this paper, as stated by the writer, was to bring before the Society certain views propounded by Mr. Cartwright at a former meeting, which had not been fully discussed. Mr. Cartwright's opinion was that the increasing prevalence of contracted dental arches was ascribable to increasing civilisation, with selective breeding. This view was fully adopted by the writer, who adduced a large number of observations which told in its favour; he also agreed with the same authority in the treatment of cases of contracted maxillæ, with irregularly placed teeth; but, in some cases, he advocated a line of treatment not commonly pursued by dental practitioners. The discussion was adjourned till the next meeting.

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday. ..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

Tuesday. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. T. Longmore, "On Osteo-Myelitis consequent on Gun-shot Wounds"; Mr. Hulke, "On Ichthyosis of the Tongue."—Anthropological Society of London, 8 P.M.

Wednesday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Medical and Chirurgical Society, 8.30 P.M. Annual Meeting.

Thursday. Harveian Society of London, 8 P.M. Dr. Griffith, "On a New Method for the Arrest of Uterine Hæmorrhages"; also, a Clinical Discussion "On the Use of Alcohol in Fevers."

Friday. Royal College of Physicians, 5 P.M. Dr. Edward Smith. Gulstonian Lectures. "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health; and to certain States of Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Western Medical and Surgical Society of London, 8 P.M. Dr. G. F. Blandford, "On Melancholia."

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The Davenport Brothers.—Judging from the way in which the Davenport Brothers have been received in Liverpool and Huddersfield, and were received in London, a correspondent suggests, that people are "not such fools in the country as they are in London."

The French Medical Congress meets on October 2nd, at Bordeaux. The subjects to be discussed then and there are the following:—1. Rheumatism; 2. Treatment of Diseases by Expectation; 3. The Malignant Forms of Furuncle and Anthrax; 4. Sudden Death after Injuries, and in the Puerperal State; 5. Parasites in Man, and the way to destroy them.

Filthy Publications.—Sir: By this day's post, I received a copy of one of those vile filthy publications, *A Treatise on Spermatorrhœa and its Immediate Self-Cure by the New French Method, etc.* Surely the circulation of these books might, and at all events ought to, be prevented by legislative enactments. The author styles himself F.A.S., F.S.A., F.R.A.S., Member of the College of Physicians and Surgeons, H.G. King's College, The Lock, St. Mary's, and St. George's Hospitals, etc. I enclose the last three pages of the book. Cannot our Association do something to stop these wretches? At all events, they may be exposed.

I am, etc., Wm. Sankey.

TRICHINÆ.—SIR: Various subjects, both of general and medical interest, are canvassed and investigated by the members of the British Medical Association, in the pages of its now well conducted JOURNAL, which, under your superintendence and revision, has attained so high a standard of excellence and usefulness, as highly to merit the support of the profession generally. I trust it will be the means of inducing numbers to join the Association. Without the JOURNAL, its power and usefulness would soon decline.

I hope you, sir, and our respected associates will consider the subject I am about to bring before you and them of sufficient importance to claim the attention and aid of all who are interested in the well-being of society, in the cause of humanity, especially of the poorer classes, who, I fear, are the greatest sufferers.

The subject I propose for investigation, is that of "Trichiniasis", or "Flesh-worm disease". In Germany, it has excited great attention and controversy; but in "happy England", little or none. Although the "warning blast" has gone forth, it has met with apathy alone. Breeders and butchers deny the existence of any such disease, and even our best veterinarians; as Youatt and others, in describing the "intestinal worms and parasites with which swine are are affected", make no mention of the "trichinæ", or "flesh-worms". This appears to the unreflecting and interested parties a sufficient refutation. Consequently, people still eat pork; and some, I believe, die of obscure diseases—the nature totally "unrecognised"—a "fearful agonising death". What can be more abhorrent and revolting than being literally consumed and eaten up alive? This is no "conjurer's trick", but an actual disgusting fact. The fate is the more deplorable, as no hope of cure can be held out, or of alleviation, to the wretched sufferer, except the swallowing of potent poisons, nearly as dangerous to life as the disease itself, or obliterating all nervous sensation by powerful narcotics—"should it be recognised".

Well may we say with the Italians:

"It is not true that death is the worst of evils,
For life is only life when blest with health."

I hope, sir, that you will agree with me, that this subject is worthy of searching investigation, and a fitting one to be carried out by the talented members of our Association, many of whom are in a position and locality favourable to such an investigation. By so doing, they will confer a boon, and deserve the grateful thanks of society, especially the poor, who, I fear, are the greatest sufferers, from feeding upon the stale remnants of pork or sausages sold by the butcher at a very low price, and often quite unfit for human food. The consciousness of the probability of saving even one of our fellow-creatures from such misery, and of preventing the spread of so dire a plague, will amply reward the toil.

The present questions I would propose for investigation, are:

1. Are English domestic pigs subject to trichinæ?
2. Are very young animals (as sucking pigs) liable to be infected?
3. Can the trichinæ be perfectly destroyed by thoroughly cooking?
4. Are they effectually destroyed by salting the meat?
5. What is the effect of time in destroying the vitality of these parasites?

If these questions can be satisfactorily answered, we shall be able to form an opinion as to the safety or danger with which we are apparently surrounded, and at all events prevent the calamity.

I am, with much esteem, etc.,

FOR THE PRESENT A FOLLOWER OF THE LEVITICAL LAW, ALTHOUGH NOT ONE OF THE TRIBE; AND AN OLD ASSOCIATE.

Leominster, Herefordshire, February 1865.

TRICHINÆ.—SIR: In a leading article about entozoa (in your number of February 11th), you say, that if people will eat their meat raw, like cannibals, they must take the consequences. Being born on one of the Caribean Isles, and brought up a young cannibal myself, I am in a position to assure you that true cannibals always eat their meat well roasted, and never raw. When we ate my grandfather, his flesh came exceedingly well off the bones; and the very marrow in the thighs was beautifully hot and fluid. Mobo picked it with the snuff-spoon which we took from a Scotchman. As for eating a fellow raw, cannibals may as well be suspected of gnawing their own living limbs. I have since read in a book called *Robinson Crusoe*, that my forefathers already in his time ate their enemies well cooked.

I am, etc., CANNIBAL VINDEX.

[We believe our young savage friend is correct; and if he is, we will venture to affirm that cannibals are not afflicted with trichinæ or any of such affiliated horrors. EDITOR.]

SNUBS FOR THE NAVAL SURGEON.—Recently, in an important ship, on an important station, the following fact occurred, as narrated by an honourable gentleman of high character. A trifling discussion arose between the second lieutenant and the staff-surgeon (the latter officer, be it remembered, ranking with a commander), on a matter not connected with the service, in which the lieutenant was completely defeated before the members of the mess, which irritated him so much, that he went on to the quarter-deck, and sent for the staff-surgeon (his superior officer). On the staff-surgeon's appearance on the quarter-deck, this lieutenant demanded his sick list. The surgeon produced his list, which the lieutenant took, and returned without opening; but saying, with a sardonic grin, as he turned on his heel: I warn you, sir, to be cautious how you *presume* to argue with your commanding officer—an executive. This occurred when the captain, commander, and first lieutenant were all on board. The staff-surgeon (an M.D., ranking with a commander, and "an excellent unassuming gentleman"), complained to the captain of this piece of arrant snobbism. The captain inquired into the matter, and decided that it was the surgeon's duty to produce his sick list, *when required by any executive officer, of whatever rank*, and without questioning his reasons or motives for doing so. (*United Service Gazette*, January 21st.)

IMPORTANT MEDICO-LEGAL QUESTION.—SIR: I was the plaintiff in an action lately tried in the County Court in this town, in which I sought to recover the sum of £8 odd, for professional attendance and medicines rendered and supplied by my assistant, who conducts a branch surgery for me at a distance of five miles from my residence. I am registered as an Apothecary, Surgeon, and Doctor of Medicine. The judge, after a few minutes' consideration, gave a verdict for the defendant, on the ground that no qualified medical practitioner could recover for cases attended by an assistant *sine* diploma, resident five miles from the principal. I beg to submit the above to the readers of your extensively circulated JOURNAL, many of whom, no doubt, have branch practices, as I think it involves a question of great importance, not only to myself individually, but to the medical profession at large. I have had this branch practice a considerable time, and might be a loser to a considerable extent, should the decision referred to hold good. I am, etc., JOHN WILLETT, M.D.

Northwich, Cheshire, February 15th, 1865.

INDIAN MEDICAL SERVICE.—SIR: I enclose the orders of the Bengal Government on the despatch, and paragraph 3 fully confirms the opinion I gave of paragraph 20 of the despatch; viz., to bring in as many outsiders as possible to fill up the good appointments at the Presidencies and large civil stations.

"3. To enable the future establishment of the Indian Medical Service to be laid down, it is requested that the Governments of Fort Saint George and Bombay will forward to the military department of the Government of India a detailed statement of the number of medical officers of Her Majesty's Indian Service required for the duties of those Presidencies under the system now ordered, taking into account, as directed in paragraph 20 of the despatch of the Secretary of State, the several situations which may be properly filled by uncovenanted members of the medical profession."

I am glad to hear that so few have been attracted by the apparently tempting bait. I am, etc.,

February 1865. A RETIRED SURGEON-MAJOR.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Dr. J. Cogan (Wheatley), £1:1; Dr. F. J. Sandford (Market Drayton), £1:1; Dr. J. S. Belcher (St. George's East), 10s. 6d.

Amount previously announced, £114:8:6. Received at the *Lancet* office, £7:17:6.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, February 16th, 1865.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Mr. BRODHURST; Dr. BEIGEL; Dr. B. W. RICHARDSON; Dr. DURRANT; Dr. W. H. O. SANKEY; Dr. HUMPHRY; Dr. JOHN WILLETT; Mrs. POWELL; Dr. RADFORD; Dr. DOBELL; Mr. OLIVER PEMBERTON; Dr. BALMAN; Mr. W. M. CLARKE; Dr. D. DOUGAL; THE HON. SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. FITZPATRICK; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Dr. C. BLACK; Dr. HENRY BARNES; Dr. A. T. H. WATERS; Dr. EDMUNDS; Mr. WILLIAM MARTIN; Dr. S. H. STEEL; Dr. A. W. BARCLAY; and THE HON. SEC. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

BOOKS RECEIVED.

1. The Science and Practice of Medicine. By W. Aitken, M.D. In Two Volumes. Third Edition. London: 1864.
2. Fibrous Tumours of the Womb. By C. H. F. Routh, M.D. London: 1864.
3. Photographs of Diseases of the Skin. By A. B. Squire, M.B. Lond. No. VI. London: 1865.
4. Fifth Annual Report of the Cranley Village Hospital. Guildford: 1864.
5. Traité Théorique et Pratique des Maladies de l'Oreille. Par le Docteur J. P. Bonnafont. Paris: 1860.
6. A Manual of the Practice of Surgery. By W. F. Clarke, M.A., F.R.C.S. London: 1865.
7. Essai sur la Médication Isolante. Par le Dr. Benoist. Poitiers: 1864.
8. Beneficence in Disease. By J. Toynbee, F.R.S. London: 1865.
9. On the Temperature of the Body as a Means of Diagnosis in Phthisis and Tuberculosis. By S. Ringer, M.D. London: 1865.
10. The Anthropological Treatises of J. F. Blumenbach. Translated by T. Bendyshe, M.A. London, Anthropological Society: 1865.
11. A Treatise on Military Surgery and Hygiene. By F. H. Hamilton, M.D. New York: 1865.
12. Twenty-seventh Annual Report of the Suffolk Lunatic Asylum. 1865.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

Introductory Remarks.

The Cæsarean section is not an operation of recent date; its performance is recorded before obstetric medicine and surgery were scientifically accepted (vide *Edinburgh Medical and Surgical Journal*, vol. xxv), and has since been generally recognised in most of the modern systems of obstetricy. Although this is the fact, yet it has not received the unanimous approval of the members of our profession. From a very early date it has had its advocates and its opponents. To my knowledge, there has been no subject connected with medicine which has created more bitterness of feeling and animosity in the minds of those who may be classed as Cæsareanists and anti-Cæsareanists.

In no city or town in these empires have these repugnant and unprofessional feelings existed to a greater extent than in Manchester. The important but rancorous controversy which took place here between Dr. Hull and Mr. Simmons brought the greater part of the medical profession to entertain more clear and definite opinions. The writings of Dr. Hull, apart from their controversial character, contain most valuable and practical observations.

When I received the honour of appointment to deliver the first obstetric address before the Provincial (now named British) Medical Association, at the next meeting which was to take place at Manchester, I selected a practical and at that time a debateable subject; and, even at the present time, the opinions of medical men are unsettled and discordant upon it. My opinions upon some parts of the subject, no doubt, differed from the great majority of those who honoured me by patiently listening to its delivery; yet I did not hesitate freely, and I hope conscientiously, to express them. At the present time, I do not shrink from the responsibility of again bringing more fully before the entire profession my views, which had only been partially known for several years before the delivery of the address. I have the fullest confidence that the doctrines promulgated will receive the unprejudiced judgment of the profession.

I was induced to select for my subject the Cæsarean section, and those other means which have been recommended to supersede its performance, partly because these subjects have been, as already stated, warmly discussed in this city; and partly because the greatest number of cases (I speak relatively) in which the Cæsarean operation has been performed in Great Britain and Ireland, have occurred in this city and in the neighbouring districts. The analytical tables contain a report of seventy-seven cases. Of this number, fifty-five have happened in England; of which, twenty-five have occurred in Lancashire; fifteen cases have occurred in Scotland; and seven cases have taken place in Ireland. It is a remarkable fact, that there stands no case recorded from Wales.

The following observations are entirely confined to British and Irish cases. I have purposely avoided admitting foreign cases into the tables, or of making remarks upon, or of drawing any deductions from them; although I am quite aware the maternal mortality might be shown to be considerably less by their admission for computation, than it appears by only taking the results of British and Irish practice.

In the following pages, all the questions have been faithfully and conscientiously discussed; and all the opinions which are given are, as far as possible, based on facts. My object is to endeavour to place the Cæsarean section, and some other obstetric operations, on such medical, social, and moral grounds, as to be approved by both the profession and society at large. The doctrines which I have inculcated in the following pages are only desired to be received in the spirit in which they have been written; and I desire them to be taken in no other way than as they are worthy of acceptance or rejection.

The tables which were brought before the Association contained records of many points which have been now omitted in order to reduce them. They contained an account of the number of previous labours, and the mode of delivery; the state, etc., of the os uteri; the location of the placenta, etc.; the exact line of the incision; and some general remarks on the condition of the patient before, during, and after the operation, etc. I have, however, embodied the deductions to be drawn from the record on most of the subjects above adverted to.

Chapter I.

On the Necessity of the Cæsarean Section as an Obstetric Operation.

In an ill directed controversial ardour, Mr. Simmons, in his remarks addressed to Dr. Hull, declared that the Cæsarean section was universally and inevitably fatal, and proposed a compound operation of symphyseotomy and craniotomy to supersede it. It was not long afterwards before he had an opportunity of putting in practice his highly lauded operation. He was consulted in the notable case of Elizabeth Thompson, whose pelvis (now in my possession) is extremely distorted. An examination of it must have brought conviction to his mind that some other means must be adopted in order to deliver her. It is to be presumed he renounced his proposed operation, as he discarded his patient, who was afterwards brought to the Manchester Lying-in Hospital, and delivered by the Cæsarean section.

Dr. Hull, at this time, endeavoured to settle the disputed question of the necessity of this operation; and the soundness and justice of his opinions were generally approved of by the profession. If this question had still remained undisturbed, it would have been unnecessary for me to interfere with this part of the subject. Within a few years, however, not only the necessity, but likewise the propriety, of its performance has been denied, and opprobrious

epithets employed (unworthy of the talented physician who used them), which, although totally unfounded, not only cast odium on the operation, but also reflect most unjustly on the character of those obstetricians who have conscientiously recommended it and boldly performed it. More recently, it has been declared by an obstetric physician, that the induction of abortion, the induction of premature labour, craniotomy, or these two last operations combined and applied according to the degree of distortion, would render the Cæsarean section altogether unnecessary.

The Cæsarean section is doubtless required whenever the pelvic apertures, or its cavity, are so diminished that a mutilated infant cannot possibly be drawn through. This diminution may be positively produced when the pelvic bones are distorted by mollities ossium, by rickets, or by irregular union of, or by a large deposition of callus on, these bones after fractures; or from exostosis, which may grow upon any portion of the bones.

The pelvis is also sometimes relatively so diminished by different kinds of large tumours which are lodged within the pelvis; some of which are loose, whilst others are immoveably fixed so as to render this operation necessary.

An analytical statement of the causes which have rendered the performance of the Cæsarean section necessary in these kingdoms, will be found numerically to stand as follows. Of the seventy-seven tabulated cases, forty-three were produced by mollities ossium, of which thirty-two were English, ten Scotch, and one Irish. In fourteen cases, the pelvis was distorted from rickets, of which twelve were English and two Scotch.

In one case, the distortion was congenital (English), and was of a rickety character; in two cases, one English and one Scotch, the pelvis had been fractured.

In six cases, fibrous or other tumours existed in the pelvis; of which three were English, two Scotch, and one Irish. In two cases, there was an exostosis growing from the base of the sacrum; of which one was English and one Irish. In two English cases, carcinoma of the os and cervix uteri caused the obstruction. In seven cases, the cause is not recorded.

Nearly all the pathological causes enumerated above which render the Cæsarean section necessary are progressive; and most of them may proceed to such an extent as nearly to obliterate the apertures of the pelvis, or to block up the cavity.

I have in my possession, a distorted pelvis in which the brim is nearly destroyed, there not being a greater space between the descending lumbar vertebræ and the pubes on each side than the tenth part of an inch. The space between the lumbar vertebræ and the rami of the pubes is five-sixteenths of an inch, and the space between the jutting of the pubes near the symphysis is three-eighths of an inch.

So, likewise, exostosis, or tumours within the cavity, have grown so large as to prevent a finger from passing without great difficulty. These pelvic conditions may exist in a first pregnancy, or may come on at any time during the child-bearing period; and a woman who has had several natural and propitious labours may, in successive cases, have greater or less impediments existing, which may require different means for her delivery; or the pelvis may be naturally capacious in one labour, and in her next the bones may be so distorted, or its cavities may be so filled, as to require the Cæsarean section.

Then, with such uncertainties as these, it is obvious that both the patient and practitioner may be completely ignorant of these organic conditions until pregnancy has either been considerably advanced, or even completed, and labour commenced.

Surely, the most benighted opponent to the Cæsarean section cannot be so mentally blind as not to know that young married women can not be compelled to submit to vaginal or other examinations in order that it may be ascertained whether there is sufficient pelvic capacity for a full-grown infant to pass through. But, supposing the practitioner to be acquainted with the state of the pelvis, the means recommended to supersede the performance of the Cæsarean section are quite inadequate to prevent its necessity in those higher states of distortion, etc., which have existed in most, if not all, of the cases which are tabulated. Ample testimony exists of the truth of the above remark in some of the cases contained in the tables.

Dr. Hull relates several cases, and within my own knowledge others have occurred, in which it was quite impossible to deliver the women after either embryotomy or craniotomy had been performed. Then, under these circumstances, what measures must be adopted for the delivery of the woman? Must she die undelivered with a mangled infant still in the womb? This event has been most unwarrantably allowed to happen. Again, ought the Cæsarean section to be performed to extract a mutilated infant? This practice has been pursued. These are weighty reasons why the Cæsarean operation should be considered as one, at least, of necessity. There are, however, other grounds to be spoken of, which further establish this proposition. No doubt every obstetrician will admit that it is absolutely necessary for the os uteri to be accessible when he intends to induce abortion; more especially, if this operation is to be performed by the aid of instruments. And when, at later periods of pregnancy, craniotomy is contemplated, it would doubtless be considered a *sine quâ non* that both the os uteri, the degree of its dilatation, and also that the presentation of the infant, should be ascertained before this destructive operation is performed. These important desiderata do not, however, always exist in cases in which the pelves are highly distorted.

In twenty-one of the tabulated cases, the os uteri could not be felt; in twenty-one cases there is no account given, from which it is fair to conclude that it could not be touched—making together forty-two cases. In thirty-five cases, the os uteri was discovered with more or less difficulty. In sixteen cases, no part of the infant could be reached. In forty-one cases, we have no account; which omission affords negative or presumptive evidence that the presentation could not be ascertained, which together make fifty-seven cases. In twenty-one cases, the following presentations are recorded: in twelve the head, in three the hand, in two a hand and a foot, in one a foot, in one a hip, and in two the arms.

The foregoing remarks, and the above authenticated facts, are, I hope, amply sufficient to establish the proposition of the necessity of the Cæsarean section as a recognised obstetric operation. Although the subsequent observations do not relate to the necessity of the operation, yet I deem them so practi-

cally important that I have ventured to place them in this chapter.

In some cases of rupture of the uterus, the infant might be removed with more safety to the mother by an abdominal section, than by dragging it away either by the feet or by the crotchet. Trask's extensive statistics are very favourable to its adoption in some cases of this accident.

When a woman who is nearly at the full period of pregnancy dies, or if killed by accident, the obstetrician is, morally, socially, and professionally, bound to propose *post mortem* hysterotomy. Justice to the incarcerated (most likely living) infant demands an immediate decision, as too long delay would be hazardous to its life. It is, however, a well known fact, that the infant survives the death of its mother much longer than is usually supposed. In this empire, medical men are quite at liberty to exercise a free and conscientious judgment; they are not trammeled by theological dogmas, as they are in France and other countries.

Chapter II.

On the Statistics of the Cæsarean Section.

The statistics of the results of the Cæsarean section, especially as concerns the mothers, are highly unfavourable. The general account stands as follows of the seventy-seven women whose cases are tabulated. Sixty-six, or 85.71 per cent., died; eleven, or 14.28 per cent., were saved.

The number of successful cases here mentioned is greater than is usually allowed to have taken place; and, therefore, this statement requires further explanation. They are registered as follows. Nos. 1, 12, 35, 36, 37, 49, 53, 57, 67, 68, and 71; of these, Nos. 1, 12, 36, 49, 53, 67, 68, and 71, perfectly and permanently recovered. Case No. 35—She also recovered; the wounds being nearly healed. She lived several weeks; but afterwards she died from epilepsy, to which malady she had been previously subject. Case No. 37—The woman recovered; and afterwards died from disease of the hip-joint.

There is, however, another case included in the deaths which ought, in my opinion, to be in some measure considered as one of recovery. She lived seven days; and so long as she was rationally treated, she went on favourably. But after the treatment had been injudiciously changed, she gradually grew worse and died.

The special statistics, or the results, of the cases in which I have been concerned are as follows. Of six women, four died, or 66.66 per cent.; and two were saved, or 33.33 per cent.

From the seventy-seven women, seventy-eight infants were extracted; one being a case of twins. Of which forty-six, or 58.97 per cent., were saved; and thirty-two, or 41.02 per cent., were dead. Nearly all these infants were dead before the operation, which might have been saved if it had been earlier performed.

The special statistics, or the number of deaths, in my practice stand thus. Of six infants extracted, three, or 50 per cent., were saved; and three, or 50 per cent., were dead. Two of this number were dead before the operation, one of which was putrid; the death of the other was doubtless chargeable to the operation, and was caused by a spasmodic seizure of its neck by the uterus during its extraction.

The risk to infants in Cæsarean births is not much greater than that which is contingent on natural labours, provided correct principles of practice are adopted.

If I dare venture to give an ideal comparative estimate, I should say, if it is supposed 1 per cent. be the mortality of natural labour, that consequent on the Cæsarean section may be stated as scarcely $1\frac{1}{2}$ per cent.

Original Communications.

REMARKS ON CERTAIN POINTS IN THE SURGERY OF CELSUS.

By H. Lowndes, Esq., Liverpool.

[*Read before the Liverpool Medical Society, Nov.* 17, 1864.]

When we look back over a space of eighteen hundred years to the Augustan era, we feel like a man who stands on a mountain-top, and who, looking over a vast valley full of little hills, sees afar off the top of another great mountain, and wonders whether it can be as high as that on which he stands.

We, "the heirs of all the ages in the foremost files of time", are apt to look with contempt on those who have preceded us in what we call the race; and yet, with all our vast material progress, we have much that may teach us not to be too proud-minded. May we not already be descending from our highest point towards a new series of dark ages, a new deep and long valley, bounded by some mighty mountain far off in futurity? To pursue the simile, in the art of poetry, we seem to have culminated in the two peaks of Shakespeare and of Milton, and can hardly hope to reach such heights again. In the art of painting, we can hardly hope again to see the days of Raphael and of Michael Angelo. In eloquence, that trio, Lord Chatham, Fox, and Burke, are unapproached in these latter times. Has our art of Medicine reached its culminating point too? Is Surgery declining since the days of Hunter, and Medicine since those of Sydenham? The reply is satisfactory; here we are indeed "the heirs of ages in the foremost files of time"; and although I fear our medical writers can make no pretensions to the chaste and classic style of Celsus, yet we may maintain that the height on which we stand is higher than that Augustan mountain separated from us by so many ages, and that we have not yet reached our greatest height. A well educated surgeon of the present day will have more resources than were possessed by John Hunter; and the physician of the present day, though he may not rival Sydenham in his elegant Latin—which, however, some say was not his own—will be, if not so brilliant, yet surely a less sanguinary practitioner.

After this prelude, which I hope will be excused, I shall proceed to show, from a few examples, how high the eminence on which surgery stood in the days of Celsus, and to compare its state, in some respects, with its present condition; while I may allude very briefly to that long and dreary interval to show how low the art has sometimes fallen.

Fractures. Celsus, in his general rules for the treatment of fractures, points out the necessity of bringing the broken ends into apposition at as early a period as possible by making proper extension and manipulation; but says that if this extension is not used at first, it must not be used at all until the swelling and inflammation have subsided. He directs

the limb, after it is set, to be wrapped up in linen cloths soaked in wine and oil, and applied spirally several folds one over the other, and over these a layer of linen covered with cerate. About the third day, as these become loose, they are to be re-applied, and the limb to be well fomented at the time; so, again, on the fifth. Either on the seventh or ninth day, the swelling having now subsided, if there be any displacement, it must be reduced; the limb is to be again swathed up, and to be secured with splints; and "the broadest and strongest splint should be applied to that side towards which the fracture inclines." The splints have straps applied round them, which are to be tightened every three days; but are only to exert pressure sufficient to keep the bones in their places.

In fractures of the leg or thigh, the limb is to be placed on a frame, with a foot-board to steady the foot.

In severe compound fractures, no extension is to be made until the wound is healing; but the limb is to be placed in the position that is least painful, and the wound to be dressed daily with oil and wine, and blood to be taken from the arm if there have not already been much hæmorrhage. Compound fractures of the thigh, he says, where the bones have been greatly displaced, generally require amputation; those of the humerus less frequently. He says there is always shortening after fracture of the thigh.

Fractures that unite at an angle are to be broken again. In cases of ununited fractures, for this opprobrium of surgery is of ancient date, the limb is to be extended to excite fresh injury, "*ut aliquid lædatur*"; the ends of the bones are to be first separated and then allowed to rub together, "*ut concurrendo exasperentur*", and that any intervening substance may be destroyed.

He gives judicious rules for the treatment of particular fractures, which my space will not allow me to enter upon.

Although the mode of treatment of fractures laid down by Celsus be careful and sound, yet in our day we are not obliged to recognise shortening as an inevitable result of fracture of the thigh; but while we appreciate the use of the long splint, and of starch and plaster of Paris bandages, we must remember how recent their introduction has been. The modern treatment of ununited fracture was both dangerous and ineffectual, until the method was devised of causing irritation in the ends of the bones by the introduction of ivory pegs into their substance; and we are indebted to a member of our Institution for another method, which, I trust, will be a still further improvement, by which the ends of the bones are securely joined together by the metallic drills that are to create the irritation necessary to the throwing out of bony matter.

Injuries of the Head. The remarks of Celsus on this subject are full of interest. He gives a description of a trephine exactly similar to that now in vogue, and gives careful directions for its use; but he uses it rather in cases where caries or necrosis of the skull exist to a limited extent, than in cases of fracture; and he only applies the trephine sufficiently deep to remove the diseased shell of bone, leaving the inner table.

In cases of fracture with depression, or in cases of caries requiring the removal of large portions of bone, he recommends a number of small holes to be made with a drill, and then to be united together with the chisel until the part to be removed is completely separated. After describing well the symptoms of fractures of the skull and their varieties, and after insisting on the importance of the use of the probe in their detection, he says that, in his time as in ours, in every case of fracture or fissure of the bone, the older surgeons used at once to have recourse to their instruments with which they performed excision.

He (Celsus) recommends simple treatment, such as plasters soaked in vinegar, covered with wool steeped in the same substance, and the wound to be thus dressed daily up to the fifth day. Then, if the fever subside, or be but slight, if the appetite return and the patient sleep well, we are to persevere and apply healing ointment. But if during the first period of treatment, the fever becomes severe, the slumbers short and disturbed, the wound moist and unhealthy, with swelling of the glands of the neck, and if there are severe pains and an increasing distaste for food, "tum demum ad manum scalprumque veniendum est." He points out that by excision we give vent to any fluid that may have collected under the fracture, and we remove any portion of the inner plate that may be pressing on the brain. He says, in depression, "Ubi medium os desedit, eandem cerebri membranam urget; interdum etiam ex fracturâ quibusdam velut aculeis pungentibus."

In the later stage of his operation for the removal of bone, he recommends the use of a copper-plate to protect the membranes of the brain while the chisel is being used; but he does not describe anything that seems like our elevator for raising the depressed fragments.

It is indeed amazing that, after the varieties, the symptoms, and the treatment, of these injuries of the head, had been so clearly described by Celsus that we can find little to criticise, yet this knowledge, so valuable to the preservation of human life, should have faded from the earth; that in the long ages of war and strife that succeeded, the skilful surgeon was superseded by the wizard with his charm or amulet, or the wise woman, or the monk; that, in later times, when surgeons reappeared on the stage, they soon became infected with the *nimia diligentia medicinæ*, and adopted the practice that Celsus reprobates, of using the trephine in all cases of fracture, without waiting for symptoms.

Mr. Abernethy was one of the first English surgeons who took pains to discriminate between those fractures that required active treatment and those that were better without it; and, after quoting many cases, he said "there are, doubtless, some depressions of the skull that it would be absurd not to elevate by an immediate operation, for in them the pressure on the brain would of itself be productive of fatal consequences. The arguments which I have stated against the immediate performance of the operation, apply therefore, in my opinion, only to dubious cases; to those in which, perchance, upon the subsidence of the inflammatory symptoms, the pressure may be found not to be so great, but that it may be borne without detriment, though there is a risk that it may be detrimental." He points out that the wound made by the trephine is a vastly more serious lesion than many fractures of the skull are.

Sir Astley Cooper took the same view. Mr. Guthrie, the great army surgeon, was able to say in 1842, speaking of simple fractures: "They (our predecessors) believed the bone could not be fractured without an extravasation taking place beneath; and some took credit to themselves for placing wedges between the broken edges, in order to allow of the escape of the blood or matter which might be formed below it. That blood may be effused, and matter may be formed, is indisputable, even under the most active treatment; but that an operation by the trephine will anticipate and prevent these evils, cannot be conceded in the present state of our knowledge; and the rule of practice is at present decided that no such operation should be done until symptoms super-

vene distinctly announcing that inflammation, compression, or irritation of the brain, have taken place."

Thus we slowly recovered ground that had been lost for so many ages.

Varicose Veins. It is rather startling to find Celsus say that varices in the legs are easily removed. "Any vein" (he says) "that is troublesome is either to be destroyed by the cautery or to be cut out. If it is straight, or if transverse yet single, and if of moderate size, it is better to cauterise it; if it is crooked and doubled on itself, as it were, in circles, or when many veins are confused together, it is better to excise. In applying the cautery, the skin is to be divided and the vein exposed by the knife; then the vein is to be lightly pressed with a small blunt heated cautery, and care is to be taken that the lips of the wound are not burnt. Then the wound is to be dressed as an ordinary burn; and that appears to be with lily or other such leaves soaked in oil and wine. This is to be performed throughout the whole varix, at as many spots as necessary, leaving interspaces of four fingers' breadth."

In the cure by what he calls excision, but what seems to be at most removal of certain portions of the vein, he directs it to be exposed above at certain distances, and to be isolated from its attachment at these points; a blunt hook is then to be passed under it, by which it is drawn up, and then it is to be divided, or, as he rather seems to mean, the portions lifted up are to be cut out. The wound is to be brought together, and over this an agglutinating plaster is to be placed.

If this operation of dividing or excising the vein was so successful and so commonly performed as Celsus seems to say, its success must have been due to the careful manner in which the thorough division was secured, and to what seems a slight thing—the application of an agglutinating plaster. The effect of this would be to completely exclude the air, and exert sufficient pressure to keep the edges of the wound at rest.

In modern times, though Sir Edward Home made a trial of the ligature in the treatment of this complaint, and Sir Benjamin Brodie of the subcutaneous division of the vein, yet, in general, palliative measures alone have been used until the last few years. Now, several modes of cure are becoming very commonly used. Some use small issues, as recommended by Mayo and others. Mr. Erichsen passes a hare-lip pin under the vein, lays a piece of wax-bougie over it, and then applies the twisted suture round the pin and over the bougie. He says he has operated in between two and three hundred cases without any ill consequences. Mr. Henry Lee recommends another mode, which promises to be both safe and effectual. He passes two needles, an inch apart, under the vein; then, with a ligature over the ends of each separately, makes pressure sufficient to stop the circulation in the vein; then he divides the vein subcutaneously in the interspace. The simple subcutaneous division by Sir Benjamin Brodie was found dangerous; but I believe Mr. Lee's procedure, by sealing for a certain time the vein above and below the wound, will make the operation as safe and as effectual as possible; and it is worthy of remark, that it is founded on the same principles that seem to have led to the operation described by Celsus—namely, the necessity of dividing the vein, and the necessity of keeping the access of air from it.

Diseases of the Anus. The affections of the anus seem to have a peculiar charm for surgeons of the present day; and almost every year we have two or three new publications on the subject, that are, I have no doubt, equally interesting and valuable. It is refreshing, however, to find that Celsus compresses into less than two pages his directions for the operative treatment of external and internal piles and fissures of the anus, and yet leaves very little to be filled up by his voluminous successors.

Fissures—"scissa"—of the anus, when they have become indurated, are to be brought into view and excised, that a new surface may be left.

External piles—"condylomata"—are to be seized with a vulsella, and excised near their roots. In the case of internal piles, acrid purgatives are to be given, that the tumours may be extruded; then, if they be small, and their necks narrow, they are to be ligatured at their base with thread; and, if very large, a needle is to be passed through the base, and a ligature passed under the needle round the base. If the tumours are very numerous, they are not all to be tied at the same operation, lest so many tender cicatrices be left. The after-treatment includes fomentations and poultices.

In another section, he gives very good rules for the palliative treatment of these diseases.

The knife for the external, and the ligature for the internal pile, have not yet been superseded; but, I need hardly say, simple incision has taken the place of the more severe treatment Celsus indicates for the cure of fissures.

Wounds of the Intestines. In a wound of the abdomen, with protrusion of the bowels, Celsus teaches that the first thing to be considered is the state of the portion protruded; if it be livid or colourless, or black, and insensible to the touch, "medicina omnis inanis est." If the small intestine be wounded, he thinks nothing can be done; if the large, it is to be stitched up. The man is now to be laid on his back, with his hips raised. If the wound in the abdomen be too small to admit readily of the return of the bowel, it is to be enlarged. The bowel then is to be returned—that portion first that was last extruded; then the patient is to be gently shaken, that the folds of intestine may fall into their proper places, and there repose. When these are all concealed, the omentum is to be considered; any black or dead parts to be cut off, and the sound parts to be returned. Then—and this is a point of very great interest—he says that the wound of the abdomen is to be sewn up; but that suture, either of the skin or of the "interior membrane", by itself, is insufficient; it must be of both. The deep threads are to be applied at first more closely than in ordinary wounds, because that part is so liable to motion, and so peculiarly subject to great inflammation. Two needles are to be threaded, and passed always from within outwards, and are to be used the one with the right hand, and the other with the left, and so alternately. So the interior membrane (meaning the peritoneum) is to be brought together, and then in like manner the skin. Then agglutinating applications are to be used; and the abdomen is to be gently bandaged. For the needles to be crossed in this way from hand to hand, keeping each hand actively employed, might puzzle the most ambidextrous; but we have here carefully described a mode of bringing together abdominal wounds that has been revived of late years by those who, with so much honour to themselves, have brought the operation of ovariotomy to so great perfection. Here, then, again we have a most useful procedure lying dormant through long ages of warfare, and only revived in our own day. In the Middle Ages, our ancestors were more eager to rip one another up, than skilful to heal the wound; and their leeches were content to apply their salves to the bloody swords.

That surgeons in the time of Celsus were very successful in healing abdominal wounds, we may infer from the fact that they did not scruple to operate for the radical cure of ventral hernia by removing a

large elliptical portion of integument and peritoneum, uniting the wound in the way just described.

Rhinoplastic Operations. These operations, which, in the perfection to which they are brought, constitute one of the triumphs of modern surgery, do not seem to have been practised on a large scale in the time of Celsus; but he gives directions for operating in cases of fissure or want of tissue from ulceration or injury about the nose, ears, and mouth; and his directions show that he understood the principles on which we now proceed. Speaking of an operation on the lip, he says new tissue is not to be created there, but is to be drawn from the neighbourhood. The mutilated portion is to be reduced to a square; from its interior angles—that is, from its lower angles, if the lower lip—transverse incisions are to be carried, extending completely through the tissue; then we are to bring these flaps together. If this cannot readily be done, we must further extend the two incisions in a direction curving towards the wound, dividing the skin only. The approximated edges and the transverse incisions are to be stitched up; while the lunated incisions are to be filled with lint, that they may granulate. In the operation for making a prepuce, when the glans penis was from any cause left bare, he recommends the skin at the neck of the glans to be brought over it, and there tied, leaving only space for the urine to escape; then the skin of the penis is to be divided by a circular incision near the pubes, taking care not to open the urethra or blood-vessels; the skin is then brought forward, and the denuded spaces filled with lint.

We can hardly understand how any one, *causâ decoris*, as Celsus puts it, would submit to this ingenious operation.

Fistulæ. Where there are fistulæ near the surface, that do not get well by injection, they are to be laid open, and any hard portion excised. If they extend deeply inwards, they are to be excised; if they communicate with a diseased rib, the diseased portion of the rib is to be removed by dividing the bone on either side of the fistulous opening. Abdominal fistulæ may be excised, if small; but not if so large that the wound in the peritoneum made in their removal could not be readily sewn up. Fistulæ *in ano* he prefers to treat with a seton of twisted threads, applied tight enough to make gentle pressure on the part it includes. It is to be moved about twice a day, and changed every third day. The patient pursues his ordinary avocations, and the part external to the fistula is gradually cut through. When the knife is used, he recommends two incisions to be made, so that a small slice of the integument may be removed, and a kind of pledget inserted, that the edges may not immediately cohere.

The Treatment of Wounds with great Hæmorrhage. I shall conclude this part of my paper with a very curious extract from the directions given by Celsus for stopping hæmorrhage from a wound. In cases where we have reason to fear an excessive flow of blood, he would first fill the wound with dry lint, and make pressure on that with a sponge wrung out of cold water. If that do not suffice, he uses lint soaked in vinegar. If that and remedies of a styptic nature fail, then we are to seize and tie the bleeding vessel above and below the point at which it is wounded, and divide it in the interspace, that the ends may retract, and yet may have their mouths closed.

This passage is so curious, that I ought to given it in the original, from the section entitled "Curatio adversus profusionem sanguinis in vulneribus." ".... Venæ, quæ sanguinem fundunt, apprehendendæ, circaque id, quod ictum est, duobus locis deligandæ intercidendæque sunt, ut et in se ipsæ coeant, et nihilominus ora præclusa habeant." Where this cannot be done, the actual cautery must be used.

This tying the vessel above and below the bleeding point was what Guthrie so strongly insisted upon; and it is curious that a knowledge of its efficacy did not lead to the use of the ligature by the ancients in amputations.

I have now brought briefly under your notice several points in the writings of Celsus that seem to me of great interest when we compare them with the surgery of the present day. No doubt a careful study of the works of Hippocrates and Galen would bring to light many more such points of interest.

I need not say in how many departments of surgery we have now, mainly through the more accurate knowledge of anatomy, left the ancients in the shade. It is enough to allude to the perfection to which herniotomy, lithotomy, and lithotrity are brought; to ovariotomy; to subcutaneous operations; to the use of the ligature, and, I hope I may add, of acupressure in amputations; to the resections of joints; and to the different modes of curing aneurism.

It may be that there is no one point in surgery in which we can now gain a step in advance by consulting the ancient records of the art; but this is no reason that those records should be consigned to oblivion. In the words of Celsus himself, while we take care not to defraud those of the present day of the credit due to their discoveries or improvements, yet, when they have simply copied from the ancients, let them give the credit to the original authors.

I said I would refer briefly to the interval between the decay of medicine that followed the Augustan era and its revival, with the general revival of learning.

We are told that surgery rapidly retrograded after the time of Celsus, though there was a little revival among the Arabians in the days when the Moslems overran the world. Then the monks became the surgeons, and how the art prospered in their hands may be gathered from the fact that at length it was found necessary to issue a Papal Bull forbidding the clergy to shed blood, and they handed the lancet and the scalpel to the barbers who used to shave their heads; but as physicians, in the more hidden paths of medicine, the monks continued to practise with less scandal, and perhaps with not less effect. Passing to later days, I will make one or two references to some of our early English works on surgery. One Peter Lowe dedicated at his own house in Glasgow, in 1612, a *Discourse of the whole Art of Chyrurgery* to James Hamilton, Earl of Abercorn, trusting that "his lordship would accept in good part (even as Minerva harboureth her owl under the target, Citherea the deformed Cyclops in her lovely bosom, and Apollo the night raven under the heavenly lute) his painful travels." This book begins with a dialogue on the nature apparently of things in general, but its surgical teaching contains much that is good, and the author's continual marginal references to the ancient writers show how much the author has availed himself of them. His book is written in black letter, but it is ages in advance of another and rather older black letter book to which I will soon refer; but first I will draw your attention to a translation published in 1685 of the works of John Muys, doctor of physic in Arnheim. He is very much troubled about the acid and corrosive nature of things. I will make two short quotations from his book, which is very cheerfully written; and first of an "ambustion." "A man, 30 years of age, setting fire to gunpowder, burnt his whole face and both his hands, whence presently arose redness and exceeding pain; to assuage which the patient applied ink, which was, as it happened, ready at hand. Had you seen the patient in this

state, you would have affirmed you saw the devil, unless you could (with the Æthiopians) persuade yourself the devil is white; which opinion Sir Thomas Brown .... seems to favour, contrary to the testimony of the holy scripture, which saith 'the dwelling of Satan is a lake of fire burning with brimstone'; but the smoke of brimstone burnt, as our above recited author philosophiseth, is known by frequent experience to whiten woollen garments, as stockings and other things; and hence he concludes, that whatsoever is found in hell must needs be white." The author goes on to say how he applied to the burn "onions with honey, that (with their abounding volatile salt) they might open the constringed and stopped pores of the cuticle, temperate the acid humors, and restore to them their usual circulation."

He also relates a case of "very great torment of the abdomen." "A maid, aged 40 years, had now for six weeks past complained of a most vehement dolor, yet not far extended, but exercising its tyranny in a very small part of the belly, and day and night most cruelly tormenting the patient, who had used very many remedies, both internal and external. She was purged and had a vein opened, but in vain; so that (after the use of these) she almost despaired of recovering her pristine sanity; in the meanwhile the external cutis in this pained part could not be distinguished from the sound parts of the belly. I being called, with my knife cut a small wound, which is vulgarly called an issue, and kept that open by a pea put in and daily renewed.

"The next day after the cutting that issue, the patient had ease of her pain, which from day to day did more and more lessen, so that it was wholly removed quickly after.... Some acido-corrosive particles in the affected part, were perhaps separated from the other particles of the sanguiferous mass with which so long as they lay involved they could not exercise their sharpness.... These acido-corrosive particles freed from their cells in which they before lay included and collected in a very small part of the abdomen, did with their sharpness in a wonderful manner, continually agitate the fibrils, and so inferred that almost intolerable torment which must necessarily cease when these corrosive particles were driven out with the pus through the issue."

But that we may sup full of absurdities we must turn to the old book I referred to before, published in 1580, and containing a translation of the *Secretes of the Reverende Master Alexis of Piemont*. The following is one of his remedies for the pleurisy. "Take a tooth of a wild boar, and if the pain hold him in the right side, ye must take the tooth of the right jaw; if otherwise, ye must take the left tooth; yet notwithstanding it hath been found by experience to be all one of which jaw so-ever it were." The scrapings of this are to be given with a little barley-water. "This hath always been found very good and true."

For a bad leg you are to "take the skin of a dog if you may get it, or if not a white lamb's, or the skin of a kid, and cut a piece of it as broad as the palm of your hand." This is to be smeared with an ointment composed of pine resin, galbanum, mastics, musk, amber, and civet, and applied.

The following is against the "disease or grief of the flankes and the colyke passyon, experimented and proved diverse times." "Take the dung of a black ass if you can get it, if not let it be of a white ass; and the dung must be fresh and new, the which you shall seethe and boil in white wine, putting to it a handful of annis, a little oil of chamomile, a little oil of capers, with a handful of bran." These are to be boiled for the space of a "miserere," and administered as an enema. Mice-dung is his remedy for spitting of blood, swallows baked and powdered and mixed with honey for the squinancie or quinsey. Perhaps I cannot conclude my paper better than with the following "very good and present remedy for to heal the pestilence, in drawing out the venom from the botch or sore or other like accident." "Take a quick hen, and pluck the feathers from her a—"(the word here used has gone out of fashion), "and from the place whereat she layeth her eggs, and set her so that the said place may be upon the grief, and that she may sit upon the botch or sore, or the place of the plague, and hold her so a good whyle. Then you shall see that the said hen shall have drawn out all (or at least some) of the poison and infection, and that shortly after she will die. It shall be good to do this with two or three or more hens, immediately one after the other, the which will draw all the venom out of the sore."

This is not from the works of a Swift, lashing with almost obscene satire the weaknesses of the learned of his day, nor is it from the works of some obscure quack, but is the solemn teaching of a most famous doctor of Padua, which was then the most famous school of medicine. The work had been already translated into French and Dutch, and was dedicated to the Duke of Savoy, a noble prince, to whom, as the translator William Ward, says, "trifles or fables are not to be presented, not being a man under whose name or protection lies or vain inventions ought to be set forth." So here we have a lively picture of the sad estate of our art towards the close of the middle and indeed dark ages.

FAMILIAR PAPERS ON CHLOROFORM.

By Thomas Skinner, M.D., Liverpool.

I.—The Value and Fruits of "Good Words."

I presume that there are very few of us unacquainted with the popular monthly serial called *Good Words*. I also presume that, however short of the mark the work may be to the expectations and attainments of some, we must nevertheless give the work and its distinguished editor all credit for the very best intentions, and wish *Good Words* God-speed, but not without some passing criticism.

About a year ago, a tale was published in *Good Words* called "Oswald Cray," written by the popular authoress of East Lynne, Mrs. Henry Wood. In the number for March 1864, there is introduced a long sensation article on pain where no pain exists, but where some surgical operation is to be performed. The gist of the tale, having reference to chloroform, is as follows. One of the leading characters, Lady Oswald, meets with a railway accident, regarding the nature of which, the reader is left in total darkness. Her medical men meet in consultation over her case; namely, a Dr. Davenal and Mr. Mark Cray. They conclude that some surgical procedure is necessary, but they differ as to the necessity of inducing anæsthesia by chloroform. It so happened that Lady Oswald preferred Mr. Cray to Dr. Davenal as the operator on the occasion, and when Dr. Davenal was assisting or rather carrying the nurse (who had fainted) out of the room, Mr. Cray on his own responsibility put Lady Oswald under chloroform. Dr. Davenal returns; the operation, whatever it was, is performed successfully; but the patient never rallies, and within "one poor hour" Lady Oswald is dead. The interval between the dangerous symptoms and actual death is pretty considerable; but it is well filled up by some very nonsensical talk between the doctors.

A more unlikely scene it is hardly possible to conceive; in fact, it is only necessary to place the facts before professional men, and they cannot but condemn the whole narrative as *sensational* in the extreme, and contrary to medical custom and etiquette in all civilised nations.

I fancy I hear the reader exclaim *cui bono?* Why allude to such nonsense? I reply, simply because *Good Words* is a most popular and influential magazine; it is extensively read, and to a very great extent it moulds the popular opinions of the day on a great variety of subjects—chloroform not excepted. It behoves us then to look alive and counteract this morbid influence, by each of us in his own sphere informing his friends and patients, as opportunity offers, that the whole tale told in it about chloroform is downright nonsense!

Will it be believed, that I have been informed in more quarters than one that *Good Words* is pledged to allow nothing into its pages that favours chloroform? I trust, for the sake of its excellent editor, that this report is false. In a conversation which I had with Professor Simpson the other day while in Edinburgh, we came upon the subject of the *chloroform sensation scene* in *Good Words*; and he said he had a good mind to ask Dr. Macleod to give him permission to write an article on chloroform for his magazine. If Dr. Simpson does so, we shall soon know "which way the wind blows."

Now for the "fruits of *Good Words*." I was lately consulted by a lady who had been suffering from *fistula in ano* for eight years or more. On being informed of the nature of the case, and that there was nothing for it but a cutting operation, she trembled all over; but I found that the trembling was not caused by the thoughts of the operation; it was at the thoughts of having to take chloroform, from the effects of which, like "Lady Oswald," she might never recover. On making further inquiry as to the origin of her fears, she told me that she had "read a tale called 'Oswald Cray' in *Good Words;* that the very name of the work and of the editor were sufficient guarantees of the truth, or at least of the correctness of the story; and that it had so deeply impressed her of the dangers of taking chloroform, *particularly from those who boasted of having great confidence in the agent*, that she would rather postpone the operation until she could make up her mind." After a lapse of six weeks, and by dint of occasional reasoning with her and her friends, I prevailed on her at last to consent to be operated upon under chloroform. On January 10th last, I put her under chloroform and incised the fistula, without the assistance of any one but her nurse (my patient objecting to the presence of a stranger). The patient made a rapid and most satisfactory recovery, and is now as great an advocate for chloroform as she was previously the reverse.

Add to the above the following scene, also the fruits of *Good Words*. Shortly before I entered the house of my patient, her clergyman, a believer in *Good Words*, made his exit; and, immediately before inhaling the dreaded chloroform, she begged that her step-child might be brought to her bedside, "that she might kiss her, probably for the last time." I do not make these remarks in derision of the beautiful motives which dictated the actions, but merely to show the state of mind produced in my patient by the perusal of that nonsensical and far fetched scene described in *Good Words*.

I have only to add, that centuries may elapse before *Good Words* produces as much real temporal good to humanity, as chloroform has already accomplished in sixteen or seventeen years.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[*Continued from page* 137.]

The next illustrations will be of cases of General Paresis. This term has been proposed in the place of "general paralysis", to which there is this fundamental objection, that, in the ordinary acceptation of that term, such a state would be equivalent to death. To avoid this absurdity, it was proposed to insert the word "incomplete". The name then becomes long, and is still inexact; and, moreover, does not separate those diseases with from those without insanity.

By "general paresis of the insane" is meant a peculiar form of mental disease, very common in asylums, having peculiar and well marked characters, and attended with mental unsoundness. And it must be distinguished from a general paralysis met with from spinal disease, and from the state produced by spirit-poisoning or alcoholism.

The scope of these papers does not admit of a discussion on abstract questions of pathology. It may be, however, stated that the French specialists consider that general paresis is a peculiar form or a distinct species of cerebral disease. To this opinion my own experience also leads; though I consider that those writers who view the paralysis as a mere epiphenomenon engrafted upon a case of insanity, or a mere complication or mode of termination of the disease, form a large majority of pathologists generally. I consider one cause of this difference of opinion to arise in a want of clear definition of the cases which are included in the term. There are examples of motor paralysis, undoubtedly, as from spinal disease, or even from cerebral disease, in various kinds of cases of insanity; and these are, as it were, accidents, not attributes, of this affection; and such accidents occur as one of the sequels of cerebral mischief, resulting from disorganisation of the nervous tissues. Such paralysis occurs in the asylums in all forms; as local—circumscribed; as hemiplegia, or paraplegia. Necessarily, these grave complications occur towards the end of the disease; for they contribute to the termination of life. But they occur also after various periods of the attack—sometimes in cases of very long standing, and in conjunction with various other symptoms, as in epileptic mania, in melancholy, or mania; or when the patient has passed into a state of dementia.

The disease meant by the writers on general paresis is different. It has its peculiar mode of attack, its peculiar progress and duration. The phenomena occur in a given order; though of course, as in all disease, the individual cases present certain variations.

The following cases are selected as typical examples of general paresis.

The first case is condensed from the reports, which extend over a period of two years and five months, with comments interspersed. The duration of this case is a fair average of the disease.

E. E. was admitted on November 17th, 1859, during my absence from the asylum. The history was gathered from her husband by my assistant. She was 33 years of age, married; the wife of a policeman; of plain education. She never had any children. The present was the first attack. There was

no hereditary tendency to insanity. She had always been temperate.

About four weeks prior to admission, she began to covet articles of luxury beyond her station; as dress and finery. She expressed a wish to ride in a carriage and six horses, and live in the pomp and splendour of a queen. She talked very largely; was restless and troublesome; excited, hasty, and altered in behaviour. She attempted to escape out of the house.

At the end of the week after admission, her case was reported to the commissioners thus: "Is labouring under acute mania, with exalted ideas; is noisy, garrulous, and destructive."

It may be here pointed out that my assistant, who had had some experience in the disease, makes no allusion to any previous melancholic stage. I take this to be pretty conclusive that none existed; for, though the notes are not by me, they came under my observation; and my attention had already been strongly directed to the first symptoms of general paresis. The notes at first are few and brief, owing to the work imposed by my own absence; but the patient's mental state is pretty clearly indicated by the terms used—"Is labouring under acute mania"—which is only in accordance with received views, that mania may terminate in paresis.

She continued in an excited and maniacal condition; being reported to be, at different times, noisy and destructive to her clothes, from admission up to December 17th, or for one month. Her violence caused her to be placed in seclusion for three hours on November 25th; three hours on the 26th; four hours on the 28th; for two hours on the 29th; for four hours on Dec. 1st; for two hours on Dec. 2nd; for one hour on the 7th; for two hours on the 11th; for one hour on the 12th; and on the 17th, it was reported that she had become quieter, and had requested to go to the laundry to work. She continued to work at the laundry industriously. On January 10th, she had a slight accession of excitement, which was allayed by an opiate. On January 23rd, it is reported: "Is now at work in the laundry; but is subject to occasional outbreaks of excitement, lasting only a short time; and manifesting only a little self-will and perversity of temper." She continued to progress favourably, and became quiet and rational, and, to an inexperienced eye, convalescent.

On April 20th, she was visited by her husband, who said "that he had been conversing with his wife for some time, and had found her perfectly sane and rational. He had never seen her so well in his life." This is quite what is usual; and very frequently the relatives set up their judgments against the medical adviser, and remove the patient from treatment. Many cases are thus lost sight of; and the patient is frequently kept at home for periods varying from months to one or two years; and not unfrequently, on readmission, are reported as cases of a second attack. A fallacy is thus introduced—that the primary attack may be mania, and that general paresis occurs in second attacks. I have pointed this out elsewhere (*Journal of Mental Science*, No. 48, Jan. 1864), where I have also shown that, out of sixty-one cases treated by me, not one occurred in a genuine second attack of insanity; but that five cases had been reported to be cases of second attack, which proved only to be cases in which a remission of the symptoms had taken place. I am disposed to believe that such remission of maniacal symptoms occurs generally in that proportion, or in five out of sixty-one cases.

The various modes in which the remission occurs have been studied especially by M. le Dr. Sauze (*Ann. Médico-Psychol.*, Oct. 1858).

Whether the symptoms ever are actually absent in these reported remissions may be a matter of doubt. In the present case, the husband, who may represent the public, could detect no disease or change. This patient was examined specially by one or two medical friends, who pronounced her convalescent. To my eye, however, certain indications of the disease were evident; but I failed to convince or demonstrate their existence to the professional friends.

The symptoms or signs present at this period consisted in a peculiar facial expression. As the diagnosis at this stage is important, it may be here described. At first, the peculiarity is but slightly marked; but is of the same kind as when the disease is more advanced. The face then becomes an expressionless mask; the facial muscles partake all equally of the imperfect action; and the delicate lines and folds into which the facial muscles throw the integuments of the face, under the influence of the various emotions of the mind, are lost, or are formed clumsily and imperfectly. When the muscles act, the face is contorted; and when they are at rest, it is void of all expression. The cheeks are flabby and sleek; the mouth is straight; the levatores palpebrarum slightly let fall the eyelid, while the brow is raised or arched; and these two actions, which do not harmonise in health, give a special expression to the face—an expression, however, which is seen in drunkenness. Indeed, since drunkenness affects the muscles generally by impairing their action, many of the symptoms of the one state resemble those of the other.

It was a slight indication of this peculiar expression, coupled with the exalted notions at the commencement of the attack, that directed me to an unfavourable diagnosis.

Nov. 21st, 1860. General paresis, which had been gradually increasing for some time, was now very marked.

Aug. 19th, 1861. She was in good bodily condition, but feeble health. She took her food well, eating more than others. Catamenia regular. She was very tottering in her gait, and with difficulty went up and down stairs. She was often confused in her articulation, and indistinct; was slightly peevish, and would occasionally strike.

September. Articulation was more indistinct, stammering, and tremulous. She worked regularly at her needle, but performed her work rather more coarsely, and was slower.

Oct. 8th. The conjunctivæ were injected; pupils equal.

Nov. 1st. The mind was becoming more feeble; the voice more tremulous; pupils equal. The tongue was protruded without difficulty.

December. She was removed to the infirmary, on account of the increasing paralytic symptoms. She had been gradually becoming more feeble and tottering in her gait, and more imbecile in mind. Articulation was less distinct. The tongue was free from tremor. The right pupil was a shade larger than the left. Her expression was dull and without animation. The eyebrows were slightly elevated. She had a difficulty in pronouncing the letter "r" in rural; much contortion was produced in attempting it at the angles of the mouth and chin. The mind was very feeble. She could not say whether it was winter or summer.

Jan. 14th, 1862. Paresis and dementia were increasing. Paretic symptoms were worse in the morning. She gained strength as the day advanced. There was no difference of muscular power between the right and the left side.

Jan. 23rd. She was now very feeble, but had not lost flesh; sat with the head hung down; and rested

with her elbows on the chair, in an attitude of great prostration. On her attempting to move, considerable muscular agitation and trembling took place. The features were relaxed, heavy, and expressionless; the pupils were equal; the conjunctivæ were injected, and discharging thick mucus. She took little notice of what was passing. When she looked up, the eyelids drooped. The brow was arched. In speaking, the voice trembled; and there was considerable twitching of the lips and chin. She said she was "very well and very happy". Her appetite was good.

Feb. 3rd. She took to bed, being unable at last to stand. Pulse 72; no emaciation.

Feb. 6th. She began to play with the bedclothes. Dementia was increasing; sensation was generally appearing dull. She did not evince the least pain when pinched; tickling the soles of the feet produced only slight movement. (This last has been proposed as a diagnostic sign between spinal and cerebral disease; but the evidence appears to be equivocal.)

Feb. 19th. There was slight improvement in strength and mind; and variation in the state of the pupils.

March 3rd. Both pupils were dilated, and slightly irregular in contour.

April 11th. The mind continued to be slightly improved. Her general powers were failing. The pupils varied. Breathing was quick, with slight rhonchus. At intervals she gathered up the bedclothes.

April 12th. She died.

[*To be continued.*]

NOTES ON HERNIA.

By John Thompson, M.D., F.R.C.S., Bideford.

[*Continued from page 546 of last volume.*]

Before applying the taxis, every surgeon endeavours to assure himself of the species of rupture which is the subject of strangulation, and the precise course the protrusion has taken. A hint may not be out of place that, to carry out this intention the more effectively, it is well to use the sense of sight as well as that of touch. Herniæ of different species sometimes resemble each other very closely; and a femoral, tilted by the superficial epigastric vessels over and above Poupart's ligament, may, especially in a female, be confounded with an inguinal, and so the taxis be applied with disastrous effect.

I have, in more than one instance, seen a first and erroneous impression conveyed by the touch, corrected, when, by the eye, the position of the tumour has been examined in relation to the processes of the ilium and os pubis, and the course of the connecting ligament. In the case of ladies, a surgeon often feels some hesitation in proposing an examination by the sight; but where so serious a disease exists, delicacy of feeling must give way to considerations affecting the welfare of the patient and the reputation of the surgeon.

As aids to the taxis, I have used, in almost every case where required, the warm bath, and esteem it beyond all other remedies. I have sometimes bled with benefit; and in two cases had the patients suspended by the legs, in the manner described by Mr. Griffin, but the latter was without advantage. I have never used sufflation; but have tried the injection of cold water for the distension of the bowel, much on the same principle that injected air is supposed to act, but without success. I have little experience of chloroform. Topical applications of cold water have never seemed to me of any avail in femoral; but I have, in two or three cases, known them succeed in old inguinal herniæ, where continued for a long time, the patient being at the same time laid in a favourable position in bed.

The taxis, as used by the surgeons with whom I have acted, as well as by myself, has never resulted in any harm; where unsuccessful, no prejudice has been done to the cutting operation; and where reduction has been accomplished, the health of the patient has promptly returned, unless, by the long continuance of the strangulation, peritonitis had previously come on, and then recovery was not so speedy.

A curious case once occurred in my practice, in a man who was a bootmaker and small farmer. He was the subject of inguinal hernia, which became strangulated, and he sent for me. I was unable at first to reduce it, and had to employ bleeding to faintness, when I completely succeeded. The man felt immediate relief and restoration. After due tarry with the patient, I left. Next day he prudently remained in bed; but having a good appetite, and knowing that some fresh pork had been obtained for the household, he requested to have some steaks for dinner, which were accordingly cooked and brought to him. He ate freely and with relish, and proposed to have some sleep after. In the course of some hours, as the bedroom seemed very quiet, the wife went upstairs to see how her husband was, and, to her astonishment, she found him quite dead. I got no *post mortem* examination in the case; but if I had, my attention would have been directed to the head rather than the abdomen, as the man had suffered some while before from ocular spectra and illusions, dependent, as the event seemed to show, on disease within the encephalon, which, at this particular juncture had resulted in death; the family, however, connected the hernia more closely with the result, and talking people intimated that the doctor probably did not thoroughly understand the complaint he treated.

Obstruction in old irreducible herniæ occasionally occurs, attended with symptoms resembling those of strangulation, although no additional protrusion has taken place. Several symptoms have been laid down as diagnostic in this condition; and Mr. Erichsen has remarked that, "where obstruction occurs in an old irreducible hernia, vomiting is not feculent." I, however, met with a case where vomiting much resembled that in truly strangulated hernia; and yet no new protrusion had taken place, the mischief having arisen from morbid action set up in an old adherent rupture, the condition of which was verified by an operation.

Sometimes a new protrusion exists with an old irreducible hernia, the strangulation of which is a condition co-existent with inflammation of the old rupture; in which case, reduction of the strangulated portion may not be attended with complete relief, because the disease in the other portion is not removed at the same time. I have known two cases lately, where the administration of a brisk purgative was attended with complete relief, at the same time that it assured the surgeon of the reduction of the strangulated portion having been effected. It is necessary to use much tact in these instances; for a purgative may otherwise be administered whilst strangulation exists—an undesirable practice, but still one that may occur without a practitioner being fairly chargeable with blame.

In a case of strangulated enterocele in connection with irreducible epiplocele, which came under my advice within the last month, the taxis so much reduced the size of the hernia, that the patient supposed it no larger than usual; and as the symptoms of obstruction were mild, the surgeon hoped they might depend on the morbid action excited in the

old hernia, and he ventured on purgatives, but as reduction of the fresh rupture had not truly been effected, the plan was of course abortive. When I saw the patient, the vomiting was decidedly feculent; and this, taken in conjunction with the other symptoms, determined the advice for an immediate operation. As the case was anomalous, the sac was opened before division of the stricture, and found to contain firmly adherent omentum, almost enveloping a small intestinal protrusion.

Strangulation had here existed for six days, and the parts were discoloured and in bad condition. Death occurred in another six days from peritonitis (verified by a *post mortem* examination), although the operation bade fair to be successful for the first four days.

[*To be continued.*]

A SUGGESTION FOR THE TREATMENT OF OVARIAN TUMOURS, BY COMPRESSION AND OBLITERATION OF THE TUMOUR AT ITS BASE OR PEDICLE.

By Benjamin W. Richardson, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

On rising from the perusal of Mr. Spencer Wells's remarkable work on *Diseases of the Ovaries*, a suggestion has occurred to me, in regard to the treatment of ovarian tumours, which is, I believe, new, and which, if successful, would simplify the present operation to an extent that none, except those who have seen the operation performed, can understand.

My suggestion is simply to operate, so as to compress and obliterate the tumour at its base or pedicle, either by ligature or acupressure, and thus to cut off its vascular connection with the body; then to evacuate the fluid in the cyst, as far as is possible, by the trocar; and, lastly, to leave the cyst in the body to undergo natural shrinking and absorption.

The suggestion is based on the consideration, that an ovarian tumour is, after all, virtually an enormous aneurism. True, it is filled only with the water of blood, a little albumen, and a little saline matter; but all the fluid is derived from blood; and when death occurs, it is as from slow hæmorrhage. To cut off, therefore, the blood-supply from the tumour, would be to prevent the secretion of new fluid, and to stop the nutrition of the sac altogether.

From the comparative ease with which the ovariotomist turns out the sac, when the abdominal walls are laid open, I cannot assume that the cyst derives any important blood-supply, except from its base; from the point, that is to say, where it originally was developed. If this be the anatomical fact, it follows that the nutrition of the cyst can be commanded at the base; and that to tie or otherwise compress the cyst there, and cut off all vascular communication from it, is simply equivalent to the performance of Hunter's operation on the femoral artery for the treatment of aneurism in the popliteal space, and is the same as removing the cyst itself.

The details of the operation, subject to modification, would be the following.

1. The patient being under chloroform, a trocar should be passed into the cyst: the trocar should be so constructed, that, without the necessity of removing it, the current from the tumour could be stopped at any moment, as the operator should direct.

2. When the body is relaxed to a proper extent by the withdrawal of fluid, a small incision should be made over the base of the tumour, and the parts dissected down until the tumour is reached. An incision such as is made for tying the common iliac artery would probably suffice.

3. The tumour reached, the operator would isolate its neck as low as possible, with the finger, and would then cast two strong ligatures, an inch apart, round the neck, with a large aneurismal needle. He might now entirely evacuate the tumour of its fluid contents, through the trocar, and then tie his ligatures; or he might tie first, and draw off the fluid afterwards.

4. The ligatures, cut off close, might be let remain in the abdomen; and, the wound being closed and pressure being applied to the abdomen, the cyst, I think, might be left without danger.

I have here suggested the compression of the neck of the cyst by a ligature, to apply which requires an incision. But in so doing, I only insist on the act of compression, not necessarily on the incision. I see indeed, if the principle be correct, that the details may be much simplified. It would not be difficult—for example—to pass through a very small incision, a long acupressure needle behind the tumour, and by a figure of eight twist round the extremities of the needle outside the abdomen, to bring the neck of the cyst fairly up to the abdominal wall and secure its compression.

Or it might be possible to obliterate, subcutaneously, by means of a needle and thread only; I mean by passing a long curved blunt-pointed needle armed with a strong thread, and introduced into the abdominal cavity by a subcutaneous incision, clean round the tumour at its base, and by tying the thread, after the needle was withdrawn, in a firm slip noose that should grasp the pedicle of the cyst with the required force for compression.

Again, a clamp might be invented to open round the neck of the cyst, like the blades of a lithotrite, and to close by a screw movement upon the neck, and destroy the vascular connection.

If the principle thus suggested be sound, it will admit of application in all cases of ovarian tumours demanding operation. But it has the advantage of being applicable in cases where the present operation is impossible; I mean in cases of multilocular cyst, or where the cyst is fixed too firmly by adhesions. It might be best to try the operation by compression in one of these cases first; in a case where, the present operation being hopeless, the patient must die, unless some other operation be at hand to save.

12, Hinde Street, February 27th, 1865.

The French Academy of Sciences has offered for 1866 a prize of 20,000 *francs* for the best essay on the question: The Preservation of Limbs by Preservation of the Periosteum.—The academy has awarded the Lalande medal, the highest astronomical prize in the gift of the academy, to Mr. Richard Carrington, of Redhill, the indefatigable observer of solar spots.

Mütter Lectureship on Surgical Pathology. The late Dr. Thomas D. Mütter left to the College of Physicians of Philadelphia the sum of $30,000, and his extensive collection illustrative of surgery and surgical pathology. The conditions having been complied with—the chief one being the erection of a fire-proof building within a specified time, adapted to the purpose of the College—it has come into possession of the thirty thousand dollars, the interest of which is to be expended in making additions to the museum, paying a curator, and sustaining a course of lectures on some department of surgery—the lecturer to be appointed annually by the College. The choice of the College of Physicians of a person to deliver the first course of lectures has fallen on Dr. John H. Packard, who has begun a course on surgical pathology.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

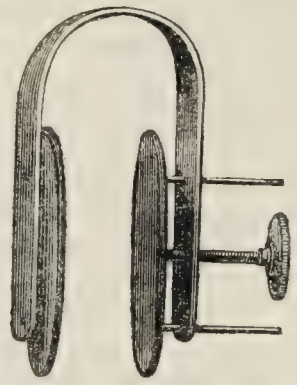
LIP-TOURNIQUET.

By AUGUSTIN PRICHARD, Esq., Clifton.

[THE following is a description of the lip-tourniquets shown by Mr. Prichard at the last meeting of the Bath and Bristol Branch of the British Medical Association.]

Each little instrument consists of a piece of hard and polished steel, bent like the letter U. To one arm is fixed an oval steel plate, seven-eighths of an inch long and half an inch wide, covered by a flat and firm cushion of vulcanised India-rubber. The other arm bears a similar plate, which is steadied by two steel rods, and moved by a fine central screw.

The wood-cut, which is of the exact size of the original, will make the account more intelligible.



Application. The first described arm is introduced within the angle of the mouth, and presses against the mucous membrane at any convenient spot; and then the moveable plate is screwed gently down until the cheek is pressed as firmly as may be advisable.

These little instruments have been tried in a case of cancer of the lip, where they answered very well. They would be useful in any operation about the lips, and especially in hare-lip.

The sets hitherto have been made by Messrs. Dell, No. 43, Broad Street, Bristol.

Reviews and Notices.

TRAITÉ THÉORIQUE ET PRATIQUE DES MALADIES DE L'OREILLE ET DES ORGANES DE L'AUDITION. Par le Docteur J. P. BONNAFONT, Médecin principal à l'Ecole impériale d'application d'État-major, etc. Avec 22 Figures intercalées dans le Texte. Pp. 665. Paris: 1860.

[A THEORETICAL AND PRACTICAL TREATISE ON DISEASES OF THE EAR AND OF THE ORGANS OF HEARING. By Dr. J. P. BONNAFONT. Paris: 1860.]

THE author of this work informs us that his attention has been directed to the study of the ear and its diseases during thirty years. In 1830, he carefully dissected the organ, and conceived the design of constructing an instrument for examining the external auditory canal; but this project was interrupted by his being employed in military service. M. BONNAFONT, however, has throughout continued, both in military and in civil practice, his investigations on diseases of the ear; and hence, as he observes, the work which he has published is the result of long continued observation.

The book commences with an introduction, in which, after some remarks on the present state of aural pathology and therapeutics, the author takes into consideration the physiology of the ear, and gives especially a sketch of the various opinions held regarding the functions of the ossicles, the membrana tympani, and the muscles of the middle ear. The conclusions at which he has arrived are summed up by him as follows.

"1. The membrana tympani, in place of simple movements of general tension and relaxation, undergoes partial tensions and relaxations, under the influence of the petro-malleal and pyramido-stapeal muscles. 2. These two muscles constitute the only active powers of the movements of the tympanum and the chain of ossicles; and they are antagonists, as regards the portion of the membrane which they separately render tense. 3. This membrane may vibrate under the influence of sounds which strike it, but cannot transmit them to the deeper parts of the ear without undergoing degrees of tension and relaxation by the action of these muscles. 4. Although the soundness of the tympanic membrane is not absolutely necessary to hearing, its injury always produces an aberration in the perception of sounds. 5. In perforations of its anterior part, the ear is less accessible to grave sounds; while the contrary holds good for acute sounds when its posterior part is similarly injured. 6. The ossicles of the middle ear are not absolutely indispensable to the mechanism of hearing, provided always that the stapes only remain in place. 7. The fall of the stapes, by allowing the escape of the fluids contained in the vestibule and labyrinth, always induces deafness with a rapidity which is in bearing with that of the discharge of the fluid. (This conclusion entirely conforms with that which M. Flourens has deduced from his experiments on birds.) 8. In this case, if the ear has preserved a little hearing, it will indeed be sensible to the least noise, but it will have lost all power of receiving the simultaneous impression of several sounds. 9. The necessary conditions for a good musical ear should lie (apart from the intellect) in a perfect concord between the malleo-tympanal articulation on one side, and the membrane of the tympanum and its moving muscles on the other. 10. Examinations made on several distinguished singers have demonstrated that the membrane is disposed in them so as to receive the sounds equally and directly on its entire surface. 11. An oblique and very inclined direction of this membrane, with regard to the axis of the auditory canal, constitutes a vicious disposition, which, whilst weakening the hearing, renders the ear very ill adapted to certain sounds." (P. 30.)

In the twelve chapters of which the work consists, the author treats of the Diagnosis and Treatment of Diseases of the Ear; of the Diseases of the External Ear, Auditory Canal, Membrana Tympani, Eustachian Tube, Tympanum, and Auditory Nerves; of Deafness; of Ear Trumpets and other Acoustic Instruments; of the Deaf and Dumb; and, finally, he offers some Medico-legal Considerations on the Deaf and Blind.

In the fourth chapter, on Diseases of the Auditory Canal, the author has entered elaborately into the consideration of polypous and fungous tumours; to which, as he thinks, sufficient attention has not been paid. He treats of, 1, the position, character, and

form of polypi of the ear; 2, the symptoms which they produce; and 3, their treatment.

Polypi of the ear, he says, may arise from any part of the canal or of the membrana tympani; and are met with more frequently near or in the latter membrane than at the orifice of the canal. In structure they are analogous to nasal polypi, allowance being made for the difference in structure of the lining membranes of the ear and nose. They may be vascular, mucous, vesicular, or fibrous. Mucous or fibrous polypi, not connected with the tympanic membrane, are more easy to destroy completely than those which arise from the membrane or from the tympanum itself. Carcinomatous tumours cannot be removed in such a manner as to ensure their non-reproduction.

A polypus in the ear, having filled the canal, tends to grow in one of two directions; either outwards through the meatus, or inwards towards the tympanum. What it is that determines the direction taken in each case, is difficult to comprehend.

When a polypus arises from any part of the two external thirds of the canal, it generally produces merely symptoms denoting more or less obstruction; viz., more or less deafness; purulent discharge; and, when the polypus has attained such a size as to press on the walls of the canal, pains which are increased by the movements of mastication. The deafness in this case is merely symptomatic—the hearing is suspended, not destroyed.

On the other hand, when a polypus tends towards the tympanum, the results are much more severe. When its point reaches the membrane, the patient feels a vague pain, principally referred to the throat and the orifice of the Eustachian tube. The tympanum sometimes becomes habituated to the pressure, if it be always equal; hence the hearing undergoes various alternations, but at last becomes permanently affected in proportion to the size of the polypus and the amount of pressure which it exercises. If the tumour continue to grow in the direction of the tympanic cavity, it commonly produces severe pain at the base of the ear, increased by mastication, coughing, or deglutition. In such cases, a quantity of air is driven through the Eustachian tubes into the tympanic cavity, the membrane is pressed back against the polypus, and an increase of pain is produced, which radiates to the scalp and face on the same side. Without having much headache, the patient has dazzling of the eyes, vertigo, and sometimes vomiting. In the acute stage, the gait is also unsteady, as if the patient were intoxicated. These symptoms sometimes attain considerable intensity, but cease suddenly on the occurrence of a sanguineous discharge from the ear. The polypus then diminishes, and the patient may experience comparatively little inconvenience for months or even for years, until it again enlarges.

In the course of time, the polypus may become more hard and consistent, and less susceptible of great variation in size; and, the tympanic membrane and chorda tympani becoming apparently habituated to the pressure of the tumour, this ceases to produce any other symptom than more or less deafness. In such cases, if the polypus be carefully removed, the membrana tympani is found covered with a whitish layer and strongly pressed inwards. If the disease be not of sufficient standing for the membrane to have become adherent to the wall of the cavity or the articulation of the malleus with the incus to have become anchylosed, attempts may be made to draw the membrane outwards by an instrument, or to drive it out by blowing of air through the Eustachian tube. When these means fail, M. Bonnafont makes a small opening in the membrane, and introduces a curved blunt probe, by means of which he endeavours to detach the membrane from the walls of the tympanum. This plan, he says, almost always produces a notable improvement in hearing.

Sometimes the membrana tympani is perforated by the polypus; which then enters the tympanic cavity, and almost always destroys the ossicles. If the membrana tympani be not entirely destroyed, it forms a neck which strangulates the polypus, producing from time to time very severe pain.

In the treatment, M. Bonnafont approves of tearing away the polypus when it is attached to the walls of the auditory canal; but reserves excision or ligature for polypi attached to the membrana tympani. Of all these operations, he prefers excision; which, he says, can be performed on polypi seated in any part of the auditory canal. He describes at length the instruments which he uses, the mode of performing the operation, and the treatment which should follow.

M. Bonnafont notes, that it has been doubted by several modern aural surgeons, as Wilde, Toynbee, Triquet, Menière, and Deleau, whether hearing is restored after the removal of polypi from the ear. He believes, on the contrary, that, when the auditory nerve is not affected, the removal of a polypus will necessarily affect an almost immediate improvement in hearing; and he relates a case in support of this opinion.

In speaking of the Diseases of the Membrana Tympani, M. Bonnafont notices that Itard appears to have been astonished to find that perforation of the membrane sometimes, instead of producing deafness, only rendered the hearing more acute. He explains the difference of results in the following manner.

"As a general rule, when the hearing is very fine and delicate, and the tympanic membrane is in a normal state, any accidental perforation of necessity produces more or less considerable injury of hearing; while, when this faculty has been already diminished, either from thickening of the tympanic membrane, or from weakness of the muscles of the middle ear (provided that there be no organic lesion of the auditory apparatus or nerve), perforation of the tympanum produces an amelioration in proportion to the extent of the opening, provided that the chorda tympani nerve be not involved."

There is much matter of interest and of practical value in this volume, which renders it worthy of a place along with the standard works of aural surgery which we possess. The author has done good service in placing before the profession the results at which he has arrived from a long experience; and those who are interested in aural surgery will find some useful hints in the volume. We must add, that Dr. Bonnafont shows a fair acquaintance with the writings, not only of the aural surgeons of the continent, but of Toynbee, Wilde, and others who in this country have specially studied the diseases of the ear.

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 4TH, 1865.

POLICE REGULATION OF PROSTITUTION.

LAST year the House of Commons passed an Act which had for its object the superintendence by the police of prostitution in certain garrison towns of this country. A Committee on Venereal Diseases has since been appointed by the Government; and it is generally understood that its labours, if of any service at all, will be so by recommending some prophylactic method of dealing with the disease—in fact, that they will propose a system of registration of prostitutes, something after the manner practised in certain continental countries. This way of dealing with prostitution—of legalising it by bringing it under the management of the police—appears of late to have found great favour with many members of our profession; and we believe that there has been expressed a hope that this way of attempting to control prostitution and the spread of venereal diseases will not be limited to the districts where soldiers are collected together in large bodies, but will be generally adopted throughout the country.

For many obvious reasons, the indirect patronising of prostitution by the Government, by an Act of Parliament, has been generally regarded in this country as repulsive, in a certain sense, to the moral sentiments of the community. At all events, every one will admit that this feeling, even though it be a foolish prejudice, cannot be overlooked in considering the subject; and we, therefore, may fairly assume that those who propose such an unpleasant remedy, for the purpose of diminishing the spread of syphilitic disease, are bound distinctly to show that it has proved effectual where it has been properly tried. Those who wish the system of registration of prostitutes introduced into this country are influenced, we suppose, mainly by the consideration that thereby the spread of venereal diseases will be arrested. They can have no great admiration of such a system *per se;* and we suppose, therefore, accept it as the less of two great evils.

Now, whether Government, in publicly managing prostitution, does or does not do an evil thing for the sake of doing good; and whether it be or not, under certain circumstances, right to do evil in order to get at a great good,—it is no business of ours here to inquire. But what we think the profession and the public have a fair right to ask of those who propose a legal recognition of prostitution is this, that they show clearly and satisfactorily that the system answers the purpose required of it, and produces the good which is asserted of it, in those countries where it is adopted and has been long in operation. Has this good ever been satisfactorily shown? We think not. It seems to have been taken for granted, without proper inquiry, that the system, where it is in operation, must have produced all the good predicated of it. But its admirers have not produced their proofs—have not come forward with their figures and facts to demonstrate that venereal diseases have been sensibly diminished, for example, in France, by the governmental regulation of prostitution. They have not shown that venereal diseases are less common in France than they are in England. They have not given grounds for the belief that venereal diseases are more common in London, for example (*pro ratâ*), than they are in Paris. It will hardly do, in such a case as this, to argue that the regulation of prostitution *must* diminish the spread of these diseases. They who patronise the system are surely bound to give good reason from facts to prove that it has done so where it has been in operation. Surely, if it has produced the wished-for effect, there should be no difficulty in establishing the fact.

We wish in no way to prejudice the case; but we simply ask of those who are desirous of introducing the system here, to demonstrate its utility elsewhere. In our opinion, it is hardly enough to show that in some small garrison towns, and under certain peculiar and rigid adoption of police and military regulations, venereal diseases have been diminished amongst a given body of soldiers. If the system is to be introduced generally into this country, we ought to have some good reason given us for the belief that venereal diseases are less common amongst the French community at large than they are amongst the English community at large. Now, we would appeal to any medical man who has studied medicine in Paris: Has he seen any signs in hospital practice, or has he been led by anything which he observed of the matter in Paris, to lead him to believe that such is actually the case? Have the remarks of his teachers there ever tended to bring him to such a conclusion? Has he not, we might ask, on the contrary, been struck by the universal and prominent manner in which the disease and its methods of cure are everywhere brought under his observation in Paris?

If we turn to French authorities on prostitution, we find no satisfaction. Duchâtelet himself declared that under the system, as carried out in France, venereal diseases were spread widely, and the "wise

measures of the Administration rendered all but useless"; and he explained the fact thus. He asserted that what he called "clandestine prostitution"—

"That which is exercised in secret, and unknown to the police, is of far greater importance than public prostitution. Through it, innocence is perverted and corrupted; it braves and paralyses authority, and *propagates with impunity the most fearful contagion* and the highest immorality." (Vol. i, p. 471.)

Duchâtelet tells us that where there is one registered prostitute, there are nine unregistered females who practise prostitution in Paris—*i. e.*, whom the police cannot touch. Consequently, only one out of ten women who spread venereal diseases come under the hands of the police in Paris—there, where prostitution is actually under the surveillance of the law. And what was Duchâtelet's remedy for the evil? The only one he had was this; viz., to multiply in all directions the licensed houses of prostitution! Duchâtelet may have been wrong in his calculations; but those who say he is are bound to prove where his error lies.

Some time since, there were in Paris, an authority tells us, 4,206 registered prostitutes; and the number of "clandestine" prostitutes at the same time, who were not registered, were calculated at from 40,000 to 60,000. Of what avail, as Duchâtelet asked, was it to supervise the 4,000, while the 40,000 to the 60,000 escaped all supervision?

Again, one of the main reasons which have led to the proposal of introducing the system of supervision of prostitution here, is the deplorable condition of our soldiers in reference to venereal diseases. But, here again, is it clear that the system where in operation has produced all the good anticipated of it? Is the French army, for example, with the benefit of a police regulation of prostitution, in a much better condition than the English army? To those who think and say so, we recommend the study of the Medical Statistics of the French Army for 1862, lately published by authority. In an analysis of that Report, given by a French journal, we read as follows.

"Syphilis is the most cruel scourge of the army. Rather more than one-fifth of the whole number of days of treatment of diseases of soldiers is devoted to patients suffering from venereal diseases. If these days of treatment were divided amongst the whole army, every soldier in it would be four days under treatment for these diseases. And, as it appears that the average time during which each venereal patient is under treatment is from twenty to twenty-five days, it follows that every year one out of every five or six soldiers is affected with venereal disease. And then, again, as every conscript passes at least six years in the service, it follows that, as a rule, every soldier contracts the disease once at all events during that time."

Surely, facts of the kind here referred to demand a satisfactory explanation at the hands of those who recommend here a Governmental supervision of prostitution. We do not say, that they are incapable of explanation; we do not say, that some more effectual system than the French one might not be invented; nor do we wish in any way to prejudice the general question. All we ask for is, that some reasonable proof should be given of what is generally assumed to be a positive fact; viz., that the general police regulation of prostitution sensibly diminishes venereal diseases in a community. We have stated facts which seem—at all events, until explained away—to throw grave doubt on the correctness of the assumption.

HOMŒOPATHY.

The London Homœopathic Hospital has had a field-day, its annual dinner. About 140 gentlemen were present we read; and amongst them we find distinguished individuals. The great Lord Ebury was chairman; Dr. Rae, the arctic traveller, was there; Professor Masson and Mr. Hughes ("Tom Brown"), men of *Macmillan's Magazine;* etc.

The noble President, in giving "The Health of the Queen", expressed the very vain hope that, if untunately her Majesty should ever require assistance, she would send for a homœopathic doctor.

Dr. Rae, in proposing the "Defensive Forces of the Country", remarked that though the army and navy had not yet adopted the practice they had met to aid, he had tried it in all climes and in all countries, and had found it a very excellent friend.

Mr. Hughes ("Tom Brown") warmly advocated the principles of homœopathy, and concluded by proposing "The Health of the Patrons of the Institution". He would not adopt the motto of homœopaths, and say "Similia similibus curantur"; but, as they had so many good names on the list, he would say "Similes similibus procurantur".

The noble Chairman adverted to the unfair opposition offered to homœopathic practitioners. Such conduct appeared to him to be degrading to the medical profession. One of the most eminent of that profession, a short time before his death, which occurred recently, condescended to write "the most unmitigated twaddle" in urging his objections to the principles of homœopathy. He was, however, happy to find that the new school of medical treatment was progressing most rapidly and successfully, and that almost every day brought converts to the cause from the very centre of the enemy's camp. The hospital was in a high state of efficiency, and had already succoured 45,000 patients. There were, however, forty beds at present vacant from the want of funds. The demand for homœopathic practitioners was gradually increasing; and further medical assistance was much wanted in the hospital. In his own immediate neighbourhood there was great room for an experienced man, as he (Lord Ebury) knew five or six noblemen residing near him who were warmly in favour of the homœopathic principles. A portion of the medical community had drawn lines of circumvallation around them, and had done their best to starve them out. They were not starved out yet. There was a number of deserters from the enemy's camp; and the last he heard from them was that, at a presentation to a successful medical man in Liverpool, the gentleman, much to the surprise of all present, had declared his belief in homœopathy, and an-

nounced his intention of devoting the remainder of his life to the propagation of its principles.

Dr. Yeldham proposed "The Memory of Hahnemann". Hahnemann had raised himself from the humblest position, and by his industry, genius, and courage, carved out a niche for himself in the temple of fame. He discovered the folly and hollowness of the old practice of medicine, and after years of study enunciated the principles of homœopathy amid a storm of opposition and persecution that met him on all sides. He was ultimately obliged to fly to Paris, where he expired at the age of 92. In whatever aspect they viewed Hahnemann—like the Apollo Belvidere—he was beautiful, symmetrical, and grand. He raised medicine, which at the best was a mystery, into a noble and God-like science. He proved that man was born for a higher destiny than to be blistered, bled, and physicked.

The toast was drunk in solemn silence.

Lord Ebury is a great reformer, as we all know. He is teaching our Bishops how to manage matters ecclesiastical, and to reform the Church Liturgy. He has long attempted to persuade doctors that they are all a set of blockheads; and that homœopaths alone have the true key to the healing art. No doubt he dabbles in a variety of other ingenious expressions of his reforming tendencies; and we dare say we may add, really innocent tendencies. That Lord Ebury is a small man, we have all of us long known. He has given the world too many occasions to take measure of his mental calibre. And if, therefore, we allude to him at this moment, it is because he has gone out of his way publicly to insult a great man of our profession. Lord Ebury insulted the profession when he said that "one of the most eminent of that profession, a short time before his death"—referring, of course, to Sir B. Brodie—"condescended to write the most unmitigated twaddle about homœopathy". Lord Ebury, in this case, again showed a want of sense as well as of good taste; for it so happens that his son is at this moment canvassing the electors of Westminster. Of course, the son is not answerable for the sayings and doings of the father; but assuredly such public abuse of Sir B. Brodie by the father is not likely to render the medical profession of Westminster very enthusiastic in the cause of the son. However, he has made some amends by informing us that there is a grand opening for a homœopath in his own immediate neighbourhood. If Lord Ebury be not, in this instance, drawing on his imagination for his facts, we will venture to guess that the supply will not long remain behind the demand.

Mr. Perry, Inspector of Prisons, calls the attention of the Home Office to the following state of things in the Coldbath Prisons. One could hardly have imagined such facts could be at this time of day. They really take us back to the state of prisons in the days of the philanthropic Howard.

"The prisoners have amounted in the last week to the extraordinary number of 1940. Allowing that all the old cells were habitable at night, there would still remain between 600 and 700 prisoners unprovided with cell-accommodation of any kind. The only manner in which this great excess of prisoners can be lodged at night is by placing them in large rooms or dormitories, some of which have hammocks hung in rows to the number of 120 to 160 in a room, and others have beds upon the floor, which, like the hammocks, are so close together that the boards can scarcely be seen between them. It cannot be pretended that the prisoners have not the means of communicating by speech with each other in these dormitories; for, although two officers remain in each room all night, they have no opportunity of perambulating the rooms on account of their crowded condition. Another disadvantage under which the officers on watch are placed is that the offensiveness of the rooms, and the consequent oppressiveness of the atmosphere, render it a matter of much difficulty to keep themselves awake, especially as they have not room to walk about. It is needless to observe upon the gravity of the moral evils which must result from committing persons not already corrupted to the last degree to a prison under these conditions, especially when, from the want of proper cells, many hundreds of persons are placed closely together on benches picking oakum, or as closely in crowded refectories taking their meals; but it may be safely affirmed that no such person as I have supposed can pass through an ordeal without a degree of contamination which almost forbids the expectation that he can escape from becoming a permanent member of the criminal class."

The requisite amount having been speedily subscribed, the fund raised to indemnify Dr. Bowen for his expenses in the recent action has been closed. The sum of £246:17 has been collected. The law charges in the case amounted to £189:12; the expenses for printing, postage, reporting, etc., amount to £7:14:6; leaving a balance of £49:10:6. At a meeting held at the Liverpool Medical Institution on February 24th, it was resolved unanimously that the surplus be appropriated to the Medical Benevolent Fund.

To discuss the last murdering act of Townley's, his suicide, whether it was or not the act of a sane man, seems to us a pure waste of time and ink and paper. Of course, those who brought him in mad when he was alive, will find an additional justification of their verdict in this last act of his. And also, of course, those who set him down as a responsible murderer, will be content to remark on the suicidal event: 1. That the jury might just as reasonably have brought in a verdict of *felo de se* as the one they gave; 2. That we are not bound to take the verdict of a coroner's jury as the absolute expression of their opinion on suicidal acts—such verdict being notoriously very often guided by feelings of respect for the living relatives of the suicide; and 3. That suicide is after all no proof of a man's being mad. If any of those men of science who considered Townley a lunatic murderer, can find a comfortable

confirmation of their opinion in his self-murder, no one need wish to deprive them of such consolation. But to attempt to argue further on the subject, on the strength of this additional act of his, really seems to us to be a game which will not pay for the candle.

At the recent meeting of the North Wales Branch, Mr. Griffith called upon the members to take up the generous challenge offered by Mr. Carden of Worcester, and, in their joint capacity as a Branch, raise one of the ten fifties, as proposed by Mr. Carden, for the Medical Provident Society. Before the meeting broke up, a large sum was already subscribed—sufficient to ensure the success of Mr. Griffith's proposal. We hope that other Branches will follow the example of the North Wales Branch, and so ensure the addition of a large sum of money to the Provident Society.

The proceeds of the Propert Testimonial Fund are to be applied to the purpose of founding an Exhibition for the benefit of the Foundation Scholars of the Medical Benevolent College. This is done by the Committee, in accordance with the generous wish of Mr. Propert himself. The Fund has already reached the sum of £700; but the friends of Mr. Propert, and, we need hardly add, the friends of the College, are anxious that the Fund should amount, at all events, to £1,000, in order to secure £30 a year to the exhibitioners. We doubt not for a moment that the few hundreds still required will be at once forthcoming; and that his professional brethren will be proud to join in acknowledging the long and energetic services of Mr. Propert, by seconding him in this latest benevolent act with which his name will be permanently associated.

Dr. Robertson, of the Sussex Asylum, has published some figures which tell most unanswerably against the management of Bethlehem Hospital. Our readers may remember that when we last spoke of the propriety of taking Bethlehem into the country, we remarked, that probably, if the Governors were to look a little more closely into their affairs, they would find that their money might do a good deal more than it does at present. Our supposition is completely substantiated by these figures. From them it appears that a patient in Bethlehem costs *per annum* more than double of a patient in the Sussex Asylum. Dr. Robertson says that Bethlehem's funds are enough to keep gratuitously five hundred patients of the middle class. And the fact seems to be, that the public do not take full advantage of the place, and because it is not situated in the country. The total admissions of curable cases show, on the last triennial period, a decrease of 378, or two-fifths." Moreover, notwithstanding their expenditure, the Governors had last year a balance of nearly £4500, besides investing £1600 in land. How the Governors can answer figures like these remains to be seen. We can well understand that London men might be found to approve of the present state of Bethlehem —men not accustomed to sanitary or scientific considerations; but surely men of the counting-house and the ledger must open their eyes when they see spread before them Dr. Robertson's balance-sheet, comparing the expenditure of Bethlehem with the expenditure of the Sussex Asylum.

The Royal Medical and Chirurgical Society is still a very flourishing body, as we learn from the Report read at the annual meeting on the 1st inst. It still increases in number and in funds, and therefore in the favour of the profession. It numbered 627 Fellows at the end of last year, and no fewer than eleven new members were elected at the last ordinary meeting of the Society. To its library 384 new works were added during the past year. Many valuable presents were also made to it. Mr. Curling gave sixty-nine engravings—portraits of medical practitioners; and Mr. Charles Hawkins ninety engravings. A medal, a likeness of Tiedemann, was presented by his widow to the Society; and one of Dr. Jenner by Dr. Babington. The President, Mr. Partridge, on vacating the chair, had again occasion to detail the losses which the Society had sustained in many valued Fellows who had died during the past year. Especially was remarked the very excellent summary which he gave of the life and labours of the late Dr. Senhouse Kirkes; and the details of that lamented physician's last illness, and his Christian resignation to the decrees of Providence, made a deep impression on the Fellows. The high services rendered to science by the Scientific Committee were also alluded to, and warmly acknowledged by the Society. The Council took the opinion of the Society as to the propriety of continuing to publish the *Proceedings* as well as the *Transactions* of the Society. The Council thought, for several reasons, that the *Proceedings* might be done away with; and a summary of the papers, not published in the *Transactions*, given in an appendix to the volume of *Transactions*. But the Society did not agree with the Council; and passed a resolution to the effect that they wished the *Proceedings* continued; and that the Secretaries would publish them more frequently, and bring them out at an earlier date, than they have lately done. An attempt was also again made to induce the Society to reduce the rents of the Pathological and Obstetrical Societies; but the attempt, as on former occasions, completely failed. We believe that only five hands were held up in favour of lowering the rents. It may, therefore, be said, that the feeling of the Royal Medical and Chirurgical Society was unanimous on the point;

and it is to be hoped that the subject will not again be brought before the annual meeting. It was not shown, on the one hand, that the rents were too high; nor did it appear, on the other, to the Fellows of the Society, that they were in any way called upon, out of mere motives of scientific fraternity, to expend their money in developing either the Pathological or the Obstetrical Societies. The Royal Medical and Chirurgical Society very wisely considered that it was quite as able to advance science by spending its money itself, as by handing over its resources—which it would do, if it let its rooms below their value—to other societies for a similar purpose. Votes of thanks were then given to the President and other officers; and the annual meeting then closed, after some lively debating, in very perfect harmony.

The statement of the receipts and expenditure of the Society for Relief of Widows and Orphans of Medical Men for the year ending November 30th, 1864, has just been issued. The income of the Society for the year is set down as being £51,953 : 19 : 3; this including the sum of £47,567 : 10 : 7 returned by the Commissioners for the Reduction of the National Debt, £30,000 has been invested in permanent debenture stock of several railways; and £18,294 : 10 : 7 has been invested in the public funds. The grants for relief and self-maintenance amounted during the year to £2166 : 10. Thirty-one members had been elected since the publication of the last annual statement; twelve had died; and nine had withdrawn. The total number of members is now 462; and 52 widows and 21 children of deceased members are receiving relief from the funds of the Society. The expenses of the Charter, which has come into operation, are set down as £316 : 10 : 9. We are glad to find that the number of members in this most useful institution is steadily increasing.

Dr. Roger, physician to the Children's Hospital in Paris, lately brought before the Hospital Medical Society a Clinical Study of Infantile Syphilis. His conclusions are as follow.

In the first observation given, we find proof of a spontaneous dying-out of the syphilitic diathesis in the course of several successive births—a confirmation of the law, that the mother of a child affected with hereditary syphilis does not contract syphilis by suckling her own child, when she herself is infected; and an example of the transmission of syphilis from the child suckled to the nurse. 2. A syphilitic lesion of the mouth having been observed in most cases of transmission of syphilis from the child to the nurse, we must suppose that, in the case referred to, the inoculation was effected by some unobserved lesion of the mouth. Where no such lesion exists, the liquid of syphilitic coryza may be the infecting agent. 3. In cases of syphilis where the nurse and the child are simultaneously affected, the commencement of the disease in the breast is presumptive evidence that it arose in the child; whilst absence of mammary lesion, and signs of syphilis in other parts of the nurse's body is presumptive evidence against the nurse. 4. Observations given show examples of syphilis acquired by kissing and merely touching the child. 5. Syphilis is not an obstacle to the regular development of cow-pox. 6. Congenital syphilis is rare, with the exception of pemphigus and visceral diseases which are intrauterine affections. 7. The statistics of 249 cases show that hereditary syphilis, in more than half the cases, appears before the end of the first month, and in seven-eighths of the cases before the end of the third month. From which it follows, that infantile syphilis is probably hereditary if it appear before the end of three months, and acquired if it appear after that time. Hence, also, we should select as sources of vaccine matter children who are more than three months old. 8. Syphilitic pemphigus is readily distinguished from the simple pemphigus. The early appearance of the disease—at birth or within two months afterwards—and the situation of the bulli on the palmar and plantar regions are positive signs of its syphilitic origin. Psoriasis and herpes on the same parts also indicate their specific nature. Onychia in the newly born is a lesion even more characteristic of syphilis than it is in the adult. 9. The well known frequency and gravity of syphilitic coryza have been clearly shown. In one instance was given an example of syphilitic laryngitis in a child 8 months old. 10. Bony lesions, or tertiary symptoms, are very rare in children, and difficult of diagnosis. 11. The evolution of infantile syphilis is sometimes very rapid. 12. As regards prognosis and curability of the disease, distinction must be made between cases affected with congenital syphilis, in which the viscera are probably affected, and cases where the disease appears some weeks after birth. The first sort are almost certainly fatal; the latter cases are generally readily cured by mercurial treatment. 13. A preventive mercurial treatment in children born of syphilitic parents is quite useless. The medication must begin only when the disease appears. The direct treatment of the child is infinitely more effectual than its indirect treatment through the mother. 14. Internal treatment is the best. Facts show that infantile syphilis treated in time by mercury may be completely cured, and without danger.

In the November number of the *Annali Univers. di Medic. di Milano*, Dr. Gritti gives an account of clinical experiments made by him in the Milan Hospital with the alkaline and earthy sulphites externally applied. He employed the sulphite of soda as lotion (ten parts in 100 of water); and also as an ointment, mixed with a glycerole of starch, which he highly praises, as being free from smell and rancidity—820 *grammes* of pure glycerine are mixed with 100 *grammes* of sulphite of soda, then are added 80 *grammes* of starch; the mixture is gently heated in a bath until it becomes of the consistence of a soft paste. This ointment should be spread on the linen at least twenty-four hours before it is used. The chief uses of the sulphites, as used in solution, are—1, diminution of the secretion; 2, diminution and removal of bad odours; 3, rendering viscous and preventing the spread of bad secretions; 4, destroying the elementary constitution of pus; 5, hastening

repair; 6, diminishing the sensibility of the surface; 7, hastening cicatrisation.

M. Rayer, the reporter of the Commission appointed by the Academy of Sciences on Pellagra, speaks thus of the work of M. Roussel:

"M. Roussel's work is very complete, and is the result of extensive reading, of personal observations made during his travels, and of communications obtained from other observers. It contains a full description of pellagra. We find in it an account of the nervous symptoms which appear at its outbreak; documents of every kind; a critical summary of the opinions of Landouzy, of Billod, and of Benvenisti; an excellent history of the disease; a full discussion of the connexion between pellagra and the eating of diseased maize—maize affected with a fungus called *verdet* in French, and *verderame* in Italian. M. Roussel expresses a strong opinion as to there being a toxic influence presiding over the development of endemic pellagra. In a word, his work is a cyclopædia of pellagra. The Commission, therefore, proposes that the Academy shall accord to M. Roussel its prize of 5000 *francs*."

A new journal has appeared at Brussels, entitled *L'Art Médicale*. It is to be published on the first and third Sundays of each month.

A few weeks ago, a monument to Riberi was inaugurated in the University of Turin. The ceremony was splendid, and was attended by many of the nobility and some of the royal princes.

On February 3rd, Rokitansky was solemnly invited to perform, and performed, the first *post mortem* examination made in the new hospital at Vienna (Rudolph's Hospital).

REMOVAL OF FOREIGN BODIES IN THE EAR.

In a recent number of the *Bulletin Général de Thérapeutique*, M. Guersant makes the following remarks on removal of foreign bodies from the ears of children.

If we except the concretions of cerumen that are principally met with in the aged and rarely amongst children, it must be said that foreign bodies in the external auditory canal are more often observed in youth than at more advanced ages. For our part, we have seen a considerable number of them in hospital and private practice.

The bodies thus met with are very diverse: hardened cerumen, pebbles, stones extracted from rings, or ear-rings, pearls, peas, shells, beans, fragments of glass-tubes, balls of paper, seeds, etc. Insects have been mentioned, but we have not on any occasion met with then.

All these foreign bodies, when they remain in the auditory canal, principally those which swell up, may occasion severe accidents: such as inflammation, suppuration, buzzing, cerebral symptoms, meningitis. Hence it is important to relieve, as soon as possible, children who have in their ears a pea, or a seed, which may swell up on becoming moist. The surgeon ought, before all, to ascertain with accuracy that a foreign body exists, because very dangerous attempts have often been made in cases where no such body has been present. If, after the patient has been placed in a proper position, and the light has been directed into the canal, the foreign body is recognised, the surgeon ought to act differently, according to the case.

1. The foreign body may be a fluid: such as water in swimmers, or oil. In these cases, a single shake given to the head has sufficed to make the fluid flow out.

2. Sometimes there is hardened cerumen. A simple ear-pick, previously dipped in oil, will allow this concretion to be expelled. It may be necessary first to soften the cerumen by several injections of luke-warm water, or of oil or glycerine.

3. Peas, beans, seeds, or balls of paper swell and soften. They may be caught and hooked out sometimes easily enough, either with small forceps, or with a small short hook.

4. Hard bodies, as pebbles, shells, hard seeds, can be removed in several manners. As was very anciently advised, and as has been done by Menière, injections may be employed. We have, says M. Guersant, very often used these means, and for all sorts of foreign bodies. It is necessary, however, to act in a certain manner, with much perseverance; and the relations ought to be shown how to practise these injections, because it is often necessary to repeat them several days following before success is obtained. In order to apply injections, it is well to procure an Eguisier's irrigator, fitted with a straight tube and filled with cold, or better with luke-warm water. The child should be wrapped in a cloth, folded several times double, so that the arms are thus kept wrapped up; the cloth ought to surround the neck of the child, in order to avoid wetting it. The head should also be held in a somewhat inclined position, and a basin should be placed under to receive the water. The surgeon should direct the pipe of the irrigator into the auditory canal, propelling the jet of water very slowly at first, so that it may pass between the foreign body and the walls of the canal, strike on the membrane of the tympanum, and in its return drive out the foreign body, which will sometimes escape after the first injection. It is important that the surgeon, at the time of performing the irrigation, should draw the lobe of the ear alternately upwards, downwards, forwards and backwards, in order to modify the direction of the jet. The operation should be repeated several days following, if no results follow the first injection; and the relatives should be instructed how to make the injections. M. Guersant has seen cases in which the foreign body has only been removed after persevering for eight or ten days. When this means is not attended by success, the instruments which appear most likely to succeed, are simple small forceps, which are always useful in cases of soft bodies, paper, lint, etc.; or better, the ordinary scoop or Leroy d'Etiolles' small scoop. In many cases, the instrument should be guided principally along the lower side of the canal. As the introduction of scoops is always more painful than the use of injections, and gives rise to more struggling on the part of children, M. Guersant observes that, when it is necessary to use this means, we should not hesitate to employ chloroform. When the child happens to be manageable, besides the inclined position of the head, M. Debout has recommended the mouth of the patient to be opened. It is sufficient to introduce the end of the little finger into the external auditory canal, and to make the lower jaws move in order to become convinced of the enlargement undergone by the canal each time the condyle of the jaw leaves the articular surface. This attitude facilitates the employment of all the preceding operations; but that which it aids most is the employment of injections.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [General.]	Medical Department, Old Library, Birmingham.	Thursday, March 9th, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Ship, at Faversham, on Thursday, March 16th, 1865, at 3 P.M.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary. ROBERT L. BOWLES, L.R.C.P.,

Honorary Secretary.

Folkestone, March 1st, 1865.

NORTH WALES BRANCH: INTERMEDIATE MEETING.

THE Intermediate General Meeting of this Branch was held on Friday, Feb. 24th, 1865, at the house of Dr. Roberts, Hafod Elwy, St. Asaph. In the unavoidable absence of the President (Dr. Williams of Mold), at the commencement of the meeting, T. T. GRIFFITH, Esq., of Wrexham, was unanimously voted to the chair. There were sixteen members present.

The members of the Council of the Branch proceeded at 12 o'clock noon to despatch the executive business, particulars of which are subjoined.

Treasurer's Account. The following was the statement made.

Receipts.

Balance in hand on the 1st January, 1864...	4	5	1
Amount of half-crown subscriptions and arrears received from the 1st of January, 1864, to the 31st of December, 1864.....	4	2	6
	8	7	7

Disbursements.

The Secretary's official expenses, as per account, made up to the 31st Dec., 1864 ...	6	14	9
Balance in favour of the North Wales Branch on January 1st, 1864	1	12	10
	8	7	7

Annual Meeting. It was agreed to hold the annual meeting at the Royal Hotel, Rhyl, on Tuesday, July 4th, at 11.30 A.M. for the transaction of the business of the Council, and at 12 o'clock noon for the General Meeting.

President-Elect for 1866. Dr. Conway Davies of Holywell was recommended (subject to confirmation at the annual meeting) for the office of President-Elect for 1866.

Medical Provident Society. Mr. GRIFFITH brought forward the subject of the Medical Provident Society, and advocated in an eloquent manner the claims of the Auxiliary Fund. He stated his views respecting the proposition so generously offered by Mr. Carden of Worcester; and wished that the members of this Branch would meet the challenge, and in their corporate body raise the sum of £50, so that one of the ten £50 could be guaranteed. He hoped, he said, that the other Branches of the Association would do likewise; and that those which consisted of double or treble the number of members would increase their contributions in proportion. He then headed the list with a handsome subscription; and, after it had been handed round to the gentlemen present, the sum of £22 : 6 : 6 was collected.

It was decided that circulars should be sent to all the absent members of the Branch inviting their subscriptions; and that Thomas Taylor Griffith, Esq., of Wrexham, be requested to act as treasurer, an office which he kindly accepted.

Papers and Cases. The following were read.

1. On Hydrocele. By T. T. Griffith, Esq., Wrexham.
2. On Bronchocele. By T. Eyton Jones, Esq., Wrexham.
3. On Asthma; with Remarks upon Dr. Hyde Salter's Views. By O. Roberts, M.D., St. Asaph.
4. Case of Aneurism, benefited by the Internal Administration of the Iodide of Potassium. By J. Conway Davies, M.D., Holywell.
5. Case of General Phlebitis. By E. Williams, M.D., Wrexham.
6. Case of Gall-Stones, where an immense number passed away, some of a very large size. By Ll. Lodge, Esq., St. Asaph.
7. Case of Acute Peritonitis, terminating in general Abscess of the Peritoneum, which discharged by the Navel. By J. R. Hughes, M.D., Denbigh.
8. On Softening of the Brain; with Observations on Mental Diseases. By G. Turner Jones, Esq., Denbigh.
9. Case of threatening Paralysis in a person 65 years of age. By O. Roberts, M.D., St. Asaph. Amaurosis had suddenly come on, with a pulse of 140, feeble. All the symptoms were removed by venesection to the amount of four ounces. The amaurosis returned in twenty minutes, when further venesection to six ounces removed all symptoms permanently.
10. On Carbolic Acid; its Use and Composition. By W. Williams, M.D., Mold.
11. Case of Acute Glaucoma, cured by Iridectomy. By A. E. Turnour, M.D., Denbigh.
12. Case of Severe Injury to the Eye. By T. Evans Jones, Esq., Llanasa.

All the above papers and cases elicited long and interesting discussions; and after being thus profitably occupied for upwards of three hours and a half, the business of the meeting was brought to a close.

Dinner. All the members present, with the Rev. Mr. Browne, vicar of St. Asaph, and others, were hospitably and sumptuously entertained at dinner in the evening, by Dr. Roberts, at his residence, Hafod Elwy, and were delighted with the cordial reception given them by their worthy host.

HIPPOPHAGY. The question has advanced, and there can be no longer any doubt that horseflesh is wholesome, agreeable to the taste, rich in nourishing properties, and destined to fill up a void in the food of the working classes. France contains more than 3,000,000 horses. These animals are renewed every twelve or fifteen years, for after a time horses are no longer useful for work. The fifteenth part of 3,000,000 is 200,000, and if we set aside 50,000 unfit for food from disease, there still remain 150,000 healthy animals, which would furnish 6,000,000 lbs. of food. That weight is equivalent to the meat furnished by 90,000 to 100,000 head of cattle. Horseflesh is very often eaten as *filet de bœuf aux champignons* in the Palais Royal. In Denmark it is publicly sold; and at Vienna there are seven special butcheries, where, in 1862, 1,954 horses were retailed at an average price of 62 *francs*.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

JANUARY 26, 1865.

HENRY LOWNDES, Esq., in the Chair.

Gastric Ulceration. Mr. RAWDON exhibited specimens of extensive ulceration of the stomach, and perforation of the cæcum.

Uterine Tumour. Mr. HAMILTON narrated the following case. On Nov. 17, 1864, he was called to see a lady who supposed herself threatened with a miscarriage. She had been married three years, and had miscarried twice previously. On the present occasion, she considered herself to be in the third month of pregnancy. She was suffering from severe pain in the back, and in the lower part of the abdomen, accompanied with the discharge of clots of blood. An uterine examination could only detect what felt like a clot of blood just within the os uteri. The treatment consisted in the administration of styptics, and free doses of opium to relieve pain. For three weeks she remained much in the same condition; the pain rather increasing in intensity, and being confined to a spot immediately above the left horizontal ramus of the pubes. On careful examination of this part, a hard substance could be distinctly felt through the abdominal parietes, of about the size of an orange, and very tender on pressure. The pain increased in severity; and to relieve it both opium and morphia failed. There was a total loss of both sleep and appetite, together with a weak pulse. Her condition was, under these circumstances, considered to be exceedingly critical. Vaginal examination could detect nothing further than a thickened and indurated condition of the uterine wall; the tumour felt through the abdominal parietes remaining much the same in size, but more tender on pressure. Four weeks after the commencement of the attack, there were evidences of a purulent discharge taking place *per vaginam*. From the history prior to this attack, a recurrence of syphilis was suspected; but as there were no indications, special treatment was not employed. Since her marriage in March 1861, the lady had suffered from several attacks of syphilitic psoriasis, which appeared to have been communicated from her husband, who was suffering from the same disease six weeks after marriage. In his case, the eruption manifested itself chiefly over the scrotum and hands. Primary disease had been contracted by him some months prior to his marriage, and the first appearance of the eruption on the wife was six months after marriage. A mercurial plan of treatment was adopted; and a few days prior to the present attack, she expressed herself as feeling perfectly well. Shortly, however, Mr. Hamilton was called in again, and found her in the condition already described. On the appearance of pus in the discharge, and with this syphilitic history, bichloride of mercury in doses of 1-32nd of a grain, was given every four hours, but without any abatement of the symptoms. Calomel was then substituted in quarter-grain doses every four hours, combined with mercurial inunction. This plan of treatment speedily resulted in an entire cessation of the pain. Her condition now improved daily.

On January 8th, 1865, she was seized with a sudden pain in the back and loins, lasting two or three hours, and then subsiding. Eight hours afterwards, she passed *per vaginam*, without pain, a tumour of about the size of a goose's egg; which, from its appearance, must have been separated for several days before it was passed. On cutting into the mouth it presented the characteristics of an ordinary fibrous tumour; but careful examination failed to detect anything like a pedicle. The tumour was exhibited to the Society.

Dr. Shearer, Mr. Steele, Mr. Hakes, Dr. Skinner, and Dr. Telford took part in the discussion that followed.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, FEBRUARY 2ND, 1865.

J. C. LANGMORE, M.B., President, in the Chair.

REMARKS ON THE ANTECEDENTS AND TREATMENT OF PHTHISIS PULMONALIS. BY C. DRYSDALE, M.D.

IN order to speak of the treatment of phthisis, the author said it was absolutely essential that the antecedents of the disease should be well studied, and, if possible, removed. This would not only prevent a large number of cases of the disease, but give the best hints as to the treatment of any particular case. In 1780, a squadron, in ten weeks' cruise, had 2,400 men laid up with scurvy, a disease now rarely met with. He would, therefore, glance briefly at the causation of consumption.

Authors, such as Lugol, Piorry, Walshe, and Edward Smith, who had used the numerical method, had found that the parents of one-fourth of their consumptive patients had had the complaint. *Scrofula* in the *parents* is a frequent antecedent. *Aged parents* and *very young* parents are liable to phthisical offspring. *Excessive sexual indulgence* or masturbation in the parents, or generative debility, is a frequent antecedent. *Intemperance.* The children of drunkards, or even of gouty persons, are liable to phthisis; and Copland and others have considered *excessive tobacco-smoking* in the parents as a frequent antecedent of rickets and phthisis.

Personal Antecedents. Employment. Dr. Greenhow had stated that, if the mortality in England and Wales from diseases of the respiratory organs, including consumption, could be reduced to the proportion found in the most favoured districts, there would be an annual saving of forty-five thousand lives. Dr. Christison's contribution to the knowledge of the causation of phthisis was the most important of all, in the author's opinion. He shows that the amount of mortality from phthisis in towns is in a greater ratio than the ratio of their general mortality. Speaking of Scotland, he says the annual mortality from phthisis is 237 in 100,000. Dividing the mainland into towns of 10,000 and upwards, and the rural mainland, the mortality from phthisis is, in the towns 333, and in the country 186. In Glasgow, it rises to 385 in 100,000; whilst in Berwickshire, a fine rural country, it is 104 in 100,000; the annual general mortality of Glasgow being 1 in 38, and that of Berwickshire being 1 in 70. In England, Dr. DRYSDALE remarked, where the annual mortality, though low, was higher than that of Scotland—being 1 in 45 annually in England, and 1 in 48 in Scotland, 1 in 51 in Sweden, and 1 in 55 in Norway—the same law holds good. Thus in Hertfordshire, a very rural county, the annual number of deaths from consumption is 179 in 100,000; it is 363 in 100,000 in Liverpool (a most unhealthy town), 331 in 100,000 in Manchester, and actually 402 in 100,000 annually in Merthyr Tydfil. In London, it is 273 in 100,000. Dr. Christison mentions that there are spots where the natives born and reared there are not subject to phthisis; viz., the western islands of Scotland, where there are no towns. Hence the theory is pretty clearly made out, that towns, with their unwhole-

some occupations, are the main causes of this terrible disease. Thus we must lament the recent augmentation of the size of our large towns, whilst the population of the rural districts is nearly stationary.

Other Personal Antecedents. Alcoholism, in the author's experience, frequently produced consumption. Copland and others had laid great stress on the effects of *sexual excess* and masturbation. Dr. Edward Smith found that 22 per cent. of his own consumptive patients had had *involuntary seminal emissions. Mental exertion* too severe and long continued, *sad emotions, disappointed* ambition, or love, lead frequently, among the educated classes, to decline. *Seasons.* The influence of seasons is indeterminate. *Climate or topical influence.* Consumption is found in all climates, and evidently depends far more on the employment of the natives of any country, than on other circumstances. In South Africa, according to Livingstone, the disease is not found among the savage tribes south of the Zambesi. *Poverty.* According to Villermé, Lombard, etc., the disease is much more frequently met with among the poor than the rich. The author observed, that the way in which poverty acted was, in this country, that it drove the peasant from his rural occupations into the town, where, in addition to poverty, there was unwholesome occupation, such as grinding or slop-working, to exhaust them. He quoted examples from the daily papers, of death by starvation among the London work-people, as being frequent; and of want as leading frequently to decline. Dr. Edward Smith's evidence showed that the cost of food weekly for the silk-workers was 2*s.* 2½*d.*; needlewomen, 2*s.* 7*d.*; kid-glovers, 2*s.* 9*d.*; shoemakers, 2*s.* 7½*d.*; stocking-weavers, 2*s.* 6¾*d.*, per adult. And Dr. Smith adds: 1. No class under inquiry exhibited a high degree of health; 2. The least healthy are the kid-glovers, needlewomen, and Spitalfields weavers; 3. The average quantity of food was too little for health and strength. Great towns, then, Dr. Drysdale remarked, caused consumption by the unhealthy occupations, conjoined with the poverty of the work-people. The more unhealthy, too, the occupation, the worse remunerated in many instances. The fact of their being unhealthy kept all who could afford a choice out of their ranks; but the destitute offspring of a Hampshire or Wiltshire labourer with a large family had no choice. He was penniless and uneducated, and thus became a candidate for occupations of unwholesomeness, varying from the Sheffield grinder to the slopworker of Whitechapel; and thus phthisis abounded. The evil commenced, he said, with the enormous families brought into the world by the country labourer, of all men the most uneducated and improvident. Thus Mr. Fawcett, at Brighton, in January last, says: "I know our agricultural labourers well; and, I ask, what is their condition? It is this, that their wages are so small that no parent can afford to send his children to school, and insufficient to provide them with the bare necessaries of life." Consumption, the author said, was now one of what Mr. Malthus had called the *positive checks* to population in this country, and had taken the place of those rapidly destructive epidemics of former days, still met with in less prudent countries, such as India and China. It was consumption we ought now to endeavour to prevent, even more than fevers, about which so much was talked. Mr. Darwin, in his *Origin of Species,* as well as Huxley and Lyell, had, like all scientific men who had examined the subject, given in their adhesion to the doctrines concerning the tendency of population to exceed the food provided for it: these doctrines were propounded by Mr. Malthus in 1799, and were now axiomatic. This tendency of all animals and vegetables to reproduce their species too fast for subsistence is true of man even in his present state of civilisation; and hence the less thoughtful and the uneducated classes were continually bringing into the world a large number of unfortunate children, who, being ill nourished and cared for, were early cut off either by rickets, scrofula, or phthisis. "Nature," said the discoverer of this law, Mr. Malthus (*On Population,* vol. ii), "cannot be defeated in her purposes. The necessary mortality must come in some form or other; and the extirpation of one disease will only be the signal for the birth of another, perhaps more fatal." Mr. J. S. Mill has forcibly remarked on the sentimentality observable on this question: "Whilst a man who is intemperate in drink is discountenanced and despised by all who profess to be moral people, it is one of the chief grounds made use of in appeals to the benevolent, that the applicant has a large family, and is unable to maintain them. Little advance can be expected in morality until the producing large families is regarded with the same feelings as drunkenness or other physical excess; but whilst the aristocracy and clergy are foremost to set the example of incontinence, what can we expect from the poor?" (*Political Econ.,* vol. ii, note.)

The author had entered thus at length into the question of poverty as depending on population and capital, in order to account for the amount of consumption and early death among the labouring classes, being caused by their too rapid multiplication of families. A remarkable confirmation of this was afforded by Dr. Smith's questions from 1,000 hospital patients affected with phthisis. Thus he found that the parents of his patients had had, on an average, 7.5 children. In some of the families, there were as many as twenty-three children. We can well imagine to what privations in early life these patients had been exposed by the reckless fecundity of their parents.

Pathological Antecedents. Measles and typhus fever, with diarrhœa and dysentery, were not unfrequently the precursors of phthisis; and all causes which tended to lower vitality might produce it, either in the parents or offspring.

Treatment. Before the sixteenth century, the treatment of the disease was rational, since Hippocrates, Celsus, etc., prescribed open-air exercise and good food. It was Paracelsus and the iatro-chemists and astrologers in the sixteenth century, who had introduced the use of specifics, such as mercury and antimony, in the treatment of the disease; and their crude theories had more or less influenced their successors up to this hour. Dr. Griffith had introduced his mixture into the treatment of the disease; Cullen used acetate of lead for hæmoptysis. Dr. Wells tried all kinds of drugs on his patients. Dr. Hughes Bennett, in 1853, had, in his work on *Fatty Diet in Consumption,* given a death-blow to the experimental or specific school in the treatment of this disease. Nevertheless, even the most eminent physicians had a great tendency to relapse into the special treatment of consumption; and, in 1861, we find Dr. Beau, of the Hôpital de la Charité, treating his consumptive patients with pills containing two grains of carbonate of lead, several during the day, in order to cure the disease. M. Piorry, too, had asserted recently that, in the first stages of induration of apex without softening, inhalations of iodinic vapour frequently effected a cure; and, although this plan had not crossed the English Channel, the Atlantic had brought a most enthusiastic advocate of inhalation as a cure for consumption. Dr. Churchill had said of his hypophosphites, "I regard these as prophylactic and curative in every stage of phthisis. I know that they will prove, not only as sure a remedy in con-

sumption as quinine in ague; but also as effectual a preventative as vaccination in small-pox"; and a recent critic in the *Lancet*, September 1864, seemed to believe Dr. Churchill. Dr. Drysdale said he was afraid the critic in the *Lancet*, like other able men, had lost his logical powers for the moment, since the hypophosphites had been proved to be quite inert by a commission of the Academy and by Dr. Quain. Dr. Sales-Girons' instrument for pulverising liquids was a most useful one in palliating cases of ulcers in the larynx or trachea in consumptive patients. It was praised by Trousseau and by Drs. Sieveking and Gibb, etc. Dr. Cotton had read, before the Medical Society, a paper, giving the result of his experiments at the Brompton Hospital on cases of uncomplicated phthisis, by means of a host of remedies, each tried on twenty-five cases; viz., phosphorus, liquor potassæ, hydrochloric acid, iodide of potassium, iodide of iron, etc. Such experiments, the author thought, were far worse than useless; and indicated that the method of conducting therapeutical inquiry was still in its infancy. The experimenter takes a number of cases of the disease, occurring in individuals with all varieties of idiosyncracy. Some die, some get better, some get worse. But time has elapsed; the patients have lived well or ill; and their circumstances have changed—a host of facts have occurred vitiating the experiment. The true method of therapeutics in this case is the deductive one; and this was the idea also of the best writers on this melancholy disease, such as Williams, Walshe, Hughes Bennett, and Parkes. Dr. Williams (*Lancet*, April 1862) says, "The proper treatment seems to be that which is calculated to improve nutrition." There are few remedies of any importance; but one stands apart, cod-oil. Dr. Walshe makes scarcely any reference to any other drug in the treatment of phthisis, but cod-liver oil, which is, he thinks, most efficacious in the third stage. Dr. Hughes Bennett much objects to the *nimia diligentia medici* in phthisis; and insists that acetate of lead is of no use in hæmoptysis; and that the treatment, to be successful, must be as simple as possible, consisting of cod-liver oil, exercise, and good food. (*Principles of Med.*) Dr. Parkes, admitting the value of cod-liver oil, yet lays far the greatest stress upon abundant exercise in the open air, with plenty of good food, for the cure of the disease. He never mentions any drug in the treatment. (*Hygiene*, 1864.)

Climate. The best climate for the phthisical is that wherein they can take the most open-air exercise. For those inclined to bronchitis, nothing can be better than the climate of Upper Egypt, which, in January and February, has an average temperature of 64° Fahr.; in spring, Mentone seems admirably adapted for bronchitic cases. To persons—the immense majority of the consumptive—who must work in order to live, the best advice, perhaps, is, that they should emigrate to South Africa or Australia, and there, abandoning all in-door occupations, which they can do in a new country, although this would be out of the question in over-peopled countries like this, betake themselves to some out of door occupation. This would cure hosts of cases. Persons not liable to bronchitis, should live as much as possible out of doors, and take as much exercise as their strength permits. The Crystal Palace was an admirable resort.

Summing up these results, the author said, pulmonary consumption does not exist in all localities. It is very hereditary; and is found in the children of parents exhausted by overwork of body or mind, by intemperance, or by weakened organs of generation. It is mainly caused by the unwholesome occupations followed in towns, which confine the citizen without sufficient air and exercise. Poverty, which is due to over-population causing low wages, is the principal source of crowding into towns; since the prolific country labourer brings up a large family without either education or means of livelihood, and these must accept the most unwholesome occupations for very low wages. Lastly, the treatment as well as the prevention of phthisis consists entirely in attention to air, exercise, and good food; and no drug specific can ever be expected to be discovered for a disease, which is evidently a blight of the vital powers.

Finally, he related several cases that had come before him of recovery from the disease.

Correspondence.

MEDICAL ERRORS.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—Dr. Barclay tells us that "there ought to be, and must be, a firm basis laid in inductive reasoning for our medical beliefs." It is remarkable that, in maintaining this opinion, he appears to consider that he stands almost alone in the profession. We fancy that we hear him exclaiming, with the prophet in the wilderness, "I, even I only, am left." "The philosophy of induction," he says, "has been lost sight of altogether" in medical science; and the cures reported by the homœopaths will bear comparison with hundreds detailed in medical periodicals, and even in the standard works of medical literature.

These statements, proceeding from one so eminent as Dr. Barclay, will, without doubt, be highly appreciated by those to whom they apply. It appears to me, however, that these sweeping assertions do a great injustice to the labours of many members of our profession, who, during the last quarter of a century, have been cutting the ground from beneath the edifice of homœopathy, not by writing and talking much of logic and the canons of induction, but by showing what is the true nature of disease,—what the natural process of cure,—in what way art may assist or hinder this process,—and what, therefore, is the real influence of treatment. The homœopaths have shown, as they think, that such diseases as cholera, acute pneumonia and pleurisy, typhus and typhoid fever, acute renal dropsy, and others, may be cured by globules. We have shown, and are daily showing, that recovery from all these diseases may take place by the unaided efforts of nature; and we are constantly, though perhaps slowly, learning when and how to interfere beneficially in the treatment of disease.

The question between Dr. Barclay and me is mainly one of pathology. What is the nature of that disease which we call cholera? and in what particular? What is the relation between the gastro-intestinal symptoms and collapse? Dr. Barclay believes that some of the worst symptoms result from thickening of the blood by loss of its serum; and he infers that to increase the intestinal discharges is an irrational and a mischievous practice. I, on the contrary, maintain that the vomiting and purging are the means by which a natural cure is effected; and that to oppose this curative effort of nature by opiates and astringents is as injurious, as it would be to suppress the eruption of scarlet fever by exposure to cold. It is obvious that, between those who maintain these antagonistic views as to the nature of a disease, there can be no agreement on the question of its treatment.

I have reason to believe that some of your readers would be interested in having this most important subject of the nature of cholera systematically brought before them in the pages of the JOURNAL. I purpose therefore, with your permission, to send you from time to time, in as condensed a form as I can, the main facts and arguments which have led me to the conclusion that the theory adopted by Dr. Barclay is erroneous, and its practical application to the treatment of cholera is mischievous. Whether your readers agree with me in my conclusions, or whether they dissent,—some probably will do one, and some the other,—all will, at any rate, see that I have more and better reasons for my opinions than Dr. Barclay in his book has given me credit for. I am, etc.,

GEORGE JOHNSON.

11, Savile Row, February 28th, 1865.

NEURALGIA AND HYPOSULPHITES.

LETTER FROM T. HAYES JACKSON, M.D.

SIR,—Last autumn I was attacked with neuralgia in my back, left thigh, and leg; the pain extending to the heel. After this, I had dysentery and low fever. Three weeks' treatment cured the dysentery and fever; but the neuralgic pain became more acute. For three months, I suffered "many things of many physicians"; and twice tried change of air in an elevated situation.

Nothing better, I was next advised to try Buxton; so I "threw physic to the dogs", and proceeded thither; and, as the lady said when she had resided in Turkey "that she lived like the Turkeys", during my sojourn of seventeen days among the Buxtonians, I became an amphibious biped. I returned, much relieved from pains; but, alas! Buxton waters were only for the past, not for the future. In a few weeks, the pain became more agonising; and I lay in bed for days a gaunt specimen of mortality stuffed with drugs, potent and impotent. Hypophosphite of soda having failed to relieve (in September last) in ten grain doses (as recommended in an able article written by Dr. Radcliffe, in the BRITISH MEDICAL JOURNAL for November 1863), I determined to make a second trial of the hypophosphite of soda in much larger doses. I began with a drachm three times a day in beef-tea. In a few days, the effect was magical; the pain that I had endured for six long weary months subsided; and now I hope to enjoy better health, and thank God for all his mercies.

I am, etc., THOS. HAYES JACKSON.

Darlington, Feb. 23rd, 1865.

UNQUALIFIED ASSISTANTS.

LETTER FROM A. B. STEELE, ESQ.

SIR,—As your correspondent, Dr. Willett, has appealed to the professional public against the ruling of the judge of the County Court as to the rights of those who employ unqualified assistants, I feel tolerably confident, that the profession as a body will confirm the decision of the court, and will recognise the justice and propriety of the verdict, however personally inconvenient it may be to the plaintiff.

In the interests of the public and the profession, as well as in accordance with Section XL of the Medical Act, the legal maxim, "*Qui facit per alium facit per se*," has, in my opinion, been legitimately acted upon in this case. To entrust an unqualified deputy with the management of a branch practice five miles distant from the residence of the principal, appears to me an unwarrantable and dangerous abuse of the privilege which, within proper limits, is useful and expedient; namely, the employment of medical students as "improvers", to assist a practitioner, under the immediate and constant supervision and control of his own more experienced and competent guidance. I am, etc., A. B. STEELE.

Liverpool, February 25th, 1865.

Medical News.

APOTHECARIES' HALL. On February 23rd, 1865, the following Licentiates were admitted:—

Clarke, William Hughes, Bernard Street, Russell Square
Spencer, Lionel Dixon, Newcastle-on-Tyne

At the same Court, the following passed the first examination:—

Bobart, William Mathews, Derby

APPOINTMENTS.

*BUDD, S., M.D., elected Consulting Physician to the Exeter Dispensary,

*ELLIOT, W. H., M.D., elected Consulting Physician to the Exeter Dispensary.

*SHAPTER, Thomas, M.D., elected Consulting Physician to the Exeter Dispensary.

ROYAL NAVY.

BRIETZEK, Henry, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

BRIDGFORD, Richard F., Esq., Assistant-Surgeon, to Plymouth Hospital.

CRAIG, Hugh B., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.

DAVIDSON, Samuel, Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.

FERGUSON, Robert, Esq., Assistant-Surgeon, to the *St. Vincent*, for the *Sealark*.

LEWIS, John S., Esq., Assistant-Surgeon, to Haslar Hospital.

MARTIN, James, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

NELSON, Robert, Esq., Assistant-Surgeon, to Haslar Hospital.

SIMPSON, John, Esq., Assistant-Surgeon, to the *Edgar*.

SMART, Henry S., Esq., Assistant-Surgeon, to the Artillery Division of Marines.

STEWART, James, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

STEWART, William H., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.

SWEETMAN, Stephen, Esq., Assistant-Surg., to Greenwich Hospital.

MILITIA.

WALTER, J., Esq., to be Assistant-Surgeon Kent Artillery Militia.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

BLAIR, T., Esq., to be Hon. Assistant-Surgeon 10th Ayrshire R.V.

COOPER, W., Esq., to be Assistant-Surgeon 1st Gloucestershire A.V.

HUTCHINSON, G. S., Esq., to be Honorary Assistant-Surgeon 1st Norfolk A.V.

M'GEORGE, S. J., Esq., to be Assistant-Surgeon Liverpool R.V.

TREND, T. W., Esq., to be Assistant-Surgeon 4th Administrative Battalion Hampshire R.V.

BIRTH.

CURGENVEN. On February 27th, at 11, Craven Hill Gardens, the wife of J. Brendon Curgenven, Esq., Surgeon, of a daughter

DEATHS.

CATHERWOOD, Alfred, M.D., at Hoxton, aged 62, on February 19.

CHALDECOTT. On February 26, at Dorking, aged 36, Mary Kate, wife of *Charles W. Chaldecott, Esq.

GIRDWOOD, James, Esq., Surgeon, at Falkirk, aged 67, on Jan. 29.

JONES. On February 16th, at Sydenham, aged 39, Eliza, wife of Edward Jones, M.D.

MAGRATH, Miles M., Esq., Assistant-Surgeon R.N., at Hongkong, aged 29, on December 16, 1864.

MARSHALL, William, Esq., Surgeon, at Antwerp, aged 39, on Feb. 1.

MURRELL. On February 15th, at Lewes, Harriet, wife of William H. Murrell, Esq., Surgeon.

RIX, Samuel B., Esq., Surgeon, in South Africa, aged 23, on December 13, 1864.

ROUSE. On February 17th, Elizabeth, widow of Richard B. Rouse, Esq., Surgeon, late of Great Torrington, Devon.

STONE. On February 17th, at 60, Fetter Lane, aged 15, Mary Elizabeth, second daughter of Erasmus Stone, L.R.C.P.Ed.

TAYLOR, John H., M.D., at Guildford, aged 79, on February 13.

WYATT. On February 19th, at 31, Adelaide Road, aged 6 weeks, Jessica C. A., daughter of G. R. Wyatt, M.D.

Miss Baly, the late Dr. Baly's sister, has been favoured by Her Majesty with a residence in the palace at Hampton Court.

The Daly Case. A Committee has been formed to collect subscriptions to defray the expenses of Mr. Norton, incurred by him in connection with the case of Timothy Daly.

Testimonial to Dr. Swallow. The members of the South London Medico-Ethical Society have given Dr. Swallow, their Honorary Secretary, a silver cup, as an expression of their thanks for his valuable services to them rendered.

Baron Liebig and Sewage. It has been moved and carried in the Common Council of London "that the thanks of this court be presented to Baron Liebig, President of the Royal Academy of Science at Munich, for his very valuable and elaborate communication upon the subject of the utilisation of sewage; and that the same be ornamentally written on vellum, framed and glazed, at an expense not exceeding twenty guineas, and transmitted to Baron Liebig."

Justice to Scotland. In the House of Commons last week, Mr. Black asked the Lord Advocate whether the penalty which was incurrable by the medical practitioners of Scotland under the 41st section of the Act 17th and 18th Victoria, cap. 80, was repealed by the 14th section of the Act 23rd and 24th Victoria, cap. 83; and, if not, whether he intended to take the necessary steps to procure a repeal of that enactment, and so place the medical practitioners in Scotland on a footing of equality with the medical practitioners in England and Ireland. The Lord Advocate said that the clause referred to had not been repealed, though the penalty had been considerably relaxed. He did not propose to introduce any measure on the subject.

Royal Medical and Chirurgical Society. At the annual meeting of this society, held on the 1st inst., the following officers and other members of the council were elected for 1865-66. *President:* James Alderson, M.D., F.R.S. *Vice-Presidents:* Frederick Weber, M.D.; William R. Basham, M.D.; Samuel A. Lane; John Simon, F.R.S. *Treasurers:* H. A. Pitman, M.D.; Spencer Smith. *Secretaries:* H. W. Fuller, M.D.; John Birkett. *Librarians:* A. P. Stewart, M.D.; Luther Holden. *Other Members of Council:* A. W. Barclay, M.D.; Edmund L. Birkett, M.D.; Stephen J. Goodfellow, M.D.; Edward Meryon, M.D.; Henry Oldham, M.D.; Oscar M. P. Clayton; Holmes Coote; George Critchett; Charles H. Moore; Alfred Poland.

Health of the Metropolis. In the week that ended last Saturday, the births in London and nine other cities or boroughs of the United Kingdom were 4,330; the deaths 3,301. The annual rate of mortality in the week in those ten large towns was 31 per 1,000 persons living, and less than in the previous year, when it was 32. The number of deaths in London, returned for the week, was 1,590. The actual return is in excess of the estimated number by 85. The mortality from scarlatina was less than it had been in many previous weeks; the deaths were 34. Typhus, which also shows a decline, was fatal in 69 cases. Phthisis was fatal in 165 cases, bronchitis in 242, pneumonia in 83, and heart-disease in 80 cases. Four persons were killed by horse conveyances. Sixty-seven persons died at the age of 80 years and upwards, 2 of whom were women who had attained the age of 94 years.

Medical Ethics in America. A correspondent of the *Philadelphia Medical and Surgical Reporter*, in an article on the "points of contact in the boundary line between the legitimate profession of medicine and quackery," laments that there are in America some who fail to observe this line of demarcation. One could, he says, be led to pity and forgive a poor young practitioner who might be tempted to sell his professional rights for a mess of potage; but when those of mature years and in affluent circumstances descend from their sublime position to practise the "hocus pocus" healing art, they become most worthy of derision. Even in New York and Brooklyn, where medical men are blessed with every privilege which could enable them to maintain their professional dignity and honour, there are those to be found who have dared to sow tares among the wheat. The violation of professional etiquette is the first step usually taken toward quackery. There are medical men who hold themselves ready not only to attend but to retain patients when their regular physician cannot be found, and assume charge of patients before the attending physician has been discharged or paid his bill, whenever such patients may desire a change. There is another trick practised in this locality—we hope it is unknown elsewhere—by some who are not blessed with the most admirable spirit. When they require counsel, or when those who employ them do so, they avoid calling in any member of the profession in their own city, lest it might be thought that any brother practitioner was possessed of skill superior or equal to their own. It appears that there are physicians in New York and Brooklyn who are in the habit of calling to their aid in treating their patients a New York gentleman whom we hardly think qualified to be a consulting physician or surgeon. This gentleman makes himself known in public as a practical manipulator and electrician, and professes to cure a vast number of infirmities by rubbing, pinching, squeezing, etc. He has, it appears, the power of giving new vitality to paralysed muscles, and of rubbing out sprains, palsies, gouts, and rheumatism at the points of patients' toes and fingers; so wonderful is the efficacy of his touch. We understand that his treatment is particularly appropriate to the delicate sex, and the doctors, who are shocked at the thought of treating female diseases, send their sound lady patients to him to undergo his treatment. So imposing is the reputation of this man that some of the New York doctors send him many of their patients to be treated, and also have him to visit others at their own homes for the purpose of rubbing them up to the standard of health. As the doctors have now had considerable experience with the manipulator, they must be pretty well skilled in his system of practice, and we would expect to see them rubbing out disease themselves; but as they have not, so far as we know, used the remedy, it would appear that they believe the manipulator has healing in his fingers. If these doctors are so far enslaved by the marvellous and superstitious as that, we would recommend them to give up the tedious study of science. They make very good candidates for a place in the ranks of clairvoyants and astrologists, and the members of the regular profession will, no doubt, excuse them for retiring from among them if they are so disposed. We sincerely hope, however, that these doctors are not past redemption, and that they may be led to see the depravity of their professional condition, and to turn from it to the path which belongs to every man of true science. They have it in their power to belong to the number of those whose highest ambition is to maintain the reputation of the medical profession. The profession of medicine in America is fast approaching to that high position which it has never attained in any other nation. We hope soon to see the day when the medical corps will be as jealous of their rights as they are now skilled in science; when the line of demarcation between the re-

gular profession and quackery will be as broad as that between christianity and infidelity, and even the lowest will be above all mercenary transgressions.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Epidemiological Society, 8 P.M. Dr. Smart, R.N., Deputy Inspector-General of Fleets and Hospitals, "On Diphtheria at Bermuda"; Dr. Swarbeck Hall, "On Vaccination in Tasmania"; Dr. Lawson, "On the Epidemiology of the Cape of Good Hope and Natal."—Medical Society of London, 8 P.M. General Meeting for the Election of Officers and Council. Dr. Sansom, "On Chloroform in Surgery."

TUESDAY. Pathological Society of London, 8 P.M

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Edward Smith. Gulstonian Lectures. "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health; and to certain States of Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Obstetrical Society of London, 8 P.M. Mr. Rowse, "Marks on the Neck of a New-born Child"; Mr. A. Harris, "Membrane Expelled Some Days before Labour"; Dr. Meadows, "Remarks on a Case of Monstrosity."—Medical Society of London, 8 P.M. Anniversary.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Edward Smith. Gulstonian Lectures. "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health; and to certain States of Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

4 weeks ending January 28, 1865.

	A.	B.	C.
Small-Pox	83	—	7
Chicken-Pox	13	2	8
Measles	91	7	46
Scarlatina	42	63	27
Diphtheria	2	1	5
Hooping-Cough	26	1	60
Croup	1	5	1
Diarrhœa	117	32	241
Dysentery	15	4	2
Erysipelas	32	6	34
Insanity	33	2	17
Bronchitis and Catarrh	1135	245	1280
Pleurisy and Pneumonia	85	6	46
Carbuncle	—	—	4
Accidents and other diseases	4513	620	3345
Totals	6188	994	5123

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

W. B. M.'s very clever verses are, we fear, hardly suited for our JOURNAL.

L.—We should say that it is undoubtedly libellous to publish an untrue statement, to the effect that a surgeon operated in a case, in which he knew recovery was impossible, for the sake of the fee. Any man who so acted would, in the opinion of the profession, be regarded as little better than a cold-blooded villain.

F. O.—The case of accidental poisonings at Quebec, lately recorded in the journals, was said at the time to have been caused by tincture of digitalis. But we find from a paper in the *Canada Medical Journal*, that death was probably caused by tincture of aconite. We are not surprised that our correspondent should have noticed the discrepancy. Certainly, very large doses of digitalis have been administered in delirium tremens without producing poisonous symptoms—a fact which renders it probable, that in Montreal the deaths were not caused by digitalis, as stated in the papers.

THE WOODHALL AND ASHBY SPAS.—SIR: Mr. Jackson will find an account of the latter spa in *A Descriptive and Historical Guide to Ashby-de-la-Zouch*, etc., published in 1831. The analysis given in that work shews the springs to contain muriates of lime, soda, and magnesia; sulphates of lime and soda; and carbonates of lime and iron; also bromine. Mr. Thos. Kirkland would probably, if applied to, give information on this subject. More recent and fuller information regarding this spring, as well as that of Woodhall, will be found in Dr. R. M. Glover's work on *Mineral Waters*, pp. 119-21. See also Dr. Althaus' *Spas of Europe*, p. 131, for the Ashby-de-la-Zouch spring. The Woodhall spring is not noticed by the latter author. I am, etc., R. W. FALCONER, M.D.

Bath, February 27th, 1865.

DR. EDMUNDS AND CORONERS' INQUESTS.—SIR: As an attack has been made upon Dr. James Edmunds' manner of giving evidence at coroners' inquests, where the reputation of medical men have been concerned, I think it no more than just that every one who has experienced very opposite and gentlemanly behaviour from Dr. Edmunds, should at the present time come forward and express the same.

I must therefore state that, some months ago, I had been attending a child, who died; when some dispute arose between the grandmother of the child (who had the care of it) and a neighbour, who declared the grandmother had poisoned the child. An inquest was demanded, and obtained; Mr. Humphreys ordering Dr. Edmunds to perform the *post mortem* examination. Dr. Edmunds wrote to me, in a very polite and gentlemanly manner, to attend the *post mortem* examination, which I did; and when he found I had not been summoned to attend the inquest, was instrumental in my being so.

I am not aware that Dr. Edmunds had any previous knowledge of me. I am, etc., R. H. LEIGH, L.S.A.

59, Barbican, City, Feb. 28th, 1865.

COMMUNICATIONS have been received from:—Mr. AUGUSTIN PRICHARD; Mr. A. B. STEELE; Dr. W. H. O. SANKEY; Dr. THOMAS SKINNER; Dr. RADFORD; Dr. DURRANT; THE REGISTRAR OF THE MEDICAL COUNCIL; Dr. S. H. STEEL; Mr. H. LOWNDES; THE HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Dr. R. W. FALCONER; Dr. DOBELL; Dr. T. H. JACKSON; Mr. D. KENT JONES; Mr. J. WALTER; Dr. WILKS; Mr. A. G. ROPER; Dr. W. B. MUSHET; Dr. FITZPATRICK; Mr. CURGENVEN; Dr. GEORGE JOHNSON; Dr. RICHARDSON; Mr. R. H. LEIGH; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Dr. SCHOLFIELD; Mr. R. L. BOWLES; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; and Mr. STONE.

BOOKS RECEIVED.

1. The Spirit of Nursing. By Harry Jones, M.A. London: 1865.
2. Observations on the Psychological Differences which Exist among the Typical Races of Man. By Robert Dunn. London: 1864.
3. For and Against Tobacco. By B. W. Richardson, M.A., M.D. London: 1865.
4. A Handbook of Obstetric Operations. By W. S. Playfair, M.D. London: 1865.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,
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CHAPTER III.

On the Maternal and Infantile Mortality.

HAVING, in the preceding chapter, placed before my readers a full and trustworthy statistical account of the results of the Cæsarean section in the cases in which this operation has been performed in Great Britain and Ireland, I shall next endeavour to prove what the causes are which have occasioned such a fearful fatality of the mothers, and how far they unavoidably belong to the operation. I shall then speak of the infantile deaths and their causes.

To satisfactorily and faithfully accomplish this investigation, the mind ought to be free from all partiality in favour of the Cæsarean section and from all prejudice against it. The deductions on which we seek to establish practical principles ought, as far as possible, to be drawn from well established facts. However true this rule in general is, there is more or less difficulty in strictly observing it on the subject now under our consideration. Most of the cases, in my humble judgment, have been related more for the object of swelling the already fatal list, than for the purpose of pointing out the mischief which existed previously to the operation, and the real causes of death.

I.—*On the Causes of Maternal Mortality.* The constitutional state of most of the women who underwent this operation, was very unfavourable for its performance. Forty-five of them laboured under progressive and incurable disease; many of them were bedridden, and were also unable to discharge their social duties. Many others wanted that perfect or conservative constitutional power to enable them to bear without danger so important an operation.

In most of these cases, the practitioner was ignorant of their nature until his assistance was required during labour, and therefore he could not adopt preparatory measures. In all capital operations, the risk is greatly enhanced if such means have been neglected. The blood must be depraved in such subjects, and consequently the secretions and excretions must be unhealthy; hence the necessity of taking such steps as tend to correct organic or functional derangement. Constipation is nearly an invariable attendant on ordinary pregnancy; and, in many cases, fæcal accumulations to a great amount occur. But when distortion of the pelvis exists, this is much more likely to happen, in consequence of the mechanical impediment offered by the great projection of the promontory of the sacrum and lower lumbar vertebræ to the downward passage of the fæces. The cervical and oral portions of the uterus, which are thrown backwards against this osseous mass, tend to compress the intervening gut. The same effects, to a greater or less degree, are produced when large tumours exist in the pelvis. The numerous evils which arise from neglected bowels are not only experienced during pregnancy, but also during the puerperal state. Such are peritoneal inflammation, puerperal irritation and exhaustion, etc. If, then, such serious diseases occur during the puerperal state after ordinary labours, from causes which are remediable, is it not very probable that the same mischief might happen after Cæsarean cases, in which these causes do exist in a still higher degree?

Labour, if unduly protracted, is nearly always attended and followed by a considerable number of very serious evils.

These mischievous effects vary considerably according to the duration of the labour—to the nature of the cause and the degree of the mechanical impediment which obstructs the passage of the child through the pelvis. And, therefore, it is obvious, different measures must be adopted according to the relative degree of obstruction. We ought, however, always to consider a lengthened duration of labour, from whatever cause it arises, as more or less unfavourable to both the mother and her infant. In all such cases, we should be extremely watchful, and timely adopt those measures relatively required for the delivery of the woman before any injury is inflicted on, or irreparable mischief is done to, the pelvic tissues or organs. It must be understood, that all the dangers of protraction increase after the rupture of the membranes and the discharge of the liquor amnii. It is also a well established fact, that the dangers both to the mother and to the infant increase in a ratio proportionate to the duration of labour. I soon learned, from my hospital practice, that the rules laid down by systematic writers on midwifery, on the treatment of protracted labour, were most mischievous.

To the students of my class, I invariably and urgently inculcated the necessity of an early performance of all obstetric operations, either manual or instrumental, as being of the highest importance, and as especially tending to save the lives of both mother and infant when those instruments were used which are compatible with its life.

In the year 1843, I delivered a short course of lectures to many members of our profession, in which I urged the propriety of an early performance of all obstetric operations, especially of the Cæsarean section; and pointed out the progressive dangers of protraction. At this time, I had no tables to guide my opinion, with the exception of those of Dr. Breen in his observations on the management of tedious labour. (*Edin. Med. and Surg. Journal*, vol. xv, p. 161.) These tables clearly show that dangers increase with the duration of labour. Since this period, Professor Simpson has most satisfactorily proved this fact. It may not, perhaps, be considered irrelevant briefly to mention the effects of labour when unduly and unwarrantably prolonged, in order that a comparison may be made between them and those which have been found existing after the Cæsarean section, and which have been most unjustly attributed to this operation.

Sometimes febrile excitement occurs, accompanied with a quick pulse, hot skin, great thirst, and furred tongue. If means of relief be not afforded, more alarming symptoms soon follow. The tongue be-

comes covered with sordes; the pulse becomes more feeble; and sinking and exhaustion take place, followed by death. Apoplexy, or hæmorrhage from the lungs, may occur in women predisposed to these diseases; or the large vessels of the heart may suffer. Atony of the uterus happens, giving rise to flooding. Active or sudden rupture of the uterus frequently happens. There often takes place a destruction of tissue in the cervix uteri, from the contusion which this part sustains by the forcible pressure of the child's head against the pelvic bones. The os uteri is sometimes separated from the cervix. In other cases, gangrene of the cervix and os has taken place. Inflammation of the cellular tissue of the pelvis occurs, with its consequent infiltration, suppuration, and abscess. At other times, the textures of the different pelvic organs are destroyed, and sloughing takes place, which makes intercommunications between the vagina and the rectum, or between the vagina and the bladder, constituting recto-vaginal or vesico-vaginal fistula, with a train of evils which make the life of the woman most miserable.

The nervous system may be considerably influenced by the Cæsarean section, as it is by most, if not all, other capital operations, the effect of which is termed "shock". This has been asserted to be a frequent, an unavoidable, and an uncontrollable cause of the woman's death. If an abstract view only be taken of the condition of the patient after the operation, then this statement would in some measure appear to be true. But a careful consideration of all the preceding contingent circumstances which existed in each of the recorded cases, and more especially of those which have occurred to myself, leads me to a different conclusion. All the patients, in whose cases I have been concerned, bore the operation with great fortitude and moral courage; and some of them expressed themselves as having endured less pain than they had felt from one of the labour-throes. There was not any manifestation of shock produced by the operation, which did not exist before its performance. If women who had not been endangered by previous disease, or who had not suffered from the effects of protracted labour, died suddenly, or in a few hours, after this operation, without any rally, then it would be reasonable—nay, quite right—to attribute their deaths to the shock occasioned by it. But the fact is otherwise, as nearly all those patients registered in the tables laboured under an incurable disease, and had been a considerable time in labour. I here insert the durations of the labours in sixteen of the tabulated cases, in which sinking, exhaustion, or the effects of shock, are stated as the real cause of death. In one, it was twelve days; in one, it was ten days; in one, it was seven days; in one, it was six days; in one, it was four to five days (in this case, turning had been unsuccessfully attempted, and afterwards craniotomy ineffectually performed, during which operation the vagina was lacerated); in one, it was a hundred and two hours; in one case, it was three days and a half; in three cases, it was three days (one of these women died from disease of the lungs); in one, it was sixty to seventy hours; in one, it was sixty hours; in one, it was thirty-six to forty hours; in one, it was thirty-five hours; in one, it was thirty-four hours; in one, it was twenty hours. One was only twelve hours in labour. She was greatly reduced in vital power by unavoidable hæmorrhage (placenta prævia); she had also bronchitis and epileptic convulsions both before and after the operation.

These cases require no further comment, than to say they afford sufficient evidence of the real cause of death, which truly cannot be attributed to the operation.

Hæmorrhage with shock is stated to have been the cause of death in some of the tabulated cases. The duration of labour in these women is noted as follows. In one, it was fifty-four hours; in one, fifty-five hours; in one, fifty-six hours; in one, seventy-two hours; in one, thirty hours. In this case, there had been a considerable loss of blood before the operation; but very little was lost afterwards. Embryotomy had been unsuccessfully performed, the uterus ruptured, and the os separated from the cervix uteri. In one case, the labour lasted eighteen hours. There was very little blood lost during the operation; but internal hæmorrhage afterwards took place. There were three pints of blood found.

Hæmorrhage has been alleged to be one of the causes of the fatality of this operation. Dr. Hull, however, in two or three parts of his controversial writings, denies that serious danger occurs from this cause; but a strict analytical inquiry of the tabulated cases proves that this assertion is not correct, but that a greater or less quantity of blood is sometimes lost. In several instances, the discharge was considerable, and perhaps may be said to have been dangerous. The peculiar sources whence blood issues during this operation are from the incised edges of the abdominal and uterine parietes; and, when the placenta is in the way of the incision, it may be cut, and then blood issues from its divided structure. Hæmorrhage sometimes proceeds from the uterine arteries, and from the large sinous openings, and also from the surface of the placenta when it is partially separated; and, when this organ is torn, blood is discharged from its disrupted textures, as happens after ordinary labour. In the seventy-seven cases, it is recorded that in twenty there was no blood lost; in twenty-four, very little was discharged, varying from two to seven ounces in quantity; in five cases, there were seven to ten or twelve ounces; in four cases, there were fourteen to twenty-four ounces discharged. In twelve cases, the extent of loss is not definitely stated; but the following expressions are used, as "very considerable," "profuse," "a gush," "really frightful," "not alarming," "great and welled up." These statements are so vague as to be completely valueless, and cannot enable us to judge whether the patients were really endangered by it. We know too well what varying accounts are given by different persons as to the quantity of blood lost on ordinary occasions, to receive the above terms as evidence of a positively serious loss. It is very probable that the amount of blood lost in most of these cases did not exceed that which is discharged after ordinary labours.

In four of the cases, chloroform was administered; and in one, etherisation was used before and during the operation.

In twelve cases, the placenta was cut upon; in one of which there were twenty to twenty-four ounces of blood lost; in one, fourteen to sixteen ounces; in one, ten to twelve ounces; in two, a considerable quantity was lost; and in seven or eight, the quantity was very trifling.

In two cases, the epigastric artery was divided; but there was little bleeding, and it was readily stopped.

In seven cases, the blood issued from the uterine tissue during the incision.

It has been asserted that these accidents (in Cæsarean cases) depend on causes which are not very much within obstetric control. This statement is, however, very far from true. In the majority, the sources whence the blood flows are, as has already been mentioned, the same as those whence it issues in other cases of flooding.

The complete contraction of the uterus must, if possible, be obtained; and the placenta must be promptly removed. The latter part of this rule can always be easily and effectually carried out; but there is more difficulty to fulfil the former part of it, as the contractility of the organ is considerably impaired. This is a common effect after protracted labour. In most of the Cæsarean cases, the operation was not performed until the power of the uterus was completely worn out; and in many cases its tissue was disorganised. The relative and comparative tolerance of the loss of blood in such cases should be duly considered; and as far as possible this accident should be guarded against. It is not, however, true that "the resources of art can effect but little," or to look upon it as a certain contingency upon the operation.

The vital powers of most of those women who underwent the Cæsarean section were at a very low ebb previously to the commencement of labour, and were further seriously exhausted by its duration.

Inflammation of the peritoneum is considered as a frequent cause of death after the Cæsarean section. This serous membrane is usually more susceptible to morbid disturbance after labour than it is at ordinary times; so that it cannot be wondered at, that this disease is sometimes found in Cæsarean cases, especially if the previous management of the labours, and the real condition of the patients at the time of the operation, are duly considered. The duration of the labours of the women who had peritonitis is as follows. In one, it was six days; in one, three days; in one, sixty-one hours; in one, sixty hours; in one, fifty-three hours; in one, fifty-two hours; in one, forty-eight hours; in one, forty hours; in one, thirty-eight hours (craniotomy was unsuccessfully performed in this case); in one, thirty hours (turning was unsuccessfully attempted, and craniotomy was afterwards ineffectually performed); in one, eighty-two hours (attempts were unsuccessfully made, the membranes being ruptured, to induce premature labour; and afterwards craniotomy was performed without success). Other periods are to be noted—twenty-four, twenty-nine hours, etc.: and in one the labour lasted only thirteen hours, but in this case the uterus was stitched with the glover's suture. In one woman, the duration of her labour was fifty-four hours; she had flooding before the operation. In another woman, whose labour lasted ten days, it is stated that she had peritoneal inflammation, in conjunction with the effect of shock. In two or three cases, the lower portion of the cervix and the os uteri were gangrenous. The violent and constant pressure of these portions of the uterus betwixt the head of the infant and the irregular projection of the distorted pelvis cannot be unlimitedly continued without producing either laceration or disorganisation, or complete destruction, of their tissue.

It is alleged that the abdominal and uterine wounds have been found in very different states, most of which are said to have shown a feeble reparative power and a perverted action.

When the vital powers are good in cases of an operation, we have conservative and restorative action immediately set up; but, if they are impaired by the existence of positive disease, or by protracted labour, unhealthy action takes place; and, instead of healthy surfaces, flabby and œdematous edges of the wound are seen; and, instead of an adhesive effusion, there is a dirty sanious discharge, and the uterine wound is said to be found generally gaping. Although remarks on the bad state of the wounds are made to depreciate the value of the Cæsarean section, yet it cannot be a matter of surprise that they should sometimes present such very unhealthy aspects, if the previous constitutional and local condition of nearly all the women upon whom it has been performed be justly considered.

Another cause of danger is supposed to be the reduction which goes on in the puerperal uterus, so as to regain its pristine size. This change is considered antagonistic to the reparative action necessary to heal the wound made in the Cæsarean section.

The entire vascular system of the puerperal uterus is very considerably altered; and the supply of blood to it is consequently very much lessened from that which existed during its gravid state. This change, together with a process of absorption which is now set up, at least partly causes its diminution of size. But this organ may be, as it is stated, reduced in bulk by a general degradation of its tissue; of which the abundant presence of fat-globules in the lochial discharge, and in the *débris* which covers the interior of the organ, is ample evidence. These are natural changes, and not pathological; and, if there be a reduction of bulk in the uterus, there is simultaneously a relative diminution in the size of the wound. It has yet to be proved whether the alteration which the puerperal uterus naturally undergoes will in any way interfere with the process of reparation.

The want of union of the edges of the uterine wound by adhesion or by granulation is traceable to causes which have already been frequently mentioned, rather than to the natural organic changes above stated.

Tetanus has been considered a cause of maternal death after the Cæsarean operation; but I am not aware that this disease is so recorded in any of the tabulated cases. Professor Dubois told me that a patient of his had an attack of this disease in two or three weeks after the operation, and it proved fatal. This disease, it is said, occurs after other obstetric operations; and it sometimes occurs after abortion.

The bursting open of the wound becomes a cause of danger, by allowing the protrusion of the intestines. The attenuated state of the abdominal parietes, which sometimes exists in extreme cases of mollities ossium, occasions this accident. It happened in three cases, in which no attempts were made either to replace the protruded bowels, or to approximate the retracted integuments. This, however, was a great omission. As an example of the necessity and propriety of returning the intestines, if they unfortunately escape through the wound, I refer to the

case (one of recovery) of Mrs. Sankey. (See *Lond. Med. Gazette*, vol. xlvii, p. 804.)

Frequent examinations *per vaginam* are often productive of very serious mischief. Inflammation, followed by suppuration and sloughing, are not unusual results. Two or three examples will be found reported, in which great tumefaction of the external genitals and an inflamed state of the vagina existed. These results are alone attributable to frequent and unwarrantable interference.

Long and ineffectual attempts to deliver by the perforator and crotchet are highly dangerous. Contusion, lacerations, inflammation, infiltration, suppuration, and sloughing, are consequences which are not unusually to be found in cases in which violent efforts have been made to drag a mangled infant through a contracted pelvis.

II.—*On the Causes of Infantile Mortality.* The fœtus *in utero* sometimes dies from diseases which occur in its own system, and also from morbid changes in the structure of the placenta, which interrupts the supply of blood from this organ. These causes are not, however, confined in their operation to any particular class of cases. The duration of labour exercises very great influence upon the infant. If the membranes remain entire, and the liquor amnii undischarged, it will endure the continuance and violence of the labour-pains for a considerable length of time without injury. But after this event has happened, there is much more risk of mischief; and the danger increases in a ratio proportioned to the length of time the labour is protracted. The deaths of the infants which have occurred in Cæsarean cases are generally to be attributed to the long continued and violent pressure which they have endured during labour.

There is, however, another cause of infantile death which more especially belongs to the Cæsarean section. I mean the spasmodic seizure of the neck or body of the infant during its extraction through the incised opening of the uterus. In general, there is no difficulty experienced in these cases in withdrawing the infant from the uterus; but sometimes some portion of its body becomes so firmly grasped by the uterus in its passage through the incised opening that great difficulty is experienced in extracting it. There is, however, more danger to the infant when the neck is seized by the uterine grasp than when it is held by any other part of its body. In such cases the body of the infant has been most easily brought along until the shoulder had passed, when the neck is instantaneously seized, and so firmly held, as to require long and continued efforts to be made in order to extricate the head.

The fact, that the uterus in natural labour is energetically roused to expel the placenta which has been separated, first led me to attribute the seizure of the neck of the child during the Cæsarean section to the partial or complete detachment of the placenta. It has lately been doubted whether this theory will suffice to explain it, as "numerous instances are recorded in which the placenta either protruded through the incision, or was found lying loose in the uterine cavity, and in which no inordinate contraction ensued." I am, and was from the first, aware of the truth of this assertion, from an accurate analysis and tabulation of all the published cases; but, notwithstanding the apparent force of this objection, my opinion remains the same.

There are seven cases (two within my own knowledge) in which this event happened; and, as far as I can ascertain, the placenta has been partially or entirely detached in all these cases, or at least presumptively so.

How far the violent uterine action may resemble the spasm of hour-glass contraction, I cannot determine; yet analogy would lead me to think it did.

There is only recorded one (another case) in which the infant was grasped round the abdomen above the hips; the head, shoulders, and trunk, having been first drawn forth. The child was previously dead; and the only effect recognised was the squeezing out the meconium into the uterine cavity. Turning had been unsuccessfully attempted; and during this operation, it was found that there was hour-glass contraction. Does not the occurrence of hour-glass contraction before, and seizure of the child's hips after, the operation, favour the above mentioned opinion?

Clinical Lecture

ON

THE GERMS AND VESTIGES OF RHEUMATIC FEVER.

Delivered at the Royal Infirmary for Diseases of the Chest.

BY

HORACE DOBELL, M.D.,

PHYSICIAN TO THE INFIRMARY.

I PROPOSE to-day, gentlemen, to bring before you two classes of cases, specimens of which are always under treatment at this hospital.

In one, we see the most formidable effects of disease, damaging and incapacitating vital organs; in the other, a few marked symptoms of functional disturbance, producing temporary pain or discomfort. At first sight, there does not seem to be any connexion between the two; but I shall endeavour to show you that they are, in truth, but episodes in a continuous story, although often widely separated by time and circumstance.

The detailed notes of all the cases are on the table. The first case is that of G. T., aged 33, case-maker, admitted a fortnight ago, complaining of great oppression and tightness across the front of the chest, much increased by exercise; occasional vertigo and cold sweats; distressing palpitation, and short cough; quite unable to follow his work. He had old standing valvular disease, the vestiges of rheumatic fever fourteen years ago, from which he had suffered no particular inconvenience until he engaged in a day's rowing a week before admission; but this undue exertion had put his life in peril. Treatment directed to the relief of his oppressed thoracic circulation, and complete rest, have in fourteen days removed all his painful symptoms, and he is able to resume his occupation.

The next case is that of G. H., aged 40, a lithographic pressman, who was admitted for the first time two years ago, in a condition very similar to that of the last man (G. T.), and discharged in a few weeks with similar satisfactory relief. He was cautioned that, if he continued to follow the same laborious occupation, it would eventually kill him. This caution he

recklessly disregarded; and you will see by the notes that he has, in consequence, returned to this hospital every few months, each time worse than before, and each time obtaining less complete relief, as his organs have become more and more damaged. He is now, as you have seen, in a most perilous condition, and will never again be able to return to work. When first admitted, he had disease of the aortic and mitral valves, the vestiges of rheumatic fever. Now, the incompetence of the valves is more marked than before; and he has also great dilatation of the heart, retrograde congestion of all his vital organs, pneumonia of the left lung, considerable anasarca and albuminuria, and he is much exhausted.

These two cases, which are only examples of the class of which we see such numbers at this infirmary, serve well to illustrate the valvular damages which may result from rheumatic fever; the sort of complications which may follow the valvular disease; the striking and pleasing relief which can often be obtained by simple rational treatment; the great influence of habits and occupation upon the course of the disease; and they show how absolutely necessary it is that these should be strictly regulated, if we wish for any permanence in the relief obtained by treatment. But I have introduced them now for the purpose of reminding you of the grave importance which we must always attach to these vestiges of rheumatic fever.

It is to the next class of cases that I wish to direct your more especial attention to-day. They are so numerous here, that we are apt to get tired of them. They appear so simple, and, as a rule, are so easily relieved by a little regulation of the diet and a few weeks' medicines, that I do not wonder if you have considered them utterly devoid of interest or importance. A long course of clinical observation, however, has taught me to regard them in a very different light; and I wish to bring them before you to-day in an aspect and relationship which, I hope, will quite alter your ideas of their import, and give them a peculiar interest—an interest such as we attach to a commonplace-looking egg, so soon as we discover that, instead of being that of a bird, it may be developed into a python.

I refer to the cases which every day you see me mark with the letters "A. D.", to signify acid dyspepsia. A very simple group of symptoms, monotonously similar in most of the cases, serves for a correct diagnosis.

1. Pain at the epigastrium, coming on within an hour after food, generally within half an hour, very often within a few minutes, especially excited or aggravated by cheese or malt liquor.

2. Urine very acid, of high specific gravity, high coloured, and depositing urates on cooling, and uric acid crystals after standing some time; often suddenly changing to limpid and low specific gravity, but quickly returning to the other condition.

3. Tongue red at the tip, with elevated papillæ; often red at the edges also.

4. Appetite usually good, often very good, especially for animal food.

5. Epigastrium tender on pressure.

Such are the features of the majority of the cases, of course complicated and modified by the existence of other diseases, the habits of the patients, etc.

The most marked of these is the time at which pain begins after food: it is very soon after. Sometimes we find an old neglected case in which the pain comes on later, even an hour and a half, or, rarely, two hours after food; but, if it be a case of acid dyspepsia, you will find, on close inquiry, that when the symptoms first set in, the pain was directly after eating; and that the time of its onset has become later and later. In these cases, too, the appetite will be bad, instead of good; and the food will often be vomited. They are, in fact, exceptional cases, in which the digestive power has become paralysed by the neglect of the original disease. With these exceptions, if the pain does not begin till more than one hour after eating, the case is not one of acid dyspepsia. To demonstrate these exceptions, I may mention to you Case 64,297, domestic servant. She complained of pain in the pit of the stomach, beginning from one to two hours after food, with much flatulence; but said that when it began, five weeks before admission, it came on much sooner after food; and as the complaint yielded to treatment, the pain came on sooner and sooner after food, till it ceased to come at all. In Case 64,525, the food was brought up undigested; and in Case 64,207, there was no appetite and no taste for food on admission; but when the complaint began, two months before, the appetite was very good.

So much, then, for the symptoms of this complaint. The next point is as simple and as striking as the symptoms; viz., that the cases almost invariably get well in a few weeks under a very simple plan of of treatment.

1. We order them to take out-of-door exercise, and to attend to the condition of the skin.

2. We forbid them to take malt liquor or cheese, and allow whisky or brandy instead; and advise water to be drunk freely.

3. We neutralise the secretions by soda and potass in full doses, with lemon-juice or citric acid; then follow this with an alkaline stomachic powder of soda, potass, ginger and calumba before meals; and, if the patient be weak, give iron and quinine to finish. Sometimes we have to put a very small blister over the pit of the stomach, but not often. This alkaline plan of treatment must be thoroughly carried out; and it is surprising what large quantities of alkali are often required. If you find the symptoms obstinate, you will be sure to find that the secretions are still too acid: they must be completely neutralised at the onset; and then you will quickly find the tongue lose its red tip and edges, and there will be no more pain after food. This feature in the treatment brings me to the point upon which all the interest turns—the link which connects these common cases of acid dyspepsia with the cases of disease of the heart.

It lies in the fact that this acid dyspepsia is a symptom of a rheumatic state of the system. If you inquire into these cases carefully, you will discover in the majority a rheumatic history. You will find that they belong to rheumatic families, or that they have themselves been the subjects of rheumatic affections. This fact is illustrated by many cases now under treatment.

Case 64,035 had rheumatism two years ago.
Case 64,207 had frequently suffered from rheumatism.
Case 64,525 had been subject to rheumatism in the limbs.
Case 62,690 had rheumatic fever six years ago.
Case 61,827 had acid dyspepsia three years ago, and pleurisy and rheumatism at this hospital two years ago.
Case 64,297 had rheumatic fever badly thirty years ago, and slightly since.
Case 62,635 has had rheumatic fever every two or three years for eighteen years.

A patient admitted this morning with acute acid dyspepsia never had any rheumatic affection; but her parents and nearly all her brothers and sisters were rheumatic. One brother and her father had had rheumatic fever.

And these are only examples of what I shall be

able daily to point out to you, as fresh cases come before us.

There is every reason to believe that the acid, which is found in such quantities in the stomachs of these patients, is either identical with or closely allied to the *materies morbi* of rheumatism—the acid which must exist in excess in the organism before a person can have rheumatic fever.

Whether it is first generated in, or poured into, the digestive tract, and afterwards absorbed into the blood, may be open to question; but, whatever be the exact order of events, it is quite certain, from clinical observation, that it appears in the stomach very early in its career of mischief, and there gives rise to the symptoms of acid dyspepsia, which may, therefore, be taken as an important signal for alarm, never to be disregarded. It shows that the enemy is collecting his forces for an attack.

For this reason, as you may have observed, I seldom discharge patients who have been under treatment for acid dyspepsia without giving them directions for their future management, and the prescriptions of their alkaline medicines to be resorted to whenever they find the symptoms of their complaint returning. By adopting this plan, I have known many persons keep free from rheumatic fever and rheumatism for years, who previously had been subject to periodic attacks at short intervals.

If you inquire into the histories of persons who are subject to rheumatic fever, you will find, as a general rule, that they frequently suffer from acid dyspepsia; and, if you inquire into the histories of persons subject to acid dyspepsia, you will generally be able to make out either that they have suffered from some rheumatic affections, or that they belong to rheumatic families. In these two sets of cases, then, which are so numerous at this infirmary, we see the two ends of a long and sad story. So far as I am aware, the connexion between them has never before been specially pointed out; but I believe that I cannot too strongly impress upon you the importance of bearing in mind, when you get into practice, the fact that acid dyspepsia and valvular disease of the heart are to be regarded as the germs and vestiges of rheumatic fever; and that, if you keep in check the acid dyspepsia, you will not have the rheumatic fever; and that thus you may prevent the occurrence of the valvular disease.

A Convent Changed into a Laboratory. We have, in the *Moniteur Scientifique*, the announcement of a grand chemical school which Signor Cassola has opened at Naples. He has hired a large convent and turned it into a laboratory. Italy did much for alchemy, the great grandfather of chemistry, and monasteries were the homes of science in the middle ages. Let us hope, then, that Signor Cassola's establishment will flourish and produce abundant fruits.

Spontaneous Generation. The commission appointed to review the experiments of M. Pasteur and his opponents, MM. Pouchet, and others, relative to "*Spontaneous Generation*", report entirely in favour of M. Pasteur, and therefore oppose spontaneous generation. The report establishes that fermentable liquors may remain either in contact with confined air, or exposed to air which is often renewed without changing; and that if changes do take place, and organic beings are generated, this result cannot be attributed to the gaseous elements, but must be caused by solid particles introduced with air, and of which it may be completely deprived. Some of the experiments were objected to by the supporters of heterogenesis, and the commission will make further researches when warmer weather arrives. (*Chem. News.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

SAMARITAN HOSPITAL.

ACUTE TRAUMATIC PERITONITIS: VENESECTION: RECOVERY.

Under the care of T. Spencer Wells, Esq.

The following case is a very striking confirmation of the truth of the principles advocated by Dr. Markham in a lecture on Blood-letting in Inflammation, published at page 107 of our present volume.

A housemaid, single, 22 years of age, the subject of a tumour of the right ovary, was submitted to operation by Mr. Spencer Wells on Feb. 6th, 1865. The cyst was exposed by an incision five inches long, and was tapped and emptied; but the pelvic connections were so intimate that Mr. Wells made no attempt to separate them or to remove the sac, but closed the wound at once, uniting the trocar-opening in the cyst to the abdominal wall by a hare-lip pin, as bleeding was very free from the vessels in the cyst-wall. A very acute attack of peritonitis came on. In less than six hours after operation, the pulse was up to 120, the respirations to 48; the skin very hot, the lips dry, the tongue parched, and thirst excessive. But, as the aspect and voice were both good, Mr. Wells waited two hours longer; hoping that free perspiration might come on, and give relief. But, eight hours after operation, there being even greater heat of skin, the pulse 136, respirations 52, and vomiting had begun, he took ten ounces of blood rapidly from the arm in a full stream. In half an hour, the pulse fell to 124, the respirations to 48, and the pulse became fuller, though it remained incompressible. In another hour, though the pulse remained at 124, the respirations sank to 40, and she vomited for the last time. The next morning, eighteen hours after operation, the pulse was 120, respirations 28; the skin hot, but perspiring. There was much thirst; and the tongue was quite dry all day, but it became moist towards night; and the pulse had sunk to 104, and the respirations to 30. After this, there was nothing further to note beyond gradual convalescence. As she had only two small opiates in the first thirty-six hours after operation, the venesection alone seems entitled to the credit of cutting short a very acute attack of traumatic peritonitis. Probably no other remedy could have had anything like such an effect.

We need say nothing at present as to the treatment of the ovarian cyst; as it will depend upon circumstances, whether Mr. Wells will wait until the tumour in growing elongates its pedicle, or whether it may be desirable to inject iodine, or to insert a drainage-tube.

LEEDS GENERAL INFIRMARY.

Statistical Tables of the Operations performed from January to June, 1864, inclusive.

[Concluded from page 169.]

Amputations of Arm for Accident.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 21	Mr. Smith	Circular.	17 days	Death from pyæmia.	The *entire* integument was stripped off the lower half of the left arm and the upper third of the forearm, and the remaining soft tissues were severely bruised.
2	M. 16	Mr. Teale	Rectangular.	6 days	Death from exhaustion consequent on gangrene of the stump.	This was a secondary amputation through the middle of the arm, performed fifteen days after a severe crush of the right elbow, in consequence of the forearm having become gangrenous. A line of demarcation had formed immediately below the elbow. The stump was attacked by gangrenous inflammation, which rapidly extended as high as the trunk.
3	M. 36	Mr. Nunneley	Circular.	18 days	Death from acute pneumonia and pleurisy.	The right forearm had been very severely crushed by a heavy stone falling upon it. As the injury to the soft parts extended considerably above the elbow, the amputation was performed above the middle of the arm. The stump became intensely inflamed a few days after the operation: the inflammation rapidly spread to the side of the trunk, where a large abscess formed, and pleurisy of the same side supervening, the man sank.
4	M. 44	Mr. Nunneley	Single flap.	18 days	Death from pyæmia and secondary hæmorrhage.	A stone, weighing 8 cwt., fell upon the right forearm, rendering it a mass of pulp, and severely crushing the soft parts about and immediately above the elbow. A long oval flap was taken from the inner side of the arm, and the humerus cut through about its middle. On the fifteenth day, symptoms of pyæmia were manifested; and on the day of his death, very free bleeding from the stump took place.
5	M. 9½	Mr. P. Teale	Circular.	25 days	Recovery.	The right arm was torn away by machinery at the elbow-joint, and the soft textures were lacerated to the extent of three or four inches above the elbow. Amputation, three inches below the shoulder-joint, was performed. The stump healed entirely by the first intention.
6	M. 39	Mr. S. Hey	Single flap.	49 days	Recovery.	This man's injuries were very severe, and were caused by his having been wound round a shaft in a mill. They were—compound fracture of left humerus at its middle, with protrusion of bone; compound fracture of left radius and ulna near the wrist, and protrusion of both bones; and fractures of the third or fourth upper left ribs. A large oval flap was taken from the outer side of the arm, and the humerus cut through immediately below the shoulder-joint. Most of the wound healed by the first intention, and the rest quickly by granulation. His recovery was without a drawback.

Amputation of Arm for Disease.

1	F. 34	Mr. Nunneley	Circular.	23 days	Death from pyæmia.	Inflammation of the left elbow-joint had been set up fourteen years before her admission by a severe blow. In three weeks, however, she was quite well, and remained so until eight months before she applied at the hospital, when, without any assignable cause, the joint again inflamed. When amputated, the joint was found to have been quite destroyed. Well marked pyæmic symptoms set in six days before her death. Pyæmia was not prevalent in the hospital at the time.

Amputations of Forearm for Accident.

1	M. 9	Mr. Teale	Rectangular.	27 days	Recovery.	The left hand and wrist were completely crushed by cog-wheels. The long rectangular flap was taken from the posterior aspect of the forearm. His recovery was rapid and uninterrupted, and an excellent stump was obtained.
2	M. 35	Mr. Smith	Circular, with side slits.	41 days	Recovery.	The left wrist was very severely crushed, and the hand nearly torn off by a carding-machine. The amputation was performed through the middle of the forearm. He recovered well, with a good stump.
3	M. 22	Mr. Wheelhouse	Circular.	27 days	Recovery.	The right hand was completely pounded by a steam-hammer. His recovery was without a drawback. After his discharge from the hospital, several abscesses formed from time to time in the forearm and arm.
4	M. 23	Mr. Teale	Circular, with side slits.	42 days	Recovery.	The right hand was chopped off through the middle of the metacarpal bones. Circular amputation was performed at the wrist-joint; the ends of the radius and ulna were left intact. Recovery was delayed by the formation of abscesses near the stump. When he left the hospital, all had healed.

Amputations of Forearm for Disease.

1	F. 64	Mr. Teale	Rectangular.	65 days	Recovery.	The operation was performed for very extensive caries of the right carpus and metacarpus, of twenty-five years' standing, the great discharge from which had worn the patient down to death's door. Repeated attacks of cutaneous erysipelas delayed his recovery. The stump itself, however, healed well; and at the time of her discharge from the hospital, was quite sound.
2	M. 44	Mr. Nunneley	Double flap.	70 days	Death a few weeks after his discharge from the hospital, from some head affection.	Destructive inflammation of the right wrist-joint had been set up by a sprain nineteen months before his admission. The disease had destroyed not only the wrist-joint, but had extended to the carpal articulations, and was continuing to spread, in spite of treatment. After the operation, the stump nearly healed by the first intention, but opened out, and became sloughy, and the inflammation extended up the forearm. The end of the ulna made its way through the posterior flap. At the time he left the hospital, he was in a very feeble condition, and afterwards he gradually sank

Amputations of Thigh for Accident.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 16	Mr. Smith	Circular amputation above knee.	3 days	Death from shock.	He fell between two railway trucks, one of which passed over his right leg and knee, crushing the parts very severely. He never rallied after the operation.
2	M. 15	Mr. Wheelhouse	Secondary rectangular amputation above knee.	9 days	Death from exhaustion.	Forty-three days before the amputation, he had been run over by several waggons in a coal-pit, whereby he had sustained the following injuries:—fracture of right femur above the condyles, with protrusion of the shaft to the lowermost part of the ham; fracture of the shaft of the left femur; and severe laceration of the left leg. From pressure upon the popliteal vessels, the right foot became gangrenous. As a line of demarcation formed below the knee, amputation was performed immediately above that joint. He sank without making a satisfactory rally.
3	M. 38	Mr. Nunneley	Double flap (anterior and posterior) amputation through lower third of thigh.	62 days	Recovery, with good stump.	Almost the entire left leg was smashed by a luggage train passing over it. A great portion of the stump united by the first intention, and the remainder by healthy granulation.

Amputations of Thigh for Disease.

1	M. 10	Mr. Smith	Rectangular amputation in lower third.	48 days	Recovery, with excellent stump.	The right knee-joint was destroyed by strumous disease of two years' duration. The whole stump united by first intention, the healing process having gone on with great rapidity. His stay in hospital was prolonged by a slight attack of phagedænic inflammation of the transverse cicatrix, which ceased, however, without having done any material damage to the stump.
2	F. 34	Mr. Nunneley	Double flap. Lateral.	47 days	Recovery, with very good stump.	The amputation was performed for disease of the left knee-joint of twelve years' standing, which was still progressing, and wearing down the patient, by the constant suffering it induced. The whole stump united by first intention.
3	F. 14	Mr. S. Hey	Circular amputation through the middle of the thigh.	47 days	Recovery, with excellent stump.	The condyles and lower three inches of shaft of right femur were expanded to twice their normal size by infiltrating encephaloid disease, the commencement of which dated seven months before the amputation. There were no enlarged glands, and the health of the patient had not suffered beyond what might be attributed to the pain, which, during the last two months, had been excessive. The stump healed rapidly by first intention. The patient remains well, with a perfectly sound stump (November 1864).

Amputations of Leg for Accident.

1	M. 28	Mr. Smith	Irregular. Flap taken from outer side of calf.	18 days	Death from pyæmia.	The left ankle had been very severely crushed by the fall upon it of a heavy hoist. The symptoms of pyæmia began eleven days before his death.
2	M. 26	Mr. Smith	Posterior flap taken from middle of calf.	6 days	Death from exhaustion.	A severe compound fracture of the lower ends of the right tibia and fibula, with wound of posterior tibial artery, had been caused by the fall of a heavy piece of metal; considerable hæmorrhage had followed. After the operation, a slow but continuous oozing of blood from the stump took place. He remained for some days in an exhausted state; and died without having ever made a fair rally.
3	M. 35	Mr. Wheelhouse	Posterior flap amputation just below the knee.	9 days	Death. Gangrene of stump and diffuse inflammation.	The left leg had been very severely crushed by the fall of an arch. Two days after the amputation, the stump opened out, and assumed an ashy and sloughy appearance. The gangrene soon spread nearly as high as the knee, and the tissues in the lower two-thirds of the thigh were intensely swollen. He died exhausted by the intensity of the mischief.
4	M. 48	Mr. Wheelhouse	Rectangular amputation above ankle.	58 days	Recovery, with good stump.	The left foot had been completely smashed by the wheels of a heavily laden railway truck. One half of the stump healed by first intention; the rest slowly by granulation. He went to work as soon as he left the hospital.
5	M. 25	Mr. Nunneley	Anterior and posterior flap amputation through middle of leg.	8 days	Death from exhaustion, consequent on diffuse inflammation of the stump.	A railway engine and tender passed over the left foot, and completely pulpified it as high as the ankle. The amputation was commenced immediately above the ankle by a circular incision; but, in consequence of the damaged appearance of the deeper tissues, the calf was transfixed higher up, and a long posterior flap there obtained; this, with a shorter one taken from the front aspect, made a good cover. Most of the anterior flap sloughed; the whole stump became intensely inflamed; and, whilst the disease was rapidly spreading above the knee, the man died exhausted.

Amputations of Leg for Disease.

1	F. 27	Mr. S. Hey	Rectangular amputation.	36 days	Death from pyæmia.	The patient was exceedingly delicate, having been worn down by eleven years' extreme suffering and continued discharge from the carious bones of the left tarsus. After the amputation, she progressively weakened; and, five days before her death, well marked symptoms of pyæmia were manifested.
2	M. 23	Mr. Teale	Rectangular amputation.	34 days	Recovery.	Disease of the right foot had commenced eighteen months before his admission, with acute inflammatory symptoms; and, at the time of amputation, the ankle-joint and tarsus were hopelessly involved. The stump, which was treated entirely without dressings, healed rapidly and well.
3	M. 20	Mr. Nunneley	Single flap taken from posterior and outer aspect of leg.	47 days	Recovery.	The right ankle and tarsus were affected with strumous disease of twelve months' standing, and the soft parts on the outer side of the foot were in great part destroyed by phagedænic inflammation, which he had suffered from during a previous residence in the hospital. The oval flap taken from the calf united by first intention; but his complete recovery was delayed by three or four obstinate ulcers, which formed along the line of union.

Amputations through Foot for Disease.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 16	Mr. Teale	Chopart's amputation.	62 days	Recovery.	The anterior part of the right foot had been very severely injured by a fall of earth eleven months previous to his admission. The whole of the metatarsal and the anterior row of the tarsal bones were fused together, as it were, and upon the dorsum of the foot were several copiously discharging sinuses, which led to diseased and dead bone. The lad's health was very evidently suffering from the continuance of the disease. After the amputation, the extreme edges of both flaps sloughed, the stump opened out, and subsequently healed very slowly by granulation.
2	M. 17	Mr. Nunneley	Chopart's amputation.	75 days	Amputation above ankle.	The right foot became the seat of strumous disease in its anterior part eleven months before his admission; and at the time of operation was so much implicated, as to be beyond hope of recovery. For the first three weeks after the removal of the diseased bones, the stump went on healing rapidly and well; but at the end of that time, repair somewhat suddenly ceased, the flaps separated, and sent forth large, flabby, readily bleeding granulations; the whole stump became boggy and swollen; and the patient's general health ceased to improve. In this condition—which refused to yield to the most generous treatment—he was sent out into the country, in the hope that he might benefit by change of air. For sequel, see Table of Amputations of the Leg, for July 1864.

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.

Urinary System. (*Continued from p.* 192.)

2. *Diabetes.* Two cases of diabetes have fallen under my notice as out-patients during the last two years. One was a girl aged 16, who had twice before been much benefited by treatment for the same disease. The second case was a coachman, who had been exposed to much fatigue and late hours when serving in that capacity. This man was admitted as an in-patient.

In reference to the pathology of the disease, we must admit that we are at present ignorant of the changes which take place in the system, producing the diabetic condition. From the marked influence of ethers, ammonia, and other stimulants, upon the stomach, in this disease, I am disposed to attribute very much to the influence of the sympathetic and pneumogastric nerves; but the *modus operandi*, and whether they exert an influence as direct excitants, or merely receive the impression of an abnormal condition of the blood generated by disturbed hepatic function, is not at present known.

In the treatment of the disease, the regulation of the diet is, of course, of the first importance. This may be comparatively easy to effect in private practice; but in the case of the poor, and especially among the out-patient poor, who cannot be made to understand the necessity for abstaining from bread, potatoes, apples, etc., it becomes a very difficult task to teach them "what to eat, drink, and avoid." Animal food of all kinds, including fish and eggs, may be taken; from which, however, Dr. Pavy excludes liver, a favourite article of diet with the poor.

I was once consulted by a gentleman suffering from diabetes, who had eaten three hundred partridges during the progress of the malady.

In allowing broths and soups, we should be careful to direct that they be not thickened.

In reference to bread, two or three ounces of the brown aërated bread, toasted, may be allowed night and morning. I have tried both the bran and almond breads; but I am not certain that greater advantage was gained from their use than in the allowance of the small portion of toast above referred to.

Cheese and butter are not objectionable. Greens, spinach, water-cress, mustard and cress, and salads, but not beet-root, may be taken; and they materially assist the patient in persevering with an animal diet. Potatoes, carrots, parsnips, turnips, and peas are objectionable, and must be forbidden.

Of beverages, tea and coffee, without sugar, and with but a spare quantity of milk. Dry sherry, claret, or weak brandy and water. Sometimes, from debility, bitter ale may be needed; and occasionally I have fancied that sound porter has, by improving the general tone, acted favourably.

In reference to medicines, the great indication is to keep up a due supply of nervous power in the digestive organs; and, with this view, a combination of ammonia with soda, chloric ether, and opium, sometimes answers well.

Some years ago, a medical friend urged me to try the effect of the so-called chlorodyne in diabetes, which, he said, had been taken with great advantage by a nephew of his own, with the sanction of the late Dr. Bright, under whose care he then was. The dose which had been found to agree best, after many experimental trials, was twenty minims three times a day, in water or camphor mixture. I tried it in the first case that occurred, and I have prescribed it in several instances since; and in none has it failed (provided that the disease be not far advanced) to give great relief to the patient, more especially by removing thirst, diminishing the quantity of urine, and rendering his feelings those of comparative health. It benefits to this point, but fails in removing the sugar from the urine. As an unacknowledged composition, I should not have referred to it, had it not proved decidedly useful in cases under daily observation. I have tried creasote; but in one case only did it appear to do good. Cod-liver oil is a valuable medicine as a tonic in this disease; and the preparations of iron may also be given with great advantage, if the patient become weak and anæmiated.

The diabetic should wear very warm clothing; and the more his system can be invigorated by being much in the open air, the greater will be the prospect, *cæteris paribus*, if not of recovery, of prolongation of life.

3. *Enuresis.* Functional incontinence of urine has obtained in three cases among the out-patients—one in a boy, aged 8; and two in females, aged 14 and 16, both having menstruated regularly. As a rule, this affection occurs more frequently in boys than in girls; but I have found it to continue longer, and to be more troublesome, in the latter sex than in the former.

Enuresis of the character that we are now considering depends upon perverted nervous tone, inducing irritability of the bladder, which contracts upon its contents before the sensation of uneasiness and desire to evacuate is excited; and with this

there exists often a weakened condition of the sphincter itself.

The treatment, to be effectual, must be decided. A large blister over the sacrum seldom fails to alleviate, if not to cure. With this, the extract of belladonna, in full doses proportioned to the age of the patient, combined with the sulphates of iron and quinine, or the tincture of the sesquichloride of iron, generally effects a cure.

In cases of incontinence of urine occurring in the hysteric female of more advanced age, the disease will often baffle for a long period the best regulated treatment.

Generative System.

The medical cases included under this head, with the exception of leucorrhœa, have been simply those affecting the due and healthy discharge of the catamenial function; and the following observations apply only to these simple idiopathic forms of functional disturbance, quite unconnected with organic or structural lesion.

1. *Amenorrhœa.* This form of disease constitutes a very common out-patients' malady; and, in the two years upon which these notes are based, suspended menstruation affords the majority of all the cases of uterine disorders under consideration.

Amenorrhœa arises for the most part either from local plethora, or from anæmia and defective nerve-tone; the former cases presenting the appearance of rude health or superabundant circulation, while the latter is attended with general constitutional debility.

In the treatment of amenorrhœa from plethora, the vascular system requires relief, by reducing the over-energetic action, upon which the suspended menstrution frequently depends. For this purpose, I have found no medicines act better than alkalies with colchicum, and spirit of nitrous ether. The following formula answers exceedingly well, and is generally effectual in re-establishing the flow, when suspended from tonic or plethoric influence.

(*Ph. Lond.*) ℞ Potass. bicarb. ʒiss; potass. nitratis ʒij; tincturæ colchici ʒi; spiritûs æther. nitrosi ʒij; mist. camph. ʒviij. M. A sixth part three times a day.

A steady use of aperients, combined with a light unstimulating diet and warm clothing, must be had recourse to at the same time.

In the atonic variety, the regulation of the digestive organs, and subsequently the chlorate of potash with iron, will be the best remedies. Warm clothing, stimulating pediluvia, and change of air, are also highly important auxiliaries to the treatment.

The diet should be light, with sherry or claret, in preference to malt liquor; and exercise taken daily in the open air, but not sufficiently prolonged to fatigue unduly, or to exhaust nervous tone.

2. *Menorrhagia.* In this form of functional uterine derangement, we find the plethoric and atonic conditions equally influential as excitants to the disease, as in the case of catamenial suppression.

In forming a diagnosis, it will be necessary carefully to distinguish between the excessive amount of menstrual flow which is almost natural to some females, and the persistently recurring hæmorrhage, whether periodical or otherwise, which, by destroying the balance between loss and reparation, and thereby deteriorating the general health, constitutes true menorrhagia.

In the treatment of menorrhagia depending upon plethora, moderately sustained purgation, induced by the sulphate of magnesia, will be beneficial. With this I often give the bichloride of mercury, in doses of one-twentieth or one-sixteenth of a grain, at bedtime; and during the day, a mixture of the citrate and nitrate of potash, with the aromatic spirit of ammonia.

If the hæmorrhage depend upon atony, or relaxation of fibre, large doses of the dilute sulphuric acid, either alone or in combination with gallic acid, will be necessary.

If there be decided anæmia, the sulphate of iron, in grain doses, combined with the sulphuric acid, will often prove a useful addition. In obstinate cases, the ergot of rye in full doses, with digitalis, may be advantageously tried.

In the treatment of menorrhagia depending either upon plethora or atony, the horizontal posture should be strictly maintained. The more severe cases, requiring plugging the vagina and the use of styptic injections, scarcely fall within the category of out-patients' maladies.

3. *Leucorrhœa.* The next most frequent form of sexual derangement which has obtained has been leucorrhœa. This is a disorder of much greater frequency and obstinacy in the larger manufacturing towns, where young females are confined and crowded in hot workrooms, than is seen in the agricultural districts, where these exciting causes of debility exist in a less degree. Cases of leucorrhœa constitute, however, a large proportion of those who apply for relief as out-patients at our hospitals and dispensaries.

The disorder may be acute, or chronic; but, in the very great majority of instances, it is essentially chronic, and depending upon a deranged and debilitated condition of the general health.

Having satisfied ourselves that the uterus is structurally unaffected, we shall find that strict attention to the general health, and *mild* local applications, will in the majority of cases be sufficient.

The acetate of potash in scruple-doses acts in many cases very favourably upon the discharge. With this I usually combine the aromatic spirit of ammonia. If the digestive organs will bear it, steel may be given with great advantage in addition.

In reference to strong astringent vaginal injections, I have been much disappointed in their use. If there be evidence of subacute inflammatory action of the mucous membrane, the liquor plumbi subacetatis dil. will be serviceable; but in the more common forms, resulting from constitutional debility, cold water, injected into the vagina in a continuous stream, will be, I think, the best local remedy. The water should be quite cold, and injected for some minutes at a time, so as to make an impression upon the capillaries of the mucous membrane. Condy's fluid, in the proportion of one to two drachms to the pint, will remove the faint sickly odour from the discharge, which is very distressing to some females. Where expense is less an object, Kennedy's elastic bottle-syringe is the best that can be used for the purpose. A cheaper instrument, on a similar principle, has been lately introduced.

In the case of unmarried females, injections as a rule should not be used; but the interlabia bathed frequently with very cold water.

4. *Dysmenorrhœa.* But one case of painful menstruation, in which the periodical suffering was sufficient to call for especial relief, has presented during the two years. This case occurred in a sempstress, and had existed, with more or less severity, since puberty, which had been established for two years.

In the treatment of dysmenorrhœa, the indications will be to afford relief during the painful period, and afterwards to endeavour to improve the general health during the interval, the deranged condition of which so materially aggravates the attack.

As the patient is often generally and locally ple-

thoric, a few leeches to the upper part of the thighs, applied two days before the expected period, will be desirable. With this, a piece of flannel about fourteen inches wide, and folded twice, should be wrung out of a hot and strong decoction of poppy-heads, and wrapped round the pelvis, and covered with oiled silk. This fomentation may be renewed three times a day; and its application should be had recourse to for two or three days prior to the expected suffering, and continued steadily during the period. Of medicines, none, I believe, answer better to relieve the pain than nauseating doses of ipecacuanha, combined with opium, and the extract of stramonium, if the symptoms be very severe. During the interval, no preparation answers better than steel; but care must be taken that such doses and such forms only be given as the stomach will readily assimilate. The following formula is sometimes very useful for the purpose.

(*Ph. Lond.*) ℞ Ferri sulph., zinci valerianat., ā gr. i; ext. nucis vom. gr. $\frac{1}{6}$; ext. belladon. gr. $\frac{1}{6}$ ad $\frac{1}{4}$. M. Fiat pilula. To be taken three times a day.

[*To be continued.*]

COLD INJECTIONS INTO THE UTERUS.

By A. G. Roper, Esq., Croydon.

The following cases of *post partum* hæmorrhage testify to the success of cold water injected into the uterus in this serious disaster. This proceeding I have adopted for some years, with the same unvarying result of the immediate check of the flooding and the permanent contraction of the uterus.

I have also found cold injection either into the vagina or uterus, of much service in those troublesome hæmorrhages which accompany or succeed abortions in the earlier months.

Case i. Mrs. M. was confined May 29th, 1863, with her first child. The labour was natural. Two hours after the birth of the child, I received a message, stating that Mrs. M. was in great pain, and was faint; but that there was no hæmorrhage. Suspecting the nature of the case, I took my elastic syringe with me. My patient was faint, pallid, with cold extremities, and nearly pulseless. There was no external hæmorrhage; but the uterus approached in size to the full term. I injected cold water. Many clots were expelled; the hæmorrhage ceased; and the uterus remained permanently contracted.

Case ii. Mrs. M. was confined with her first child on April 24th, 1864. The labour was natural. The placenta was cast into the upper part of the vagina with the last expulsive effort of the uterus in the birth of the child. The removal of the placenta from the vagina was followed by excessive flooding. External pressure effected nothing more than a partial check to the hæmorrhage; and my patient became rapidly pallid and faint, the flooding being greater than I have ever witnessed. This ceased immediately on the injection of cold water; and the uterus remained permanently contracted.

Artificial Legs. The United States Government has increased the pay heretofore allowed for artificial legs furnished to soldiers. At the present rate ($75), the manufacturers can afford to furnish their best limbs without extra charge. The liberality of the Government, and the necessities of many thousands maimed heroes, have stimulated the inventive powers of the ingenious, and the substitutes for lost limbs are reaching a high degree of perfection. (*Med. and Surg. Rep.*)

Reviews and Notices.

Beneficence in Disease. An Introductory Address delivered at St. Mary's Hospital. By Joseph Toynbee, F.R.S. London: 1865.

Mr. Toynbee endeavours, in this Address, to prove what he calls the "beneficence of disease". We think he fails in the attempt; and fails in consequence of having confused together the symptoms of disease and the disease itself. Mr. Toynbee says that disease is the result of an injury done to the body: "an impression has produced an injury to the body, and disease is the result." Now, to our view, the injury is the disease. Fire burns—*i. e.*, injures—flesh. The burn—the injury—is to all intents the disease. The impression fire has produced an injury, and this injury is the disease. The disease cannot be separated from the injury which represents, and is, the very disease itself.

But Mr. Toynbee has himself given illustrations of his views which clearly show the fallacy lying at the bottom of his argument.

"Thus," he says, "at the outset, I think it must be manifest to every medical man, that, in many instances at least, disease, instead of increasing, in reality repairs the injury from which it arose. A cough, obviously, often seems to remove the source of the injury which causes it—*e. g.*, a foreign body from the windpipe. Vomiting, again, often answers the purpose of ejecting noxious matter from the stomach. Accordingly, we look upon these diseases as of a reparative character," etc.

Now the fallacy here is transparent. Neither cough nor vomiting are diseases; they are simply reflex actions. They are just of a kind with that spasmodic closure of the glottis which is induced, for example, by the attempted inhalation of pure carbonic acid. Cough is not disease; it is merely one of the symptoms of disease, and may depend upon a score of different diseases. Does cough in any way cure tubercle of the lungs, or aneurism, or a laryngeal ulcer? The "impression" spoken of by Mr. Toynbee, in the case he here gives, is manifestly the foreign body in the windpipe; and the "injury" is the irritation, etc., excited by its presence. The "disease" here is assuredly the local injury caused by the foreign body. In no sense can the cough be called the disease, as Mr. Toynbee has it.

Then again says Mr. Toynbee: "An attack of scarlet fever seems to rid the system of the poison causing the scarlet fever, etc." Now surely, if this argument is to hold good, we might equally well speak of the beneficent effects of poisons. An attack of hydrophobia, Mr. Toynbee might equally argue, seems to rid the system of the poison causing the hydrophobia.

Mr. Toynbee also naturally draws illustrations of his position from his own department of surgery; and one or two of these we may add.

"In truth, so commonly is it manifest that diseased processes terminate in the reparation, partial or complete, of injuries, that the thought can hardly fail to suggest itself, whether, in these instances, the fundamental character of disease be not exhibited; whether, in fact, diseases may not be regarded as Nature's processes for repairing or lessening injuries? I have thought it well to bring before you some facts,

which to my mind tell in favour of this view, confining my illustrations to that branch of surgery which I now exclusively practise, and which I teach in this medical school.

"Case I. Two or three years since, a man was admitted under my charge into St. Mary's Hospital, having the pendulum of a clock, eighteen inches long, projecting from, and firmly impacted in, his right ear. He, a German perambulating clockmaker, in the act of picking his ear with the hooked end of the pendulum, had it forcibly thrust into the outer meatus by the unfortunate reel of a drunken baker passing by. The house-surgeon, by the exercise of great force, pulled out the pendulum, the hook of which not only lacerated the dermis, but scraped the bone. Here was the *injury*, the disease which followed consisted in inflammation and profuse suppuration, and afterwards catarrh of the dermis, forming for some weeks a case of, so-called, otorrhœa; but by degrees this disease vanished, and the injury to the ear was wholly repaired. Now, here was a well-marked instance of the presence of a disease, the result of which was to repair an injury." (Pp. 13-14.)

"Case II. A gentleman hunting, galloped along a green lane through a wood, and a twig of an overhanging beech tree penetrated the tube of the left ear and lacerated the drum. Inflammation and suppuration and catarrh of the dermoid layer followed; another form of disease usually called otorrhœa, thus presented itself; after a short time, however, the aperture healed, and the hearing was restored." (P. 16.)

"Case IIIa. A scrofulous lady, who was much out of health, when picking her ear, let a pin fall into the meatus; during attempts at its removal, the point of the pin was pulled by a pair of forceps into the substance of the meatus, and there left. Inflammation and suppuration round the end of the pin followed, as in the preceding case, but it extended to the mucous membrane of the tympanum, thence to the membranes of the brain, and caused death." (P. 17.)

Clearly, in all this, Mr. Toynbee confuses the symptoms of disease with disease itself. If he had told us that we often see beneficent efforts in the system to counteract or compensate for the effects of other diseases or injuries, we could fully follow him. We may see beneficence in the hypertrophied heart which compensates for defective valves. We may see beneficence in the one enlarged kidney which is found compensating the loss of the other kidney. We may see beneficence in the hypertrophied muscular structure of the bladder in cases of stricture. We may see beneficence in the enlarged collateral arteries which follow obstruction of an arterial trunk; etc. But surely all these things can in no sense be called diseases, any more than is the cough attending bronchial irritation.

"Cases of scarlet fever, small-pox, cow-pox, measles, etc., terminating favourably, rectify the several injurious conditions in which they take their origin," says Mr. Toynbee. Here, again, there is much confusion and obscurity of language. If this sentence mean anything, it means that scarlet fever cures scarlet fever! Surely Mr. Toynbee would not call the fearful convulsions resulting from strychnine beneficent; and yet they are so, according to his mode of arguing. For in what respect does scarlet fever, as a disease, differ from strychnine-poisoning? In both cases, we know that a poison is introduced into the system. In both cases, the poison produces certain characteristic symptoms. In neither case do we know how the poison acts. All we do know further is, that according to the strength of the poison introduced, and the state of the body, etc., in which it operates, will be the chance of the recovery of the patients. "An attack of scarlet fever seems to rid the system of the poison causing the scarlet fever." But what is an attack of scarlet fever, excepting the manifestation of the presence of scarlatina-poison in the body? What are those manifestations, except morbid symptoms excited by the poison? Here, as in the case of strychnine-poisoning, either life is destroyed, or the poison is gradually eliminated from the body, or ceases to excite further morbid action, and the patient recovers.

Mr. Toynbee might assuredly have drawn a much more secure basis for his argument, had he gone back to the origin of the diseases to which he especially refers. For example, he might have spoken of the beneficence of fevers, when they lead men wisely to remove the sources of them. He might have largely dwelt on this theme, and have shown that a very large portion, at all events, of the diseases which mankind suffers, are in this way distinctly traceable to acts which are deviations from the laws of Nature; and thus have shown that all this large class of diseases are removeable, if man will only act in accordance with the laws of Nature. In such sense, the beneficence of disease might, we think, be excellently exemplified. But to attempt to show the beneficence of cancer as cancer, or of tubercle as tubercle, of an ovarian cyst, or of rheumatic fever as a destroyer of the valves of the heart, is a task, we must say, which appears to us impossible in our present state of knowledge.

On the Temperature of the Body as a Means of Diagnosis in Phthisis and Tuberculosis. By Sydney Ringer, M.D., Professor of Materia Medica and Therapeutics in University College, etc. Pp. 90. London: 1865.

The object of this work is sufficiently denoted by its title. Dr. Ringer gives the analyses of the histories of twenty-five cases, as examples selected from a number observed by himself and others, and on which the following propositions are based.

"1. There is probably a continued elevation of the body in all cases in which a deposition of tubercle is taking place in any of its organs.

"2. This elevation of the temperature is probably due either to the general condition of the body (tuberculosis), or to the deposition of tubercle in its various organs (tuberculisation).

"3. This elevation is probably due to the general condition (tuberculosis), rather than to the deposition of the tubercle (tuberculisation).

"4. The temperature may be taken as a measure of the amount of the tuberculosis and tuberculisation, and any fluctuations in the temperature indicate corresponding fluctuations in the severity of the disease.

"5. The temperature is a more accurate indication of the amount of tuberculosis and tuberculisation, than either the physical signs or the symptoms.

"6. By means of the temperature we can diagnose tuberculosis and tuberculisation long before the physical signs and symptoms are sufficient to justify such a diagnosis.

"7. By means of the temperature we can diagnose tuberculosis even when during the whole course of the disease there are no physical signs indicative of tubercular deposit in any of the organs of the body,

and in which cases the symptoms (apart from the temperature) are inadequate to enable us to arrive at such a diagnosis.

"8. It is probable that by means of the temperature we can conclude that the deposition of the tubercle has ceased, and that any physical signs that are present are due to obsolescent tubercle and the chronic thickening of the lung-tissue between the tubercular deposit.

"9. It is probable, though further observations on this point are necessary, that the temperature of the body affords a means by which we can diagnose between diseases in which the symptoms and physical signs are either too scanty or too much alike to enable us to decide between them."

Each of these propositions is commented on *seriatim*. Dr. Ringer has started a very useful and important subject for consideration; and, if the mere observation of the temperature of the patient's axilla shall aid physicians in forming a judgment of the progress of a case of phthisis, or in diagnosis of tubercular from non-tubercular disease, the author of this work will have done a good service to medicine. There can be no doubt that, whether on empirical or on other grounds, the observation of the changes in the temperature of the body in disease deserve more attention than has been paid to them.

On some Points connected with the Pathology, Diagnosis, and Treatment of Fibrous Tumours of the Womb; being the Lettsomian Lectures on Midwifery and Diseases of Women, delivered before the Medical Society of London, 1863. By C. H. F. Routh, M.D.Lond., etc. Pp. 135. London: 1864.

The three Lectures which form this work have already appeared in the pages of the British Medical Journal, where they must have afforded much instruction to many of our readers. We have, therefore, only to mention the fact of their publication in a separate form; and to express our hope that Dr. Routh will receive the due reward for having so ably placed before the profession the results of his literary research and practical experience.

The Science and Practice of Medicine. By William Aitken, M.D.Edin., Professor of Pathology in the Army Medical School, etc. In two volumes. Vol. I; pp. 933. Vol. II; pp. 993. Third Edition, revised, and portions rewritten. London: 1864.

That a third edition of this valuable work should be called for within a year after the appearance of the second, is not at all surprising. In preparing the book for the press on the present occasion, Dr. Aitken has, he says, submitted every page to a careful revision, and has "especially aimed at improving the work by rewriting some portions and condensing others, in order to make room for new material, especially regarding the treatment of diseases." He specially acknowledges his obligations to Dr. Graham Balfour, for having revised and corrected the part which treats of Medical Geography.

It is a little more than a year since we expressed our favourable opinion of the merits of Dr. Aitken's *Science and Practice of Medicine*. What we then said of the second edition, is equally deserved by its successor.

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 11th, 1865.

THE MEDICAL COUNCIL.

The Medical Council will reassemble early in next month, at the Royal College of Physicians in London. It is understood that this early date of meeting is fixed in order to allow the Council, if possible, to procure alterations of the Medical Act during the present Parliament.

The Council is, therefore, as heretofore, full of schemes for the good of the profession; but it has as yet, unfortunately, done for us none of the great things expected of it. Since we last cast up its accounts of activity and passivity, a year has passed; and we find nothing since then added to its balance-sheet of things actually done—except, of course, a further addition to its annual expenditure—except, as we have said, in so far as it has been engaged in inquiring and scheming in order to learn how to do something for the good of the profession. It has up to the present time given us a *Register* and a *Pharmacopœia;* and for these blessings and favours the profession has paid some £50,000! But as yet, in the matter of education—its main business—it has settled nothing. Year after year has the *Council of Medical Education* met and met, and talked and talked, and recommended, and advised; but each revolving year has found the matter of medical education left where it was by the preceding year. Seven years—*fugaces anni!*—in truth, have passed since the Medical Council undertook to regulate the medical education of the country; but still medical education is without regulation! What will the Council do with it during this coming session? One great business of the Council, it appears, will be to attempt to obtain alterations in the Medical Act. If, therefore, the Council's energy be concentrated on that object, what will become of medical education? How many more annual meetings of the Council of Medical Education must we record barren of operations effective to settle the medical education of the country? Suppose some member of Parliament ask the Medical Council, when they apply for alterations in the Medical Act: "But, gentlemen, have you already done those duties which devolved upon you under the Act? Before you ask for further powers, tell us how you have used the powers

you possess. Give us an account of your stewardship." Could the Council give a satisfactory reply? Can the Council satisfactorily explain to the profession why they have not already pronounced a solemn scheme of professional education? We fear not.

Let us see how the Council last left this subject, and ask whether it did not then again evade instead of boldly meeting the difficulties—if it did not temporise with the matter, and get rid of it for the moment by a side-wind. And what did the Council do? Instead of dealing with it, the Council said: "We will frame questions on education; send them round to the different educating and examining bodies, and get their opinions thereon. Then we shall see what we shall do—how we may proceed—in another year's time; and thus shall we get breathing-time." Now, in our opinion, this proceeding was an evasion of its duty on the part of the Council; and for the following reasons.

The Medical Council is composed of representatives of all the great medical corporations of the country—is, in fact, the *élite* of the teachers and examiners in medicine. The Council, therefore, is composed of men who have full and perfect knowledge of everything that is known about medical education—of men who are well acquainted with the sentiments and wishes and opinions, touching education, of every medical corporation and examining board in the country—of men who know to a tittle what ought to be demanded of the student in the way of education, and what of candidates for licenses to practise medicine and surgery; who know where the present system is weak, what screws in it are loose, and how they may be tightened. But, with all this perfect and complete knowledge of the subject—its especial business—the Council goes on year after year, may we not say, shilly-shallying and playing with the subject, and settling nothing. It lays down no grand national scheme of medical education.

Does it not, indeed, really seem something worse than superfluous, that the Council, which has been now for many years engaged in studying this question of education, which is composed of representatives of all the different medical corporations, etc., of the country—of gentlemen who are sent to the Council to explain, express, and enunciate the views and opinions of those medical corporations, etc., in Council—we ask, does it not seem something more than superfluous, that such a Council should apply, by solemn questions, to those corporations, which they themselves represent, to learn their views on medical education? We will venture to say, that there is not at this moment in the Council a single member of it who has not long since made himself master of the wishes and opinions of every medical body in the country on the subject of medical education. Why, then, does the Council go through the vain process of putting questions of which it already has and knows well the answers; and of thus adjourning indefinitely the settlement of a scheme of medical education?

Surely it is not for want of information that the Council thus puts off from year to year the performance of its duty. Well, we suppose the profession has long ago learnt, from the reports of the discussions of the Council, that the Council cannot assume to themselves the broad title of national; that there are members of it, in fact, who regard much more the interests—the selfish interests—of the bodies which they represent, than they do the interests of the profession and of the country at large. But surely, if the Council as a Council be of any service at all in this matter, it must be by itself laying down and enforcing the adoption of a grand national scheme of education. If the Council confess that it is of itself unable to frame such a scheme, it virtually confesses its incapacity for the performance of the duties of Councillors; or if it have not the courage to enforce the carrying out of the scheme which it considers right, then again does it confess itself unequal to the duties and functions which it has assumed. There is no escape from this dilemma but one; and that is, that the Council has not, by law, the power to enforce the carrying out of its own proposals. But this is really a mere excuse.

The Privy Council can prevent any recusant examining board from granting licences; and it has never yet been shown that the Privy Council would refuse to grant such interdict at the instance of the Medical Council, in any case where it could be shown that a licensing body refused to acknowledge the terms of education laid down by the Medical Council. But, if the Privy Council would not or could not interfere, why then does not the Medical Council apply to Parliament for the necessary powers of carrying into act its own schemes?

If the Medical Council—a Council of Medical Education—after years of study of the subject, have neither knowledge sufficient to draw up a scheme of a national medical education—if it have not power sufficient to enforce the general adoption of any scheme which it may propose—of what use is such a Council? This is the question which, it seems to us, must occur at the present moment to the profession at large; and which we think we are justified in forcing upon the consideration of the Medical Council itself at the present moment.

We believe we are justified in adding that, as the matter stands at the present moment, it is neither from want of sufficient knowledge, nor from want of sufficient power, that the Council does not act; but solely from want of sufficient courage. Some one or other of our great examining bodies, being strongly represented in Council, defeats the good intention of (we believe) the majority. The some one or other of our great corporations concludes that a proper

scheme of education, such as we must suppose the Council might expound, would be injurious to its own proper interests; and, thereupon, this one or other of the great corporations exercises its powerful and selfish influence so effectually as to burke the good intentions of (we believe) the majority of the Council. The majority, kind and gentle by nature, yield to this powerful pressure; and hope, in the course of time, to subdue it by the force of "moral suasion."

On another page is published a list of the successful candidates for medical appointments in the army, at the competitive examination in August last. The list contains the names of seventy-seven gentlemen, with the places at which they received their education, and the number of marks they obtained. Of the 77, the English schools of medicine furnished only 10; viz., 8 from London and 2 from Birmingham. Scotland sent 18; viz., 8 from Edinburgh, 7 from Aberdeen, 2 from Glasgow, and 1 from Edinburgh and Glasgow. With the exception of two candidates, who respectively entered Cork and Edinburgh, and Belfast and Glasgow, as the places where they were educated, the remaining candidates—47 in number—came from Irish schools; viz., 32 from Dublin, 7 from Cork, 1 from Belfast, 3 from Dublin and Galway, 2 from Dublin and Cork, and 2 from Dublin and Belfast. Of marks—the highest number attainable, we believe, being 6000—the candidate standing first on the list obtained 5247, and the lowest 2392. On further analysis, we find that 2 candidates only obtained more than 5000 marks; 14 more than 4000 and less than 5000; 46 more than 3000 and less than 4000; while the remaining 15 ranged from 2392 up to 3000. Of the candidates from London, 3, holding the 3rd, 8th, and 14th places, had above 4000 marks; and the other 5 varied from 3494 (No. 35) to 2698 (No. 71). The two Birmingham candidates had respectively 3690 and 3292 marks. Of the Scotch candidates, one—from Edinburgh—stands first on the list, and is followed immediately by one from Aberdeen and Glasgow. Altogether the position of the Scotchmen is fairly good; there being 2 with more than 5000 marks; 4 with above 4000 and less than 5000; 11 with more 3000 and less than 4000; and one alone—the last but one—with less than 3000. Among the Irish candidates, the 7 Cork men, in proportion to their numbers, stand highest—the numbers affixed to their names ranging between 4310 (No. 9) and 3530 (No. 32). The Dublin candidates, who form a very large proportion of the total number—being 32, exclusive of 7 educated partly in Dublin and partly in Galway, Cork, or Belfast, occupy various positions; but the majority—22—have places below the fortieth name on the list, with numbers ranging from 3417 to 2392. Of the remaining 10, 4 have above 4000 marks to each of their names. It is evident that, but for the influx from Ireland, the supply of candidates for the Army Medical Service would have been very defective; and further, that the greater part of this supply has consisted of but an inferior class—men who cannot approach two-thirds of the marks required, most, indeed, falling very far short even of this. The English candidates, also, occupy on the whole but a very mediocre position—decidedly not nearly so good as the Scotch candidates, or those educated in the Queen's College at Cork. Considering the numbers and the education of London students, this is a state of things which one would not *à priori* expect; and the only reason that can be assigned for it is, that the higher class men from the English medical schools do not find it worth their while to enter the army. We can scarcely congratulate the Director-General on the results of the August examination. If the service had been made properly attractive, he would without question have had applications by the score from men superior to at least one-half of the recent candidates. But now the Director-General's list contains, as it appears to us, a large proportion of those "third class men" who have been declared by men in high authority to be good enough for the British soldier. These remarks, it must be understood, apply to the result of the examination held in August last. Of that which was held lately, we have as yet no details; but we have been informed that, on that occasion, 57 candidates presented themselves for the Royal Service and 35 for the Indian Service—making in all 92; and that of these 30 were rejected. Of what stuff the successful candidates were made, we shall probably hear at a future time.

Our readers will, we are sure, be pleased to learn that the efforts made by the British Medical Association on behalf of the army medical officers have already produced some beneficial effects. We are glad to be able to note that certain improvements have been recently made in the Medical Department of the Army. In the first place, we may remark, that the branding order has been modified, and freed from its objectionable features. Then, again, regular forage allowance has been granted to medical staff-officers, and not, as heretofore, only when they had particular charges, which very rarely ever happened. The result of this is, that all staff-surgeons and deputy-inspectors have their horses' keep provided for them; whereas formerly they paid for the keep out of their own pockets, if they had horses at all. And, moreover, we find that, in the matter of baggage, the surgeon now is allowed his proper quantity, according to rank; whereas formerly, by the Queen's regulations, he was only allowed 13 cwt. where he had a right to 18 cwt. according to rank.

Then, again, the surgeon has been relieved of very considerable expenses to which he has been hitherto liable. He is not now charged the expenses of new commissions on being transferred from the staff to a regiment; nor is he made to pay new subscriptions to mess and band funds, on occasion of exchange or transfer. In future, the medical officer will only have to pay the current subscriptions of the year. This will prove a great saving to many men who may be often moved about from one post to another. And, lastly, we must not omit the fact that honours have been of late awarded with an unusually liberal hand, as in the late New Zealand war. All these are very satisfactory signs, indicative of a tendency on the part of the Horse Guards to listen to the opinion of the profession, and to do something like justice to our army medical brethren. Never, however, will the army medical officers and the profession rest contented until due rank and precedence, such as was granted to them by the Warrant of 1858, has been restored to them. It is self-evident that no body of men, with the feelings of gentlemen, can occupy contentedly the position assigned to army medical officers, and accept the often painful position of inferiority which they are made to hold in relation to their brother officers, through want of the proper precedence of rank. The profession must claim for their army brethren a return to the Royal Warrant of 1858.

Dr. R. Davys has been unanimously elected Coroner for the Northern Division of the County of Dublin.

Dr. Babington, who was recently elected a member of the Government Commission on Contagious Diseases, has brought the subject of registration of prostitutes, etc., under the notice of the Epidemiological Society. We may therefore, we suppose, consider his views as indicative of the course which will probably be pursued in this matter by the Commission.

M. Jolly has delivered a well-written and scientific and reasonable counterblast to tobacco before the French Academy of Medicine. His proofs will, however, we suspect, hardly satisfy the smokers of the world. It is often not an easy thing to bring home guilt even to a guilty party. M. Jolly makes statistics show that tobacco-smoking has greatly increased mortality, and particularly of death from nervous diseases, and of men. The tables of mortality, he tells us, for the last twenty years, show a much greater mortality of men between thirty and fifty years of age, than of women. And what, he asks, must be the cause? When a man has reached from thirty to fifty, he has already paid his tribute to death from war; he has also paid his tribute to the diseases of adolescence, eruptive fevers, and tuberculous diseases. The statistics of mortality answer the question by showing that it is from an increase of nervous diseases that this mortality is caused—an increase of that long list of diseases which result from all kinds of physical, moral, and intellectual excitements, and, above all, from the effects of the abuse of tobacco. How is the evil to be remedied? To attempt the suppression of smoking is a Utopian idea. M. Jolly recommends that men, if they must smoke, should use the tobaccos of Greece, of Arabia, of Paraguay, which only contain small proportions of nicotine, instead of using those tobaccos which are saturated with the poison. By so doing, agriculture would gain 20,000 *hectares* of excellent land, which are now used in the cultivation of a poisonous plant. Or, if this cannot be, then let science deprive the strong tobaccos of their excess of nicotine, and replace it with perfumes, etc.; and also let the public be enlightened as to the evils which tobacco-smoking is at present inflicting on society. To those interested in this subject, M. Jolly's paper will be found exceedingly interesting, and full of statistical materials.

M. Fournié, by an ingenious contrivance, has demonstrated to a class a polypus situated on the border of the left lower vocal chord. He employed the magnesium light, which costs about one shilling a minute, by means of the lamp of M. Mathieu-Plessy. The rays are thrown on to the mirror at the back of the throat, and then, by means of a biconvex lens placed in front of the patient's mouth, the reflexion of the polypus is greatly magnified, so as to be visible to persons several yards from the object.

The Surgical Society of Paris has for some time past urgently pressed upon the Administration the propriety of not building the new Hôtel Dieu larger than will suffice to contain four hundred beds. All their efforts so far appear to have been unavailing; for it is decided that the new building shall contain upwards of eight hundred beds! One more attempt—a "supreme effort"—the Society is going to make, under the leadership of M. Velpeau, in favour of a small hospital.

Dr. Boncewicz, a Polish physician, who lately died, has left all his fortune to medicine and his brethren. He has bequeathed 100,000 *francs* to build a house for the Society of Physicians of Warsaw; 60,000 *francs* to support two young men while devoting themselves to the study of moral and technical sciences; 50,000 *francs* for the support of five poor widows of medical men; and 10,000 *francs* to the Deaf and Dumb Asylum. His library, full of precious books, is to be distributed amongst the most deserving and needy students of the University of Warsaw.

Progress of Medical Science.

SURGERY.

PREVENTION OF SUPPURATION AFTER OPERATIONS ON TUMOURS. At the meeting of the Academy of Sciences on November 28, M. Velpeau communicated a note from M. Pétrequin, in which that surgeon advocated the application of tincture of iodine as a means of preventing suppuration after the removal of tumours; especially in situations such as the face and neck, where it is desirable to prevent the formation of cicatrices. Hitherto, M. Pétrequin observed, iodine has been applied with the view of modifying the suppurative process; but M. Pétrequin's object has been to prevent it altogether. He has, like M. Velpeau, many times observed that, in hydrocele, for instance, suppuration was less likely to follow the injection of tincture of iodine, than of wine. He has never seen suppuration follow the injection of iodine into the parenchyma of organs, into glands, into the thyroid body, or into cavities; but, on the contrary, the formation of pus appears always to have been prevented. (*Gaz. Méd. de Paris*, 10 Dec., 1864.)

REMOVAL OF LARYNGEAL POLYPI BY DIVISION OF THE THYROID CARTILAGE. Drs. Ulrich and Lewin of Berlin have related a case of extirpation of a polypus of the larynx after preliminary division of the thyroid cartilage. According to Lewin, two cases only of this operation had been previously recorded; one which was performed by Ehrman of Strasburg in 1844, and another said by Pirogoff to have been performed some time ago in Heidelberg. The present case is interesting in its result, as compared with that of Ehrman. In Ehrman's case, the voice was not restored after the removal of the tumour; in that related by Ulrich and Lewin, there was perfect aphonia before the operation, but afterwards the patient was able to speak distinctly, in a somewhat deep bass voice. The patient was a girl, aged 16, who four years previously had, without any known cause, suddenly became hoarse, and at last lost her voice. On a laryngoscopic examination being made by Dr. Lewin, polypous growths, especially on the left false vocal cord, were found to be the material cause of the aphonia, and also of considerable impediment to respiration. As a preliminary measure, a cannula was, on October 8, introduced through the crico-thyroid ligament, with the effect of rendering the breathing perfectly free. On October 31, Dr. Ulrich, with the assistance of Dr. Lewin and two other colleagues, put the patient under the influence of chloroform; the thyroid cartilage was divided and held apart by blunt hooks, and the cannula was removed; the polypus, on which the light of a lamp was thrown by means of a mirror, was seized with hooked forceps and cut off by curved scissors. The polypous growths, two in number, were seated inside the laryngeal ventricle and on the false vocal cords; their bases were not broad, and it was found necessary to remove them separately. The two tumours formed together a mass, of about the size of a hazel-nut. After removal, caustic was applied to the points whence the tumours had arisen; the cannula was re-introduced, and the wound made in the operation was brought together with strips of plaster. On the third day the cannula was removed, as the patient could breathe freely through the normal passage. On November 23, the wound was nearly cicatrised, and the firmness of the larynx shewed that the divided halves of the thyroid cartilage had united. On laryngoscopic examination, Lewin subsequently found that, in speaking, the edges of the false vocal cords became perfectly approximated and almost closed the glottis, while the true vocal cords were red and swollen, moved very imperfectly, and were far from closing the glottis. He attributes the remarkably deep bass voice of this young patient to the abnormal activity of the false vocal cords, which here acted vicariously for the true cords. (*Wiener Med. Wochenschr.*, 1 Feb., 1865.)

CLOSURE OF FISSURE OF THE PALATE. Mr. Annandale, in the *Edinburgh Monthly Journal*, describes two operations of closure of congenital fissures in the hard and soft palates, and remarks thereon that fissures of the hard palate have been successfully closed by operations in England; first by Mr. Avery, and more recently by other surgeons; but he can find no recorded account of any case in which a fissure, involving the entire hard and soft palates, has been cured by operation in Scotland. The operation performed for the relief of fissures of the hard palate, as practised by Avery, and subsequently by other surgeons, with some little alterations, consists in first paring the edges of the fissure, and then dissecting off the soft tissues from the hard palate, so as to secure a flap on each side, the inner margins of which flaps are brought together over the fissure and adjusted to one another. Langenbeck recommends that the periosteum of the hard palate should be separated along with the other soft textures, in order that the fissure may become in time closed by bone. From the nature of the soft textures over the hard palate, and from the manner in which these were separated by Avery and other surgeons, it is probable that the periosteum was thus separated by these gentlemen in their operations. Mr. Fergusson of London first suggested the division of the muscles of the palate in order to facilitate the operation for closing fissures of the soft palate, and prevent any traction on the edges of the wound during its healing. Surgeons are, however, by no means agreed as to the propriety of this proceeding, or as to the particular muscles which it is necessary to divide. Mr. Annandale considers the division of the muscles of the palate an unnecessary complication of the operation. In operating in the first case, Mr. Annandale made much freer incisions along the alveolar margins of the flaps than have, he believes, ever yet been practised in such operations. This he did because the fissure was wide and extensive, and he found that it was the only way to separate the flaps to that extent which would permit of their being brought together without any tension over the fissure. In order to avoid wounding the posterior palatine artery or its branches, the incisions were made quite on the alveolar ridge within a short distance of the free edge of the gum. The result of the first case proves that the soft tissues and periosteum over the hard palate may be almost completely removed from their connection with surrounding textures and yet may live, heal in their new position, and no injury to the bone result. In separating the periosteum and other soft textures from the hard palate, he employed the blunt instrument recommended by Langenbeck for the purpose, and much prefers it to those curved or angular knives which are generally used in this country. The bleeding during the operations was easily checked by washing out the mouth occasionally with cold water. The stitches in the soft palate were not interfered with until the ninth or tenth day after the operations. The stitches in the hard palate were removed much sooner. If the stitches in the soft palate are not causing much irritation, they should be allowed to remain even longer than ten

days, a fortnight at least. For, although the wound may be united before this, the union is not strong, and may be ruptured by excessive movements of the parts. The patients in both instances were allowed to take fluids, such as beef-tea, water, milk, or thin gruel, two or three times a day for the first ten days after the operation, and after that time a firmer diet was given, but nothing which required much mastication was permitted till the end of three weeks after the operation. The patients were confined to bed, and forbidden to talk for the first week; but at the end of this time they got out of bed for several hours daily. In a third case, he extended the alveolar incision backwards, by carrying it round the last molar tooth, still, however, keeping close to the dental margin of the gum. By this means tension may be more completely taken off the wound in the soft palate without any division of the muscles.

Melanotic Tumour of the Orbit. At a recent meeting of the Pathological Society, Mr. J. Z. Laurence exhibited a melanotic tumour of the orbit, which he had removed ten months previously from a woman aged 62. The tumour had then been growing eight or nine months. The eyeball was protruded from its socket, but not apparently enlarged itself. It was insensible to light; the interior of the eye was illuminable, but no details could be observed. The patient had suffered great pain, which she referred to the temple and side of the head. Mr. Laurence removed the tumour together with the eyeball, which was found to be firmly embedded in its substance. The growth was enveloped in a firm pseudo-cyst of cellular tissue, and presented all the obvious and microscopical characters of melanotic cancer. The eyeball itself was quite free from morbid deposit; the vitreous body was fluid; the retina partially separated; the lens nebulous. The tumour recurred *in situ* in about three months, when Mr. Laurence transferred the case to Mr. Weeden Cooke. The patient died in about three months afterwards; by which time the secondary tumour of the orbit had attained the size of a cricket-ball, and deposits were found within the cranium. Mr. Laurence considered this case remarkable for the extremely acute course it had run, differing in that respect from the cases of melanotic cancer of the eye he had hitherto observed, and agreeing more with those of encephaloid cancer of the eyeball in children. In corroboration of this assertion, he instanced a second case of extensive melanotic cancer of the orbit, which he had removed some years ago; in which case no recurrence of the growth had taken place, when he saw the patient two years and four months after the operation.

Penetrating Gunshot Wound of the Liver and Pleura. Dr. E. Batwell, of the Federal army, communicates some interesting notes on army practice. P. H. received a gunshot wound in September, the ball penetrating posteriorly and laterally between the eighth and ninth ribs of the right side, passing obliquely upward and presenting itself on the opposite side, between the seventh and eighth ribs. Considerable hæmorrhage had taken place, and the dyspnœa was terrible. Air regurgitated through the wound, and some emphysema developed itself around the opening of the left side. Nothing indicated that the lung was injured. A wide bandage was applied around the thorax, leaving the wounds uncovered so as to favour the escape of any fluids. Brandy and morphia were given freely, and it was fully thirty hours before any sort of reaction set in. For four days no change seemed to take place, but on the fifth he seemed to rally and on the eighth day a large slough came away, followed by a discharge of pure bile, which continued for several days through both openings, affording no little *amusement* to the patient, as on a full inspiration followed by forcible expiration, he would eject pure yellow bile to a considerable distance. He had no spitting of blood and the point of exit healed about the sixteenth day. On the thirtieth all discharge had ceased, and was transferred north about October 24th, perfectly recovered. (*Philadelphia Medical and Surgical Reporter.*)

Gunshot Wound of the Cerebellum. Dr. Batwell also relates the following case. Lieutenant W. B., shot through the head on the previous day, was brought on September 2nd into hospital. He was perfectly unconscious, breathing stertorously, with a wound about one inch above the mastoid process and presenting itself on the opposite side, where the cerebral matter left no doubt as to the fact that the brain was injured. Toward evening he became conscious and very restless, complaining of "loss of vision and inability to raise his head." Toward midnight he commenced to scream, and for three weeks did so incessantly, even during his moments of sleep. Dr. Batwell removed him to a distance from the hospital, and on the 20th he became *suddenly* composed and quiet, answering perfectly coherently any questions asked him. The left side for some days seemed paralysed, as he could not use his hand or leg as he did the other or opposite side. The face was drawn to the *right*, and he seemed to have some difficulty in swallowing. The secretions were natural and he never lost control over them. He had constant priapism, with seminal emissions. All these symptoms, however, became gradually better, but as soon as he became enabled to move about, he seemed unable to guide his movements; the power of *will* over motion seemed lost, and for some time he was obliged to be led by his nurse. Finally this symptom became better and he convalesced rapidly. The pupil of the left eye seemed permanently dilated and intolerant of light. During the process of healing several spiculæ of bone came away, but about the seventh week all discharge from the wound had ceased and he was transferred to Nashville. (*Philadelphia Medical and Surgical Reporter.*)

Fracture of the Lower End of the Ulna by Indirect Violence. Mr. H. J. Tyrrell relates the following case. A man, aged 60, presented himself as an out-patient at Jervis Street Hospital in Dublin on the morning of December 16th, and stated that, about ten minutes before, while getting up on a stool to clean a shop-window, he fell on his right hand. On examination, Mr. Tyrrell easily discovered a fracture of the ulna two inches from the wrist. There was little or no swelling. A distinct crepitus was felt, and the line of fracture could be easily traced; it extended from the radial side upwards and inwards. There was a hollow on the ulnar side of the forearm corresponding to the site of the fracture. There was no deformity on the radial border of the limb, neither was there the characteristic dorsal prominence of Colles's fracture. By means of an interosseous pad and a straight splint on the front of the forearm, the deformity was removed, and no extension was requisite to replace the broken ends of the bone. Mr. Tyrrell believes this case worthy of notice from its extreme rarity. That the patient fell on his hand was evident, as the palm of his hand, when he presented himself at the dispensary, was soiled from coming into contact with the wet flags of the street. (*Dublin Medical Press,* February 1st, 1865.)

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, March 23rd, at Three o'clock *precisely*.

Business. To receive communications from the President.

To receive the Treasurer's Financial Report.

To consider a communication from Dr. Davey to the President of the Council.

To consider the Laws of the Northern Branch.

To appoint adjudicators of the Annual Prize Essay.

To fix the time of the Annual Meeting.

Any other business which may be brought forward.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, March 7th, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Ship, at Faversham, on Thursday, March 16th, 1865, at 3 P.M.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary. ROBERT L. BOWLES, L.R.C.P.,

Honorary Secretary.

Folkestone, March 1st, 1865.

MEDICAL PROVIDENT SOCIETY.

AT a meeting of the Council of the Metropolitan Counties Branch, held on March 7th, S. W. J. MERREIMAN, M.D., of 3, Charles Street, Westbourne Terrace, was elected a Director of the Medical Provident Society, in the room of Dr. Sieveking, resigned.

MEDICAL BENEVOLENT FUND.

SIR,—I beg to acknowledge with many thanks the receipt of £49:10:6, being the balance of the "Bowen Fund". I am, etc.,

JOSEPH TOYNBEE, *Treasurer.*

18, Savile Row, March 7th, 1865.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fourth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, March 2nd; R. W. FALCONER, M.D., President, in the chair. There were also present forty-one members.

New Member. Thomas Woolmer, Esq., Gloucester Road, Bristol, was elected a member of the Association and of this Branch.

Papers. The following papers were then read and discussed.

1. Typhoid Fever in the Pig, illustrated by a Specimen of Ulcerated Intestinal Follicles. By W. Budd, M.D. Two drawings, exhibiting the Intestinal Follicular Disease of the Rinder Pest, or Cattle Plague, were also exhibited by Dr. Budd.
2. Notes on a Case of Umbilical Hernia. By R. W. Falconer, M.D.
3. Case of Fracture of Skull. By J. W. Teale, M.A.
4. Encephaloid Cancer of the Neck. By C. S. Barter, Esq.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

JAMES HAKES, Esq., Vice-President, in the Chair.

Removal of Depressed Skull. Dr. CAMERON showed a depressed portion of skull removed from a patient who had been subject to convulsions for the last ten years of his life. The case is one of peculiar interest; and a full account of it will shortly be published.

Partial Excision of Humerus. Mr. IRVINE introduced a Crimean soldier, from whose humerus four inches of the upper portion had been removed, and gave a brief history of the case.

Fever. Mr. STEELE read a paper on the Nature and Treatment of Fever.

Dr. WHITTLE concurred generally with Mr. Steele in his remarks on the treatment of fever. As a sedative, he preferred hyoscyamus to opium; but had met with cases where the former had produced both stupor and headache. He preferred anticipating the occurrence of coma by the application of a blister to the head whenever there was much stupor. Speaking generally, he made use of stimulants; the quantity varying much according to circumstances. Some patients' friends objected very strongly to their taking spirits; and he mentioned a case where he himself administered eight glasses of whisky and water to a patient of this class in one day, who made an excellent recovery. He believed that if, in this instance, the patient had been left to the management of his friends, death would have been the result. This was quite an exceptional case; for it was seldom that he had to resort to such large quantities. Patients, particularly young ones, sometimes obstinately refuse stimulants (though the physician may think them necessary), and yet do well; in such cases, he would not press their administration over much. He agreed with Mr. Steele's remarks on purgatives; in his own practice, he frequently substituted enemata with advantage. He was not prepared to adopt Mr. Steele's views on diaphoretics, as he considered much good was done by the promotion of gentle perspiration; and he did not believe that the sweating crisis alluded to by Dr. Corrigan could possibly be produced by diaphoretics. When the sweating crisis did occur, he quite agreed that it was a most dangerous symptom; but he did not believe that this could be brought about by the use of diaphoretics, and that, therefore, this should not be brought forward as an argument against the proper use of diaphoretics in the treatment of fever.

Dr. CAMERON, after alluding to the advantages of studying the natural history of fever as the best means of advancing our knowledge of its treatment, remarked that the principle laid down by Mr. Steele consisted virtually in the treatment of symptoms. Dr. Cameron, however, considered that symptoms were, within certain limits, indications of the "efforts of nature", which tended to promote recovery; and that, hence, interference by art became necessary only when they assumed a character inconsistent with the favourable progress of the case. Dr. Cameron differed from Mr. Steele, and concurred with Dr. Murchison's views on "elimination"; and referred to the importance of the skin, bowels, and kidneys, as means of eliminating the fever-poison from the system. As to purgatives, he believed that there was, at present, an unfounded dread of this class of remedies, from the judicious administration of which considerable benefit is derived; adducing,

in illustration, the good results which, in typhus, frequently followed a spontaneous attack of diarrhœa, and the milder and less fatal character of the typhoid form of fever, in which that symptom was a prominent feature. Opium, he considered, if given at the right time and in a suitable dose, was a valuable and perfectly safe remedy. He regretted that Mr. Steele had not given the Society an idea of the amount of stimulant he had found necessary; for Dr. Cameron believed that, according to the prevalent mode of treating fever, they were administered too freely, and that many a valuable life had been lost by over-stimulating. Alcohol, he regarded not as "food", but simply as a stimulant; and as a poison, when given in the large quantities he had frequently seen ordered. Given cautiously, and in moderate doses, he believed it acted beneficially. He quoted some valuable remarks and statistics, published in the *Lancet*, by Dr. Gairdner; from which it appeared that, in the Glasgow Fever Hospital, the mortality had been 17 per 100, with an average consumption per head, during the entire illness, of forty ounces (wine and spirit included); whereas, it had only been 12 per 100, with an average consumption of five ounces (wine and spirits included)—the type of the disease being nearly alike as possible.

Dr. SHEARER thought that there was a great deficiency of original observation in Mr. Steele's paper on the really essential phenomena of typhus and its complications. He feared that Mr. Steele had added very little to our knowledge of the eruption, the mode of crisis, the cardiac and pulmonary complications which so frequently embarrass the treatment, or the varied and important sequelæ which follow the disease. He again referred to the great disparity between the hospital mortality in typhus, and that observed amongst cases treated amidst the discomforts and squalor of the homes of the poor. In the Toxteth Park Workhouse Hospital, to which he had himself sent 278 out of the 581 cases tabulated below as treated in that hospital, the general average of mortality was more than double that amongst home-treated patients. Reference to the tables will shew that, under 20, the mortality in hospital was greater by one-half; between 20 and 40, it was double; from 40 to 60, it was $2\frac{1}{2}$ times greater; above 60, it was greater by one-half. It might be the practice with some medical men to send the worse cases to hospital; but, under no circumstances, did he do so, as he deemed such a step, in innumerable cases, would be certain to lead to a fatal issue. Upon the whole, the cases treated by him at the patients' homes, and those sent to hospital, were as nearly similar, in all respects, as one could wish, even for the purpose of an experiment. He feared that, to the causes of this excessive hospital mortality indicated at last meeting, he must add a possible fourth; viz., the excessive and unwarrantable use of stimulants in nearly all cases of typhus, which appeared to be the rule with the majority of practitioners. As a rule, he never gave stimulants to young people under 20; and not even to adults or the aged, except there were indications of unusual depression or prostration. Wine was the principal stimulant employed, and the bulk of that was ordered for patients in the convalescent stage. The treatment consisted in the frequent presentation of light nutritious food—such as milk, beef-tea, meat-broth, with butter-milk or imperial drink *ad libitum*; frequent sponging of the exposed surfaces; quietness and free ventilation. There was little indication for the use of medicines. He had never observed either "a critical diarrhœa or diaphoresis"; when these occurred, they only complicated and delayed the crisis, which, in his experience, was a very gradual affair indeed, extending over several days, and commencing any day, from the tenth to the fourteenth of the fever.

The following is the table of Comparative Mortality in Typhus submitted by Dr. Shearer.

	Under 20 years.	20 to 40.	40 to 60.	60 and upwards.
Liverpool Fever Hospital	4.3	16.7	36.1	50
London Fever Hospital	5.5	16.9	39.6	62.3
Netherfield Road Hospital	Average	14 per ct.	for all	ages.
Toxteth Park Fever Hospital. (581 cases; 116 deaths)	5.15	20.14	48.12	80
Dr. Shearer. (610 cases; 48 deaths).....	3.3	10.0	18.18	50

The President, Mr. Higginson, Mr. T. S. Walker, and Dr. Burrows, also took part in the discussion. It was unanimously resolved that the discussion should be adjourned to the next meeting of the Society.

Mr. STEELE, in replying, thought that the indication for blistering in fever, was to rouse the brain when coma or stupor had actually appeared, rather than in anticipation of that condition, as suggested by Dr. Whittle; and as to the gentle action of the skin excited by cold affusion, it was doubtless a relief to the system; but he, nevertheless, considered that anything approaching to copious perspiration added materially to the danger of the case. Of the plan of giving one large dose of quinine once in the twenty-four hours, spoken of by Mr. Higginson, he (Mr. Steele) had no experience; but believed that the treatment of fever by cinchonism, introduced by Dr. Dundas, had been abandoned as useless, after careful trials by Tweedie, Corrigan, and others. He did not, as Dr. Cameron seemed to imagine, reject the use of diuretics under all circumstances; but thought that they were likely to do harm rather than good, where the kidneys were involved in that condition of hypostatic congestion of all the internal organs which characterised certain states of the system in typhus. Purgatives, also, might be useful to remove accumulation in the bowels; but he objected to their use as eliminants of the fever-poison, thought extreme caution was necessary in their administration, and believed, with Dr. Whittle, that enemata might often be substituted with advantage. He had purposely avoided stating any precise rule as to the quantity of stimulant which should be given, as it entirely depended upon the indications present in individual cases, and could only be determined at the bedside. Many cases, especially those under puberty, might require no alcohol at all; others demanded large quantities and large doses. Hence, the impossibility of settling this question by statistics. The only safe guide in the use of stimulants, was close observation of the lesion of circulation, as shown by the pulses of the heart and wrist, and the extent and colour of the eruption. When, under stimulation, we found the pulse increase in force and the maculæ become less livid, we might feel sure alcohol was doing good. He had repeatedly given as much as twelve ounces of brandy in twenty-four hours, with the evident result of saving the patient's life, and without causing any of those serious lesions in the alimentary canal, which Dr. Burrows had described as the effect of alcoholic treatment. He coincided in Dr. Cameron's view, that alcohol was not food, but a stimulant only, which was at once carried out of the circulation without undergoing digestion; and hence its great value in that condition of the function of nutrition in which the assimilative function was suspended or deranged. As to Dr. Shearer's remark, that nothing

had been said about the characteristics of the eruption, he would simply reply that he was not giving a clinical lecture; but directing attention to certain points especially interesting to practitioners who were familiar with the symptoms of fever. In answer to the President's inquiry, as to his experience in the use of digitalis, he had not seen it tried in fever; and, although believing with Dr. Handfield Jones that in some forms of heart-disease that drug acted as a cardiac tonic, he could not think it was a suitable remedy in the generality of fever cases. In stating as an objection to the use of alcohol, that it increased thirst, Dr. Burrows ignored the well known fact that in the advanced stage of typhus, the sensation of thirst was entirely absent. The return of desire for fluids was, in fact, a favourable sign, indicating a less grave lesion of the function of innervation. In conclusion, he read a letter from Dr. Wm. Budd, fully endorsing the views advocated by the author in the former portion of his paper, as to the erroneous doctrines of the *de novo* production of fever, and as to the higher relative rate of mortality in fever hospitals.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEBRUARY 1ST, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Two ordinary Fellows were elected.

Specimens. Dr. BATHURST WOODMAN exhibited specimens of Chancre and Fibrous Tumours of the Uterus.

Dr. GREENHALGH exhibited a Polypus weighing upwards of a pound and three quarters, which he had removed from the uterus of a woman 40 years of age by means of a pair of curved scissors. The author insisted on the necessity for cutting away these growths, and the desirability of removing them *in situ*, rather than making forcible traction on the uterus for the purpose of bringing them within easy reach of the operator.

ON A NEW METHOD OF SECURING THE PEDICLE IN OVARIOTOMY. BY I. B. BROWN, ESQ.

The author observed that hitherto there had been three distinct methods of securing the pedicle: first, by ligature, allowing the ends to hang out, as practised by Dr. Clay of Manchester (the pioneer of ovariotomy in this country, who had steadily led us on to our present results), and by Lane (the first surgeon in London who performed this operation) consecutively; secondly, by clamp, as first suggested by Hutchinson, and followed by many others; thirdly, by cutting off the ligature short and closing the wound, as first successfully practised by Rogers of New York in 1829, by Dr. Bellinger in America in 1835, by Dr. Siebold of Darmstadt in 1846, and recently by Dr. Tyler Smith. The first three gentlemen's cases were all successful, and the last-named gentleman has also had great success. Mr. BROWN said that his objections to the first method had been the length of time required for the ligature to come away, which varied from nine days in his own practice to a month in that of others; to the second, the frequent severe pain caused by the dragging of the pedicle, or the pressure of the clamp itself; to the third, the unsuccessful results in his hands following its use. Having repeatedly used the actual cautery of late, employing Dr. Clay's instruments, in burning adhesions off the omentum and elsewhere, he had been gradually led to the conclusion that the actual cautery might be employed in treating the pedicle itself. Consequently, on December 28th, 1864, he tried it upon a patient of Dr. Burchell, of the Kingsland Road, a lady 47 years of age, who had had three children, the youngest twenty-one years since. The disease was first discovered by Dr. Burchell in August last, and so rapidly increased as to lead Dr. Barnes and Dr. Tanner to recommend extirpation some short time before he (Mr. Brown) saw her. As the abdomen then was very large, the skin shiny, and the general health rapidly suffering, he performed the operation by Clay's large incision. There were many adhesions laterally and posteriorly, the bleeding from which was checked by the actual cautery; and finally the pedicle, being secured by a clamp, whilst a very large multilocular mass of cysts was removed, was thoroughly seared by actual cautery and allowed to drop. The wound was then closed in the usual way, and it healed in a week, the patient being convalescent in a fortnight. Mr. Brown thought that if this plan was found by repetition to be successful, it would very materially lessen the dangers of the operation, and consequently ensure a greater number of recoveries.

Dr. ROUTH stated that Mr. Brown's previous and successful experiments in the removal of the omentum by a red-hot iron would prove the best reply to Dr. Tyler Smith, as to the probable conduct of the peritoneum where a pedicle was removed in the same manner.

Mr. BROWN, in reply to several speakers, said that the objection urged by Dr. Tyler Smith, of the slough being injurious to the peritoneum, had been answered by the questions put by Dr. Routh and replied to by Dr. Greenhalgh; that he (Mr. Brown) had, for four years past, repeatedly used the actual cautery in burning adhesions and arresting hæmorrhage, and in no one of the cases so treated had he had a death; and he thought that the objection ought not to deter others. He did not allude to the *écraseur*, because he thought that there was not sufficient time in ovariotomy to use it safely; and he did not think it probable that it would ever come into use on that account. In answer to an objection that white heat might be detrimental, Mr. Brown said he did not go quite so far as to use white heat, but he stopped just short of it. To the objection of Dr. Parsons, that there was fear of hæmorrhage in case of sickness after the use of the cautery, Mr. Brown replied that whilst it was well known that many patients had died from hæmorrhage where the ligature was used, he did not think, judging from his past experience and the results of veterinary surgeons in spaying the sow, that there was any probability of hæmorrhage where the cautery was steadily and thoroughly applied..

PRESIDENT'S ADDRESS.

The PRESIDENT acknowledged the honour conferred upon him by the Society. In this election, he said, the Society had followed the principle under which it had attained its present position of unexampled prosperity—namely, that of recognising work. He adverted to the success the Society had thus achieved in linking itself to fellow-workmen in all parts of the world, and trusted that the Society would be the means of challenging for English midwifery that place in the republic of medicine which it eminently deserved. English midwifery presented the singular characteristic, that it was based upon home or domiciliary practice; whilst elsewhere it was mainly dependent upon lying-in hospitals. The Society had therefore the charge of vindicating home midwifery, of showing that it afforded ample means for observation and for advancing obstetric knowledge. The main argument urged by the advocates of the hospital system was, that hospitals were necessary for instruction. But home practice in England still asserted a practical superiority in its eminent success. He cited Harvey; the Chamberlens, the reputed

authors of the forceps; Edmund Chapman, who first taught the use of that instrument; Sir Fielding Ould, who laid the foundation of our knowledge of the mechanism of labour; Giffard; Smellie; William Hunter; Denman; Macaulay, the first to practise the induction of labour; Perfect; and the first Rigby, who, as a country practitioner, made those observations and drew those classical descriptions of uterine hæmorrhage which are still reverenced for their truthfulness and sagacity. The President then expressed his belief that physicians and statesmen abroad would be impelled to re-examine the great question of the expediency of taking parturient women away from their homes. The provisions for the study of uterine pathology in our English schools were then discussed. Recently a new department had been instituted in our educational hospitals for this purpose. But the position and duties of the "obstetric physician" remained still undefined. The President submitted the following proposition:—"The work of the obstetric physician embraces the treatment of the diseases of the female generative organs, including the disorders and lesions, general and local, which result from pregnancy and parturition." Of course, in founding a new special department, something must be taken both from the physician and the surgeon. If the obstetric physician were to enjoy any status at all, it could only be on this condition. The difficulty in adjusting relations arose chiefly on the surgical side, probably because it seemed an anomaly for a man bearing the title of a physician to be meddling with surgery. But in point of fact the obstetric practitioner was necessarily a compound of the physician and the surgeon; his surgical character was implied in the word "obstetric." Custom which imposed upon him the general title of physician could not alter the nature of his functions. Just as the study and treatment of the diseases and lesions of the generative organs had been neglected until taken up by obstetric practitioners, so they would be again if abandoned by us. It was to obviate this neglect, to encourage the study, that the new appointment was made. To make the office and to cut off the very material for study was inconsistent. As an illustration, there was the modern appointment of an ophthalmic surgeon to our hospitals. It was given to surgeons; but they treated all diseases of the eye, even including those of constitutional nature, which physicians had always treated. If the surgeon said, "The obstetric physician must give up all operations," the physician might as reasonably say, "The obstetric physician must give us all that requires medical treatment"—for example, puerperal fever, which is not more a consequence of labour than is a slough of the vagina resulting in cicatrical atresia or vesico-vaginal fistula. This reasoning would simply lead to the annihilation of the obstetric practitioner, and is a manifest *reductio ad absurdum*. The President then called upon the Fellows to imitate the example of the Royal College of Physicians and the Royal Medical and Chirurgical Society, by opening a corporate album for the preservation of photographs of their Fellows.

Population of Scotland. According to the tenth report of the Registrar General of Scotland, just issued, the population of that kingdom, estimated to the middle of July, 1864, was 3,118,701. The births were 112,445, being in the ratio of 3·60 per cent. to the population, and among them 11,069 or 9·8 per cent., were illegitimate. The deaths were 74,301, and the marriages 22,675. These numbers are respectively in the ratio of 2·35 and 0·72 per cent. to the population.

Correspondence.

DR. RICHARDSON'S SUGGESTION FOR THE TREATMENT OF OVARIAN TUMOURS.

Letter from T. Spencer Wells, Esq.

Sir,—Any suggestion from Dr. Richardson is so certain to be received with attention, and so likely to be carried into practice on the mere support of his authority, that I think it right to point out without delay how very great must be the danger, if his "Suggestion for the Treatment of Ovarian Tumours by Compression, and Obliteration of the Tumour at its Base or Pedicle", published at page 221 of your last number, should lead any one to treat an ovarian tumour in the manner which he has suggested. Indeed, I hardly think it possible that a patient could survive such compression of the pedicle as he proposes; for the necessary result of suddenly cutting off the supply of blood to the tumour, would be death of the tumour, or gangrene, just as certainly as the twisting of the pedicle which occasionally occurs during the natural progress of ovarian tumours is followed, in the great majority of cases, according to its completeness or suddenness, by simple venous congestion of the tumour, rupture of its vessels and hæmorrhage (sometimes enough to cause sudden death), degeneration of the extravasated blood, inflammation of the coats of the cysts, and fatal peritonitis.

It is quite true that, in some rare instances where the pedicle is very long, the spiral manner in which the Fallopian tube is wound round the blood-vessels of the pedicle proves that twisting may take place without any great compression of the vessels; and that, in some even rarer cases, a more complete but gradual twisting and compression has led to just that atrophy or shrinking of the cyst which Dr. Richardson thinks might possibly be attained by a ligature or by acupressure—the ovary being found converted either into a harmless solid body; or into a calcified capsule; or into a cartilaginous or bony foreign body, fixed in any part of the abdominal or pelvic cavity by adhesions or false membranes. In some cases—as in my 110th case of ovariotomy, recorded in the first volume of my work on *Diseases of the Ovaries*—the pedicle may be entirely severed from its connection with the uterus, and yet the tumour may not die; but may receive a sufficient supply of blood for its rapid growth from the omental or mesenteric vessels.

But this must be a very slow process; and I feel convinced that any sudden and complete compression of the pedicle of an ovarian tumour by such a surgical operation as is suggested by Dr. Richardson, would, in the vast majority of cases, be followed by the same fatal consequences as follow the sudden and complete twisting of the pedicle of an ovarian tumour by any such rotation as is occasionally observed to be one of the modes by which these tumours prove suddenly fatal.

I am, etc.,

T. Spencer Wells.

3, Upper Grosvenor Street, March 6th, 1865.

TREATMENT OF OVARIAN TUMOURS.

Letter from B. W. Richardson, M.A., M.D.

Sir,—By a note which I have received from my friend Dr. Tanner, I find that my suggestion for ligature of the pedicle of ovarian tumours is not purely original, but has been suggested by him for

cases in which the tumour is adherent. The following is the proposed method of Dr. Tanner, from Druitt's *Surgeon's Vade Mecum* (8th edit., p. 499.)

"There is another operation of fair promise, which has been proposed by Dr. Tanner, for cases in which the presence of extensive adhesions renders it impossible to remove the cyst. This consists in tying tightly the pedicle of the tumour after the fluid has been removed by tapping. Thus it may be hoped, that whilst the supply of blood furnished to the cyst by its adhesions will be sufficient to prevent gangrene, the obstruction of the main arterial channel might prevent the fluid from being secreted anew."

I hasten at once to give full credit to Dr. Tanner for his originality. At the same time, I do not think, as he does, that extensive adhesions are necessary for the operation to be successful. If there were such vascular connexion between the sac and the surrounding tissues as would keep up the nutrition, the blood-supply by adhesion would soon increase, and the sac would in time secrete fluid as freely as though the pedicle were not tied. My view regarding the operation is quite different from Dr. Tanner's, although the operation of compressing the base of the tumour is the same. I conceive that, if the tumour were tied and emptied, especially if it were tied without exposure to air, the cyst would shrink, and would not become gangrenous. I have known a farrier produce, by a very rude operation, shrinking and destruction of the testicle in animals, by compression of the vessels, without the occurrence of gangrene; and I infer, therefore, that the ovarian cyst could be destroyed in a similar way. To prevent the hazard of gangrene, it might be advisable, however, after emptying the cyst, to inject into it tincture of iodine. In the presence of iodine, absorption would be greatly quickened, and decomposition prevented.

I am, etc., B. W. Richardson.

12, Hinde Street, W., March 7th, 1865.

THE SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE OF PARIS AND THE TOWNLEY CASE.

Letter from C. L. Robertson, M.D.

Sir,—May I be allowed to write one line more on the Townley case? I am almost ashamed to recur to the subject; yet I think the point to which I am about to refer should be set right.

Of the merciful verdict of the jury, you well remark in one of your leaders last week, that "if any of these men of science who considered Townley a lunatic murderer can find a comfortable confirmation of their opinion in his self-murder, no one need wish to deprive them of such consolation"; nor have I any wish to rob Dr. Forbes Winslow of your suggested consolation under his recent discomfiture. His indiscreet friends in the *Lancet* oblige me, however, to say, that the paragraph quoted there last week from the *Gazette des Hôpitaux** gives quite a false impression of the action of the Société Médico-Psychologique in the matter. So far it is true, that certain members of the Society got a Committee appointed to consider and report on the Townley case. *Wiser counsels, however, prevailed, and the Townley Committee made no report.* Since Townley's suicide, another strenuous effort has been made from London to revive the action of this Committee. Again, a sense of the unseemliness of thus sitting in judgment on the diagnosis of men like Drs. Bucknill, Hood, Meyer, and Hitchman, without even the means of examining the patient, has prevailed; and *I have reason to know that the subject will not be brought at all before the Société Médico-Psychologique.*

Further, in the paragraph quoted in the *Lancet* from the *Gazette des Hôpitaux*, the first sentence is omitted. I subjoin it.

"Il y a quelques mois, la *Gazette des Hôpitaux* a annoncé que la Société Médico-Psychologique de Paris *avait été consultée au sujet de l'état mental du gentleman G. Townley*, condamné à mort pour avoir assassiné sa fiancée, et à l'exécution du quel il avait été sursis. Cette savante compagnie", etc.

Who, I should like to know, consulted the Société Médico-Psychologique? The act looks to me very like an unsuccessful attempt to entrap the French Psychological Society into an approval of a diagnosis condemned alike by the general and medical press of England—the *Lancet* excepted. Be that as it may, I am thankful to know that this distinguished Society has not suffered itself thus to be misled.

I am, etc., C. L. Robertson, M.D.,
Membre-associé Etranger de la Société Médico-Psychologique.

Hayward's Heath, March 7th, 1865.

* "The Townley Case. After alluding to the commission that was appointed by the Société Médico-Psychologique de Paris to investigate into the alleged insanity of George Victor Townley, the *Gazette des Hôpitaux* says:—'Cette savante compagnie avait chargé MM. Jules Falret, Brierre de Boismont, et Legraud du Saulle, d'examiner avec un grand soin cette importante affaire, qui passionait au plus haut degré la presse anglaise. La mission de nos confrères se trouve terminée: 'G. Townley vient de se suicider dans sa prison *sous l'influence de sa folie*,' dit le *Times*. Ce dénouement donne complétement raison à l'opinion médico-légale que M. le Docteur Forbes Winslow avait soutenue devant le jury.'" (*Lancet*, March 4th.)

POOR-LAW MEDICAL REFORM.

Letter from Richard Griffin, Esq.

Sir,—I shall feel obliged by your giving insertion to the accompanying letter, in order that the Poor-law medical officers may know that I am not unmindful of their interest. During the last three months, I have been in correspondence with members of Parliament; but, in the face of a general election, there is evidently an indisposition to bring in a Bill for medical relief. One M.P. writes: "I shall see Mr. Villiers on the subject of your bills, and see what support we may expect from that quarter"; and, in a postscript, adds: "I feel that it would be next to useless to attempt the passing of a bill or bills unless the Government would give some support. Unfortunately, the profession is so disunited that all Governments can take advantage of us in our individual exertions—not so the law." From this gentleman I have not heard since January 31st, the date of the above letter, although I have addressed three letters to him. I am, etc.,

Richard Griffin.

12, Royal Terrace, Weymouth, March 7th, 1865.

"12, Royal Terrace, Weymouth, March 6th, 1865.

"My Lords and Gentlemen,—On the 2nd of Sept., 1864, I had the honour to receive a letter from you, in which you say: 'The Poor-law Board beg to inform you that the subject to which you refer has been under their consideration; but that they have not yet come to a decision as to the measures which it may be desirable to recommend the guardians of the different unions to take, with reference to the resolution of the Select Committee on Poor Relief as regards the supply of expensive medicines. The question, however, will receive the attention of the Board forthwith.'

"It is now just twelve months (March 11th, 1864) since the Select Committee on Poor Relief recommended 'that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the

expense of the guardians, subject to the orders and regulations of the Poor-law Board'; and six months have elapsed (Sept. 2nd, 1864) since your honourable Board said, 'The question, however, will receive the attention of the Board forthwith'; and yet no order has been issued. I, therefore, trust you will not think I am too pressing in urging this question again upon the immediate attention of your honourable Board. If you are in any difficulty about the matter, and desire to have a deputation of medical officers to confer with you on the subject, I will willingly call them together for the purpose on any day you may name, after allowing me two clear Saturdays to intervene, as it is only through the medium of the medical journals that I can announce the fact to them.

"I was in hopes your honourable Board would bring in a Bill this session to regulate the payments of your medical officers; and not allow the present capricious mode of fixing the salaries, and giving some officers extra medical fees and others none, to continue.

"It is perfectly clear, from the several amendments of the Select Committee, that the Committee itself was far from being unanimous on the subject of medical relief; and even their ultimate decision, 'that there are no sufficient grounds for materially interfering with the present system of medical relief', clearly proves that there are grounds for interfering, although not materially doing so. I, therefore, trust your honourable Board will yet place the whole system on a proper footing.

"I have the honour to be,
"My lords and gentlemen,
"Your most obedient servant,
"RICHARD GRIFFIN.

"The Poor-Law Board."

DISEASES IN CATTLE. In the House of Commons, on Monday, Mr. Leslie asked whether or not the Government intended to re-introduce the Cattle Diseases Prevention and Cattle, etc., Importation Bills as amended by a Select Committee of the House last session. Mr. T. G. Baring said the Select Committee of last session recommended that the House should not proceed with the Cattle, etc., Importation Bill. With regard to the Cattle Diseases Prevention Bill, such difference and even conflict of opinion was exhibited before the Committee, that the Government did not intend to introduce any measure on the subject.

SOUTH AMERICAN BEEF. W. Wylde, a sanitary inspector, applied on Monday to the Lord Mayor for an order for the condemnation of a quantity of South American beef. He said that in the shop of Mr. Twelvetrees he saw about 2cwt. of dried meat advertised as South American beef. It was unfit for human food. He could not say whether it was beef, or indeed, meat at all. It was cut in strips, and was in the shop with other meat. Witness said that numerous complaints had been made about South American beef by the poorer classes, who said that it spoiled everything it touched. Witness could not say whether the meat he seized was horseflesh or cow beef, or what it was. He did not believe it was the flesh of a bullock at all. Sanitary Inspector Newman considered the meat which had been seized entirely unfit for human food. He had tried to boil part of it, wishing to give it a fair trial, and had been obliged to carry the saucepan containing it out of the house. They had seized about 25cwt. of meat of the same kind in another shop on Friday. The Lord Mayor, after inspecting the meat for himself, ordered it to be destroyed forthwith, as being unfit for human food.

Medical News.

ARMY MEDICAL SERVICE. The following is a list of the candidates who were successful at the Competitive Examination in August last, and who have passed through a course at the Army Medical School; and shows the combined results of the examination, the place of study, and the number of marks obtained by each candidate.

Names.	Studied at	No. Marks.
Jameson, W. H.	Edinburgh	5247
Harvey, R.	Aberdeen & Glasgow	5020
Whipple, J. H. C.	London	4813
Cleghorn, J.	Edinburgh	4640
Tomlinson, W. W.	Dublin	4545
Price, W. S. M.	Dublin	4497
Duffey, G. F.	Dublin	4490
Bennett, J.	London	4369
O'Dwyer, T. F.	Cork	4310
Boileau, J. R. H.	Dublin	4305
Cook, H.	Cork	4302
Carpenter, W.	Dublin & Galway	4295
Campbell, G. McI.	Aberdeen	4202
Foster, J. F.	London	4190
Farquharson, R. A.	Aberdeen	4160
Keir, W.	Aberdeen	4040
Corban, L.	Cork	3925
Tuite, F.	Dublin	3925
Taylor, W.	Glasgow	3895
Smith, P. A.	Cork	3887
Shepherd, P.	Aberdeen	3882
MacLean, J. McK.	Edinburgh	3855
Power, P. G.	Cork	3855
Hedley, W. T.	Edinburgh	3793
Purcell, T. A.	Dublin	3782
Kemp, R. D.	Aberdeen	3756
Handy, S. W.	Dublin	3705
O'Sullivan, E.	Dublin & Cork	3699
Hale, A. E.	Birmingham	3690
MacCreery, J.	Dublin	3646
Gillespie, H. C.	Cork	3630
Spurway, C.	Cork	3580
MacConnell, W.	Dublin & Belfast	3528
Hector, J.	Aberdeen	3520
Eames, W. L.	Cork & Edinburgh	3512
Shaw, C. E. M.	London	3494
Dunn, A.	Dublin	3490
Stone, V.	Edinburgh	3469
Macam, K.	Belfast & Glasgow	3460
Riordan, W. E.	Dublin	3426
Bourke, T.	Dublin	3417
Murray, J.	Aberdeen	3405
Kelly, J. B.	Dublin	3399
Bourns, D. C. G.	Dublin	3397
Welsh, J. F.	Edinburgh	3396
Hughes, J. H.	Galway & Dublin	3357
Jones, J. W.	Dublin	3331
Walker, S. E.	Birmingham	3292
Blake, J. F.	Dublin	3290
Robinson, A. B.	Dublin	3284
Thorburn, D. A. S.	Edinburgh	3247
O Brien, E. R.	Cork & Dublin	3178
MacCully, J.	Belfast & Dublin	3170
Jagoe, W. H.	Dublin	3170
Blake, W.	Dublin	3163
Smith, C.	Dublin	3135
Duhy, J.	Dublin	3116
Haward, E. T.	London	3097
Grosse, D. C.	Dublin	3040
Dickinson, F. F.	Galway & Dublin	3040
Barrie, A.	Glasgow	3038
Doake, S.	Belfast	3027
Flood, S.	Dublin	3000
West, G. B.	Dublin	2993
Canny, D. J.	Dublin	2975
Vallance, E.	London	2969
Candy, J.	London	2861
Ryan, J. B.	Dublin	2785
Hutchinson, C. F.	Dublin	2735
Eustace, E.	Dublin	2705
Peatfield, T. J.	London	2693
Coulter, J. R. R.	Dublin	2619
Backhouse, C.	Dublin	2600
Ward, E.	Dublin	2581
Maturin, J.	Dublin	2537
Renton, D.	Edinburgh	2455
Healy, C.	Dublin	2392

BIRTH.

COOMBS. On February 13th, at Devonshire Place, Wandsworth Road, the wife of S. Coombs, Esq., Surgeon, of three daughters.

MARRIAGE.

*Arnison, Charles, L.R.C.P.Ed., of Alston, Cumberland, to Margaret, youngest daughter of the late John Dickinson, Esq., of Newcastle-upon-Tyne, at Newcastle, on February 28.

DEATH.

*Plimmer, George, L.R.C.P.Ed., at Melksham, Wiltshire, aged 63, on March 1.

Mr. Clover has been appointed to administer chloroform at the Westminster Hospital.

New Lunatic Asylum. Ayrshire is to have a new lunatic asylum, its estimated cost being £17,500.

Bequest. By will W. Jaffray, Esq., of St. Mildred's Court, Poultry, has left to University College, £2,000.

Successful Operations. During the last two or three months, all the operations, seven in number, of strangulated hernia, performed at St. Mary's Hospital, have been successful.

The Dreadnought Hospital. The *Dreadnought*, it has been decided, shall cease to be used as a hospital ship. In its place, a suitable and convenient building is to be erected on the side of the river.

Cæsarean Section. Dr. Wiblin lately performed the Cæsarean operation at Southampton, in a case of deformed pelvis. The woman died twenty-five hours after the operation.

Anonymous Charity. During the last week a lady, who declined to give any name, paid into the hands of the treasurer to the Royal Free Hospital, £1,000 towards the funds of that charity.

Presentation to Professor Ludwig. The students of Vienna have presented Professor Ludwig with a large silver cup, as a mark of their gratitude to him, on the occasion of his leaving for Leipzig, the scene of his future labours.

Testimonial to Dr. Pinchard. A tea-service has been presented to Dr. Pinchard of Cottenham, in Cambridgeshire, by his neighbours, inhabitants of the villages of Milton, Waterbeach, and Landbeach, as a testimonial of their high esteem of him.

Health of the Metropolis. The deaths in London returned for the week were 1482. Eleven persons were registered as having been killed by horse-conveyances. Seven persons died at the age of 90 years and upwards; the oldest was 96 years of age, and was a pensioner of Greenwich Hospital. A labourer died from "poisoned condition of blood", in consequence of having been employed in white-lead works.

University of London. At a late meeting of the Medical Subcommittee of the Annual Committee of Convocation of the University of London, the following resolution, proposed by Dr. Maudsley and seconded by Dr. Sibson, was carried: "That it is desirable that a certificate of having attended a course of clinical instruction in mental diseases should be required from all candidates for the Second M.B. Pass Examination; and that the examinations should necessarily embrace the subject of insanity."

The Royal Hospital for Incurables has celebrated its ninth anniversary. Mr. G. J. Göschen, M.P., presided. The institution was founded by the late Dr. Reed, in 1854, and was expressly designed for that class of persons who need it most. All incurables who are not rich enough to be properly cared for in their own houses, and who are not poor enough to be ranked with paupers in the union-houses, are the proper subjects for the Royal Hospital for Incurables. The Chairman stated that a new wing had been added to the building. A long list of subscriptions amounting to upwards of £4,000 was read.

McGill College. The attendance of students at the University of McGill College in Canada this session is in excess of any previous year, notwithstanding the absence of a number who, last year, passed their primary examination, and are now serving in the Northern Federal army as assistant-surgeons.

A Surgical Patent. Under the head of notices of patents we find the following:—T. J. Ashton, Cavendish Square, "An improved portable pneumatic apparatus, applicable in surgery and medicine for all purposes, as a douche for affusion, irrigation, injection, and for enemas."

Professional Examinations. The next preliminary examination in the subjects of general education will take place at the Royal College of Physicians on the 28th and 29th inst.; and at the Royal College of Surgeons, probably in June next. At the latter institution, the next primary or anatomical and physiological examinations for the present session will take place on Saturdays, the 8th, 15th, and 29th April; and the pass or surgical and pathological examinations for membership, on the 22nd of April and 6th of May. The examinations for the fellowship will take place, as usual, in May next, about which time the Midwifery Board will meet.

Netley Hospital. In the House of Lords, on Monday last, Lord Dalhousie called attention to the condition of the Military Hospitals at Netley and Woolwich. He detailed the circumstances under which Netley Hospital was erected, at the close of the Crimean war; and contended that in every respect it had proved most successful. It was intended for the reception of invalid soldiers returning from foreign stations, or the colonies, and suffering from wounds or the effects of climate. The site of the hospital had been described as unhealthy, and strong efforts had been made to defeat the objects of the establishment. But those efforts had failed; and, from a recent inspection of the building, he was satisfied it answered its purpose admirably. The condition of the new hospital at Woolwich, on the contrary, he thought very unsatisfactory. It was not suited to the purposes either of a general or regimental hospital. It was some distance from the garrison, and from the residences of the medical officers; while the old Woolwich Hospital was quite sufficient for the sick of the garrison. As invalid soldiers were always landed at Gravesend, they had to be conveyed to Woolwich in small steamers; and the only spot where they could be put on shore there was the landing-place at the arsenal, two miles from the hospital. He stated other objections to the building, and condemned the practice of adopting too exclusively the advice of civilians in matters of military hygiene. The Government would avoid many errors, if it would be guided by the opinion of the military medical officers. Lord De Grey admitted that the hospital at Netley had proved successful, and thought it would be better to suspend opinion as to the establishment at Woolwich till it had been tested by use. He pointed out that many of the evils discovered during the Crimean war had arisen from a too rigid adherence to the regimental system. It therefore became expedient to establish the general hospital at Netley. But, in case of war, one establishment of the kind would not be sufficient. A second general hospital had, therefore, been built at Woolwich. As to the system of consulting civilians on matters relating to the health of the army, it had been found advantageous; and he did not think the time had yet arrived when it could be dispensed with. Lord Ellenborough said the one great object to be kept in view in building a hospital was the health of the inmates. This, he feared, was not always the

case. Soldiers, too, were bound to take some care of their own health. If, when properly told what to do, they defied the rules of common sense, they must suffer accordingly. The Duke of Cambridge thought that expensive fittings, both in hospitals and barracks, should be avoided, though questions as to damages by the soldiers had recently been very liberally treated by the Government. He bore testimony to the success of Netley Hospital.

OPERATION DAYS AT THE HOSPITALS.

MONDAY:.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Southam (Manchester), "Aneurism by Anastomosis of the Scalp, treated by Setons and Ligature of the Common Carotid"; Dr. Hillier, "On Congenital Hydronephrosis."—Anthropological Society of London, 8 P.M.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Peacock. Croonian Lectures. "On some of the Causes and Effects of Cardiac Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Peacock. Croonian Lectures. "On some of the Causes and Effects of Cardiac Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

APPARATUS FOR CLEFT-PALATE.—SIR: The object of my introducing the patient with the apparatus for cleft-palate, before the Odontological Society, is not made apparent in your JOURNAL of the 25th ultimo. It was simply to afford the Society an opportunity of judging what improvement would take place after the apparatus had been worn for some time. The members having now seen the patient in his original state, will be able to form a just opinion of the improvement in articulation produced by the use of the apparatus, as it is of course my intention to exhibit him to the meeting upon a future occasion. It is true that the apparatus was placed in the patient's mouth upon that occasion; but it was only to show the facility with which it could be worn on its first introduction. I am, etc., ROBERT RAMSAY.

68, Wimpole Street, Cavendish Square, March 2nd, 1865.

P.S.—The patient may be seen at my house any day by any one interested in the matter.

COMMUNICATIONS have been received from:—Mr. T. PRIDGIN TEALE, JUN.; Dr. WOODFORDE; Dr. C. L. ROBERTSON; Mr. R. S. FOWLER; Dr. W. H. O. SANKEY; Dr. DURRANT; Dr. HORACE DOBELL; Mr. A. B. STEELE; Dr. HENRY SIMPSON; Mr. WATKIN WILLIAMS; Mr. T. M. STONE; Mr. R. GRIFFIN; Mr. T. SPENCER WELLS; Mr. J. Z. LAURENCE; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. HENRY LEE; Mr. HARRISON; Mr. PICK; Mr. TOYNBEE; Mr. JONATHAN HUTCHINSON; and Mr. F. MASON.

BOOKS RECEIVED.

1. Answers to Various Objections against Acupressure. (From Dr. Simpson's "Acupressure".)
2. Photographs of Diseases of the Skin. By A. B. Squire, M.B.Lond. No. XII: Lupus. London: 1865.
3. Sanitary Statistics of Cheltenham. By Edward T. Wilson, M.B. London: 1865.
4. On Some Malformations of the Organs of Generation. By Wm. Turner, M.B. Edinburgh: 1865.
5. The Twenty-Ninth Annual Report of the Canterbury Dispensary.
6. The Modern Practice of Medicine: A Lecture delivered before the Royal College of Surgeons. By D. Rutherford Haldane, M.D., F.R.C.P. Edinburgh: 1865.
7. Lecture on Perfumes. By Septimus Piesse. London: 1865.

ADVERTISEMENTS.

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Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

Chapter IV.

On the Performance of the Cæsarean Section, etc.

The process adopted by Nature in some of those cases of labour in which she cannot overcome the obstacle which prevents the passage of the infant through the pelvis, is, in the first instance, the yielding of the uterine tissue, thereby making an opening for its escape. Afterwards, if the constitutional powers prove equal to the entire process, an incasement of the fœtus is effected by the effusion of lymph. And, after a time, a pointing in some part of the abdominal parietes shows itself, which is soon followed by ulceration, and part after part of the infant passes through the opening, until the whole contents of the cyst are discharged. This is a very slow and hazardous process.

In adopting the Cæsarean section, we in some measure imitate Nature in her attempt to remove the infant, although by a much more safe and an expeditious plan.

This operation ought not to be made one of display. There should only be a very few persons present; and the greatest quietude should be afforded to the patient. Every cause likely in any way to create unpleasant emotional feeling should be most carefully avoided. These rules were strictly observed in the two successful cases in which I was engaged. It is of the first importance, when possible, to adopt all such measures as will prepare the patient to undergo this operation, by improving the general health.

The bowels should be emptied by a large quantity of warm water thrown into the rectum and colon, by an enema-apparatus with a long flexible tube (like the one used to enter the stomach), so that its extremity can reach beyond the great projection of the sacrum.

The bladder must also be emptied by a catheter, equal in length to that used for the male. This organ is forced downwards and forwards, and lies under the deflected uterus, whereby its cervix is lengthened and compressed upon the pubes. This altered position of the bladder is particularly to be observed during the latter month of pregnancy, in cases of pelvic distortion from mollities ossium. Frequent examinations *per vaginam* have been already shown to be extremely injurious; so that this practice should not be allowed. In an exploration made to ascertain the measurement of a distorted pelvis, the obstetrician is compelled to pass his hand completely, and as far as possible, into the vagina. Anxious to ascertain the state of the os uteri, the presentation of the infant, and the exact available space in the pelvis, he prolongs the operation, and often repeats it. And when consultations are numerous (as is too common) in these cases, serious mischief is inflicted on the pelvic organs and tissue. By one effectual examination, every necessary information may be obtained. The interest of the patient is best secured by having only a limited number (say two persons) in consultation.

The operation should be performed on the bed; so that the patient may be kept as quiet as possible afterwards. In some of the cases in which the woman was removed to a table, some untoward circumstance happened.

The temperature of the room should be regulated, and a genial warmth of the atmosphere maintained.

The uterus projects more or less forwards; and when the pelvic distortion is caused by mollities ossium, this organ assumes the retort shape. Its projection is so great, that its normal anterior surface rests upon the thighs of the patient when she sits, so that the fundus necessarily stands most foremost. Before the incision is made, it is of the utmost consequence to raise the deflected uterus up; or else the fundal tissue, which abounds with large anastomosing vessels, must unavoidably be divided. Neglect of this caution has, no doubt, led to the hæmorrhage which happened in some of the cases. A division of the structure of the upper part of the fundus of the uterus must certainly interfere with the regular or efficient contraction of this organ, and thereby produce a gaping character of the wound.

When we contemplate the mischievous effects of protracted labour, and review the unfavourable condition in which most of the patients have been brought by unwisely procrastinating the operation, we must at once be convinced how important it is to perform it early. The sooner the better it is had recourse to after it is determined upon, either as one of election or one of necessity.

When labour is rendered difficult by great distortion of the pelvis, or by large exostoses, or by large tumours in its cavity, some of those natural organic changes are not to be found, which would otherwise guide us, and enable us to judge of its commencement and progress. To wait, then, in such cases as these for the dilatation of the os uteri is not only a great mistake, but also a very great evil; for, in most of them, this part of the uterus cannot be touched, and, in general, very little dilatation of it does or can take place.

The dangers of delay, on expectant grounds like these, which so frequently happened in the registered cases, ought to guard us against waiting for those indications which cannot possibly be discovered, and induce us to operate early. As soon as the labour is established, and before or immediately after the membranes are ruptured, is the most favourable time to proceed. Great advantage accrues from adopting this plan; for the length of the uterine incision would relatively diminish in size, equal to the diminution which takes place by the contraction of the uterus. Another great advantage arising from this course is, that the danger of protraction would altogether be avoided. It is a well known fact, that little risk comparatively occurs before the waters are discharged.

Before the incision is made, the location of the placenta should, if possible, be ascertained, in order

to avoid its being wounded. In the 77 cases, it is reported as follows. In 29 it was connected to the fore part of the uterus; of this number, in 2 it was placed towards the fundus; in 13 it was cut upon. In 10 cases, it was adherent on or towards the back part of the uterus. In 31 cases, the position of it is not alluded to; and, therefore, it is to be presumed it was posteriorly placed. In 5 cases, it occupied the fundus; in 1 case, it was found near the left Fallopian tube; and in one case, it was attached (placenta prævia) over the os uteri.

This minute inquiry as to the precise fixture of the placenta has not been made merely for the purpose of suggesting rules of caution which ought to be observed before making the incision; but, also, of proving that this organ has not a definite position assigned to it.

It is, then, of the greatest importance to make the incision so as to avoid, if possible, cutting upon the placenta; as considerable danger may accrue from so doing.

The stethoscope will nearly always enable us to avoid these hazards. By it we derive positive information of the infant's life, by hearing distinctly the pulsations of its heart; and it affords us negative evidence of the infant's death, when no cardiac sounds are perceived through it. The audibility of the "placental *soufflet*" directs us to investigate the quarter from whence the murmurs proceed; and by attention, we may nearly always assure ourselves in what vicinity of the uterus the placenta is fixed. If this sound is not heard, we have a right to conclude that this organ is not within the reach of the knife if the infant be still alive. If it be dead, no great risk will be incurred if the placenta be divided, as the vascular function of this organ will then, doubtless, have ceased.

The position and direction of the external incision has varied. In 57 cases, it has been made longitudinally; in 11 of which number, it was made on the right side; in 24 cases, it was made on the left side; and in 22 cases, it was made in the centre of the abdomen. In 2 cases, it had a transverse direction on the right side. In one, it was made obliquely on the right side. In 17 cases, the situation and direction of the wound is not recorded.

I prefer the wound to be longitudinal, and on the left side.

There are no tissues concerned in the operation which require very slow or nice dissection; therefore, unnecessary tediousness should be especially avoided. If the uterus be slowly incised, the stimulus of the knife instantaneously throws this organ in violent and irregular contraction, which separates the placenta, and entails mischief on both the mother and the infant. Every precaution having been taken, we ought to strictly observe the motto, "*Cito et tuto*". The incision should be made on the body of the uterus, because this portion of the organ is eminently contractile, and ought to extend well towards the fundus, but not into it. It ought not, however, to be carried too far down into the cervix uteri, because this part possesses dilatable properties which are unfavourable to a diminution in the size of the wound.

When the uterine incision is completed, there should be no delay in withdrawing the infant. When it lays in its usual natural position, with the head over the brim of the pelvis, then the obstetrician should seize its legs with his right hand, and pass his left cautiously and quickly down so as to embrace the face on one side, or the hind part of its head. By this mode, a double power could be effectually exerted: one of traction by the legs, the other by raising the head upwards.

If the breech offer at the incised uterine opening, the practitioner should seize it with his right hand and withdraw it, and at the same time use his left hand as above mentioned. If the head lay in proximity with the incision, then it ought first to be brought forth, and, at the same time, he should pass one hand cautiously forward along its body so as fairly to embrace the breech, and act with both his hands as recommended above. These precautionary rules are suggested to prevent the grasping seizure of the neck or the hips of the infant, as the case may be, during its removal. (*Vide* remarks already made.) One or two writers have urged, that the head of the infant should be always first extracted, on the grounds of being safer for it; but a conditional practice, according to its position in the uterus, is by far the best.

The head is most generally situated in the lower segment of the womb, and, therefore, at some distance from the centre of the incision. In order to bring it fairly to the opening, it would produce a great strain on, if not laceration of, the contracted uterine tissue, and create nearly a doubling of the child upon itself before it could be extracted. And as expedition is required, it would be found that the bulk of the head was not very readily grasped with sufficient firmness so as to ensure its speedy withdrawal. Time would be lost, and impediments added. The placenta, with the membranes, should be also quickly extracted.

Protrusion of the intestines is very apt to occur during the operation; this becomes very troublesome to the operator and distressing to the patient, and a considerable time is consumed in order to replace them. This accident not only predisposes to remote mischief; but it immediately tends to depress the vital powers of the woman. She feels faint, and has a sense of sinking. Every care should, therefore, be taken by the assistants to repress and retain these viscera under the integuments by an extended application of both hands on each side of the incision. It is of the utmost importance, that the edges of the external wound should be effectually secured. Sutures or pins ought to be inserted at very short distances; and a considerable extent of the parietes (not embracing the peritoneum) should be included, especially in those cases in which the integuments are much attenuated.

The after-management of the patient must be conducted on recognised medical and surgical principles. Much mischief has been done by active treatment; and it should never be forgotten that, even if it be thought desirable to pursue this plan, it should always be relative to the state of the woman. A negative treatment has been found by me most advantageous. Opium, in full doses if required, should be given.

It is now a general practice to administer chloroform before and during the performance of important operations. If cautiously used, the data already accumulated justify the inference that it is of great advantage to the surgeon, by inducing a state of resistless quietude of the patient. The severity of the

pain inflicted by the knife is considerably lessened, and the shock to the nervous system is thereby diminished. In the majority of surgical operations, there are no other contingent circumstances relative to the administration of this drug which require the attention of the operator, except the necessity of his having first ascertained whether there exist any organic disease of the heart or large vessels which would be dangerously influenced by it; but it is otherwise when it is proposed to use it in a Cæsarean case.

The incision made into the uterus must be at first necessarily large, to enable the obstetrician to extract the infant and the placenta; but, after their removal, the length of the wound is very considerably diminished by the contraction of this organ, which, if not interrupted, is both instantaneous and energetic, thereby effectually preventing any great loss of blood. It is, therefore, very important to inquire whether chloroform interferes with, or altogether suspends, this normal contraction; or whether it induces this action *de novo*, or strengthens it in intensity.

Chloroform has been inhaled in fifteen Cæsarean cases: in one of which there was hæmorrhage; in two of which there was very little blood lost; one of which cases, it is stated, was benefited by its inhalation; and in three instances the discharge of blood was considerable, two of which proved fatal. One of these cases, however, recovered. In one of the cases, the uterus did not contract much; in one, the hand was pressed upon it to induce contraction; in four cases, it is stated, that this organ contracted well. Three of these patients were completely unconscious; and one (which I saw) was only partially under the influence of chloroform.

Ether was administered in one case in which there was some bleeding, but not so much as to be considered to be alarming.

Obstetricians differ in opinion as to the positive effects of chloroform on the uterus. Some say uterine action is retarded by it. Others, again, assert that it does not interfere with it; and there are others who affirm that it promotes and strengthens it. The data which exist on this subject are very meagre and very contradictory; and, therefore, with such discrepancy of opinion, it is impossible to come to a satisfactory conclusion on this subject, especially in reference to its use in Cæsarean cases, in which it is of the highest importance that the normal action of the uterus should not be disturbed. It would, however, be most advantageous to the patient, if she could be safely spared the pain inflicted by the operation; although not one of those women in whose cases I was concerned complained of pain during its performance, but, on the contrary, bore it with great moral courage and fortitude; and most of them observed that they suffered less from the incision, than the anguish they had endured from one of the unavailing labour-pains.

The disturbed state of the vascular and nervous system in all those women who have undergone this operation, must most assuredly render them unfit subjects for chloroform; and, therefore, the deductions which may be drawn from the results in these cases in which the women laboured under incurable disease, and were exhausted from protracted labour, ought not to prejudice us altogether against its use.

We find that vomiting occurred in eleven of the sixteen cases in which chloroform had been administered. In two of the cases, the abdominal wound was rent open by the violent efforts induced; and in several of the others, disagreeable effects ensued. If chloroform do really produce vomiting and its injurious effects, there can be no doubt it ought to be discarded, as it is most important to keep the patient free from all causes which have a tendency to disturb the reparative process in the wound.

So long as the Cæsarean operation is considered only one of necessity, and its performance so unwisely and so cruelly delayed, great risk must attend the inhalation of chloroform. But, if it be made an operation of election, so that women who are in a better constitutional state undergo it, and if, likewise, it be timely performed, then it may be found that great advantage may be derived from the use of this drug; but, nevertheless, before we acknowledge chloroform as a recognised means for this operation, we ought to be fully satisfied what effects it produces on the uterus.

Suppression of Quackery. No quack is permitted to practise in France. When a man is about to commence the practice of medicine in any town there, he is obliged to present to the mayor, or other authority of the town, his diplomas, and if they are not *en règle*, he is not allowed to open his practice. The result is, that the public health and the purses of individuals are alike protected. Why cannot that which is done in France be done in England? (*Solicitors' Journal.*)

Scottish Registrar-General's Report. The Registrar-General observes that the character of the weather during any year is almost always different in Scotland and England. In 1864 England was suffering from drought; the returns from 55 stations show a fall in Scotland of 38·6 inches, a fall somewhat above its average. There was nothing in the meteorological phenomena of the year to account for the great epidemic of typhus which prevailed. It attacked large masses of the people in the early months of the year, abated in the warmer season, but again resumed its virulence in September, and increased more and more till the year closed. The epidemic appeared among the people while in the midst of plenty, plenty of work, high wages, and cheap food being the characteristics of the year. The town where the demand for labour has been greatest and wages highest, and in which there need not be a single person idle—viz., Greenock, has been the town where typhus has been most virulent and fatal, causing above 14 per cent. of the deaths of the year, including among its victims four of the medical practitioners. Taking the experience of the Royal Infirmary of Edinburgh—namely, 1 death in every 12 cases of this epidemic, above 7 per cent. of the population of Greenock must have been attacked with typhus fever in 1864. But Greenock is shown by the register year after year to be by far the most unhealthy of the eight principal towns of Scotland, if not the most unhealthy town in Scotland. The inhabitants have to contend with two adverse causes which tend to induce predisposition to attacks of epidemics—a low-lying, damp site, and greatly overcrowded dwellings, the house accommodation not keeping pace with the increase of the inhabitants. The report has to record an extremely unhealthy year; but small-pox was happily less prevalent than in 1863, and the new compulsory Vaccination Act is working much better than was anticipated.

Clinical Records.

XV.—REMARKABLE CASE OF PURPURA HÆMORRHAGICA, FOLLOWING SYPHILITIC CARIES OF THE BONES OF THE NOSE.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO ST. GEORGE'S HOSPITAL.

A GENTLEMAN had suffered for some months with disease of the bones at the back of the right nostril, and a piece of bone at one time had become separated, and was swallowed. A very large number of rupial looking sores formed on different parts of the body. These sometimes extended, sometimes healed, and at other times remained stationary. Occasionally, and generally when the ulcerations were better, he had very severe pains, accompanied by a considerable amount of swelling in different parts. These "rheumatic pains", as he called them, affected principally the elbows, wrists, and knees. The pulse was generally quick, weak, and occasionally irregular; and he had been under the care of several physicians for supposed disease of the heart. He frequently felt faint, and was in the habit of carrying some stimulant in his pocket.

On October 11th, after having been unusually depressed and uncomfortable, hæmorrhage occurred from both nostrils. This was followed by a swelling, which attained the size of a bean, on the lower lip. This swelling was formed of epithelium raised by effused blood. Spots of purpura appeared all over the body, but chiefly upon the arms. Hæmorrhage occurred from the gums, and from the mucous membrane of the eyes. The urine passed contained blood. The nostrils, from which the largest amount of blood passed, were now plugged.

Oct. 12th. Three chamber-pots, each more than half full of bloody urine, had been kept. Hæmorrhage from the gums continued. The skin was yellowish. The mouth was occasionally filled with blood. There were hiccough and sickness. Some blood oozed from the penis.

Oct. 13th. Three chamber-pots, each more than half full, of bloody fluid had again been passed. The contents of one of these vessels had become coagulated in one mass.

Oct. 14th. Fresh spots continued to appear upon the skin. There was a continued sensation of sickness and occasional vomiting. Food and medicine were rejected, mixed with altered blood.

Oct. 15th. The motions contained a large quantity of decomposed blood. The lips were blanched. Bleeding from the gums continued. The urine contained nearly the same amount of blood. Ruspini's styptic was ordered.

Oct. 16th. The pulse had become more regular, and rather stronger. The bleeding from the mouth had stopped. He passed a much smaller quantity of water. The lips had assumed a more natural colour.

Oct. 17th. There was excessive restlessness. Many of the spots on the body and arms had assumed the appearance of large bruises. The bleeding from the mouth has recurred. He had great difficulty in swallowing.

Dr. Markham now saw the patient in consultation, and gave a decided opinion that there was no disease of the heart. Nothing could, after this, be kept on the stomach in any quantity; and the patient died on the 18th.

Dr. Dickenson was good enough to examine the body on the following day. The bones at the back of the nose were extensively diseased. Spots of purpura of various sizes, and presenting different colours, were scattered over the body. In the chest, the heart was found quite healthy. Spots of ecchymosis studded the surface and the interior of the lungs. Similar spots existed on the convex surface of the diaphragm.

In the abdomen, spots of ecchymosis were scattered over the whole of the intestines, and could be seen of various sizes under the peritoneal covering.

The kidneys, which were otherwise tolerably healthy, were mottled throughout their structure and upon their surface with circumscribed patches of a very dark colour. These contrasted strongly with the appearance of the natural structure of the organ, and produced a very peculiar and remarkable appearance.

The pelvis of the kidney and ureter on each side was full of what appeared to be semi-coagulated blood.

The intestines were filled with a brownish fluid, evidently composed principally of blood which had been changed by the secretions of the stomach and intestines.

Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

CASE OF AMPUTATION THROUGH THE KNEE-JOINT: WITH REMARKS.

By THOMAS P. PICK, Esq., Surgical Registrar.

THE cases in which amputation through the knee-joint is practicable are very uncommon, and rarely fall under the notice of the surgeon. The following case is, therefore, recorded as showing the good results which may follow this operation; and also that the great objection—viz., the extensive suppuration which is said to ensue in these cases—is not so formidable as is sometimes supposed.

James F., aged 51, sawyer, was admitted November 9th, 1864, under the care of Mr. Pollock.

History. Twenty-five years ago, a small pimple appeared on the leg. It increased, and "became like a wart, remaining quite dry," until five years ago, when he knocked it off. Since then, it increased in size, and constantly discharged a thin fluid. Latterly, it increased very rapidly, and the discharge became very offensive.

On admission, the right leg was found to be much swollen; the skin red and tense. Over the front of the tibia, extending two-thirds of the length of that bone, was a large foul ulcer; the edges were very much raised, hard, and nodulated. It appeared, from looking at the edges, to consist of a number of hard uneven nodules, which had burst and ulcerated in their centre, though the greater part of the wound was covered with a foul, uneven, ulcerated surface, supporting pale flabby granulations. Here and there, the surface of the tibia could be felt to be exposed and roughened. The glands in the groin were slightly enlarged. The patient was thin and emaciated; his countenance pale; aspect anxious; pulse

weak and quick. There was profuse and extremely offensive discharge of a peculiar sickly odour.

Nov. 17th. Amputation through the knee-joint was performed under chloroform. A large semilunar flap was made on the front of the joint, and was joined by a smaller one on the posterior surface; the various ligaments were then divided, and the limb separated. The patella was not removed. Several vessels required ligature. The flaps were brought together by silver sutures, the anterior one being sufficiently long to completely cover the end of the bone. On examining the parts afterwards under the microscope, well-marked cancer-cells were found.

Nov. 19th. There was considerable febrile excitement. His tongue was dry and brown; mouth parched; the bowels were not open; pulse 64, weak. There was a little discharge from the wound. He was ordered to have four ounces of red wine; and an effervescing saline draught every four hours.

Nov. 21st. He still continued feverish; did not sleep. His countenance was anxious. He had no pain, but the stump "felt heavy". The tongue was inclined to be red at the tip. Pulse 72; skin hot and dry; conjunctiva tinged. The bowels had not acted since the operation. He was ordered to have a common enema immediately.

Nov. 24th. The patient felt very much better. His tongue was almost clean. He slept well, and enjoyed his food. There was some swelling of the stump, and very considerable discharge. The sutures had been removed; and the flaps had separated, leaving a portion of cartilage exposed. He was ordered to have warm Goulard lotion applied.

Nov. 26th. There was very much less swelling, and less discharge. The wound was quite clean and healthy, and was beginning to cicatrise; there was one small point of cartilage still exposed. He felt very well in himself.

From this time he went on well; the wound healing. On December 17th, the notes say that the wound was nearly healed; one small sinus remaining, which discharged slightly. He was discharged December 21st, with a very good stump. The patella was drawn a couple of inches up the front of the femur; there was a soft cushion over the end of the bone.

There is no doubt that the advantages of this operation, where practicable, over amputation of the thigh higher up, are great. Among them may be ranked the facts, that the limb being removed at a greater distance from the trunk, there is less shock to the system; that the medullary canal not being opened, there is less chance of purulent infection; and that there is a longer stump left; and, moreover, that stump has a somewhat clubbed extremity, thus permitting the more perfect adaptation and the firmer hold of an artificial limb. The principal disadvantage appears to be the leaving behind a certain amount of cartilage and synovial membrane, which must be destroyed by suppuration before the wound can heal. This may be obviated by sawing off the articular extremity of the femur, as is commonly recommended by authors on this subject; but, in this procedure, some of the advantages accruing from this operation are lost.

Of the two operations usually recommended, the one performed in this case appears to possess decided advantages over the one recommended by Syme, of making the large flap from the integuments of the ham; the tough skin over the knee forming a far better pad, and one well adapted for pressure; and at the same time, in the former operation, there is much freer exit for discharge.

It becomes a question whether, in these cases, the patella should be left; but there does not appear to be any object in removing it; for, as in the case under observation, it becomes drawn up out of the way by the extensor muscles, and does not in the slightest degree inconvenience the patient.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.

THE TREATMENT OF GLAUCOMA BY IRIDECTOMY.

Under the care of J. V. Solomon, F.R.C.S.

[*Concluded from page 699 of last volume.*]

Case xxiv. *Inflammatory Glaucoma of Two Weeks' Duration: Blindness: Iridectomy; Reads Pica, or Jäger's No.* 12. Eliza Spencer, aged 40, was admitted January 14th, 1864, with blindness from inflammatory glaucoma of two weeks' duration. The tension was of the second degree (T 2). Owing to the patient being very excitable, intractable, and "deaf as a post", no ophthalmoscopic examination was attainable, either on admission or subsequently. There was external redness of the eye; a much dilated pupil. The humours were too cloudy to admit of illumination.

Operation. A broad iridectomy of the upper circle was at once performed. The portion of iris removed was more easily separated from its origin than in any case in which I have operated. No untoward accident followed the treatment. In three weeks (February 16th), the tension was rather below the normal standard. At this date, the patient could see features plainly, and read Snellen's xx. Examination at a later period in the year proved that, with a ten-inch convex, she could read pica, or Jäger's No. 12. The tension was normal.

This and the preceding case were examined by the members of the Midland Medical Society, during the presidency of Mr. Langston Parker.

Case xxv. *Subacute Choroido-iritis of Five Weeks' Duration: Eyeball hard* (*T* 3): *Perception of Shadows only: Iridectomy. In Thirteen Days, Pica was read with Ten-inch Convex Glass.* John Reynolds, aged 52, was admitted February 14th. He was in excellent health. The left eye presented the usual signs of subacute choroido-iritis. The pupil was not dilated more than the right, which is healthy, and presents a diameter of about three-quarters of a line. The sensibility of the cornea was good; the eye as hard as a stone. The right globe was also hard (T $2\frac{1}{2}$). Vision was limited to the perception of the shadow of two fingers at nine inches—not further. He has never had much pain. He became aware of his disease from having, five weeks since, accidentally closed the right eye; after which, iridisation and much variation at times in the visual power were noticed. For two weeks previous to admission, he received medical treatment; when, in consequence of no progress having been effected, Dr. Harrison of Walsall sent him to me as a proper case for operation.

A moderately broad iridectomy was immediately made at the upper and outer circle. No accident occurred; no blood entered the chamber. The eye was dressed with cotton wool, and a few turns of a bandage made of "domet". In three days, features could be seen, and fingers counted. On the thirteenth day of operation—viz., February 27th—Jäger's No. 12, or pica, was read at nine inches, with the aid of a ten-inch convex glass. In doing this, the eye was much everted, and required time for fixation. The globe continues to be hard. He was allowed to return home to Walsall.

March 10th. The nasal and temporal fields of vision are three inches respectively.

The preceding report is condensed from full notes taken by our house-surgeon, Mr. Arthur Bracey.

Original Communications.

WHAT IS CHANGE OF TYPE IN DISEASES?

By W. O. Markham, M.D., F.R.C.P., Physician to St. Mary's Hospital.

Dr. Barclay must not be surprised if his lectures on *Medical Errors* "excite", as our French brethren say, "susceptibilities". If he had contented himself with pointing out the illogical therapeutical doings of the Arabians, or of the Greeks or Romans of old, or even of our dead and buried great ones of the last generation, he would probably have not been troubled with objectors. But to prove to a modern living doctor that some favourite method of cure of his—in defence of which he is ready to stake his reputation and all his convictions—is a perfect delusion, naturally renders that doctor atrabilious. It has very much, in fact, the effect of treading on a man's favourite—that is, most exquisitely tender—corn. It is, indeed, at all times, a serious thing to be shown up as an illogical dealer with facts by so high an authority as Dr. Barclay, and in a work, too, especially devoted to the treatment of the "fallacies of the faculty"; and persons naturally become very thin-skinned when, in addition, they are castigated before that high court, the College of Physicians. Happy are such persons, therefore, if they can find a screw or two loose in the armour of the logician himself.

I should not, however, myself have ventured to call attention to a passage in Dr. Barclay's *Medical Errors*, wherein I am indirectly called to account, if I did not think that Dr. Barclay's error—for so I must be bold enough to call it—was far from being peculiar to himself. I refer to the interpretation which he gives of the meaning of the words "change of type" in disease. The words are very common ones, it is true—words of late years almost in daily use in our conversations about diseases. But do we really know each what the other means when we are using them? Have we, many of us, really any distinct idea at all of the actual value of the terms? I have at times asked friends offhand what they mean when they speak of this "change of type"; and have been often surprised to find how vague is their notion of its import. Moreover, when I find in a work devoted to the enunciation of "medical errors", what seems to me a manifestly erroneous definition of the term, I think I may be excused if I attempt to give to it something of its actual value; or, at all events, if I ask Dr. Barclay, when he uses it in future, to define his terms. The question is not a mere barren tale of words; for the actual practical doings of doctors are closely mixed up with this "change of type".

Dr. Barclay's error will be found in the following passage of his *Medical Errors* (p. 81).

"I need not, however, examine a question which has been so ably discussed* on a recent occasion, when we were taught that there is no change of type in disease, though cholera was unknown in Europe forty years ago, and though plague, once so constant a visitant in this city, has, for the present, entirely ceased to spread beyond the regions of the Levant, where it seems to have its constant habitat."

My friend Dr. Barclay, in this passage, whilst nominally flattering my "able discussion" of the subject of bleeding, actually convicts me of apparently a very barefaced absurdity in discussion. I think his logic should have suggested to him that, when the *reductio ad absurdum* was so manifest in the conclusion, it was probable that he and I differed because we attached a different sense to the terms we used. Indeed, if my friend had taken the trouble (which I must now ask him to do) to read, in the lectures which he criticises, the definition which I have there given of "change of type of disease", he never could have written the words of his above given.

Dr. Barclay has thus, in his *Medical Errors*, himself committed a great error. He attempts to convict me of an absurdity in argument, by improperly using the words "change of type", not in my sense, but in a sense which he himself has given them, and which never has been given them by any departed, and, I may venture to say, never will be again given them by any living, doctor. He employs the term erroneously; and then gives me a quietus—a logical settler—as the correct conclusion of his false assumption.

Now, according to Dr. Barclay, whenever a new disease appears, and whenever an old one disappears, a "change of type in disease" has taken place. Thus, for example, when syphilis, or when cholera, or when yellow fever, or when small-pox, first appeared, disease changed its type. In fact, whenever Pandora has opened her box and let a new disease loose on the earth, or has transported a disease from one quarter of it to another, diseases have changed their type in the district where the event has happened.

More than this, Dr. Barclay says, if plague no longer ravages London, disease has changed its type. If small-pox, therefore, were to be annihilated by vaccination, diseases would have changed their type. If typhoid and typhus, or if ague, under good sanitary arrangements, disappear, diseases have changed their type. According to Dr. Barclay, in fact, *change of type of disease is represented to us by the appearance or the disappearance of disease in a given district.* Surely, he might just as reasonably have argued that vegetables changed their type when the potato was introduced into England; or that quadrupeds changed theirs when wolves disappeared!

Dr. Barclay says cholera has found its way into, and the plague has found its way out of, England: therefore diseases have changed their type! But how, in what way, has disease changed its type? Is cholera not still ever cholera morbus? Is plague not demonstrated to us still by the same tokens and signs which have ever been its fatal diagnostic marks? If a contagious disease be transported from the East to the West, and still ever remain the same identical disease—ever characterised by the most characteristic of symptoms in the West as in the East—where is a change of type to be found? If London be so purified by sanitary arrangements, that the plague can no longer there find a satisfactory pabulum and breeding-ground, how has disease changed its type? Really, I must ask Dr. Barclay if there be any one of the many false deductions, which he has so well shown up in his excellent book, more patently false than the fallacy involved in this assumption?

At all events, be Dr. Barclay's definition true or

* "Blood-letting in Disease." Gulstonian Lectures. By W. O. Markham, M.D., F.R.C.P. (British Medical Journal, April 1864, *et seq.*)

false, still must he stand convicted of that other fallacy in argument—viz., of using terms in a totally different sense from that which was given them by the writer whom he is criticising; and then, from the necessarily false deduction so arrived at, of accusing the said writer of a stupid blunder.

I will here add the definition which, in the lectures criticised by Dr. Barclay, I have given of "change of type" in disease; and will leave the reader to judge whether his or my definition of "change of type" is most near to its probable sense. I say probable sense, because, for my own part, I have never yet been able to find the smallest shadow of satisfactory proof that any change in the type of disease has ever occurred.

"I know not to whom is due the credit of first suggesting the term of change of type in diseases, nor when it first appeared in medical literature; nor do I know what was the precise idea attached to it by its inventor; but by the term is meant, as I understand it, not any imaginative alteration in the essential nature of diseases themselves, but some change in the condition of the body which is the subject of diseases. Inflammations, I suppose it would be argued, are the same now, in so far as their characters, anatomical and dynamical, are concerned, as they ever were since diseases fell on man; but the body in which they manifest themselves is somehow changed. The general diathesis of humanity has undergone some gradual transformation, so that the manifestations of the reactions of diseases upon mankind are different now from what they were in former days. Moreover, this change, some supporters of the theory tell us, is no partial one; the whole civilised human family has come under the novel phasis. Not only here, but at the antipodes, men will no longer bear the bleedings to which they were once beneficially subjected. And I believe that even veterinary surgeons have found, or have thought to find, the same to be true of the constitution of the animals subjected to their care.

"Besides this, it is not to be imagined that now, for the first time in the history of nosology, such peculiar modifications have occurred in man's nature. The course of diseases amongst mankind, authority assures us, has ever, at different epochs, been marked by variableness and shadows of change. To use the words of the authority referred to: 'There are waves of time, through which the sthenic and asthenic characters of disease prevail in succession, and we are at present living amid one of its adynamic phases.' 'I share in the belief' (he adds) 'which has grown out of the experience of many thoughtful and observant men, that, in this country at least, the human constitution has for several years been suffering a gradual change; that almost all inflammatory disorders assume now-a-days a more adynamic type, and require less energetic treatment than in the early part of the present century.'

"It must also be remembered, that this supposed change in constitution is something quite distinct from the changes in man's bodily state which result from any of the well defined influences of occupation or climate to which he may be accidentally subjected. This peculiar change is, in fact, the resultant of an influence—an unknown influence—totally distinct from those ordinary influences, whose good or evil operations on the body we can note and appreciate; and, as I understand it, it has fallen alike upon all—upon the ruddy rustic, the corpulent alderman, the thin, sallow, anxious-faced man of business, and the pallid artisan; affecting each of them, and more and less, according to the varying merits of their constitutions."

NOTES ON

THE ADVANCE OF PHYSIC:

BEING THE ANNUAL ORATION BEFORE THE HUNTERIAN SOCIETY FOR 1864-5.

By Jonathan Hutchinson, F.R.C.S., Surgeon to the London Hospital; and Assistant-Surgeon to the Royal London Ophthalmic Hospital.

Mr. President and Gentlemen,—The return of our anniversary, with its customary address, offers an opportunity for general and somewhat discursive remarks, such as would be out of place at one of our ordinary meetings. I shall, with your permission, though, I fear, in but a very imperfect manner, attempt a few remarks on the great object which our Society has in view—the improvement of medical and surgical science; or, to use the concise terms of Sydenham, the Advance of Physic. In doing this, I shall venture to submit to your consideration certain matters of detail, as well as more general speculations.

Great as have been the triumphs of our profession in the past, and immense as has been the expenditure of human skill, industry, and enthusiasm, in achieving them, we have still to regret the exceeding imperfection of our art, in comparison with what the interests of humanity demand. Those who have looked most closely into the matter will probably be the first to admit, and indeed not only to admit, but to exult in the belief, that we have as yet only laid the very foundation-stones of that temple which our profession will, in the future, be privileged to uprear, "to the glory of God, and the good of man's estate."

Chief amongst the means to which we may look for great aid in the future progress of our art, is the much increased use of the pen and of the printing-press. A superficial glance at the present state of things might indeed lead us to suppose that already there exists a glut rather than a deficiency of books and journals. But it is not so. Good books are the stones with which we build, and they are still our greatest want. A book written with an honest simplicity of purpose, telling in plain language what we have seen and done, is still the greatest boon which any of us can confer on his profession. We must endeavour to compel our minds to regard books as being simply information—it may be opinions, it may be facts—put into type in order to facilitate reference. The voice of an individual can be heard but by few. The reading of manuscript is tedious and laborious; and, however public may be the place of deposit for manuscript essays, they will remain inaccessible to the majority. Even of our own note-books, when they have become voluminous, we can make but little use. When, however, an opinion or a fact is once put into good type, and placed upon a publisher's shelf, it is fairly launched upon the world. It is glorious to reflect how the seed thus sown almost in private and in silence may chance to grow up and fructify where least expected, and possibly to an extent which its sower had never calculated. There are few books which have not some germs of truth, and which do not effect some good; and the public may be very safely left, aided by the labours of critics, to choose the best, and allow that which it finds not usable to sink into disuse. Neither their authors nor the profession need be under any alarm as to superfluous books doing any mischief,—a little extra employment given to the trade, and there the thing ends. The mediocre book drops out of notice, and hurts no one. Many a book, however, which never attains what Mr. Churchill would call success, still serves silently a most useful purpose.

We little know, in the hurried rapidity of life, to what hints we are indebted for the trains of thought which become most valuable to us; and many a time, could we trace such to their source, we might find ourselves debtors to books or papers which, at the time of perusal, we put aside without a single sentiment of gratitude. It is a curious proverb which remarks, that "the slothful man roasteth not that which he took in hunting." As if his energy failed him at the completion of the chase, and when the excitement was over, he was too idle to consummate his achievements. I have often thought that there is great waste in medical matters, owing to this kind of sloth. We have medical investigators who love the chase for its own sake, and are careless about what it yields. Men of the keenest scent, and of the greatest endurance, whilst out in the hunting-field, are often those who show the least care about the game when it is bagged. I need scarcely explain, that the roasting of the kind of venison I speak of is the publication in a book, or in a journal, of the new knowledge which our prowess has secured us. In doing this, we not only increase its use to ourselves by making it more fit for assimilation, but we have the pleasure of being able to invite our friends to the feast.

It was the fashion with some of the foremost in former days to underrate books. Hunter's habit in this direction is well known; and Sydenham's reply to Sir Richard Blackmore, when asked what medical reading he advised—"Read *Don Quixote*, sir"—has been thrown at the head of many a medical author. We may rejoice that the majority have preferred to emulate the example of Sydenham and Hunter, and have declined to feel the force of their sarcasms. In the present day, however, books are far more essential than they were a century or two ago. The man who now neglects them can scarcely hope to advance his art. The first business of the investigator is to climb as quickly as he may upon the shoulders of his predecessors, so that he may view his subject from a fair vantage-ground. I admit that, in many instances, to work out a subject for oneself, and without loading the mind with the opinions of others, gives to the work a freshness and interest which it would not otherwise possess, and secures that sea-room for the mind which is so essential to originality. This plan, however, must not be pushed too far; and no single error has led to a greater waste of labour than injudicious attempts in this direction. The great use of books to students in science is, not for perusal, but for reference; and, in order that reference may be easy, it is needful that the books should be close at hand. If we look at the matter from this point of view, it will, I think, be clear to all, that no greater boon could be conferred on our profession than the cheapening of medical books. Let us have them so cheap that every student can easily afford to have a well stocked library. A little systematic effort in this direction would achieve much. There is surely no good reason why medical books and journals should always maintain their present high rates in comparison with those on general subjects. The chief reason why it is so is, that the demand is limited; and this is a matter which the profession has in its own hands. Let it be acknowledged, that "it is a man's duty to have books—that a library is not a luxury, but one of the necessaries of medical life"; and we shall soon have a corresponding effort on the part of authors and publishers to meet the demand.

The able author of *Horæ Subsecivæ* has suggested a classification of medical men founded upon Bacon's use of the terms *fruit* and *light*. In the one, we are to class the man of genius, skilled in the search after principles and laws; in the other, the master in the diagnosis and treatment of disease. He quotes Sir Charles Bell and Harvey as examples of the one; Abercrombie and Sydenham of the other. The one pursue their profession as a science to be taught, and, if possible, to be extended; the other, as an art to be applied. "The one is, in old phrase, *luciferous*; the other, *frugiferous*". Now, whilst admitting that the classification is founded on observation, it is still one in which we ought not to rest. It is most desirable, for the advance of physic, that all should keep in mind their double functions; that those most engaged in the speculative should still court familiarity with practical details; and those whose daily avocations lead them most into contact with medicine as an applied art, should still keep in mind their duty to use their opportunities for its advancement as a science. The day is happily past when any remonstrance was needed against despising the man of science, and extolling the practical man at his expense; but we need still a more full recognition of the absolute dependence of art upon knowledge. In this country, there is little need to insist upon the importance of practical affairs. There is no fear whatever that light, when obtained, will not at once be made full use of. The English mind certainly tends to err in the opposite direction; and we cannot too often recall Bacon's well known passage: "The industry displayed in experiments is but too often directed by an indiscreet zeal, at some prejudged effect; seeking fruit rather than knowledge. This is in opposition to the Divine method, which in the first day created time alone, delaying its material creations until the sun had illumined space." Or, again, "we are well aware that axioms, rightly framed, will draw after them whole sheaves of works; but, for that untimely and childish desire of seeing fruits of new works before the season, we absolutely condemn and reject it as the golden apple which hinders progress."

Very closely connected with the more wide diffusion of our printed literature, comes the subject of medical education generally. In entering on this most important topic, it is needful that we should rid our minds of all preconceptions as to the connexion between medical education in its true sense, and medical corporations for the granting of diplomas. The interests of the public undoubtedly require the existence of these corporations, by whom the portals of the profession are guarded against the ignorant and unsafe. It is no charge against these corporations, however, to say that they have done little or nothing for the advance of physic as a science. Such is not their function, or, at any rate, only indirectly. All true work must be perfectly voluntary. There is nothing that the better parts of our nature so much revolt at as all forms and degrees of compulsion. Although the system of examination for diplomas has done much to maintain a fairly level standard of knowledge throughout the profession, and to protect the public and the profession against empirics, yet it has probably retarded rather than otherwise the advance of physiology and of sound scientific medicine. It has done so by degrading science into a means to an end, instead of leaving her to be worshipped for her own sake. It has associated her pure name with memories of laborious cramming and of hated tasks. It has succeeded in linking what might have been unalloyed pleasures with a consciousness of surveillance and compulsion.

I call to witness the noble progress which the sciences of astronomy and geology have made without any external assistance, when I assert that knowledge is her own reward, and the human mind works best when least trammelled. In adopting this line of argument, however, I by no means wish to underrate

the importance of our corporate bodies, or to fail in thankfulness for the earnest efforts recently made to improve their operation. The examinations have of late years become much more reasonable and less arbitrary—that is, they have become such as better test a man's real attainments, and leave less and less to the power of mere cramming. When this end shall have been more perfectly attained, their evil influence will much diminish. But whilst it is possible for a student to allege with reason an approaching ordeal at one of the colleges as his motive for absenting himself from the wards and shutting himself up with his books, is there not something wrong? In anatomy, already, this has ceased to be the case, and examinations on the subject render familiarity with the dissecting room essential to success. In medicine and surgery, however, the plan of examining merely by question and answer still leaves the student at liberty, if he likes, to neglect familiarity with that which is the most important part of our vocation—nay, in degree encourages him to do so. I admit the difficulties in the way of examinations for diplomas, conducted with the patients before us, but these are what we must come to if our corporations are ever to exert their due influence in promoting the advance of genuine knowledge.

We must, however, look at medical education in a much wider sense than in so far as it conduces to the creditable obtaining of a diploma. A man's education consists in all that furthers his obtaining acquaintanceship with what is already known by others. Here we draw the distinction between education and original work. Under many circumstances the two may go together, but for the most part they are distinct. The great duty of each generation is to transfer its knowledge in the fullest and most complete manner to its successor. Each endeavours to add its fragments of new knowledge, and then to pass onward to its children the augmented sum. Happy is it, if in its zeal for new additions, it do not allow some items of the old to be forgotten or neglected. This is the great business of education. How best shall it be discharged?

Time does not permit us now to go into detail. One or two general remarks may, however, be ventured. All education should be as far as possible natural, and should be directed to eliciting the student's interest in his subjects, rather than compelling his attention to them. Again, I have to protest that Falstaff but illustrated one of the deepest rooted principles of our nature, when he utterly declined to give reasons upon compulsion. I therefore object for the most part to the establishment of curricula, and to the forced attendance upon certain courses of lectures.

Let our examining boards take more efficient modes of ascertaining what a man knows, and they will have no longer any motive for counting the months he has occupied in gaining his knowledge, or for compelling him to produce evidence that he has sat through certain thousands of lectures. Their object is to test his familiarity with medical science, not to gauge his powers of endurance. Let them attend closely to their own most important duty, and leave the candidates for their diplomas to gain the required knowledge when and where they like. To admit this great principle as one which, by degrees, must sooner or later be carried out, would be to solve one of the questions most under discussion of late in respect to medical education. It has been alleged by some, and with apparent plausibility, that the number of lectures now given is excessive; that the courses are both too numerous and too long. Now, instead of any diminution in the amount of oral instruction offered to our students, we might surely with profit increase it if the objection of compulsory attendance were removed. It is most desirable that the fullest opportunities should be offered at our schools for the acquisition of the most recent knowledge in all branches of study, whether directly professional or only collateral, and that the varied advantages of the lecture-room should be most fully at the service of the student. It should be a matter of choice with the latter, however, whether or not he avails himself of them. If attendance on lectures were voluntary, I do not think the lectures would diminish in number, and I feel sure they would greatly improve in quality. The lecturer would be driven to the final resort of making his lectures instructive, or he would get no class. A healthy rivalry between different professors would be established, which would exercise a most beneficial influence on all.

Under the impression that the sum of medical knowledge has become so vast that it is impossible for the mind to master it without injury to itself, two different remedies have recently been suggested. The first and boldest is, that the surgeon shall, voluntarily and on system, restrict his studies and throw aside many of the subjects which he has hitherto deemed necessary. The second is, that we shall divide the subject of medical art into various special branches, and some of us take one, and some another. These suggestions are both of them so important in reference to the future advance of physic, that we must devote a few words to each. We will take first the question of specialities.

[*To be continued.*]

CASES OF HERNIA.

By Samuel H. Steel, M.B.Lond., Abergavenny.

The following cases of hernia present some features perhaps sufficiently unusual to render them worth publication in the Journal.

Case I. October 11th, 1864, at 10 A.M., I saw William West, a gentleman's butler, aged 28, healthy, but of delicate appearance. He was suffering from symptoms of intestinal obstruction, which had come on shortly after dinner the day before. On examination, I found a soft swelling in the right groin, which he told me had existed since childhood; he had then worn trusses, but he had now left them off for some years. The right testicle was absent. The tumour, though not tense, was a little fuller than usual and rather painful. It gave me the impression that its superficial portion might perhaps consist of the testicle wasted and spread out under the skin. The taxis had no effect. I gave a dose of opium and left, intending to return as soon as possible and administer chloroform. This I did at 4 P.M. He was kept insensible for half an hour, and the taxis fairly tried. I also had the lower extremities raised over the shoulders of an assistant, and used the taxis while he was in that position, but without making any obvious impression on the tumour, which continued soft and non-resistant. On recovering consciousness, however, he said he was much relieved. I remained with him two hours, and then, vomiting not returning, I left him, desiring to be sent for should the symptoms recur.

I was again summoned at 10 P.M., when I requested my cousin and partner, Mr. Elmes Y. Steele, to accompany me. We found no change in the feeling or appearance of the swelling. It was tender, but not excessively so. Symptoms of strangulation had returned; vomiting was frequent. On consultation, an operation *without delay* was determined upon—1, because from the feeling of the tumour, from its want of tension and resistance, we were of opinion

that any further trial of the taxis would prove useless; 2, because, though the nature of the tumour was doubtful, yet it seemed probable that under the soft superficial portion a knuckle of constricted gut might be concealed. The symptoms, though not very urgent, were decided. The chance of relief from treatment by opiates and enemata was very uncertain, and if these were unsuccessful, the delay would be necessarily hurtful. An operation, the extent of which would be determined by the nature of the tumour as disclosed during its progress, was evidently the preferable course.

The first incisions were made through a hypertrophied layer of fat, which I had imagined might be the missing testicle. After dividing the remaining structures a sac was disclosed—not tense, but evidently containing fluid. Upon opening it, from two to three ounces escaped, the sac entirely collapsing; neither bowel nor omentum appearing within it. The finger introduced through the sac up to the internal ring, passed into the abdominal cavity, still without any strangulated intestine being discovered; but, crossing the internal orifice of the ring, yet within the abdomen, a tough membranous band was felt, underneath which, and constricted by it, though not very tightly, a portion of intestine could be distinguished. On attempting to divide this band with a hernia knife guided by the finger, I found it yielded before the edge, though the knife was sharp. After two or three ineffectual attempts to divide it, using the knife as freely as I could venture to do in such a situation, I requested Mr. Elmes Steele to examine the structure. On trying to divide it, he encountered the same difficulty as I had done; but, finding that the band yielded to traction, with the point of the finger he succeeded in drawing it into view, when it was freely severed. Upon now passing the finger through the ring into the abdominal cavity, it was evident that the obstruction had been removed; the bowel could be felt lying free. The upper part of the wound was closed with silver sutures, and water-dressing applied. Convalescence took place without a single bad symptom, except slight icteric discoloration of the skin for the first few days, to which, the patient informed me, he is liable on any slight derangement of health. The wound healed throughout by first intention, except one small sinus which gave very little trouble, and in three weeks he was about his usual avocations.

It is difficult to describe the structure which caused the strangulation in this case, nor was it possible to ascertain with the finger its exact connections. It was not formed by the neck of the sac, but lay beyond it, crossing the internal ring. The constricted intestine lay underneath it *within the abdominal cavity*, and was not very tightly compressed, but quite sufficiently so to cause the symptoms of strangulation, which were at once relieved by its division. Whether the bowel could have been disengaged by inflation with bellows, as described by Mr. Griffin in the JOURNAL for October 22nd, 1864, may be a question; but I confess I am unable to see how inflation of the colon can be a means of acting upon a knot of strangulated ileum. The chief points of difficulty in the case were: 1, the doubtful character of the inguinal tumour, which had neither the aspect nor the tension of an ordinary hernia; 2, the absence from the sac, when opened, of any portion of either bowel or omentum. The fibrous band within the abdominal cavity, and the mode in which it effected the strangulation of the bowel, were not discovered till after some little careful investigation, in which, as thoughout the case, I was much indebted to the tact and judgment of my colleague. The result confirms the wisdom of the old rule—"In a doubtful case, operate"—and I may add, "without delay." There was certainly a temptation in this instance to give the patient the chance of a night's interval before operating; but we should only have found him in the morning, after some hours of vomiting, in a worse position for recovery.

The effect upon the convalescence of delay in operating is well illustrated in the following case, which is interesting also, like the one already related, from the doubtful character of the hernial tumour.

CASE II. December 6th, at 9 P.M., I saw H. Vaughan, engine-driver, a robust man, aged 23. He was suffering from symptoms of intestinal obstruction, which had begun suddenly on the 3rd, but which had not been very severe. I found a right inguinal hernia reaching the upper part of the scrotum. It was soft and without tenderness, and was returned readily through a rather patulous external ring. I left him, having ordered a grain of opium every four hours. He was visited in the morning by my assistant, Mr. T. P. Collyns, in whose hands the case remained for the next three days; during which time, however, I saw him once or twice. Mr. Collyns reported to me that, after the apparent reduction of the hernia, the symptoms of strangulation subsided, but that, vomiting having returned after an interval, the hernia was found to have again protruded. It was again apparently reduced, the symptoms of strangulation remitting under the treatment adopted, with the exception that no satisfactory stool was obtained. On the evening of the 9th, Mr. Collyns requested me to see the case again. I found the belly tender, but the hernia still soft, without tension or tenderness, and still easily reducible within the external ring, where it could be followed by the finger. In consultation with Mr. Elmes Steele, it was determined to operate on the following morning, should the symptoms persist and no stool be passed. The next morning, the man's condition being little altered, except that the matter vomited during the night began to have a stercoraceous odour, I operated with the assistance of my cousin and Mr. Collyns. The tumour was found to consist entirely of omentum of a healthy and unchanged appearance; underneath it, at the upper extremity of the large dilated inguinal canal, was a knuckle of ileum of the size of a filbert, strangulated by the neck of the sac. It lay so deep that more than usual care was necessary in dividing the stricture, and I was obliged to enlarge upward the external incision in order to reach it with safety, having first removed the omentum. A good deal of venous oozing took place from the whole surface of the wound, which, when this had subsided, was closed as usual. The next day, however, it was found filled with coagulum, which was removed and the surface cleaned as well as possible. The intestinal functions were resumed favourably, but no part of the wound healed by first intention, an abundant and rather unhealthy discharge taking place during the first nine or ten days. Granulation succeeded in time; but nearly two months elapsed before the patient was able to resume work.

In this case, the apparently complete reducibility of the hernia and the remittent character of the symptoms were curious and deceptive, but I readily admit that its true nature ought to have been discerned, and the operation performed earlier than it was. Possibly the distension of the inguinal canal by the mass of omentum when reduced within the external ring, may have had the effect of dilating a little the neck of the sac, and thus caused the remission of the symptoms by releasing the tension of the stricture upon the incarcerated gut. That the latter suffered little from the delay is evident, but in other respects Vaughan's convalescence contrasts strongly

with that of West. He was the more robust and healthy subject, but he had suffered from strangulation more or less for nearly a week. During this time he had taken little food, and of that little the greater part had been returned. Assimilation had been very imperfectly carried on, and he had passed no stool. There had been no active inflammation, and the man's condition was apparently very favourable; but the effect of impaired nutrition was shewn in the obstinate oozing of blood from the wound, and the defective healing power which it manifested.

Hesitation and delay are the great causes of the fatality of hernia. Half an hour's trial of the taxis should, with very few exceptions, be sufficient to satisfy the operator whether the hernia is reducible or not; and when once a decision in the negative has been arrived at, every hour's delay of the operation should be regarded as inimical to the patient's prospects. In inguinal hernia delay is doubtless better borne, as a general rule, than in femoral, as in the latter case the stricture is usually very tight, and its effect rapid. I was much struck by this in a recent instance in an old woman, in which I was induced by considerations of convenience, such as often arise in country practice, to defer the operation from late in the evening till the following morning. The symptoms were not urgent; but, upon operating, a knuckle of intestine underlying a mass of omentum was found rapidly approaching a state of sphacelus. The patient recovered; but a very little more delay would have proved fatal to her. It is the frequency with which difficulties in obtaining assistance and other inconveniences tending to delay occur in country practice, that leads me to dwell on this trite and obvious point. Some of the cases narrated by Mr. Griffin, in the number of the JOURNAL before referred to, to which he was called in consultation, are instances of this. In some of them, indeed, there was gross malpraxis, such as we may hope is not often met with even in the most remote districts. To spend three or four days in administering drastic purgatives and enemata, relieved, I conclude, at intervals by the efforts at the taxis, in a case of femoral hernia, amounts to little less than manslaughter.

Reviews and Notices.

THE STUDENT'S BOOK OF CUTANEOUS MEDICINE AND DISEASES OF THE SKIN. By ERASMUS WILSON, F.R.S. Pp. 275. London: 1864.

A CLEAN SKIN: HOW TO GET IT AND HOW TO KEEP IT. Skin-Diseases of Constitutional Origin; their Etiology, Pathology, and Treatment. By JOHN WILKINS WILLIAMS, M.R.C.S.Eng. Pp. 114. London: 1864.

THE first of these books is an attempt on the part of the author to supply a class-book on Diseases of the Skin; and we are glad to find that this task has been undertaken by a dermatologist of such high authority and practical experience as Mr. ERASMUS WILSON. The present volume is only the first part of the work; the second is announced as being about to follow in a few months.

The first two chapters of the book are devoted to an account of the Anatomy and Physiology of the Skin, its Pathology, and the Classification of its Diseases.

The first chapter—that on the Anatomy and Physiology—is evidently much the same as the similar chapter in Mr. Wilson's larger book; and, indeed, the whole of the work before us appears to be a well digested abridgment of the same, for the use of students.

In the second chapter, the author enumerates the usual characters of skin-disease, and those which appertain to the sensations of the patient. It is on the visual characters that is founded the classification of Willan. The author regards this classification, of which he gives a sufficiently full outline, as "a rude classification of great simplicity, than which none can be better suited for the early training of the student. Its fundamental principles are few and distinct, easily carried in the mind, easily recognised by the bedside, and easy of application under every circumstance." He, however, does not employ this classification as the basis of the present work; but, "in the absence of a more perfect system", adopts an arrangement which he designates as "clinical", "as arising out of the analysis of a large number of cases of disease". This arrangement is as follows; the groups being twenty-two in number.

1. *Eczematous Affections;* including Eczema, Psoriasis, Pityriasis, Lichen, Impetigo, Scabies, and Gutta Rosacea.
2. *Erythematous Affections;* including Erythema, Urticaria, Erysipelas, and Roseola.
3. *Bullous Affections;* including Herpes, Miliaria, and Pemphigus.
4. *Furunculous Affections;* including Ecthyma, Furunculus, Hordeolum, and Anthrax.
5. *Nervous Affections;* including Hyperæsthesia, Anæsthesia, Pruritus, and Porrigo.
6. *Vascular Affections;* including Nævus vasculosus and Hypertrophia venarum.
7. *Hæmodyscrasic Affections;* represented by Purpura.
8. *Developmental and Nutritive Affections;* typified by Xeroderma, Ichthyosis, and Cachexia Cutis.
9. *Hypertrophic and Atrophic Affections;* exemplified by Nævus hypertrophicus, Ecphyma, Kelis, Bucnemia tropica, and Atrophia cutis.
10. *Zymotic Affections;* including Rubeola, Scarlatina, Variola, Varicella, and Vaccinia.
11. *Alphous Affections;* including Alphos alone.
12. *Strumous Affections;* including Scrofuloderma and Lupus.
13. *Syphilitic Affections;* embracing the syphilitic skin-diseases, of whatever form.
14. *Carcinomatous Affections;* including cancers of the skin in general.
15. *Leprous Affections;* including, as principal forms, Lepra and Vitiligo.
16. *Affections of the Hair and Hair-Follicles;* including Alopecia, Area, Canities, Hirsuties, Trichiniasis, Trichosis, Favus, Kerion, Sycosis, Plica, Erythema folliculorum, Stearrhœa, and Narcosis follicu lorum.
17. *Affections of the Sebiparous Apparatus;* including Stearrhœa, Ichthyosis sebacea, Comedones, Accumulationes sebaceæ, Cornua, Tubercula miliaria, Tumores serosi, Tumores sebacei, and Acne.
18. *Affections of the Chromatogenous Apparatus;* including the Dyschromatodermata—for example, Lentigo, Ephelis, Melasma, Leucosma, and Chloasma.
19. *Affections of the Sudoriparous Apparatus;* as Idrosis, Anidrosis, Osmidrosis, Chromidrosis, and Hæmidrosis.
20. *Affections of the Nails;* including Degeneratio unguium and Onychia.
21. *Traumatic Affections;* including injuries resulting from the bites and stings of insects, and their

habitation in the skin; also other accidental injuries.

22. *Phytodermic Affections;* including Trichosis, Favus, Kerion, Sycosis, and Chloasma; and, according to some, Area.

This classification, Mr. Wilson explains, is founded on a consideration of, 1, general affections of the skin; 2, affections of the nerves and vessels and blood; 3, disorders of development, nutrition, and growth; 4, specific affections; 5, diseases of special apparatus; to which are added, 6, traumatic, and 7, phytodermic affections. The arrangement, then, is very artificial—it is based on no one fixed principle; but, probably, will not be the less useful on that account in the present state of cutaneous pathology.

One remark we must make before leaving this subject; and that is, to ask whether Mr. Wilson facilitates the study of skin-diseases by the nomenclature which he employs. We cannot see the advantage of taking the trouble to translate into Latin such terms as "sebaceous accumulations", "serous tumours", "sebaceous tumours"; or even of using the Latin synonyms of the well known words "small-pox", "measles", etc. In defence of the plan followed by the author, the plea of uniformity would probably be urged; but this is, we think, the only ground on which the use of the terms to which we have alluded could be defended, and they are certainly not more expressive than their English equivalents. It must, also, have been noticed, that Mr. Wilson is very fond of coining or adopting names derived from the Greek; and to such an extent is this done by him, that, as we remarked a short time ago in speaking of modern ophthalmological literature, a special dictionary is almost needed for the comprehension of the literature of skin-diseases. We confess that we have difficulty in dealing with the question of the advantage or disadvantage of the words of Mr. Wilson's coinage and adoption—such, we mean, as Dyschromatodermata, Idrosis, Chromidrosis, etc. It must be said of many, if not of all, that they are very expressive, and that it would be difficult to find a single English word capable of so accurately conveying the idea implied. To those who are able to master and retain in their minds the etymologies of the terms, such words can present no difficulty; but those who do not possess this advantage, must at best use them empirically, and by an effort of memory affix the proper meaning to each. It is but fair to say, that Mr. Wilson does what he can to render the terms intelligible and to shew their application. Thus, in the tenth chapter, on Developmental and Nutritive Affections, we have the following definition of certain words.

"If we assume the skin to be entirely abnormal in its character, to be dry, hard, thin, inelastic, brittle, discoloured, rough, scaly, and in parts too small for the body it has to contain, we shall then have a fair word-picture of a state of disease to which we give the name of *xeroderma*, or dry skin (*ξηρος, aridus*). If, in the next place, we regard only the surface, and look upon an epidermis which is rough, uneven, sordid, broken up into rugged plates, or into smaller fractions corresponding with the areæ of the lines of motion of the skin, we shall then have suggested to us the idea conveyed by the term *ichthyosis* (*ιχθυα, fish-skin*), a scaly covering like that of a fish. If, in addition to these two conditions, we suppose an altered state of the sebiparous function, and an accumulation of the sebaceous substance on the skin in the form of dark grey or greenish scales or spines, suggesting the idea of the coat of a lizard (*σαυρος*), we then have a form of the affection to which we have attached the term *sauriosis*. Or if, instead of the extreme degree of abnormality indicated by these terms, we have before us a skin which is less dry, less hard, but equally, or even more, discoloured—that is, sordid, or, in other words, apt to the accumulation of concretions of the exuviæ of the sebaceous and epidermic matter on the surface, which has originated in a previously healthy skin, and which has come on by degrees, which is, in fact, a disease, and has originated out of morbid causes, we shall then have a state which we have denominated *cachexia cutis*." (Pp. 242-3.)

Besides the two chapters to which we have already alluded, the book contains nine others, in which the author treats of the various groups from Eczematous to Hypertrophic and Atrophic Affections inclusive. In general, the descriptions given by the author are plain and simple, and calculated to be easily mastered by students; and at the same time to give them instruction which will be of value to them in practice. We have no doubt that the book will rapidly acquire and increase in favour; and this will be no more than it deserves.

Having disposed of Mr. Wilson, of whom every one has heard, we now come to Mr. Wilkins Williams, the latest accession to the ranks of English writers on skin-diseases, and whose name will probably be new to most. Mr. Williams does not, he says, pretend to originality, but adopts the French system of classification; he believes that the French dermatologists—especially Hardy, Bazin, Rollet, Diday, and Langlebert—have done that in the classification of skin-diseases which the English, adopting mere outward characters as their basis, have failed to do. In his preface, he says:

"A good book in this department of medical science has long been a *desideratum*. That there are three or four most able and elaborate treatises on skin-diseases in the English language, I am the first to admit; but I feel sure that I merely re-echo a general complaint in asserting that their bulk detracts sadly from their usefulness, and that they are scarcely on a level with the most recent researches made in this department, especially by the French dermatologists. These defects I have endeavoured to avoid in the present volume, which I hope will be found convenient in size, sound in practice, and well 'posted-up', as our American cousins say, in each branch of the subject of which it treats."

Mr. Wilson's work, which we just now noticed, had not appeared when Mr. Williams undertook his task; or otherwise the latter gentleman would assuredly not have employed the "*μεγα βιβλιον μεγα κακον*" argument as a reason for coming forward in print at the present time.

The classification of skin-diseases adopted by Mr. Williams is into Dartrous, Arthritic, Syphilitic, and Scrofulous Eruptions. The book will be interesting to those who desire to have a fairly digested outline of French doctrines regarding the classification, etiology, and treatment of skin-diseases. That its merits are such as to entitle it to take rank as a first-rate English authority, is more than we can conscientiously say of it.

One word of advice, in conclusion, we would give to Mr. Williams; and it is, to remove in his next edition the preliminary title "A Clean Skin; how to

get it and how to keep it." It gives the book too much of the appearance of being written *ad captandum;* and would be quite as applicable to a treatise on washing and bathing as to one on "Skin-diseases of Constitutional Origin."

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 18TH, 1865.

LAW AND INSANITY.

The law of the land regarding the responsibility of criminal lunatics is interpreted by the judges in this way. If the criminal know that he is perpetrating a crime, when he commits (for instance) an act of murder, he is a moral and responsible agent, he knows right from wrong, and he must die. There is no such thing as homicidal mania. There is no such thing as a moral insanity. The law cannot admit such a thing as an uncontrollable impulse to destroy life.

This is the position assumed by the law; and on this position judges base their administration of it. We will not now ask, how such conclusions came to be adopted by the law; whether those who framed the law did or did not make themselves fully acquainted with the pathological states of the body comprised under the term insanity; whether it is reasonable, or indeed possible, for those persons to frame just laws who have only a very partial knowledge of the subject matter about which the laws they are framing are concerned; whether it is wise or reasonable to lay down legal dicta in regard to lunacy which are in distinct opposition to the unhesitating opinions of every scientific man of every country who has made insanity his special study and the business of his life; whether, in framing laws touching the lunatic condition of man's mind, it is reasonable or not to seek advice from those who have been all their lives engaged in the study of lunacy, and in dealing with lunatics.

But we would earnestly ask those judges of the land who are certainly responsible for the framing of the law and its interpretations, how they can reconcile their position with the following positive facts. We call them positive facts, because the truth of them may be most readily obtained by the personal experience of any one who will give himself the trouble to see and hear for himself.

The man who knows that he is doing wrong when he commits murder, dies according to law. Now to this we answer: There are in every lunatic asylum in this country, individuals who, if they should manage to commit an act of murder, ought inevitably to be hanged in accordance with this law. There are individuals who so well know that the murderous act to which they are impelled is sinful, that they actually go and voluntarily incarcerate themselves, so as to be put beyond the power of committing the fatal act. They are horror-stricken at the very thought of the deed to which they feel hurried on by some "uncontrollable impulse." Judges may deride the term "uncontrollable impulse"; but it is, nevertheless, a positive fact. There is something more than a mere figure of speech in that evil impelling agency which went out of the madman and entered into the herd of swine. Every person at all conversant with lunacy must close his eyes to the most plain every-day facts, if he were to refuse to admit that men are oftentimes driven on by uncontrollable impulse to do wicked acts, knowing that the acts are wicked, and yet unable to restrain themselves from their commission.

In that particular form of mania, again, called puerperal—the mania of women, which sometimes follows upon childbed—the mother becomes melancholy, and is at times seized with an "uncontrollable impulse" to destroy herself, ay! even to destroy her own offspring—the doting mother murdering her own beloved child—and she is horrified with herself all the time, because of the dreadful crime to which she feels impelled. Does such a woman (becoming a murderess) deserve our deepest sympathy; or ought she to be handed into the hangman's hands? Let the administrators and makers of the law tell us what view they would take of the case, if such an event should occur in the bosom of their own families. Would they then say that the legal dictum which consigns such an unfortunate woman to the halter is just and good? But such a temporary insane state is, as every medical man knows, not at all unfrequently observed in women after childbirth.

As a striking example of the insane condition of mind observed in man, we might refer to the case of a late member of Parliament, which, some time since, was in everybody's mouth. This gentleman, feeling an uncontrollable impulse that he would murder some member of his family, voluntarily made himself a dweller in a lunatic asylum. Could any better proof be given of the fact, that a man can be of insane mind, and yet, at the same time, have a perfect knowledge of right and wrong. To find admission into the lunatic asylum, two medical men at least must have certified to his lunatic condition of mind; the superintendent of the asylum must also have so certified; and the Commissioners of Lunacy must have eventually ratified his admission. Yet, notwithstanding all this, according to the law of

England, as administered and interpreted by the judges, such a man, so situated, if he commit a murder, must die by the hangman's hands. But would any living soul think of bringing under the penalty of the criminal law an individual who, while thus affected, commits a murder in a lunatic asylum? Assuredly not. Then, we would ask, on what principle of reason and of justice ought the man, who is affected in a precisely similar way, and who destroys a life, to be hanged, merely because he had not the good luck to have been shut up in a lunatic asylum? Until we have some explanation of this manifest contradiction in facts, we shall be obliged to maintain, that the law which condemns the criminal lunatic to execution under the conditions here stated, is an iniquitous law, and is opposed to the dictates of science and of humanity.

We would just add one word in answer to those men of law who say to the doctors, If you had your will, every murderer would be turned into a lunatic. Our reply to the mis-statement is this. Try the reputed murderer by the same measure that you try the man suspected of incapacity in his civil affairs. If there be found in him sufficient evidence of insanity to justify the examining doctor in consigning him to a lunatic's restraint, then admit his insane condition. Let this be the plain and simple test. *If the murderer present no such signs of unsoundness of mind as would warrant or justify the examining physician* — a Government expert — *in certifying to his lunacy, let him be pronounced as sane.*

On each recurring assizes, some painful illustration of the above facts is brought before the public. Last week, at Derby, a man has been left for execution for the murder of his wife; and yet it is impossible to read the case without being impressed with the idea that the murderer is a lunatic. The facts of the case, on the side of the murderer, are stated as follows in the *Times*.

"The fact, that the woman died by the prisoner's hand, was virtually admitted, and the whole contention turned upon the state of the man's mind. Upon one side, the previous history of the prisoner, the fact that insanity had already shown itself in three other instances, and his delusion as to his wife's intimacy with Stone, were dwelt upon. The very circumstances of the crime, it was contended, pointed to insanity. The frantic violence, the subsequent calm, the friendly feeling the prisoner had always expressed for Stone, his parting from him on the fatal night—all showed madness. For what purpose had the prisoner so earnestly besought the daughter to sleep there that night, unless it was that deep down in the very springs of his life the man felt his enemy approaching him—felt the coming madness throwing its shadow before—and desired to have some one there to protect him from himself? The very mode in which the act had been committed was that of an insane man. After the fatal thrust was given, the prisoner must have arranged the body, which was found with the wound covered up by the clothes, which were laid smoothly and evenly up to the chin. Who but a madman could have done this? Again, who but a madman would have insisted on taking the policeman home to find the dead body of the murdered woman? Again and again he had opportunities of escaping, and again and again he refused to avail himself of them. His conduct on approaching the house, if it were not that of a madman, was that of a being scarcely human in its brutality..... Besides this, it appeared that he had always been very eccentric in his manner, occasionally staring fixedly at one or other of the inmates of his house, upsetting the table without any apparent reason, and breaking the furniture. He would mutter to himself, and when spoken to would often turn away without making any answer. Some six or seven years back, he had been struck with a jug, and since then his conduct had been more strange than before, and he had complained of his head. Eleven months back he had, as he supposed, an illness, and was about to die; but the surgeon who attended and examined him could find nothing the matter with him, notwithstanding which the prisoner insisted on keeping his bed for three weeks. Lately, he had complained much of sleeplessness. He was very low in spirits; and his aptitude for business had so diminished that he had lost his occupation. On two occasions he had gone to one house when sent to another to make a distress; and at another time had left a house of which he had been put in possession without any cause. On the morning preceding the murder, he was found counting a pound's worth of silver, and counted it three times wrongly. On one occasion, he had pursued his wife and daughter into a neighbour's house, and had gone up to the window making grimaces and gesticulating in such a strange manner that the neighbour with whom she had taken refuge advised her to have him sent to an asylum."

The counsel for the prosecution insisted that the man knew right from wrong.

"The law on the subject had been laid down by wise and great judges; and the real question for them was, did the prisoner know the nature and consequences of the act he was committing? Brutal as the circumstances attending the death of the deceased were, when dispassionately considered, they showed, no doubt, a weak intellect, but one not incapable of distinguishing right from wrong."

Mr. Gisborne, the surgeon of the gaol, considered the man sane.

"Mr. Gisborne, who, it will be remembered, was called for the defence upon the recent trial of Townley at this place, on this occasion appeared to give evidence for the prosecution. He had noticed a peculiarity of manner in the prisoner; but saw no reason to consider him insane.

"On cross-examination, this witness admitted that the symptoms might be indicative of insanity. Lowness of spirits, melancholy, sleeplessness, groundless jealousy, especially when directed against those most nearly connected with him. He considered the prisoner a man of feeble mind—a man of weak intellect—and very obstinate, with some portion of cunning. Those characteristics frequently accompanied insanity. In the conversation he had had with the prisoner, the latter answered rationally to nearly every question that was put to him. The exceptions were questions relating to his crime. The appearances presented by the prisoner were quite consistent with his knowing the nature of his act and the consequences of it. They were also consistent with the existence of insanity."

Mr. Greaves of Derby gave evidence in favour of the prisoner's insanity.

"He stated that he had attended the prisoner when he lay in bed three weeks with nothing the matter. His conduct on that occasion might be accounted for by supposing that he was then in an early stage of insanity. Nothing else would satisfactorily account for it. The evidence given was entirely consistent with the notion that the prisoner at the time of killing his wife was labouring under a fit of insanity. The existence of an insane delusion was consistent with quiet behaviour at times; at other times it might cause great excitement and violence. A person subject to causeless jealousy, sleeplessness, the making of frequent mistakes in business, and low spirits, would be likely to be attacked by a fit of acute madness. During such a fit the patient had scarcely any or no control over his actions."

In the very same journal which gives these details, we find another trial for murder, and also of the murder of a wife by her husband. In this case, however, the murderer has been brought in a lunatic. But let any one read the evidence, and say if they think the proof is one whit less sure in the one case than it is in the other.

"The prisoner had been unwell for some time, and had gone with his wife and his wife's sister to his brother-in-law's house at Preston. On the night of his arrival, Mrs. Leitch and her husband were disturbed by loud screams proceeding from the prisoner's bedroom. On going there, they found the prisoner's wife at the window screaming, and her throat bleeding, and the prisoner with a knife in his hand trying to cut his own throat. On the prisoner being taken into custody, he appeared collected, and to be able to give an account of what he had done. After he was in custody, he made several statements to the effect that he knew what he had done, and that he was sorry for it, and that he was going to drown himself.

"On behalf of the prisoner, it was elicited that the night before he had been in a very desponding way; and had said that he should drown himself, that he had no home to go to, and that some persons were going to stone him. He passed sleepless nights. It was also proved that a few weeks previously he had been in a very desponding state of mind, and had said that he would drown himself. It also appeared, that a week before the murder a doctor had seen him, and advised his friends to place him in a lunatic asylum; and that the doctor had taken a knife from the table, and had told his wife to remove it and prevent his having any weapons about. Several medical witnesses gave evidence that the circumstances proved indicated monomania, and that there was nothing inconsistent with his being in a depressed and unsound state of mind, and while in that state committing an act of violence prompted by monomania, and his shortly after being able to give a collected account of himself and what he had done, and that the blood he had lost from the wound inflicted on his throat would contribute to bring him to himself.

"The jury then retired; and, after an absence of nearly two hours, returned into court, and acquitted the prisoner on the ground of insanity."

The results of these two trials strikingly exemplify the defective condition of the law which deals with criminal lunatics. Few, we apprehend, can read them without feeling that it was unfortunate for the man who is left for execution that he was tried at Derby, the scene of Townley's acquittal. No one can, we should think, reflect upon these two similar cases—most similar in the condition of the minds of the two murderers when they killed their wives—without feeling that justice has failed in its dealings with one case or the other; that the justice which has spared the one and left the other to the hands of the hangman, cannot be justice with even-poised scales.

THE MEDICAL COUNCIL.

We last week took a brief survey of the doings of the Medical Council during the first septennial period of its existence. We found that its positive acts up to the present moment consisted, first, in the publication of a *Register*, of which very few of us can appreciate the advantages; and, secondly, in the issuing of a national *Pharmacopœia* (having, by the way, nothing national about it, except the title of British), which has been unthankfully received by every medical man and druggist in the country, excepting, perhaps (though of this we are not sure), the gentlemen who compiled it. Being by Act of Parliament a Council of Medical Education, established for the purpose of settling the medical education of the country, and being composed of the *élite* of all the educating and examining medical bodies of the country, the Council has naturally been expected by the profession to hatch before this some golden rules for the guidance of the rising medical generation. But eggs of this kind, it appears, require at least seven years to hatch—how much more, we have yet to learn. The period of incubation of the Medical Council has not yet been settled; and we fear there is no accoucheur sitting on the Board who can give us any information as to when the delivery may take place. Indeed, we have heard it doubted whether the Council is really pregnant with any viable offspring; whether it may not, in fact, be what the midwives call "entirely out" in its calculations. However, we shall watch with interest its approaching term; and, if it then show no signs, we shall assuredly conclude, either that abortion has taken place, or that the pregnancy has been assumed.

In the meantime, our readers may be curious to know what this negative action has cost the profession —"the worst paid and poorest of all the professions" —and we will, therefore, here make a few extracts from the balance-sheet of the Medical Council, which has just been published.

The Medical Council has received during the past year £4520, in fees from those seeking the honours and advantages of registration; £315 for the sale of its *Register*; £5555 for sale of *Pharmacopœias*. Then, *per contra*, we find expended during the year as fees and travelling expenses to members of Council, £2550; for *Pharmacopœia*, £4123; for salaries, printing, etc., £3100.

Consequently, the Medical Council has expended about £5500 in the last annual performance of its duties. The *Pharmacopœia* has altogether cost £6129; but then sales of it have produced £5555—12,837 copies of the 8vo. edition and 4030 of the 32mo. edition having been sold. For law (incurred in 1863), the Council paid £118; the special reporting of last year's proceedings cost £177; printing the *Register*, £513; the salaries of Registrar and Clerk, £450; and, as a set-off, we have, received on sale of *Registers*, £315. A good balance still remains in hand. The English Branch has £21,000 in the 3 per cent. consols; Scotland, £2000 ditto; and Ireland, £2400. Of the Branch expenditure during the year, we find the English with a good balance in hand, £2176; the Scotch, also, can boast of £390 on the right side; but Ireland is unfortunate, for we see written down against her a deficit of £173.

The Metropolitan Counties Branch has a Committee, consisting of above thirty members, entrusted with the duty of guarding the interests of the medical profession whenever they are affected by parliamentary or governmental measures. In the performance of this duty, the Committee decided lately on sending a deputation to the Postmaster-General, in order, if possible, to obtain an uniform and fair remuneration for medical referees under the new Government Insurance and Annuities Act. This deputation accordingly waited on the Postmaster-General on Wednesday last; and a brief account of what took place on the occasion will be found at another page. It will be at once seen, that the efforts of the deputation were unfortunately counteracted by the readiness with which a large number of medical men have accepted the proposal of the inadequate fee of half-a-crown; and still more by the approval of the Postmaster-General's scheme expressed by the *Lancet*. Lord Stanley of Alderley, in fact, quoted the approving passages from the *Lancet*, in answer to the forcible arguments brought forward by the deputation. Says the *Lancet*:

"The fees" (5*s*. for sums from £60 to £100; 2*s*. 6*d*. for sums below £60) "appear to be sufficiently liberal, when we consider the large number of proposals likely to be made, and certainly fair in proportion to the small sums assured, or if taken in comparison with the fees paid by ordinary life assurance offices. The apparent difficulties and minutiæ which require attention in the reading and filling up of the forms of report will gradually diminish as tact and experience are acquired in the mode of examining lives proposed."

The Committee appointed by the College of Physicians, to consider the condition of the army and navy medical officers, will, it is understood, deliver in their Report at the next meeting of the College, so as to give the College an opportunity of taking action (if so it please) by bringing the matter before Parliament during the present session.

The members of the Pathological Society are deeply indebted to Mr. Timothy Holmes for having generously undertaken and performed the very laborious task of supplying them with a general index of the fifteen published volumes. Their excellent President, Mr. Prescott Hewett, has also put them under an obligation by bearing the expenses of its publication, and presenting it to the members.

M. Milne-Edwards, in his funeral oration of M. Gratiolet, speaks thus of his sudden death:

"On the 15th of February, about the middle of the day, M. Gratiolet suddenly felt extremely ill; he seemed to lose his respiration; his legs could scarcely carry him. He recognised in these symptoms precursory signs of that violent kind of effusion which rapidly impairs the instrument of thought, and destroys life. His powerful intellect, however, remained intact. He prescribed with perfect clearness the means to be taken to combat the progress of the disease; he called for the consolations of religion; he sent for a companion of his youth; and he left to the friends of science the care of his young family. He then soon fell into a lethargy, from which nothing could rouse him; and he died at six o'clock on the following morning."

In France, M. Jolly tells us, the revenue on tobacco was, in 1832, 28 millions (*francs*), about the same that it had been since 1792; two-thirds of the tobacco being employed as snuff. In 1842, the revenue was 80 millions; but now two-thirds of the tobacco was used for smoking, and only one-third as snuff. In 1852, the revenue reached 120 millions; three-fourths of the tobacco being consumed in smoking. In 1862, the revenue was 180 millions; and only a fifth of it was used as snuff. In 1863, the revenue was 216 millions. Hence it appears that "snuffing" has continued stationary since 1832, whilst smoking has rapidly increased. And it is worthy of remark, that in those departments where the individual consumption of tobacco is greatest, smoking is much more carried on than snuffing; whilst in those departments where the consumption is smallest, more tobacco is consumed in snuffing than in smoking. M. Jolly then makes a calculation to show that each smoker consumes eight *kilogrammes* of tobacco *per annum*—

"A quantity which, according to chemical analysis, is equivalent to from fifty to sixty *grammes* of nicotine—that is, to more than would suffice to destroy a squadron of cavalry! Few are they," he adds, "who deny themselves the pleasure of smoking. Tobacco has triumphed over the instincts of the organism, over the protestations of science and of reason, and over every coercive power employed to oppose it. It has worked a revolution in social and domestic economy, in public and private manners and habits, in the finances of the state, in public health, and has even had an effect on the progress of population."

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

I ONCE more resume my correspondence, after an unavoidable interruption of many months. This first letter of a new series I propose to devote to a subject which, although not strictly local, may perhaps prove interesting to your readers, especially to those who may desire information on the particulars to which it refers. Having, during the interval since my last communication, made a voyage up the Mediterranean, including a sojourn of a month at Malta, in search of health, some hints founded on my personal experience may be useful to those who contemplate a similar undertaking themselves, or who may desire to recommend it to their patients. I would premise that, to those who require a thorough change of scene, with complete cessation from corporeal fatigue and mental anxiety, to recruit the wasted energies of mind and body, I can conceive no means better adapted to the purpose than the trip I am about to describe, especially when economy is an important consideration.

Several lines of steamers are constantly sailing from this port for the East; but the favourite vessels, and those which afford the most comfortable accommodation for passengers, are the splendid screw-steamers of the British and North American Royal Mail Steampacket Company,* which leave the Mersey about every fortnight, taking alternately three distinct routes—namely, the Italian route, by way of Genoa, Leghorn, and Naples; the Adriatic route, by Palermo, Messina, Corfu, Triest, and Venice; and the Turkish route, by Malta, Syra, Constantinople, and Smyrna. In addition to the ports named, each steamer touches at Gibraltar on the voyage out and home, and at Malta on the way home. The voyage is also usually prolonged to Alexandria; but this extension of the trip depends upon the fluctuations of commerce. Passengers holding a ticket for the round can remain at any of the ports touched at, and resume their journey by a succeeding steamer. They have the privilege of living on board during the entire voyage, including the period of detention at each port; by which they avoid the expense, and in many instances the extreme discomfort, of foreign hotels. A stay of a week or ten days at the principal ports, such as Constantinople and Alexandria, and one or two days at smaller places, affords the traveller an opportunity of seeing the lions; and the constant change from sea to shore renders the trip most agreeably free from the tedium of a long voyage. The longest runs on the Turkish route, to which my observations are limited, are from England to Gibraltar, which averages six days' steaming; and thence to Malta, about a day less. With these exceptions, the vessel is never at sea, if all goes well, more than two or three days together.

The Bay of Biscay, of which so much has been said calculated to alarm landsmen, has, so far as my experience goes, been greatly maligned; but, in point of fact, steamships on this voyage scarcely enter the Bay at all, but cross the Atlantic to the westward of the Bay, as a glance at the chart will show.

The difference of temperature, after leaving England, is sensibly felt on arriving off Cape St. Vincent; and at Gibraltar, the weather (in February) is as mild and genial as a warm May in England. Gibraltar is by no means an undesirable place for an invalid to make a short stay in the proper season—any time from the beginning of February until it becomes too hot. The Almeda is one of the most beautiful resorts for out-door exercise that could be found. Shady trees, luxuriant flowers, and an indescribably magnificent view of sea and land, including the beautiful Spanish coast and the mountains of Africa in the distance, are all that the lover of Nature could desire. The hotel accommodation is very good, and not unreasonable; but lodgings are scarcely to be procured on any terms.

In recording my experiences of Malta, I shall avoid repeating what has been written in works on climate, and confine myself to the impressions gathered from personal observation and inquiry from my friends there, both lay and medical, whose lengthened residence on the island enabled them to speak with confidence.

As a winter residence from October to May, Malta is most delightful. My friend Dr. Ward, who has spent some ten or eleven winters there, describes a Maltese winter as being somewhat better than a fine English summer. It is not suited to persons suffering from phthisis, unless in the very early stage; as, in certain states of the weather, phthisical patients appear liable to attacks of congestive bronchitis; but those in whom organic disease has not far advanced may, with ordinary precautions, avoid any risk of aggravating their symptoms. The advice I should give to those who select Malta for a residence is, to avoid Valetta, the principal town, as a permanent abode. The innumerable steps which must be climbed by the pedestrian are a sore trial, rendered memorable by Byron in his pithy farewell to this fortress:

> "Adieu, ye cursed streets of stairs!
> How surely he who mounts you swears."

Besides which, the long, narrow, and straight streets, running at right angles, with the lofty palaces of the old templars on each side, constitute tunnels, through one or other of which a sharp cutting wind is often blowing; so that the visitor, on turning a corner, finds himself suddenly transferred from the temperature of the torrid to that of the frigid zone. In this respect, Valetta appears some-

* Better known as the Cunard line, and locally as Maciver's steamers. For speed, seaworthiness, efficiency of officers and crew, and general equipment, these vessels are unrivalled; and, with the exception perhaps of the Peninsular and Oriental Company, are vastly superior to any other English line on the Mediterranean. The passage money for the entire round, inclusive of everything, excepting wines and spirits, is, I believe, about £40. As a graceful acknowledgment of gratuitous services to two of the public charities of the town, your correspondent was complimented with a free passage by Charles Maciver, Esq., the liberal and enterprising head of the firm.

what to resemble Madrid. Each street, too, has its own peculiar odour, which is by no means refreshing or agreeable to most English tastes. The origin of these perfumes seems to be decaying oranges, rancid olives, burnt olive-wood (which is the fuel of the Maltese), and other indescribable processes. To secure the full advantage of the Maltese climate, the invalid must leave the town, and take up his abode in the country; for this barren rock is not destitute of some delightful rural retreats. Those, however, who may have occasion to stay at Valetta, will find in the hotels accommodation in a style vastly superior and at a cost infinitely less extravagant than at home. A sojourn of a week at the Imperial Hotel at Valetta enables me to recommend with confidence that establishment to all who may pay a visit to Malta.

The best situation in the island for permanent residence is Sliema, a suburb of Valetta, separated from it by the Marsa Muscetta, or Quarantine Harbour, across which small ferry-boats are plying every few minutes through the day. It is the summer resort of the opulent citizens of Valetta, and is in every respect a most salubrious and agreeable seaside residence. There is no difficulty in finding comfortable lodgings. I was fortunate enough to secure accommodation in a pleasantly situated villa occupied by an English, or rather an Irish lady, who provided everything necessary for domestic comfort, except wine, for about six shillings a day. In selecting a lodging, it is important to secure a sleeping-apartment which is above the ground-floor, because the porous nature of the rocky foundation of the island renders all the lower rooms more or less damp. It is also desirable to notice whether the sitting-room is provided with a fireplace—a luxury not invariably indulged in by the native Maltese, but which may sometimes be found necessary to ensure the comfort of the English visitor, especially if he be an invalid.

Some precaution seems necessary against the possibility of *coup de soleil;* for although Dr. Edwards, the English physician at Valetta, assured me that he had rarely met with cases of this very serious affection, yet from other sources I learned that it has occurred; and, against such a malady, prudence would suggest even superfluous caution. It has been observed that, contrary to what might have been supposed, it is not in the hottest season that this affection most frequently occurs, but that especially in the month of March sunstroke is most to be dreaded. The simple preventives are, to avoid exposure to the sun without a suitable covering for the head, and especially for the back of the neck; the upper part of the spinal column being quite as liable to suffer from the injurious effects of direct solar heat as the brain itself. The premonitory symptoms of sunstroke have been described as a sensation as if a very fine needle had been passed through the brain; without producing, however, more than a comparatively trifling feeling of pain.

There is another peculiarity in the climate of Malta, of which invalids should be made aware; namely, the sudden fall of temperature which frequently occurs immediately after sunset. There is no twilight to remind him of the approach of night; and, unless forewarned, he may unexpectedly find himself suddenly exposed to the damp and chill of the evening air; to avoid which, care should be taken not to remain abroad too long, and never to take a long excursion late in the day without a cloak or overcoat, even in the hottest weather.

The luxury of sea-bathing can be enjoyed here during the proper season with much advantage. The indentations in the rocky margin of the island form natural baths of liquid crystal, which are irresistibly tempting. But some precautions are necessary. The native Maltese never commence their bathing until the summer is somewhat advanced, in accordance with a religious observance, which fixes a certain saint-day as the legitimate commencement of the season, after which they almost live in the water. For visitors, the proper time to commence bathing is about the end of May. Before that time, some risk is incurred, as it has been found that, from some peculiarity, bathers are liable to attacks of a febrile character, which are sometimes serious, and even dangerous. It has been suggested, that this peculiar effect of the sea-water during a certain period of the year depends upon the admixture of fresh water which falls into the sea during the rains in the winter months. Whatever may be the true explanation, the fact is undoubted, and has been so strongly impressed upon the military authorities that, in consequence of the frequent occurrence of the affection alluded to amongst the soldiers when they were allowed to bathe as early in the year as they pleased, a regulation has for some time been in force prohibiting the men from going into the water before the proper season has commenced; and since that time the peculiar sickness alluded to has disappeared.

In connexion with military matters, I may mention that a partial recognition of the importance of preventive legislation, in reference to syphilitic disease, has produced the greatest possible benefit in the garrison here. Every soldier, on reporting himself sick, and found to be suffering from primary disease, whether syphilis or gonorrhœa, is handed over to the police, who accompany him to the residence of the woman from whom he suspects the disease was contracted, and at once remove her to the hospital. The result of this admirable arrangement is, that, as one of the surgeons in charge of the military hospital informed me, syphilis is one of the rarest affections met with amongst the men; while at Gibraltar, where no such regulation is carried out, that disease is as prevalent as it usually is amongst a large military population.

A residence at Malta must not be prolonged much beyond the month of May—at least, by valetudinarians. The weather then becomes so intolerably hot, especially at night, as to be most trying to the English constitution; and even the natives complain se-

riously of its depressing effects. I have been assured that the heat is even less endurable than in India; and, contrary to what might have been expected, the system appears to resist the modifying influence of acclimatisation. The first summer is generally borne better than the second; while the third frequently so thoroughly prostrates the system as to render it necessary to resort to a more bracing climate for a time.

In selecting the Turkish route for invalids who desire to avoid cold weather throughout the trip, the departure from England should be timed so as to reach Constantinople not earlier than the end of April or May; for the spring there is variable, and often cold. During my stay in April, we had both rain and snow. But it is worthy of remark, that I found the effects even of severe cold much modified by the peculiarity of the atmosphere, which has an exciting and exhilarating influence upon the system, contrasting most agreeably with the miserable discomfort and depression of spirits so often felt on a cold wet day in England.

As the so-called Turkish Bath has now become an English institution, a word or two about its prototype in Turkey may be interesting. I visited the largest and most celebrated bath in Stamboul, and noticed the following peculiarities in which the arrangements differed from those that I have seen in this country. The building is of colossal dimensions, divided into two compartments, one for dressing and undressing, and the other for the bath itself; so that the bather goes directly to and from the first to the second, without being subjected to the graduated processes of heating and cooling adopted in the Anglo-Turkish bath. The heated air is charged with moisture to such an extent as to fill the bath with an atmosphere of vapour. I did not ascertain the exact temperature; but it is probably lower than that of the dry air in the baths in England, and it is certainly much more agreeable. No cold water is used; but after the shampooing process, which is skilfully and pleasantly performed, chiefly by boys, the bather is washed with tepid water and soap, applied by means of a wisp of beautifully soft camel's hair, which appears better adapted for the purpose, and pleasanter to the skin, than either sponge or flannel. I think the managers of the baths in England might take some useful hints from the Turkish style of conducting these establishments.

In passing the barbers' shops in Constantinople, large glass jars are seen, containing frogs; and, on inquiring what they were used for, I was told by my interpreter that, in certain diseases, they were placed on the tongue, and allowed to jump down the throat; and, on reaching the stomach, the reptile was supposed to eat the peccant matter which caused the sickness. For the credit of medical science in Turkey, we may reasonably suppose that this is only a special form of quackery, not sanctioned or practised by Turkish physicians.

After leaving the Golden Horn, the steamer returns through the Dardanelles, passing Sestos and Abydos, touching for an hour or two at Gallipoli; and in about forty-eight hours reaches Smyrna, whence there is usually an opportunity of visiting Ephesus by rail, if the traveller is so disposed. From Smyrna, the route is either directly homeward by way of Malta, or still further south, round by Alexandria; the question being decided by the rate of freights and the amount of cargo which the vessel has obtained. If the latter course is adopted, the detention at Alexandria is generally sufficient to admit of a visit to Grand Cairo and the Pyramids, which will amply repay the tourist, and is an excursion that may be ventured upon by an invalid who is strong enough to sit on a donkey for three or four hours.

The climate of Egypt is very delightful; but the English visitor must be prepared to submit to many privations. At Shepherd's Hotel at Cairo, which is reputed the best hotel in the East, the provisions were so unsuited to my English taste, and so unsustaining to my stomach, that I verily believe that, if my visit of three days had been extended to as many weeks, I should have been literally starved. The mutton closely resembled goat's flesh, and the beef that of camel or buffalo; and the salad seemed to be composed of coarse grass. The eggs were in various stages of decomposition. Hence, on the whole, an invalid with a languishing appetite or feeble powers of digestion, could only fare badly. It is right to state that, just at the time of my visit, a murrain amongst the cattle had produced a famine in the land; so that provisions, especially animal food, were very scarce.

One impression which is left upon my mind from the experience of this voyage, is the importance of giving due weight to the various discomforts and inconveniences to which the valetudinarian may be exposed, as a set-off against the benefits of climate and change of scene.

In my next communication, I shall revert to topics more strictly within the scope of local correspondence, by resuming a chronicle of passing events in this section of the medical world; and, if your readers are not yet tired of the all-absorbing yet far from exhausted subject of fever, may have something yet to record of the typhus epidemic, which, I am glad to say, appears to have begun to take its departure.

Edinburgh University. In memory of the late Sir William Hamilton it has been proposed to found a Fellowship bearing his name in the University of Edinburgh. The first six names on the list of the committee which is now engaged in prosecuting this design are the Duke of Argyll, the Bishop of London, the Bishop of Hereford, Lord Brougham, Mr. Gladstone, and Sir David Brewster. For the endowment of the Fellowship some £3,000 or £4,000 will be required. As the Scottish universities are sadly deficient in their endowments, and as a vigorous effort is now being made to raise the character of the education they afford, it is hoped that, both in honour of Sir William Hamilton and for the welfare of the universities which he had much at heart, Scotchmen out of Scotland will not be backward in their offers of help.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
West Somerset. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
Bath and Bristol. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Thursday, March 23rd, at Three o'clock *precisely*.

Business. To receive communications from the President.

To receive the Treasurer's Financial Report.

To consider a communication from Dr. Davey to the President of the Council.

To consider the Laws of the Northern Branch.

To appoint adjudicators of the Annual Prize Essay.

To fix the time of the Annual Meeting.

Any other business which may be brought forward.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, March 7th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at the Infirmary, at Gravesend, on Friday, March 31st, at 3.30 P.M.

Dinner will be ordered at the Yacht Club House, at 5.30 P.M. Tickets 5s. each, exclusive of wine.

C. J. Pinching, Esq., will preside; and papers are promised by M. Adams, Esq. (Clinical Ophthalmic Cases), and by Dr. Bell (Craniotomy).

Frederick J. Brown, M.D., *Hon. Sec.*

Rochester, March 14th, 1865.

WEST SOMERSET BRANCH.

A Quarterly Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. Kelly, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

METROPOLITAN COUNTIES BRANCH.

THE GOVERNMENT ANNUITIES ACT: DEPUTATION TO THE POSTMASTER-GENERAL.

On Wednesday last, a deputation from the Committee appointed by the Metropolitan Counties Branch to watch the progress of such parliamentary measures as affect the interests of the medical profession had an interview with the Postmaster-General, Lord Stanley of Alderley, at the General Post-office. There were present at the deputation: C. F. J. Lord, Esq., President of the Branch; Dr. Sibson and R. Dunn, Esq., Vice-Presidents; Dr. G. Webster; C. H. Rogers-Harrison, Esq.; Dr. S. W. J. Merriman; W. Martin, Esq.; Dr. S. Gibbon; and Dr. A. Henry.

Mr. Lord said that the medical profession felt a deep interest in all that related to the progress of humanity and social science, and regarded the recently introduced measure of Government insurances and annuities as one calculated to be of great benefit. But it was a matter of regret that the services which medical men would be required to render to the cause were placed at so low a value by those in authority as to be considered adequately remunerated by a fee of half-a-crown in many cases. Mr. Lord dwelt on the voluminous nature of the questions which the medical referee would have to answer. He quoted from an official circular, in which it was stated that the Postmaster-General proposed that the fee should be half-a-crown for the lower insurances and five shillings for the higher ones. He urged the propriety of establishing an uniform fee of five shillings, and of thus securing the cordial co-operation of the medical profession, without whose cheerful and sustained aid the movement could not permanently thrive.

Dr. Gibbon supported the remarks of Mr. Lord, and pointed out the practicability of the proposal made, by reference to the fees paid by other insurance companies, especially the Lancashire, which had been highly commended by Mr. Gladstone.

Dr. Sibson warmly supported the proposal for an uniform five-shilling fee. He pointed out that the answering of the questions proposed would require a considerable amount of skill and time on the part of medical men; and that, while the amount of attention given to the case should be the same for small as for higher insurances, the low fees would be liable to induce many to perform the work inefficiently. He urged strongly the necessity of obtaining the cordial cooperation of the medical profession in carrying out the measure.

The Postmaster-General said that it was the duty of the Government to get work done at the lowest cost. He did not think the profession were dissatisfied with the low fees, as he had already received seven hundred letters of consent to his proposals. The *Lancet* had also approved the scale of fees proposed in his circular.

Dr. Webster considered the conduct of the *Lancet* inconsistent in this matter, inasmuch as in past years the editor of that periodical had taken to himself much credit for procuring an increase of the fees paid to medical referees by insurance companies.

Mr. Lord, in reference to a remark made by the Postmaster-General, said that the principle of getting work done at the lowest cost was a dangerous one. It would, at least, not be acceptable to the various paid officers in the departments of the public service.

After some further conversation, the deputation, which had been most courteously received, withdrew, feeling assured that their attempts had been impeded greatly by the injudicious approbation of the low fees expressed by the *Lancet*.

The Lash and the Brand. A return made to the House of Commons shows that, in 1862, no single instance of branding or flogging occurred in the militia. In the cavalry regiments, but very few cases of flogging occurred; in no regiment more than three. The 31st Regiment has a pre-eminence for the number of lashes which were inflicted in its ranks, 33 cases having been so punished; and the 67th Regiment comes next with 26 cases. The others had many fewer. The 14th had 14; the 19th, 12; Rifle Brigade, 9; the 8th, 9. The number of lashes ordered was, in almost every case, fifty; and in very few instances was any part of the punishment remitted. The offences were in all places of a similar description: insubordination, violence to superiors, desertion, disgraceful conduct, making away with necessaries, habitual drunkenness, etc. In all, there were 379 cases; for which 18,600 lashes were decreed, and for which 18,180 were inflicted. There were 1493 men marked with the D, and 37 with the B C.

Reports of Societies.

MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

ANNUAL MEETING, JAN. 11, 1865.

THOMAS MELLOR, Esq., in the Chair.

Report. The HONORARY SECRETARY read the Annual Report for 1864. The number of members amounts to 105, being the same as last year. The attendance has averaged twenty-six at each meeting, in place of twenty the previous year.

The Treasurer's Report showed the financial position of the Society to be satisfactory.

Officers and Council. The following gentlemen were elected office-bearers for the year 1865. *President*—Wm. Roberts, M.D. *Vice-Presidents*—J. Boutflower, Esq.; G. Greaves, Esq.; J. Roberton, Esq.; and J. Windsor, Esq. *Treasurer*—L. Borchardt, M.D. *Secretary*—J. Thorburn, M.D. *Librarian*—J. Roberts, M.D. *Committee*—C. H. Braddon, M.D.; H. Browne, M.D.; S. Crompton, M.D.; J. O. Fletcher, M.D.; E. Gumpert, M.D.; J. Hardie, M.D.; T. Mellor, Esq.; D. Noble, M.D.; A. Samelson, M.D.; H. Simpson, M.D.; J. Stone, M.D.; Thomas Windsor, Esq. *Auditors*—S. Nesfield, M.D.; A. Wahltuch, M.D.

ORDINARY GENERAL MEETING, FEB. 1, 1865.

WILLIAM ROBERTS, M.D., President, in the Chair.

Suppurative Nephritis. Dr. WM. ROBERTS showed a specimen of suppurative nephritis, in which both kidneys were thickly studded with purulent collections, varying in size from a pin's head to a horse-bean. The history of the case was defective; but the suppuration was supposed to be secondary to cystitis.

Dr. ROBERTS also showed a piece of wire in the omentum, found in a subject in the dissecting-room. There were no inflammatory traces, which is interesting, as bearing on the use of metallic sutures.

Tuberculosis of Urinary Organs. Mr. LEECH showed a specimen of general tubercular deposit in the whole of the urinary organs, from the kidneys to the urethra.

Calculus. Dr. J. O. FLETCHER showed a large calculus, which he had extracted from the urethra of a boy.

Syphilitic Ulceration of the Palpebral Conjunctiva. Mr. J. WINDSOR read a paper on Ulceration of the Palpebral Conjunctiva, generally involving the Tarsal Cartilage, and occurring as one of the Symptoms of Secondary Syphilis. Details were given of seven cases, which were all observed in his large experience, extending over a long period, showing that the affection is comparatively rare. It has been mentioned by Mr. Lawrence and some other writers, but has not attracted much attention. Mr. Windsor had noticed it usually in cases of the phagedænic form of ulceration; and the sores on the palpebral conjunctiva have appeared at a late period of the case.

An example will illustrate the character of the affection. In this case, the margins of the eyelids were somewhat red and swollen; and on everting the upper lips, two small ulcers were seen on one and one on the other lid. Each was a little excavated, with a yellowish base, and was about the size of a split-pea. They were all on the palpebral conjunctiva, quite within the ciliary margin, and, therefore, not observable until the palpebræ were everted. There was a yellowish ulcer on the left tonsil, and some slightly phagedænic serpiginous ulcers on the legs. The treatment consisted of sarsaparilla, iodide of potassium, and occasional mild doses of mercury, with the local application of mild mercurial lotions and ointments.

Manchester Hospitals. Mr. WALSH read a paper on the Re-organisation and Extension of the Hospital and Dispensary System of Manchester.

Manchester is inadequately supplied with hospital accommodation for the sick industrial poor; possessing, in proportion to the population, only two-fifths of that provided by London and Liverpool. The dispensary arrangements are still more defective and unsatisfactory. Mr. Walsh proposed: 1. To amalgamate all the general medical charities of the city; to dispose of the property appertaining to each; and to place the sum realised in the hands of the trustees of the Manchester Royal Infirmary. This body would then possess funds amounting to at least half a million sterling. 2. To purchase a new site in an eligible situation in the suburbs, on which to erect a new infirmary which should supply at least three times the accommodation of the present one, and should be built on the most approved system. 3. To establish in connexion with the infirmary six dispensaries, located in the different centres of population throughout the city; each to contain a few beds for the temporary treatment of accidents of extreme urgency; to be in telegraphic communication with the parent house; and to be under the immediate charge of a house-surgeon of the infirmary. 4. A new class of medical officers to be created, and styled assistant-physicians and assistant-surgeons to the charity—the former to attend to the out-patient department of the hospital; the latter the out- and home-patients of the dispensaries. All these officers to be paid; and from their ranks all vacancies occurring in the higher appointments to be filled up. 5. Clergymen and medical men to have the privilege of sending patients to the charity (although not subscribers); and poverty not to debar any one from partaking of its benefits.

LIVERPOOL MEDICAL INSTITUTION.

FEBRUARY 9TH, 1864.

Depressed Portion of Skull causing Convulsions. By J. CAMERON, M.D. On January 25th, at 6.30 P.M., G. M., aged 36, was brought to the Liverpool Southern Hospital, from the police bridewell; the police officer stating that, having been found in his cart apparently drunk, he had been taken to the lock-up for safety; and, when there, had a fit. On admission to the hospital, he was conscious and able to speak. He was very much collapsed; the surface of the body being cold, the pulse feeble, and the pupils of the eye dilated. Respiration was attended with loud rattles. He was placed in bed; warmth was applied to the extremities; and stimulants given. He then gave the following account of himself. For the last ten years, he had been subject to fits, having had during this period somewhere about six. He started with his cart about three o'clock in the afternoon, and had no recollection of what had occurred since that time up to his admission to the hospital. He thought he must have had one of his fits. As he was in a low state, it was not considered advisable to make a thorough examination of the thoracic viscera; but he was considered to be suffering from pneumonia, the state of collapse being attributed to the long exposure to the intense cold (the day being exceedingly cold) whilst in a state of insensibility, and to his having taken little or no food during the

day. On the next day, he had somewhat rallied, though he was still too low to allow a more complete examination to be made. He complained *only* of chest-symptoms, cough, and dyspnœa. On January 27th, he was in much the same state till the afternoon, when he became lower. Respiration was difficult; the face livid. He rapidly became worse, and died at 4.30 P.M., forty-eight hours after admission. On making an autopsy, twenty-one hours after death, with the exception of small bruises on the forehead, right lip, and forearm, and a larger one over the sacrum, there were found no external appearances worthy of remark. There was an old depressed fracture of the right parietal bone, causing a mark on the surface of the brain at the corresponding part. The depressed portion of bone was almost circular, an inch and a half in diameter. The vessels of the brain were congested. The brain was healthy. On removing the integuments from the chest, some clotted blood was found at the lower part, about the right nipple. The ninth right rib was found fractured about its middle; but there was no penetration of the pleura. There were small quantities of clotted blood in the right cavities of the heart; the left were empty. The left ventricle was hypertrophied and firmly contracted. Calcareous deposits were present in the aortic valves. The lower lobe of the left lung was in a state of red hepatisation; the right lower was congested. The bronchi were injected. At the apex of the right lung was a small deposit of tubercle. About a pint and a half of blood was found in the cavity of the abdomen. There was some clotted blood in the areolar tissue of the loins, and on the right side of the diaphragm. There was a rent of considerable size in the back part of the right lobe of the liver, containing clotted blood. The hepatic tissue in the neighbourhood of the rent was also infiltrated with blood.

In a medico-legal point of view, the case afforded an illustration of the receipt (probably by a fall from the cart whilst deceased was in a state of insensibility) of an injury severe enough to produce extensive laceration of the liver, without external marks to lead to a suspicion of the internal injury. It is also worthy of note that, during the forty-eight hours he lived, no complaint was made referable to the seat of the injury. With reference to the question of bloodletting in pneumonia, it is interesting to observe that in this case the disease, which probably arose from the exposure during intense cold on the day of the accident, steadily progressed to the second stage in the left lung and the first in the right lung, notwithstanding the copious hæmorrhage into the abdomen. The convulsions to which the deceased had for so many years been subject were due, we may presume, to the old depressed fracture of the skull; and it is perhaps worthy of record, that the brain-substance and membranes did not present any appreciable morbid alteration.

THE VACCINATION ACT. At Marylebone, J. Maunders, cabman, was fined five shillings at the instance of Mr. J. G. Gerrans, district vaccinator, for refusing and neglecting to cause his child to be taken to him for inspection upon the eighth day after vaccination, in compliance with the Vaccination Act, 16 and 17 Vic., cap. 100, sec. 3. This was the first case under the Act. Mr. Gerrans said that the defendant's child was the only one that he had for a week from which to get a supply of lymph, and on the day that the mother ought to have brought it there were a dozen women waiting in his surgery to be vaccinated. Mr. Yardley fined the defendant five shillings, or in default seven days' imprisonment.

Correspondence.

THE MEDICAL COUNCIL.

LETTER FROM JAMES HEYGATE, M.D., F.R.S.

SIR,—You have in this week's JOURNAL a strong leading article on the shortcomings of the Medical Council in regard to the subject of medical education. But what is the use of all this, whilst the Medical Act affords little or no protection to the legitimate practitioner, and whilst the Medical Council year after year fail in their duty to the profession in not applying to Parliament to have the clause in the Act amended which occasions this anomaly?

When the Medical Act first came into operation, those who assumed the title of "doctor" or "surgeon", and who had no claim to it, took the alarm, withdrawing these titles from their names—ceased to deceive the public in this respect; but it soon became apparent, from the glorious uncertainty as to how the different judges might and did decide on the reading of this clause, that the illegal assumption of titles soon became as rampant as ever; and the various registration societies formed in the country ceased to take cognisance of this unsatisfactory state of things. I think that this subject is of far more importance to the public; and that it is quite as much the duty of the Medical Council to use their efforts to see the failings of the Medical Act rectified, as to agitate again and again the question of medical education. I am well aware that some improvements might be made; but the standard of medical education is much higher than it was when I was a young man; and, though it is a subject on which you frequently touch, I have often thought that there are other grievances from which the profession suffer which demand an equal if not greater attention on the part of the Medical Council.

Pardon me for making these remarks; but, as the Medical Council is about to meet, it is as well that they should be again reminded of a grievance which I am persuaded the great body of the profession keenly feel. I am, etc., JAMES HEYGATE.

Derby, March 11th, 1865.

[Surely the title of the Medical Council indicates its function. Dr. Heygate must forget that its title by Act of Parliament is, "The General Council of Medical Education and Registration". EDITOR.]

THE SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE OF PARIS AND THE TOWNLEY CASE.

LETTER FROM C. LOCKHART ROBERTSON, M.D.

SIR,—I have received from a friend by this morning's post the annexed cutting from last Sunday's *Observer*.

"THE TOWNLEY CASE. The 'Medico-Psychological Society' of Paris, composed of the leading continental physicians engaged in the treatment of the insane, and connected with the principal lunatic asylums of France, regarding the grave medico-legal as well as public importance of the case of George V. Townley, deputed several of its more distinguished members—among whom were MM. Jules Falret, Brierre de Boismont, and Legrand du Saulle, etc.—to fully investigate and report as to this criminal's alleged insanity. *It appears from a recent number of the Gazette des Hôpitaux that this official inquiry has terminated.* The recent suicide of the prisoner (in a paroxysm of impulsive insanity, according to the finding of the jury), when viewed in connection with

his prior psychological history, has conclusively established (says the editor of the *Gazette*), to the satisfaction of every unprejudiced mind, that the opinion expressed at Derby by Dr. Forbes Winslow as to Townley's derangement of intellect was a right and scientific judgment of his mental condition." (*Observer*, March 12.)

This paragraph repeats more definitely the misstatement in the *Lancet* of the 4th instant, which you permitted me last week to correct; viz., that the Société Médico-Psychologique had made an official report on the Townley case in favour of Dr. Winslow's diagnosis at Derby. *This assertion, as I said in my former letter, is utterly untrue.*

I should, also, like to ask Dr. Winslow whether he approves of the frequent insertion in the weekly and daily press of similar statements of his "right and scientific judgments", etc., such as this paragraph in the *Observer*? You will observe, if you compare it with its original in the *Lancet*, how the story is here dressed up for the public. I am, etc.,

C. L. ROBERTSON, M.D.,
Membre-associé Etranger de la Société Médico-Psychologique.

Hayward's Heath, March 15th, 1865.

[Dr. Winslow will naturally say that he is not responsible for the indiscretions of other people. EDITOR.]

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having been *elected* Fellows at previous meetings of the Council, were admitted as such on March 9th.

Cox, Charles Lindsay, the Queen's Indian Army: diploma of membership dated May 18, 1838
Hemsted, Henry, Newbury, Berks: October 3, 1828
Pitman, Henry, the Queen's Indian Army: April 13, 1840
Sheppard, William Yeoman, Bristol: February 18, 1842

APOTHECARIES' HALL. On March 2nd, 1865, the following Licentiates were admitted:—

Libbey, Henry Cornelius, Dewsbury Road, Leeds
Simpson, Thornton Gerald, Westbourne Road, Islington

At the same Court, the following passed the first examination:—

Wright, William Evatt, Guy's Hospital

Admitted on March 9th—

Forster, Edward Wood, Newcastle-on-Tyne
Maturin, Henry, Lymington

At the same Court, the following passed the first examination:—

Brocklehurst, Thomas Howard, Manchester School of Medicine

APPOINTMENTS.

ARMY.

HENRY, Staff-Assistant-Surgeon R., to be Assistant-Surgeon Royal Artillery, *vice* W. D. Smythe.
JEEVES, Staff-Surgeon W. Y., to be Surgeon 25th Foot, *vice* D. D. McCay McDonald.
LEWIS, Staff-Surgeon J. H., to be Surgeon 18th Foot, *vice* W. Stewart, M.D.
MACKINTOSH, Surgeon-Major W. H., M.D., 21st Foot, to be Staff-Surgeon-Major, *vice* J. H. Lewis.
STEWART, Surgeon W., M.D., 18th Foot, to be Surgeon 21st Foot, *vice* W. H. Mackintosh, M.D.

ROYAL NAVY.

BRIETZCKE, H., Esq., Acting Assistant-Surgeon, to the *Excellent*.
COMRIE, Peter, Esq., Surgeon, to the *Sparrowhawk*.
DONOVAN, Jeremiah, Esq., Assistant-Surgeon, to the *Torch*.
MACDONNELL, Henry, Esq., Assistant-Surgeon (additional), to the *Fisgard*.
M'KENNA, Arthur, M.D., Surgeon, to the *Pelorus*.
STEWART, James, Esq., Acting Assistant-Surgeon, to the *Asia*.
WHITAKER, Joseph, Esq., Assistant-Surgeon, to the *Cambridge*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BICKERTON, T., Esq., to be Surgeon 1st Administrative Brigade Lancashire A.V.
CALLON, W. J., Esq., to be Assistant-Surgeon 1st Administrative Brigade Lancashire A.V.
CRAWFORD, G., M.D., to be Honorary Assistant-Surgeon 5th Renfrewshire R.V.
HULME, H., Esq., to be Assistant-Surgeon 1st Lancashire A.V.
MARSH, N. K., Esq., to be Surgeon 1st Lancashire A.V.
MILES, R., Esq., to be Honorary Assistant-Surgeon 12th Glamorganshire R.V.
PATERSON, G. R. H., Esq., to be Assistant-Surgeon 1st Administrative Battalion Perthshire R.V.
PYLE, T. T., Esq., to be Assistant-Surgeon 3rd Durham R.V.
THEED, F., Esq., to be Honorary Surgeon 1st Administrative Battalion Flintshire R.V.
WARKE, W. L., Esq., to be Assistant-Surgeon Liverpool R.V. Battalion.
WOLSTENHOLME, J. H., Esq., to be Quartermaster 1st Administrative Battalion Flintshire R.V.

DEATHS.

BATES. On February 26th, at Manchester, aged 34, Ellen, wife of William Bates, M.D.
CRICHTON, Sir Archibald William, M.D., D.C.L., many years Physician-in-Ordinary to the late Emperor Nicholas I, at St. Petersburg, aged 74, on February 15th (27th).
CURRIE. On March 8th, at Boulogne-sur-Mer, aged 72, Caroline Mary, widow of Claude Currie, Esq., late Physician-General Madras Army.
HILLMAN, William, Esq., Surgeon, at 1, Argyll Street, aged 81, on March 11.
LADBURY, John, Esq., Surgeon, at Kidlington, Oxfordshire, aged 63, on March 9th.
MARSHAL. On March 2nd, at Hammersmith, aged 64, Mary, widow of the late John A. Marshal, Esq., Surgeon, Aylesbury.
TURNER, Thomas, M.D., at 31, Curzon Street, aged 92, on March 10.
WAY. On March 10th, at Pullen's Row, Islington, Charlotte More, widow of the late John Way, Esq., Surgeon.

DEATH IN THE STREETS. Five persons last week died in London from carriage accidents.

VILLAGE HOSPITALS are rising up over the country. It is announced that one is to be started at Guisborough, in Yorkshire.

THE DEATH OF DR. STOESS at an advanced age, who first practised section of the tendo Achillis in France, is announced.

A NEW JOURNAL. The Branch of the French Medical Association des Bouches-du-Rhone has now its own medical organ, *L'Union Médicale de la Provence*.

BEQUEST. By will, Miss E. Hervey, of Park Street, Grosvenor Square, leaves to St. George's Hospital, King's College Hospital, Cripples' Home, and Cambridge Asylum, each £250, free of duty.

FRENCH MEDICAL ASSOCIATION. The Central Society of the French Medical Association has distributed 5,000 *francs* in assistance of indigent medical men, etc., during the past year.

SIR RUTHERFORD ALCOCK. This gentleman who, it may not be generally known, is a member of our profession, although holding the high appointment of her Majesty's Minister at Japan, has just returned to England.

LADIES' SANITARY ASSOCIATION. Under the patronage of the Ladies Sanitary Association a syllabus of a course of lectures has been issued. One of the lecturers appointed by the ladies is, we understand, a practitioner in homœopathy.

ST. BARTHOLOMEW'S HOSPITAL is, we learn, to issue during the present year a volume of Reports—its first volume. The editors are to be Dr. Andrew and Mr. Callender—gentlemen well qualified for the duty.

BERLIN OBSTETRICAL SOCIETY. The following gentlemen have been made honorary members of the Berlin Obstetrical Society: Dr. Murphy, Dr. Eastlake, Dr. Greenhalgh, of London; and Dr. Leishman of Glasgow.

Professional Penury in France. A French editor laments over the sad condition, "the penury of a large number of medical men in France," indicated by the subscriptions of two, three, and five *francs*, which have been made towards the fund for raising a statue to Laennec.

Preservation of Meat. The French government has tried Dr. Morgan's method of preserving entire sheep and oxen, and the results of the experiments have been highly satisfactory. The animals killed and injected last August have been eaten recently, and the meat was found to be excellent—especially the beef-steaks.

Increased Value of Life in France. In 1806-9 the average duration of life was—in males, 30 years 6 months; in females, 32 years, 7 months; mean, 31 years, 6 months. Now, in 1865, it is calculated that males on the average live 33 years, 4 months; and females 36 years, 4 months; mean, 34 years, 10 months.

Madame Pailloux, a benevolent lady, has left a good country house and 1000 *francs* a year for a doctor to attend gratuitously the poor of the commune in which she lived, either at their own houses or at an asylum, which she has also endowed for aged and necessitous agriculturalists.

Testimonials. His friends have given to Mr. R. Garner of Stoke-upon-Trent a substantial proof of their esteem in the shape of a horse and brougham of the value of about £180. Mr. Garner has for many years been one of the surgeons of the North Staffordshire Hospital.—Dr. Hamilton of Falkirk has been presented with a silver épergne by the Falkirk School of Arts.

University of London. On Friday, March 10th, Mr. G. Duff asked the First Commissioner of Works whether he had under his consideration a letter from the Senate of the University of London, on the subject of a building for the University. Mr. Cowper had received a communication from the Senate of the University, stating in detail the accommodation they considered necessary for the proper transaction of the business of the University. It was still under the consideration of the government.

Royal College of Surgeons of England. At the meeting of the Council on March 9th, Mr. F. C. Skey, late president of the college, and Mr. S. Cartwright, were elected members of the Dental Board, the term of office of Messrs. Lawrence and Rogers having expired.—At the same meeting Mr. Edward J. A. Trimmer, M.A.Cantab., was elected Secretary of the College, in the vacancy occasioned by the decease of Mr. Edmund Belfour.

Scholarships at Cambridge. An examination for four minor scholarships will be held in Downing College, on Monday, May 22nd, and two following days. The examination will be chiefly in classics and elementary mathematics, but some weight will be given to proficiency in French and German. Two additional papers will be set; one on Moral Philosophy, in connection with the principles of Jurisprudence, and on the Elements of International Law; the other, on the Natural Sciences, in connection with Medicine, namely, Chemistry, including analysis, Mineralogy, Botany, Comparative Anatomy, and Physiology; and, in awarding two of these scholarships, considerable importance will be attached to any special proficiency in the legal or in the medical subject. Persons who have not been entered at any college in the University, or who have not resided one entire term in any such college, are eligible to these minor scholarships, which will be of the value of £40 per annum, and tenable for two years, or until their holders are elected to Foundation Scholarships. No one elected minor scholar will receive any emoluments until he has commenced residence as a student of the college. Satisfactory testimonials as to their moral character must be sent to the Master by all candidates for these minor scholarships, on or before Wednesday, May 17th. Further information will, if required be given by the Tutors of the college.

Homicide by Imprudence. That is a verdict which brought a fine of fifty *francs* and eight days imprisonment upon Madame Roy, who deals in drugs and groceries, and in the course of her business sold fifty *grammes* of nitre in mistake for seidlitz powder, and so caused the death of Madame Helie. It is a curious feature in the French law that a grocer may sell drugs, but not in medicinal doses; a regulation which seems to afford no protection for life. (*Chem. News.*)

Union Medical Officers in Ireland. On Friday, March 10th, Mr. M'Evoy moved that her Majesty's Government should now adopt the recommendations of the Select Committee of 1858, to take into consideration the claims of Ireland to a grant of the half-cost of medical officers in unions, as is now the practice in England and Scotland. The Chancellor of the Exchequer opposed the resolution, observing that the recommendations of the Committee of 1858 did not show sufficient reasons for adopting it; that it was not for the interest of Ireland to urge the principle of equality in local taxation; and that the general question of relative taxation had been recently referred to a committee of the House. The resolution was negatived by 37 to 34.

Removal of Lunatics from England. In the House of Commons on Tuesday, Sir G. Grey said the law appeared to be that it was illegal to remove by force a lunatic who was a subject of this country, inasmuch as he or she was thereby deprived of the protection of the laws of England. Mary Ryan had been illegally removed, and the government were prepared to have requested that she should be sent back to this country; but it was considered that it would be injudicious to have her brought back to this country. The letter which he had himself written stated that the act was illegal and liable to prosecution; but, under all the circumstances, it was not thought expedient—and such were almost the terms of the law officers' opinion—that legal proceedings should be taken.

Infectious Patients in Workhouses. On Tuesday, in the House of Commons, Colonel North asked whether by Article 115 of the General Consolidated Order of the Poor-Law Board, dated July 24th, 1847, any pauper suffering from small-pox or other infectious disorders could insist upon leaving the workhouse, in opposition to the opinion of the doctor, upon giving to the master, or, during his absence or inability to act, to the matron, a reasonable notice of his or her wish to do so. Lord Enfield said that neither master, matron, nor medical officer had power to detain any person in the workhouse against his will. All that they could do was to warn the persons who wished to leave, and who were in the condition referred to, of the extreme danger of the course, and that they were liable to be indicted for a misdemeanour.

Royal Visits to Hospitals. On Tuesday morning her Majesty surprised the inmates of the Consumption Hospital, Brompton, by a visit. The Queen, attended by the Duchess of Roxburghe, Lord Alfred Paget, Colonel the Hon. Arthur Hardinge, and Dr. Jenner, arrived at the hospital at eleven o'clock, and was received by the Hon. A. Kinnaird, Mr. P. Rose, Dr. Roe and Dr. Cotton, etc. Her Majesty walked through the four "galleries," called respectively the

"Victoria," the "Albert," the "Foulis," and the "Jenny Lind," entering many of the wards, speaking to several of the patients who were confined to their beds; and bestowing upon all kindly smiles and sympathising looks. Her Majesty then visited the chapel, and inspected the library; after which she expressed a wish to see the kitchens, with which, as well as with the larder and the steam apparatus for cooking and for raising the lifts for the patients and the provisions, the Queen appeared much interested. Her Majesty wrote her name in the visitors' book, and examined the vellum scroll containing the signatures of the late Prince Consort and of the distinguished visitors who were present at the laying of the foundation stone of the new building by His Royal Highness on June 11th, 1844. During her somewhat lengthened visit the Queen narrowly inspected all the arrangements, and by her numerous questions manifested much interest in the charity, which has long been honoured by royal support and patronage. To the patients, of whom there are 210, the royal visit was an occasion of intense gratification. Amongst those honoured by special notice was one of the survivors of the famous Balaklava cavalry charge. This poor soldier is an inmate of the hospital for the third time since his discharge from the army, having on each occasion been sufficiently restored to health to earn his livelihood.—On Wednesday her Majesty visited the General Lying-in Hospital, Lambeth. The Queen was received by Sir Charles Locock, Dr. C. Hutton, Dr. J. Clarke, and some of the officers of the hospital. Her Majesty, accompanied by the physicians, passed through the various wards, and evinced great interest in the health and welfare of the patients. Her Majesty afterwards wrote her name in the visitors' book, and on leaving the hospital expressed herself greatly pleased with all that came under her notice.

ODONTOLOGICAL SOCIETY. The monthly meeting of this society was held on the 6th instant, Thomas Rogers, Esq., president, in the chair. A letter was read from Dr. Weber of Paris, accompanying some specimens of vulcanite and enamel, which were distributed among the members. Mr. Spence Bate produced two specimens, teeth, found in a Roman cemetery during the excavations at Plymouth; the one showing, he said, that the ancients, two thousand years ago, were liable to suffer from toothache caused by decay; the other showing that in the development of teeth at that time the same laws seemed to hold good as were occasionally found now—namely, that the premolar was retained after the other teeth were developed. He regarded them as objects of antiquarian interest rather than physiological. Mr. Ramsay brought the patient he had introduced at the previous meeting, in order that the Society might judge of the progress of the case—one of cleft palate. He said the boy had practically worn the instrument only since February the 18th; but, notwithstanding his short practice, he had much improved in his articulation. The boy read a few lines; and the President and others expressed their satisfaction at his progress. After a short discussion, Mr. Ramsay promised to read a paper explaining his mode of treatment at the Society's meeting in May. The discussion of the papers read at the last meeting followed, in which Messrs. Cattlin, Tomes, Hulme, Vasey, Bate, Rymer, and Mummery took part. Mr. Bate mentioned a question put to him by Dr. Darwin; whether any dentist had ever met with a third deciduous molar, and if so, whether such a case was ever known to be hereditary. The President said he had seen three bicuspids on one side of the lower jaw; but he had no knowledge of the previous history. The thanks of the Society were accorded to the authors of the papers; and the meeting adjourned.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8 P.M. Mr. R. Barwell, "On the Prevalent Mismanagement of Common Forms of Joint-Disease"; Dr. Brunton, "On the Treatment of Tapeworm by Male-Fern and Kamala."

TUESDAY. Pathological Society of London, 8 P.M.—Ethnological.—Statistical.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Peacock. Croonian Lectures. "On some of the Causes and Effects of Cardiac Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Geological.

THURSDAY. Royal Society.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Handfield Jones. Lumleian Lectures. "On some Points in the Pathology of Nervous Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Irish.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

WE do not consider that paragraphs, unauthenticated or authenticated, in newspapers, reflecting on the conduct of any of our medical brethren, or on matters professional, require notice in our pages. The profession itself is the only proper court of appeal in such matters. The publication of medical disagreements in the daily prints is very much what Voltaire called washing dirty linen in public. The public cannot be, and never are, correct judges of professional matters. To appeal to them, therefore, is to appeal to incapable and very bad judges—to excite, perchance, a scandal, without a chance of procuring a fair judgment. We have faith in the opinion of our professional brethren—a firm belief that they not only know how to do, but that they always will do, justice; and therefore consider it not only superfluous, but sadly out of place, to make appeals to popular sympathies through the daily press on professional subjects. The Profession has always set its face against such proceedings. The abuses which may arise therefrom are evidently very great. If such appeals were accepted as legitimate, then this would happen: That a man might unjustly injure his professional brother in public estimation; and at the same time loudly blow his own professional trumpet. Against such things we, therefore, enter protest. If a medical man is aggrieved, let him be contented to appeal to his own brethren.

THE ARMY MEDICAL SERVICE PASS-LIST.—Mr. C. Spurway informs us that the statement in the list of successful candidates at the Netley examination, that he was educated at Cork, is an error; and that he was educated in London and Paris. The list which we gave last week was printed accurately from one sent to the office of the JOURNAL by the Director-General. It is plain, however, from Mr. Spurway's statement, that the list contained an error in regard to him. Our readers will see that a slight modification of the figures is therefore required in the remarks which we made on the list.

WE have received the following note from Professor Boeck.

[TRANSLATION.]

SIR,—It is stated in No. 213 of the BRITISH MEDICAL JOURNAL, that I have not had a case of relapse since commencing to inoculate with the matter of indurated chancre. This, however, is a misconception; and I understand very well how the mistake has occurred. I will send you a reply to Mr. Lee, and will remove the misconception above mentioned. You will receive my reply in a few days, and I hope that you will be good enough to insert it in your JOURNAL.

I cannot write your language; and hence it is not so easy for me to reply.

Accept, sir and much-honoured *confrère*, the assurance of my high regard. W. BOECK.

Christiania, March 2nd, 1865.

THE BOWEN FUND.—SIR: I much regret to find that, through inadvertence, I omitted to express my gratitude for the signal service you rendered my cause in the late action which was brought against me. I am, indeed, most grateful for the powerful advocacy and influential assistance you afforded me at the trying time when I so much stood in need of them.

The sympathy shown me by the profession and the medical press in this matter, has been so general, that my regret has been, and will be, that, in return, I am only able to express how truly sensible I am of the obligation under which I have been placed.

I am, etc., E. BOWEN, M.D.

Birkenhead, March 11th, 1865.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Dr. Jno. Ewens (Blandford), 5s.; Dr. Barker (Bedford), 5s.; N. Godfrey, Esq. (Turvey), per Dr. Barker, 5s.; Dr. Sprigge (Great Barford), per Dr. Barker, 5s.; J. F. Williams, Esq. (Cranfield), per Dr. Barker, 5s.

Amount previously announced, £117:11:0. Received at the *Lancet* office, £7:17:6.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, March 15th, 1865.

BOOKS RECEIVED.

1. Lectures on Nursing. By J. C. Lory Marsh, M.D. London: 1865.
2. Manual of Practical Therapeutics. By E. J. Waring. Second Edition. London: 1865.
3. On the Inhalation of Gases and Medicated Vapours in the Treatment of Consumption and other Pulmonary Diseases. With a Paper on the Treatment of Whooping-Cough. By W. Abbotts Smith, M.D. London: 1865.
4. The Forty-ninth Annual Report of the Manchester Eye Hospital. Manchester: 1865.

COMMUNICATIONS have been received from:—Dr. THOMAS RADFORD; Dr. DURRANT; Mr. J. H. WOLSTENHOLME; Dr. HENRY SIMPSON; Dr. W. H. O. SANKEY; Mr. T. M. STONE; Mr. J. VOSE SOLOMON; Mr. HARRISON; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. KELLY; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Mr. RICHARD GRIFFIN; Mr. C. SPURWAY; Mr. HULKE; Dr. BOWEN; PROFESSOR BOECK; Dr. J. HEYGATE; Dr. J. D. SCURRAH; Dr. FREDERICK J. BROWN; Dr. G. H. PHILIPSON; Dr. MARSHALL; Mr. JONATHAN HUTCHINSON; Mr. J. Z. LAURENCE; Dr. P. W. LATHAM; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. JOHN BARCLAY; Dr. C. L. ROBERTSON; Mr. H. E. NORRIS; THE SECRETARY OF THE HARVEIAN SOCIETY; Mr. A. B. STEELE; and Dr. ROBERT FOWLER.

ADVERTISEMENTS.

ESTABLISHED 1848.

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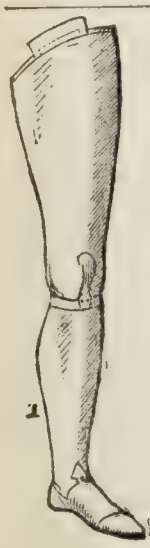
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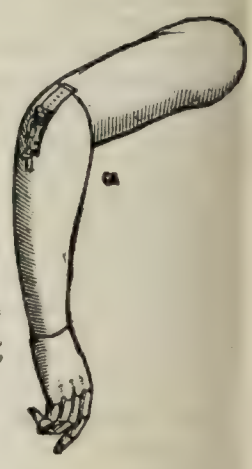


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Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

Chapter V.

Other Obstetric Operations.

The other obstetric operations which require to be now considered are reduced into two classes, one of which includes those measures which are to be adopted compatibly with the preservation of the lives of both the mother and the infant. This division embraces the Employment of the Long Forceps, Turning, and the Induction of Premature Labour. The other class of obstetric operations are those by which the life of the infant, or that of the embryo, as the case may respectively be, must be sacrificed; namely, Craniotomy, Embryotomy, and the Induction of Abortion.

I shall make a few remarks on a suggested plan for Dilating the Distorted Pelvis; and I shall also briefly mention Symphyseotomy.

The objects to be attained by these two classes of operations are very differently estimated by different obstetricians. Some consider that those measures by which the lives of both mother and child are preserved, are adopted solely for the purpose of lessening the too frequent employment of craniotomy; others consider them as applicable to prevent the performance of the Cæsarean section. But few practitioners would ever think of having recourse to this latter named operation in cases in which either the long forceps, turning, or the induction of premature labour, could be successfully employed. The latter class of operations are performed with the express object and intention, as far as possible, to supersede the Cæsarean section.

Chapter VI.

Operations intended to save the Life of the Mother, and also that of the Infant.

I.—*On the Employment of the Long Forceps.* This instrument most justly takes a high position in obstetricy, because its sole employment is for the preservation of life. It is intended, within a certain range of protracted labour, to supersede craniotomy. In the hands of a discreet and judicious practitioner, it is both a safe and a very powerful instrument. Before its introduction into practice, whenever turning could not be performed, the child was doomed to destruction by craniotomy. The employment of the long forceps in this country has been very tardily recognised. When I commenced (1817) my professional career, this instrument had never been used in Manchester; but, having heard the valuable remarks of Dr. Haighton upon its use, I availed myself of the first opportunity of making trial of it. I employed his instrument; but, after repeated trials, I abandoned it, and contrived one of my own, with blades of equal length, but with parallel shanks. This instrument I also found tended, in its embrace and compression of the infant's head, to produce disagreeable effects upon it, which I endeavoured by a second contrivance to obviate. This instrument is so constructed that only a limited degree of compression can be exercised. It has very short handles, and consists of blades of an unequal length: one, the long one, to lie over the face; the other, the short one, to be placed over the occiput. By this arrangement, the head of the infant is placed in the most favourable position within their grasp, and none of the injuries are inflicted upon it which are found when forceps with equal blades and long compressing handles are used. This instrument is employed mainly as a tractor, and very limitedly as a compressor.

To save the life of the child by the use of the long forceps is, doubtless, the object of every obstetrician; for, unless this were his intention, it would be better at once to have recourse to craniotomy. The head of the child cannot bear more than a certain degree of pressure compatible with its life; and, although it is wisely ordained that it can safely bear a greater degree of pressure before than after birth, yet there is a limit even here, beyond which it cannot be carried without the destruction of the infant's life. The head can also bear a greater degree of pressure when the force is applied in one direction, than it can in another. Much greater compressing force can be more safely used when exercised in the bi-parietal, than when applied in the occipito-frontal diameter. As the long forceps are usually placed on the head of the infant so as to embrace it in its long diameter, we ought therefore to consider whether our instrument is so constructed as to permit such an undue degree of pressure as may prove unfavourable to the life of the infant.

The head of the infant, when it is situated at the brim of the pelvis, usually lies with its fronto-occipital diameter corresponding to one of the oblique diameters of the pelvis; the vertex or face being placed towards the right or towards the left acetabulum. But when the antero-posterior diameter of the pelvis is shortened by the sacrum projecting more forwards, the head assumes a more directly transverse position. Now, in this position of the head, it is most desirable to place the two blades of the forceps on the sides of the pelvis, so that one blade lies over the face, and the other over the occiput of the infant. In this case, the instrument embraces the head in the most unfavourable direction for its safety, if forcible compression be made. But the lateral pelvic position of the blades of this instrument is much safer for the maternal pelvic organs than if, as recommended by some practitioners, they were placed in the conjugate diameter. To add the bulk of the instrument to the already diminished capacity of this part of the pelvis would be unwise. In all our artificial appliances, we ought to endeavour to produce similar changes on the head of the infant, which nature accomplishes, if left unaided. The head is lengthened, and its rounded shape changed; whilst its bi-parietal diameter is lessened. The former change we ought to obtain by having the instrument so formed as to allow the head to elongate when traction is used, and by the pressure it receives from the anterior and posterior parts of the pelvis. Notwithstanding the high opinions expressed of the great advantages of compression, I am convinced it is mis-

chievous. This statement is not theoretical, but rests on facts derived from the use of the long forceps both as a strong compressor, and, as now recommended, a tractor with very slight compressing power. In truth, I cannot understand how effective compression can be made, unless the blades of the forceps are applied on the sides of the head, and on the anterior and posterior parts of the pelvis. The tractive power of my instrument is increased by having a handkerchief passed through an opening in the shanks, which is formed by nearly a semicircular curve in each shank near the handles. The handles should be only slightly tied, to maintain their position. A pendulum, or side-to-side movement, must be combined with the traction; taking care that the range is regulated by the line of the axis of the pelvis, and that no pressure be thrown upon the maternal pelvic structures.

This instrument is sometimes required to rectify the position of the head of the infant, when its long diameter lies parallel with the antero-posterior diameter of the pelvis; the face lying either towards the pubes or towards the sacrum. In such cases, the blades of the forceps should be introduced along the sides of the pelvis, but should be placed over the parietal bones of the head. (For a further exposition upon these questions, I refer my reader to essays on various subjects connected with midwifery.)

There are no statistics published which afford any truthful information either as to the frequency of the application of this instrument, or as to the mortality of those women who have been delivered by it. In my own practice, I have used this instrument very frequently; and I can most conscientiously assert that I never had a death as a result of its application. In cases in which craniotomy had been performed, in some once, in others several times, under the management of different practitioners, I have delivered the women by this instrument, and saved the children. It is the duty of the obstetrician to keep constantly before his mind the dangers of protraction, and recollect that these increase in a ratio (already stated) proportioned to the length of time the labour is prolonged.

If this instrument is to fully accomplish its capabilities of saving life, it must be used before those dreadful mischiefs are produced by delay. If we calculate to bring a head through a fixed pelvic space, we ought to remember that this space is considerably lessened by the effects of long continued pressure.

The dogmatic injunctions of present and former authors, that the forceps ought not to be used before the os uteri is fully dilated, or until the woman has been in labour a certain number of hours, or until the ear of the child can be felt, are highly dangerous. They are delusive, and would, if acted upon, altogether prevent the use of the long forceps.

If these alleged conditions are required to exist to guide the practitioner when he ought to have recourse to this instrument, these rules are tantamount to a complete interdiction of its use. In fact, they are too absurd, unfounded, and dangerous, as indications of the propriety of even using the short forceps.

To wait for the dilatation of the os uteri after the rupture of the membranes is a great mistake; for, in the great majority of cases which require aid by the long forceps, this organic change cannot take place. The obstacle being at the brim of the pelvis, the head of the infant cannot be pressed down upon it; so that, before this change happens, irretrievable mischief may be inflicted by the continued pressure which the pelvic tissues must, under such circumstances, endure. Therefore, as soon as the time has arrived for delivery, we must not hesitate to apply the long forceps, provided the os uteri is so far dilated, and further dilatable, to enable the practitioner safely to introduce the blades.

If the instrument is in the hands of a discreet and judicious obstetrician, no mischief need be dreaded; for the blades of a well-made instrument will rest as safely within the uterus as the hand of the practitioner.

Time ought never to be considered an element of calculation, especially during the second stage of labour, for the use of instruments, except in creating an anxiety to be on the watch, and to take timely steps to deliver the patient.

An early use of the long forceps, when the necessity of the case is established, will prevent those serious constitutional and local mischiefs (already mentioned) which are produced by the long continued pressure of the head of the infant upon the pelvic organs and tissues. Those who are opposed to the use of instruments, and advocate time and patience, attribute to their application those structural and organic lesions which are really the effects of delay.

It has been already stated, that the head of the infant can only safely bear a certain amount of compression by the forceps; but it must also be understood, that the infant is frequently destroyed by injury inflicted upon the head during protracted labour. Procrastination beyond a certain limit is highly hazardous to its life; and, as its preservation is an important object to attain, the long forceps should be immediately applied (if safe to the mother), if the stethoscope indicates danger.

In convulsions occurring during labour, these instruments may be of essential benefit, if they can be safely used.

In cases of accidental, and also in some cases of partial, attachment of the placenta over the os uteri, this instrument has great advantages over other means, if the os uteri is dilated and dilatable, when the vital powers are very considerably depressed.

In some cases of rupture of the uterus, in which the child does not recede, and if there is sufficient pelvic space, and if all other requisite changes exist for their safe introduction, then there may be a remote chance of saving the infant's life by their use.

In cases of arrest from exhaustion, and even in fatal syncope, this instrument may be usefully employed. In some cases of face-presentations, and other unfavourable positions of the head, the application of the long forceps will be found most advantageous. The want of relative proportion between the infant's head, being abnormally large, or too firmly ossified to allow a necessary diminution in its size, in order to pass into and through the pelvis, are causes of protracted labour; and, when the obstacles are so great as to oppose the head passing through the brim of the pelvis, the long forceps will be required to effect the delivery. When the pelvis is relatively too small in its general conformation, from premature defect of development, or when it partakes too much of the male conformation, or in the

slight oblique-shaped pelvis of Naegele, or when the pelvic bones have been fractured and there has been irregular union (I have a cast of a pelvis which had been fractured, and which in character now resembles the oblique of Naegele), or when small sized exostoses or loose or fixed tumours occupy the pelvis, the long forceps may be requisite and effectual in the delivery; but, in all these cases, the practice must be determined by the available space which exists in each case.

Those cases in which the value and powers of this instrument are most conspicuous are those in which the brim of the pelvis is diminished in its antero-posterior diameter, either by rickets or by mollities ossium.

In the slighter pelvic deformities produced by rickets, the brim is often considerably lessened in its conjugate diameter, whilst the cavity and outlet are not very much altered either in size or in shape; so that the obstacle to the descent of the head is chiefly confined to the brim. But, in a pelvis distorted by mollities ossium, the diminution in its capacity is not confined to any one portion, but the brim, cavity, and outlet suffer in a greater or less degree; so that, when delivery by the long forceps is contemplated, the character of the distortion must be well considered.

It must be obvious to every well informed obstetrician, that the head of the infant can be more easily brought through a pelvis distorted by rickets, than through one distorted by mollities ossium; assuming that the antero-posterior measurements are the same in both. Opinions as to the space required to bring the head through the pelvis by the long forceps differ very considerably; and, on reflection, this variation is not to be wondered at. It is at all times difficult to arrive at an arithmetical accuracy by a vaginal examination of the different character of distortion just alluded to. The difference in the size of heads of infants, and likewise the different degrees of ossification, must all tend to influence the result. But, notwithstanding these uncertainties, it is desirable that I should state my opinion as to the smallest space at the brim of the pelvis through which the obstetrician would be warranted in attempting to extract the infant by means of the long forceps. Knowing as I do the great responsibility I incur in making positive assertions on practical points of such importance, yet, as I have by trial proved the truth of my statement, I hope I shall not be charged with temerity. I have the more confidence in giving my opinion on this point, because it is certain that, if this instrument cannot be successfully used, the life of the infant would have to be sacrificed. I would, therefore, rather run the risk of committing a venial error by leaning to the side of mercy, by recommending, in the first place, a cautious trial of the long forceps where there was the least doubt in the mind of the practitioner as to the precise pelvic measurement, and thereby give the benefit of the doubt to the unborn babe. With this feeling, I then say that, where the distance from sacrum to pubes is three inches, and a fraction under, and there exists sufficient space in the transverse diameter, an experienced practitioner ought to make a cautious and persevering trial of the long forceps before he has recourse to craniotomy. This opinion is advisedly given, because it is quite impossible to compute either the positive and relative space of the pelvis, or the size, compressibility, or other conditions of the head of the infant, with such mathematical certainty as to warrant any person to destroy life.

II.—*On Turning in Cases of Slight Distortion of the Pelvis.* Turning, in cases of slight distortion of the pelvis, justly ranks as a conservative operation. Turning was formerly had recourse to in all difficult labours in which craniotomy was not performed, because the use of the forceps was not known at that time; but, after Chamberleyn's discovery, this practice gradually sank in the estimation of obstetricians.

The thanks of the profession are due to Professor Simpson for the revival of this operation, and for the clear and lucid manner in which he has enforced his opinions both by argument and statistical data. He advocates turning in cases of slight distortion of the pelvis, and considers that the base of the head of an infant will pass with more facility and through a smaller aperture, when brought first, as in footling cases, than when it passes last, as in ordinary head-presentations. This doctrine, however, I ventured to differ from (see *Provincial Medical and Surgical Journal*, vol. ii, p. 3); and it has been more recently doubted by Dr. McClintock (*Obstetrical Transactions*, vol. iv, p. 175). At that time, I considered perforation, if required after turning had been performed, would be more difficult and more hazardous. This opinion has been also lately expressed by Dr. McClintock.

Notwithstanding my former opinion, above referred to, and the opinion I now hold, that turning in cases of protracted labour, from the slighter contractions at the brim of the pelvis, cannot ever become an alternative operation for the use of the long forceps. There are, doubtlesss some cases in which turning would deserve a preference; and, in the hands of some practitioners, it might be more safely undertaken.

The merit of the professor, in trying to establish this as an alternative operation, is in the intention to abolish, as far as possible, craniotomy.

"This practice of turning, in cases of pelvic deformity, is one of the agitated questions of the present day, which requires the sober and dispassionate consideration of all who are interested in the establishment and advance of obstetrics."

This question can only be settled by a long accumulation of practical facts and comparative trials. Mere opinion can make no approach towards its settlement.

The danger of turning will be considerably diminished when the plan of internal and external version, as recommended by Dr. Hicks, is adopted. (Vide *Obstet. Trans.*, vol. v, p. 219; also his essay.)

In the performance of turning, I prefer and recommend the operator to seize one foot or one knee, for reasons set forth in my essays on various midwifery subjects. The funis is thereby better defended, and the egress of the head is rendered safer and easier by a partial breech-case having preceded it.

Dr. McClintock, "after having seized one leg and brought it into the vagina, could not, with all the force he could use, make the child revolve." He quotes the opinion of Madame La Chapelle, who speaks of the difficulty of effecting version by one leg when the head presents. She says the difficulty is produced by the head being pushed into the brim

before the breech. It is quite evident that the cause which opposed the revolution of the child was, not taking hold and bringing down one leg, but the result of protracted labour after the rupture of the membranes. The head was forcibly pushed down upon or partially into the pelvis; and the uterus was doubtless violently, and perhaps spasmodically, contracted upon the infant's body, moulding and applying itself to all its hollows and projections.

As turning, in the cases of slighter distortion of the pelvis, is intended to save the child, this operation ought to be early performed—before, or as soon as possible after, the discharge of the liquor amnii. In cases which have been unduly procrastinated after this event has happened, and when the uterus is strongly embracing the infant, violent attempts to turn ought not to be made until some plan has been adopted to lessen the irritability of the uterus, and relax as far as possible its tonic and alternate contraction. Venesection and opiates are appropriate remedies. Does chloroform relax the uterus?

The death of the infant after the operation of turning (if it be living when this operation is commenced) is most frequently caused by the practitioner hurrying too rapidly its delivery after the revolution has been made. Time should be first given for the uterus to adjust itself to the changed position of the infant. When extractive force is used, it should at first be slow and gentle, and, if possible, in cooperation with uterine contraction. If the infant be rapidly and forcibly dragged through the pelvis, the chin leaves the breast, and is tilted upwards, thereby creating an unfavourable relative position between the diameters of the head and those of the pelvis. A great difficulty is now found to exist, which opposes an easy entrance of the head into the brim. Another mischief happens from attempts to draw the infant too quickly along by bringing the too bulky part of the infant (the head) to press upon and distend the os and cervix uteri before these parts are prepared to bear the change; and, consequently, spasmodic retention takes place, which is often so violent and obstinate as to cause the death of the infant.

[*To be continued.*]

A Sensible Remark. Mr. Shillcock at the Pharmaceutical Society exhibited a "Poison Bottle." A short discussion on poison bottles in general followed, in the course of which Mr. Morson sagaciously remarked that the best of them was but a clumsy substitute for the care and intelligence which should always be exercised when dealing with such important matters as remedies and poisons.

Failure of the Metropolitan Gas Regulation Act. The first prosecution instituted under this Act has failed. The prosecution was instituted by the City Sewers Commission. The lighting of our streets and houses in some districts of London is at present disgraceful. The Gas Regulation Act was a great legislative mistake; but its complete failure in improving or even maintaining the quality of the gas supplied by the companies must be ascribed to causes into which we dare not particularly enter. But we have no hesitation in saying that district medical officers of health, sometimes in large practice, can hardly have time to devote to the duties of a gas inspectorship, even if they had the knowledge to qualify them for the post. (*Chemical News.*)

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[*Continued from page* 220.]

In the last paper was given a case of general paresis. The importance of the disease warrants a report of another case of the same; and this will be given in the words of the case-book, with omissions only for the sake of brevity.

A. M., married, aged 40, had had one child; she was a lace-cleaner. Her education had been plain. This was her first attack. She was admitted Sept. 12th, 1861. She was married twenty years previously, but never lived with her husband. She was in partnership with a female, and they lived together many years; and, about two years ago, the partner took to drinking, and ever since had been the cause of great trouble and annoyance to the patient.

About April 1861, A. M. shewed the first indications of insanity. One Saturday night, she bought three or four shillings' worth of "sweet-stuff", and scattered it and half-pence to the children in the street, and acted in a strange manner in several other ways. A short time after this, she became involved in a dispute with a cabman; after which event especially, her mental aberration became more marked. She began to squander money; talked of her wealth and her importance; and, within a week of the dispute with the cabman, she began to talk of erecting a chapel at her own cost, and made numerous extravagant purchases.

Her natural disposition, as described by her brother-in-law, was rather penurious; at all times economical and careful. She was quiet in her dress, and retiring in manner; was kind and cheerful; of rather warm temper; fond of the company of her own family; and she went often to the public amusements (her relations were employed at theatres).

No hereditary predisposition was known. Her habits had always been temperate; on this point, the informant spoke positively.

Her previous health had been good; but she had complained of headaches during the last twelve months. She was first sent to Camberwell House Private Asylum, and remained there five months; and was then transferred to Hanwell.

On admission. She was five feet in height; her figure square and well developed; her head was long, and slightly contracted across the forehead. Her hair and irides were grey; teeth regular and well developed. The bodily condition was pretty good. Articulation was indistinct and confused. In protruding the tongue, she made one or more ineffectual efforts before she succeeded. The gait was unsteady. In taking anything with her hand, she made several catches at the object before she could seize it. She was restless; not noisy; was cleanly in habits.

Sept. 12th. She said, she was twin-princess with Queen Victoria. On the 24th of next May, she was going to be crowned. She was the eldest daughter of the Virgin Mary, and was going next year to Jerusalem by telegraph to be crowned. She had been in the world hundreds of years.

Sept. 30th (eighteen days after admission). She said that she had been here four months, and had been mad ever since she came; and then was overcome and cried. She said she was queen; that "we were not going to have any women; she was a man; she was Jesus." There was an expression of slight excitement; and a slight difference in the pupils—the right being the larger. She had continued much in the same condition since admission; she had occasional outbreaks of crying of about an half an hour's duration. She continued to talk in a rambling discursive manner. Her ideas were elated.

Elation of ideas is the expression by which this peculiar form of delirium is usually described. The French call it an expansive delirium. The words used are usually expressive of size or immensity; they are not imaginative, but usually of puerile character; as, for example, the following, which were taken down from this patient's mouth, and delivered in somewhat drawling tone: "I'm married, I am. I've got six children. My husband is at Buckingham Palace. We are all dukes. I've all the isles in the world. A beautiful husband. He is very fond of me; and I am as happy as the day is long."

Her feelings also were very excitable; the least appeal to the sensibilities caused tears, and the least affront aroused her anger. The eyes had a heavy appearance; the eyelids were slightly drooping. She walked cautiously, and not very steadily, apparently by an effort of the attention; her gait was peculiar, straddling. Speech was drawling; but the tongue was protruded without difficulty. The tongue was clean; appetite good; bowels regular; pulse 96. She slept well.

From Oct. 3rd to Oct. 6th, the notes describe an occasional outbreak of noise, with restless and noisy nights, with the same condition of mind. She was ordered three glasses of wine daily.

1*st Month after Admission.* She said she was "first rate"; that her name was altered; that she had lots of money, and was the richest woman in the world; that she had bought all the theatres; that Mr. ——, her brother-in-law, was so very happy and very handsome, etc. Her speech was mumbling; she could not pronounce "truly" or "rural". There was slight drawing down of the angles of the mouth; but no tremors were detected about the mouth. The right pupil was larger than the left.

2*nd Month after Admission.* Her mental state was about the same. There was a slight improvement in bodily health; but the appetite was reported to be indifferent, which is rare among paretics.

4*th Month.* She said she was "Princess Annie". Her voice was tremulous; the articulation mumbling and indistinct, with twitching of the muscles of the face. Pulse 108. She was looking better in general health. The tongue was clean and free from tremor; appetite indifferent. The pupils were unequal; the right to a slight extent larger than the left. She was disposed to undress or loosen her clothes.

5½ *Months.* She had been more restless, and slept ill. She was out of bed knocking at the door all one night, and calling out. She appeared a little depressed; but said she was "all right". The mind was more imbecile; she spoke in a simple and childish tone. She had not menstruated since admission.

7*th Month after Admission; or* 12*th Month of Disease.* She was restless, and constantly wandering up and down the gallery; was disposed to undress, and was regardless of decency. She walked with a great inclination to the left side, and this had been very gradually increasing of late; she occasionally fell. The speech was now very indistinct; she slurred the syllables and ran them together. In attempting to protrude the tongue, she had but little control over it; it was jerked out and retracted several times, or held back for some time, before it was protruded in a way to exhibit its surface. The pupils were unequal; the left was smaller, and was also irregular in shape, somewhat flattened in the upper edge, and uneven in outline. Her appetite was now voracious. Her mental state was more feeble. She was unconscious of stools. She had lost flesh.

13*th Month of Disease.* She was gradually becoming more and more feeble, both in mind and body. She could not recollect the visit of her sister two days previously. She was up, and would not lie in bed; was very dirty. She stooped and bent much to the right side. Articulation was very indistinct; the voice tremulous; and the pupils irregular. The tongue was protruded with difficulty, and after several efforts. Her appetite was ravenous.

14*th Month of Disease.* The mind was imbecile. There was considerable twitching of the lips. The gait was very tottering and feeble. The right pupil was larger than the left. She was emaciating; but ate largely, and had four glasses of wine daily.

15*th Month of Disease.* During the past month, the notes show at first slight improvement, especially in mind; but this lasted but a few days. She took to the bed early in this period, or about the end of the first week. The knees then began to be drawn up, and, after a short time, could not be extended. She then was reported to be wholly unable to stand. She gathered up the bed-clothes into heaps. She became more and more demented; her voice was almost unintelligible from stammering and mumbling of the syllables. In attempting to speak, the words were drawled, and considerable twitching of the facial muscles took place. She took food well up to the last; but she was fed carefully with mince and wine. Death occurred in the fifteenth month of the disease.

It must be remarked, that there is great disposition to choke in paretics; but this is guarded against by the precautions adopted.

The above case will be seen to bear a general resemblance to that which preceded it. But all the phenomena of the disease are scarcely to be met with in two cases, however typical they may be. The following summary of the symptoms and history of General Paresis of the Insane may, therefore, be of interest.

General paresis is more common in men than in women; more frequent in cities than in country districts. It is common in certain countries, and is almost unknown in others. It is more common in the lower orders. It bears, therefore, a certain parallelism in the above particulars to syphilis. Sexual improprieties of some sort occurred in many of my cases. The question of the connexion of syphilis with general paresis is deserving of further investigation.

The disease has been divided by writers into three stages. These separations are of course perfectly arbitrary. The symptoms manifest a very gradual ingravescence; and they are connected chiefly with mental and motor phenomena.

The earliest symptom is usually some act of extraordinary character, occurring suddenly. The attack is often without well marked melancholic premonitory stage. A common act to show itself first is an unmeaning act of theft without any attempt at concealment; or some indecent act, stripping in females, or going about without proper clothing or indecent exposure of person in males; or some extravagant or foolish expenditure, as the purchase of large quantities of useless articles, lavish distribution of property, etc.

The mind is at first usually excited. The patient is talkative, is bragging, gay; occasionally the excitement is attended with great violence.

It is common for the mental excitement to subside after two or three months; at which period the motor symptoms are often scarcely perceptible. Hence, the patient is often supposed to be recovered. At this period, the paresis of the muscles usually commences; there is at first to be detected only a slight or occasional stutter in speaking, or a slight twitching of the upper lip, and a quivering on the surface of the tongue when it is protruded. In those cases in which the delirium has subsided, the mind gradually begins to manifest some feebleness; also, a slight simplicity in conversation, with some foolish bragging, especially of their health. However, the mental and motor symptoms increase together. But to continue the latter first.

The paresis extends to the limbs, affecting both sides equally, or nearly so. The patient, perhaps, complains of weakness of the knees, or places his hands on his thighs in going up stairs, or finds a difficulty in descending. There then occurs a gradual alteration in the gait. The expression of the gait, so to speak, is altered. The patient walks with evident attention and caution. The legs straddle; the head is carefully poised, sometimes as though there were on it something which the patient was anxious not to drop. The feet are raised only slightly, and quickly replaced on the ground again. There is a want of spring in the foot; and while standing the patient stands on both legs—seldom poises his body on one or other limb. There is occasionally some stumbling; there is no reeling, though there is some approach to the phenomena of drunkenness—in which also there is a paresis of the muscular power. The characters differ in the two states. There is no reckless motion in the disease. The speech, however, or rather the articulation, becomes like that of the drunkard. From the occasional stutter at first observed, the difficulty of executing the labials becomes pronounced. The patient stammers, splutters, slurs, and runs the syllables together; and, late in the disease, has a difficulty in commanding the movements of the tongue as well as of the lips. On being asked to protrude the organ, the patient opens the mouth, and retracts the tongue to the back of the mouth; then thrusts it out and in; and, late in the disease, on being asked to show it, will very commonly open the mouth, and take the hand, as it were, to assist in the protrusion. When the disease has reached this pass, it has entered the arbitrary division of the third stage. The pupils now begin to show inequality of dilatation and irregularity in shape, and differ from time to time in both respects; the power over the limbs becomes less and less; the hands are now clearly affected; the action of the fingers in manipulation is difficult. The patients fumble, as if chilled with cold; in this state, too, they are particularly fond of picking at small objects. The feebleness of limbs at length confines them to the bed. At first, the want of power is always more marked the first thing in the morning. After the patient becomes no longer able to stand from want of power, the difficulty is further increased by a commencing contraction of the limbs, especially of the inferior extremities. The patient then lies in bed, and has a peculiar propensity to huddle up the bed-clothes in heaps about his head. Difficulty of swallowing also sets in; and a disposition to cram the mouth full occurs at the same time, and requires care. In this last stage, epileptiform seizures are common; they also occur at earlier date; they are probably due to eccentric causes. At all events, enemata relieve them at once.

The mental symptoms bear throughout the characters of imbecility, which gradually increases. Elation of ideas is said to occur; the patient deals in extatic talk perhaps: millions of angels; glorious palaces; gorgeous scenes; great riches; immense strength; but the figures of speech used are of the most commonplace character—"I'm all right"; "I'm a king", etc. The state of mind is clearly pleasurable. In this respect exhibiting also a parallel to the state of drunkenness; the mind gradually increases in feebleness as long as the power of speech continues to manifest it.

[*To be continued.*]

NOTES ON

THE ADVANCE OF PHYSIC:

BEING THE ANNUAL ORATION BEFORE THE HUNTERIAN SOCIETY FOR 1864-5.

By JONATHAN HUTCHINSON, F.R.C.S., Surgeon to the London Hospital; and Assistant-Surgeon to the Royal London Ophthalmic Hospital.

[*Concluded from p.* 271.]

ARRANGEMENT and system are undoubtedly the very sinews of success, and at first sight it would certainly appear likely that nothing could better tend to economise the labour of medical investigators, and facilitate their researches, than the grouping and classifying of the materials on which they have to work. So far as Specialities do represent a reasonable system of classification, so far they are useful to science. Unfortunately, however, it is quite impossible to carry this far. Our existing specialities are chiefly founded on groupings according to the organ or part affected, and this is most arbitrary and unnatural. Were it possible to classify according to cause, an immense aid in the advancement of our art would be gained in so doing; but this would of course presuppose the diagnosis established beforehand. As it is, however, nature and disease persist in declining to allow the human body to be considered as other than one whole, and constantly permit one and the same organ to suffer under the most varied influences. It is needful, therefore, to the successful specialist, as regards any single organ, that he thoroughly understand all the various causes of disease which may come into operation; and this necessity destroys his character and imposes upon him that general course of study from which he attempts to escape. If he decline this, it is to the injury of his patients, and with peril to the progress of science.

I need but mention the recent discoveries as to the frequency of syphilitic affections of internal organs, or those relative to the influence of the nervous system in the production of a host of organic maladies, to illustrate what is meant. How is it possible for us to have such a being as an oculist proper and exclusive, when the domain of ophthalmic surgery includes syphilis, rheumatism, gout, scrofula, every type of nerve disturbances that can be mentioned, all the varied forms of cachexia, and requires for its satisfactory pursuit a full knowledge of remedies and their uses in reference to the most infinitely varied conditions of the human body? The special part of ophthalmic medicine and surgery is small, and can very easily be taught and acquired; but the general part is large, and necessitates familiarity with the whole range of pathology and therapeutics. Might I not assert the same of each one of the other permitted specialities in succession?

Year by year the specialist loses hold of the general knowledge he acquired in early life, and his range of investigation becomes narrower. Not only is he at a disadvantage in regard to the chance of making additions to our knowledge from the arbitrarily restricted kind of facts which are brought before him, but his

mind itself suffers in its grasp and power. This latter aspect is, I think, one of the most serious which the general subject of specialisms presents to us. In allusion to this evil influence of the division of labour, I may venture to quote the sarcasm of an eloquent modern writer. "We have much studied and much perfected of late the great civilised invention of the division of labour, only we give it a false name. It is not, truly speaking, the labour that is divided, but the men—divided into mere segments of men—broken into small fragments and crumbs of life; so that all the little piece of intelligence that is left in a man is not enough to make a pin or a nail, but exhausts itself in making the point of a pin or the head of a nail." In making these remarks, it is far from my desire to speak only on one side, or to keep out of view the benefits which our science owes to specialists. In the early stage of any department of knowledge, it is almost a matter of necessity that it should be in the hands of a few. But it is the highest privilege of those who thus devote themselves to the reclaiming of new spots of territory to be able, after a while, to hand them over to the commonwealth, to prove that they are now cultivated and well worthy of annexation. Thus, I trust, we may safely regard all our modern specialisms as serving, though somewhat clumsily, purposes which, on the whole, are useful. Already we discern the approaching success of several of those of oldest growth, and which have been most zealously worked. Their victory will be consummated in their own death as such. It is a mistake in observation to suppose that specialists are of modern invention. Never did they abound more than in the early stages of our profession. In the present day they are on the wane. We have got rid of bone-setters, of water-casters, of worm-doctors. The absurd distinctions between physician and surgeon are fast falling before a general recognition that the two departments are essentially one. Our oculists now spurn the title, and the introduction of chloroform has thrown the practice of operative surgery open to all.

It is true we have still not a few special institutions, but the most earnest endeavours of those connected with them are directed to the object of making them no longer necessary, by diffusing the knowledge thence possessed as widely as possible, and by demonstrating its accessibility and its importance to all who practise our noble art. Should any one doubt the correctness of these impressions, I appeal to facts. Two generations ago, the practice of eye surgery was to a very large extent in the hands of quacks, and medical men generally declined to concern themselves with it. Then came a period during which it was undertaken by certain excellent members of the profession, a majority of whom were in a certain sense specialists. The means of acquiring knowledge of these diseases became yearly better and better, and year by year the knowledge of them extended in the profession at large. For one surgeon who understood eye diseases fifty years ago, we have twenty now, and in another ten years the ratio will have doubled.

We now come to the question as to whether the amount of knowledge current in our profession has reached such an extent that it can no longer be profitably mastered by individuals. If we contrast the bulk of the volumes published a few centuries ago with those of the present day, we shall certainly be obliged to admit that the apparent increase is enormous. I hold in my hand *A Discourse of the whole Art of Chyrurgerie*, published in 1612, and a remarkably full and instructive volume it is. Before me are the ponderous tomes which comprise the *System of Surgery* of our own times; the contrast is alarming. We must not, however, be misled by appearances. The possession of large books imposes no duty to read them, far less to commit them to memory. Their chief use is for the purpose of reference, and the larger and more complete the work, the easier and more satisfactory such reference is. A rich literature, instead of embarrassing, makes a subject much more easy. There is no doubt that the details of knowledge have enormously increased, but *pari passu*, have also the facilities for becoming familiar with them.

Two hundred and fifty years ago, "Mr. Peter Lowe, Scottishman, Doctor in the Faculty of Chirurgerie at Paris," wrote thus: "If wee consider the sentence of the divine philosopher Plato, that things good are difficile, there is nothing harder than chirurgerie, the which will occupy a man all his life time to seeke out the nature of things pertaining thereto." We might adopt the same language still—there is a life's work, but there is nothing which need cause despair. May the day be far distant when any number of those who profess medicine as a practical art shall consider it needful to shirk, as being too detailed and extensive, a sound knowledge of the sciences upon which it rests.

There is, however, another point of view from which we may consider the recent additions to our knowledge. Instead of merely adding new facts which the mind must master and remember, in the greater number of instances accessions of true knowledge displace cumbrous loads of false theory. The mind is relieved rather than burdened, when once the effort of transfer is accomplished. All true knowledge tends indeed to simplicity—to the discovery of general laws which furnish the clue to a vast number of facts which were previously isolated. In this way the task, whether of acquisition in the first instance, or of retention afterwards, is greatly facilitated. There is not a single science which has not of late years been simplified and rendered more accessible to all.*

I will venture to take one instance; it shall be from a department of surgery which is by many regarded as very difficult. We have lately heard much about the Accommodation of the Eye, and I fear some have been almost tempted to exclaim, with Justice Shallow, "Accommodate! it comes from *accommodo*; very good; a good phrase." A most invaluable work on the *Anomalies of Accommodation and Refraction* has, I believe, been received with but little gratitude by a large proportion of those in whose hands it has been placed. Yet the new light which the splendid researches of Professor Donders and others have thrown upon this subject, far from adding anything to its complexity, have made it so beautifully simple, that it is now within the easy reach of any intelligent student. Not only have they done this, but they have swept aside a host of mistaken theories and conjectures, with which the subject was encumbered. No better instance of the practical fruits of pure science has been given us for many years. There is not the least doubt that this work of the Utrecht professor has already conferred the blessing of accurate sight on hundreds of Englishmen, and that it will in the future do the same for thousands more. The discovery of hypermetropia and of its cause, is a new era in our knowledge and in our practice. Let me briefly illustrate my assertion that the subject is quite simple.

I hold in my hand an opera glass, fitted with certain lenses which refract. If these lenses are too convex or not convex enough, or too near to each other or too distant, the usefulness of the instrument

* See some excellent remarks on this subject, in an article of the Teaching of Languages, in the *Saturday Review* for Jan. 21, 1865.

would be correspondingly impaired; we have an anomaly of *refraction*. In addition to the lenses, however, we find a screw which moves them. This screw is our apparatus of *accommodation;* it enables us to adapt the same instrument for objects near at hand and for those at a distance. If it were out of order, we should have an anomaly of accommodation. Now we have a fair parallel to all this in the eye, with the exception that, instead of the screw, there is a delicate muscular apparatus, by which the lens itself is rendered more convex at some times than others. If I turn this screw in the instrument and put the lenses at a great distance from each other, we have the condition of a short-sighted eye. Lengthening of the eyeball is the one cause of short-sight. It causes the refractive power to be too high for distant objects, and requires correction by a concave glass. It is possible that an eyeball may, however, be too short instead of too long; if so, we have the opposite condition, and must increase the refraction artificially. It is clear that all eyes must arrange themselves in one of the three classes; either they are of normal length, or they are too long or too short. If too short, we have *hypermetropia* or weak sight; if too long, *myopia* or short sight. Neither of these accounts for what is called *long-sight;* this is an anomaly, not of refraction, but of accommodation. By long use I might expect the screw of an opera-glass to become worn and inefficient; and this is just what happens as age advances in respect to the apparatus of accommodation in our eyes. We can no longer make the same eye adapt itself to objects at different distances; our lens has become hard and rigid, our ciliary muscle atrophied. Determined to console ourselves for the loss of our faculty of near vision in the fact that we retain that for distant objects, we call our state long-sight; although it is perfectly clear that we have gained nothing whatever. Strange would it have been if old age, which slowly but surely robs us of all, had here conferred any kind of a boon. Long-sight or presbyopia is therefore no long-sight at all; it is simply the loss of the power of accommodation; the screw has got worn and rusty, and will not work. The indication as to artificial aid in each state is clear enough, and it is most melancholy to think how many thousands of times in the past, surgeons and surgeon-oculists have given the strongest opinions against the use of glasses in some of the very cases most likely to be benefited by them.

I have ventured on this digression merely by way of proof, that much of our new knowledge is really the removal of obscurity and the making difficult subjects plain and easy. Numberless other instances quite as good might be cited. The introduction of the microscope, the stethoscope, the ophthalmoscope, as aids in diagnosis, so far from increasing the labour of the surgeon, has wonderfully diminished his work. Ten years ago, the diagnosis of amaurosis was a matter of the utmost difficulty; and to obtain any data for decision as to treatment necessitated very careful study both of the symptoms and of the history of the case. Now, a moment's glance into the eye tells us all. Nor is the use of these instruments difficult to acquire. It is only those who have not learnt them, and who consequently are dismayed at the new terms in use, who fancy that our knowledge is become more complicated and difficult of mastery. To such we may say, in the favourite words of Bacon, "Come close to your work". The mists are due to the distance at which you stand; if you will only take courage, and come close to what you want to see, you will find that it is clear enough.

Thus, then, we return the verdict, that there is no motive for restricting the subjects of medical study, and that to do so would be to act most prejudicially as regards the true interests of physic. In respect to specialties, we come to an almost similar conclusion; they may be useful as temporary expedients, and for a few individuals, but are most injurious both to our patients and to the progress of our science, if they be made permanent or be developed to excess. That there is great room for improvement in our mode of teaching, all will admit. It ought to be far more of the practical and demonstrative character than it now is; and such it will certainly become whenever our colleges shall alter their modes of examination.

There is, however, one form of specialism which I do advocate earnestly and fully. I am speaking for the advance of physic, and must speak boldly. It is that we should keep close to our own calling, and should not, in the fulness of our energy, aspire to also acquire the experience of politicians, of judges, and of generals. Art is long and days are short; and if we would secure fair time for note-taking, we shall not have much left for newspaper-reading. Not only is a certain time every day occupied to no special profit by those who indulge in this habit; but the mind is kept filled with subjects which far too frequently press themselves into its notice. Anyone who will sternly rid himself of the habit of requiring a daily dose of news, will be surprised to find how easily he does without it, and to what a remarkable extent the mind is left at liberty to engage with other topics. I shall be told that newspapers are contemporary history, and that it is disgraceful to be in ignorance of what is going on around us. To this I must reply, that there is no need to study history in daily detail, and that ignorance of our own profession is much more to be regretted.

In commencing this address, I said that before the Hunterian Society I should claim the privilege of entering upon details, and I have now to do so by making two or three specific proposals. Despite the number of our London societies, I believe that the principle of co-operative research has not as yet been developed to the extent which the interests of physic require. I would beg to suggest the formation of a Society of Comparative Pathology. The diseases of the lower animals have as yet been too much neglected; or, if not wholly so, have been studied by themselves, and not in relation with those of mankind. It is from the investigation of these that we may expect the most fruitful discoveries in the future. Despite the little attention yet given them, we have already reaped most splendid results in this direction. The discovery of a mode of preventing scarlet-fever and measles, in all probability awaits some future Jenner.

I would not propose, however, that such a Society as that alluded to, should restrict itself to the examination of epidemics or exanthemata; but that it should take up the detailed investigation of the various viscera as to their pathological anatomy. Comparative anatomy and physiology have thrown each a flood of light on their corresponding departments; and, if I mistake not, comparative pathology is a yet richer field.

Another society might, I think, be profitably instituted, under the name of Medical Travellers. Its object should be to systemise and collect information on all subjects relating to medicine in foreign parts. We are often at a great disadvantage in comparing our own experience with that of foreign medical men, whether as to pathology or treatment of disease, from the fact that the descriptions are too often furnished by observers who have studied only in one country. Many an obscure point might be cleared up, if the facts concerning it were submitted to the same

eye. Such a society or club might do excellent service in sending out small deputations with special duties allotted to them, and thoroughly informed beforehand as to the kind of facts needed. It should take cognisance, not only of foreign schools, but also of remote countries where, as yet, but little in the way of medical investigation has been done; it should appoint corresponding members in all parts of the world, to whom queries might be sent on any subject on which information was required.

Such an institution would make use of the services of the hundreds of zealous young surgeons who yearly leave our shores for distant parts; many of whom would be only too glad to obtain information beforehand as to the kind of service which they might be able to render. Want of system, and of previous preparation for our tasks, leads to the waste of an enormous amount of energy and zeal. It was well remarked, I think by Dr. Johnson, that we bring back from foreign travel in proportion to what we take out with us; and this is especially applicable to medicine.

In order to observe well, and particularly in order to make the most of short chance opportunities for observation, we must be previously well informed as to what we ought to notice.

Then, too, such a society would make use of the summer vacations of its members. Much good is already done in this way; but it is in a desultory manner. A vacation would be none the less enjoyable, because it had associated with it a subject of scientific interest. Its zest would rather be increased. A journey to Bergen and its adjacent fjords to investigate leprosy, would be just as health-giving as one for fishing; and to most of those who are accustomed to enjoy work, I unhesitatingly assert that it would give more pleasure. I am no believer in the necessity for absolute change of mental occupation, provided the occupation be one in which the mind takes pleasure. On the contrary, the attempt to eject altogether such a subject is attended by a certain degree of pain. I cannot help mentioning the very important contributions to medical literature which our late Vice-President, Dr. Peacock, has repeatedly made as the fruits of summer excursions; and the excellent *Essay on Alpine Climates*, which Dr. Weber has just supplied from a similar source.

The strides which physiology and pathology have recently made suggest to us, that it is time that the subject of therapeutics should receive more systematic attention. For long it was felt by most that this department, although of primary importance, must of necessity wait until those just mentioned had established themselves on a wider and firmer basis. We have emancipated ourselves from one system of empirical drug-giving, and are in no haste to impose another. Yet the time must come when a Therapeutical Society will be both feasible and necessary. Whether that time is come as yet, I must leave for others to decide.

Another direction in which I think aid might be given to the progress of our art, is by the more careful study of symptoms as they occur in ourselves. Sydenham has given us the example of recording his own case; and many physicians have enriched medical literature by similar contributions. I do not, however, intend so much to recommend the record of rare examples of disease when, unfortunately, we may chance to be their subjects, as that we should habitually study in ourselves what are deemed minor symptoms.

The phenomena which attend little and apparently insignificant ailments are often of the utmost interest and mystery as regards their physiological explanation. It is exceedingly difficult to compel ourselves to attend to these when they are brought before us by others; but when we ourselves are the subjects of the mysterious ache, it is easy enough to get the mind to speculate on its cause. So far from leading to hypochondriacism, the act of doing so will amuse many an hour of illness and pain. There are symptoms which would be incredible did we not ourselves experience them; and, as one instance, I may mention that there would no longer be any scepticism as to what are called reflex inflammations, did medical men sufficiently study the phenomena of disease subjectively.

Amongst the hindrances to the more rapid improvement of medicine, we must not omit to mention our great enemy. Jealous, it may be, of our puny efforts to dispute his sway, Death does his utmost to retard our science. The necessity which compels each generation to transfer its knowledge to a successor and to yield its place, acts prejudicially on all progressive sciences, but on none more so than on medicine. Just when a man has succeeded in mastering all preliminaries, when he is becoming used to the tools with which he is to work, his personality comes to an end, and another must take his place; under the necessity of beginning anew; and again, in time, succumbing to a like fate. So much of medicine is a matter of experience and memory, and admits of being transferred only with the greatest difficulty and loss, that this law of death is felt most injuriously. In any one of the more exact sciences its influence is much lighter. To us it is a matter of constantly recurring regret, as we hear of the removal of one after another of our teachers or *confrères*—the amount of empirical knowledge which is thus lost to the world. Men who, whilst living, were invaluable, depart, and but too often leave no heritage. I do not speak so much of premature deaths, although the loss which science sustains in this direction is very great; but I prefer for the present to consider simply the working of that great law under which we are all compelled, sooner or later, and it may be not until what is called old age, to yield our places to younger and less experienced successors. Let us think for a moment of how science might advance if its experts could but enjoy a double tenure of life. Where would our knowledge have reached by this, had we still amongst us the trained intellect of Hunter, which retaining its early vigour, might be supposed to have become with each discovery better fitted for future ones.

The pursuit of science may indeed be compared to the ascent of some inaccessible mountain summit. Each one who attempts it improves the path somewhat, and cuts out a few fresh steps at the top for his successors, but the greater part of life is occupied in gaining the spot where others left off. Each adventurous climber gets a little higher than his predecessor, but each one has to begin at the bottom, and there is consequently no very rapid gain. Imagine how it might be if one man were permitted to double his hold on life, and having reached the highest point yet attained, were allowed another life in which to prosecute his advantage. As a practical commentary on this, we may note that nearly all the fathers of our art have been men who enjoyed great vigour of animal health, and who attained to a good age. The discoveries which enrich an empirical science are not to be made by us whilst in the stage of youth. Harvey and Jenner were both of them beyond middle age when their great discoveries were made; and Hunter was in the full activity of scientific investigation up to the time of his death, after forty years of work. Fully admitting that it is in vain to hope for the suspension of a natural law, or waste our time in longing for a race of patriarchs of medicine, I still

think that some important practical conclusions may be based upon this consideration.

The problems before us clearly are, as regards this matter, how best to economise our own lives, and to facilitate our successors' easy attainment of the vantage-ground for which we have fought. In the aim to protract our individual periods of industry, with the systematic object of gain to science thereby, we have two points to keep in view. It is not necessary only that a man should live long in years; for, in that case, it may happen that he outlive his capability of usefulness, and present what Bacon has wittily termed the melancholy spectacle of following, whilst yet living, in the funeral of his own reputation. It is requisite that, not only shall he secure many years, but that he shall retain the mental vigour of middle age, and, as far as possible, the zeal and enthusiasm of youth. In reference to the good of science, surely we do not sufficiently consider, and in a certain sense cultivate and train, our own bodies and minds. We ought to regard our own minds just as we should the mechanism of a valuable instrument. We might compare them to microscopes, and certainly they are as well worth taking care of. If the lenses get dusty, if the wheels are out of order, if the light be removed, or the mirror broken, the value of the once splendid instrument is at an end. Did we attain the habit of looking upon ourselves objectively, of estimating our own value just as we do that of our microscopes, a great gain would follow. We should learn the absolute necessity of the utmost care of its every part, if the instrument is to last long and to do good service. I speak, of course, of the mind as an intellectual engine, not of it in its moral relations. Looking upon ourselves as lenses of greater or less power for the concentration of the scattered rays which surround us, we shall clearly appreciate the duty of keeping the glass bright.

Great, however, as is the detrimental influence of the shortness of individual life upon the progress of a science which must be built upon individual experience, there is another form of death yet more widely prejudicial. I allude to that most melancholy subject of the too early failure of the appetite for work. Men who, during the first twenty years of their course, have given high promise, suddenly experience a lapse of energy; and, although they still continue to live as most useful members of society, producing, in many instances, plenty of "fruit", they yield no further accessions of "light." In this direction, the losses to science are beyond estimate. The very men who are most capable of advancing her interest, desert her cause; and they who have painfully toiled up the preliminary heights, content themselves with a Pisgah view of the promised land, and decline to enter it. If we ask how Hunter, Sydenham, Harvey, Cooper, Brodie, did so much, we shall find that it was not only by living long, but continuing to work up to the very end of life. The necessities of the case demand a long day's work, begun early and continued until light fails. No doubt, great difference exists in men and races of men as to the endurance of long protracted work; and to this consideration we may perhaps refer in explanation of the splendid array of names which Scotland has given to the lists of science. It is well known, that no Scotchman is of age before thirty. Nor would I for a moment be understood to advise the exaction of task labour out of any one. If the energy have really left us, if the appetite be gone, if work have become a weariness and not, at least in some degree, a pleasure, then it is time that we should rest. No good would come of contending against nature. Whilst, however, we freely admit that science could gain nothing by forced contributions, it is a subject well worth our consideration, how the evil alluded to may best be met. How best can the human mind be kept resilient, youthful, energetic, through the longest series of years? I commend this problem to a profession which has for its special care the physical welfare of the community.

One of the ablest of modern observers has expressed so vigorously the importance of this subject, that I cannot deny myself the pleasure of quoting the passage.

"The real animating power of knowledge is only in the moment of its being first received, when it fills us with wonder and joy..... That man is always happy who is in the presence of something which he cannot know to the full, which he is always going on to know.....Once thoroughly our own, the knowledge ceases to give us pleasure. It may be practically useful to us, it may be good for others, or good for usury to obtain more; but, in itself, once let it be thoroughly familiar, and it is dead. The wonder is gone from it, and all the fine colour which it had when first we drew it up out of the infinite sea. .....All men feel this, though they do not think of it, nor reason out its consequences.

"They look back to the days of childhood as of greatest happiness, because those were the days of greatest wonder, greatest simplicity, and most vigorous imagination. And the whole difference between a man of genius and other men, it has been said a thousand times, and most truly, is that the first remains in great part a child, seeing with the large eyes of children, in perpetual wonder, not conscious of much knowledge—conscious, rather, of infinite ignorance, and yet infinite power; a fountain of eternal admiration, delight, and creative force, within him, meeting the ocean of visible and governable things around him."

In reference to the future prospects of physic, we must note, with some regret, the comparative neglect in the present day and in this country, of the study of medical biography and medical history. Surely, there is no knowledge so likely to enhance our zeal, as familiarity with what has been done, and what left undone for us to do, by those who preceded us. Their earnest work is an example for us, and their successive advances constitute the best kind of encouragement we can have. As the young soldier revels amid the narratives of military prowess and daring, so should the students of physic delight to contemplate the heroism in another sphere of men like Haller, Hunter, and Harvey. It is a bad sign as to our estimate of our art itself, if we do not learn to revere its seers. I do not speak of a slavish reverence for the past; that is the very last impression which an earnest mind would receive from the study of medical biography. I allude rather to that feeling of affectionate respect which springs from familiarity with the lives as well as the works of departed great ones. A feeling in which we may come almost to regard them as literally our fathers and we their sons, in which we feel as if we had inherited direct from them a glorious patrimony and an honourable name to be guarded as we should guard the paternal acres or the family escutcheon.

Nor are the lessons from a study of the history of medicine less beneficial than those of medical biography. It shows us how progress has been made, under what drawbacks, with what hindrances; how it has been achieved by unflinching perseverance, and not by erratic flashes of genius. It shows us how one fact has been added here and another there; how error was at first mixed even with the greatest discoveries, and how little by little it was eliminated, until the truth at length set in the light of many minds shone

clear and bright. It shows us, also, how science has too often received detriment from the moral weaknesses of her votaries; it paints in their true colours, as the giant enemies of progress and of truth, the vices of envy, selfishness, and greed of gain. Above all, it encourages us under those impressions of weariness and disappointment which must at times steal over the minds of all of us. It shows us what has been really gained; that the barren moor of the old maps is now a cultivated farm; that morasses have been drained; that roads have been planned; and that a country once an almost impassable wilderness is now of easy access to all.

I have ventured to hint, that our profession might with advantage neglect politics and newspapers; and I would now suggest to those who require occasional amusement and change of thought, that they should seek these, not in the pages of the sensation novel, but in the original documents of medical history. Do not take up any modern synopsis of old opinions; but read the books themselves in all their quaintness and peculiarity. They contain much valuable information, and in human interest they far exceed a large proportion of the productions of our modern press.

In concluding these remarks, I may perhaps be allowed to add that, although I have insisted throughout on the importance of earnestness and of close application to our own work if we would do anything for the advance of physic, that nothing is further from my wish than to advocate asceticism or painful labour. My assumption has been that there are few higher pleasures than those which we earn in the pursuit of duty, and which come as the reward of successful work. I have endeavoured to show that the advance of science depends almost as much upon the physical as on the mental vigour of those who devote themselves to her cause. In a certain sense I have urged what has been fairly called the duty of delight, advocating frequent resort to the sea, the mountain, and the moor, as the only means by which we can expect to maintain that healthy tone of body and mind which is so essential to scientific success.

It remains but to express a strong confidence as regards the future of our profession. Never perhaps had it brighter prospects than at present. Never did discoveries follow each other with greater rapidity than they have done during the last quarter of a century. Never, probably, were there more earnest workers, and certainly at no former period had we such splendid tools. Still, however, it is most needful that we stimulate our minds by reminders of the comparatively little that has been accomplished, and the much that is possible.

"It appears to me," wrote large-brow'd Verulam, "it appears to me, that men know neither their acquirements nor their powers, but fancy their possessions greater and their faculties less than they are. Whence either valuing the received knowledge above measure, they look out no further; or else despising themselves too much, they exercise their talents upon lighter matters without attempting the capital things of all. And hence, the sciences seem to have their Hercules pillars which bound the desires and hopes of mankind."

Let us trust for the advance of physic, that her disciples may avoid these errors; that they may recognise clearly that there are no limits to the possible extension of our science, that estimating fairly our own powers, opportunities, and responsibility, we may go forth

"Strong in will
To strive, to seek, to find, and not to yield."

CASES OF SKIN-DISEASE.

By John Barclay, M.D., F.R.C.P., Leicester.

I.—Simple Alopecia.

In the report of the meeting of the Liverpool Medical Institution, at p. 204 of the current volume, Dr. Balman's remark is quoted that "the records of medicine supply but a very few examples of the complete loss of hair." I would, therefore, add one to the list.

A. B., master printer, was seen on Feb. 24, 1853. He was aged 24, married, steady, never had syphilis. In the middle of September 1852, he noticed his hair falling off, not in patches. He could give no possible reason for it, except that he had been closely confined and working hard.

I found him a robust, very active young man. His hair had been dark brown; he was now absolutely hairless, except one or two eyelashes. The scalp was perfectly smooth; and with a magnifying-glass, no trace of hair-follicles was to be seen. The eyebrows and eyelashes were gone; also the hair on the pubes and in the axillæ; as well as the downy hair all over the limbs. He was perfectly smooth over the whole body. There was no heat of skin; no unhealthy appearance; no patches; but a simple absence of hair.

I kept him under treatment with tonics for some time, and applied various stimulating lotions and unguents to the scalp; but with not the slightest effect. The one or two eyelashes left soon disappeared; and his only inconvenience seemed to result from their loss, as he had always slight palpebritis.

He now—twelve years later—is in exactly the same state as when he left off treatment, and in perfect health.

I have met with one other case of complete and total baldness in an old gentleman suffering from calculus in the kidney; but, as he was 81 years of age, it may be considered as merely an extreme degree of the loss of hair incidental to old age.

II.—Psoriasis of Twenty Years' Standing Cured(?) by Arsenic.

In church, on Christmas-day 1863, some hundred miles from home, I observed a young lady whose face and neck, so far as I could see, were covered with red-looking scars and scaly patches of lepra or psoriasis.

I was afterwards told, when expressing my sympathy for such a sufferer, that the poor girl had always been so—a martyr all her life. Of course, in conversation, I inquired if every means of treatment had been exhausted, and learned that the family was of the straitest sect of the homœopaths. My objurgations were wanting in neither loudness nor depth; they reached the parents' ears, and the result was, an inquiry of me, by letter, whether I considered there was any chance of cure by medicine; and further, whether I would undertake to try that chance. In spite of the impossibility of communicating except by letter, I did not hesitate to do so; for I felt that it would be such a triumph for legitimate physic, such a satisfaction even to myself in these days of doubts and scepticism—of heresies, among which I rank the do-nothing theory as about the worst—to see the power of medicine exerted and evidently (though, perhaps, not logically) demonstrable. I only bargained that no remarks should be made on my want of success for twelve months.

The history I gathered was this. C. D., aged 21, was a strong, healthy, robust young lady, with not a single symptom of disease or derangement of any kind, except her one misery. There was said to be "scrofula" in her father's family. The eruption ap-

peared when she was cutting her first double teeth, and had continued to increase, and of late years had been a source of much distress. It disappeared once for a few weeks, at seven years of age, after a long course of sarsaparilla and cod-liver oil by the sea-side; but it soon returned worse than ever. At the age of 12, she had measles; and then it again disappeared of itself for a few weeks, and she was "lame in her feet" until the eruption came out again in all its virulence. "Besides the face, the eruption spreads over neck and shoulders, arms, and legs; and on the knees and elbows thickens very much, and comes off in large dry scales, and then gathers again." It was, therefore, nine years since there had been any mitigation of the disease, and twenty since it first appeared.

The treatment I adopted was, three daily doses of some form of arsenic—either the arsenite of potash or of soda; a little cod-liver oil; and sesquioxide of iron. As regarded diet, the only prohibition was fish and stimulants—neither of which she had habitually used. I directed her to drink largely of cold water or barley-water, etc., to promote the "metamorphosis of tissue". The details of treatment are superfluous. Very little of the cod-liver oil could be taken because of nausea. A recommended change of air was found impracticable; so that the treatment was very much narrowed to the ingestion of arsenic. It was only discontinued during two weeks from February 11th to December 31st. Improvement commenced about August, and steadily went on, till at Christmas the cure was complete. There was a little conjunctivitis occasionally, and at the end considerable anæmia and debility, now rapidly disappearing under the use of tincture of sesquichloride of iron.

On February 6th, 1865, she came here for my inspection. The only remains of her former enemy were slight stains on the cheeks, which showed when she was excited or hot. The whole surface of the body was clear, smooth, and healthy. She looked upon life as now something desirable, as she had entered on, as it were, a new phase of existence.

Post hoc, certainly; *propter hoc*, surely.

Captain Gordon, who has lately so distinguished himself as leader of a Chinese army against the Taepings was accompanied in his perilous enterprise by only one officer—a medical officer. The *Times* says: "Gordon accepted the very perilous offer. He went upon half-pay, thus risking his prospects of promotion, and taking a step in which only one officer—a medical officer—was found to follow him."

Bequests. By will, Miss Rachel Lemage, of Stoke Newington, has left the following bequests: To the German Hospital, the Royal Free Hospital, London Fever Hospital, Middlesex Hospital, St. Thomas's Hospital, North London Hospital, Margate Sea-Bathing Infirmary, Hospital for Incurables, each £100; Charing Cross Hospital and Stoke Newington Dispensary, £50 each.—Miss Julia Olivia Brodie, of York Place, Portman Square, has left the following legacies: The Cripples' Home Refuge, Infant Nursery, and Laundry, Marylebone Road, £300; British Orphan Asylum, Slough, £300; Idiots' Home, Redhill, £200; Royal Westminster Ophthalmic Hospital, £200; Infirmary for Consumption, Margaret Street, £200; Samaritan Hospital for Women and Children, £200; Cancer Hospital, £100; Establishment for Invalid Gentlewomen, £200; Orthopædic Hospital, £50; Society for the Prevention of Cruelty to Animals, £50; St. George's Hospital, £100; Middlesex Hospital, £100; University College Hospital, £100; Guy's Hospital, £100; Hospital for Consumption, Brompton, £100.

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 25th, 1865.

MEDICAL EVIDENCE ON RAILWAY ACCIDENTS.

There appears to be something more in the results of many railway accidents, in which human beings are concerned, than is usually dreamt of in the philosophy of medicine. With many medical men, it would appear as if *de non existentibus et non apparentibus eadem est ratio*, in reference to certain of the phenomena which represent these accidents. They do not seem to believe in any of those morbid symptoms of which the patient tells, but of which they cannot themselves seize the physical demonstration. Of course, we are now speaking of those medical men who appear as witnesses in courts of law to defend railway companies against the pecuniary damages sought from them by their injured passengers. That the injured individual should endeavour to make the worst of his case against the company, is a matter of course; and therefore the company is quite right to defend itself against the attempts of extortion. Of this we do not complain; but we think—indeed, we are sure—that our profession greatly errs in lending its aid, as it so often does, in depreciating the amount of injury suffered by an individual. We do not believe that railway companies have gained much by the practice of calling witnesses to declare that the plaintiff is doing something like attempting to humbug them; and we are sure our profession has not gained much credit with the public by assisting the companies in the matter. That medical witnesses on behalf of the companies often give very unfair—we mean incorrect—evidence, is certain. We know more than one case in which it was asserted by certain very high medical authorities, that the plaintiff was, in their opinion, perfectly sound—as well as he was before the accident; or, in other words, that he was trying to extort money from the company. And we also know that in such a case, to this day—now three or four years after the accident—the patient has never perfectly recovered from the *shock*. A collection of certain of the consequences of these modern kind of accidents, with a true history of their results, would be a very valuable addition to our pathology. We mean the kind of accidents which present no external signs of

injury, but are represented to us solely by symptoms described, and capable of description only, by the sufferer himself—of injury to motion or sensation. A person receives a violent shock in a railway carriage. His loins, or head, or some other part of his body, are thrown violently against the carriage. He perhaps, at the moment, may suffer very slightly; but afterwards he will complain of weakness of the limbs, pain in the back or head, and confusion of his intellectual faculties; and yet present no marked symptoms of paralysis or disease of the nervous centres. Now, in such a case as this, it is manifest that the individual *must* be the exponent of his own symptoms. The signs which indicate injury of the nervous centres (of the kind supposed) are, from the very nature of the case, signs which can be represented to us only by the words of the patient himself. More than this: we know that all he says may be the truth; that the tale of his weakened powers of mind or body is perfectly consistent with well ascertained pathological facts. We know that men frequently never fully recover from the effects of certain violent shocks. They may look to all appearance perfectly in health, but yet they are not so; they are not the men they were before. If such individuals come to us as private patients, we believe implicitly what they tell us, because there is nothing in their statement contrary to what we know may be perfectly true. Why, then, should medical men go boldly into the witness-box in cases of this sort, and boldly aver that they believe there is nothing the matter with the man? The case mentioned below is not a case of this kind; but it exhibits a greater divergence of opinion than we like to see given by members of the profession. The nature of the accident from which the plaintiff suffered is thus described.

"At the time of the accident, the plaintiff was thrown violently against the back of the bench opposite to him; but he did not feel any injury at the time, and assisted Dr. Woodward in attending to the other wounded. On his way home, the plaintiff found his stockings to be wet with blood, and felt shiverings, and could not remember the names of the people who were with him. The plaintiff next day attempted to go to business, but was obliged to be taken home in a cab. He then became seriously ill, with intense pains in the head, deafness of one ear, and acute sensibility in the other. He suffered also from intolerance of light, and loud noises, like the hum of a thrashing-machine, in his head. He was recommended rest, and sent to a place about four miles from Worcester, and afterwards went to Malvern for about six weeks; but, instead of improving, he became worse. He was then attended by Dr. Hastings and Mr. Everett of Worcester. He was afterwards attacked with violent spasms in one hand and foot, and pains as of knives being thrust through his chest to his backbone. Mr. Carden of Worcester was then called in. No improvement has taken place; and, when the plaintiff came into the witness-box, he presented the appearance of a man suffering from intense pain. He stated that he was subject to horrible dreams, and had not had more than three nights' rest since the accident. Mr. Erichsen, Dr. Hastings, Mr. Carden, and Mr. Everett gave it as their opinion that there was injury to the brain and spine at the point of junction between the brain and spinal cord, and that the plaintiff's ultimate recovery to his full vigour was very doubtful. For the defendants, Mr. Skey, Dr. Wade, Mr. Cooper, Mr. Braddon, and two other medical gentlemen, stated that the plaintiff's symptoms were consistent with and attributable to hysteria; but they admitted that it was possible that hysteria might supervene upon or be concurrent with the effects of the accident. The plaintiff had never suffered from hysteria. The plaintiff had been a most energetic man of business; and since the accident the business of the firm had greatly fallen off, the other partners being incapable of its management."

The jury, however, did not take in the hysterical hypothesis, and awarded to the plaintiff £6,000 damages.

ENDOSCOPY.

On Wednesday, the 15th instant, at a meeting of the Medical Society of the King and Queen's College of Physicians, held in the new College Hall, Kildare Street, Dr. F. R. Cruise, of the Mater Misericordiæ Hospital, exhibited an "endoscope" which he has been using for some time past, and read a short paper explaining its practical utility in the diagnosis and treatment of many obscure forms of disease, especially those of the rectum and urino-genital organs. Dr. Cruise's endoscope is a modification of Desormeaux's, and possesses the great advantage over it of an illuminating apparatus, so brilliant, and easily admitting of such perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been generally looked upon as quite inaccessible to sight.

Amongst these, we may specially mention the bladder and urethra; the rectum beyond the reach of the finger and speculum; the cavity of the cervix, and even of the body of the uterus; the nasal fossæ; the pharynx; cavities of ovarian cysts; abscesses; wounds containing foreign bodies; etc.

Dr. Cruise's paper was enriched by the details of a number of obscure cases in which he had used the endoscope to the entire satisfaction of numerous medical men in Dublin.

This instrument, which has been thought of and talked about for the last thirty years, has from time to time attracted passing attention, and then sunk back into oblivion.

M. Segalas would appear to have originated the idea of endoscopy, which he soon abandoned as impracticable; and the late Mr. Avery of London paid much attention to it. Sir Philip Crampton also is said to have taken up the matter at one time; but no result followed. It would appear that of late years M. Desormeaux of Paris has been the only

worker in this unexplored field; and to his perseverance much credit must be given.

This negligence would appear to be mainly due to the difficulty of obtaining a satisfactory and manageable illumination. Dr. Cruise has undoubtedly removed this difficulty; and now, for the first time in this country, the endoscope has been proved an unquestionable success, and likely before long to modify and correct our opinions respecting certain obscure ailments, and to serve materially in their treatment.

It is unnecessary to enter into details of the means by which Dr. Cruise obtains the admirable illumination and adjustment in his instrument, as we understand he is about very shortly to publish an account of it, as also a *resumé* of the work hitherto accomplished by its use. We think it only justice, however, to notice his labours and improvements, and the very favourable reception his communication met on Wednesday, and to give him the credit of priority in following up in this country the study of the long neglected endoscope, and demonstrating, for the first time in Dublin, its value as an aid in diagnosis and treatment.

SCIENTIFIC INQUIRIES.

It is to be hoped that the Medical and Chirurgical Society will continue the good work which it has commenced, of scientifically inquiring into matters physiological, therapeutical, etc. It is needless to say that there is a vast field still open for its researches; and we are sure that the Pathological Society will agree with us in this, that in no way could the funds of the old Society be better expended than in carrying out the kinds of investigation alluded to. Its next efforts, we may suggest, may well be turned towards the question of the action of our therapeutical agents. Such an inquiry would naturally involve clinical observations. And we would ask, Might not the occasion be indirectly turned to another most excellent purpose? How often is it that the hospital practice of a physician or surgeon is *controlled* or fairly judged of by competent authority? Now, might not the Medical and Chirurgical Society, to the advantage of science, appoint a committee to investigate personally, at the bedside of the patient, the real value of any particular treatment of disease which is highly extolled by the individual who employs it? It is often surprising to note the differences in practice, in matters of principle as well as detail, which are often to be met with even in neighbouring hospitals. Surely there would be a better chance of agreement being come to in matters of opinion and practice, if physicians and surgeons could only see the doings of their brethren, and judge for themselves. In the present state of isolation, men naturally become overwedded to and wrapped up in their old routine of practice. And on this point we may observe, that it has always seemed to us just as great a misfortune that medical students have not an opportunity of seeing the different practice of physicians and surgeons at different hospitals, as it is that physicians and surgeons of one hospital themselves know so little of what is being done by their *confrères* in another hospital. A medical commission of inquiry, started under the authority of the Medical and Chirurgical Society, might perchance pave the way to a more general diffusion of the different practices which are followed in different hospitals, as well as tend to settle the real value of particular methods of treating diseases. At all events, let us hope that the Society has merely commenced its career of active scientific investigation; and that it will still show itself ready to continue its labours into any field of research worthy of its attention. Is there any question, we would suggest in conclusion, more worthy of attention, or one more likely to be productive of great practical results, than the question of hydrotherapeia—the cure of diseases by the agency of water, in all its different modes of application? One thing is very sure; viz., that the profession has allowed quackery to get possession of the remedy, for remedy it surely must be called; and also sure is it that there is not a hospital in London which is possessed of the means of applying the remedy in all its possible forms. Dr. Risdon Bennett and some few other hospital physicians have now and then resorted to and spoken highly of the use of the remedy in some of those forms of it which are usually regarded by the profession with a certain kind of suspicion—and solely, we suppose, because quackery has had the wit to forestall the profession in the general use of them. Here, then, is a grand occasion for science to come forward and maintain its right to the use of all things proved to be good and useful in the cure of diseases. Let the Medical and Chirurgical Society try and prove the value of water in the cure of diseases, and report thereon. The apathy of the profession on the subject is really very surprising. That the remedy is a powerful one is certain; and that it must be powerful for good or evil also certain. A scientific committee would enlighten us; and, if they decided that the remedy was a grand one, is it not certain that every hospital in this country would be under an obligation at once to add to its therapeutical remedies the means of applying the remedy—a complete bath establishment? But if Turkish baths, wet sheets, and all the other powerful means of acting on the human frame which are employed by quacks and unscientific people, and by the public, be really injurious, then is it our duty publicly to proclaim the fact.

Another victim to the scoundrels who disgrace our civilisation is recorded in last week's papers. It may be very difficult, perhaps impossible, for the law to touch them; but surely something might be done to purge the country of the filthy demonstrations of their existence which pollute so many of our newspapers, and even our public streets. The case, at all events, is one which might well occupy for a short time the consideration of our great medical discussion forum. Some suggestions the Medical Council might perchance make, which would tend to the diminution of the "vigour of life" infamy.

"Suicide of a Corporal in the Guards. An inquiry was held at the Westminster Hospital, respecting the suicide of Corporal Ashford of the Coldstream Guards. Colonel Strong and many officers of the regiment were present. Mr. Myers, assistant-surgeon, said he found deceased lying quite dead, with his feet on the bed and his head on the floor; a discharged rifle lay underneath the body. The deceased had evidently leant out of bed, placed the muzzle of the rifle in his mouth, and then pulled the trigger, whilst the stock rested on the floor. The bullet carried away a portion of the brain as well as part of the skull. Witness learned, upon inquiry as to the cause of his committing so desperate an act, that he had been treated by homœopathic and quack doctors; he was not labouring under any disease. The deceased bore an excellent character, and was much liked by all his officers. Sergeant Barfield confirmed the fact of his having consulted quack doctors, and stated that he complained of being ill at Christmas. He wrote to Messrs. Smith and Co., of Burton Crescent, or of Tavistock Square, witness did not know which, and said he received from them a book called the *Warning Voice*, of which he had read the third and fourth chapters. He paid £1 : 5 : 0 for medicine, which he took three times a day. He afterwards became greatly depressed. Witness had often seen him look in a glass, gnash his teeth, stamp his feet, and say, 'I feel I am a ruined man for life.' He also asked, 'What is the quickest death to die.' Witness tried to cheer him up, going with him to various places; and he (witness) was firmly of opinion that the letters he received from Burton Crescent, and his reading of the book referred to, had excited his mind, and caused him to commit suicide. Up to that time, deceased had always been a lively, jovial man among his comrades. A letter was found in his room briefly bidding his comrades farewell. After some other evidence, the coroner summed up, when some of the jury inquired whether, in giving their verdict, it would not be competent for them to express their opinion as to the publication of such books as the one described. The coroner said that the matter in question was beyond the power of the court. The jury then returned a verdict, 'That deceased shot himself while in a state of unsound mind.'"

Two *brochures* which have just appeared indicate that the same changes which happily are going on in the general, the literary, and the political world, influence also the medical. Thirty years ago, a speech in which religion was introduced in Parliament, or a religious leading article in the *Times*, or a religious article in the quarterlies, was not thought of. How different now. Our leading men in both houses, our first newspaper writers and reviewers, boldly and reverently, by word and pen, recognise Christianity as the great foundation of all stability and real progress. Very striking is the same change in medicine. In introductory lectures, in our journals, and public utterances of our leading men, there is the same out-spoken recognition of the highest truths. In a marked way, these two memorials of recent deaths indicate this great change. Dr. Risdon Bennett has not only traced the scientific life of Richard Grainger, and the solid work he did for sanitary science, but he has also drawn with discrimination a most delightful character of a good and modest and unselfish Christian, founding all his life's work on the deepest principles. And Dr. Harvey of Aberdeen has, with the warm feelings of friendship, traced the moral qualities of Dr. Williamson—who, just rising into professional eminence, was suddenly cut off by typhus at 40 years of age, to the regret of all who knew him—making to his class the life of their professor and infirmary physician the best clinical lesson as to the importance of always living the highest kind of spiritual life. Neither writer has in any way avoided the fullest expression of religious principles. The former reticence on these matters was, in some cases, from indifference; in others, from the natural dislike to express feelings; but in how many was it from an unmanly fear and shame? Now, the weakest form of cowardice is a disinclination to confess great benefits, and this wholesome avowal is a sign of real progress.

A testimonial was lately presented to Mr. Cammack of Benington by the poor, for his attention to them as district medical officer during twenty-one years. On the occasion, Mr. Cammack made the following remarks, which, coming from his long personal experience of Poor-law medical relief, are worthy of especial record here.

"With regard to my successor, he has got more work than one medical officer ought to have; and the pay is far too small for the service. I would not take the district again for £200 a year. It is now £50; the drugs cost all the money, and one horse is altogether unequal to it. The guardians behave badly to their officers generally, and never acknowledge their good deeds. They sit with closed doors, and take every opportunity to humiliate and degrade; and, in order to become in reality the Inquisition, they need only the rack, the thumbscrew, and the boot. The Poor-law Board will never mend them, because they wish to please the guardians who vote them into Parliament. The present race of guardians will not do it, because they wish to be tyrannical, and are afraid that the poor should see who grind them down. It is the people who must open their doors and let in the press. The chairman (Mr. Plummer) was always an advocate for an open board; and, therefore, I am proud to accept this present at his hands. When the people can see for themselves how the Poor-law is administered, and when the medical officers are well paid, and independent of a private practice—for it was wrong to offer a Poor-law appointment as a stepping-stone to a

private practice, because, having got it, the badly paid officer will naturally look to his best interests as his age increases,—when, I say, the officers are properly paid, then may the people be certain of the care and comforts which the poor require. In conclusion, I beg to say this occasion affords me the highest gratification of my life. I may become rich, or I may become poor; but this presentation will ever be my most valued possession."

Mr. Henry Smith reports, that three fatal cases of dilatation of the urethra for stricture by Mr. Holt's dilator have occurred in King's College Hospital.

Our readers may be aware that, under the Registration of Deaths Act for Scotland, medical practitioners there are obliged, under penalty, to give a certificate of death. Naturally enough, they resent such an unfair law, but have hitherto vainly attempted to get it repealed. A few weeks ago, a meeting of the Glasgow Medical Association was held in Glasgow, to determine how best to proceed; and it was determined, under the advice of Dr. Christison, to make a strong effort in the next Parliament, and with the general assistance of the profession, to have a new Bill passed on the subject.

We are glad to find, from the following, that Sir George Grey has himself doubts as to the sanity of the murderer whose case was specially alluded to in last week's Journal.

"Two commissioners have been appointed by her Majesty's Secretary of State for the Home Department to examine into and certify to the mental condition of the murderer Potter at Derby. They examined the Rev. E. W. Foley, the chaplain, and other officers of the prison. Sir George Grey has ordered the respite of Potter for seven days, solely to afford time for the commissioners to inquire into the state of the prisoner's mind."

This case shows also, in a striking manner, the folly of those persons who, as the present Lord Chancellor once did, affirm that an ordinary jury, or any unskilled person, is just as capable of judging of the mental condition of a supposed lunatic as any expert is. We are very pleased to note this act of Sir George Grey's. The only fault which can be found with it is this, that the examination comes late. It should have been made before the trial, so that the evidence of the experts might have gone before the jury. By this plan of deciding the sanity of the prisoner, it is clear that the verdict becomes the verdict of two experts in lunacy, and not the verdict of the jury—a proceeding which is distinctly unconstitutional. We hold, as we have frequently done in these pages, that what justice and humanity demand in all cases where there is a reasonable doubt as to the sanity of the prisoner put on his trial is, that the Government expert should invariably be present to assist justice, and give her the benefit of an impartial opinion. This proceeding of Sir G. Grey's is, we trust, a movement tending in that direction.

Some time ago, the Administration of Public Instruction in France exempted all Polish students from the expenses attending education in the Faculties and the Lyceums. To increase this Act of generosity, the Committee of the Sorbonne has opened a subscription in order to purchase books and scientific instruments required by the Polish students.

Dr. Stokes's work on Diseases of the Heart and the Aorta has lately been translated into French by Dr. Sénac of Vichy.

M. Roulin has been elected to the Academy of Sciences. He is librarian of the Institute. He was a pupil of Cuvier and Magendie; and in 1821, went out to Columbia as Professor in a chair of Physiology. But he, instead of professing, made a topography of the country for Bolivar. He is the translator into French of Prichard's *Natural History of Man;* and has, we are told, been long engaged in an important work on Pliny.

M. Verneuil informs the French Surgical Society that he has been astonished at the good effects produced by the use of opium after strangulated hernia. It seems that our French brethren have yet to learn the dangers and mischief resulting from the employment of purgatives after that operation!

MM. Eulenburg and Landois (*Berlin. Klinisch. Wochen.*, 1864) have undertaken a number of experiments on the suture of nerves. Their conclusions are unfavourable to the proceeding. They say that the cut ends of nerves, when brought into exact apposition by sutures, have no tendency to unite by first intention. In no case, moreover, has the suture been followed by return of function of the nerve, and even after several weeks. The anatomical examination of the cut nerves showed that the peripheric portion of the nerve had undergone the same changes—degeneration of structure—as when ligature is not applied.

The *Gaz. Méd. de Paris* relates a case of poisoning from atropine. Three grains of sulphate of atropine, mixed with eight *grammes* of lead, formed an ointment which was applied to the raw surface of a blister on the neck.

"A few minutes afterwards, the patient sprang up in agony; he rushed about the room, crying out that he was suffocated; that all his blood was rushing to his head; that all was black before his eyes; and that he felt as if he were being strangled. He tore the plaister from his throat, and fell on the couch with his eyes fixed and his face red. Dysphagia and dyspnœa increased. His pupils were widely dilated; his eyes rolled about convulsively; the conjunctiva injected. All his limbs were convulsed as in violent chorea; respiration very hurried; pulse 140 to 150; he could not speak a word. Nothing could be introduced either into the mouth or the rectum; nor could a vein be opened. The patient became gradually worse, and died about two hours after application of the ointment."

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

It must have often occurred to the mind of those who, coming to Edinburgh, have visited our Royal Infirmary, as a remakable contradiction, that so great a school of medicine as that of Edinburgh should possess so ill built an Infirmary. On visiting the handsome and expensive buildings which have been erected around Edinburgh for the purpose of affording places of maintenance and instruction for infirm people and destitute children, they must have wondered that more had not been done for the sick poor of our city; and that a more handsome, suitable, and cheerful building had not been provided for their use. The apathy which has for so long a time prevailed upon this subject has, however, fortunately come to a close; and the opinions expressed at a late meeting of the subscribers to the Infirmary, render it certain that ere long our city will possess a hospital more suited to its wants than the present one.

The Royal Infirmary of Edinburgh is partly an old and partly a new building. The medical hospital is almost in the same state in which it was at the time when Cullen and Gregory used to teach it; the surgical hospital, on the other hand, is a comparatively new building, sufficiently well built and convenient. The wards are moderately spacious, well ventilated, and cheerfully lighted; the operating theatres are large and commodious; and the accommodation provided for the surgeons and their assistants is, although limited, sufficient. Far different, however, is the condition of the medical hospital. The wards have low ceilings and small windows, are dreary, badly lighted, badly ventilated, and unprovided with baths. The cubic space allotted to each patient is far too small. The appliances and arrangements for good clinical teaching are also deficient. The rooms attached to the wards, and set apart for the use of the physicians, are excessively small and inconvenient. The lecture-room and pathological theatre are bad; and no properly constructed and appointed pathological laboratory exists.

The chief evils to be pointed to in our medical hospital are connected, however, with the subject of ventilation, and have been well demonstrated by the events of the last few months. A limited epidemic of typhus fever has prevailed in Edinburgh, and the fever wards of the Infirmary have been crowded. It is here (I may say) the custom to separate patients suffering from typhus fever from other patients.

As usual, the fever-wards have been rather more crowded than the other wards. On visiting one of the female fever-wards (Ward 17) lately, I was struck by the close and ill ventilated atmosphere. The ward, which from its construction is not susceptible of even fair ventilation, was crowded with fever patients. The results of this state of matters have been very much what has been noticed in other places and on other occasions—the attendants have suffered severely. Of four house-physicians, who entered on their duties at the commencement of the winter session, three (Drs. Carmichael, Anderson, and Muirhead) took typhus fever. One of these gentlemen was replaced by one of our most zealous senior students, who has himself become affected with the disease. Of five persons who have this session filled the office of house-physician, four have, therefore, become affected with typhus. The nurses, too, have suffered most severely. Since the commencement of the epidemic many have contracted typhus, and six or seven have died.

The facts are painful, but not startling; and prove how true it is that, unless a very abundant supply of pure air is provided for patients suffering from typhus and other contagious diseases, especially where many are congregated in the same apartment, the danger to attendants is rendered very great. They are facts which have occurred so often, that it is much to be regretted that nothing should have been done to prevent the sad occurrences. Our medical hospital is bad, I have said; still half its wards are left unoccupied. If the cubic space allotted to each patient were at least doubled, I have no doubt that such occurrences as those which I have mentioned would cease; and those to whom the care of patients is allotted would discharge their arduous duties in comparative safety.

An interesting case of acute yellow atrophy of the liver occurred lately in the hospital. A pregnant woman was admitted suffering from profuse hæmatemesis. She was intensely jaundiced, and violently delirious. Immediately after admission, she aborted of twins and expired. Her friends stated that she had only been ill for a week. The progress of the case after admission into the hospital was so rapid, that no definite opinion as to the nature of the case had been formed. The excessively acute nature of the disease occurring in a pregnant woman, the very limited area of hepatic dulness, and the intense jaundice, led Dr. Grainger Stewart, the pathologist to the Infirmary, to express, before commencing an examination of the body, the opinion that the case was one of acute yellow atrophy. The opinion was proved to be true. The liver only weighed 1 lb. 5 oz., and presented the characters of the organ affected with acute yellow atrophy. The bladder contained sixteen ounces of urine; which was analysed, and found to be very rich in leucine and tyrosine. Enough of these substances was separated to enable them to be completely identified by their chemical as well as their microscopic characters. The urine contained 1.8 per cent. of urea, and merely a trace of albumen.

In connection with the Infirmary, I have to announce a fact which will, I am sure, be a source of regret to all who have, within the last few years, studied in Edinburgh. I allude to the approaching retirement of Dr. Warburton Begbie from the office of physician to the hospital. The practice has prevailed here, to limit the duration of the office of physician to the hospital to ten years; and Dr. Begbie's term of office having expired, he is about to retire.

The advantages of the practice are, that it enables a considerable number of men to enjoy the extraordinary opportunities for studying medicine which are afforded by the physicianship to a large hospital. The disadvantages, which, however, fully counterbalance the advantages, are well shown in the present instance. Physicians, who have rendered themselves most popular and useful as clinical teachers, are deprived of their office exactly at the time when they are becoming most fit to discharge its functions with advantage to the students themselves. It is a plan well calculated to train many very good general practitioners and very few very good physicians. Dr. Begbie has now for many years occupied a very high position here, both as an extramural lecturer on Medicine, and as a lecturer on Clinical Medicine in the Infirmary; and his retirement cannot but be looked upon as a great loss to the school of medicine of Edinburgh.

Professor Maclagan's address at the late *conversazione* of the College of Surgeons gave general satisfaction. No more appropriate subject could have been chosen for discussion by the Professor of Medical Jurisprudence in the University than the one which he made the basis of his lecture—viz., Civil Incapacity. His *résumé* of the law on this subject was admirably clear; and his arguments for bringing under a certain amount of restraint the class of persons comprised under the foolish term "dipsomaniacs", commended themselves, I am sure, to the great majority of his hearers. The lecture was of such a character, however, that no abstract could possibly do it justice.

We have lately had some very interesting communications presented to the Medico-Chirurgical Society.

Association Intelligence.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting will be held at the Infirmary, at Gravesend, on Friday, March 31st, at 3.30 P.M.

Dinner will be ordered at the Yacht Club House, at 5.30 P.M. Tickets 5s. each, exclusive of wine.

C. J. Pinching, Esq., will preside; and papers are promised by M. Adams, Esq. (Clinical Ophthalmic Cases), and by Dr. Bell (Craniotomy).

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, March 14th, 1865.

WEST SOMERSET BRANCH.

A QUARTERLY Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETING.

A MEETING of the East Kent District was held at the Ship Inn, Faversham, on Thursday, March 16th; EDWARD GARRAWAY, Esq., in the Chair. There were fifteen members present.

Papers. The following papers were read and discussed.

1. Variola and Vaccination. By R. S. Francis, Esq.
2. Polypus Uteri and Instrument. By F. E. Barton, Esq.
3. Diabetes Mellitus successfully treated with Permanganate of Potash and Rigid Diet. By Wm. Sankey, Esq.
4. Surgical Scraps. By James Reid, Esq.
5. The Magnesium Light. By R. L. Bowles, Esq.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

FEBRUARY 23RD, 1865.

J. CAMERON, M.D., Vice-President, in the Chair.

Fracture of the Acetabulum. Mr. HAKES showed, for Mr. LOWNDES (who was unable to be present), a specimen of fracture of the acetabulum. In this case, the pelvis was extensively fractured. One line of fracture extended from the anterior superior spine of the ileum directly downwards behind the acetabulum, entirely through the whole thickness of the bone; this was met by one extending forwards across the upper third of the acetabulum to just above the obturator foramen. Another fracture passed at right angles to this through the horizontal ramus of the pubes, and another through the ramus of the ischium. The bladder was uninjured. The peculiarity in this case was, that these extensive injuries were caused solely by the patient, when drunk, falling on his hip from the top of an omnibus, which was not in motion at the time.

Pyæmia. Mr. RAWDON narrated two cases of pyæmia, and showed specimens of purulent deposit.

Adjourned Discussion on Fever. Dr. BURROWS said he thought the nature of fever was involved in mystery. He believed that many fever-patients, who might now have been living, had died from overstimulation. Alcohol, regarded by many practitioners as the sheet-anchor in the treatment of fever, he declared to be an acrid narcotic stimulant, a true poison, and not possessing a nutritious or life-sustaining power. It was not a tonic; it did not tone or brace up the nervous and vascular systems, but depressed them. Nor did it maintain animal heat; as was proved by the fact that, after the administration of wine or spirits, the temperature of the body gradually diminishes. The similarity of the symptoms caused respectively by alcohol and opium showed that the former was a narcotic. Alcohol was not an element of respiration; neither was it burnt up or consumed in the lungs, as taught by Liebig. As a hydrocarbon, it could not afford plastic material. He alluded to the favourable results of Dr.

Gairdner's treatment of fever without stimulants, contrasting it with that of Dr. Todd, whom he regarded as the champion of the heroic or intoxicating treatment, and who, as he said might be expected, had a very high rate of mortality. He thought that, in many cases of typhus, the stomach had an excellent power of digestion; and that many articles of food usually forbidden might be given with safety. Dr. Stokes had said that fever cannot be cured; that the patient must be kept from dying of exhaustion by food and stimulants. But, even if he thus recognised the use of alcohol, should its deleterious influence be ignored because a great authority recommended it? Dr. Gull did not believe in giving enormous doses of brandy in fever, and also condemned strongly the practice of continual feeding in fever. When a patient recovered from the sinking stage of typhus under the administration of half an ounce of brandy every half-hour, it was because his organism rose superior to the depressing and devitalising influence of brandy, rather than from any remedial virtue attributed to it. He (Dr. Burrows), in his own practice, had tested the value of the stimulating treatment in a very moderate form. In ten cases out of sixty, he had allowed a minimum quantity of wine, and sometimes spirits; four cases of the ten died. The remaining fifty had no alcoholic stimulants, and they did well. So that the result left an impression on his mind that his patients were not benefited by stimulants, and that the non-alcoholic treatment of fever will ensure a less rate of mortality than that which is universally advocated at the present day.

Mr. Bailey, from his experience in the Toxteth Park Workhouse, thought that, although many cases of typhus might be successfully treated without stimulants, yet these remedies were sometimes absolutely necessary. The quantity he had given varied from four ounces of wine to ten ounces of brandy daily. He had never seen any benefit from henbane, but found opium very useful. In coma, he always used blisters—never gave purgatives; nor did he approve of diaphoretics in typhus.

Dr. Telford took exception to Dr. Burrows's view of the physiological action of alcohol, as at variance with the present state of our knowledge on the subject, and inconsistent with the teaching of all leading physiologists of the day. He thought that alcohol was certainly a food; its use as a remedy might often have been abused; but he contended that, when properly administered, instead of increasing excitement as had been alleged, it produced a sedative and calmative effect upon the system. He disagreed with Dr. Shearer, who used it chiefly in the convalescent stage; believing that, when that period of the disease was reached, stimulants were no longer necessary. He thought the hydropathic treatment, recommended by Dr. Burrows, must be exceedingly hazardous; for his observations had satisfied him that sweating was much to be dreaded in typhus.

Dr. Barnes said that alcohol must be a food, because cases were on record, and some had come under his own notice, where individuals had lived upon alcohol alone for many weeks. With reference to thirst in fever, he reminded the Society that two distinct kinds of thirst were recognisable; one being the instinctive appeal of nature for a requisite supply of fluids, and the other arising from nervous exhaustion. The former was relieved by a due supply of water; the latter, which was the thirst of fever, could only be alleviated by wine or alcohol in some form.

Mr. Townson, in his capacity of surgeon to the letter-carriers and to the police force, had recently met with many cases of acute pyrexia, the result of exposure to sudden transitions of temperature, in which the wet sheet had entirely subdued the disease in two or three days. He deprecated the indiscriminate use of alcohol in the treatment of disease, on moral as well as on medical grounds.

Mr. Steele, in replying, expressed his disappointment in finding that Dr. Burrows had not brought forward a single clinical fact in support of his sweeping condemnation of alcohol as a remedy, on the score of its poisonous effect upon the system. He thought the action of alcohol as a poison was clearly understood. In large doses, as, for instance, when a man for a wager drank a quart of gin at a draught, it produced almost instant death; or when taken in repeated doses for a long period, as in the case of habitual drunkards, it induced other well known injurious effects. But neither of these modes of action had the remotest connexion with the proper use of alcohol as a remedy in acute disease. Nothing could have been more clearly demonstrated than the fact that alcohol in considerable quantities (say ten or twelve ounces of brandy in twenty-four hours) might be administered for many days in various diseases, without producing any perceptible injury; and he could only suppose that those practitioners who ascribed such injurious effects to the use of alcohol as a remedy must have founded their conclusions upon the injudicious use of this valuable agent in unsuitable cases, either in their own practice, or in that of others. In quoting Dr. Stokes as an authority in the treatment of fever, Dr. Burrows had omitted to state that he was deeply impressed with the great importance of stimulants in fever. It was worthy of notice, that the physicians of Dublin, with scarcely an exception, all recommended the stimulating plan of treatment; and we find, on the authority of Dr. Tweedie, that the mortality from fever in the Irish hospitals is less than that in any other part of the kingdom. During the last forty years, the death-rate had never exceeded 10 per cent. The only safe rule for withholding or giving alcohol, or for regulating the dose, consisted in a due appreciation of the indications present in each case. As he had endeavoured to establish in his paper, typhus must be treated on purely rational principles, by applying appropriate remedies for the regulation of the special functions which presented a marked deviation from normal action; avoiding the use of specifics, and abstaining from violating the laws of Nature by attempting to procure critical evacuations, such as sweating or purging, which the history of the disease amply proved were not the means by which Nature endeavoured to throw off the disease. The course of typhus was gradual throughout, and, as a rule, unattended by crises in the usual acceptation of the term, and not accompanied in most instances by critical discharges of any kind which could be considered salutary or curative.

King's College Hospital. The performances at the Bijou Theatre have produced £130 to the funds of this hospital.

The Wounded at Belfast. Dr. Murney, surgeon to the General Hospital, reports: "I give the experience of 78 medical practitioners, added to which is that derived from the practitioners of the Belfast General and Union Hospitals, and I think the public may be satisfied that the death-roll is complete, and the list of those injured closely approximated to." His return given presents this result:—316 persons suffered more or less seriously; recovered, 219; died, 11; yet under treatment—for this was written on November the 6th—there were, by slight gunshot injuries, 64 sufferers; severe, 34; total from gunshot wounds, 98.

Correspondence.

MEDICAL ERRORS.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—The very temperate article in the last issue of your JOURNAL demands an immediate reply. I am well aware that it was "a serious thing" to select examples from modern writings, when I ventured to point out that medical men are dealing illogically with the evidence which they hold in their hands, of the efficacy or the worthlessness of certain modes of treatment. It has seemed to me a proof that there is yet left in our body some longing after a more perfect knowledge, and some feeling that one's own personal fame and success are not the highest aim of the practitioner, when I have experienced so little personal vituperation as the reward of my boldness. It may indeed be that some people are not so "thin-skinned" as to feel injured by the attack which has been made on them; but I am more disposed to regard their silence as an indication of good feeling and love of truth, when I read such an article as that on "change of type in disease".

I may first remind Dr. Markham that the lecture to which he refers was both written and delivered before his own were published; and, though I had the advantage of hearing them at the College, yet perhaps I did not carry away such a clear idea of their scope as was subsequently obtained from their perusal. Still it did not seem necessary to modify the reference to his views, because, in the few words in which I alluded to them, the weak part of his argument was directly referred to. I confess that, as his error, if error there be, is not one of inductive reasoning, it ought to have had no place in my lectures; and, in truth, the allusion was prompted chiefly by the accident that my friend Dr. Markham had selected the "uses of blood-letting in disease" as the subject of his Gulstonian Lectures in the same year in which I was asked to deliver the Lumleian; and his antipathy to the theory of "change of type" was already pretty generally known. It is one of those speculations in which medical men are too apt to indulge; and it has, unfortunately, been too much mixed up with the consideration of venesection.

There are two points in Dr. Markham's remarks which especially call for notice; viz., my own allusion to the subject, and his explanation of the sense in which he uses the words. On each of these I have a few remarks to make.

It seems to me that those who assert that there is no change of type are fairly bound to give us an explanation of such remarkable circumstances as those referred to, which, *primâ facie*, point so distinctly to some change having occurred since the days when an epidemic of plague was looked on as no very extraordinary circumstance, and an epidemic of cholera was unknown. It would cause us some surprise if syphilis were to disappear; or if small-pox, in spite of the neglect of vaccination which still permits its ravages in a modified form, were to be limited for the future to some special region. For my own part, I feel that the incursion of cholera is a very curious phenomenon in this age, and quite as inexplicable as an epidemic of yellow fever would be. It is, indeed, possible that improved sanitary arrangements may be sufficient to explain the absence of plague. But do they also account for the ravages of cholera? I confess that, in my opinion, they do not explain either. There seems to me to be some circumstance yet undiscovered necessary to a satisfactory explanation of these facts; and the suggestion of a "change of type" is one which has been made theoretically to fill the void. It may not do so in a very satisfactory manner, and certainly no inductive argument has been employed either to prove or disprove the theory.

Dr. Markham goes on to say, that he believes we are using the term in a different sense, and he proceeds to give us anew his own definition. I have studied it again, and do not find that I have ever given the words any other interpretation; and I may fairly retort on my friend, that he has misconceived my meaning, and has attributed to me views which I never did entertain. More than this; it seems that he has himself employed wholly erroneous terms in speaking of the cases cited. When I say, "Cholera was unknown in Europe forty years ago", he substitutes the words, "Whenever a new disease appears". When I say, "Plague has entirely ceased to spread beyond the regions of the Levant", he transmutes it into, "Whenever an old disease disappears". Surely, this is not fair argument. Cholera is not a *new* disease; plague has not *disappeared*. From this, he flies off to the potato, where I decline to follow him.

The fair and simple interpretation of my language surely is this. The susceptibility to cholera has within forty years become such that the disease has travelled round and round the world more than once during that period—which it never did before, long as it has been known; whereas the susceptibility to plague has become so much less than it used to be, that we now never hear of it beyond the shores of the Levant. These circumstances may indicate the existence of "change of type"; or, in other words, "not any imaginative alteration in the essential nature of the diseases themselves; but some change in the condition of the body which is the subject of the diseases."

As Dr. Markham has gone into hypothetical matters, I would ask him whether some such explanation would not be necessary if inflammation of the lungs should occur as an epidemic in the human race? and I may also ask him, whether veterinary surgeons are not perhaps justified in believing that such a change has taken place, when they have so constantly to encounter the so-called "contagious pleuro-pneumonia" of cattle? a disease in which blood-letting and blistering, as I understand, are wholly out of the question. Possibly, this may be an entirely new disease, like the potato-blight or the vine-disease; and I quite agree with Dr. Markham in holding that the springing up of some entirely new form of malady is no evidence of a "change of type". It may possibly spring out of the "change in the condition of the body", if any such change have occurred; but clearly it cannot be taken as proof of any alteration, so long as we are in ignorance of the circumstance which has given origin to it, or whether any change was necessary to its development.

I would only beg to remind your readers once more, that the question raised by Dr. Markham was not essentially connected with the subject of my lectures. I have only ventured to criticise theories which were supposed to be supported by inductive arguments; as my object was to endeavour to stimulate the writers of the day to seek legitimate proof of their conclusions before attempting to add them to our stock of medical literature. Abstract speculation, such as the theory involved in the question of "change of type in disease", may serve to sharpen the logical acumen of those who engage in its discussion; but does not practically teach us anything of the causes or consequences, or the most appropriate treatment of disease. I am, etc.,

A. W. BARCLAY.

Bruton Street, March 21, 1865.

POOR-LAW MEDICAL REFORM.

Letter prom Richard Griffin, Esq.

Sir,—I shall feel obliged by your affording me space for the annexed letter from the Poor-law Board, it being the reply to one dated March 6th, and inserted in your Journal of the 11th inst. It has been said, that "language was given to enable us to conceal our thoughts"; and this is verified by the wording of the letter from the Board. I believe our appointments and contracts are two different things; and, even where the former are permanent, the latter can at any time be altered; therefore, perhaps, it may be intended to enter into new contracts with the medical officers, and readjust on equitable principles all the salaries. I trust it may be so.

Allow me to explain that the M.P., to whom I referred in my last letter as not having replied to my communications since January 31st, has forwarded to me a letter dated March 6th, in which he explains that domestic affliction and absence from England were the causes of the long delay. He also says: "I quite agree with you that some such measure as that drawn by you should become the law of the land, as the present state of the law is not only unsatisfactory, but unjust to the profession and the poor. When you first addressed me on the subject of my introducing a Bill this session, I thought I should be able to do so with effect; but I regret that circumstances will prevent my taking an active part during the present session. ——— is greatly opposed to an alteration of the law, and *county members* will not hear of any alteration. There must be something very wrong in the profession, when it is unable to make itself felt in a political sense throughout the country. Attorneys have their organisation; and, when any question relating to them comes before the House, it is *not only heard*, but duly considered."

From the above quotation, I greatly fear that nothing can be done by the Poor-law medical officers this session. If, however, the Poor-law Board still continue obdurate, we must, like the lawyers, become politicians, and at the next election refuse to give a vote without a promise that each member will aid in obtaining from Parliament an equitable adjustment of the claims of the Poor-law medical officers. This is all that we ask; and no honourable man ought to refuse it. I trust the medical men of Wolverhampton will insist upon Mr. Villiers giving this pledge, as I cannot but feel that he is our great opponent. I am, etc., Richard Griffin.

12, Royal Terrace, Weymouth, March 20th, 1865.

[copy.]

Poor-law Board, Whitehall, March 18th, 1865.

Sir,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 7th inst., on the subject of the supply of expensive medicines, when required in the medical treatment of sick paupers.

The Board direct me to inform you that they have given much consideration to the subject referred to in your communication, and have caused various inquiries to be made as to the best course of proceeding to carry into effect the recommendation of the Committee on Poor Relief on this point.

In the cases of new contracts which are entered into by boards of guardians with their medical officers, the Board are endeavouring to secure in the most practicable manner the objects suggested by the Committee; and they will not lose sight of the subject, if any further proceedings for the purpose should appear to them to be practicable.

I am, sir, your obedient servant,

Enfield, *Secretary.*

DR. FORBES WINSLOW'S INDISCREET FRIENDS.

Letter from C. Lockhart Robertson, M.D.

Sir,—You add a note to my last letter, in which I ask Dr. Forbes Winslow whether he approves of the laudation of his "right and scientific judgment" made in the *Observer* of March 12th, that "Dr. Winslow will naturally say that he is not responsible for the indiscretions of other people."

That same objectionable paragraph has been on duty last week in all the Derby papers. Who sent it there? That same indiscreet friend? Verily, so devoted and indiscreet a henchman is he, that memory at once suggests the eloquent though anonymous author of the *Voice from Derby to Bedlam* as the culprit. Whether I be right, however, or not, in this guess, I really must ask you to try and induce Dr. Winslow to exercise a greater supervision over the zeal of his friends in the press. In an address which I heard him deliver in 1857, he says, after lamenting the fact that our position as psychologists is not what we have a right to expect or are entitled to claim, "there must be something rotten in the State to justify such a sad condition of things." I desire herein to call his attention to these rotten laudations of his "right and scientific judgment" in the London and provincial public papers. I am, etc.

C. L. Robertson, M.D.Cantab.

Hayward's Heath, March 22nd, 1865.

COLD WATER INJECTIONS.

Letter from Henry E. Norris, Esq.

Sir,—In the last number of your Journal, I see a letter from Mr. Roper of Croydon, advocating the use of cold water injections in cases of *post partum* hæmorrhage. I can bear testimony to the efficacy of the remedy, having not unfrequently had occasion to administer it myself under similar circumstances. I have found, however, the addition of brandy to the water sometimes necessary; and in one case, I remember, not having with me the necessary instrument, I found the introduction of ice into the uterus of the greatest service. In fact, I have no hesitation in saying that by it the patient's life was saved.

I was a long distance from home, and several miles from any brother practitioner; the patient was almost *in extremis*; and I had no syringe with me; and all other means at command, including the administration of the ergot of rye, had failed to produce the necessary contraction of the womb, so as to arrest the hæmorrhage. There happened to be a frost the same night; and I sent a servant out with lantern and candle, to collect ice in the pools around. In a short time, I had a basin of ice at command, which I introduced bit by bit into the womb. The effect was soon perceived. Permanent contraction of the viscus very soon came on, and the woman did very well.

As this case was a very peculiar one, I will just mention that the woman had sustained a short time before a rupture or laceration of the linea alba, extending very nearly from the umbilicus to the pubes. She was at the time in a very atonic state, and her animal fibre was generally in a very lax condition; and, moreover, she had been enormously enlarged previously, and, in fact, had been confined of twins. She, however, recovered sufficiently to produce another child at the end of two years, and has had two or three since; but her accouchements are invariably attended by more or less disposition to flooding, consequent on want of proper contraction of the womb.

I have on some occasions found that repeated

shocks from the galvano-magnetic machine produce contraction and arrest uterine hæmorrhage, when cold water injections have entirely failed to do so.

Two of the worst and most obstinate cases of flooding after delivery I remember treating happened, I believe, from my own previous treatment of the cases. I had been recommended by a friend to try the application of liquor belladonnæ when great rigidity of the os uteri existed. Happening shortly afterwards to get two cases of this kind, I used his remedy, with immediate effect. The os uteri dilated, and the labour was speedily over. But as in both cases the patients suffered from *post partum* flooding, which I arrested with great difficulty, I have never again tried the remedy, as it appeared to me to temporarily paralyse the muscular fibres about the os uteri, which no means that I used would stimulate to contraction. I thought the first case might be accidental; but, as the second case was followed by exactly the same effects, I concluded it best to discontinue the practice.

In my practice, I have found long continued pressure with the hand externally over the womb, grasping and keeping it closed; the administration of the essence or tincture of ergot of rye internally (and I may mention that prepared by Mr. T. C. Jobson, 87, Lever Street, Goswell Street, E.C., I have found most to be depended on); with, if necessary, the injection of cold water into the uterus; with the addition of brandy, if required,—to be the most effectual means of producing uterine contraction. If extreme faintness be present, I give brandy with cold water, or, in some cases, undiluted, according to the urgency of the case. I am, etc., HENRY E. NORRIS.

Charmouth, Dorset, March 15th, 1865.

IRIDECTOMY AND GLAUCOMA.

LETTER FROM J. W. HULKE, ESQ.

SIR,—I send, for insertion in the JOURNAL, a note of a case of *glaucoma with very acute inflammation*, in which iridectomy was performed last spring, during the discussion respecting the value of this operation in glaucoma. I leave the case, without comment, to speak for itself. I am, etc.,

J. W. HULKE.

10, Old Burlington Street, March 7th, 1865.

A lady, aged 63, stout, but active, of simple habits, and in excellent health, was seized with violent pain in her left eye, blindness, intense redness, and swelling of the eyelids. To use her own words, "My sight went in a moment. The pain was most intense. . . . I felt sick, but did not vomit." A week afterwards, her right eye was similarly attacked, in the same sudden manner. An eminent physician now saw her, said it was gouty inflammation, and prescribed a lotion. Some days later, she came under the care of Mr. J. G. Forbes, who, after watching the case for upwards of a week, was led, from the inefficiency of the treatment and the extreme loss of vision, to suspect the existence of glaucoma, and request me to see her.

I found both eyeballs extremely hard and very painful, with occasional more intense paroxysms. The conjunctivæ were scarlet and œdematous; the pupils dilated and motionless; and the corneæ so dull that an ophthalmoscopic examination of the retina was not possible. The visual fields were very contracted, and acuity of vision was so diminished that a candle-flame was faintly perceived, and became invisible when moved a few inches in any direction from the axis. I recommended immediate iridectomy, to which she gladly acceded. Mr. Forbes at once gave chloroform, and I operated, removing a large piece from the upper part of each iris. Three hours afterwards, she was free from pain, and said that her eyes felt only sore. Next day, the redness was less, and the wound had closed. Two days later, she could distinguish my hand, and, the day after, discern the fingers. Her sight gradually returned; and now, ten months after the iridectomy, she reads "minion" type with the right and "two-line great primer" with the left eye, and writes remarkably well and clearly.

Medical News.

APOTHECARIES' HALL. On March 16th, 1865, the following Licentiates were admitted:—

Constable, John Henry Caffry, St. George's Road, Southwark
Craigie, John, Fairlight Villas, Hackney
Hendry, Daniel, Liverpool
Snow, William Vicary, Vicarage Lawn, Barnstaple

At the same Court, the following passed the first examination:—

Bruorton, William, St. George's Hospital
Ceely, Robert Walter, London Hospital
Croft, John Henry, Guy's Hospital
Grey, John Henry, London Hospital
Goodworth, Roger Portington, London Hospital
Jackson, Mowbray, St. Bartholomew's Hospital

As an Assistant:—

Brown, William, Blackstone Street, Liverpool

APPOINTMENTS.

ARMSTRONG, Alexander, M.D., Deputy Inspector-General of Hospitals, to Haslar Hospital.

ARMY.

BRADSHAW, Assistant-Surgeon A. F., Rifle Brigade, to be Assistant-Surgeon Royal Artillery, *vice* A. C. M'Tavish.
GUNN, Staff-Assistant-Surgeon F. L. G., to be Staff-Surgeon, *vice* H. S. E. Schroeder, M.D.
MAHER, Assistant-Surgeon V., 41st Foot, to be Staff-Assistant-Surgeon, *vice* N. Norris.
NORRIS, Staff-Assistant-Surgeon N., to be Assistant-Surgeon 41st Foot, *vice* V. Maher.

ROYAL NAVY.

BROSTER, E. B., Esq., Assistant-Surgeon, to the *Sharpshooter*.
CRAIG, Hugh B., M.D., Acting Assistant-Surgeon (additional), to the *Mæander*.
COCKIN, John, Esq., Surgeon, to the *St. Vincent*.
DAVIDSON, S., M.D., Acting Assistant-Surgeon, to the *Stromboli*.
DOBBIN, John W., Esq., Assistant-Surgeon (addit.), to the *Victory*.
HARRISON, G. W. L., Esq., Assistant-Surgeon, to the *Sharpshooter*.
HUNTER, John M., Esq., Assistant-Surgeon, to the *Dee*.
INGLIS, John, Esq., Surgeon, to the *Egmont*.
MESSER, Adam B., Esq., Surgeon, to the *Perseus*.
MITCHELL, John T., Esq., Assistant-Surgeon (additional), to the *Formidable*.
MULLIN, Albert A., Esq., Assistant-Surgeon, to the *Spider*.
WELLS, S. S. D., Esq., Surgeon, to the *Britannia*.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

BOWES, R., Esq., to be Assistant-Surgeon 15th Yorkshire R.V.
GIBB, G., M.D., to be Honorary Assistant-Surgeon 1st Dumbartonshire R.V.
WHITTLE, A., Esq., to be Surgeon 51st Lancashire R.V.
WYNTER, D. R., Esq., to be Assistant-Surg. 10th Warwickshire R.V.

DEATHS.

BRETT. On March 19th, at Watford, aged 31, Fanny Elizabeth, wife of *Alfred T. Brett, M.D.
FENTEM. On March 22nd, at Eyam Terrace, Derbyshire, aged 13, George, son of *Thomas Fentem, Esq.
JAMES, William Withall, Esq., Surgeon to the Devon and Exeter Hospital, etc., at Exmouth, aged 41, on March 17.

ARMY MEDICAL ESTIMATE. A vote of £246,544 for medical establishments has been agreed to in the House of Commons.

DR. ARMSTRONG, Deputy Inspector-General Royal Navy, has been appointed a member of the executive and finance committee of the Patriotic Fund.

A Ducal Autopsy. The autopsy of the body of he Duke de Morny was performed, at the express vish of the Emperor, by M. Robin. The operation ook fourteen hours to perform; the result has been o ascertain the cause of his death to have been poverty of blood, resulting from a lesion of the pan-reas and a disease of the liver. The brain weighed ,532 *grammes*—that is, 232 *grammes* over the average.

Glasgow Medico-Chirurgical Society. At a neeting of the Glasgow Medico-Chirurgical Society, neld on Tuesday, March 14th, the following gentle-nen were elected office-bearers for the present year. *President*—C. Ritchie, M.D. *Vice-Presidents*—R. S. Orr, M.D.; R. Paterson, M.D. *Council*—J. G. Wilson, M.D.; W. Prichard, M.D.; J. D. Maclaren, M.D.; W. Naismyth, M.D.; W. T. Gairdner, M.D.; G. Yeaman, M.D. *Secretaries*—J. Adams, M.D.; G. H. B. Macleod, M.D. *Treasurer*—J. Coats, M.D.

Chemists and Druggists. In the House of Commons, on the 17th inst., Sir F. Kelly moved, in committee of the whole house, that the chairman be directed to move the house that leave be given to bring in a bill to regulate the qualifications of chemists and druggists. The bill was subsequently brought in and read a first time. On Tuesday last, Sir J. Shelley, in committee of the whole house, moved a resolution that leave be given to bring in a bill for regulating the qualifications of chemists and druggists in England and Wales, and suggested that the measure, and also a similar one which had been brought in by the hon. and learned member for Suffolk (Sir F. Kelly), should be referred to a select committee. Sir F. Kelly consented to the course proposed, though he understood that this bill was more extensive in its operation than the one which he had himself proposed, and he should be sorry that legislation should be prevented by trying to do too much. He trusted, however, that they might from the two measures frame a satisfactory bill. The resolution was agreed to. Sir F. Kelly's bill requires that all persons commencing business after this year shall either be pharmaceutical chemists, or be examined and passed by the examiners under the Pharmacy Act, and registered as chemists and druggists under this bill. But chemists and druggists in business before the end of this year, and their assistants, if of age, are to be entitled to be registered without examination. The register is to be printed for sale annually. The fees for examination and registration are to be fixed by a bye-law, to be made in accordance with the Pharmacy Act.

Charge against a Medical Man. A medical man in Glasgow, Dr. E. W. Pritchard, is in custody in consequence of suspicions attending the death of his wife. It appears that Mrs. Pritchard some four weeks ago was seized with illness, her complaint being described by her husband as gastric fever. Mrs. Taylor, her mother-in-law, came from Edinburgh to wait upon her, and of course resided in Dr. Pritchard's house. About three weeks since Mrs. Taylor was one evening suddenly seized with severe illness, and despite the efforts of a medical gentleman whose aid was called in died within a few hours. Her body was removed to Edinburgh, and there interred. As for Mrs. Pritchard, she appeared for some time to be in a fair way of recovery. At the end of last week, however, she had a relapse, when she was attended by the same doctor whose services had been engaged for her mother. But in this case also medical skill proved of no avail, and death supervened somewhat suddenly on Saturday last. Dr. Pritchard conveyed his wife's remains to Edinburgh on Monday, although the interment was not intended to take place till Thursday. Meanwhile the attention of the authorities had been called to the case, and the doctor, on his return from Edinburgh on Monday evening, was apprehended by the police at the railway station. On Tuesday morning, although he was not taken before the magistrates, it was intimated publicly in court that he was detained for examination as to the sudden death of his wife, and the case was forthwith remitted to the Sheriff. The *post mortem* examination of Mrs. Pritchard's body, which was made in Edinburgh on Tuesday afternoon, resulted, it is understood, in the decision of Drs. Maclagan and Littlejohn, that there were no natural appearances to account for death. The stomach and its contents were accordingly handed over to Dr. Maclagan for chemical analysis.

The late Mr. W. W. James. By the death of Mr. W. W. James (announced in our obituary), one of the surgeoncies of the Devon and Exeter Hospital becomes vacant, as also the surgeoncy of the Devon County Prisons and of St. John's Hospital. Mr. W. W. James has left by will to his trustees, Dr. Shapter and Mr. Bremridge, the sum of £2000; the interest accruing from which is first to be applied to certain specified family purposes. It is then to be paid over to the Governors of the Devon and Exeter Hospital, to form a fund, the interest of which is to be annually equally divided between the four surgeons of this institution. Mr. James, in making this bequest, desired to give substantial expression to his opinion that the time and energies of the surgeons of this institution were largely called upon by its duties; and that there should be some pecuniary rewards for their labours in its behalf.

Death of Dr. Blegborough. Dr. Blegborough expired at his residence on the 12th inst., at the age of 85 years. He practised in London about the year 1824, and has since resided in Richmond, where he sought retirement from the arduous duties of his profession. His practice in London was very extensive. He lived in Bridge Street, Blackfriars, and some will remember him in the metropolis as one of the best and kindest of men. Of late years, when his great experience as a physician could be of service, he was induced to employ his medical skill in case of need, and at the request of his friends, or in any case of immediate danger, his assistance was not asked in vain; but he did not, for several years past, make his profession the means of emolument, and he invariably refused to receive any pecuniary reward for his attendance. His charity was well known, and next to his personal friends, there are none who will miss him so much as the poor of Richmond. The amount which he dispensed for charitable purposes was very considerable, and his generosity was not confined to this borough. Besides those liberal gifts to his needy brethren which we have little doubt he bestowed and without sufficient ostentation to make them known to the world, he has bequeathed several noble donations to institutions for the relief of the sufferings of those in whom it would appear he seldom lost an opportunity of showing his sympathies. Amongst these are £1,000 to the York Infirmary, £1,000 to the York Blind Asylum, £1,000 to the Doncaster Deaf and Dumb Institution. His annual distribution of coal to the amount of £100 to the poor of Richmond is well known, as also the fact of his having been a large subscriber to the funds for the restoration of the parish church. He has bequeathed legacies of £500 each to his servants. His many acts of kindness and generosity are sufficient to speak for themselves, and nothing that we could say in this short notice would tend to increase the affection with which he will be remembered; and perhaps the most fitting monument that he can receive will be the esteem

with which his name will be treasured in the hearts of those who knew and experienced his goodness whenever an appeal was made to his sympathies. (*Richmond Chronicle.*)

Extraordinary Fraud. At the Mayo assizes Dr. Barrett, M.D., registrar of births and deaths to the Castlebar Poor Law Union, has pleaded guilty to a charge of extraordinary fraud. He literally drew upon his imagination for his records, and, in order to increase his fees, entered in the register a number of births and deaths that had never taken place. The Crown did not press for punishment; but allowed Dr. Barrett to go out on his own recognizance, for the following reasons. It was the first offence of the kind in Ireland; he had not made a false entry of any actual birth or death, he was a married man with several children depending on him for support, he had lost all his situations, and had been in prison for six months. Judge Christian, without assuming the responsibility of this lenient course, gave it his sanction.

Mortality in Paris. The following statistics of the diminished mortality in Paris extend over a period of twenty-four years. In 1841 the population of twelve parishes amounted to 935,000 persons, and one death in 36 is proved. In 1864 the number of deaths was one in 40. Wide streets and open boulevards have replaced the narrow passages and crowded courts of old Paris. Also there is an immense increase in the quantity of water. In 1840 65,000 cubic *mètres* were distributed in twenty-four hours, whereas in 1863 133,258 cubic *mètres* were supplied. In 1840 there were 36,000 *mètres* of sewers, whereas in 1863 the sewers of Paris attained the surprising length of 350,000 *mètres*—that is 90 leagues. Another cause of the increased salubrity of Paris is the immense number of squares and open gardens created for the use of the people.

The Streets of London. The Registrar-General recently called attention to the deplorable condition of the London streets. The monthly report of the medical officer of health for Marylebone contains the following remarks on the same subject. "A feature in parochial management not yet realised, but greatly needed, is the adoption of some efficient system of cleansing our streets and thoroughfares. The sanitary advantages to be derived from dry pavements and well swept crossings cannot be overrated. How many hundreds of ill-clad and badly shod pedestrians catch cold from wet feet and damp exhalations, and thus lay the foundation of fatal pulmonary disease? What a large amount of failing strength among the infirm and aged is expended in toiling through the thick, tenacious mud that gives to London an unenviable notoriety which might otherwise be husbanded for useful and profitable labour; and how incessant is the work imposed upon poor industrious women with large families, who, appreciating the blessings of cleanliness in their humble dwellings, strive, but strive in vain, against the all-pervading dirt and mire! A liberal and judicious expenditure in this department would surely prove a wise economy, a saving in health alone, irrespective of all other considerations, which, if estimated merely at its money value, would suffice to pay back the additional outlay ten times over. It is to be deplored that, with the local powers possessed by the parishes and district boards of this metropolis, so great a defect in our sanitary arrangements should be permitted to exist. The streets, markets, and public places of Paris are models of cleanliness; there the channels are washed twice a day, and every morning, before the inhabitants are stirring, every particle of dirt and refuse is removed."

The Zoological Society has resolved to appoint a Prosector, with a salary of £250 a year. His duties will be as follows. "1. To attend daily at the dissecting-room in the Society's gardens, from 10 A.M. to 4 P.M. 2. To take charge from the Superintendent of the bodies of all animals that die in the Society's menagerie, and to keep an accurate register of the same. 3. To dispose of each body according to the instructions of the Zootomical Committee of the Council. 4. If the Zootomical Committee shall have assigned it entire to any institution or individual, to take measures that it may reach its destination as speedily as possible, and to record the fact of its having been sent. 4. If the Committee shall have merely disposed of the skin, or skeleton, or both, to make an examination, with a view to determine the cause of death, so far as such examination can be made without injury to the skin or skeleton, and to record full notes of the examination in a book to be kept for that purpose—the book from time to time to be inspected by the Committee. 6. To make such other dissections, or perform such other anatomical or physiological work as the Zootomical Committee may from time to time direct, and to keep an accurate record of these dissections and observations. Such of them as may be approved of by the Committee, shall be presented by the Prosector to the Society at its scientific meetings, for publication in the *Proceedings* or *Transactions*, but the Prosector shall not make public his observations through any channel without the express permission of the Zootomical Committee."

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Professor Boeck's letter on Syphilisation shall appear next week.

Royal College of Surgeons.—It is stated that the "Proceedings" of the Royal College of Surgeons are in the press, and will be shortly published.

New Medical Act.—Sir: I would suggest that in any future amendment of the Medical Act, a clause should be inserted to the following effect, viz.:—

"The occupier of any premises shall be liable to be fined, etc., who shall have the word 'surgery' written or printed upon the door, fanlight, or any other portion thereof, or exhibited in a window, unless there be a name stating whose surgery it is, the resident not being a qualified medical man."

In this neighbourhood the Medical Act is evaded by two unqualified men; they each exhibit the word surgery on the fanlight, and their own name on the door, keep their vehicles, and lead the public to believe they are qualified practitioners.

March 20th, 1865. I am, etc., M.R.C.S., etc.

Section of the Tendo Achillis.—Sir: You state in the number of last week, that the late Dr. Stoess of Strasburg was the first who practised the section of the tendo Achillis in France; but I beg to state that this is an error, as the operation was first performed in France by Delpech. I am, etc., H. D.

London, March 21st, 1865.

COMMUNICATIONS have been received from:—Mr. Jonathan Hutchinson; Dr. W. H. O. Sankey; Dr. Radford; Dr. John Thompson; Mr. Pick; Mr. Dayman; Mr. J. Stone; Professor Boeck; Mr. J. Waterson; Dr. B. Foster; Mr. Richard Griffin; Dr. Gilchrist; Dr. Durrant; Dr. Bullar; The Honorary Secretary of the Royal Medical and Chirurgical Society; Mr. J. Windsor; Dr. Robertson; Dr. Dick; Mr. Jabez Hogg; Dr. A. W. Barclay; Professor Simpson; Mr. Arthur Ransome; Mr. R. L. Bowles; Dr. Shapter; Mr. Fentem; and A Pupil of Professor Spence.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

Chapter VI.

Operations intended to save the Life of the Mother, and also that of the Infant. (*Concluded.*)

III.—*On Premature Labour.* The induction of premature labour was first performed by Dr. Macaulay in England in the year 1756. But, although this is the fact, and though the importance of the operation is acknowledged and its adoption sanctioned by the most eminent British obstetricians, yet, if we consult statistics, we shall find it has only been limitedly employed, in comparison with its practical importance. There is no recognition of this practice in the statute-book, to distinguish it from that abuse of it which is committed for criminal purposes. In this respect, it is estimated in the same way as some other operations which I shall consider in the subsequent part of these remarks, being only sanctioned by the law of custom. This is an unwise legislative omission, because it permits wicked men to cover their crimes under the pretension of a legitimate act. On this account, therefore, great caution should be exercised whenever this operation is intended to be performed. It is justifiable on moral grounds, and it is approved of on every professional and social principle. The object of its performance is noble and humane, as the lives of those infants are saved by it which must otherwise be destroyed; whilst at the same time, according to my experience, the woman incurs little risk, if any more than that which is contingent on ordinary labour, and very much less than that which results from craniotomy. But, notwithstanding its high value, it ought never to be performed without great necessity, nor without having been first well considered and sanctioned by a consultation.

It is a simple, safe, and efficacious operation, and, if duly performed, infants not to be computed in number would be born alive; it saves when its alternative assuredly destroys. It is not intended to supersede the Cæsarean section, for no right-minded practitioner would ever think of adopting such a course if the operation now under consideration were eligible; but the great object to keep in view is, to prevent as far as possible the performance of craniotomy. It has, however, been asserted by one writer, "that premature labour should never be attempted before it has been proved, by the event of one or more destructive fœtal births, that the pelvis was so much distorted that life must have been unavoidably sacrificed before delivery could be accomplished, because a single fatal instance is not always a sufficient warrant for the operation."

The destruction of one infant ought to satisfy every obstetrician that premature labour in a future pregnancy ought to be induced, if the pelvis is so contracted that one full grown cannot possibly pass through it. A second life ought never to be sacrificed in such a case. But, in case such a pelvic deformity were suspected, and, after a careful examination, proved to exist, it would be highly improper to allow a woman to go on to the full period of pregnancy, in order to prove by craniotomy the necessity for the induction of premature labour.

The longer gestation is allowed to proceed before the performance of this operation, a greater chance of living is given to the infant; but the precise period at which labour ought to be induced must entirely depend on the degree of positive or relative diminution in the pelvis.

The express object of the obstetrician is to save the infant; and, therefore, he should allow a sufficient length of time for its intrauterine existence, so as to enable it to support an extrauterine life. Most writers assert that it is not viable before the end of the seventh month of pregnancy; but I think it will live after a shorter sojourn in the uterus. Well authenticated cases are recorded of infants having lived who were born at six and at six and a half months. Similar cases have occurred in my own practice, and also in that of some of my British and foreign medical friends.

The following table shows the progressive development of the fœtal head which takes place during pregnancy, from the fifth and half month up to the ninth.

Date of pregnancy.	Bi-parietal diameter.	Occipito-frontal diameter.
At $5\frac{1}{2}$ months	$2\frac{5}{12}$ inches	$3\frac{5}{12}$ inches
At 6 months	$2\frac{7}{12}$ inches	$3\frac{7}{12}$ inches
At $6\frac{1}{2}$ months	$2\frac{8}{12}$ inches	$3\frac{8}{12}$ inches
At 7 months	$2\frac{9}{12}$ inches	$3\frac{1}{2}$ inches
At $7\frac{1}{2}$ months	$2\frac{10}{12}$ inches	$3\frac{8}{12}$ inches
At 8 months	$3\frac{5}{12}$ inches	4 inches
At 9 months	$3\frac{1}{2}$ inches	$4\frac{8}{12}$ inches

The above measurements strikingly show that the size of the head will be found greater or less according to the period of pregnancy at which artificial labour is brought on; and the size of each must be relatively compared with the varying pelvic cavity through which any of them have to pass. The pelvis may be only just so much diminished in size as not to permit the passage of an infant at the seventh month, and yet allow an easy transmission of one at the sixth or even at the sixth and a half month. A very slight addition of bulk to the head, or a very little diminution of space in the pelvis, will mechanically oppose the passage of the infant; and, on the contrary, a very little comparative difference in either case will render its egress easy. This fact is exemplified by a very simple experiment. Add a little gold-beater's skin to a ball turned to the size or of the diameter of the space it would only just pass through, and this slight addition will be found sufficient to resist its passage.

In correspondence, then, with the facts just mentioned, I have ventured to recommend for consideration the induction of labour at the end of the sixth and the end of the sixth and a half months of pregnancy, in those cases in which the pelvic space is below that which is required for the safe delivery of an infant at the end of the seventh month.

The gradual development of the infant's head during pregnancy should never be forgotten when this operation is contemplated; and it is of equal im-

portance accurately to measure the pelvis, in order that a correct relative comparison may be made. But if the calculation has been erroneous, and the head cannot pass unassisted, then, under such circumstances, the long forceps ought to be applied.

The value of the long forceps should not in all such cases be merely estimated as an accidental contingent auxiliary power; but, in some, this instrument from the first should be considered and accepted as an essential means for delivery.

The combination of these two operations will enable the obstetrician to safely extract a living infant which must otherwise be destroyed. This operation stands preeminently forward as conservative; and, as its mission is for the saving of both the lives, perhaps it may be said to be specially intended for the salvation of the infant which must otherwise be destroyed. We ought, in every case of difficult labour, whether terminated by forceps, or by turning, or by craniotomy, strictly and minutely to examine and ascertain the precise measurement of the pelvis, so as to be able to compute the advantages and disadvantages which are contingent on any of these modes of delivery, when compared to those of the induction of premature labour.

My remarks have been more particularly directed to the induction of premature labour in cases in which the pelvis is positively distorted. But it must be understood that, in all cases in which there is such a relative disproportion between the head of a full-grown infant and the available pelvic space, that the head cannot pass without a reduction of the size by craniotomy, while the pelvis is of such capacity as would permit one less (still viable) advanced to pass through at the above specified periods, premature labour ought to be induced; such as when the pelvis is regular in shape and symmetrical, yet too small from want of development; or when an exostosis has grown from some portion of it, or fixed solid tumours exist within it. It is also sometimes desirable to shorten the period of pregnancy in some diseases which threaten the life of the woman, as in some cases of albuminuria, or when violent uncontrollable vomiting exists.

If this operation be undertaken, subject to the restriction inculcated in these remarks, there can be no question as to the morality of the practice in such cases.

A very important object in medical jurisprudence is also gained by the practice of inducing premature labour at these specified periods of pregnancy. According to the English law, the descent of property is in some cases governed by the state of the infant when born. If it be living, or so far alive that the slightest vital movements could be perceived, such as a quivering of the lips, or the twinkling of the eyelids, then, under such circumstances, the husband would become entitled (by what is termed "the tenant by the courtesy of England") to the property. But if the infant be dead, then the right of inheritance passes in the line of consanguinity. A case illustrative of the above remarks occurred to Dr. Denman. (*Vide* Beck, and Dr. Paris and Fonblanque.)

Before the operation for the induction of premature labour is performed, the obstetrician should have fully acquainted himself with the relative measurements of the head of the infant and the pelvic space through which it has to pass. It is true, that there is some variation in the size of the head; but these are exceptions, and the computation must be made on the average size. (See Table, p. 313.) The development of the infant's head continues to increase during its sojourn in the uterus; and, therefore, the labour should be ended as near as possible to the time we had fixed for its completion, as there is some doubt how soon effective uterine contraction may ensue after means have been employed to induce it. It would, therefore, be most desirable to commence the operation a few days before the computed period for the fulfilment of labour; especially so when some of the measures are adopted for this purpose.

So long as the membranes are entire, and the infant is unrestricted in its movement and floating in the liquor amnii, its life is comparatively safe; but, as soon as the water is discharged, it is subject to more hazard, from the compression it must necessarily bear, and especially so if the os uteri be not dilated. If this be true in ordinary labour, it is more decidedly so when it is artificially induced. Besides, there is no other means so effectual in distending the cervix, and in dilating the os uteri, as the membranous bag filled with the liquor amnii, which acts during each pain as a powerful wedge.

If the infant should happen to lie in a bad position, and require turning, either the old operation or the internal and external manipulation (Dr. Hicks's method) could be undertaken with more ease to the practitioner, and with greater safety to the infant.

On these grounds, then, it is of the greatest importance, when labour is artificially brought on, that the membranes should, if possible, be kept entire; and, therefore, those means should be employed which are calculated to accomplish this object.

There are various measures proposed to induce premature labour, which I shall very briefly mention. Stimulant injections thrown into the rectum, and abdominal frictions, and the application of a firm bandage round the abdomen, etc., ought only to be considered as aiding others.

Secale cornutum, in repeated doses, has been prescribed; but, from its well-known poisonous effects on the infant, it ought never to be employed in these cases.

The old, and perhaps the most common method of puncturing the membranes, is certain in its effects, although some days frequently elapse before labour ensues. Although I have formerly frequently adopted this plan, yet it is objectionable, on account of depriving the infant of the protective influence of the amnion fluid, etc. To partly obviate this evil, it has been proposed to carry an instrument through the os uteri and upwards between the uterus and the membranes, before piercing them.

Dr. Hamilton passed his finger through the os and upwards between the membranes and the uterus, and then round so as to detach them; and had the utmost confidence in it. His success was great. "Of forty-six infants thus prematurely brought into the world, forty-two were born alive." Although this method is safer than the older for the infant, several days sometimes elapse before uterine contraction is excited.

The vaginal douche has the confidence of many obstetricians. It consists of a forcible and continuous stream of water, sometimes warm and some-

times cold, being directed against the os uteri, so as to wash out the mucous plug. Although this is comparatively a safe measure, it is not always certain in its effects, and is also somewhat slow in acting.

The uterine douche, or injecting water into the uterine cavity by means of a syringe and an elastic tube passed between the membranes and uterus, has the approval of some practitioners. A considerable quantity of fluid has been thrown up by some; but this is a most hazardous experiment. Others have only injected three or four ounces. The risk of separating the placenta and throwing air into the uterine vessels renders the uterine douche rather objectionable.

Mechanical dilatation of the os by expanding instruments has been recommended; but such a plan ought never to be done; it is attended with great hazard.

Sponges, prepared so as to easily pass through the os, and left to expand, are comparatively safe, and may sometimes be employed as preparative measures. Distending the vagina with sponge-plugs, or by the introduction of a bladder which is afterwards filled by a syringe with water. One formed of caoutchouc is better adapted for the purpose. These latter methods are useful, precursory to other plans.

Elastic bags of various sizes have been contrived by Dr. Barnes, which are to be distended with water when they have been passed through the os uteri. As dilators, these contrivances are both safer and more efficacious.

The attempts to dilate the os uteri should be both gentle and gradual, and made to resemble as nearly as possible the method Nature pursues in opening this part. Forcible dilatation, without preparation, is at all times most mischievous. In cases of labour in which the hand has to be introduced through the os uteri, this operation ought not to be undertaken until this part (the os) becomes dilatable. So, in the operation of the induction of premature labour, our efforts ought to be directed to attain, if possible, this state.

In December 1844, I proposed galvanism as an important means of arresting uterine hæmorrhage, and I also at the same time recommended this agency for the induction of premature labour; and my opinion still remains the same. If, however, galvanism is not used to excite uterine action *de novo* in these cases, its employment will be found most advantageous when uterine contraction does not easily or vigorously respond to the employment of some of the other measures. (*Provincial Medical and Surgical Journal*, Dec. 1844.)

Whatever plan is adopted, we should never forget what has been before said as to the necessity of having the parturient process completed as nearly as possible within the period of pregnancy fixed for its accomplishment.

Test for Coffee. There is probably no reader of the *Chemical News* who is not familiar with the test for the detection of chicory in coffee just published by M. Coulier; and I only quote it for the sake of the explanation he gives. Coffee, we all know, swims in water, while chicory sinks. The reason for this, says M. Coulier, is, that in the roasting of coffee the berry becomes distended, so to say, with carbonic acid, while in the roasting of chicory no gas is disengaged. (*Chemical News.*)

Original Communications.

CASE OF TETANUS IN AN INSANE PATIENT.

By J. Gilchrist, M.D., Medical Superintendent Crichton Royal Institution, Dumfries.

The patient was a female, aged 74, well educated, respectably connected, and in comfortable circumstances. She is stated to have been insane for a month previous to admission; but it is also recorded that peculiarities were observable for some months. She was admitted on Dec. 22nd, 1864, and died on January 13th, 1865, having thus been three weeks resident.

On admission, she laboured under a mixed form of insanity, the characteristics of which were excitement, restlessness, vigilance, and abstinence, associated with delusions of a depressing nature. From the persistence of these conditions for some time previous to admission, the patient had become considerably exhausted, so much so, indeed—considering age, etc.—as to render the prognosis decidedly unfavourable. The usual treatment in such a case was followed—rest, sedatives, nutrients, stimulants, etc. By the end of the first week she had considerably improved. In a few days more, improvement had so far progressed as to allow of her associating with her companions in the common sitting-room. The excitement had disappeared; sleep had returned; she was taking the full ordinary diet, with the addition of beef-tea, milk, and wine daily. Her appearance had greatly improved. The only indication of her unsound condition remaining, being a tendency to revert to her delusions when left alone.

On January 3rd—the twelfth day after admission—her appearance struck me as unsatisfactory, and she was ordered to bed. It was then discovered that the right foot was swollen, and the cause was ascertained to be gangrene of the great toe. A corn which had existed on the first joint of the little toe was also in a state of slough. This had been previously noticed by the attendant, who thought it of no importance.

The patient was now kept in bed. Poultices, etc., were applied, and nutrients and stimulants increased. For the next nine days, she was in every respect satisfactory, with two exceptions. She was sleeping well, feeling comfortable, taking food abundantly, and expressing herself rationally. The two exceptions were—the entire absence of reactive inflammation round the margin of the slough, and an unsatisfactory condition of the pulse, which, during the whole period of improvement, was slightly accelerated, and had a peculiar thrill.

On January 12th, the attendant went to give the patient her supper at 10 P.M., when she complained that she was unable to open her jaws. I was immediately sent for; but the spasm had considerably relaxed on my arrival. The nature of the disease; its probable cause; the condition of the toe; and the unsatisfactory state of the patient, were immediately appreciated; and, of course, an unfavourable result was anticipated. Attacks followed at 3, 8, and 10 A.M., at 12 noon, and at 1 P.M. The last terminated in death.

The spasms, excepting the two last, were not severe, and involved only the muscles of the neck, and latterly those of the chest.

Pain was never complained of, except in the jaws and neck during the spasms, and especially in the left side, immediately under the mamma. The sternal pain, so often noticed in this disease, did not exist.

The circulation was not much impeded, except during the two last paroxysms. The patient, however, evidently died asphyxiated, as the heart's action was vigorous only a few minutes before death.

The only treatment adopted was the administration of enemata and stimulants. The results of an enema proved the evacuations to be normal; and, from the rapid progress of the case, stimulants could not be administered to any extent.

The cause of the gangrene is still an undecided point; that is, whether it was the ordinary gangræna senilis, or specially induced by the exhausted condition of the patient, or by exposure during the night when excited and sleepless. Her age points to the first as the probable cause. The slough was confined to the lower surfaces and about one-half of the inner side of the toe. It was dry in its character, and might possibly have been unobserved by the attendant.

It is, at the same time, however, to be kept in view that, especially during the first week of the patient's residence, she was restless, and occasionally out of bed, although the night-book does not show this to any great extent, and the night-watch had special instructions to visit her hourly. It remains a question, therefore, whether such exposure, if it existed, was the cause, as is often asserted, of this formidable though happily rare disease.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.

[*Continued from page* 247.]

Skin-Diseases.

1. *Eczema.* Among the affections of the skin which have presented to our notice in the last two years, eczema has very greatly preponderated in point of frequency. It has obtained largely among infants, and in the adult it has shown itself chiefly in the acute and chronic varieties of eczema simplex, eczema rubrum, and eczema impetiginodes. Many of the cases have been exceedingly obstinate, and the majority have been intimately associated with irritation of the gastric mucous membrane.

In the treatment of eczema as it has obtained among our patients, three chief indications have appeared to me to be essentially necessary to be observed in its management.

a. In reference to *Diet*, the mildest food, limited to broth, with vegetables, fish, and farinaceous articles, should only be allowed at first. Without this precaution, the stomach has invariably become the painful seat of severe irritative dyspepsia or chronic gastritis, so soon as the eruption has been checked by local treatment. On no account must malt liquor be allowed; but, if a stimulant be needed, claret or sherry and water may be taken.

b. Medicines. I have found no combinations answer so well as the citrate and chlorate of potash mixture, with the aromatic spirit of ammonia. In chronic and anæmic cases, the liquor potassæ arsenitis may be advantageously added to this mixture; but in the forms of eczema, as it obtains in this locality, I have not found that arsenical preparations, as a rule, afford the benefit, or, indeed, that they can be borne in the general manner in which their adoption is so strongly advised by many writers upon skin-diseases.

Cod-liver oil is a valuable tonic in chronic eczema; and, if a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, should be had recourse to.

c. Topical Treatment. Eczema is one of the diseases of the skin in which local applications act much more favourably when used in conjunction with the constitutional treatment recommended above.

If the form of the eruption be acute, the mildest and most soothing applications should be at first selected. Of these, I have found none better than simple warm water, applied by means of a rag, and covered with oiled silk. If this fail, a weak solution of the acetate of lead, with glycerine, will often prove of great comfort and advantage.

If the skin be dry, and the eruption assume a more chronic form, I have often found the best result from the application, night and morning, of ointment of ammoniated mercury. Again, if this fail, the zinc ointment, or the ointment of iodide of sulphur, should be tried. A solution of the nitrate of silver, in the proportion of five to ten grains to the ounce of distilled water, will sometimes effect a speedy cure, after the failure of all the above preparations.

As already stated, however, eczema is often a very troublesome complaint; and the frequent change of local treatment, with the possession of an extensive and varied formula for its relief, will be found to be of the greatest assistance in its successful management.

2. *Psoriasis and Lepra.* I have coupled the notice of these two forms of squamous skin-affections together, inasmuch as the treatment for each is similar; and the consideration of them as modifications of one and the same disease is a view still held by very many. There is, however, a specific diagnosis given in books; viz., that in lepra the patches are circular, and depressed in the centre, with elevated margins; while in psoriasis the eruption is irregular in form, and without the central depression. Next to eczema, these squamous forms of disease have occurred most frequently; and I, therefore, consider them in succession, irrespective of the order and classification in which they are generally arranged.

In the treatment of psoriasis or lepra, an unstimulating but moderately nutritious diet will be the best, scrupulously forbidding malt liquor in any shape. In reference to constitutional treatment, arsenic is the sheet-anchor; and, if the stomach be irritable and disordered, this medicine may be advantageously combined with an alkali. It should be administered half an hour after the three principal meals. If there be coexisting anæmia, with debility, the addition of the iron wine will be useful.

I have not seen benefit from dulcamara; but it forms a good vehicle for large doses of the liquor potassæ, if the arsenical preparations be not well borne.

In some obstinate forms of local psoriasis, mercury, carried to the extent of slight ptyalism, has cured the disease; and this in cases of females, in which no syphilitic taint could be detected.

In reference to local treatment, it will be well to commence, when practicable, with a few simple or alkaline warm baths. After this, I have seen no formula act so well, on the whole, as the following, and which I first saw used by my late colleague, Dr. Beck.

℞ Picis liquidæ, sulphuris, axungiæ, āā partes æquales.

This is to be kept uninterruptedly applied to the parts affected for a week, and in severe and obstinate cases for a fortnight at a time, without being washed off. The patient, if within a hospital, should remain in bed during the application.

At the end of a week or fortnight, the skin should be thoroughly cleansed by means of a warm bath; and, if necessary, the same treatment resumed for another fortnight. As a rule, two or three applications, conducted in this manner, will generally cure

the disease. The arsenic mixture should, of course, be given at the same time.

If this remedy fail, the iodide of sulphur, or white precipitate ointments, may be tried; or, if the disease be limited in extent, repeated blistering will sometimes cure an inveterate patch.

3. *Prurigo.* This eruption has been very troublesome in two or three cases. The varieties in which it has exhibited the greatest obstinacy have been the prurigo senilis in both sexes, and prurigo pudendi in the female.

In the milder forms of the affection, a light unstimulating diet, with simple or alkaline warm baths, and the steady use of saline purgatives, will often suffice to cure the disease.

To allay the itching, the affected parts should be sponged with vinegar twice a day, which must be allowed to dry on. If this fail, the dilute solution of subacetate of lead, with glycerine, may be used; and, if the disease still resist, the ointment of ammoniated mercury or ointment of nitrate of mercury may be smeared upon the part night and morning.

In the severe forms above mentioned, our best endeavours will be sometimes baffled for a considerable time. In these cases, I have found the preparations of arsenic and cod-liver oil, with small doses of the bichloride of mercury at night, decidedly useful. The latter preparation, used as a lotion, in the proportion of one or two grains to the ounce of equal parts of glycerine and water, will sometimes allay the intolerable itching.

The late Dr. Craigie recommended a strong ointment of the sulphuret of potassium in this and in some other chronic skin-affections attended with much itching.

4. *Urticaria.* This affection is in general of so mild a character, and so easily managed by constitutional treatment alone, that I should scarcely have made a note upon it, had not two severe cases presented themselves. Both of these were benefited in a very marked manner by venesection; and the recovery was speedy and complete.

5. *Herpes.* The only forms of this eruption which have presented among our out-patients have been herpes phlyctenodes, herpes labialis, and herpes zoster. All recovered quickly under a cooling diet and regimen, with salines and mild aperients.

Herpes zoster, when it occurs in elderly persons, sometimes gives rise to much alarm and distress, particularly if it leave behind it the severe neuralgic pains which often attend the disappearance of this form of the disease in those advanced in years. The best remedy for this latter complication is, I believe, quinine in full doses, and the local application of a *very* strong solution of opium, to which, if necessary, chloroform may be added.

6. *Erythema.* This affection, in the form of erythema nodosum, is a very common result of the debility and exhaustion under which out-patients so frequently labour. When it occurs, however, as it sometimes does, as a consequence of rheumatic cardiac disease, it must be regarded as an unfavourable complication; and a very guarded prognosis in these cases should be given. No remedy cures this disorder so rapidly as quinine, provided that the stomach be in a state to assimilate it. When the spots are very painful, the legs should be rested in the horizontal posture, and the swelling kept moist by linen soaked in warm water, and covered with oiled silk. If the patient cannot rest, painting the erythematous patch daily with the tincture of the sesquichloride of iron may be adopted with advantage.

7. *Impetigo.* We have had examples both of impetigo figurata and of impetigo sparsa in the past two years.

The disease may be very severe in its acute form, and very obstinate and unmanageable in its chronic condition. When it occurs as an acute affection in an adult not weakened by previous illness, I should have no hesitation in advising venesection; and its adoption will, I think, be attended with decided benefit. In addition to this, the steady use of saline purgatives, with a mixture of the citrate and nitrate of potash, with small doses of the tincture of colchicum, will be useful. Externally, poultices or warm bran fomentations, and warm baths, with rest, will be proper.

The diet, as in most skin-diseases, must be mild and unstimulating; and wine or beer, as a rule, prohibited. If either be necessary, the former should alone be allowed.

If the disease occur on the scalp, it will be useless to attempt to cure it without having the hair previously cut quite close, and the scalp well poulticed to remove incrustations.

In the more chronic forms of the complaint, liquor potassæ, in full doses (twenty minims to one drachm three times a day, freely diluted), may be given; or, if this fail, arsenic will be the proper remedy. After removing the crusts by poulticing, the ointment of oxide of zinc or of subacetate of lead, used separately or in combination, will sometimes effect a cure.

As a rule, I believe that a better result will be seen to follow the persevering use of soothing measures applied locally, in conjunction with constitutional treatment, than by resorting too early to a more stimulating and exciting method of cure.

8. *Acne.* Two chronic cases of the indurated form of this affection have presented for relief.

Attention to the digestive organs, with the compound rhubarb pill at bed-time, and iodide of sulphur ointment smeared upon the face at night, acted very beneficially.

In some cases, a spirit lotion, with the addition of two grains of the bichloride of mercury to each ounce, will have a good effect.

Change of air, and the adopting of a different mode of living, will sometimes succeed in removing the eruption after the failure of a variety of local applications.

9. *Rupia.* Only one well marked example of rupia prominens has shewn itself among the out-patients in the two years.

The treatment consisted of a persevering use of poultices, and an alkaline mixture, with the liquor potassæ arsenitis internally. Under this plan, the case, which was a rather severe one, from the number and succession of the blebs and oyster-shell scabs, recovered satisfactorily.

10. *Alopecia, or Tinea Decalvans.* This parasitic affection is not an uncommon out-patient's malady. We have had it present both in children and in adults.

The patches from which the hair has fallen are generally circular or oval in shape and vary in size. In the case of an adult who some years ago came under my notice, the disease had entirely removed the hair from the scalp, eyebrows, pubes, and axillæ.

I have seen the iodide of sulphur ointment cure the disease; or, in the event of this failing, creasote ointment, or either of the following lotions, may be tried; the object being, of course, to destroy the parasite.

℞ Sodæ hyposulphitis ℥ij; acidi acetici ℥j; aq. rosæ ℥vij. M. Or

℞ Hydrargyri bichloridi gr. xij; tincturæ cantharidis ℥j; aquæ rosæ ℥v. M.

The denuded patches must be well sponged with these lotions night and morning. Painting the spots

with the acetum cantharidis may be necessary in intractable cases.

11. *Syphilitic Eruptions.* Cutaneous eruptions originating from this specific cause are very rife among the class of out-patients who frequent our hospitals. Almost every variety of skin-disease is represented under these circumstances. The majority, however, as a rule, yield readily to the combined exhibition of mild mercurials, with the iodide of potassium.

I have generally found small doses of the bichloride of mercury, given night and morning, to be the best form for its administration; and it is generally admitted that the iodide of potassium acts more certainly when given with this medicine than when a course of each remedy is prescribed separately.

An important point for consideration is the formation of a correct diagnosis; and, in addition to the colour of the eruption, we shall often find useful diagnostic auxiliaries in the condition of the fauces and the periosteal covering of the tibiæ.

In some questionable cases, an experimental trial of the above medicines will serve to clear up the doubt.

[*To be continued.*]

Reviews and Notices.

A Treatise on Military Surgery and Hygiene. By Frank Hastings Hamilton, M.D., late Lieutenant-Colonel, Medical Inspector U.S.A.; Professor of Military Surgery and Hygiene, and of Fractures and Dislocations, in Bellevue Medical College; etc. Illustrated with 127 Engravings. Pp. 648. New York, London, etc.: 1865.

This book has grown out of a small treatise which Dr. Hamilton published at the commencement of the present war, for the guidance of those who were for the first time acting as army surgeons. The large stores of military surgical experience which have since accumulated are not yet entirely at the disposal of the profession; but sufficient information has been derived by the author from the communications in the medical journals, and from several friends, to enable him to bring forth a new work, and to discuss fully numerous questions of interest.

In the first or introductory chapter, Dr. Hamilton expresses very clearly the affinities and the differences of military and civil practice. "Military and naval surgery" (he says) "is not a new and distinct science; but only the science of medicine in its largest sense, with a special application." The principles are the same; their fundamental laws are nearly identical, but they differ occasionally in their subordinate rules, in the means used to obtain the same ends, and especially in the relative frequency of certain accidents and diseases. Having illustrated these points of difference, the author refers to the necessary acquirements of the military surgeon, and remarks on the manner in which the science of military medicine has advanced commensurately with the science of warfare. We find also some practical remarks on the means of conveying wounded soldiers from the field adopted in various countries, and an account of the system followed in the Federal army.

"The value of medical services to an army" (Dr. Hamilton truly says) "in a strategic, economical, and humane point of view, is indisputable." But, a few pages further on, we find evidence that this principle has not been thoroughly recognised in America, any more than in this country. On this point the author has some remarks, which are peculiarly interesting at the present moment.

By an Act of Congress dated February 11, 1847, it was declared that

"The rank of officers of the Medical Department of the Army shall be arranged upon the same basis which at present determines the amount of their pay and emoluments: provided, that medical officers shall not, in virtue of such rank, be entitled to command in the line or other staff departments of the army."

The object of this was to raise the medical officers from a position of subordination in which they had been liable to annoyances and even to insults from inferior officers, "and to secure for them those courtesies and that respect which they had a right to claim." But, although the great body of the army and navy officers have, according to Dr. Hamilton, recognised the obligations of the Act of Congress, some have persistently refused to do so, and "have habitually and openly violated both its spirit and its letter."

The American army surgeon, like the British, is told, as a reason for depriving him of his proper privileges, that he is a non-combatant, "and that to combatants alone, upon whom rest the hazards and responsibilities of war, rightly belong its honours." Dr. Hamilton very justly utterly denies the correctness of this argument, and demonstrates the absurdity of the notion prevalent in some quarters that, while the officers of the subsistence department are to be treated as combatants, the surgeons are non-combatants.

"If exposure to hardship and danger is to be the ground upon which rank is to be conceded to officers of the army or of the navy, we think the claims of the medical officers may be easily determined. The medical officers are exposed to the same hardships on the march or in cantonments as the officers of the line; and while the latter have to incur the hazards of battle only occasionally, perhaps but once during a campaign, the former may be said to be doing battle daily, being constantly subjected to the dangers of pestilence by their exposure to the contagions and infections of crowded and unwholesome hospitals. We have not the statistics before us upon which to base a positive statement; but we entertain little doubt that, were the facts known, it would be found that, in proportion to the number employed in any campaign, the number of deaths or of invalided in the medical staff, by the ordinary casualties and exposures of the service, is greater than in any other department.

"But, as compared with the quartermaster or subsistence officers, the hazards of the medical officers are undeniably greater. The services of the first are never required upon the field; whilst the surgeons are expected to accompany their respective regiments until the action commences—and then only to retire to some position of comparative, but not absolute, safety. The instances upon record in which medical officers have been wounded and killed upon the field of battle, when in discharge of their appropriate duties, are numerous." (Pp. 30-1.)

Dr. Hamilton brings forward several illustrations of this fact. The first is a remarkable one related by Dr. Tripler. "In the brilliant campaign of General Scott in Mexico, *the medical staff was the*

only one that had an officer killed or wounded." The author also refers to the case of Assistant-Surgeon O'Leary, killed at the siege of Sebastopol; to the dangers to which the illustrious Larrey was exposed in the field of battle; to the instances of heroism and self-devotion shown by medical men in times of disease and danger; and says:

"We challenge any man to-day to point us to an educated physician who has fled at the approach of pestilence, or who has hesitated to enter the trenches, or to face the batteries, if required to do so in the performance of his legitimate duties. Even when the strict letter of his instructions forbade his exposure, the medical officer has seldom been backward to accept any duty which the exigency seemed to impose upon him." (P. 34.)

Thus, in 1847, fell in battle a pupil of Dr. Hamilton, Assistant-Surgeon G. W. Roberts, while leading a column after all the officers of the line competent to command it had fallen; and, during the present war, besides the cases in which the surgeons of the Federal army have yielded themselves into the hands of the enemy when they believed that the condition of the sick and wounded soldiers demanded their care, and while some of them have subsequently been confined in prisons, and have died, or have returned broken down in health, examples have not been wanting—we may say they are numerous—in which army surgeons have been wounded and killed on the battle-field in the performance of their appropriate duties. Dr. Hamilton gives, at pages 35 and 639, a list of seventeen such cases. Here are some of the notes appended to the names. "Received a wound at the battle of Gettysburg, on account of which he has been discharged from the service"; "Discharged on account of wounds received at the battle of Chancellorsville"; "Severely wounded in the leg"; "Wounded by fragments of shells"; "Severely wounded in the back"; "Received a ball in his leg"; "Wounded by a ball which passed through the popliteal space"; "Shot through the abdomen and subsequently died"; "Shot through the head and killed instantly"; "Killed by a sharpshooter while riding along the skirmish line in company with the general"; "Killed in a night attack made by the enemy"; "Killed at the battle of Shiloh"; etc. In each case, the name of the officer, his regiment, and the circumstances in which he was wounded or killed, are given.

As a fitting comment on such cases, in their bearing on the question whether army medical officers are combatants or not, Dr. Hamilton quotes the words of Lord Dalhousie, in a memoir upon the medical service appended to the Report of the Parliamentary Committee. While the American army surgeons, on the one hand, thus bring forward a British authority to support their claims, our army surgeons will no less find material in support of their just demands in the facts placed on record by Dr. Hamilton.

The question whether the so-called non-combatant officers are entitled to be members of courts-martial has been agitated in America; and, in the navy, it appears, that the right has been conceded—but not in the army. An order issued by the Secretary of the Navy in 1861 was as follows.

"Whenever any officer of the corps of surgeons, paymasters, or engineers, is arraigned for trial before a Court of Inquiry or Court-Martial, the Court shall consist in part of officers of the corps to which the accused belongs."

Why, Dr. Hamilton asks, should not a similar rule be applied to the army?

As to relative rank, the following is the present position of army medical officers in America, as established by Act of Congress. The Surgeon-General is a Brigadier-General; the Assistant-Surgeon-General is Colonel; the Medical Inspector-General is also Colonel; and the sixteen Medical Inspectors are Lieutenant-Colonels. With these exceptions, no other medical officers, not even the Medical Inspectors of Departments, have higher rank than that of Major; although, in 1862, commissaries, quartermasters, etc., serving on the staffs of corps commanders, were made Lieutenant-Colonels. In America, as in some other foreign countries, the medical officer is entitled to append to his name his relative rank.

Dr. Hamilton, after referring to the circumstances already mentioned, and to the fact that "in the medical staff there is no such thing as promotion for good conduct or for the performance of signal services", and saying that even *brevet* has been denied, though often recommended, asks on what test of respectability or of social, moral, or intellectual standing, these and other invidious distinctions are made? He asserts, and we have no doubt truly, that the medical officers of the army are at least the equals of the officers of the same rank in other departments. As to the volunteer surgeons of the Federal service, he makes out a still stronger case in their favour; for he points out that "they are the only commissioned officers in the volunteer army who have had any previous education or training to the peculiar and respective duties which they have been called upon to perform."

The question as to the amount of *authority* which should be vested in army medical officers is also noticed by Dr. Hamilton; and from him we learn that the same objection is urged in America as has been urged here. It is alleged "that to divide or distribute authority is to destroy the unity and power of the army, and that it is essentially destructive of all military discipline." But, says Dr. Tripler, an authority of some eminence among American army surgeons, the engineers cannot command out of their corps, but they are not subject to the orders of their juniors in the line; and the result of this is, that this corps, the only one which has an analogy with the medical as to scientific acquirement, special function, peculiar administration, and claims to independent action, is one of which the superior is not to be found.

"We conclude, then" (says Dr. Hamilton) "that to the medical officers ought to be intrusted the complete control of the medical department, because upon the preservation of the health of the troops depends, in a great measure, the success of every expedition, because no others than medical men are, by their education and habits, qualified to perform this duty; because no one else is competent to decide upon the proper location of a hospital, its construction, ventilation, or general arrangement; no one else can determine what is necessary for the sick in the way of diet, clothing, medicine, etc.; no one else knows when rooms are over-crowded and in danger of becoming pestilential, or when patients can be removed with safety. In short, because officers of

the executive department, from the entirely distinct nature of their pursuits, whatever they may believe to the contrary, do actually know as little of hygiene, medicine, and surgery, as they do of engineering. Because, moreover, medical men are supposed to be qualified, they are appointed for the express purpose; and because, without authority, they are unable to carry out their own views, and it is impossible, therefore, that the public service can receive the full benefit of their ability." (Pp. 41-2.)

We have thus dwelt at some length on Dr. Hamilton's remarks on the status of the army surgeon, on account of the interest with which this subject has been and still is regarded in this country; and we have shown from his book how in America the same just demands are made as among ourselves. Assuring him, as we believe we may, that he has the hearty approbation and warm sympathies of the profession in Great Britain, in his endeavours to establish and defend the privileges of the American army medical officers, we must now quit this subject, and proceed to other matters.

The subjects of the remaining chapters of the books are the following: 2. Examination of Recruits; 3. General Hygiene of Troops; 4. Bivouac, the Accommodation of Troops in Tents, Barracks, Billets, Huts, etc.; 5. Hospitals; 6. Preparations for the Field; 7. Hygienic Management of Troops upon the March; 8. Conveyance of Sick and Wounded Soldiers; 9. Gunshot Wounds; 10-12. Gunshot Wounds of the the Head, Face, and Neck, and Thorax; 13. Punctured and Incised Wounds of the Thorax; 14. Gunshot Wounds of the Abdomen; 15. Punctured and Incised Wounds of the Abdomen; 16. Gunshot Wounds of the Male Organs of Generation; 17. Gunshot Fractures; 18. Amputations; 19. Exsections; 20. Arrow-wounds; 21. Traumatic Gangrene; 22. Hospital Gangrene; 23. Dry Gangrene; 24. Tetanus; 25. Scorbutics; 26. The Employment of Anæsthetics in Major Amputations and in other Severe Surgical Operations after Gunshot Injuries. There is also an Appendix on several interesting matters.

This list is a comprehensive one, including not only the consideration of subjects directly medical, but also those having a bearing on the preservation of health. *Primâ facie*, therefore, Dr. Hamilton has made his book a very complete one. We will notice his opinions on a few points.

Food. In the section on Food in the second chapter, the author expresses a strong opinion against the use of alcoholic drinks in the army, as being unnecessary and injurious. As to food, the supply authorised for the use of the Federal army has been very liberal; but "it is nevertheless true that our soldiers have not always been well fed, even when campaigning in those parts of the country which have abounded with vegetables, grain, and animals suitable for food." As a result of this, and especially of the deficiency of fresh vegetables, scurvy has prevailed to a great extent; so much so, that the author believes that 20,000 men might have been saved to General McClellan's army in one campaign if the men had been furnished with a reasonable amount of fresh vegetables. He attributes the defective supply to want of knowledge on the part both of the commanding officers of regiments and of their subordinates, who do not understand that the prolonged deprivation of vegetables most seriously impairs the health of the men. He also refers to some curious instances of mismanagement as causes of the non-supply of vegetables. In the army of the Cumberland, the officers *believed* that the soldiers had received a full supply of vegetables, whereas they had had but three full rations in twelve months.

"The explanation of this extraordinary fact is, that during nearly all this time fresh potatoes, and occasionally other vegetables, were received and issued; but of one hundred barrels issued by the Chief Commissary, at least twenty-five went to the staff officers' families and servants at head-quarters, and to the post, including often citizens and hospitals; of the seventy-five remaining for distribution to the Corps Commissaries, twenty-five were barrels disappeared again with the officers and their families; a third distribution to the Division Commissaries blotted out another twenty-five barrels, and a fourth to the Brigade Commissaries disposed of the remainder in a like manner, so that the Regimental Commissary had none; and it is here that the inquiry must always be made, or with the soldier himself, if an inspector desires to know how the troops are fed." (Pp. 82-3.)

This state of things was, however, remedied on the representation of the medical officers. A proper supply of good vegetables was sent and distributed; in consequence, the cases of scurvy diminished, and wounds received in battle healed kindly and were followed by fewer accidents than before.

Hospitals. In the construction of hospitals, Dr. Hamilton prefers the radiate form, as being most capable of free ventilation and convenient of administration. He is also convinced that all hospitals ought to be "one-story buildings, elevated three or four feet from the ground."

Arrow-wounds form rather an unusual subject for a surgical treatise; but the propriety of introducing some remarks on the subject in a book intended for those engaged in American warfare will be apparent. Dr. Hamilton has derived the principal part of his information on this subject from an instructive paper published in 1862 in the *American Journal of the Medical Sciences*, by Assistant-Surgeon J. H. Bill. The reader will find a description of the arrows used by the American Indians, the kind of wounds which they produce, and the means of removing them. This process is not always easy; for when the head is entirely buried, an attempt to pull it out by dragging by the shaft is apt to result only in leaving the head alone in the wound; sometimes the point of the arrow is lodged in a bone, even so strongly as to require much force, applied by tooth-forceps or by some such means, for removal; while, in other cases, again, the head of the arrow on striking a bone may bend, and pass partially round the bone between it and the periosteum.

Hospital Gangrene. The chapter on this subject is written by Dr. F. H. Hamilton, jun. The disease has been very prevalent in the hospitals of the Federal army. In the treatment, the author recommends the removal to a distance, or still better the destruction by burning, of all lint, bandages, and other dressings, taken from a suppurating surface. The general treatment should be sustaining; consisting in general of wine, porter, and other stimulants, together with iron, quinine, and beef-tea. As a local remedy, Dr. Hamilton, jun., gives the preference to bromine. He says:

"We are indebted to Dr. M. Goldsmith, Surg.

U.S.V., for the introduction of this valuable agent. In order to obtain the full and complete effects of bromine, it should be applied carefully and thoroughly. The following practical hints, suggested by Dr. Goldsmith, most of which have been confirmed by my own experience, should be observed in the application of this agent. 1. If the operation promises to be a painful and tedious one, Dr. Goldsmith advises that the patient be rendered insensible by the use of an anæsthetic. This I consider of doubtful propriety, inasmuch as I regard the depressing influence of chloroform as a predisposing cause of the disease. 2. The wound, having been carefully cleansed by thorough sponging with warm water and soap, should be freed from all dead and gangrenous tissue by means of a scalpel or scissors, aided by the forceps. The healthy tissue should be denuded as far as possible. 3. The surface to be treated should now be thoroughly freed from moisture. This is most readily done with a swab of lint on the end of a probe, with which the surface is carefully dried. Do not omit to penetrate the pouches and recesses. 4. If the pure bromine be used, a small glass pipette should be introduced into the bottle containing the liquid, and then, being carried to the surface to be cauterised, thoroughly applied to every part. Cavities may be reached by means of small portions of lint dipped in the bromine, and then carried by means of an eyed probe, or a pair of forceps, into the desired positions. 5. It is frequently beneficial to paint the surrounding tissues to the extent of an inch, perhaps, with a solution of the bromine; using a drachm of the bromine in four ounces of water. 6. Immediately after the application of the bromine an emollient poultice should be applied. This tends to allay any undue irritation, and favours the speedy evolution of the slough. There are three different preparations of bromine which have been employed. Dr. Goldsmith first employed a solution of the bromide of potassium and bromine, or the compound solution. After using this for some time, he at length resorted to the pure brominium, and very soon arrived at the conclusion that this was the only form in which it should be used. I have used both the compound solution and the pure bromine, and do not hesitate to express my preference for the latter article. I have also used a dilute solution of the pure bromine, in the proportion of a drachm to eight ounces of water, with great benefit, as a disinfectant and prophylactic dressing to be applied to unhealthy-looking wounds. After having carefully applied bromine to a case of gangrene, we find that the part smells perfectly sweet and clean. If there is any trace of the odour remaining, we may be sure that our application has not been thorough. The fumes of bromine, given off as a dense red vapour when a bottle of this liquid is unstoppered, furnish us with an invaluable diffusible deodoriser in wards where the emanations of a large number of suppurating wounds render the atmosphere fœtid." (Pp. 577-8.)

Permanganate of potass is also, says Dr. Hamilton, jun., scarcely inferior. Maunsell's solution of persulphate of iron is also very useful; and Dr. Hachenberg of the Federal army has recommended the use of spirits of turpentine. The author gives a statement of some observations made on the comparative effects of nitric acid and bromine. Of eighteen cases treated with nitric acid, the average duration was sixteen days; while of fourteen treated with bromine, the average duration was only 6.64 days.

Anæsthetics in Military Surgery. Dr. Hamilton arrives at the following conclusions on this subject.

"Anæsthetics are of inestimable value in their efforts as remedial agents; in their power to extinguish sensibility temporarily, especially during the performance of certain painful surgical operations; in the control which they exercise over muscular action, thus facilitating the reduction of dislocations; and in very many other ways. Anæsthetics, however, induce certain effects upon the system which tend to prevent union by the first intention; and consequently they must be regarded as, indirectly, causes of suppuration, pyæmia, secondary hæmorrhage, erysipelas, and hospital gangrene. Ether ought generally to be preferred to chloroform, as being less liable to destroy life immediately; but no anæsthetic ought to be employed when the system is greatly prostrated by disease, or by the shock of a recent injury or by loss of blood, unless the patient exhibits an unconquerable dread of the operation, or the operation is likely to prove exceedingly painful." (Pp. 621-2.)

Dr. Hamilton has evidently not a very favourable opinion of anæsthetics; but his views, the long experience on which they are founded, and his temperate manner of expressing them, are worthy of consideration, even though other surgical experience may not confirm him.

This work of Dr. Hamilton is one of great merit, and in our opinion admirably calculated to fulfil its purpose—that of a guide to the American army surgeon. It is written in an easy, clear, and instructive style; and contains a great deal of sound judicious instruction. As has already been shewn, Dr. Hamilton has not yet had at his disposal all the stores of information in military surgery that have been accumulating in America during the last four years; but he has made very good use of what he has been able to collect. If, when the war shall have terminated, such men as Dr. Hamilton are entrusted with the task of utilising the medical reports of the army, military surgeons may hope for a most valuable addition to the literature of their science.

On the Inhalation of Gases and Medicated Vapours. By W. Abbotts Smith, M.D. London: 1865.

The contents of this pamphlet were originally published in the *Medical Mirror*. In it the author gives an historical summary of the subject; and tells of the principal uses of inhalation.

On Primary Cancer of the Brain. By G. M. Bacon, M.D. London: 1865.

In this pamphlet, Dr. Bacon gives an account of his investigations into London hospital records to determine the frequency of the occurrence of cancer in the brain. He gives the details of twenty-one cases of the disease. The pamphlet contains a very useful summary—not elsewhere to be found—of the history of this disease, as exemplified by the cases detailed.

St. Mary's Hospital. The Prince of Wales has kindly promised to lay the first stone of the new building which the governors have decided to add to St. Mary's Hospital, in order to meet the increasing wants of the neighbourhood. The Prince will perform the ceremony after his return from Dublin. The foundation-stone of St. Mary's Hospital was laid by the late Prince Consert, in 1841.

Progress of Medical Science.

MEDICINE.

Hot Water as a Remedy for Profuse Perspiration. Dr. Druitt calls the attention of the profession to "the use of hot water as a remedy for profuse perspiration." The water must be applied as hot as the patient can bear it and be continued until the parts heated are "hot, red, and tingling with heat." If *cold* water be used, the part remains cool for some time and then becomes gradually warm or glowing; if *tepid*, it is usually made unpleasantly chilly and flabby; if *warm*, it is left perspiring; if *hot*, it is left hot, red, and dry. The cases in which he has recommended it with benefit are—first, those of general tendency to perspire to a distressing degree in hot weather, the patient being in good health. The next class of cases are those in which, with or without tendency to perspire over the body generally, but most probably without, there is a tendency to distressing perspiration of some particular part; as the axillæ, hands, feet, etc. Thirdly, there are the cases of true hectic; diurnal shiverings, followed by heat, and drenching perspiration of an earthy, sickly odour, and depending (as we suppose) on absorption of decaying pus from some internal organ, probably lung, etc. But there is a fourth variety—the ordinary night sweat of the phthisical, not preceded by regular hectic paroxysm, but induced by all that relaxes, lessened by all that strengthens, and coming on when the patient falls asleep. For many of these cases the hot water gives relief, to a certain extent, especially if the perspiration begin, as it often does, on one special part of the body by preference, as the chest, hands, or feet. Whoever uses it must recollect that it is not *warm*, but *hot* water, just below scalding point, that is to be employed. (*Medical Times and Gazette.*)

Hypodermic Medication. Under this title Dr. McGugin of the University of Iowa gives some interesting cases of the effects of subcutaneous injection of morphia. His list, he says, embraces but a few of all the cases, in all of which the results were nearly as prompt and efficient. 1. In the summer of 1862, a soldier was admitted into hospital who had been wounded in the foot by a rifle-ball. The wound was still discharging, and in a few days several small spiculæ were removed. The wound healed, and he was able to walk with trifling difficulty. In jumping, however, one day, he again injured his foot, which inflamed so much as to confine him to his ward and bed. Trismus appeared during the third night, and by morning the jaws were so tightly closed that speech and deglutition were impossible, and the respiration very laborious. The index finger of the right hand was contracted, and there was some disposition to opisthotonos. Chloroform by inhalation, and endermically applied along the spine, with enemata of tincture of opium, had been the treatment. Very soon afterwards Dr. McGugin saw him. A free incision into the old wound was followed by a discharge of pus, but with no apparent relief. By a small glass syringe, one-third of a grain of acetate of morphia in one drachm of distilled water was injected into the cellular tissue of the arm opposite the insertion of the deltoid muscle. In about half an hour there was some relaxation of the muscles of the jaws. Water was introduced, and a little swallowed with a painful effort. At the expiration of an hour more he swallowed with less difficulty; and in half an hour more, making two hours from the first injection, as he did not seem to improve further, the same amount was injected into the other arm at the same point. In an hour from this second injection he slept soundly, and the respiration was much less difficult. This condition was maintained during the night. He was roused with some effort in the morning when he asked for water, which was the first word he uttered since the trismus was observed. There was some effort and also some pain in swallowing the water, nor could he turn his head to either side. He soon sank to sleep again, and slept as profoundly as before. He continued to sleep, at intervals, for two days, when the trismus had entirely disappeared, and the flexors of the index finger were relaxed. In a few days a spicula of bone was removed, after which the wound healed permanently. 2. In a case of delirium tremens in an habitual drunkard—a soldier, opiates given by the mouth failed to procure sleep. The hypodermic injection of one-third of a grain of acetate of morphia procured sleep; and a speedy recovery followed. 3. In the case of another soldier who was delirious, and in which nothing could be given, either by the mouth or by injection, which would have any effect in mitigating the symptoms, the hypodermic injection of morphia into the cellular tissue calmed the delirium in less than half an hour, and quiet repose followed. 4. A soldier whose vital power had been much expended by severe duty in the field, and an attack of camp-diarrhœa, was seized, since admission, with pneumonia, and sank rapidly. Two days before his death he was wild and frantic, requiring two, and often three nurses to confine him to his bed. His screams were loud, and he was resolutely determined not to take any medicine, nor would he swallow water or any other fluid. Acetate of morphia was injected in the dose of one-fourth of a grain; and in less than an hour he was fully conscious, and continued so until his death, which was easy and tranquil. 5. A washerwoman, aged 45, employed in the hospital, had eaten of fruit too freely, and was attacked with spasms of the diaphragm, stomach, and bowels. The gastric irritation was so great that small portions of morphia placed upon the tongue promptly induced emesis, and were thrown off as fast as given. The injection of acetate of morphia into the tissues of the arm was followed by relief in ten minutes; and in twenty minutes she was asleep, and arose next morning declaring herself "weak, but well." 6. A lady in this city had for some years been subject to frequent and severe attacks of facial neuralgia. Quinia and morphia and all other appropriate remedies had been resorted to, beside a *quantum sufficit* of potent nostrums, all of which were alike unsuccessful. The paroxysms returned every two weeks, and were more and more severe. Having been sent for in one of her alarming attacks, and finding that reason was suspended, Dr. McGugin at once introduced into the arm the salt of morphia; and in less than half an hour she was entirely relieved of her agonising sufferings, soon was asleep, and has not had a paroxysm since then, which was in May last. 7. Another lady of delicate frame suffered much after her confinement three months previously with sciatica. Hypodermic injection of acetate of morphia on the lower spine, repeated three times, relieved the pain, and she gradually recovered. After each operation she was entirely relieved, and remained so during a week, when the pain would return again, but not so severely, and finally it disappeared altogether. What advantages are secured by this mode of medication? 1. The remedy does not oppress the brain so much, nor do those unpleasant consequences follow its use by this method as when given by the mouth. 2. Less is required than by the mouth. 3. It requires much less time to pro-

duce the same effect. 4. In very many cases in which the effect of opium is desirable, the gastric complications prevent its accomplishments. (*Philadelphia Med. and Surg. Reporter.*)

SURGERY.

Compound Dislocation of the Foot. Dr. E. Coutagne of Lyons was called on December 31 to see a man aged 35, who had fallen on his left foot from a house of small height. The foot presented the appearance of valgus—the sole being turned outwards and backwards. Opposite the external malleolus there was a transverse wound, which extended some distance along the anterior surface of the dorsum of the foot, and through which projected the external angle of the trochlear surface of the astragalus. It seemed probable, however, that even more of the bone had projected at the time of the accident; for not only the integuments, but the patient's woollen stocking and thick gaiter, were penetrated. The malleoli were not fractured. The relations of the astragalus with the other tarsal bones did not appear to be disturbed; and the injury was therefore concluded to be, dislocation of the foot outwards, with almost complete laceration of the ligaments of the tibio-tarsal articulation, especially the external lateral ligaments, displacement of the astragalus outwards and forwards, extensive laceration of the soft parts, and a penetrating wound of the joint. Reduction was immediately attempted, and was effected with much difficulty, but with rapid cessation of the severe pain produced by the injury. As the astragalus returned into its place, Dr. Coutagne could see the tendons of the extensor muscles return to their position in front of the bone. The wound was dressed with collodion; and the limb, having been wrapped in carded cotton, was put up in Scultetus' apparatus, which, at the end of a month, was replaced by a starched bandage. There were no inflammatory or febrile symptoms; and, at the end of March, the patient could walk out with the aid of crutches. At the time of making the report, the patient was still rather lame, and his foot was deformed; this M. Coutagne attributed to the fact that the astragalus had become pushed somewhat forward, and he considered it probable that, in time, this condition would become ameliorated, and the patient's gait more steady. (*Gazette Médicale de Lyon*, 1 Fév., 1865.)

Compound Dislocation of the Tibia Forwards. At a meeting of the Surgical Society of Ireland, Mr. M. H. Stapleton related the following case. The patient was a male, aged about 32 years, in the enjoyment of good health until the occurrence of the accident; he was active, of abstemious habits. On March 2nd, he was hurrying down the doorsteps of a house, and on reaching the foot-path he made a spring with a long stride so as to get quickly across the road. He felt his heel slip, as if on a greasy surface, and fell. The foot was completely turned outwards and was quite powerless. When Mr. Stapleton saw him the foot was much shortened, whilst the heel projected considerably backwards; it was also drawn upwards and fixed in that position, the toes being turned downwards. The lower end of the tibia was prominent in front of the ankle-joint, and beneath it was a marked depression, the skin being very tense over the prominence. From a small wound not larger than a pin-hole exuded a pale fluid. The displaced parts were reduced without much difficulty, and without the use of chloroform, and the limb was placed in a box-splint. All seemed to go on well for a few hours, but then came on a series of dangerous symptoms—spasm, pain, inflammation, erysipelas, diffuse inflammation, sloughing, etc., so that he was three times believed to be on the point of death. Amputation of the injured parts was performed on June 18th, and on the night of the day of the amputation he slept well, never afterwards complained of pain. The stump was perfectly healed on the fifteenth day. The injury, Mr. Stapleton observed, was one of dislocation of part of lower end of the tibia forwards. Both ankles were found in their normal position as regarded the astragalus. The fibula was fractured nearly on a line with the joint, its fracture being very oblique from above downwards and from behind forwards. The internal malleolus was also fractured obliquely, retaining with it a considerable portion of the posterior half of the lower articulating surface of the tibia. The anterior portion of the tibia with its articulating surface came forward and downwards, and rested on the neck of the astragalus. The posterior portion retained its normal position as regards the astragalus, and formed a bond of union between the fractured malleoli. The lower end of the tibia which was displaced forward, died to about the extent of an inch. (*Dublin Medical Press*, February 1st, 1865.)

A Disinfectant. Basic nitrate of bismuth, when applied to suppurating wounds, has been found to remove all smell, and hasten the healing up. It has been employed in scrofulous sores with much success. (*Chemical News.*)

MIDWIFERY AND DISEASES OF WOMEN.

Laws of the Production of Twins. Dr. Matthews Duncan, in a paper on this subject, attempts to demonstrate the following conclusions. 1. The largest number of twins is produced by women of from twenty-five to twenty-nine years of age; and on each side of this climax of fertility in twins there is a gradually increasing falling off in their number, as age diminishes on the one side and increases on the other. 2. Twins are not regularly distributed among births generally; their production, therefore, is not subjected to the same laws as govern ordinary fertility. 3. The mean age of twin-bearing mothers is greater than that of mothers generally. 4. Twins increase in frequency as mothers become older. This forms a striking contrast to the fecundity of a mass of wives (not mothers) which diminishes as their age increases. 5. Newly married women are more likely to have twins the older they are. 6. While the fecundity of the average individual increases with age till twenty-five is reached, and then gradually diminishes, there is some probability that the opposite is true, so far as regards twins alone, fertility in twins being greatest when fecundity is least, and *vice versâ*. 7. The actual number of twins born of a mass of women in different pregnancies decreases as the number of the pregnancy increases. 8. The number of twins relatively to the number of children born in different pregnancies increases with the number of the pregnancy. In other words, a woman is more likely to have twins in each succeeding pregnancy than in the former pregnancy. The first pregnancy perhaps forms some exception to this rule. 9. In an individual twin-bearing is, of course, a sign of high fertility at the time. It also, in a mass of women, shows a high amount of fertility, at least till the time of the birth of the twins. 10. It is probable, though not proved, that twin-bearing women have larger families than women uniformly uniparous. (*Edin. Med. Journal*, March 1865.)

Midwifery Statistics in Moscow. The Rev. Professor Haughton, M.D., has communicated to the

Dublin Obstetrical Society some statistical returns which he had procured when in Moscow some time since from the lying-in hospital of that city. This hospital had also a foundling hospital in connection with it, but as to record,s the two were quite distinct. From 1832 to 1860, inclusive, the total deliveries were: natural, 38,713; irregular (hand), 1,329; ditto (instruments), 739; twins, 846; triplets, 11; still-born, 3,450. Out of 45,088 deliveries, 739 were set down as having been effected by instruments. The crotchet was not recognised in Russia, the only instrument used being the forceps. Another interesting question arose: what became of this large number of children? Dr. Haughton found that out of 42,555 children there were: sent to the foundling hospital (boys), 21,944; girls, 20,525; taken home by mothers, 85. The boys were trained up for the Russian army, and the girls were instructed in various industrial occupations. It appeared that in Moscow, St. Petersburg, and other large Russian cities, the influx of men from the country seeking employment was so enormous that the men were four times as numerous as the women—a fact which accounted for the immense number of children born and then deserted. From the best information he had been able to obtain, the immorality of the cities occasioned by the excessive number of men was equalled by that of the rural districts arising from the opposite cause. The mortality of the children in the foundling hospital was 42 per cent. during the first three years after birth. (*Dublin Medical Press.*)

Retention of Urine Mistaken for Labour. Mr. R. L. Johnson reports that he was called on to visit Mrs. T. Forty hours previously symptoms of labour had commenced, and had, since that time, increased hourly. The patient was 35 years of age, and of a weak habit of body. She had had four children, all of whom were alive, and were strong and healthy. She complained of periodic "bearing-down" pains, accompanied by a discharge; she could not walk, nor lie on either side; and the only relief she experienced was when on her back and with her extremities semi-flexed, but in this position she could not for any length of time continue on account of "shooting-pains" in her back and a sense of suffocation. On examination, Mr. Johnson found her pulse 90, her tongue typhoid, her skin hot and clammy, and during pains copious perspiration visible on her head, face, and palms of her hands. She slept but little. She could form no opinion as to about the time of her expected confinement; but she considered her size to have increased very much within the last few days. Her stomach was irritable; her appetite poor; her bowels were constipated; and she had insatiable thirst. Her urine was high-coloured and contained pus; and it was stated therewith that each movement she made, and during the pains, a considerable quantity of urine passed involuntarily from her. The surface of her abdomen was tense, hard, and unyielding; a little below and to the left of the umbilicus there was dulness on percussion, whilst the remaining portion of the abdominal surface was tympanitic. Between each side of the mesian line and the recti muscles, and just above the pubes, were thumb-like prominences, very painful to the touch, and semi-elastic. Mr. Johnson was not permitted to pass a catheter; whereupon he cautioned his patient to get immediate medical aid, and then left the house. Three hours afterwards he was again sent for, and he then removed from the patient more than *nine pints* of urine. All "bearing-down pains" ceased for three months. They then returned, and brought with them a healthy female child. (*Dublin Med. Press*, March 15th.)

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 1st, 1865.

MEDICAL ESPRIT DE CORPS.

Until the members of the medical profession have sufficient *esprit de corps* to hang together and support each other's interests, we have little hope of any good being effected for us by Medical Councils or by Acts of Parliament. The men of law have a proper sense of what is due to themselves and their profession. They are never seen publicly competing one against another which shall do the work cheapest—underbidding and underselling their services. Consider for a moment the difference of the amount of work done by a Poor-law legal officer and a Poor-law medical officer, and then consider their pay. One is engaged morning, noon, and night; the other—the lawyer—for a few hours one day in the week; and yet it often happens that his salary is greater than that of the doctor. At all events, there is in no case any kind of fair proportion between the salary of the Poor-law lawyer and the Poor-law doctor.

The reason is plain and obvious. Doctors not only compete for the Poor-law offices, but they underbid each other; they fight for them one against another, which shall do the work cheapest. Lawyers compete also; but they do not underbid each other. This spirit of competition is unfortunately carried out wherever there is an opportunity for its practice. And it bears its unfortunate fruit.

The attempts of the Metropolitan Counties Branch of the British Medical Association to obtain a fair fee for the medical examiners under the Government Annuities Act have been completely defeated by this desire to get and do work cheaply. What could the deputation which waited upon Lord Stanley of Alderley, the Postmaster-General, say when they were told by him that he had already received letters from seven hundred medical men who consented to the half-crown fee proposed by him; and when he could quote the *Lancet* to them as also approving thereof? Well might Lord Stanley say that "he did not think the profession were dissatisfied with the low fees". More than this, Lord Stanley stated what is evidently the practice of the Government (at least, in relation to the medical profession); viz., "That it was the duty of the Government to get work done at

the lowest cost." We do not refer to this remark for the purpose of pointing out its manifest absurdity and untruth; and will only observe thereon, that if there be one fact more certain than another in every business of life it is this, that cheap work means bad work.

But we must lament over the condition of our medical society—over the fearful and fatal want of *esprit de corps* which characterises our professional relations; which leads seven hundred medical men to jump at half-a-crown, when they might, by unity, have obtained a proper fee; which seems to be ever driving us down one step lower in the social scale.

Assuredly, in a country where work is valued at the price at which it is done, men are very much estimated according to the price which they put on their services; and, assuredly, the cheaper medical men do work, the cheaper will be the estimation in which they are held by the world; and, what is still worse, the less will be thought of the scientific and high nature of the work with which they are engaged. What (as we have said before) can Acts of Parliament, can Medical Councils or Associations, do for a profession which commits deliberate suicide?

Look, again, at our army medical brethren's grievances. These had received the warmest sympathy of the profession; they were certain of obtaining immediate redress; the profession had the means of their cure in its own hands. All that was required was that candidates should for a time cease to apply for admission into the army. But we all know what has happened. When the British Medical Association was winning a certain battle for the army medical officers, its efforts were defeated solely by the members of the medical profession. Before such things as these, our best efforts are vain. Our own worst enemies, our only enemies, are ourselves.

Mr. Reade, the novelist, will have found in the papers during the last few months sufficient food for another romantic onslaught upon lunacy law. This time he will not have had altogether to draw upon his fertile imagination for his facts. He will now have distinct facts of illegal doings in respect of lunatics committed in this country. Our readers will remember the tale of the abducted lunatic nun, which a short time ago created a temporary sensation at Dover and elsewhere. In this case, it was admitted that the proceeding was illegal; but Sir G. Grey did not consider that any harm was done, or meant to be done; and, therefore, did not think it necessary to prosecute at law any of those parties who had acted illegally in the matter. But this tale is barely concluded, before another of a similar kind comes before the public.

It appeared that in 1863, Mr. Docknall, a bookseller, residing at Chester-le-Street, was, under the orders of Colonel Johnson, a local magistrate, confined in the lunatic asylum, where he remained for five days. Colonel Johnson acted illegally, in the first place, in consulting only one medical man as to the state of mind of the alleged lunatic, in place of two, as the Act required; and to have acted even worse than illegally, in stating that he had examined Mr. Docknall personally, whereas he had never seen him at all. At the expiration of a very short time, the medical man in charge became convinced that Mr. Docknall was perfectly sane; and representations having been made, two magistrates went to the asylum, and, together with the medical men who examined him, being convinced that he was perfectly sane, restored him to liberty. Mr. Docknall was a poor man; but the occurrence having excited a great deal of feeling in the neighbourhood, he was advised to take proceedings against Colonel Johnson. An action was brought against Colonel Johnson for damages laid at £5000. But when the case came on at the summer assizes in 1864, the pressure of business was such that the Lord Chief Justice was obliged to leave for another assize town before it could be heard. Under these circumstances, the unfortunate man, naturally of an excitable temper, and having undergone great afflictions in the loss of his children and through domestic differences with his wife, was so overcome by this disappointment, following on his incarceration in the lunatic asylum, and on his unsuccessful applications for redress to the Home Office, that he put an end to his own existence.

Such was the case last week brought by Lord Malmesbury before the House of Lords. Lord Granville, in reply, stated the very apparent truth, that "no one could deny that it was most undesirable that any person should be confined in a lunatic asylum on the ground of insanity who was not really insane." Lord Shaftesbury indignantly attacked the question; and pointed out the very important fact, that the Lunacy Commissioners were not to blame in the matter.

He characterised the conduct of Colonel Johnson as most unwarrantable. If matters of this kind were to be overlooked, it was to no purpose that Commissioners were appointed, inspectors sent out, and laws passed for the protection of these unhappy persons. If the law was to be boldly and impudently evaded, as it had been in this instance, things had come to a position in which commissioners and inspectors might as well resign their offices, and the legislature repeal all the Acts of Parliament upon the subject. The Commissioners of Lunacy were in no way chargeable with blame in this matter. Their jurisdiction over county asylums was very slight indeed, amounting only to power to make an annual visitation and report what they saw. Notice was sent to them of the admission of patients; but in this case it happened that the notices of admission and discharge arrived at the same time, and, therefore, there was nothing to call for their intervention. After the patient had been liberated, he called upon them to complain of his treatment; but the only answer which they could make was that the matter was totally beyond their jurisdiction. He must again press upon the House the absolute necessity that some opinion should be pronounced upon this great abuse of magisterial functions. Many of the magistrates in England were most admirable men, and rendered the Lunacy Commissioners very great assistance in the administration of the law; but there were a great many who rendered no assistance, and in some measure offered

obstructions to its enforcement. In this especial county of Durham, the Commissioners had more trouble in getting an effective visitation of the asylums than in any other in the kingdom.

Thus rests this matter at present. But as the papers called for by Lord Malmesbury are to be produced, we shall, of course, hear more of it.

On Tuesday last, a very interesting paper, by Dr. W. Roberts of Manchester, was read at the Royal Medical and Chirurgical Society. The subject of it was the Solution of Calculi in the Bladder and the Kidney. Dr. Roberts detailed in it a very great number of experiments which he had performed in order to place the proposed treatment on a scientific basis, which had never yet been done. He did not claim for the treatment any general application. He stated that it was only applicable in comparatively few cases; viz., in those cases where the stone was small, and was of the uric acid kind, and when the urine was not alkaline from disease. His treatment consists in the administration of large doses of acetate or citrate of potass, so as to keep the urine constantly of a certain degree of alkalinity. For weeks together, the patient may have his urine thus kept alkaline without injury. Dr. Roberts, in fact, considers the administration of alkalies in this way as harmless as the taking of so much sugar. The paper was remarkable as a methodical, scientific study; and, also, well indicates the immense service which we may anticipate that chemistry will one day render to medicine. The real value of the proposed remedy can of course only be decided by future experience.

The Government Commission now engaged in investigating the Nature and Treatment of Venereal Diseases has, we believe, been transferred from the War to the Home Department. This fact corroborates the idea as to the objects of the Commission which we have all along maintained; viz., that if the Commission be of any service at all, it can be so only by recommending the Government to adopt some foreign police regulation of prostitution. It is hardly likely that the Commission, without instituting experiments, can tell us anything new or anything definite about either the nature or the treatment of venereal diseases. Their report in this direction can only be a summary of, or a judgment upon, the opinions of other persons on the subject. As, however, the Commission is engaged in so full an inquiry, we must say we feel somewhat surprised that they have not embraced in their consideration the subject of syphilisation. We would suggest, that the Committee might very usefully despatch a competent observer to Christiania to see and report upon the effects of Professor Boeck's treatment. Assuredly, a well drawn up and impartial report on the subject would be a great gain to the cause of humanity. If Professor Boeck's treatment is a delusion (as we all seem to think), and can be shown to be such, as carried out in his own hands, then we shall in future have answer sufficient to those who would introduce the treatment into this country, or who may send their patients for treatment to Christiania. But if, on the other hand, the report should corroborate all that Boeck, Sperino, and others, have asserted of the treatment, then, also assuredly, the facts of the case should be more generally known and appreciated. There would be no difficulty in finding a competent observer ready and willing to go to Christiania as reporter; and we have no doubt that he would receive all attention at Professor Boeck's hands, and have every opportunity given him for judging of the method of treatment. Surely, Professor Boeck's treatment has as good a claim to the attention of the Committee, as have the opinions of Dr. Macloughlin and Dr. Dickson (him of the *Fallacies of the Faculty*), both of whom have, we believe, already had an opportunity of fully stating their views and opinions to the Committee.

In the Journal of last week, we expressed a hope that the Royal Medical and Chirurgical Society would continue its scientific investigations. We are glad to hear that it is their intention to do so; and we believe that the subjects chosen by the Council for present investigation are: The Effects of Electricity as a Therapeutical Agent; and the Use and Application of Hypodermic Remedies.

The political position held by Professor Virchow in the Prussian Chamber of Deputies is very remarkable. He stands, it would appear, almost as the leader of the liberal party. A few days ago, in answer to a speech of General von Roon, in which the liberties of the country were threatened, Virchow was put forward as spokesman of his party.

"Herr Virchow protested, in the name of the Liberal party, against a breach of charter being intended by them. It was the Government (he said) that had set aside the constitution. The Prussian Government had become a military one. The Minister of War was conducting himself like a Premier, and menacing constitutional changes. There was a Nemesis in history. If a rupture was brought about by Government, they would have to pay the penalty one day. If not the present, the next generation would demand guarantees against those incredible constructions which are now being put upon the Royal prerogative and the passage establishing it in the charter. [*Tremendous applause.*] As regards this House, you vainly try to terrify us by menaces. It is we who have taken our stand on the rock of right. Depend upon it, you will find us at the breach whenever the constitutional rights of the country are imperilled. [*Three rounds of cheers.*]"

It is a very rare thing to find the physiologist, the orator, and the politician so combined in a member of our profession.

The *Sydney Morning Herald* gives the following account of the ceremony of presenting the Victoria Cross to Dr. Manley, R.N., and to Dr. Temple. Dr. Manley received the Cross for his gallant conduct in attempting to save the life of Captain Hay; and Dr. Temple, for his bravery in bringing in the wounded at Rangariri. General Cameron, in decorating the heroes before the whole staff and troops formed in a square, said:

"It redounded much to the credit of the Medical Department, that so many of its officers had distinguished themselves by acts of individual gallantry and bravery. Out of the small number of officers composing the department in New Zealand, no fewer than four had been decorated with the order of the Victoria Cross, including the head of the department, Inspector-General Mouatt, who had earned himself that coveted distinction by noble services rendered in the Crimea; and another officer, Staff-Surgeon Home, who had distinguished himself in India. During the war in New Zealand, all present could bear testimony to the skill, untiring zeal, watchful care, and attention, with which all the medical officers had performed their arduous, onerous, and responsible duties. Their duty required that they should follow the troops under a hostile fire, and amid the deadly assaults of the enemy; and how nobly and devotedly they had behaved!"

Professor Bennett has lately published his long experience in the treatment of pneumonia by the "restorative treatment." Under that treatment, he tells us that he has not lost a single case of uncomplicated pneumonia. We cannot help contrasting with his results, the statement lately made by Dr. MacCormac of Belfast, when treating of the benefits of bleeding in pneumonia.

"I have never lost" (he says) "a case of uncomplicated pneumonia or pleuritis, to say nothing of other forms of inflammation; and I suppose I have treated as many in hospital and private practice as the generality of practitioners, in which I had resorted to venesection, in my life." (*Dub. Med. Press*, March 22, 1865.)

One is reminded, in reading these opposite conclusions of experience, of Dr. Barclay's statement in his *Medical Errors*, to the effect that, in order to arrive at any definite conclusions as to the effect of any particular method of treatment over pneumonia, the results of as many as 20,000 or 30,000 cases are required.

The difficulties attending the diagnosis of ovarian tumours in certain cases have received further illustration from the history of a case which lately occurred at the Middlesex Hospital. In this case, the tumour, which was considered ovarian, was found to be a tumour of the kidney, which occupied a very unusual position, lying, in fact, in front of the intestines. The removal of the supposed ovarian tumour was commenced; but its nature was discovered, and the operation, of course, desisted from. The patient died on the following day.

Dr. Owen Rees reports a case of popliteal aneurism as large as a duck's egg, which was cured whilst the patient was under the influence of lead. The artery was to have been tied; but before the operation was performed, the patient was placed under Dr. Rees, that he might try the effect of the lead. On October 29th, the treatment commenced. The doses of lead were large and continued. Three grains of acetate of lead were given three times a day for six days; and then five grains were given, with a grain of opium. The five grain dose was continued for twenty-six days. The patient suffered only very slightly from colic. The aneurism had hardened much when the lead had been taken for three weeks. On Dec. 20th, the tumour was found to be fast diminishing in size; and on the 31st, he left the hospital to return to his work.

The Manchester Ethical Association is, we learn, about to take up the important question of tariffs of medical charges; and will, we have no doubt, be glad to receive any suggestions on the subject. The opinions thereon of different medical men in different parts of the country would, doubtless, much assist the labours of the Society.

The two Chemists and Druggists Bills, having been read a second time, have been sent before a Committee, where, it is understood, that the good in each will be subtracted, and made up into, we hope, a satisfactory Act of Parliament. The number of deaths which occur yearly through the ignorance or mistakes of druggist boys indicate clearly enough how necessary it is that the public should take steps to protect itself in the matter.

Apropos of M. Jolly's paper on tobacco, M. Bertillon calls to the mind of the profession the fact that he, in 1855, made an inquiry into the effects of tobacco on the mental performances of the pupils at the Ecole Polytechnique. He found that the smokers were decidedly behind the non-smokers in their examinations. At that time, the number of pupils was 160; and of these, 102 were smokers. He divided them into twenties; and found that, in placing them according to their merit at examintion, there were among the twenty who stood first six smokers; amongst the second twenty, ten; and so on.

No. according to merit.	No. of smokers.
1 to 20	6
20 40	10
40 60	11
60 80	14
80 100	12
100 120	15
120 140	15
140 160	16

So that the table shows that the more unfavourable their classification, the greater was the number of

smokers. Moreover, it was found that the mean rank of sixty-six determined smokers, on entering the school, was 94; and at the end of the year, 98; consequently they had *lost* 4 numbers. Whilst the mean rank of non-smokers was 71 at their entrance, and 67 at the end of the year; so that they had *gained* 23 places above the smokers—as much as the smokers had lost!

The *Berlin. Klin. Woch.* (February 20th) gives an interesting paper showing the relative rank and pay of army surgeons in European countries. As regards pay of surgeons of similar rank, we have the following. In Prussia, the regimental surgeon's pay is from 700 to 1,200 *thalers;* in England, from 1,800 to 3,050; in France, from 780 to 1,740; in Belgium, from 1,260 to 1,700; in Hanover, from 950 to 1,400 *thalers.* As regards relative rank, in Prussia the regimental surgeon ranks with captain; in England, with the major and lieutenant-colonel; in France, with captain and chief of battalion; in Belgium, with captain and major; in Hanover, with captain and major.

Professor Polli, whose name is known to our readers, has been made a Knight Commander by the Bey of Tunis, by whom he seems to have been better appreciated than by his own Government.

In the Rochus Hospital at Pesth, on the 17th ult., Dr. Jaulus died of typhus, in his twenty-sixth year, a few days after the burial of his colleague, Dr. Kovachs, who died from the same disease in his twenty-fourth year.

On the 20th ult., the Cæsarean operation was performed in the Clinical Lying-in Hospital at Vienna, by Professor Späth, in a young woman twenty-one years of age. The reason was on account of extreme narrowness of the pelvic opening. The mother died thirty-six hours after the operation. The child, which was fully developed, is alive and well.

The Jubilee of the Vienna University, which has excited so much ill-feeling among professors and students, is at last fixed for the beginning of August—the most inconvenient time which could have been chosen, says *Wien. Med. Woch.*; unless, indeed, the intention was to convert a solemn festival into a family party!

The *Wien. Med. Woch.* announces the death of Dr. Förster, the pathological professor at Würzburg.

"All contagious diseases" (says M. Diday), "which remain local, depend upon the presence of a parasite. Consequently, in accordance with this law, we shall certainly find the parasite which produces a chancrelle."

The Report of the Committee composed of MM. Flourens, Dumas, Brogniart, and Milne-Edwards, on the subject of spontaneous generation, is as follows:—"The facts observed by M. Pasteur, and contested by MM. Pouchet, Jolly, and Musset, are perfectly correct. Fermentable liquids may remain either in contact with confined air, or in contact with air frequently renewed, without undergoing any alteration. When, under the influence of the air, living organisms are developed, their development must not be attributed to its gaseous elements, but to the solid particles contained in it, and of which it may be freed by different methods, as M. Pasteur has affirmed." The question of voting these conclusions of the Report appears to have excited quite a scene in the Academy. MM. Le Verrier, Flourens, and others, objected to the Academy giving its approbation of them, on the ground that the vote of the Academy could add nothing to the force of the Report; and that as the Academy, as a body, did not witness the experiments on which the Report was founded, it was not in a position to express an opinion on the subject. M. Velpeau was greeted with "murmurs" when he asked, "How can the Academy vote as to the exactitude of experiments which it has not witnessed?" M. Le Verrier interrupted the President; and, when the vote was taken, declared that "it was doubtful"—a remark which excited "violent reclamations", and brought M. Milne-Edwards on his legs to demand, "with great animation," that the vote should be taken over again; which it was, and with the same results. "Why don't you vote, Mons. Le Verrier," asked the President, "against the Report?" "You have no business, sir," answered the astronomer, "to ask me the question!" From all this, we may conclude that the last word has not yet been said about spontaneous generation. MM. Pouchet and Jolly have evidently some very warm supporters in the Academy.

The Academy of Medicine, in an address to all the vaccinators in France, said in 1830: "Innumerable *facts* have *demonstrated* that the vaccine virus taken from persons subjects of diseases which are capable of being communicated by contact, such as syphilis, small-pox, etc., is never mixed with any of these, but produces solely the vaccine pustule."

The present Dean of the Faculty of Medicine of Paris is M. Tardieu. His immediate predecessors were Orfila, Rayer, Paul Dubois, and Bérard.

Four hundred and fifty boys at the Lyceum, or school, at Vanves, were lately vaccinated with matter taken direct from the cow. The vaccinations succeeded perfectly even in the case of a larger number who had been vaccinated soon after birth.

The Triennial Prize of 20,000 *francs*, founded by Riberi, will be given at the end of 1867. Seven of these prizes in all will be given—lasting for twenty-one years. All works on Surgery, in MS. or published during the triennial epoch, may compete for it. They must be written in Italian, French, or Latin.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
West Somerset. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
Bath and Bristol. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

WEST SOMERSET BRANCH.

A Quarterly Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. Kelly, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

MEDICAL BENEVOLENT FUND.

At a meeting of the Committee of the Medical Benevolent Fund, on Tuesday, March 28th, the Treasurer reported the receipt of £2635 from the residue of the estate of the late Mr. Hine, making £5635 in all bequeathed by him to the Fund. The Committee at once resolved that five additional annuitants should be elected.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham, March 23rd, 1865.

Present—Sir Charles Hastings, M.D., D.C.L., etc. (in the Chair); Mr. Bartleet; Dr. Bryan; Mr. Clayton; Dr. Falconer; Dr. Richardson; Dr. Stewart; Dr. Wade; Dr. Westall; and Mr. Watkin Williams (General Secretary).

The following resolutions were adopted.

1. That Professor Stokes, M.D., of Dublin, be appointed to deliver the Address in Medicine at the annual meeting of the Association.

2. That Professor Syme, of Edinburgh, be appointed to deliver the Address in Surgery at the annual meeting of the Association.

3. That the Treasurer's Financial Report be received, adopted, and published in the Journal.

4. That the "Northern Branch" be recognised, and the laws adopted.

5. That the annual meeting be held on Tuesday, Wednesday, Thursday, and Friday, August 1st, 2nd, 3rd, and 4th, 1865.

6. That Dr. Jeaffreson, Dr. Richardson, Dr. Falconer, Dr. Wade, Dr. Stewart, and the General Secretary, be appointed a subcommittee, to make the arrangements for the annual meeting, in concert with the local committee; and especially to consider what measures it may be expedient to adopt in reference to the giving in and reading of papers; and to report to the next meeting.

T. Watkin Williams, *Gen. Sec.*

13, Newhall Street, Birmingham, March 28th, 1865.

FINANCIAL REPORT.

It is very satisfactory to be enabled to report a very improved condition of the finances of the Association, as compared with that of last year. The accounts have been audited by Dr. Melson and Mr. Hadley; and they find that after payment of all bills due from the Association, the Treasurer held a balance of £243 : 16 : 8½ on the 31st of December 1864; whereas, in December 1863, there was a balance of £8 : 0 : 3½ due from the Association to the Treasurer. This result is the more gratifying, as some extra sums have been paid, not of an ordinary kind, which have added to the amount of the expenditure.

The following is the statement of the accounts.

1864.—RECEIPTS.	£	s.	d.
Subscriptions	2501	2	0
Advertisements and Sales	633	11	6
	3134	13	6

1864.—PAYMENTS.	£	s.	d.
Balance due to Treasurer	8	3	0½
Journal Expenses:			
Mr. Richards (Printing)	1792	9	0
Mr. Richards (for Directing, etc.)	50	0	0
Mr. Honeyman (Office Expenses)	81	13	10
Mr. Davidson (Commission)	70	10	1
Mr. Orrin Smith (Engraver)	3	12	6
Editor of Journal	200	0	0
Dr. Henry (Sub-editor)	50	0	0
Contributors	267	18	0
Dr. Henry (Salary)	50	0	0
Executive Expenses:			
Mr. Williams and Clerk	157	0	0
Mr. Williams (Petty Cash)	33	10	5
Cambridge Reporter	12	12	0
Mr. Williams (Branch Expenses)	17	12	9
Birmingham Stationer	12	13	10
Anniversary Expenses	3	7	0
Collecting Expenses	9	11	4
Mr. Moore (Gold Medal and Die)	41	0	0
Provident Fund	25	0	0
Sundry Payments	4	3	0
	2890	16	9½
Balance	243	16	8½
	£3134	13	6

Charles Hastings, *Treasurer.*

THE ANNUAL MEETING.

In reference to the resolution (5) of the Committee of Council, by which the days of the annual meeting are increased from three to four, Dr. Jeaffreson (President-elect) writes as follows to the General Secretary.

"I fully concur with the Committee of Council in their suggestion of making the duration of our meeting four instead of three days; and suggested this to several of my friends at Cambridge. The business affairs of the Association have necessarily much increased, and consequently too little time has been left for the reading and discussion of scientific papers, a thing which is to my mind the most interesting, if not the most important, feature of our general meetings. I hope that you and all the members of the Association will bestir yourselves to get promises of papers. Should the number of papers be very considerable, it will be easy for us, with our excellent accommodation of rooms, to adopt a scheme of sections, should such be thought necessary or advisable.

"Your letter came too late for me to call a meeting of the Local Committee; but I have canvassed several of the most important members, and all agree with us in the propriety of commencing our proceedings on Tuesday, the 1st, instead of Wednesday, the 2nd of August."

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 28TH, 1865.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

CASE OF ICHTHYOSIS OF THE TONGUE.
BY J. W. HULKE, F.R.C.S.

ICHTHYOSIS is a term provisionally applied by the author to an affection of the mucous membrane of the tongue, which consists in hypertrophy of its epithelial and papillary tissues. It is characterised by yellowish-white, raised, tough, leathery patches, which are clinically distinguished from syphilitic nodes, condylomata, and cancer. Mr. HULKE had seen but one case, which he related.

REMARKS UPON OSTEOMYELITIS CONSEQUENT ON GUNSHOT WOUNDS OF THE UPPER AND LOWER EXTREMITIES, AND ESPECIALLY UPON THE TREATMENT OF STUMPS AFFECTED WITH OSTEOMYELITIS AFTER AMPUTATION NECESSITATED BY SUCH INJURIES. BY THOMAS LONGMORE, ESQ. (DEPUTY INSPECTOR-GENERAL.)

The author commenced his communication by noticing the particular interest which had been excited amongst military surgeons, especially French surgeons, during the last few years in the subject of osteomyelitis, or endosteitis, as it is called by some writers, after gunshot wounds of the extremities, and of its proper treatment. The interest arose, not from any belief that a difference existed between the nature of the inflammation of the medullary tissue when developed after gunshot injuries and the corresponding inflammation occasionally seen after the ordinary injuries and amputations of civil life; but from the comparative frequency of its occurrence after gunshot injuries, and after amputations consequent upon them, together with its severe and obstinate character, often in men of previously sound constitutions, in military practice, contrasted with the comparative rarity of its occurrence in sound constitutions in civil practice. After the Crimean campaign, Dr. Valette, a French military surgeon, who had had one of the large hospitals at Constantinople under his charge during the period of the war, and again, since the Italian campaign of 1859, M. Jules Roux, the principal surgeon at the large marine hospital of St. Maudrier at Toulon, had both written at considerable length on the subject. Dr. Valette's observations were chiefly directed to this inflammation in its earlier and more acute stages, as witnessed amongst the wounded sent directly after the battles of Alma and Inkermann, amongst whom it had produced the most fatal consequences. The author remarked that in perusing Dr. Valette's reports the conclusion could scarcely be avoided, that the so-called osteomyelitis in a large number of the instances referred to must have been truly cases of pyæmic poisoning, and that in all, the symptoms of the osteomyelitis must have been greatly aggravated by circumstances tending to the development of pyæmia. Dr. Valette found all attempts to check the diseases ineffectual, and came to the conclusion that all resections and amputations for the effects of this inflammation after gunshot fractures should be abandoned, and exarticulations substituted, the wounded being scattered at the same time in tents as widely as possible.

M. Jules Roux's observations were made on the disease in its more chronic condition, and he was led to advocate the same views with regard to the necessity for exarticulation as had been advocated by Dr. Valette. M. Roux had under his care about 2,000 soldiers who had been wounded in the Italian campaign, a considerable number of whom presented diseased conditions demanding consecutive amputation or other surgical interference. At first M. Roux practised amputation, but with such unfavourable results that he was induced to try exarticulation in similar cases instead. This operation proved remarkably successful. There was no death out of twenty-two successive cases, among which were four cases of exarticulation at the hip-joint. In a memoir on the subject which was read before the Imperial Academy of Medicine at Paris in 1860, M. Roux argued that when osteomyelitis after gunshot wounds assumes a chronic form, amputation generally only takes away a portion of the inflamed bone, and in consequence of this incompleteness in the operation the disease is aggravated in the remainder. Hence, he asserted, the failures of secondary amputations for gunshot wounds of the bones; and hence also, in his opinion, the preference which ought to be given to exarticulation, or removal of the whole of the diseased bone, when a surgical operation becomes indispensable.

The views of treatment propounded by M. Roux had led to several protracted discussions at the Academy of Medicine at Paris. They were particularly analysed in an elaborate discourse by Baron Larrey, which he afterwards published. In this discourse Baron Larrey arrived at certain conclusions, six in number, with the general terms of which the author said he believed most English army surgeons would agree. The following were the conclusions referred to.

1. Osteomyelitis after gunshot wounds is more frequent than has been hitherto supposed; but is not inevitable, and in most instances is a means of cure.
2. It may either be limited to a given point of the bone, extend itself partially, or invade the whole of the bone more or less quickly.
3. Every rational mode of treatment must be adopted in the first instance. We are encouraged to do so because we know osteomyelitis is susceptible of spontaneous cure.
4. Sometimes it necessitates resection, and sometimes consecutive amputation, and sometimes, in certain cases, exarticulation is preferable.
5. The existence of osteomyelitis is sufficient to explain the want of success which occasionally follows partial operations in bones affected with this inflammation. But,
6. It does not justify the too exclusive proposition in surgery, that resection of joints and amputations in the shafts of bones are to be abandoned for exarticulation in all such cases.

Mr. LONGMORE thought, however, that the settlement of the question of the proper treatment of chronic osteomyelitis might be carried a step further in precision, especially in cases where want of success had seemingly followed partial operations on account of its presence. Many cases, he stated, came before military surgeons, in which, after amputation had been performed in continuity for gunshot injuries, or for the effects of osteomyelitis consequent upon them, the portions of the limbs left afterwards presented such diseased conditions as to necessitate further surgical interference in order to avert fatal consequences from the patients. In these cases, where the morbid state of all the tissues is manifestly due to the continued osteomyelitic action subsequent to the amputation, what is the course to be pursued? The arguments of M. Jules Roux would urge most forcibly in these cases, that exarticulation is the only treatment that can scientifically be adopted; and

even according to the conclusions of Baron Larrey, these would appear to be "the certain cases" to which he refers in his fourth conclusion, where curative treatment in the first place and consecutive amputation in the next place having failed, disarticulation would be the preferable course to follow. The author had been led to adopt a different conclusion; and, in order to show to the Society the grounds on which his conclusions had been based, he called attention, firstly, to certain preparations belonging to the museum of the Army Medical Department from cases in which exarticulation had been performed or death had occurred on account of osteomyelitis; and secondly, to the histories of some similar cases in which a cure had been effected without exarticulation being resorted to.

The first three preparations exhibited consisted of the upper portions of three humeri. In each of these the history was—amputation at the middle of the upper arm for a gunshot wound, and exarticulation at the shoulder within a year afterwards for osteomyelitis. The fourth preparation was one of the upper part of the femur which had been removed from the patient after death. Amputation had been performed in the middle of the thigh for a gunshot wound in India, and the patient died about a year afterwards from the effects of osteomyelitis in the stump. There was every reason to believe that in all these cases the osteomyelitis was due to the shock of the original gunshot injury, and not to any peculiarities in the amputations or other causes. To show that the simple shock of a gunshot wound is capable of giving rise to general endosteitis in a bone, another preparation was exhibited in which the entire shaft of the femur had been subjected to the action of this inflammation. In this case a musket-ball had only penetrated the soft tissues, and struck the bone, without producing complete or even a partial fracture of its substance.

Another preparation of the upper half of a humerus was exhibited from a case in which the author had performed exarticulation for osteomyelitis four years ago, before his attention had been turned to other modes of treatment. In this case the previous amputation had been performed for the effects of a kick from a horse, and the preparation was exhibited to show that the consequences of the osteomyelitis were exactly similar to those which had occurred after the gunshot injuries.

All the preparations above named showed that in each case extensive necrosis of the shaft had resulted from the endosteitis with which it had been affected; that the necrosed portions were well defined within fixed limits; that in no instance was the necrosis continued to apophysis, although in all the cases the apophyses were more or less in the condition known by the term "osteoporosis;" and that the sequestrated portions of the shafts were surrounded by copious shells of new bone, as in cases of ordinary necrosis.

Three cases were then related, in which amputation at the middle of the thigh had been followed by osteomyelitis in the stump, but in which cures had been obtained without exarticulation. The amputation had been performed in two of these cases for gunshot wounds, in the third for the consequences of a compound fracture from a fall. In each of these cases the removal of the sequestra left by the osteomyelitic action was effected by surgical interference, and a sound and healthy condition of the stump resulted. In the case first described, the patient at the time of his admission into hospital at Fort Pitt, from India, had suffered so severely from the effects of the prolonged irritation to which he had been subjected, and the thigh-stump was so extensively diseased throughout, that at a consultation of the staff of the hospital the removal of the stump at the hip-joint was determined to be the only course which held out a fair hope for the patient's recovery. Fortunately, before this serious operation was undertaken, a study of the preparations laid before the Society, and some others of a similar kind, led the author of the paper to determine, as a preliminary measure, to open freely the cicatrix of the amputation-wound, and to take steps for removing all pieces of necrosed bone that might be found within the remaining portion of the shaft. The operation was so conducted that, if necessary, it could have been converted at the time into amputation at the hip-joint, or this formidable operation be reserved for a subsequent resource, if the removal of the necrosed bone did not lead to cure. Complete success, however, attended the first effort; the dead portion of the shaft, which reached up to the trochanters, was extracted, together with some smaller detached fragments. The patient rapidly improved in all respects afterwards, and eventually walked from the hospital with an artificial limb applied to the stump, which had become perfectly sound.

The second and third cases mentioned were those of soldiers who had suffered amputation of the thigh for gunshot wounds, and from subsequent endostitic necrosis in the stump. In both cases the necrosed portions of the shaft were removed by gradual traction through openings in the line of cicatrix of the amputation-wound. In one of these instances, in which the man's limb had been smashed by a round shot just above the knee, at Lucknow, in 1857, an opportunity was afforded of examining the state of the stump five years after the date of the amputation. The stump was then thoroughly sound, and the man able to perform hard work and long journeys by wearing an artificial limb upon it. The motions of the hip-joint were perfect.

The author of the paper stated his present conviction to be that if similar steps had been adopted, and the necrosed sequestra removed, in the instances brought before the Society in which exarticulation at the shoulder had been performed by himself and others, the stumps might have been similarly preserved; and that in the instances of the femoral stump, and the femur affected with endostic necrosis, the lives of the patients might probably have been saved by such a proceeding. In cases where amputation had been previously performed, the amputation cicatrix should be opened for the removal of sequestra, or, if more convenient, the stump could be opened from other directions; where no previous amputation had been done, the sequestra should be extricated as in ordinary cases of necrosis.

Though not a matter of such importance to avoid exarticulation of a humeral stump as it is of a femoral stump, owing to the danger to life in the latter operation, and the important use of a thigh-stump for the adaptation of mechanical contrivances for assisting in supporting the weight of the body, yet the author maintained the preservation of a humeral stump to be of great value to the possessor, especially when the power of compressing it to the side is retained.

An osteoporotic condition of the articulating heads of the bones, corresponding with the condition shown in the preparations, will not interfere with a successful result if the necrosed sequestra be completely removed. The author alluded to a case in which he had removed a foot at the ankle-joint, in which, on sawing off the two malleoli, the extremities of both the tibia and fibula were seen to be extensively affected with fatty osteoporosis; yet the ends of these bones became firm and solidified under an improved condition of general health, the removal of the

source of irritation which had previously existed in their immediate neighbourhood, and the stimulus of use. There could be no doubt that the head and neck of the femur in the case of the thigh-stump which had been preserved by the removal of the sequestra, the largest of which was exhibited to the Society, was in a state of osteoporosis at the time these sequestra were extracted. The amount of irritation to which the bone had been subjected, the length of time that had elapsed, together with the conditions observed in analogous cases where the opportunity of examining the conditions had been afforded, sufficiently established the fact.

The author concluded by observing, that while adopting generally the views of Baron Larrey, before quoted, in reference to the nature, progress, and treatment of osteomyelitis after gunshot injuries, the following appeared to be fair deductions from the facts and observations he had brought to the notice of the Society.

1. In gunshot injuries of bone, it will be found for the most part—what might be anticipated from the intimate connection which exists between the periosteal and endosteal investments of the bony tissues, and from the violent general mischief effected by the stroke or passage through them of a projectile—that all the structures participate not only in the immediate local destruction, but also in the extended inflammation which follows, whether the inflammation after a time subsides and terminates in repair, or whether it continues in a chronic form.

2. There exists this difference between the inflammation of the endosteum and that of the periosteum; that of the endosteum has a special tendency after gunshot injuries to degenerate into a chronic condition analogous to that of suppuration in other tissues, to extend itself along the cancellated structure, and thus to produce disintegration and death of the bony substance; that of the periosteum, at the same time, will exist only to such a degree as to cause it to exert a protective influence by the formation of new bone around the diseased tissues, just as in ordinary cases of necrosis from other causes.

3. If amputation in continuity be performed while the endosteum is suffering from the inflammatory irritation excited by the violent injury to which the whole bone has been subjected, especially when this has assumed a chronic form, the endostitis will most probably still pursue its course, even though the divided soft parts may at first become healed, slowly inducing death, more or less extensive, of bony tissue, and in time the usual consequences of such a condition throughout the whole stump.

4. The morbid condition of the endosteum does not usually extend from the shafts of bones into their apophyses.

5. When amputation has been followed by these consequences, exarticulation should not in any case be resorted to for the removal of the diseased stump, until the effect of complete extraction of the dead bone by proper surgical interference has been ascertained.

6. Experience shows that, even although a patient's constitution may be greatly impaired by the prolonged local diseased action to which it has been subjected, and though there may be every reason to conclude that the articular extremity of a bone is in the condition understood by the term "osteoporosis," yet the complete removal of the endostitic sequestra may speedily be followed by restoration of the general health, and by a condition of the stump so sound and firm that it may be applied to any purpose of utility for which, according to its length and position, it may be competent.

Correspondence.

SYPHILISATION AS A MEANS OF CURING CONSTITUTIONAL SYPHILIS.

LETTER FROM PROFESSOR BOECK OF CHRISTIANIA.

No. I.

SIR,—In your JOURNAL of Feb. 4th, Mr. Lee speaks of a patient whom I have cured by Syphilisation. Mr. Lee is of the "decided opinion" that this patient must not, as I believed, have been suffering from tertiary syphilis, but rather from "softening of the bones." I cannot, of course, know whether such a disease has developed itself since this patient left Norway; but I am quite sure that *he had tertiary syphilis* when he came here; and I say, with Professor Simpson, that I have never in the course of my experience seen a more decided case of tertiary syphilis.

On his arrival at Christiania, this patient was suffering from exostoses of both tibiæ and of the sternal extremity of the left clavicle, and there was thickening and hypertrophy of the frontal periosteum. A bad smell issued from the nose, with separation of small pieces of bone from it; and during his stay here, so large a portion of bone separated from the hard palate that for several weeks any liquid that he put into his mouth came out through the nostrils.

As far as I am acquainted with softening, or mollities, of the bones, it is a very rare disease in the bones of the face—if it ever exist at all in that part; and the "softening of the bones" of the face, *together* with caries, is a pathological conjunction which, I confess, I have never heard of. I must, therefore, request Mr. Lee to explain what form, species, or type of "softening of the bones" has existed in this case—what, in his opinion, was really the disease, if it was not tertiary syphilis.

To prove that our patient was suffering from "softening of the bones", Mr. Lee states that a relation of the patient has told him that his father died of softening of the bones. Was that relation a medical man? Had he the patient under treatment? Was Mr. Lee acquainted with the history of the case, and the results of the *post mortem* examination? Softening of the bones is of so rare occurrence with men, that loose statements cannot be depended upon, especially when they are used to accuse colleagues of having made such a gross mistake, as I should have made if Mr. Lee's statement were correct.

But it is easy to see the real bearing of Mr. Lee's remarks. Like most others, he considers Syphilisation such a strange and incredible mode of cure, that when the patient told him he had been restored to health by it, during his stay in Christiania, Mr. Lee at once set it down that the patient had not had tertiary syphilis at all. This is the only person that has passed under a full course of treatment by Syphilisation whom Mr. Lee has, apparently, had an opportunity of seeing; and if I had been in Mr. Lee's place, I dare say I should have been equally incredulous. But I have now seen many hundreds who have been

successfully subjected to this same treatment; and, consequently, I was not surprised at the termination of the case. Such is a matter of common and constant occurrence here; and, hence, it was not necessary for me to resort, like Mr. Lee, to any improbable or impossible explanation of the result.

But what I am still more surprised at than the assertion by Mr. Lee of my erroneous diagnosis, is the following passage: "The absence of any eruption in this case, and the interval of some years between the appearance of the supposed primary and secondary affections, would of themselves be sufficient to lead to the inference that the patient's symptoms were not syphilitic."

Two questions are contained in this quotation.

1. Can tertiary syphilis break out after primary syphilis, without secondary symptoms having appeared?

2. Can several years elapse between the breaking out of the primary and the tertiary forms?

First Question. How far the tertiary form can break out without secondary symptoms having previously appeared, is a theoretical question which we shall never be able to get answered satisfactorily. My own opinion, however, is that between the primary and tertiary form there really do exist secondary symptoms. But, for all practical purposes, the case is this: that secondary symptoms may be *so slight* that the patient is not even aware of their existence, or, at all events, does not connect them with the primary syphilis from which he has previously suffered. I will give one or two instances.

Last year, a man was brought to my Hospital-ward, suffering from subcutaneous tuberculo-serpiginous syphilide—consequently, a very decided case of the tertiary form. I knew the man very well; he had been in the hospital for primary syphilis three years before, and whilst he was there on the first occasion the constitutional complaint broke out. But, just as he was about being treated for this, he was attacked by pneumonia; and, while thus suffering, the symptoms of secondary syphilis, which had begun to show themselves, disappeared. On recovery from the attack of pneumonia, he left the hospital, without being subjected to any anti-syphilitic treatment. But on my asking him last year whether any eruption had made its appearance during the interval, he answered in the negative; and on examining him still more closely, it appeared that he was totally ignorant of the fact of his having suffered at all from constitutional symptoms when formerly in the hospital.

In the eighth plate of the work published by Dr. Danielssen and myself on Diseases of the Skin, you will find a case of subcutaneous tubercular syphilide on the left leg, in connection with a disease of the bone. On closely examining the patient, he said that half a year after the primary affection he felt some slight pain in his throat, which lasted, however, but a short time, and for which he did not consult any medical man; and he had never for a moment imagined that this trifling pain in the throat could have anything to do with the syphilitic affection.

Second Question. On this point, I did not think there could be more than one opinion; viz., that we know how early tertiary syphilis can develop itself after primary, but we are unacquainted with the utmost limit of its development—or rather there exists no such limit. In the above-mentioned case, cited from the work by Dr. Danielssen and myself on the Diseases of the Skin, no less than twelve years had elapsed between the primary and tertiary affections; and many cases have come under my notice in which a still longer time had intervened.

In another letter, I shall describe the method of Syphilisation which I follow, and its results.

I am, etc., W. Boeck.

Christiania, March 4th, 1865.

CHANGE OF TYPE IN DISEASE.

Letter from W. O. Markham, M.D.

Sir,—I am glad to find that Dr. Barclay gives up one of the two legs upon which he rested his idola of change of type in disease.

Your readers will remember that Dr. Barclay originally objected to my argument against the theory in this way: You have, he said, staring you in the face two unanswerable facts—viz., the advent of cholera into this country, and the exit of plague from it; and yet you tell us that there is no such thing as change of type in disease!

In his letter of last week, however, Dr. Barclay himself admits that one of these facts—the plague—is not satisfactory; and that it may be fairly explained away by "improved sanitary arrangements". He at present, therefore, rests his argument solely upon the cholera; so that his original statement may now be said to go upon crutches. On further consideration, he will, I am satisfied, also give up the cholera as a fact demonstrative of change of type in disease. If there be one lesson more than another which Dr. Barclay's book on *Medical Errors* teaches us, it is this: to avoid illogically connecting together a sequence with an antecedent, so long as attendant disturbing causes have not been satisfactorily disposed of as possible agencies of causation. Now, Dr. Barclay must forgive me if I remind him that, in this instance of cholera, he himself has forgotten the lesson he has pressed so home upon others. If the simple fact of cholera appearing in this country be any indication of change of type in disease, Dr. Barclay is bound to show, or give good reasons for the belief, that the poison had often previously swept across the land as a malaria, or been introduced into it by the way of contagion, and yet had taken no root, because men's bodies were not then typically ready for its entrance, or because they had not yet got that sort of constitution which is a proper pabulum for the poison. But Dr. Barclay knows well the history of cholera. He knows that it advanced from the East step by step, desolating and destroying; that we heard of its coming, and predicted its coming, long before it arrived; and that, whether it be contagious or not, it most assuredly followed the exact course which a contagious disease follows when it spreads itself far and wide. How then can my friend assert that the fact of such a disease as this falling upon us, and coming to us by traceable stages direct from the country of its probable birth, is a proof that disease has changed its type? Surely, if the proof of the theory is ever to be given, it must come from the grounds upon which I argued against it—viz., from proofs that well-known ordinary diseases here, under our own very eyes, have changed their character.

I must again say, that to me it appears we might just as reasonably say that diseases had changed their type among the Ojibbeway Indians when civilisation introduced small-pox among them, or among the New Zealanders when it introduced into their country the larger disease, as say that the presence of cholera in England is a proof that diseases have changed their type. I am, etc.,

W. O. MARKHAM.

3, Harley Street, March 27th, 1865.

GOVERNMENT INSURANCES AND MEDICAL FEES.

LETTER FROM JAMES REID, ESQ.

SIR,—I am sorry to learn by the JOURNAL of March 18th, that the Metropolitan Counties Branch have failed to impress upon the Postmaster-General the justness of their appeal for fair remuneration to the medical referees under the Government Insurance and Annuities Act.

It appears to me that we have ourselves to thank for the low opinion government takes of our services, and of our *own* regard for what we do. The unjust scale of fees regulated by the sum insured, which so many assurance offices adopt, and which many medical men so readily accept, has been a plan which the government have followed in getting their work done at the lowest cost; just as they adopted the medical club system of a penny per head per week in fixing the remuneration for a civil practitioner in attending upon troops. This system found favour with some medical men, and fierce contests took place to obtain these appointments to medical clubs, all which government appreciated in the true free trade spirit, when they wanted to fix the payment for medical attendance upon their soldiers. I cannot so much blame government in this as ourselves; but I do find fault with the injustice of requiring the expenditure of the same amount of time, skill and thought being paid by different sums of money, according to the sum to be assured. We are asked to determine the healthiness and probable duration of a life, and do not want to know the amount to be insured in order to solve this proposition—indeed we shall decide best by knowing nothing about it. The work to be done is uniform in all instances; it should be met by an uniform fee, and should be kept free, to the interest of all parties, from any sliding scales of carefulness on the one hand, or payment on the other. If there was any justice in the money scales it should be 2*s.* 6*d.* for £50, 5*s.* for £100, 7*s.* 6*d.* for £150 insured, and so on. I know it is pleaded that these small sums cannot meet the expenses of insurance unless the medical man is content to take the small remuneration; then, I say, do without the medical opinions and take the risk—it is but a small one; or reduce the work and responsibility by merely requiring a general inspection and certificate as commonly suffices for a benefit society; otherwise it is robbing the medical man to pay the expenses of insurance. Again, *charity* is pleaded; but this is nonsense, for it is absurd to take from a man's pocket, or his fair remuneration for your own profit, or that you may not suffer, and call it charity. I have held some such arguments as these with various assurance offices, and many years ago refused the glitter of the New Equitable's two guineas, because under it there was an arrangement about less fees on the smaller sums insured. I have steadily declined to have anything to do with them, and shall treat this new government insurance and annuity society, whilst their present plan continues, in the same way. This act of the Postmaster-General will confirm the various insurance societies who have acted on this principle, and embolden them to proceed yet further in this direction.

I hope some means may be devised, by memorial or otherwise, by which a few thousand opinions may be sent to the Postmaster-General to meet the seven hundred letters of consent to his proposal. The measure of government insurance and annuities is a good one, and deserves to be well carried out, but not at the expense of, or injustice to, the medical profession. I am, etc.,

JAMES REID.

11, Bridge Street, Canterbury, March 21st, 1865.

Medical News.

APOTHECARIES' HALL. On March 23rd, 1865, the following Licentiates were admitted:—

Griffith, Griffith, Edeyrn, Pwllheli, Carnarvonshire
Griffith, Thomas, Merthyr Tydvil
Orton, George Hunt, Narborough Hall, Leicestershire
Worthington, James Vince, Ulverstone, Lancashire

At the same Court, the following passed the first examination:—

Burn, William Barnett, St. Bartholomew's Hospital
Ellis, William Henry, St. Bartholomew's Hospital
Quick, John, St. Bartholomew's Hospital

APPOINTMENTS.

DUCKWORTH, Dyce, M.D.Edin., elected Assistant-Physician to the Royal General Dispensary, Bartholomew Close.

ROYAL NAVY.

GRIGG, Joseph, Esq., Assistant-Surgeon, to Greenwich Hospital.
JAMESON, Thomas, Esq., Assistant-Surgeon, to the *Victory*.
REDMOND, William, Esq., Assistant-Surgeon, to the *Asia*.
STEWART, William H., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

HODGSON, F., Esq., to be Honorary Assistant-Surgeon 5th Yorkshire A.V.
NASON, R. B., Esq., to be Assistant-Surgeon 1st Administrative Battalion Warwickshire R.V.
THEED, F., Esq., to be Surgeon 1st Administrative Battalion Flintshire R.V.
THOMPSON, A. B., Esq., to be Honorary Assistant-Surgeon 19th Essex R.V.

DEATHS.

BROWN, Robert, M.D. (Staff-Surgeon Royal Army, and Medical Superintendent of Quarantine at Standgate Creek), at Strood, near Rochester, aged 84, on March 25. His full-pay service extended over sixty-two years.
BULLEN, R., Esq., Surgeon, at Bampton, Oxfordshire, aged 84, on March 12.
HARDEN. On March 20, at Brixton, Maria, wife of Charles Harden, Esq., Surgeon.
*HILL, John, Esq., at South Cave, Yorkshire, on February 22.
JOLLYE, Edward W., Esq., Surgeon, at Norwich, on February 20.
LORD, James, Esq., Surgeon, at Fleetwood, Lancashire, aged 45, on March 16.
M'COLLAH, John R., Esq., Surgeon, at Reeth, Yorkshire, aged 54, on March 8.
MAXWELL, Robert, Esq., Surgeon, at Millport, Isle of Cumbrae, on March 19.
MORRISON, C. H., Esq., Surgeon, at Dunmanway, County Cork, on March 14.
OLIVER, T. H., Esq., Surgeon, at Southdown, aged 92, on March 4.
RIBTON, G., M.D., at Kingstown, Dublin, on March 17.
RULE, John, Esq., Surgeon, at Maidstone, Australia, aged 86, on December 18, 1864.
SIMPSON, T., M.D., at Old Calabar, on January 4.
WILLEY, Thomas, Esq., Surgeon, at Littlethorpe, Leicestershire, aged 44, on March 10.
WINN. On March 22nd, aged 49, J. Teresa Elvira, wife of J. M. Winn, M.D.

MR. JUSTICE WILLES, at York, thanked a medical witness for calling a black eye a black eye, instead of an ecchymosed one!

Conversazione at Guy's Hospital. On Tuesday last, a *conversazione* was given by the Treasurer of Guy's Hospital.

Royal College of Surgeons. In future the museum, like the library, of the College of Surgeons will be kept open until five o'clock from March to August. Heretofore it has been closed at four o'clock.

Apothecaries' Hall. The Court of Master, Wardens, and Assistants of the society, have appointed Dr. William Perrin Brodribb secretary to the Court of Examiners, *vice* Alfred Mayor Randall, Esq., F.L.S., resigned.

Calculous Diseases are said to be almost unknown in the neighbourhood of the Moselle; but in other districts very frequent—in Upper Swabia, in the lime-districts of the Jura Mountains, in Dauphiny, etc.

The late Dr. J. Dickenson. Professor Chevalier is, we hear, about to produce a biography of the late Dr. John Dickenson, who accompanied the missions of Oxford, Cambridge, and Durham, into Central Africa, and then perished in discharge of his duty.

The Order of the Bath. The Queen has appointed to be Knights Commanders of the Most Honourable Order of the Bath, *inter alios*, J. B. Gibson, M.D., C.B., Director-General of the Army Medical Department; and W. Linton, M.D., C.B., Inspector-General of Hospitals.

The late Dr. Falconer. Upwards of £1,000 have already been subscribed towards the proposed memorial of this gifted man of science. The proposed memorial will be a scholarship founded in connexion with the University of Edinburgh. A bust of Dr. Falconer will also be placed in the rooms of some London Society.

Sir Rutherford Alcock, the late minister in Japan, served as surgeon with the British Legion in Spain, under Sir De Lacy Evans. He was successful on two occasions as Jacksonian Prizeman of the College of Surgeons. The subject of one prize was Concussion of the Brain; and of the other, Injuries of the Thorax, etc.

Jerked Beef. At a meeting of the Commissioners of Sewers, Dr. Letheby said he had carefully examined the dried beef which is being brought from South America, and found that all the fat it contained was rancid; but with regard to the lean portion, although he had eaten none of it himself, he considered it was perfectly wholesome as human food.

An Indian Pharmacopœia. The sanction of Government authorities has been given to the publishing of a special Pharmacopœia for India. The object is to call the attention of Indian medical officers to the indigenous plants and drugs of India. The carrying out of the work has been given to Mr. Waring, the author of a work on therapeutics. Sir Ranald Martin and other medical men in London have been formed into a committee to superintend the publication.

Asylum for Idiots. At the eighteenth annual festival of this institution, it was stated that the benefits were conferred upon 400 inmates of the asylum at Earlswood. Amongst other things taught were reading, writing, and reckoning. There was also a shop in the institution, at which buying and selling were carried on, so that the children might be exercised in carrying on business. The estate, which belonged to the subscribers, was worth £80,000, and there was not a shilling owing. It was proposed to double the size of the asylum. The amount of subscriptions was about £2,000.

University College Hospital. The annual report stated that during last year 28,000 sick poor had been relieved, and that the indoor patients had numbered 1,457, against 1,258 in the preceding year. The yearly expenditure of the charity was £6,936, of which only £3,000 is derived from fixed sources of income. Mr. E. Yates had bequeathed to the charity, in reversion, the residue of his estate, valued at about £40,000; and Mr. A. W. Jaffray had left a legacy of £2,000 free of duty.

The Royal Society. The following are the names of the medical candidates for election into the Royal Society. A. L. Adams, M.B., A. Armstrong, M.D., W. Baird, M.D., J. C. Bucknill, M.D., Professor Robert Grant, W. A. Guy, M.B., G. Harley, M.D., B. Hobson, M.B., E. C. Johnson, M.D., Henry Letheby, M.B., W. A. Lewis, M.B., R. McDonnell, M.D., Charles Murchison, M.D., Sir J. P. Olliffe, M.D., C. B. Radcliffe, M.D., J. R. Reynolds, M.D., E. H. Sieveking, M.D., and A. T. H. Waters, M.D. There are fifty-three candidates of all classes; and only fifteen appointments inclusive of medical men to be made.

Contagious Diseases Prevention Act. In the committee of supply in the House of Commons on March 24th, Mr. Ayrton complained of a sum of £5,000 being devoted to rendering the soldiers the great disservice of ministering to their immorality. He wished to know what towns were to benefit by this disreputable appropriation. Mr. Locke defended the vote, which he said was for the protection of the soldier. The Marquis of Hartington said the £5,000 would be spent principally in the wards of lock hospitals in several garrison towns; in erecting new lock hospitals where such wards could not be obtained, and specially at Aldershot for such a hospital. The vote was then agreed to.

Close Quarters. It is calculated by the Registrar-General, allowing for increase of population since the Census, that the borough of Liverpool contains on an average 93 persons to an acre of ground, the city of Glasgow 84 persons, of Dublin 67, of Manchester 79, and the borough of Salford 21. The borough of Birmingham has 42 persons to the acre, the city of Edinburgh 39, of Bristol 34, the borough of Leeds 10. The metropolitan district (122 square miles) has an average rather below 39 persons to the acre. The ten towns together have an area of 219 square miles, and an average of 25,216 persons to a square mile. Placing a person on each square yard, 3,097,600 persons would occupy a square mile.

Chemists' and Druggists' Bill. On Wednesday last Sir F. Kelly moved that the Chemists' and Druggists' Bill be read the second time. He observed that the public had at present no protection whatever against unqualified persons carrying on the business of chemist and druggist, and this Bill enacted that hereafter persons commencing such business and compounding prescriptions shall be examined and passed by examiners under the Pharmacy Act, and be registered. He alluded to another bill, with the same title, introduced by Sir J. Shelley, which proposed that the examination should be made by a council of the trade, to be elected from the general body, and he stated his objections to this scheme of examination. Sir J. Shelley pointed out the distinctions between the two measures, and urged the greater advantage of placing the examination under the United Chemists' Society, instead of the Pharmaceutical Society, as regarded the interests of the trade, as well as those of the public. He suggested that both bills should be read the second time, and referred to the same select committee. Mr. Brady

supported the present bill, panegyrising the Pharmaceutical Society, and placing its pretensions in very favourable contrast with those of the Chemists' Society. Mr. Kinglake remarked that the Pharmaceutical Society had already a machinery for conducting examinations, whereas the Chemists' Society had none, and must create one. The bills were read a second time and referred to a select committee.

Medical Society of London. The ninety-second anniversary meeting of this Society was held on March 8th. The following gentlemen were declared to be elected officers and Council for the ensuing year:—*President:* I. Baker Brown, Esq. *Vice-Presidents:* T. Davidson, M.D.; W. Harding, Esq.; G. D. Gibb, M.D.; and H. Smith, Esq. *Treasurer:* P. Marshall, Esq. *Librarian:* J. Palfrey, M.D. *Secretaries in Ordinary:* E. S. Thompson, M.D.; and E. A. Hart, Esq. *Secretary of Foreign Correspondence:* V. de Méric, Esq. *Council:* F. E. Anstie, M.D.; T. Bryant, Esq.; W. Camps, M.D.; W. Cholmeley, M.D.; R. P. Cotton, F.R.C.P.; W. J. Coulson, Esq.; R. Greenhalgh, M.D.; C. J. Hare, M.D.; C. H. Rogers-Harrison, Esq.; W. Harvey, Esq.; E. Head, M.D.; J. Jones, M.D.; A. Leared, M.D.; F. Mason, Esq.; H. P. Robarts, Esq.; W. R. Rogers, M.D.; W. Smiles, M.D.; W. A. Smith, M.D.; J. L. W. Thudichum, M.D.; J. Soelberg Wells, M.D. *Orator:* T. C. W. Cooke, Esq.

The Case of Dr. Prichard. The authorities in Glasgow have received a communication from Professor Maclagan, stating that antimony has been found abundantly in the liver, the spleen, intestines, and blood of the late Mrs. Pritchard. We believe we are correct in stating that steps are now in progress for committing the prisoner for trial. Our Glasgow correspondent says that the result of the analysis is looked upon as having given to the case a decidedly unfavourable aspect for the prisoner. With regard to the late Mrs. Taylor, the mother of Mrs. Pritchard, we believe the exhumation of her body is considered necessary, on account of an allegation that there was something peculiar about the registration of her death. It is said that, when the registrar applied to Dr. James Paterson, who attended Mrs. Taylor, he declined to give a certificate regarding the cause of death, at the same time intimating that he considered there was something in connexion with her decease which called for investigation. It is further stated, that Dr. Pritchard registered the death himself, and stated that deceased was seized with paralysis, and that an hour's attack of apoplexy supervened; whereas Mrs. Taylor's illness only lasted for four hours in all. (*Scotsman.*)

The Sanity of Criminal Lunatics. It may seem hard that those who are restored to comparative sanity should still be condemned to the darkest and most terrible of all dooms—that of perpetual incarceration in a madhouse—with the very worst class of maniacs. Yet this rule is necessary. There are several now in Broadmoor who years ago were only saved by accident from completing murder, and who afterwards passed two or three years in lunatic asylums. There in course of time quiet and careful medical treatment at last succeeded in restoring them to apparent sanity, and they were set at liberty. But the mind which seemed sane in the quiet good order of a well-regulated asylum, soon lost its balance when returned again to struggle with all the nervous excitements of the world. Some such who have been once liberated are now at Broadmoor—committed to its never-ending confinement, not for having attempted, but this time for having completed, sometimes one, sometimes more murders under circumstances of peculiar cunning and premediation. Some of these are still as bad as ever; some have been restored again to almost sanity for the second time. Neither will evermore be trusted at liberty. A committal to Broadmoor for murderous madness is as final as regards the chances of return to the world as death itself.

The Medico-Psychological Society of Paris, and Townley. The *Derby Reporter* says: We last week inserted what we had reason to believe was a truthful statement respecting certain proceedings of the Medico-Psychological Society of Paris in reference to its opinion as to the mental state of G. V. Townley. We find, however, on the authority of Dr. Lockhart Robertson, the able editor of the *Journal of Mental Science,* and himself a member of the French Medico-Psychological Society, that we, in common with the entire provincial press, have been made the dupes of charlatanism, and the unconscious advertisers of an indirect falsehood. This gentleman alleges, in the most positive manner, that the Medico-Psychological Society *has made no report;* and therefore the communication which we had received from London in all good faith is a dishonourable *ruse* to bolster up a professional mistake, and to throw discredit on opinions given by such able and honest men as Drs. Bucknill, Hood, and Meyers. In order not to be entangled in the meshes of professional pique, and to justify us in the statements we have now made, we publish in full two letters by Dr. Lockhart Robertson, which appeared in the British Medical Journal.

Cork Medical Protective Association. The annual meeting of the County and City of Cork Medical Protective Association was held on the 16th inst., in the Royal Cork Institution; Dr. Harvey, President, in the chair. The following resolutions were unanimously adopted:—"That in conjunction with the metropolitan and other associations, we persevere in our efforts in impressing on the Executive and Legislature the justice of a retiring allowance or compensation to Poor-law medical officers, when incapacitated by old age or loss of health in the performance of their duties as public servants. That we value the expressed opinions of Poor-law Guardians, who, from their long experience in the working of the Medical Charities Act, deem less than £100 a year insufficient payment for the dispensary medical officers, and that we exercise every legitimate influence to insure this sum as the *minimum.* That we reiterate our conviction, that the Medical Council, under the Medical Reform Act, has failed in its duty to the profession and the public, in not prescribing, as they had power to do, a *maximum* standard of education for candidates about to enter the profession; and also for not taking more stringent measures to prevent the assumption of medical titles by unqualified persons. That it is much to be desired that some fixed principle on the part of the Army Medical Department, as to the rank and pay of medical officers, be adopted, so as to insure the best qualified men for appointments in her Majesty's service. That an approaching general election for members of Parliament will place in the hands of the profession (which is virtually unrepresented) a power to influence the several candidates to support in the House of Commons the legitimate claims of a body of men whose services to the public have been overlooked, and that we call on our brethren throughout the kingdom to exercise their franchise subject to this condition. That we feel deeply the valuable services rendered by the press of Ireland whenever the interests of the profession have called for its advocacy."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. Mr. Walter J. Coulson, "On Lithotrity"; Dr. E. Day, "On Menstruation during Pregnancy."—Epidemiological Society, 8 P.M.—Entomological.

TUESDAY. Pathological Society of London, 8 P.M

WEDNESDAY. Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., Dr. Meadows, "Case of Monstrosity"; Mr. Truman, "Extrauterine Fœtation"; and other Papers.—Geological.

THURSDAY. Harveian Society of London, 8 P.M. Dr. Camps, "In what Class of Cases and under what Circumstances may we reasonably hope for Cure in Epilepsy."—Royal.—Chemical.—Linnæan.

FRIDAY. Western Medical and Surgical Society of London, 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.—Astronomical.—Royal Institute.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL *to be addressed to the* EDITOR, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. RICHARDSON'S papers will be continued in an early number.

THE PRESIDENT OF THE MEDICAL COUNCIL gives a *conversazione* at his house in Cavendish Square on April 5th.

BLISTERS IN RHEUMATISM.—The practice of applying blisters to the joints in acute rheumatism was, it is said, practised many years ago on a large scale at the Whitworth and Hardwicke Hospitals in Dublin.

THE ARMY MEDICAL EXAMINATIONS.—The highest number of marks, we are told, which can be obtained by army medical candidates, is 6900; not 6000, as was stated in this JOURNAL. The highest number obtainable at Chelsea, is 3400; and at Netley, 3500—making together 6900.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—C. Spurgin, Esq. (Stratford St. Mary), 10s.; R. Sleman, Esq. (Tavistock), 5s.; H. T. Woodd, Esq. (Tavistock), per Mr. Sleman, 5s.; J. Pearse, Esq. (Tavistock), per Mr. Sleman, 5s.; W. C. Northey, Esq. (Tavistock), per Mr. Sleman, 5s.; R. Willis, Esq. (Tavistock), per Mr. Sleman, 5s.; J. G. Doidge, Esq. (Tavistock), per Mr. Sleman, 5s.; J. H. Willis, Esq. (Tavistock), per Mr. Sleman, 5s. From Lower Norwood, 5s.

Amount previously announced, £118:16:0. Received at the *Lancet* office, £7:17:6.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, March 29th, 1865.

IRISH ARMY SURGEONS.—(F. P.)—The standard of general education required by the Dublin College of Surgeons, is lower than that of any other Examining Board in the United Kingdom. Of course, therefore, we may fairly conclude that the Irish medical candidates who are now flocking into the army are the worst educated, as regards general education, of all the candidates who apply for military honours. Whether a low style of general education is likely to advance the credit of our profession in the army, is a question which we will leave for the consideration of the Director-General and the Netley examiners.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following notice has been issued.

The Council of the Faculty have had the subject of *ad eundem* licences under consideration, and have resolved not to grant a diploma to any candidate who has not been examined and found qualified in all the branches of medical and surgical science comprehended in the curriculum of the Faculty. The circumstance of our *ad eundem* diploma having been granted, in a very few instances, to members of the Royal College of Surgeons of England who have not been examined on our full curriculum, arose from an inadvertent oversight. JAMES PATERSON, M.D.,

Faculty Hall, Glasgow, March 14th, 1865. *Registrar.*

IODINE AS A PREVENTIVE OF SUPPURATION.—SIR: In your issue of March 11th, you state that M. Pétrequin has recently proposed a new method of preventing suppuration after the removal of tumours; namely, by means of the tincture of iodine. I beg to inform you that this method has for many years past been employed here by Mr. Spence, Professor of Surgery in the University. He has been in the practice of stating in his lectures, that he has sometimes, in amputations, used methylated spirits brushed over the flaps; and in cases where there have been abscesses in the soft parts included in the flaps, he has brushed the pyogenic surface—occasionally, even the whole surface of the flap—with strong tincture of iodine; this treatment being followed by decidedly beneficial effects.

Professor Spence, moreover, recommends in the case of chronic abscess requiring evacuation, that a free incision be made, and their inner surfaces painted with tincture of iodine. This treatment, practised in the Professor's wards in the Royal Infirmary, has been attended always with success, and is now invariably employed in cases of the above description. I am, etc.,

A PUPIL OF PROFESSOR SPENCE.

Edinburgh, March 15th, 1865.

[If our correspondent will again peruse the article to which he refers, he will see that we have not stated M. Pétrequin's idea to be *new*. It has no doubt arisen out of the kwown fact of the anti-pyogenic influence of iodine. But, if we understand our correspondent rightly, he tells us that Professor Spence uses iodine in cases where suppuration has already occurred, to retard the further formation of pus; whereas M. Pétrequin uses iodine to prevent suppuration altogether. EDITOR.]

COMMUNICATIONS have been received from:—PROFESSOR SIMPSON; Dr. GILCHRIST; Dr. DURRANT; THE HON. SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Dr. RADFORD; Dr. JOHN THOMPSON; Mr. H. E. NORRIS; Dr. D. NOBLE; Mr. CHRISTOPHER HEATH; Dr. CRUISE; Dr. HENDERSON; Mr. SOUTHAM: AN OLD MEMBER; Dr. DAVIS; THE HON. SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Mr. WINDSOR; Dr. FREDERICK J. BROWN; Dr. R. FOWLER; Dr. DUCKWORTH; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. A. B. STEELE; Dr. HUGH NORRIS; and Mr. BROADBENT.

BOOKS RECEIVED.

1. A Practical Enumeration of Various Diseases of the Human Body of Both Sexes, etc. By W. S. Oke, M.D. Second edition. London: 1865.
2. Manual of Physiology. By W. B. Carpenter, M.D., F.R.S. Fourth edition. London: 1865.
3. On Primary Cancer of the Brain. By G. Mackenzie Bacon, M.D. London: 1865.
4. A Critical Inquiry regarding Superfœtation: with Cases. By George Lindsay Bonnar, M.D. Edinburgh: 1865.
5. The Insanity of George Victor Townley. By C. Black, M.D.Lond. Fourth edition. London: 1865.
6. Stammering and Stuttering, their Nature and Treatment. By James Hunt, Ph.D. Sixth edition. London: 1865.
7. On Intrathoracic Cancer. Part I. By J. Cockle, M.D. London: 1865.
8. Revelations of Quacks and Quackery. Reprinted from the "Medical Circular". London: 1865.
9. Annual Report of the Committee of the Manchester and Salford Sanitary Association. Manchester: 1865.
10. Sussex County Lunatic Aylum. Annual Report. 1865.
11. On the Motions of the Human Feet. By James Dowie. London: 1865.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, April 1865.

ADVERTISEMENTS.

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PHILIP ROSE, Hon. Sec.
Brompton, March 29th, 1865. HENRY DOBBIN, Sec.

Classical and Mathematical.—Dr. STEGGALL prepares Gentlemen for their Examinations in Classics and Mathematics at all the Medical Boards, viz., the Preliminary Examination at Apothecaries' Hall; the Matriculation Examination of the London University; Preliminary and Fellowship Examination at the Royal College of Surgeons, etc.

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A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,

CHRISTIANIA.

If space can be given me in this Journal, I will take the liberty of briefly describing the process of syphilisation, and state the results which I have observed up to the present time.

I feel the more called upon to take this step, as I perceive, by Mr. Lee's letter in the Journal of February 18th, that medical men in England are totally unacquainted with the whole proceeding. I know nothing of Mr. Lee's own experience in syphilisation, and possibly he has not tried it; but he says that Dr. Marston has informed him that he has lately carried it to the extent of forty to sixty inoculations without any satisfactory result. From these words, it is evident that Mr. Lee has not studied the principles of syphilisation. What Dr. Marston has done has been simply to inoculate a few times with syphilitic matter; but inoculation is not entitled to the name of syphilisation unless it be continued until the syphilitic matter will no longer take. It is necessary to continue inoculating as long as the virus has any visible effect on the system. Mr. Lee will perhaps answer, that the virus never ceases to have a visible effect, for this assertion has been made by some; but I know for certain that it does, having myself observed such to be the case in every one of the seven or eight hundred patients whom I have had under treatment.

The virus seldom loses its power on the system earlier than at the end of three months, and seldom later than at the end of four months and a half. However, after the lapse of some time, it will be possible, by inoculating with syphilitic matter, to produce on the patient a pustule or a sore; and in proportion to the time which has elapsed after syphilisation, a greater or less number of pustules can be produced; but these pustules and sores are never so large, and it will never be possible to produce such a series of inoculations as take place during the first syphilisation.

With regard to the syphilitic virus, the body never returns to the state in which it was before syphilisation. And here lies the turning-point or gist of the whole matter. Here we disccover the striking analogy between syphilisation and vaccination. From this point of view the matter must be considered; and when syphilisation has been practised in strict conformity with this theory, the same astonishing results will be seen which for a long course of years I have been able to produce by this method. But people have not cared to consider the matter in this light. The French Academy knocked syphilisation in the head without knowing practically anything about it; and everybody has blindly followed the French Academy. The whole affair has been considered as a chimera. What I am most surprised at is, that practical Englishmen should have allowed themselves to be led away by mere words, instead of examining the hard facts for themselves.

Mode of Syphilisation. In syphilising, I take matter from an indurated chancre, and inoculate each side of the chest with three different punctures. After the lapse of three days, I take matter from the pustules which by that time have made their appearance, and inoculate the sides also with three different punctures on each side, always extracting matter from the last matured pustule for the next inoculation, until this matter no longer takes on the sides. I then extract matter from the sides, and in the same manner as before inoculate the arms, where it again takes for a few successive times; and proceed in the same manner as before on the sides. When it ceases to have any effect on this part, I take the matter from another patient under treatment for syphilisation. This matter will take for a few successive times; and with it I inoculate the sides of the chest and the arms at the same time. When this matter (from the other patient) loses its effect on these parts of the body, I transfer the matter from the arms to the thighs, where it again will take for a few successive times; and, when it no longer produces a satisfactory result, I introduce new matter extracted as before from another patient under treatment for syphilis with syphilisation. I now continue on the thighs until the matter becomes inoperative. When the virus ceases to have any effect on the thighs, the patient will either be cured, or every symptom of the disease will in a short time vanish. One or two mucous tubercles will sometimes remain, or an exudation in the throat, etc.; but these soon disappear on the application of caustics.

With regard to the mode of inoculation, it is necessary to be careful to make every group of punctures at some distance from the one previously made; otherwise large confluent sores may result. I would likewise draw particular attention to the necessity of first inoculating on the sides, as chancres on this part of the body are seldom large, and have never, in the course of my experience, become phagedænic. If we begin with the thighs, the chancres will be large, and may possibly become phagedænic, and leave a bad cicatrix. If we finish with the thighs, susceptibility will to a great extent have ceased to exist, and the sores which then arise will neither be large nor deep.

The different degrees of development which we observe chancres to reach on the different parts of the body, according to the part which has been first inoculated, must be the surest proof that syphilisation does not only act locally, but also produces absorption into the system; and that the whole body is influenced by this treatment.

Syphilisation must be adopted in cases of *Constitutional Syphilis* only, it being often difficult or impossible to tell whether constitutional syphilis will follow a chancre; and syphilisation ought to be adopted chiefly or only when mercury has not been previously given. Even after mercurial treatment, syphilisation is certainly the best method that can be followed; but in that case there will not unfrequently be a relapse; and as long as the doctrine of syphilisation meets with such strong opposition, the mercurial treatment previously adopted is liable to be forgotten, and the cause of the relapse to be assigned to syphilisation. *In fact, syphilisation must be the first method resorted to in constitutional syphilis, and not the last.*

Results of Syphilisation. I will now state the results of syphilisation as practised by me in my public ward in the hospital in Christiania. From October 1852 to the end of February 1865 there have been 502

patients subjected to the treatment of syphilisation, of which number 429 had not been under mercurial treatment. Of this latter number, 384 were cured completely, and 45 have returned to the hospital with a relapse, 28 of whom were not subjected to any new constitutional treatment. In these, external remedies have been alone applied, and in the greatest number of cases only for a few days. Thirteen of the forty-five were resyphilised; and four of them were treated with iodide of potassium.

Of the 429 there were 42 children suffering from hereditary syphilis. Many of these had atrophy; but I wished to see to what extent syphilisation might be practised. Of these 42 children, 22 died. This may perhaps be considered a high rate of mortality; but whoever knows anything of the treatment of hereditary syphilis in new-born children will not find this result unsatisfactory. Moreover, of the aforesaid 429 individuals, one child, who was suffering from acquired syphilis, died of croup, and a woman, aged forty, of dysentery. The state of the patients' health after treatment has been most satisfactory. Apoplexy, paralysis, and the numerous internal affections, which are an every day occurrence after mercurial treatment, have never, as far as my experience goes, followed syphilisation. Tertiary symptoms have been confined to slightly developed affections of the bones; and of these cases I have seen four.

In my private practice I have had at least 250 persons under treatment, who, whilst the treatment was proceeding, were able to transact their daily business. The results of syphilisation in my private practice have been still better than in the hospital, these patients having been in easier circumstances. But as their case did not come under the observation of any one but myself, I will say no more regarding them.

If the results of syphilisation be compared with those of mercurial treatment, the difference will be found so extraordinary that the most zealous advocates of the latter must yield their opinion to the force of facts. There is, however, one point in which these two modes of treatment do not differ so widely; and that is, with respect to their several results upon the offspring.

The effect of mercurial treatment on the offspring has long been known. It is acknowledged as a fact that, when the mother has been treated for syphilis with mercury, the first children have been either in a state of putrefaction, or still-born or syphilitic; and there is no certainty that she will ever give birth to healthy children. I have, however, shown, in my statistical work entitled *Recherches sur la Syphilis* (Christiania, 1862), that when a female patient has been treated for syphilis previously to the age of puberty, she almost always gives birth to healthy children. If a male patient have been treated for constitutional syphilis with mercury, his children will generally be healthy. With but very few exceptions, they will be free from the disease; and even with the exceptions, they will not have it in so high a degree as those born of a mother who has been syphilitic. With regard to syphilisation the case is similar; but my experience, which on this subject is not trifling, would seem to justify the idea that the mother sooner begins to have healthy children after syphilisation than when the parent has been subjected to mercurial treatment; and if a mother, after syphilisation, has given birth to a healthy child, the children born afterwards will not be syphilitic, which they sometimes are after mercurial treatment.

An attempt has been made to throw obstacles in the way of syphilisation by pointing to its results where children are concerned, and alleging its inferiority in such cases to mercurial treatment. It has also been attempted to prove that so-called "derivation" is not a cause of disease in the offspring; but this is not true, for the case is precisely the same after derivation as after syphilisation.

I have now given a brief description of syphilisation as I practise it, and its results; and it would be indeed gratifying to me if its vast superiority over the mercurial system were to be recognised; and, if this is ever to be recognised anywhere, it must be by the most practical of all nations. With regard to syphilisation, there are many trifling points to be noticed, in order that the different stages of the process may follow with regularity, and produce the desired result. By long experience I have learned that, wherever syphilisation has been tried, it has been rejected on account of inability to surmount the small impediments connected with the system.

It has been asked in what way syphilisation acts on the system; and I must confess that I do not know. The results are plain enough; but how they are brought about I am unable to explain. But do we know more of vaccination and of many other great facts in the science of medicine? It is easy to construct a theory; and it would be strange if I had not formed one after having practised this method for nearly thirteen years; but it will make little difference to me if my theory should be proved a false one, for the facts will remain as strong as ever.

I consider syphilis to be a disease which has to go through a certain cycle. We often see that it vanishes when left to take its own course; but we are unable to say how often at a later date it may return. I think that all I can say with certainty is, that relapses after the "expectative method" are less frequent than after the use of mercury. I have shown, in my statistical work above referred to, that no treatment is followed by so many relapses and gives generally such bad results as the mercurial. The reason of this, I believe to be very simple. Mercury interrupts the cycle which the disease has to pass through; it is not able to break out on the skin and the mucous membranes, and it consequently attacks other organs at a later period. By means of syphilisation, syphilis is made to pass through an artificially produced cycle; the course of nature is not interrupted, but, on the other hand, assisted, and sometimes hastened.

In the course of my practice, I have been compelled, by childbirth or some other illness, to stop syphilisation; and, in such cases, relapses have often occurred. The cycle which has commenced is interrupted; and this, I believe, often happens when the disease is left to take its own course; for, during the time that the disease will have taken to pass through its several stages, many circumstances may arise to produce an injurious effect.

I will say no more of my theory. What I have written is essentially practical. What we have to look to in this case are facts. There will be plenty of time for disputation when the main point is settled.

If fifty patients in one of the London hospitals, suffering from constitutional syphilis, were placed under my treatment, I would show that what I have stated is in conformity with nature. I only request that five gentlemen should be appointed to watch my mode of treatment; and whether they be advocates of, or opponents to, the system, would be immaterial to me.

Sanitary Reform. Sunday, March 12th, was by agreement appropriated by many of the clergy of New York to sermons relating to the unhealthy condition of that city, and the duty of taking vigorous methods for its improvement.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

CHAPTER VII.

The Means of Delivery by Destructive Operations.

I.—*The Induction of Abortion.* The induction of abortion has been proposed for the purpose of superseding the necessity of the Cæsarean section; but, in general, the woman has passed the period when it could be advantageously performed. In the great majority of such cases, she has arrived at the full period of pregnancy, and in many cases labour has actually commenced before the obstetrician has become acquainted with the malconformation of the pelvis. Sometimes he becomes acquainted with the pelvic deformity from the difficulty he has experienced in a former labour. It occasionally occurs, although very seldom, that the presumptive evidence of a malformed pelvis may be so strikingly observable in the early months of a first pregnancy as to induce the woman or her friends to apply to an obstetrician. But tumours of different kinds and exostosis may exist in the pelvis, without affording any indications whatever which might lead to a suspicion of their existence.

Whenever it is ascertained, after a most careful investigation in a first pregnancy, that the pelvic capacity is either positively or relatively too small to permit a viable infant to pass, then it would be justifiable, if possible, to perform this operation. But, if the woman again become pregnant, a question arises, whether it is justifiable again to adopt this plan. My opinion (which I submit with great deference to the profession) is, that it ought not a second time to be performed. If such a practice be admitted as sound, it establishes a principle totally at variance with the laws of God and man. The remarks to be made hereafter on the comparative value of maternal and fœtal life will, I hope, be fully considered before such steps are a second time followed.

It has been remarked, that some teachers of midwifery in this country have asserted that this operation should be only once performed, after which the wretched woman should be left to take the fearful chance of the Cæsarean section. To say this, was to assume the position of the Supreme Judge. Just as well we ought to cure syphilis once only. It is said to be "a moral dogma, absurd and immoral, to prefer an ovum of four or five months, dependent for its existence on the mother." I shall not attempt to refute these remarks; but, after I have fully put my opinions before the profession, I shall content myself to leave the subject in their hands, with a desire that they will carefully weigh all the contingent circumstances, and consider whether there is any validity in my observations.

It is not on moral grounds alone that I object to the induction of abortion in order to supersede (as it is said) the Cæsarean section. It is not so safe an operation as it is usually represented. On the contrary, sometimes great danger has succeeded, and in some cases even death has ensued. Great difficulty has frequently been experienced in its performance, and in some cases it could not be accomplished. When the pelvis is highly distorted by mollities ossium, its entire character is changed; its cavity becomes altered in its shape, and all its diameters are very much diminished, whilst the depth anteriorly is very considerably increased. The position of the viscera which are normally contained within the pelvis is changed according to the degree of distortion. The uterus is especially altered in its relative position; it stands obliquely above the brim; and, in most cases of extreme deformity, the os uteri cannot be felt. (See preceding remarks.) Under such circumstances, it is utterly impossible to perform this operation; and, in many cases, great risk is incurred by making the attempt. It is true that, by rash and rude manœuvres, so much mischief may be done that the expulsion of the ovum follows, although there has been no direct entrance into the os uteri, but solely in consequence of the injury inflicted upon the uterus or upon some contiguous organs, which is succeeded by great constitutional irritation, fever, etc., and sometimes by death. An experienced practitioner unsuccessfully attempted to destroy the ovum. The woman died from the effects. The pelvis is in my possession, and is an example of very great distortion from mollities ossium. Similar cases are also elsewhere recorded. In pelves distorted from the effects of rickets, in which the brim is elliptical, and the cavity and outlet comparatively more capacious, the difficulties above mentioned would be found considerably less.

I may be told that the difficulties and risks of attempting to induce abortion by passing an instrument through the os uteri, for the purpose of destroying the ovum, may be almost altogether avoided by the employment of the douche. From all the information which I have been able to obtain upon this subject, this measure has very frequently failed to produce any effect when employed in the early months of pregnancy.

II.—*Craniotomy.* Craniotomy is recognised in these kingdoms as an operation of election, and is most extensively and frequently performed. It is employed in those cases of difficult labours in which the women cannot be delivered by the forceps, long or short, by the vectis, or by turning. It is also often had recourse to in many contingent accidents which happen during parturition, as in some cases of accidental and unavoidable hæmorrhage, in some cases of convulsions, in some cases of rupture of the uterus, and also in those cases of protracted labours in which, from the neglect or ignorance of the practitioner, the pelvic organs and tissues are brought into such a state from pressure as to render delivery by other means hazardous to the life of the woman.

It has been proposed in cases of osseous deposits in the pelvis, on the grounds that it is impossible to estimate their density, and that most likely the structure would yield or even break down under the

pressure made upon it during the extraction of the reduced head. This is, however, an unwise proposition, and ought not to be entertained upon such a presumption alone.

Now, when we contemplate the aggregate amount of infants destroyed by craniotomy in these countries for one year, the thought must be truly appalling. The facts of such a case cannot be, unfortunately, accurately arrived at. Reports of lying-in hospitals may in some degree show the force of this remark. Dr. Collins reports that, during his mastership at the Dublin Lying-in Hospital, 16,414 women were delivered, during which time craniotomy was performed in seventy-nine cases. Dr. Joseph Clarke reports that, in 10,387 cases of labour, craniotomy had been performed forty-nine times.

Now, assuming, in the first place, that craniotomy was performed relatively as frequently in the aggregate amount of labours in England and Wales which occurred in one year, as it was under Dr. Clarke's management in the aggregate of his cases, we should have 2,834½ infants annually destroyed by this operation; and, by making a similar relative computation of Dr. Collins's cases, there would be 2,887¾ infants destroyed in one year. But, if a true statement could be obtained of the number of craniotomy operations which are annually performed in these kingdoms, the aggregate amount would far exceed either those of Dr. Clarke or those of Dr. Collins.

As it is so difficult—nay, I would say, quite impossible—to ascertain with arithmetical accuracy the real condition of the apertures and the cavity of the pelvis, we ought, in all cases of slighter degrees of distortion, as far as possible, to endeavour to save the infant, by first making a cautious and judicious trial of the forceps or turning, before we have recourse to craniotomy.

Then, as we have craniotomy performed in all cases in which the pelvic apertures or its cavity are either relatively or positively diminished, so as not to allow delivery by other means; as we know that most of the obstructing causes to labours progressively increase in size,—it must be evident that craniotomy must be much more difficult and dangerous to perform in some cases than it is in others. On this account, I shall treat of it under two heads.

The first division includes those cases in which there is relatively no very great disproportion between the pelvic measurements and those of the head of the infant. In some of these cases, the mere perforation of the skull will suffice to set it free. In others, it will also be necessary to break up the brain, and then either partially or entirely to remove it from the cranial cavity; after which, it may be expelled by the uterus, or drawn out by the hand alone, or by the aid of the crotchet, or by that of the craniotomy-forceps.

The second division embraces those cases in which there is relatively greater disproportion between the pelvis and the infant's head. There is, however, even in these cases, more difficulty experienced, and more danger attending the operation, in some than is found in others.

The pelvis may be distorted by malacosteon or rickets, or its cavity may be so much diminished by exostosis or tumours that a question may arise whether a mutilated child can pass through it. The opinions of different writers vary as to the space necessary to exist in the pelvis in order that a craniotomised infant can be dragged through it. Some state that a free space of one inch and a half in the antero-posterior diameter of the pelvis is quite sufficient; others say an inch and three-quarters is required; whilst others, again, affirm that, unless there be a space equal to two inches in this diameter, a mutilated infant cannot be drawn through the pelvis. One writer, however, has had the boldness to declare that he has delivered a woman when there was only one inch and a quarter space in the antero-posterior diameter.

These discrepancies of opinion as to the required space for crotchet-delivery are difficult to understand; but the different characters which pelves assume may in a measure account for them. But there has, doubtless, been some mistake made in either the accuracy of the measurement or in the age and development of the infant, as it is quite impossible to deliver a full-grown infant when such a contraction of the pelvis exists as the minimum above mentioned. There is an unchangeable mechanical law which cannot be averted in these cases; that is, a body of a definite or given size cannot be drawn through an opening whose diameters are less than itself. Then, in order to reduce the infant's head, the vaulted part of it must be removed by taking away the two parietal and the frontal bones. Dr. Osborne reduced the head of the infant as far as possible, and then placed the base in (as he thought) the most favourable position by turning it so as to bring it sideways first through the pelvis. He succeeded after great efforts, and delivered the woman, whose pelvis measured at the brim, in its antero-posterior diameter, only (as he says) one inch and a half. Dr. Osborne was doubtless mistaken in his conclusions, which has been so ably and clearly proved by Dr. Hull and Dr. A. Hamilton.

The measurement of the side of the base of the skull corresponds with Dr. Osborne's estimation of it; but, in his anxiety to astonish the profession, and to prove his great achievement, he overlooked the fact that the other side of the head had to follow; and that the bulk must, therefore, be necessarily greatly increased by the addition of the cervical vertebræ and the soft part of the infant's neck, which must lie upon it and pass at the same time.

Now Dr. Hull has experimentally and indisputably proved the fallacy of this assertion; and has shown that the least measurement of the head, when it has been reduced to the utmost, after dragging away the frontal and the two parietal bones, is from the root of the nose to the chin; and, therefore, in order to bring the head (after craniotomy) through the smallest possible pelvic space, the face must be brought first. Dr. Hull, in Plate xii, Fig. 1 (*Observations*, etc.), gives a representation of the reduced head, placed over a sketch of the brim of a distorted pelvis; as well as the outline of that of Eliz. Sherwood. So that, in such cases, it is most desirable to convert the case from a vertex, if that were the original presentation, to a face case. After this change has been accomplished, the crotchet should be fixed in that situation, so as to turn the chin towards the pubes; and the extractive force should be directed so as to draw down and keep the chin in the anterior part of the pelvis, as the natural flexion of the head with the vertebræ facilitates the passage of the chin under the arch of the pubes. Great care should be taken to prevent injury being

done to the uterus or the vagina by the sharp edges or points of the bones of the skull, by placing over them the scalp-integuments.

Dr. Davis says the necessity for Cæsarean section may be reduced to zero by craniotomy; and, using his osteotomist, he asserts that he has succeeded in bringing the reduced skull of the infant through the space existing in the pelvis of Elizabeth Thompson.

This operation was undertaken on a block of wood, in which the pelvis was carved, etc. I had (now in St. Mary's Hospital) similar blocks; but I could never accomplish the extraction. However, it is one thing to operate on an inanimate machine, however accurately formed, and another to operate in the pelvis of a living woman. I had different preparations made of the base of the cranium, with the vertebræ lying over the side and over the occiput, to show their relative measurement to the brims of different sized pelves, which were cut in wood.

But a practical question suggests itself: Will the performance of craniotomy meet all the difficulties arising from distortions of the pelvis? or can a woman be delivered by this operation, however greatly contracted the brim of the pelvis may be? Notwithstanding the great reduction which may be made in the head of the infant, and howover favourably its base may be placed, I most unhesitating assert that it is sometimes utterly impossible by any means whatever, either by the use of the osteotomist or of the cephalatribe, to deliver the woman. We ought never to disguise from ourselves that, in a great number of cases of extreme distortion, it is not possible to attempt delivery, as neither the os uteri nor the presentation of the infant can possibly be felt. This was found to be the case in many of the women whose cases are tabulated. (*Vide* remarks on the necessity.)

But, in many cases in which this information has been obtained, the head of the infant has been opened, and in some instances it has been reduced to its utmost limits, and yet the practitioner has been unable to drag it through the pelvis. Dr. Hull states in his *Defence* (p. 222) that ten women, upon whom embryulcia had been performed, lost their lives. He also relates three other cases, in which both the mothers and the infants perished. In one, neither the os uteri nor presentation could be reached; the uterus ruptured, and the infant escaped into the abdominal cavity. In another, after great difficulty, the breech was found to present. An attempt was made to pass the hand to lay hold of this part; but it failed, on account of the great pelvic contraction. After a second trial, the blunt hook was with great difficulty fixed; but, "notwithstanding all my exertions, the presentation could not be brought lower than the brim of the pelvis." She, therefore, died undelivered. In the third case, Ellen Gyte, who had been in labour sixty hours, the head was opened, and the crotchet applied; but, after the most strenuous exertions, it could not be brought through the pelvis. The vagina ruptured, and the infant escaped into the abdominal cavity. The pelvis was highly distorted; the diameter of the largest circle that could be formed in the superior aperture was two inches and one-twelfth. The pelvis now belongs to me.

In a case in which the pelvis was highly distorted, under the care of the late Mr. R——, the head was perforated; but, after the most powerful efforts, he was unable to bring it down. The uterus ruptured, and the child escaped into the abdomen. She died undelivered. A cast of the pelvis is in my possession. The cause of distortion in all these cases was mollities ossium. I have known several other cases in which the same melancholy events happened; and doubtless, if the grave could unfold the mysteries contained within it, very many more horrible terminations of pregnancy would be brought to light.

But, even granting that, in some extreme cases of distortion, there may exist sufficient pelvic space to permit an infant, whose head has been reduced to the utmost, to be dragged by great force through the pelvis, yet it must not be forgotten that such an operation must be extremely hazardous to the life of the mother. It is one thing to deliver the woman, and another to do so safely. It is much to be deplored, that this operation is still permitted to be so unconditionally performed; especially so when the injuries which are frequently inflicted on the pelvic organs, and when its comparative mortality, are considered.

The statistics of craniotomy are in a very unsatisfactory state. After a very minute search, I have been quite unable to draw out such tables as I wished. Feeling strongly the importance of deductions which are to be drawn from an accumulation of well authenticated facts, I published a letter (*Provincial Medical and Surgical Journal*, vol. xviii, p. 494, 1849) requesting that the members of the Association would transmit me a statement of all the cases which had happened in each of their practices; but my appeal did not elicit much information. Not having been successful in this attempt, I could only avail myself of the statements already published by my worthy and esteemed friend Dr. Churchill of Dublin, in his *Theory and Practice of Midwifery*. The following is a copy of his tables.

Authors.	No. of cases.	Mothers died.
Dr. Smellie	44	4
Mr. Perfect	3	0
Dr. Joseph Clarke	49	16
Dr. Granville	3	3
Dr. Ramsbotham	34	5
Dr. Maunsell	5	2
Mr. Gregory	2	1
Dr. Collins	79	15
Dr. McClintock Dr. Hardy	52	8
Dr. Beatty	3	0
Dr. Churchill	11	1
Mr. Warrington	1	0
	286	55

Or about 1 in 5.

"Independently of the abuse of this operation (craniotomy)—of its unjustifiable frequency—let us for a moment look at its relative fatality, when compared with the Cæsarean section.

"According to the above" (Dr. Churchill's) "statistics, British practitioners resort to craniotomy once in 219 cases; the French, once in 1,205⅔ cases; the Germans, once in 1,944⅓. The average, therefore, of these three nations, will be one in 896½. In 252 cases, 50 mothers died, or about one in every five. As regards the Cæsarean section, the same author states that he has collected 321 operations since 1750, from which 149 mothers recovered; and in 187 cases, where the result is mentioned, 130 children were saved, and 57 lost.

"Hence, then, we have a calculation showing that in craniotomy, where of necessity all the children must be sacrificed, one woman out of every five died; while, in the Cæsarean section, one mother recovered out of two and a fraction, and the success to the child was certainly most fortunate."

The destruction by craniotomy of a number of infants in different women, in successive labours, both in the practice of other obstetricians, as well as those which happened to myself; the ignorant and groundless adoption of this operation; the unprofessional and disgraceful manner in which I have known it performed (in one case, the head was opened by a pair of scissors, which were obtained from some part of the family; in another case, by a penknife); and the operation being frequently performed without a consultation,—these circumstances, and deep reflection on the social and moral right to destroy life, convinced me that the present recognised practice in these cases ought to be modified.

In a course of lectures delivered to the members of the profession, I strongly denounced craniotomy as an operation of election; and I recommended it to be performed generally as an operation of necessity, and that it should only be conditionally accepted as one of election. These opinions I then expressed, and have ever since advocated and in every way promulgated. (*Provincial Medical and Surgical Journal*, and *British Obstetric Record*, etc.)

Such, then, was my proposition in 1843; and now, in 1865, after long reflection and matured experience, I am, if possible, more strengthened in my convictions. The remarks of Dr. Bedford, which I afterwards found in his translation of Chailly, bear so forcibly upon the subject, that I do not hesitate to quote them. He says:

"The Cæsarean section is undoubtedly a dread alternative for the accoucheur to choose; but I cannot agree with Dr. Chailly, that its fatality is so great as he represents; nor am I disposed to adopt the opinion (unfortunately too general) that craniotomy is always to be preferred to the Cæsarean section. In truth, it needs some nerve, and, for a man of high moral feeling, much evidence as to the necessity of the operation, before he can bring himself to the perpetration of an act which requires, for his own peace of mind, the fullest justification. The man who would wantonly thrust an instrument of death into the brain of a living fœtus would not scruple, under the mantle of night, to use the stiletto of the assassin; yet how often has the fœtus been recklessly torn from its mother's womb piecemeal, and its fragments held up to the contemplation of the astonished and ignorant spectators as a testimony undoubted of the operator's skill. Oh! could the grave speak, how eloquent, how momentous, how damning to the character of those who speculate in human life, would be its revelations!"

The facility of its peformance has led to its abuse. Its recognition in the British obstetric code reflects no credit on the country, especially when its frequent performance is compared with the practice in France and Germany. It cannot be denied that craniotomy is a cruel operation; for surely no obstetrician ought to be so ignorant as to suppose that the infant *in utero* is void of sensibility. Yet there are some parties (if judged by their estimate of its life) who either professedly or actually believe it does not feel. This is, however, either a moral or a physiological fallacy; for there is not a doubt that it is endowed with this faculty in a very eminent degree, and consequently it must endure great bodily suffering from this practice. There are some practitioners who admit the existence of this principle; and, with the view of avoiding the infliction of pain caused by the perforator, delay opening the head until after its death. Craniotomy and embryotomy are the only operations which are recognised and justified by the British profession for the purpose of destroying life; but, although they are admitted into our obstetric code, they are not to be found in that of the law, and are only sanctioned by custom, and, through this usage, considered as "justifiable homicide".

There is no difficulty in understanding why so low an estimate of fœtal life is entertained, when we consider what the doctrine is which is taught *in cathedrâ* and *extra cathedram*—"that, to save the life of the mother, it is justifiable to destroy the infant." From the early inculcation of this principle, the student becomes hardened to the performance of this dreadful task, and does it without compunction, and, no doubt, sometimes without reflection. My experience warrants me to make the above declaration, having met with many cases in which this operation has been most unnecessarily, and in same cases has been most unprofessionally, nay, most unjustifiably, performed.

Having now very fully expressed my objections to the recognition of craniotomy as an operation of election, I shall proceed to state my opinion in what cases it might be considered right to perform it.

When the infant is ascertained by the stethoscope to be dead, and the time for delivery has arrived, then craniotomy is justifiable; but the labour ought never to proceed a moment longer after delivery is required, in expectation of this event happening. The destruction of the infant from procrastination differs very little in principle from taking its life by the perforator; and, therefore, timely and other appropriate measures should be employed to prevent this event. Such are the long and short forceps, turning, and the Cæsarean section.

When some serious accident happens, such as rupture of the uterus, it would sometimes be admissible to perforate the head; and little compunction need be felt, as the infant is nearly if not always dead.

In a first labour, in which the pelvic cavity is so diminished that a mature unmutilated infant cannot be delivered, and also in those cases in which this mischief has taken place after the woman has naturally borne one or more children, the operation may be performed.

Embryotomy is justifiable in cases in which turning is quite impracticable. In these cases, the infant is nearly always dead.

In some cases of protracted labour, in which the pelvic organs or tissues have already sustained such great injury from pressure, and in which it would be extremely hazardous to the woman's life to deliver with the forceps, embryotomy may be practised. This event, however, will seldom or never happen in the hands of a judicious practitioner.

In some cases of hydrocephalic enlargement of the head, its size must be diminished by letting out the water by means of the perforator, or by a trocar. If this latter instrument can be successfully used, it is to be preferred.

Original Communications.

THE ENDOSCOPE AS AN AID TO THE DIAGNOSIS AND TREATMENT OF DISEASE.

By Francis R. Cruise, M.D. T.C.D., one of the Medical Officers to the Mater Misericordiæ Hospital, and Lecturer on Medicine in the Carmichael School, Dublin.

[*Read before the Medical Society of the King and Queen's College of Physicians in Ireland, March* 15, 1865.]

Mr. President and Gentlemen,—I shall not occupy the time of the Society very long by the communication that I am about to make, although I feel convinced that its importance justifies me in trespassing upon your patience and attention.

I believe it will be granted by all, that one of the most important characteristics and improvements of modern medicine, consists in the direct exploration of organs, for the elucidation of their physiology and pathology.

This tendency to rest our knowledge upon physical rather than on rational signs, is one of by no means recent date; although, of latter days, it has become more obvious and better appreciated. Undoubtedly, within the last fifty years, it has made gigantic progress.

Percussion, methodised by Avenbrugger and popularised by Corvisart, seems but to have paved the way for Laennec's discovery of the immeasureable practical value of auscultation. Again, other portions of the body, lending themselves even more freely to examination than the thoracic organs, in due course have come to be objects of research with special observers, who, from time to time, have devised means and instruments for their more satisfactory investigation and study. Without delaying upon this point at the expense of the valuable time of the Society, I may quote, in illustration, the revival by Recamier of the long forgotton speculum uteri; also, the speculum auris, originated, I believe, by Newburg; the ophthalmoscope of Helmholtz; the laryngoscope of Czermak; and, though last certainly not least, the endoscope of Desormeaux; which latter instrument I have, on the present occasion, the honour of publicly exhibiting for the first time, I believe, in Ireland.

Agreeably to the old adage, that "Nought is new under the sun", as each of these valuable additions to our means of diagnosis has been brought under the notice of the profession, claimants have sprung up to dispute the honour and credit of invention.

I fear it would be very unprofitable, were I at the present time to discuss at length the precise merits of the competitors in each case; I shall, therefore, pass by that question; merely observing, in order to justify the quotation of the above-mentioned names, that I have endeavoured to associate with each method and instrument the name of that individual who has done most to demonstrate and extend its practical utility.

With respect to the endoscope in particular, I may observe that Desormeaux, in the introductory chapter of his recent valuable memoir, candidly acknowledges that the idea of an instrument capable of throwing light into deep cavities, such as the bladder and urinary passages, was not original with him.

He accords to M. Segalas the merit of originating the thought; and alludes to his unsuccessful attempt, as well as to the fruitless labours in the same direction of the late Mr. Avery of London and Dr. Hacken of Riga. He is in error in giving the palm of originality to M. Segalas; for in 1806 Burrini of Frankfort invented an instrument for the purpose; and others shortly afterwards followed up the matter, including the celebrated Dr. Fisher of Boston, U.S. Withal, it must be acknowledged that to M. Desormeaux alone is due the credit of patiently working at endoscopy, working for more than thirteen years, until he has at last produced a mass of facts so important and interesting that it is impossible for the profession any longer to ignore the subject.

A propos to the slight shewn towards the endoscope, a long and amusing history might be written of the opposition which has greeted every improvement in the science and art of medicine from its earliest days. Such a history would, I conceive, be out of place here. Frivolous objections avail nothing at the time when they are advanced, and only afford material for merriment and ridicule in the future. The practical commentary upon all such opposition lies in the contrast between medicine as we now see it, and medicine as our fathers knew it little better than half a century ago.

I shall not trespass on the valuable time of the Society by recounting a detailed history of my own labours at endoscopy. Suffice it to say, that it has been a dream with me since I became a student, and a pursuit after which I continually hankered. Years ago I tried to work with Desormeaux's endoscope; but, finding the light insufficient, gave it up in despair; and it is only of late that I resumed the study. Quite recently, a modification of the illuminating portion of the instrument occurred to me. I carried it out; and believe I have thereby succeeded in obtaining as much light as is needful for practical purposes. Since then I have worked assiduously, and have lost no opportunity of extending my experience of the endoscope. For my own part, I am quite satisfied that it is a most useful instrument; and I now venture to bring it publicly forward to receive the criticism and judgment of others.

The endoscope is an instrument devised and constructed for the purpose of throwing light into certain regions of the human body entirely out of the range of natural vision. That it is a most unquestionable success, I am satisfied; and I feel justified in stating, that I am convinced its field of practical utility is almost illimitable. I would venture to hope that, in the course of time, it may work as complete a revolution in our knowledge of many obscure diseases, as the stethoscope has wrought in the diagnosis of affections of the lungs and heart.

I hope, at no distant period, to bring before the profession a *résumé* of the work which it has already accomplished in certain branches of pathology; and to point out the principal new facts which it has brought to light, and the facilities it affords in the treatment of many ailments.

On the present occasion, I shall but briefly allude to its manifold capabilities.

The endoscope at its birth met with but little favour, and for many years was absolutely slighted and passed by. Desormeaux tells us how one of his teachers, unable to deny the reality of the instrument, merely asked him a question—"Of what use is it?" The answer to that query conveys its whole worth; namely, it enables us to see parts which, without its aid, are invisible.

Let us for a moment contrast the predicament of the physician called upon to treat a malady which it is possible for him to see, and one hidden from his view. For example, let us take a case of diseased eye, and a case of diseased urethra.

He will not content himself by calling the former an ophthalmia, without ascertaining what structure is engaged and wherefore. He will examine the lids,

the conjunctiva, the cornea, lens, and, if need be, will take his ophthalmoscope and investigate the vitreous humour and retina. It is needless to say how much information he may obtain from this simple inspection, both of the seat of the disease and of its nature, whether traumatic, catarrhal, arthritic, syphilitic, scrofulous, or others. His correct diagnosis lays the foundation for a truthful prognosis and rational treatment.

What, in contrast, is his position with respect to a case of blennorrhœa? In many, perhaps in most, instances, he can only guess out, by uncertain symptoms and unreliable antecedent history, whether the discharge arise from simple catarrh, from chronic inflammation, from relaxation of the mucous membrane, from syphilitic ulceration, from herpetic excoriation, from a granular condition of a segment of the canal, from disease of the prostate, and so on. In his uncertainty, his treatment must be empirical, and his prognosis unreliable; because he can neither tell the nature of the disease—whether communicable or not; nor can he foresee whether it will prove harmless in its results, or likely to lay the foundation of organic constriction.

However, the endoscope alters the case materially, and, as I think, for the better. By its aid, the urethra can be minutely examined, from its orifice to the neck of the bladder. Each single speck of disease can be ocularly demonstrated, and, if need be, subjected to precise local treatment.

I shall reserve for a future communication a detailed exposition of the symptoms of these several diseases of the urethra, as demonstrated by the endoscope; and shall now merely quote, for illustration's sake, a few cases recently seen by myself and others.

A few days ago, Dr. Fleming, of the Richmond Hospital, kindly invited me to examine for him a case of traumatic stricture now under his care. With the endoscope, I was able to exhibit the stricture with the utmost clearness, although it was situated four inches and a half from the glans. I was, moreover, able to point out the exact situation of the orifice, below and to the left hand side, and to introduce a probe into it. Dr. Fleming and Professor R. W. Smith were perfectly satisfied with the clearness of the demonstration.

I need not dilate upon the practical value of such an opportunity. Desormeaux mentions the case of an impassable stricture, in which Civiale, whose skill as a catheterist is undoubted, failed, after repeated efforts, to introduce an instrument, and finally called upon him to try what assistance the endoscope could give. By its aid the stricture was easily seen, and an instrument passed into the bladder.

An organic stricture, in a patient of my own in the Mater Misericordiæ Hospital, was, with equal facility, demonstrated, and, although previously quite impassable, I succeeded this morning in introducing a probe with the aid of the endoscope. Dr. Hayden, who is now present, did me the favour of examining this case, and will bear me out in what I state regarding it.

I do not wish to anticipate my intended communication upon the utility of the endoscope in various situations; but I cannot leave the subject of urethral stricture without alluding to its incalculable value in those cases in which urethrotomy is required.

With the endoscope the stricture may be divided in the sight of the operator, who can select, according to the circumstances of the case, the direction and extent of his incision. He is thus enabled to divide the callous parts alone, without trenching upon the healthy structures; and we shall see how important this is in a practical point of view, both as regards the immediate and the ultimate consequences of the operation.

I may mention another out of many instances of disease of the urethra in which I lately obtained precious information from the endoscope.

A gentleman, aged about 24 years, of strumous and delicate habit, contracted blenorrhagia fifteen months ago. When partly cured of it, he caught a second infection some months later. The disease proved obstinate; and, despite a vast amount of treatment, he retained a chronic discharge with some scalding, and latterly was annoyed by slight dysuria and by a swelled and tender testicle. Recently, he placed himself under my charge. I carefully examined the urethra with the endoscope, from the neck of the bladder to the orifice. The condition of parts which I discovered was as follows.

The prostatic portion of the urethra was injected and slightly inflamed. The membranous portion was nearly quite healthy. The bulbous portion was *ulcerated and granular*; while the anterior four inches of the passage were perfectly healthy. In this case, I take it that the *real disease* is the ulcerated and granular condition of the bulbous portion of the urethra; that the congestion of the prostate is consecutive thereto, in consequence of the obstruction in passing urine; and that the orchitis is consequent upon the prostatic affection. Apart from the satisfaction of a precise diagnosis, the endoscope is doing good service by enabling me to apply concentrated caustic solutions to the granular ulceration; and, under this treatment, the patient is getting well. I do not know what other treatment could avail. A granular condition of the urethra will no more yield to mild injections than a similar state of the conjunctiva; and I could not use strong injections without damaging the anterior segment of the passage, which is at present sound. Of the importance and necessity of treatment in this case there can be only one opinion. This granular ulceration, according to the experience of Desormeaux, if left to itself, is sure to end in organic stricture; and the discharge from it is most undoubtedly contagious, as M. Thiry of Brussels has proved experimentally.

Time forbids my entering upon many other interesting points in the pathology of the urethra, which are cleared up by the endoscope; such as the connexion between its diseases and those of the testicle; the causes of the difficulty of healing urinary fistulæ; and so forth. In fact, I have delayed so long upon the subject, that it may, perhaps, be erroneously supposed that the sole use of the instrument is confined to those diseases. Far from it; there is no portion of the human body, into which a straight sound can be introduced, in which it will not be found of service. With it the interior of the bladder may be thoroughly investigated; tumours, ulcerations, and sacculi recognised; calculi examined and measured; and information gained respecting them as to form, number, position, whether encysted or loose, and so on. The rectum, beyond the reach of the finger and speculum, can be searched for ulcerations, constrictions, tumours, etc. The cavity of the uterus can be demonstrated; and it is needless for me to dilate upon the practical importance of this advantage. So also may the auditory meatus, the nasal fossæ, the pharynx, the larynx, and, I should even hope, the œsophagus. So recently as yesterday, I obtained most valuable information from an endoscopic examination relative to the precise attachment of a huge nasal polypus. Wounds, especially those suspected to contain foreign substances, may be searched with the endoscope; likewise abscesses; the cavities of ovarian cysts after paracentesis; etc. In a word, I may safely assert that it is utterly im-

possible, in the present state of our knowledge, to affix limits to the usefulness of the instrument.

[Dr. Cruise, having read the foregoing paper, proceeded to exhibit and explain the construction of the endoscope which he uses, and to point out the means by which he obtains a light possessing the requisite qualities of *intensity*, *steadiness*, and *facility in adjustment*. These details will form part of another communication. A discussion followed the exhibition of the instrument, in which many present bore testimony to its value.]

A CASE OF ASCITES,

ACCOMPANIED WITH OVARIAN DISEASE, IN WHICH PARACENTESIS ABDOMINIS WAS PERFORMED FIFTY-FIVE TIMES.

By Henry Hemsted, M.R.C.S., Whitchurch, Hants.

M. B., aged 23, living at Hurstbourne, Hants, came under the care of my father, Mr. T. R. Hemsted, on April 10th, 1859. For the preceding six months, she had suffered from frequent attacks of pain in the abdomen, with vomiting and retching. On each occasion, leeches were applied with relief for a time. She had been a patient both in the Southampton and the Winchester Infirmaries.

Upon examination, the abdomen was considerably distended, with distinct signs of fluctuation. In the right iliac region, upon deep pressure, a tumour was discovered, hard, and of about the size of an orange. The distension continued to increase, and such discomfort was thereby produced, that on July 14th, 1859, paracentesis abdominis was performed, and five gallons of liquid drawn off. No unfavourable symptom followed. But in a short time, the abdomen began again to increase; and within five weeks, the operation was again performed, when an equal amount of liquid was withdrawn. During the succeeding eighteen months, the operation was performed sixteen times.

In the spring of 1861, the friends became anxious to have the opinion of some eminent London surgeon. She was recommended to University College Hospital, and became a patient under Mr. Erichsen, on April 17th, 1861. He gave the opinion that the liquid was situated in the peritoneal cavity; but that there was superadded a small tumour, in the pelvis. He did not recommend any operative procedure, other than the withdrawal of the liquid as it was required. She was tapped twice during her stay in the hospital, a week intervening between the operations. The ordinary amount (five gallons) was obtained the first time, but only three the second. On May 20th, 1861, she returned to Hurstbourne, and again became a patient of my father's. From this time, it was necessary to perform the tapping every four, three, or two weeks, up to January 29th, 1863, when the operation was performed for the fifty-fifth and last time. She became greatly depressed, never rallying, and died in February 1863.

At the *post mortem* examination, the peritoneal cavity contained more than a gallon of liquid, clear, without any shreds of lymph. The membrane itself was much thickened; in some places resembling moist wash-leather. The viscera were all firmly adherent to each other. On the under surface of the liver, there was a layer of coagulable lymph, which could be torn off in shreds. In the pelvis, there was a tumour, of about the size of a child's head, partly occupying the right lumbar region. This tumour was connected with the broad ligament of the uterus, and proved to be the right ovary enlarged. After removal, its weight was eleven pounds. It was afterwards examined by Professor Harley of University College, who stated that it was an ordinary ovarian tumour, made up of numerous cysts. The other organs of the body were all healthy.

I have been induced to record this case, from the time it continued under observation—forty-seven months—for the number of times the operation of paracentesis was performed—in all fifty-five times; and from the large amount of liquid withdrawn, at the lowest estimation, two hundred and seventy-five gallons.

The history of the case clearly pointed to some localised inflammation of the peritoneum, limited to the region of the right ovary, and having, as its cause, some irritative action of the organ. The ovarian tumour, in all likelihood, was never punctured; but at every time the trocar was introduced, the liquid was obtained from the cavity of the peritoneum.

Reviews and Notices.

Handbook of Skin-Diseases for Students and Practitioners. By Thos. Hillier, M.D.Lond., Member of the Royal College of Physicians; Physician to the Skin Department of University College Hospital, etc. Pp. 367. London: 1865.

Here is another book on skin-diseases; and, like other writers on the subject, the author makes a classification of his own. This classification is a mixed one; partly founded on the natural affinities of the diseases, and partly on Willan's principle of elementary lesions. Dr. Hillier arranges all skin-diseases under four main divisions—Acute Specific Infectious Diseases; Parasitic Diseases; Syphilides; and Other Diseases. The last division includes the exanthems, vesicular, pustular, papular, squamous, hæmorrhagic, and pigmentary diseases, diseases of the sebaceous glands, and of the nails and hairs, gangrenous inflammations, hypertrophies and degenerations, and heteromorphous exudations. Those who would study more closely the merits of this classification must consult the book itself. For ourselves, we most heartily wish that dermatologists would come to some agreement as to the best method of arrangement, and use it until something better, and allowed generally to be better, shall have been found. There is, however, one consolation: that, whatever be the classification, whatever the place in a system which a disease may assume, the variety of opinion as to this has comparatively little influence on the most important question at issue—that of its treatment. Skin-disease physicians treat skin-diseases—eczema, herpes, impetigo, tinea, or whatever they may be—according to the nature of the case and by their best judgment thereon.

It is, then, principally as a practical book that we have to regard this manual of Dr. Hillier's; and here we find much merit in it. Among the preliminary chapters, there are some very useful ones, concisely but clearly written, on definitions and other general matters. Thus, the fourth chapter contains a definition of the terms Exanthemata, Papules, Tubercles, Vesicles, etc. In the fifth chapter, Ætiology is discussed; and here the author shows how in some cases skin-diseases depend sometimes on affections of the general system, sometimes on diseases of individual internal organs; how skin-diseases

may arise from want of cleanliness, from irritation, occupation, or contagion; how their production may be influenced by age, hereditary transmission, diet, climate, etc. At the end of this chapter, are some remarks on the popular notion of vaccination being the cause of skin-diseases.

"No doubt" (says Dr. Hillier) "many children become eczematous very shortly after vaccination; but then it must be remembered that vaccination is usually performed at an age when eczema is very apt to occur without vaccination. In many families, nearly every child is liable to eczema during the whole period of primary dentition, whether it is vaccinated or not. The slight febrile disturbance attending dentition brings out eczema, and the slight disturbance of health caused by vaccination is also sometimes sufficient to determine the occurrence of an attack of eczema in children naturally predisposed to it." (P. 27.)

In like manner, Dr. Hillier has seen strophulus, impetigo, pemphigus, and pityriasis rubra, connected, or apparently so, with vaccination.

"There is nothing improbable in the notion that the introduction of virus like that of vaccinia into the blood of an unhealthy person may so unsettle the health as to lead to subsequent cutaneous eruptions; just as an attack of measles, an attack of variola, or even of varicella, may have this effect. The cases in which this occur are, however, so few as to form no argument against the general adoption of vaccination; but probably supply sufficient reasons for attending to the health of the subjects submitted to vaccination, as well as to be careful not to take vaccine virus from children of unhealthy constitutions. On this latter head the evidence is not very clear; but it would tend to show that the blood at any rate of a syphilitic child, if not the vaccine lymph from it, may lead to syphilis, although *à priori* one would be loath to believe in the possibility of such an occurrence. There is no evidence that scrofula or rickets can be inoculated; but it is better to err on the side of caution, and to avoid taking vaccine from children decidedly scrofulous or rickety." (Pp. 27-28.)

The sixth chapter is on Diagnosis and Therapeutics. Here Dr. Hillier describes the course which should be followed in examining a patient, especially in doubtful cases; and shows how it is often important to examine the whole body by daylight, to note the temperature at which the examination is made, to ascertain whether the patient have recently taken a cold or a warm bath, to note the condition of the skin, hairs, and nails, the age, sex, occupation, general health, of the patient, etc. This chapter contains also an outline of the principal therapeutic means employed in the treatment of skin-diseases.

The remainder of the book is occupied with a description of the various skin-diseases and their appropriate treatment. In his remarks on these, Dr. Hillier carries out the principle of attending to the constitutional as well as to the local conditions of the case.

Dr. Hillier, as physician to the skin department of a large general hospital, has had the duty devolved on him of instructing others in nature and treatment of cutaneous affections. For their guidance, he has written this work, using in its production both his own experience and the information which he has derived from the study of leading works on dermatology. He has thus produced a very useful book, simple, practical, and well adapted, in our opinion, to give students and practitioners a good idea of the characters of skin-diseases and of the treatment which they require.

A Manual of Practical Therapeutics, considered chiefly with Reference to Articles of the Materia Medica. By Edward John Waring, F.R.C.S., F.L.S., Surgeon in Her Majesty's Indian Army. Second Edition. Pp. 956. London: 1865.

This is the second edition of a very useful work which first appeared about eleven years ago; and it has undergone a thorough revision at the hands of the author.

After an introduction, Mr. Waring, in the first part, takes up the articles of the materia medica in alphabetical order; and, having given a brief note of the physical and other general properties of each, notices the medicinal properties and action, the officinal preparations, doses, etc. He then gives, under the head of "Therapeutic Uses", a statement of the conditions in which the employment of each medicine has been recommended by various writers. This part of the work must have cost the author a great deal of research through periodicals, etc.; and we can well understand how difficult he must have found the task when he was preparing the first edition in a remote station, rarely visited by ships, and where books were procurable only with much difficulty and delay. This edition has, we believe, been brought out under much more favourable conditions; and is very complete.

In the second part, the author treats of Medicinal Agents and Classes of Medicines, *e. g.*, Acids, Acupuncture, Affusion, Alkalies, etc. He gives also an Index of Diseases, for the purpose of directing attention to the paragraphs in which are mentioned the several remedies for each.

We can strongly recommend this work to the busy practitioner who has not time to search through numerous books and periodicals to find out what has been recommended in the treatment of any particular disease. Mr. Waring has gone through the laborious task of arranging for him all information of this kind, we believe, that was of any value when the book was written; and he has done it in such a way as to be at once available for use.

Indian Sanitary Movements. The disclosures of Lord Herbert's Sanitary Commission made a reform in our Indian cantonments and hospitals imperative. Lieutenant-Colonel Crommelin prepared able reports on the subject, on which the government of India has issued orders. Miss Nightingale will be delighted with the orders issued by the government of India as to the structure and size of the barracks for both married and unmarried soldiers. Not more than from 44 to 66 men are to be massed under one roof; not more than from 16 to 20 single men are to sleep in the same room, and that must always, except in the hills, be on the upper floor; each man in the Plains will have 90 superficial feet of space and 1,408 cubic feet of air; all lavatories and other conveniences will be in detached buildings; the married quarters will be grouped in blocks according to troops and companies, and each couple will have one large room.

The Medical Council.

REPORT OF PROCEEDINGS, April 1865.

The Medical Council commenced its session on Tuesday last, April 4th, at the College of Physicians. There has been no change in its constitution since last year.

Tuesday, April 4th.

G. Burrows, M.D., President, in the Chair.

All the members were present, except Dr. Alexander Wood of Edinburgh and Dr. Allen Thomson of Glasgow.

The President, in opening the proceedings, said that the peculiar nature of the business to be transacted rendered it necessary for the Council to meet somewhat earlier than usual. He regretted that the time fixed had not been altogether in accordance with the wishes of several members; but when he saw how the meeting was attended by men who occupied public positions and had other important duties to perform, it was plain that there would be a difficulty at any period in finding a time for meeting which should not be somewhat inconvenient. He referred to the difficulty in which, as President, he was placed, in having to fix the time of meeting; and had observed with pleasure that it was probable that some modification of the present plan would be suggested. He believed that the Irish Branch Council would propose a plan by which the several Branch Councils should be consulted as to the time of meeting; but, looking to the diversity of opinion which had been manifested in the present instance, he feared that this plan would not meet the difficulty. As for himself, he had allowed no personal considerations of his own to influence him as to the time of summoning the Council. The Council would have two main questions for discussion; viz., the amendments of the Medical Act, and the Report of the Select Committee on Medical Education. He was glad to see a notice of motion on the business paper for bringing forward the first of these subjects at once; and he hoped that the question of Medical Education would be found ripe for settlement. He concluded his remarks by expressing his confidence on the support he would receive from his colleagues in the Council.

Appointment of Committees. The *Business Committee* was appointed, to consist of Dr. Andrew Wood (chairman), Dr. Alderson, Dr. Embleton, Dr. Corrigan, and Mr. Rumsey. The *Finance Committee* was appointed, to consist of Dr. Sharpey, Mr. Arnott, Dr. Fleming, Dr. Aquilla Smith, and Dr. Quain.

The Medical Act. Dr. Andrew Wood moved—

"That the consideration of the question of the Amendment of the Medical Acts shall take precedence of all other business."

He urged on the Council the necessity of moving in regard to the amendments of the Medical Acts, if they would not be superseded by bodies outside. The medical profession were dissatisfied, and, if the Council did not act, would in all probability bring in a Medical Bill. He regretted that the Medical Council had not followed the recommendation of the Scottish Branch Council to meet at an earlier period—in January or February. If they had done this, they would have been able to have the Bill drafted and read a first time in Parliament before Easter. It would not be necessary, after the able exposition given last year by Dr. Corrigan, to recapitulate the proceedings of the Medical Council in regard to the Medical Acts up to that time. He reminded the Council of the proceedings which took place last year. (See British Medical Journal, May 7th, 1864, p. 517; May 14th, pp. 535, 539, and 540.) The Council have before them the resolutions of the three Branch Councils; and it was now for them to decide on the basis of a Bill, to arrange the details, to send these to a solicitor to be drafted, and to remit the whole to the Executive Committee with very full powers.

Dr. Corrigan seconded the motion; but he did not expect any useful result from the deliberation of the Council this session. He proceeded to defend the Irish Branch Council from the charge of obstructiveness which, he said, had been brought against it. The Irish Council had indeed wished to postpone the time of meeting, not from any wish to obstruct business, but because Parliament would not be sitting during a considerable part of the present meeting of Council. He called attention to the fact that he had last year proposed, and Dr. Apjohn had seconded, that there should be an early meeting of the Council for the purpose of considering the Medical Act; and three other of the Irish members had voted with him. He considered that more obstruction had been offered to the amendment of the Medical Acts by the English Branch Council than by the Irish.

Mr. Arnott would not vote either for or against the motion. He feared that if the Council were to demand more compulsory powers, the question might be raised whether it was worthy of such powers; and also, whether its constitution was the best that could be adopted for the good of the public. He was not altogether satisfied with the constitution of the Council: it was too numerous.

Mr. Hargrave considered that the Council could not be charged with having done nothing; as it had effected a system of registration, had insisted on preliminary education, and had issued a Pharmacopœia.

Dr. Aquilla Smith thought that the power of the Council had been tried; but that it had accomplished very little.

Dr. Paget was of opinion that the time of meeting should have been earlier. The English Branch Council had not intended by their proceedings any discourtesy towards the Irish Council.

Dr. Andrew Wood, in reply, urged the necessity of an early application to Parliament for increased power to be given to the Council.

The motion was then put to the vote, and carried *nem. con.*

Dr. Andrew Wood moved, Mr. Hargrave seconded, and it was resolved—

"That the communications which have been received relative to the amendment of the Medical Acts, be referred to a Committee, with instructions to report upon them to the Council; the Committee to consist of Dr. Embleton (chairman), Dr. Paget, Dr. Fleming, and Dr. A. Smith."

Dr. Andrew Wood moved, Dr. Embleton seconded, and it was agreed—

"That the resolutions of the Branch Councils on the subject of the amendments of the Medical Acts be now read."

The resolutions were accordingly read, as follows.

Resolutions relative to section xx of the Medical Act.

Branch Council for England. Resolved—"1. That, consistently with the existing provisions of the Medical Act, the Medical Council may make known what they consider to be requisite as a sufficient course of education and examination, and may, if needful, represent cases of deficiency to the Privy Council, for correction; and that the Medical Council has, further,

the power of supervising examinations, with a view to their efficiency; that hitherto these provisions of the Act have not been proved by actual trial to have failed of their purpose, and that it would be impolitic to apply to the legislature for other powers until those already conferred shall have been practically shown to be insufficient.

"2. That whilst the Council have already a means of correcting proved deficiency, they would probably meet with serious difficulty in framing a body of positive regulations to be sanctioned by the Privy Council as universally and rigorously obligatory; that, on the one hand, a scheme of education, which should carry such general assent in the Council as to obtain the sanction of higher authority, might be so general in its provisions as to involve no material alteration of existing regulations, and, if so, would be superfluous and nugatory; that if, on the other hand, it were rendered more specific and rigorous, it would be liable unduly to trammel the free action of licensing bodies and schools, and stand in the way of variations of procedure which might be salutary and convenient. Lastly, that a particular scheme having been once fixed by the Privy Council, no modification or re-adjustment could be obtained without recourse to the same authority; and that, although a system of rules were framed by the Medical Council, cases of alleged contravention would still have to be brought before the Privy Council to be construed and decided."

Branch Council for Scotland. "To confer on the Medical Council definite powers to issue to the various licensing bodies regulations on the subjects of preliminary and professional education and examination.

"In order to carry out this object, the Branch Council recommend clauses to the following effect.

"'That it shall be lawful for the General Medical Council, from time to time, to issue to the various licensing bodies such regulations respecting the preliminary and professional education and examination of persons desirous of obtaining any of the qualifications mentioned in Schedule (A) to the Medical Act, as may appear to the Council fitted to secure, on the part of such persons, the requisite knowledge and skill for the efficient practice of their profession.

"'That all such regulations as shall have been passed by a majority of two-thirds of the General Council shall be obligatory on all Universities, Colleges, and other bodies enumerated in Schedule (A) to the Medical Act of 1858.

"'That, in the event of any of the said bodies not conforming to such regulations, it shall be lawful for the General Council, if they see fit, to intimate to the said body that it has not conformed to such regulations; and to direct that, in the event of the said body not conforming within six months after such intimation, the qualification granted by such body, after the lapse of the said period of six months, shall not be registered.

"'That it shall be lawful for any body, in regard to which such direction shall have been given, to appeal to the Privy Council, who shall have power, if they see cause, to disallow the direction of the Medical Council.

"'That it shall be lawful for the General Council to restore any right to registration which may have been suspended by them, when they shall be satisfied that their regulations have been conformed to.'"

Branch Council for Ireland. Resolved—"That the following be approved of as the amendment of Sect. xx, the words 'preliminary and professional' being inserted before the word 'education' in line 3.

"'SECT. XX. It shall be lawful for the General Council to lay down such regulations respecting the preliminary and professional education and examination of practitioners in medicine, surgery, and pharmacy, as may appear to them fitted to insure adequate knowledge and skill in the several departments of the profession; and the said General Council shall then submit said regulations to Her Majesty's Most Honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all Universities, Colleges, and other bodies enumerated in Schedule (A) to this Act.'"

RESOLUTIONS RELATIVE TO SECTION XXXI OF THE MEDICAL ACT.

Branch Council for England. Resolved—"That, whereas the legal effect of this section is to require the great majority of persons about to enter the medical profession to possess qualifications in medicine and surgery from two different bodies, to obtain which, such persons are repeatedly re-examined in the same branches of knowledge, and thereby subjected to superfluous and irksome labours and to serious embarrassment in the progress of their studies, as well as to extra expense, it is highly expedient that every means should be taken by the General Council to promote the adoption by qualifying bodies of the provisions of Sect. XIX of the Medical Act."

Branch Council for Scotland. It was resolved: "That the Scottish Branch Council, having considered the propriety of amending Clause XXXI of the Medical Act, are of opinion that what is objectionable in it would be obviated were the combination and cooperation of the licensing bodies, as provided for by Clause XIX, encouraged or even made obligatory, so that facilities may be given to medical students for acquiring the complete or double qualification, without having to pass repeated examinations on the same subjects, which is at once irksome and unnecessary; and in order that the public may be best provided with general practitioners, who have been educated and tested in every branch of the profession, as well physic as surgery."

Branch Council for Ireland. Resolved: "That the following be approved of as the Amendment of Section XXXI; the words, 'notwithstanding anything to the contrary in any other Act or Acts,' being inserted after the word 'Act,' in line 1:

"'SECTION XXXI. Every person registered under this Act, notwithstanding anything to the contrary in any other Act or Acts, shall be entitled, according to his qualification or qualifications, to practise medicine, or surgery, or pharmacy; or medicine, and surgery, and pharmacy, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients: Provided always, that it shall be lawful for any College of Physicians to pass a bye-law to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such bye-law may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or Member of such College.'"

RESOLUTIONS RELATIVE TO SECTION XL OF THE MEDICAL ACT.

Branch Council for England. Resolved: "That, in the opinion of this Branch Council, Section XL of the Medical Act should be amended as follows:

"'Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, for gain, not being registered under this Act, nor being able to give evidence of being qualified to be registered under this Act, who shall take or make

use of any of the titles or designations enumerated in Schedule (A) to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any professional title, name, or distinction commonly used by, or used to distinguish, duly educated or qualified practitioners in medicine or surgery, shall, upon a summary conviction, be liable to a penalty not exceeding £ for each offence.'"

Branch Council for Scotland. "To amend Clause xl, so as to render it more efficient than it has hitherto been, for enabling the public to distinguish between qualified and unqualified practitioners, and for preventing unqualified practitioners from assuming medical titles to which they have no right.

"In order to carry out this object, the Branch Council recommend a clause to the following effect:

"'It shall not be lawful for any person, unless registered under this Act, to practise any branch of the profession, taking or using the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner, or General Practitioner, or Surgeon-Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other medical or surgical title; and every unregistered person so offending shall, upon summary conviction for such offence, forfeit or pay a sum not exceeding £20.'"

Branch Council for Ireland. Resolved: "That the following be approved of as the Amendment of Section XL:

"SECT. XL. On and after the day of 186 , it shall not be lawful for any person, unless registered under this Act, to pretend to be, or to take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical or General Practitioner, or Surgeon, or Apothecary, or Accoucheur, or Licentiate or Practitioner in Midwifery, or any other medical or surgical name or title; and any unregistered person so offending shall forfeit and pay a sum not exceeding £20, to be recovered in a summary way before the justices of the peace.'"

Dr. ANDREW WOOD moved:

"That the Council now proceed to consider the expediency of amending Clause xx of the Medical Act; and that the following resolution be adopted:

"That the amended Bill shall contain clauses conferring on the Medical Council definite powers to issue to the various licensing bodies regulations on the subject of preliminary and professional education and examination; and that, in order to carry out that object, clauses to the following effect be adopted, viz.:" (Dr. Wood here introduced the resolutions of the Branch Council for Scotland.)

He urged that the present plan, according to the Medical Act, of reporting contumacious bodies to the Privy Council, was difficult of operation, and involved an invidious exercise of power. The Irish Branch Council had proposed to amend this by providing that the regulations issued by the Medical Council should receive the sanction of the Privy Council before coming into operation; but with this plan there would be a difficulty in subsequently altering resolutions. The alteration proposed by the Scottish Branch Council would give the Medical Council the power of remonstrating and otherwise dealing with refractory corporate bodies; there, however, being the right of appeal to the Privy Council.

Mr. SYME seconded the resolution, observing that it had in the course of time become apparent that the compulsory powers given to the Council by the Medical Act were ineffectual. The Council had last year been informed of numerous instances in which their recommendations had been departed from.

Mr. ARNOTT said that the College of Surgeons of England had carried out the recommendations of the Council in regard to preliminary education. He considered that moral suasion was more likely to effect good than was compulsion.

Mr. COOPER and Mr. HARGRAVE also made some remarks.

Dr. CORRIGAN proposed, as an amendment—

"That the whole Medical Act be taken into consideration, clause by clause, for approval or amendment; as the taking into consideration of only three clauses must lead to an imperfectly considered Bill, which would not command attention from the Legislature."

If a Bill were brought before Parliament, the first question asked would be, whether the Medical Council had considered and agreed on all the clauses. In order to be able to go before the Secretary of State with any weight, the Council ought to be able to say that they had examined the whole matter from beginning to end. He thought that the powers proposed to be given to the Council by Dr. Andrew Wood's resolution were very arbitrary; and he knew no other instance, at least in Ireland, in which a board had such arbitrary power given to it.

Dr. SHARPEY seconded the amendment. It would be important to have considered the bill throughout: it would not be necessary to discuss every clause, and those which required amendment would come under notice in their turn. He believed that there was an erroneous notion prevailing in the Scottish Branch Council as to the necessity of bringing about uniformity of practice in medical education and examination; but this, even if desirable, could not be effected in the present constitution of the Council. The power of the Council was not, he thought, intended to be exercised in a direct manner, but through the medium of the licensing bodies. It was not intended by the framers of the Act that the Council should fuse all medical education and examination into one mould, but that they should see that none of the licensing bodies fell in their requirements below what was a safe standard for the practice of medicine and surgery. It was only in general points, such as the subjects of study, the division of examination, preliminary examinations, and registration, that any attempt at assimilation could be successful. Beyond this, as, for instance, in regard to the order of study, and the question whether or not education should be conducted by lectures, any attempt to make absolute regulations must prove unsuccessful. He referred to the different institutions of the University of London and of the Scottish Universities, in illustration of the impossibility of issuing regulations which should be universally applicable. In these discussions, the power of visiting examinations had been lost sight of. He believed that this, if carried out, would have a very good effect. The objection of expense had been raised; but he thought that inspectors might be appointed, to be paid out of the monies raised under the Medical Act, and from any further source to be provided by Parliament.

Dr. CHRISTISON agreed that it was advisable to consider the whole Act; and would support Dr. Corrigan's amendment.

Dr. PAGET suggested that the clauses on which amendments were proposed should be discussed first, and the remainder of the Act examined afterwards.

Dr. STORRAR said that the Council had never tried its powers in regard to the licensing bodies, and therefore it would be absurd to ask for greater power.

Dr. AQUILLA SMITH agreed with these remarks, and said that the disregard by many licensing bodies

of the recommendation of the Council afforded a good opportunity of testing the powers of the latter body.

Dr. QUAIN supported the suggestion of considering the more important clauses of the Act in the first place.

The amendment was then put to the vote, when there appeared, For, 7; Against, 11. It was consequently lost.

The original motion being put, 3 voted for it, and 14 against it; so that it also was lost.

WEDNESDAY, APRIL 5TH.

G. BURROWS, M.D., President, in the Chair.

The same members were present as on Tuesday, with the addition of Dr. Allen Thomson.

The minutes of the last meeting were read and confirmed.

The Medical Acts. Clause xx. Dr. ANDREW WOOD moved the following resolution—

"That the following be adopted as an amendment of Clause xx of the Medical Act:—'It shall be lawful for the General Council to lay down such regulations respecting the education and examination of practitioners in medicine and surgery as may appear to them fitted to ensure adequate knowledge and skill in the practice of their profession. And the said General Council shall submit said regulations to her Majesty's most honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all universities, colleges, and other bodies enumerated in the Act. And it shall be lawful for the Privy Council, upon its being represented to them that any university, college, or other body enumerated in the Act does not comply with such regulations, to declare that any qualification granted by such university, college, or body shall not confer any right to be registered under the Act. Provided always, that it shall be lawful for her Majesty, with the advice of her Privy Council, when it is made to appear to her, upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of its course of study or examinations, or the mode of conducting its examinations, to revoke any such order.'"

He observed that the votes of the previous day did not foreclose the further discussion of the amendments of Clause xx; and he considered it right that there should be an opportunity of deciding on a resolution based on the recommendation of the Irish Branch Council. This resolution provided for the Medical Council less power than the Scottish resolutions; but it would relieve them from a difficulty which had impeded them for years. It was perhaps better not to increase the power of the Council; but the existing power should be made more definite. Hitherto the Council had been accustomed to represent certain proceedings as "desirable," and to "recommend" them; and the result had been that the licensing bodies had not felt themselves bound to attend to the recommendations. This was wrong; for if three or four boards followed the recommendations of the Council and the others did not, those which obeyed were placed at a disadvantage. He would here observe, that the College of Surgeons of Edinburgh, having protested against the proceedings of the Council, had decided on obeying in future the recommendations as to preliminary education. It would be better if, after the resolutions were agreed to by the Council, they were strengthened by the authority of the Privy Council before being sent to the licensing bodies. There should be no fear in granting this power. The time had come when the Council ought no longer to be met with the charge of not having power to enforce its regulations.

Dr. LEET seconded the motion.

Mr. SYME moved as an amendment—

"That Clause xx shall stand as at present; and that if any of the bodies mentioned in Schedule (A) should decline or neglect to comply with the recommendations of the Council, in regard to education—whether preliminary or professional—the Council shall, if they see fit, express their disapprobation."

He was in favour of the exercise of moral suasion rather than compulsion.

Mr. HARGRAVE seconded the amendment.

Dr. CORRIGAN supported the original motion.

The amendment was put to the vote, when there appeared, for, 10; against, 11. It was consequently lost.

Dr. EMBLETON proposed, and Mr. RUMSEY seconded, as a further amendment—

"That Section xx of the Medical Act of 1858 stand as at present."

Dr. FLEMING believed that it was the intention of the legislature in passing the Medical Act that some power should be given to the Council; and he considered that the Council ought to endeavour to obtain more power than it at present possessed. If the resolutions of the Medical Council were sent to the Privy Council for approval they would be referred to some member of the medical profession, who would thus be placed in a position superior to the Council.

Dr. CORRIGAN said that the power of the Medical Council had never been tried, and he believed it never would be. There were plenty opportunities of trying it at once—even within the next two days.

After some remarks from Mr. ARNOTT and Mr. HARGRAVE, the votes were taken for Dr. Embleton's amendment with the following result: For, 11; against, 9.

The amendment was now about to be put as a substantive motion, when

Dr. PARKES moved as a third amendment—

"That Section xx be amended as follows:

"'That it shall be lawful for the General Medical Council, from time to time, to issue to the various licensing bodies such regulations respecting the preliminary and professional education and examination of persons desirous of obtaining any of the qualifications mentioned in Schedule (A) to the Medical Act, as may appear to the Council fitted to secure, on the part of such persons, the requisite knowledge and skill for the efficient practice of their profession.

"'That all such regulations as shall have been passed by a majority of three-fourths of the General Council shall be obligatory on all Universities, Colleges, and other bodies enumerated in Schedule (A) to the Medical Act of 1858.

"'That, in the event of any of the said bodies not conforming to such regulations, it shall be lawful for the General Council, if they see fit, to intimate to the said body that it has not conformed to such regulations; and that, in the event of the said body not conforming within six months after such intimation, a representation be made to the Privy Council, to authorise the suspension of the registration of the degrees or licences of such body.

"'That it shall be lawful for any body, to which such an intimation shall have been given, to appeal to the Privy Council, who shall have power, if they see cause, to disallow the direction of the Medical Council.

"'That it shall be lawful for the General Council to recommend the restoration of a right to registration which may have been suspended by the Privy Council, when they shall be satisfied that their regulations have been conformed to.'"

It was wrong to prejudge the possibility of obtaining an amended Act this session; the Council should frame as good a bill as they could and endeavour to get it passed. He did not agree with the depreciatory opinions that have been expressed as to the utility of the Council.

Dr. FLEMING seconded the amendment.

After some remarks from Mr. SYME, Dr. CORRIGAN, and Dr. ANDREW WOOD, the amendment was put to the vote and lost; 5 voting for and 12 against it.

Dr. Embleton's amendment was now put as a substantive motion and carried by a majority of 12 to 8.

Clause XXXI. Dr. QUAIN moved—

"That the Clause remain as at present."

Dr. ALDERSON seconded the motion.

Dr. EMBLETON moved as an amendment, and Dr. PAGET seconded—

"That the consideration of Clause XXXI be deferred until the Council is made acquainted with the provisions of the Pharmacy Bills at present before Parliament."

The amendment was carried; 11 voting for and 7 against it. It was also carried as a substantive motion.

Clause XL. The resolutions passed by the three Branch Councils in reference to this Clause, were read.

Dr. QUAIN said that hitherto the Clause had failed in carrying out the object expressed in the preamble of the Act—that of enabling the public to distinguish between qualified and unqualified practitioners of medicine. He considered that the amendment proposed by the English Branch Council was sufficient. There was one point in which it diverged from those of the Branch Councils of Scotland and Ireland; these required that every one in practice should be registered. But he feared that it would be impossible to bring about compulsory registration. He did not think that the universities would consent that their graduates should be prevented from using the title of M.D. unless registered. Again, the resolutions of the other Branch Councils would prevent doctors of divinity, or of laws, from using the title of doctor. He proposed the adoption of the recommendations of the Branch Council for England, omitting the words "for gain" (in the third line of the paragraph).

Dr. PAGET seconded the motion. The resolutions of the Branch Council for Ireland would act harshly on persons holding degrees but not intending to practise. He referred to a distinguished member of the University of Dublin who was in this position; and also to the Professor of Anatomy at Cambridge, who, although he had no intention of practising, had and used his university title.

Dr. ANDREW WOOD said that the cause of the failure of Clause XL had been, that the penalty was laid, not on practising or taking a title, but on wilfully and falsely pretending to be registered. It was necessary to amend the Clause so as to render very little evidence necessary for conviction. He would propose the adoption of the Clause recommended by the Branch Council for Scotland; and observed that the rights of those who had titles but did not intend to practise were saved by it. If it were necessary he would be content to sacrifice the few for the good of the many; but by the Scottish amendment no sacrifice was required. As to the suppression of quackery, this would be impossible; before it could be done, it would be necessary first to put down all who would be quacked. But it was altogether a different thing, whether persons should be allowed to impose on the public by the assumption of titles which they did not possess. That there were good reasons for endeavouring to suppress this, the records of the past year alone gave ample proof. The object of the Council was to benefit the public, not themselves; but so long as the *Register* was incorrect, the legislation was against the public. Dr. Wood remarked that he was glad to see that the chemists and druggists were endeavouring to organise a system of registration; but he found that in their analogue of Clause XL they were falling into the error from which the Medical Council was endeavouring to escape. The schoolmasters in Scotland were also endeavouring to obtain registration.

Some conversation having taken place, Dr. Andrew Wood said that he would not propose the resolutions of the Branch Council for Scotland, but those of the Branch Council for England with some alterations. He therefore proposed as an amendment:

"Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule (A) to this Act, or any professional title, name, or designation commonly used by, or used to distinguish, duly qualified practitioners in medicine or surgery, shall, upon a summary conviction, be liable to a penalty not exceeding £20 for each offence."

Dr. CHRISTISON seconded the amendment. He could not understand why qualified persons should not register.

Dr. ACLAND remarked, that the compelling of persons to be on the *Register* if in practice would give rise to complaints of being obliged to pay a fee in addition to that of their licences.

Dr. SHARPEY would support the amendment, because, if it were admitted that persons might practise medicine without being registered, the *Register* would represent only a fraction of the medical profession of the country.

Dr. QUAIN said that no one was more in favour of compulsory registration than himself; but he felt that it would not be practicable to obtain it from Parliament.

The amendment was then put to the vote; when there appeared—for, 14; against, 4.

It was then put as a substantive motion; when

Dr. CORRIGAN moved, as a further amendment, the adoption of the recommendations of the Irish Branch Council, omitting the word "Doctor" after "Bachelor of Medicine". There was apparently very little difference between this resolution and that of the Scottish Branch Council; but the Irish Council provided that conviction should depend on the assumption of a title recognised by law, whereas the Scottish Council required also proof that the person accused was engaged in practice. As to the hardship alleged to be inflicted on those who would be forced to register though not practising, the number of such persons would be but small; and it must be remembered that the Council had to provide legislation for the many, and not for the few. He thought that the few holders of degrees, not in practice, would willingly enter their names on the *Register*, if they knew that their doing so would be for the public good.

Dr. STOKES seconded the amendment.

Dr. PAGET could not agree with the amendment. The Medical Act was not passed for the purpose of acting penally against persons who do not practise nor intend to practise.

After some observations from Dr. Apjohn, Dr. A. Thomson, Dr. Quain, Dr. Christison, and Dr. Andrew Wood, the amendment was lost by 15 against 3.

Dr. ANDREW WOOD'S amendment was now put as a substantive motion, and carried *nem. con.*

The Army and Navy Medical Departments. Dr PAGET moved, and Dr. APJOHN seconded—

"That the communications from the Directors-General of the Army and Navy Medical Departments be printed, for the use of Members of the Council."

Dr. STORRAR moved as an amendment, and Dr. ACLAND seconded—

"That the communications from the Medical Departments of the Army and Navy be read."

The amendment was carried; and, on being put as a substantive motion, was again carried.

On Thursday, certain reports from the Directors-General of the Army and Navy Medical Departments as to the candidates who had presented themselves during 1864 were read and ordered to be printed.

The same course was also followed in regard to some communications made to the Council on the amendments of the Medical Acts.

The Council then resolved itself into a Committee on education; and, after a long discussion, agreed on a scheme for the visitation of examinations.

British Medical Journal.

SATURDAY, APRIL 8TH, 1865.

MEDICAL EVIDENCE.

A CASE reported in the *Times* of the 1st inst. contains a striking illustration of the remarks lately made by us touching medical evidence in cases of injury from railway accidents. Nothing seems to have astonished judge, jury, and audience more in this case than what the reporter calls "one of the most extraordinary conflicts of medical testimony ever witnessed in a court of justice." What the Chief Baron thought of the medical evidence may be gathered from what he said of it in his summing up of the case.

"As to the medical evidence, it certainly was as opposed as that of valuers in railway compensation cases. One set of witnesses said that there was 'lesion' or organic injury; the other, that there was not. On one side, they stated that there was paralysis caused by the organic injury; on the other side, that there was a mere derangement of the nervous system, by reason of the concussion and the consequent shock."

Our readers, no doubt, well know what is meant by the conflicting evidence of valuers in railway compensation cases; and it is to such a level that medical evidence was brought in this case, in the opinion of the Chief Baron! In railway compensation cases of the kind referred to by the Chief Baron, the most prominent item is what is called the "hard swearing" of the valuers!

In the case referred to, the injured man, it was admitted, had received injury; and

"The question was as to the nature and extent of the injury, and whether it had caused a 'lesion' or organic injury to the brain. On the part of the company, this was disputed. There could be no doubt that symptoms resembling paralysis of the leg and arm on one side to some extent had supervened; but what was disputed was, whether this was paralysis which arose from an actual 'lesion' of the brain or spinal cord, or was the mere effect of a shock to the nervous system, which might in course of time be cured and removed. The accident, it is to be observed, was in December; and it was beyond all doubt that he was still in a bad state, though it was disputed whether he was better or worse. Mr. Quain, the eminent surgeon, gave strong evidence as to the condition of the plaintiff, and declared that he believed it would have been dangerous to bring him into court. Galvanism had, he stated, been applied as a test so recently as Monday—using the galvanic current on the two limbs said to be paralysed; and the result was that, as a matter of fact—not of mere opinion—the right arm and right leg were paralysed. He declared that, in his opinion, the plaintiff was suffering from disease of the brain and nervous system. Dr. Walsh, with Mr. Richardson, Dr. R. Reynolds, and Mr. Hulke, were called to confirm the case on the part of the plaintiff. The accident having occurred in December, he had been, it was stated, getting worse ever since, and was now reduced almost to utter imbecility. Mr. Adams, Mr. Skey, Mr. Solly, Dr. Headland, Dr. Ratcliffe, and Mr. Critchett, were called on the part of the company. The effect of their evidence was, that there was no actual 'lesion' or organic injury to the brain, and that the symptoms of paralysis were the mere results of the shock to the nervous system. Indeed, one of them said he thought that they had been a great deal aggravated by the inquiries and examinations made by the numerous medical men (some ten or twelve) who had examined the plaintiff on the one side or the other. The strength of the evidence of the medical men on the part of the company was, in a word, that if there had been actual 'lesion' or organic injury, there would have been other symptoms not observable in this case; and that those which were observed were equivocal, and equally referable to a paralysis arising from disease or from shock to the nervous system; and, on the other hand, the value of the galvanic test was not admitted, and by some was disputed or denied. They denied, in short, altogether paralysis either of the brain or of the spine, and only admitted the effects of a severe shock to the nervous system; and the practical result of their evidence was, that in the course of a year, with entire cessation from labour, he would recover."

The jury eventually, notwithstanding the efforts made by the railway medical witnesses, gave the plaintiff £5,550 damages. But who shall assess the damage and injury sustained, through this trial, by medical evidence? This much every one of us must see, that, under such a process as this, medical evidence in courts of law becomes a mere byeword—a *ludibrium* both before the public and justice. One of two things the public will argue, and reasonably argue. The public will say: "Either you medical gentlemen are incapable of coming to a definite opinion on a matter of fact—on a case of injury lying before you; you can come to no agreement between yourselves; you differ *toto cœlo*, six on one side and six on the other, in the matter; and, therefore, medical evidence in such a case is worth nothing: or we can only regard your evidence as of the same worth and character as that of the railway compensation valuers; and must conclude that doctors are at the service of a railway company to give

evidence, *pro* or *con*, just as surveyors and architects are. And of course, so concluding, we shall know in future what sort of credence is to be given to what you call your scientific evidence!"

Such, we take it, is the low estate into which medical evidence naturally and very properly falls by exhibitions of the kind here referred to.

The Medical Council has passed a resolution to amend Clause xl of the Medical Act, which is, in our opinion, certain to prevent their proposed new Medical Bill passing through Parliament. Such a resolution really seems the condemnation of the Council as men of progress and business. It will be seen that the Council are about to call upon Parliament to give them powers summarily to prosecute and subject to fine, not only quacks and pretenders who call themselves doctors, surgeons, etc., but every qualified doctor of medicine, physician, surgeon, apothecary, etc., in practice, who shall assume any of those titles, unless he be registered. No doctor, or surgeon, or apothecary, the Council say, shall practise their art in this country—notwithstanding their legal right to practise as such—unless they pay us down hard cash, and have their names down on our *Register*. The Council seem to have completely forgotten that such a proposition is equivalent to a positive repealing of the Act of Henry VIII to the Royal College of Physicians, and of the Apothecaries' Act, and of other Acts of Parliament. This proposed clause is, in fact, actually a calling upon the Royal College of Physicians, Apothecaries' Hall, etc., to give up the right of granting powers to their Licentiates, etc., to practise medicine. Surely this is legislation run wild with a vengeance. Or have the Council forgotten all this, and been desirous only by such a proposed clause to throw a sop to the profession; and thinking that the proposition will expiate their little doings and much talkings in the eyes of the profession at large? We believe our medical brethren are too much alive to the facts of the case to be blinded by any such impossible a bait; and we sincerely trust they will themselves strenuously oppose it. The attempt to carry into Parliament such a clause is of itself sufficient to be fatal to their new Bill. Do the Council really believe that the Royal College of Physicians (within whose walls the resolution was passed) would allow their ancient legal rights to be thus summarily disposed of? that they would allow the privileges to practise granted by them to their Fellows, Members, and Licentiates, to be abrogated at the pleasure of the Medical Council? And what will every enemy of the Council say of it but this—the Council seems to care, above all, for one thing; viz., how to secure the funds necessary for carrying on their meetings.

Mr. Solly complains, and most fairly, that his compulsory retirement from St. Thomas's Hospital in May next would be a hardship and an injustice. We fully agree with the propriety of limiting the time of service and the age of retirement of hospital medical officers, and have on many occasions strongly advocated the modern practice in this respect. But no laws or regulations of the kind can be justly made retrospective. The existing holders of office have a fair claim to hold office on the terms on which they entered upon the performance of its duties. Mr. Solly undertook his surgeoncy at St. Thomas's Hospital, under the terms of a tacit agreement with the Governors that he should hold office as his predecessors had done, and as the office was then held. Besides this, there is no pretence in the way of incompetency for Mr. Solly's retirement. We are sure, therefore, that the voice of the profession will go with us in this, that Mr. Solly ought, in all fairness, to be allowed to continue office up to the completion of his twenty years of surgeoncy.

Potter, the murderer, to whose case we lately made special allusion, has been respited, and sent to Broadmoor Lunatic Asylum. After his condemnation, he was visited by Lunacy Commissioners; and, in consequence of their report, this decision was arrived at.

The Report of the Committee appointed some months ago by the Royal College of Physicians, to inquire into the condition of the Army and Navy Medical Services, will be brought before the College on the 10th inst. The Committee have, we understand, thoroughly investigated the subject and completely satisfied themselves of the injustice inflicted on their brethren in the army and navy; and if we are rightly informed, the Committee will ask the College to take up the cause of the army and navy surgeons, in order to have their griefs sifted by Parliamentary inquiry; and they will also ask the College to request all the other medical corporations in the country to assist in the endeavour. We may add, as we do with much pleasure, that we have good reason to know, that if the Royal College of Physicians should decide on making application to Parliament, its application will receive the highest support both in Scotland and in Ireland. Our brethren in the army and navy, in the meantime, should be prepared to give their own strenuous support to the College, in the case of its making application to Parliament.

The epidemic which is now raging in St. Petersburg and other parts of Russia, is evidently neither plague, nor any new disease, but the plain, old-fashioned, famine-fever, typhus, with its companion, relapsing-fever.

Our readers will have observed that in the recent K.C.B. honours (if so they can be called) recently distributed to the heads of the Army Medical Department, our naval brethren have been completely forgotten. We may remark, as a *solatium* to those who may consider themselves as thus overlooked in this matter, that the distribution of these honours has given no satisfaction to the combatant officers. The *Army and Navy Gazette* indicates that merit and service have had very little to do with the selections of combatants made for receiving such very dubious honours, whatever it may have had to do with the non-combatant selection.

In *L'Imparziale* is an interesting account of the Vienna School of Medicine, addressed to the editor by Professor Sigmund of Vienna.

"For more than a quarter of a century pathological anatomy has been especially studied here. We have specialties, oculistic, obstetrical, and syphilitic, children's diseases, dermatology, etc. The medical men of the modern school are all made of new stuff. In our great hospitals—and too great they sadly are—every ward is, as it were, opened for special instruction; and every day we see increased the number not only of our own but of foreign students, who come to take advantage of the immense mass of scientific materials placed at their disposal. The dissecting-rooms, the two museums of anatomy, the new clinical and pathological laboratory, and the microscopical rooms, are always crowded, thanks to the liberal institution, which grants a ready admission to them; thanks, also, to the new system of electing professors without regard to their country or their religion. You may find in the Faculty of Vienna, by the side of Catholics, Protestants, Jews, and even Greeks! Annual and half-yearly examinations have been done away with. We have now only the examination for the doctorate. The thesis has also been abolished.

"In a few days will be opened a new hospital containing 800 beds. Vienna will then possess more than 4000 beds for the sick; viz., in the General Hospital, 2000 beds; in the suburb *Wieden*, 850; in the new Rudolph's Hospital, 800; in the Infants' Hospital, 100; in the Brothers of Charity Hospital, 350. To these may be added—the Hospital of the Sisters of Charity, with 200 beds; the Children's Small Hospital, 50; the Merchants' Hospital, 40; and the Jews' Hospital, with 60 beds—making altogether 4430 beds. Besides these, we have Military Hospitals containing 1500 beds; a Hospital for the Parturient with 250; a Foundling Hospital with 200; and Lunatic Hospital with 500. You may imagine, therefore, the immense pathological riches accumulated here. We shall, moreover, soon require another large hospital to meet the wants of the growth of the city.

"March 12th will be the five hundredth anniversary of the foundation of the University, and we shall then have a grand festival. It is not, however, yet decided whether the festival will be held on that day, or later, in August or October.

"Pathology occupies now a veritable palace by the side of the hospital; and with it are united magnificent rooms for pathological chemistry and legal medicine. One of our richest treasures is the Museum—by far the finest I have seen in any school. Here, also, you will find close at hand, a splendid collection of materia medica, and a new institution, the Physiological Laboratory. And all these establishments flourish, notwithstanding the law passed fifteen years ago, which obliges the student to pay for his courses, etc. The payment of an *honorarium* increases the zeal of the student; and, under all circumstances, renders the condition of the medical man more honourable.

"Syphilis increases with us, as in all other large cities. Notwithstanding the separation of prostitutes, properly so called, I had under my charge in the year 1864 more than 2000 syphilitic patients, and my 275 beds are always full. I have concluded my fifty-fifth course; and you may, therefore, believe that I must soon give up this work, and leave it to younger and more vigorous shoulders."

"A Brief Sketch of the Past and Present Condition of the Bengal Medical Service, by a Surgeon of the Bengal Army," gives a very full historical, and, we believe, impartial account, of the subject with which it is concerned. The writer's opinion is, that Sir Charles Wood has not done justice to the Indian army medical officers. If strict justice be done, he says,

"We are entitled to expect the revocation of that clause in the Indian Warrant which confers upon assistant-surgeons *brevet* instead of *substantive* promotion for distinguished service; to expect that the scale of invaliding pensions granted to the British Army Medical Department by the Warrant of 1858 should be extended to our service; to look forward to receiving pensions on retirement more strictly in accordance with our army rank; and to claim for surgeons and surgeons-major in charge of regiments a staff allowance, in addition to the pay of their rank, more nearly proportioned to the responsibilities of their position than that which has been accorded to them by Sir Charles Wood's recent order. In addition, I believe we have a right to look for a speedy increase to the emoluments of civil and non-regimental charges based upon the increased pay granted to regimental officers; and also to hope for a speedy declaration on the part of Government of the exact meaning of their guarantee for maintaining the Service Funds, which are all of them rapidly verging towards insolvency, as a necessary result of the diminished number of subscribers consequent on the abolition of compulsory subscription from the period of the transfer of India to the Crown. This declaration has now been withheld, in spite of constant protest, for nearly six years; and the state of uncertainty which is the inevitable result has become almost unbearable."

The plan of the future Hôtel-Dieu of Paris has been decided. The buildings will occupy the Quai Napoléon, the Rue St. Christophe, Rue de la Cité, and Rue d'Arcole. The buildings will extinguish some eight or nine small streets behind those above mentioned.

L'Union Médicale complains that, at a recent discussion at the Royal Medical and Chirurgical Society, on the Inhalation of Atomised Fluids,

"The name of the ingenious French inventor was not once mentioned. Every experimenter who has succeeded, who has either confirmed or disproved the fact of the penetration into the lungs of the pulverised liquid, was referred to. The discoverer's name alone was omitted; no doubt, on account of its being so well known!"

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
West Somerset. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
Bath and Bristol. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

WEST SOMERSET BRANCH.

A Quarterly Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. Kelly, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

The third meeting for the eighth session, 1864-65, was held at the Infirmary, Gravesend, on March 31; C. J. Pinching, Esq., in the Chair. Seventeen members and visitors were present.

Communications. The following communications were read:—

I. Ophthalmic Cases. By M. A. Adams, Esq. 1. Diphtheritic Conjunctivitis. 2 and 3. Successful Extraction of Cataract in Diabetes. 4. Anophthalmos. (The patients were exhibited at the meeting, with the exception of one suffering from diabetes.)

II. Case of Embryotomy. By J. V. Bell, M.D.

III. Some interesting cases, inmates of the Infirmary, were brought before the meeting. 1. Railway injury in a young man; lower end of tibia removed; result satisfactory: viz., foot straight, with some degree of flexion and extension preserved. 2. Bullet lodged in lower jaw of a young man; sinus and some thickening, but no certain indication of the situation of the ball.

Next Meeting. Flaxman Spurrell, Esq., was elected chairman of the meeting to be held at Dartford in April.

Dinner. The members and visitors adjourned to dinner at the Yacht Club House.

Hydrophobia. In connection with the bill for lessening the mischief occasioned to flocks in Ireland by vagrant dogs, Professor Gamgee publishes some interesting remarks on the spread of the hydrophobia and other evils from the number of dogs roaming about at will. He says: "It is impossible to estimate the serious amount of loss of life and property incurred by the people in Ireland from the dog nuisance. Swarms of parasites infest the bodies of cattle, sheep, and pigs, which they derive from dogs. Many animals are doubtlessly worried, and a very considerable number of men and animals are annually bitten and inoculated with the rabid *virus*." Hydrophobia in man is increasing in Ireland. For the ten years ending 1841 31 cases of death from this cause are reported. In 1851 the number had risen to 57, and in 1861 to 61. This is very different from what we find in England, where the deaths from hydrophobia have gone down year by year from 25 in 1851 to 3 in 1860. In Scotland, even allowing for the smaller population, the number is still smaller.

Special Correspondence.

DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

Two cases of great interest have lately occurred here, which, I think, it will be worth your while to record. Therefore I send you brief notes of them.

The first is that of a Fracture of the Spine, in which the operation of Trephining was performed. The patient was a man named Joseph Collins, aged 38 years, who entered Jervis Street Hospital December 28th, 1864, suffering from an injury of the spine. Dr. Robert McDonnell, who saw him immediately after his admission, and under whose care he remained, at once diagnosed a fracture of the spine corresponding to the last dorsal or first lumbar vertebra. The symptoms were those of pressure on the spinal cord.

At a consultation held the same day, Dr. McDonnell advocated the immediate performance of trephining. His colleagues, however, not taking his view of the case, the proceeding was negatived.

The idea of trephining was then given up until January 30th, 1865, when Dr. Brown-Séquard, happening to be in Dublin, saw him with Dr. McDonnell. He supported his view, and advocated the operation as a *dernier ressort*. Accordingly, it was performed February 3rd, 1865.

Previously to the operation, sensation existed normally in the thigh and calf of each leg. In the feet, sensibility was much impaired, the sole being quite anæsthetic. Paralysis of motion was almost complete in both lower limbs; no reflex movements could be excited. The bladder and rectum were absolutely paralysed; the urine was alkaline. The penis and scrotum were swelled, and the prepuce ulcerated. Bed-sores existed over the sacrum; and the left foot and leg were œdematous.

After the operation, sensation became normal every where. There was a marked increase of motor power in the muscles of the thigh; the patient, however, did not regain the power of moving his toes. After some days, the reflex phenomena as regards movements of the muscles of the thigh reappeared. The most remarkable improvement, however, was in the penis and scrotum, etc. The ulcerations improved; the swelling diminished; and the œdema of the left leg disappeared.

A fortnight after the operation, the bladder had regained considerable power, and the urine could be expelled with some force. However, the patient sank on the seventeenth day after the operation, when it was found that inflammation had extended from the bladder to the kidneys, purulent depositions having been found in one of those organs.

On *post mortem* examination, a displacement was found to have taken place between the last dorsal and first lumbar vertebræ, with fracture of a portion of the body of the latter. The theca vertebralis was uninjured; the cord compressed, but not lacerated.

The operation consisted in the removal of the posterior arch of the first lumbar vertebræ; and there is little doubt, had it been performed at an earlier period, there would have been a fair chance of interrupting the chain of sequences which led to a fatal result in this case.

The above is a mere sketch, as the whole details will soon be published in full by Dr. McDonnell.

The second case is one of no less importance than that just described, being the cure of an aneurism implicating the femoral and iliac arteries by compression applied to the common iliac and femoral vessels. The case occurred in the practice of Dr. Mapother of St. Vincent's Hospital, and presented extraordinary difficulties in its management. Among others, I may mention the fact of the treatment being carried out while the patient was under chloroform, and the combination of distal and proximal compression, so as to prevent complete emptying of the sac. This device is the suggestion of Mr. O'Farrell of St. Vincent's Hospital, and is a most valuable one. The prolonged chloroform inhalation was also most remarkable, having been sustained on one occasion for twelve hours. The cure of the disease was complete.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 14TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ANEURISM BY ANASTOMOSIS OF THE SCALP, TREATED SUCCESSFULLY BY SETONS AND LIGATURE OF THE COMMON CAROTID.

BY GEORGE SOUTHAM, F.R.C.S.

THE patient, a married female, aged 28, had been suffering from the disease for upwards of eight years. She became an in-patient of the Manchester Royal Infirmary in May 1864. The temporal artery and its branches, with the exception of those distributed around the eye and forehead (which, though visibly distended, were not pulsatile), were much enlarged, some of them almost to the size of the little finger, and communicated to the hand a distinct arterial thrill. The occipital artery and its branches were also similarly affected in a less degree. Pulsation was only slightly checked by pressure on the trunks of these vessels, but was completely suspended by compression of the common carotid. An ulcer had formed over the parietal protuberance, which had bled rather freely on several occasions. An attempt was made to remove the lint from the ulcerated surface; but arterial hæmorrhage supervened to so great an extent that the bandages were immediately replaced. On the following day, having taken the precaution to have the requisite appliances for the arrest of hæmorrhage at hand, the compress was removed in the presence of several members of the hospital staff. Profuse hæmorrhage followed from the ulcerated surface, which occupied a space of about an inch and a half in diameter. Pressure with the fingers failed to stop the effusion of blood, escaping as it did from countless sponge-like orifices. Lint steeped in a solution of perchloride of iron was also applied, and the carotid compressed; but the blood continuing to flow, Mr. SOUTHAM, with the consent of his colleagues, placed a ligature on the trunk of the common carotid, which had the desired effect. Seven days after the operation the vessels of the scalp were soft, flaccid, and apparently bloodless; but very feeble pulsation could be felt in the course of the temporal artery. Four setons of worsted, about four inches in length, were now passed through the vessels, one across the temporal fossa, the others through the parts of the scalp where the vessels were most distinct. The week following, some of the vessels near the original sore were found distended, and slightly pulsatile. Three setons were inserted through them, and another about a fortnight afterwards at the posterior part of the occiput, where a vessel about an inch and a half in length could be distinctly traced pulsating slightly. From this period the case proceeded satisfactorily, and on August 12th she left the hospital quite well, with the exception of a small ulcer at the back of the ear, which was the remains of a slough that had taken place in that part. At the end of December there were no signs of any return of the disease.

The author remarked that the success of the plan of treatment adopted in the above case afforded a prospect of bringing this hitherto unmanageable complaint more effectually under the control of the surgeon. At the time of the patient's admission into the hospital, the disease had arrived at a stage when prompt measures were absolutely necessary for the preservation of life. Accordingly, on the supervention of hæmorrhage, ligature of the carotid was immediately resorted to. But the unfavourable results which have frequently followed deligation of the carotid for aneurism by anastomosis of the scalp induced the author not to rely solely on that method of treatment; and the further progress of the case showed that if other means in addition had not been employed, no permanent benefit would have resulted from the operation. This need excite no surprise, for the operation to be successful must either permanently cut off the circulation through the diseased vessels, or lead to their obliteration—conditions which, however probable when the disease is confined to a single vessel and assumes the ordinary form of aneurism, are not likely to follow when several are affected, as in the present case, involving the entire temporal system, with its arteries, veins, and capillaries. For the blood in the vessels after deligation does not coagulate, but readily finds its way into the general circulation, and the vessels remaining unchanged, become again distended as soon as the circulation through the anastomosing branches is re-established. But, despite these drawbacks, deligation, even when not required for the suppression of hæmorrhage, has its advantages; for the temporary interruption which it causes to the circulation through the diseased structures affords a favourable opportunity for the application of other remedies. Setons were therefore resorted to as soon as there were indications that the scalp was supplied with blood sufficient for reparative purposes. They were applied at intervals wherever any return of pulsation showed itself.

Setons have so repeatedly failed, that their success in the present instance must be attributed to the quiescent state of the circulation produced by the ligature of the carotid. In confirmation of this view, the author referred to the case of a young lady who was under his care several years ago, whose index finger and thumb had become, through enlargement of the vessels, twice the natural size. Some of the vessels were in circumference as large as goose-quills,

and gave a livid-bluish appearance to the fingers. Not the least pulsation or arterial thrill could, however, be discovered; and the vessels could be partially emptied of their blood by pressure. Three fine worsted setons were passed from the hand to the apex of the finger. Others were inserted at intervals. At the end of six months all evidence of the disease had disappeared. Deligation of the arteries, therefore, prior to the insertion of setons, does not appear necessary in all cases of aneurism by anastomosis. The disease is an affection of arteries, veins, and capillaries, varying in its characters according to the extent to which each of these structures is implicated. Deligation, therefore, seems to be required where the arterial tissue is principally involved, or where the enlargement of the capillaries has taken place to such a degree as to enable the force of the heart's action to communicate its impulse through the capillaries to the blood circulating in the veins. Similar considerations will also determine the extent of deligation, which, except where severe hæmorrhage occurs, need, in the majority of cases, only be applied to the smaller arteries.

Though setons were employed in the case now related, yet galvanism, the injection of perchloride of iron, and other similar agents, may, in some instances, perhaps, be advantageously substituted; and even the risks attending ligature of the arteries may, by instrumental or digital compression, be occasionally obviated.

The PRESIDENT said that tying the carotid seemed a severe operation for a disease so limited. He considered that photographs shewing the character of the disease before and after the operation would have been of value.

Dr. SIBSON regretted that Mr. Southam was absent through illness; and observed that the carotid was tied, not to cure the disease, but to arrest hæmorrhage. The operation was successful, and the treatment by setons thereby much advanced.

Mr. C. H. MOORE also observed that the tying the artery was to arrest arterial hæmorrhage, and not to cure the disease. For some aneurisms of this kind, ligature of the vessels would not be necessary; while in others, the abundance of large arteries might demand this proceeding. A case which he had seen, under Mr. De Morgan's care, had been healed by setons passed by needles, over which were placed caoutchouc rings, and by threads charged with perchloride of iron. The result was the cure of the patient; who, five years afterwards, had no trace of the aneurism, but an abscess occupying its site. In vascular tumours of the scalp in children, which sometimes attained a very large size, if a large vessel were open and could not be tied, it would be necessary to apply a ligature to the main artery.

Mr. SAVORY said that the success of Mr. Southam's case would encourage surgeons to tie a vessel at a distance when the injured point could not be reached.

CONGENITAL HYDRONEPHROSIS, IN A BOY FOUR YEARS OLD, REPEATEDLY TAPPED: RECOVERY.

BY THOS. HILLIER, M.D.

The patient was born with great enlargement of the abdomen, simulating ascites, for which it was mistaken till he was nearly four years old. It was then ascertained to be an enormous cyst springing from the right lumbar region. From its great size it caused difficulty of breathing and prevented his walking. The cyst was tapped in front, and 102 fluid ounces of clear non-albuminous fluid were drawn off, having all the characters of dilute urine. The fluid rapidly re-collected, and on a second tapping was found to be albuminous and purulent, but still to contain a considerable quantity of urea. Attempts were made to establish a permanent fistula anteriorly, and then posteriorly; but on each occasion the fluid after a time ceased to flow. Much irritation and depression followed the several tappings, so that the patient's life seemed to be endangered. After one of the operations a quantity of fluid was passed from the bladder exactly similar to that from the cyst, and quite unlike what was usually passed from the urethra; a temporary communication thus obviously being established between the cyst and the bladder. The patient has now been left without operation for some months, and has regained his strength; but the cyst remains, varying from time to time in size, and his urine is often purulent and fetid. It is presumed that there is some congenital malformation of the right ureter which renders it liable to occlusion, but admits, under some circumstances, of the passage of fluid.

Cases of congenital hydronephrosis due to obliteration of the ureter were quoted, proving fatal in infancy; one a case of an enormous cyst, apparently a dilated kidney, from obliterated ureter, in a woman who lived to the age of twenty-three years; and one of double hydronephrosis in a youth who lived to the age of seventeen years. In the latter case the ureter on one side was much constricted, and on the other entered the pelvis of the kidney obliquely, and was guarded by a valvular obstruction.

Expectant treatment, the author observed, seems to be the only measure indicated. Extirpation of the cyst is inadmissible from the dangers of the operation, owing to proximity to the sympathetic ganglia, and to the liability to hæmorrhage and peritonitis. Tapping was recommended in case of distension so great as to endanger life. It would seem that when the distension reaches a certain point, the ureter allows of fluid to pass down it.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, FEB. 3RD, 1865.

G. POLLOCK, Esq., President, in the Chair.

ON SYPHILITIC DISEASES OF THE SKIN FOLLOWING VACCINATION. BY G. NAYLER, ESQ.

THE author commenced by stating that syphilitic diseases of the skin were to be determined rather by the character of the affection than from information to be obtained from the patient; and that these affections deviated more or less from the true type of the diseases to which they belong, the imperfectly formed scales in the squamous diseases being an instance. The diagnosis, also, was assisted by the consideration that these diseases appeared at three periods of life; first, a few days or weeks after birth—the congenital form; secondly, at the period of the second dentition; and thirdly, at puberty.

After a few remarks regarding the transmission of syphilis by vaccination, and the arguments of Mr. Simon against its probability, three cases were related of this disease.

The first patient was aged 22 years, the youngest of seven—all in good health. Her father died of phthisis. After three months, she was vaccinated in the left arm; but the pustule did not heal. Inflammation ensued, and subsequent ulceration, which spread, exhibiting the characters of syphilitic lupus. In the front of the arm, numerous cicatrices were to be seen, of an irregular form; and there were tubercles in various parts, including the face, to which latter place the disease spread eight or nine years since. She derived great benefit from the bichloride

of mercury and iodide of potassium, and from the local application of arsenical escharotics. The patient was exhibited to the Society.

The second patient, E. M., 15 years of age, was the youngest but one of five. She was vaccinated a year ago. The pustule remained in a healthy state for some time, leaving a large and deep scar after healing. Psoriasis soon afterwards made its appearance on the lower extremities and upper parts of the body. It assumed the form of psoriasis guttata; but, the scales being badly formed, it was diagnosed as being of a syphilitic origin. She was benefited by the same treatment as in the first case.

The third case, 19 years of age, was exhibited to the Society. The scalp had been a mass of ulceration, and portions of bone had been removed in a necrosed state. At the present time, there was some offensive discharge and the remains of extensive disease, and there were soft tubercles about the ears and bridge of the nose. She had evidently been much improved by treatment. She had never menstruated, and had been much out of health. Her history was, that she had been vaccinated when three months old; that the pustules ulcerated, and did not heal for twelve weeks. At 14 years of age, a serpiginous ulceration first attacked the scalp. In this, as in the other cases, no trace of syphilis could be found in the parents. She was treated with mercurial vapour-baths, iodide of potassium, and sarsaparilla.

After referring to the Rivolta cases, and the previous good health of the above patients before vaccination, with the appearance of the scars left by it, and after examining all the sources from which the syphilitic poison could be derived, the author terminated by saying, that perhaps nothing had left the point at issue so long in abeyance, or contributed to cast such discredit on the idea of syphilis being received from vaccination, as its rarity and the acknowledged difficulty of maintaining unbroken the chain of evidence between the effect of syphilis and its real origin. Admitting the results stated to be occasionally dependent upon vaccination, they yet scarcely affected the more general question of its utility.

The Nightingale Fund. The trustees of the Nightingale Fund are well satisfied that money need not stand in the way of the training of any number of young women for service in hospitals or anywhere else. The demand is so great that money for the purpose is always forthcoming, if the candidates can be got, after the fund has distributed its income. That fund at present maintains and trains in St. Thomas's Hospital 18 women between the ages of 25 and 35 for at least a year each. Thus far the eagerness to secure them at the year's end has been such that all have been immediately placed, and may be considered provided for for life. As many more are received as can be employed and trained in proportion to the number of patients; and of these the expenses are paid by private patrons. In the last report of the Nightingale Fund it is stated that the lowest salary received by any hospital nurse of their pupils is £20 a year, and maintenance in everything but clothes. This lowest pay is certainly not high, being about equal to that of a provincial cook, or a good housemaid; but it is the lowest, while it includes an amount of personal comfort, and a permanence and security of employment, which the humble governess and the milliner's journeywoman can never hope for. In private practice a skilled nurse may evidently demand her own terms; and a rich field of enterprise remains for those who, being trained, become the trainers of others in the new schools which will be rising up everywhere. (*Cornhill Magazine.*)

Correspondence.

SYPHILISATION AS A MEANS OF CURING CONSTITUTIONAL SYPHILIS.

Letter from Professor Boeck of Christiania.

No. II.

Sir,—In reference to the gentleman cured under my care of tertiary syphilis by syphilisation, let me further observe that Mr. Lee, imagining he has shown that this patient has never had syphilis at all, supposes, of course, that I did not inoculate him with matter from an indurated syphilitic chancre. On this point, also, I am compelled to differ in opinion from Mr. Lee. During the last eight years, I have used *matter taken from indurated sores alone* for my treatment by syphilisation. Mr. Lee will perhaps answer to this, that matter from a hard chancre cannot produce pustules on a person suffering from constitutional syphilis. It is true, that this opinion is at present entertained by many surgeons; but it is not, therefore, a correct one; and in various places this doctrine is beginning to be abandoned. My experience proves it to be erroneous. I do not intend to dwell on the history of this doctrine, which is well known to the readers of your Journal. I shall only state what has been done here in Christiania towards answering this question.

Dr. Bidenkap has for several years inoculated with the discharge from indurated chancre, and has found that when the chancre does not secrete pus there is no result, or that, after a long time of incubation has elapsed, a papula appears, which afterwards becomes excoriated. If, on the other hand, the chancre be brought to suppuration by means of an irritant, it may be possible, by inoculating with the matter thus obtained, to produce pustules in a short time. In both cases, it is often necessary to repeat the inoculation several times before any result takes place. Mr. Lee is himself well acquainted with the manner of performing these inoculations. The idea of irritating the chancre to make it produce pus, has also occurred to him, and he had done so previously to Dr. Bidenkap's attempting it; but Mr. Lee, by his inoculations, only caused adhesive inflammation, and, having once produced a pustule, imagined he had inoculated from a "*chancre mixte*". Dr. Bidenkap was the first to produce pustules and chancre-sores with matter both from indurated chancres and from mucous tubercle; and to use the matter from these sores to continue inoculation. Melchior Robert of Marseilles has done the same; as also Köbner of Breslau; and, as I have heard, Hebra of Vienna.

As before stated, the matter which I have used during the last eight years for syphilising my patients, has been taken *solely* from indurated chancres. It was with this matter that the patient who has given rise to this discussion was inoculated. It was by means of these inoculations that this gentleman, who, when he came here, appeared to be at death's door, daily

improved, so that in two months he was able to go out shooting.

Instead of endeavouring to reason away such a plain fact, and blindly running down syphilisation, it would have been better had Mr. Lee sought for reliable information respecting this mode of treatment, which can do more with syphilis than all the mercury and iodine in the world.

I am, etc., W. Boeck.

Christiania, March 4th, 1865.

SYPHILISATION.

Letter from Henry Lee, Esq.

Sir,—Professor Boeck has been good enough to send a first letter on the subject of syphilisation, and to refer to some observations made by me in your Journal of the 4th of February. The objections of Professor Boeck to the observations in question have already been either directly or indirectly answered in my reply to Dr. Simpson published in the Journal for February 18th. It appears, therefore, unnecessary that I should at present occupy your attention further than to state that Dr. Boeck has fallen into the mistake of supposing that I had given it as my opinion that the patient who was under his care was suffering from "softening of the bones". This formed, certainly, no part of the opinion which I expressed. I am, etc., Henry Lee.

9, Savile Row, April 1st, 1865.

MEDICAL EVIDENCE IN RAILWAY ACCIDENTS.

Letter from Daniel Noble, M.D.

Sir,—Your leading article in this day's number of the Journal, on "Medical Evidence on Railway Accidents", is very opportune, particularly as supplying the occasion for some discussion on the right position which members of our profession should take, when forensically occupied in reference to these cases.

Having myself for some years been much consulted in circumstances of this kind, sometimes by the plaintiff in actions for compensation and sometimes by the defendant, I have naturally been led to reflect upon this question in most of its bearings; and, for this reason, I must solicit a portion of your space for the expression of such practical views as I have been led to form.

Concerning the duties and the position of railway medical officers, I have but little to say; I was never one of their body, and their ability to speak for themselves is beyond dispute. It may yet be observed that the heavy responsibilities of railway companies, and their liability to become the victims of imposture or of culpable exaggeration, renders it imperative that they attach to their interests skilled medical men, without whose professional services the shareholders would have but little protection against subtle attorneys who have mendacious clients.

But concerning the position of independent members of the profession having to do with railway accidents in their legal consequences, I would respectfully offer a few practical suggestions as to the duties devolving upon them, and as to the course in detail which it may be alike just and expedient for them to take under the circumstances in question.

However the distinction may sometimes be lost sight of in practice, it will, of course, be conceded that no medical man, summoned as a witness, can rightly give his evidence in the spirit of an advocate. When such evidence is called for by the requirements of justice, the medical witness, whether stating facts or opinions, has simply to tell the truth; and if, during examination, he suppress information within his knowledge, or wilfully exaggerate or extenuate, in a way to affect unduly the question at issue, he may compromise himself very painfully. The position itself, in many instances, furnishes, undoubtedly, some temptation to a sort of semi-conscious wrong-doing in these particulars; but this temptation, I conceive, would be removed, or greatly lessened, by adopting the course which has always been my own, and which, whilst very simple, is obviously the just and prudent one.

When a medical man is consulted in cases likely to become the subject of litigation, he soon has intimation that he may be required to give evidence; and lawyers, from a certain fashion of speech, will sometimes talk to a medical man about "engaging his services as a witness." Now, plainly enough, the right proceeding in these circumstances is to repudiate such a position, whether expressed or only implied. You may profess yourself ready to give your opinion of a case in writing; but that, as to giving evidence, your opinion may or may not promote the interests which the lawyer has in his keeping. Now is the time, before the feelings have become much engaged in the legal conflict, for making a calm and dispassionate record of your professional judgment; and if, after doing so, you are summoned as a witness, the way is plain. You have to communicate in court what you have already set forth under less formidable circumstances; the party that calls you knows what he has to expect; and the medical witness need to have no apprehension, as to what may be thought of his evidence in its effects upon the case.

Your readers, I trust, will acquit me of egotism, if I say a few words as to the way in which this proceeding has worked in my own experience. Actions have sometimes been settled upon the best terms that could be procured, when my reports have not corroborated the expectations set up by the representations of a plaintiff; and when cases have proceeded to trial, it has several times happened that, although summoned, I have not been called as a witness, because the "side" would not be benefited by any evidence that I should give.

Now, there is a concerted action that can often be taken, which, whilst it is most conducive to the ends of justice, is, at the same time, conservative of the honour and the dignity of our profession. It is this: for the medical men regarded as being in the interest of both plaintiff and defendant, frankly to meet for discussion of the whole state of affairs, so far as medical; to exchange the results of their common experience, and to balance probabilities as to the issue of the case. In a proceeding of this kind I have many times shared, and almost invariably with a complete conciliation of any primary difference of opinion, and a consequent avoidance of that unhappy discordance of medical judgment so grateful to "outsiders", but so humiliating to the profession itself. Of course, to render this last suggested course practicable, there must, with all persons engaged, be mutual respect and confidence, no foregone conclusions, no assumption either of "undoubted importance" on the one side, or of "disastrous mischief" on the other; but the same courtesy, and the same reciprocal concession of honesty of purpose, as we find to obtain in ordinary medical intercourse under circumstances of professional consultation.

But the subject I find is a very extensive one—one, indeed, that is susceptible of indefinite expansion. Not wishing further to encroach upon your space, I

will conclude by the expression of a hope that the question may receive some adequate discussion in future numbers of the JOURNAL.

I am, etc., DANIEL NOBLE.

Manchester, March 25th, 1865.

PROSECUTIONS OF MEDICAL MEN.

SIR,—I have been waiting some time, from one at least of your many correspondents, for a scheme or method whereby the constantly recurring prosecutions of medical men and impeachment of professional character may be more readily met and effectually dealt with, and by which the profession at large may be able to know, from authoritative sources, the exact nature and extent of injury sustained in any case, as well as the amount of pecuniary aid and exertion necessary to vindicate the injured party and protect him from loss. At present, this question is in the utmost uncertainty and irregularity of action, with but little opportunity of the profession being fully informed of the circumstances calling for its attention and interference.

A plan, therefore, to remove these difficulties, and secure other objects of greater magnitude to the commonwealth of medicine, is an important desideratum. This, I conceive, will be attained by each Branch of the Association appointing an Ethical Committee, to be elected yearly with the other officers, and chosen, if possible, from distant localities in the Branch; so that any transaction or occurrence demanding professional notice or inquiry would be immediately known to one of them, and communicated to his colleagues. Whether the parties concerned were members of the Association or no, should not be a matter of import; if they were not members, the offer of friendly interference or defence would be a strong incentive to their becoming so. The number of five or seven for each Branch might suffice; and each Committee should meet where and as often as might be deemed requisite, and have power to call a meeting of the Branch for its advice and counsel in any emergency.

This method of procedure, it will be seen, will at once relieve that most embarrassing and painful position to an upright man—the necessity of standing alone in self-vindication against a false and grievous charge. The task of defence being undertaken or supported by his brethren will be proof that the brotherhood of the profession is no longer a name. The Committee of the Branch will see any member protected as far as possible from wrong or unjust accusations, and will be always near to give him advice in difficulty or trouble. Had such machinery been in existence in the Metropolitan and Lancashire and Cheshire Branches when the distressing cases of Mr. Adams and Dr. Waters were before us, how much perplexity and painful embarrassment would have been saved to these gentlemen! and, in the instances which have since transpired, how much trouble, difficulty, and probably expense, avoided!

It is needless here to allude to the comparative disadvantage of private Committees, formed to defend or sustain the character of a friend; for, however well supported by zealous and well directed exertions, with the aid of social influence and great personal sacrifice, they too often issue in disappointment and inefficiency. The knowledge, besides, that the public will immediately have, that the rights of an injured and unjustly accused member of the profession will be defended by the whole body, will be the strongest check and restraint against those attacks which have of late become so alarmingly frequent. The same Committees would likewise devise the best means of creating a protection fund; and, no doubt, more economically to the profession than by the special appeals often made to it.

This is not the first time the value and policy of forming Ethical Committees for many important purposes have been suggested, if not urged, upon the Association; but the present would seem a most favourable one for their adoption. By these simple measures, the reconciliation and adjustment of misunderstandings, and of the unhappy collisions, too frequently occurring among medical men, will often be effected and kept from public notice, and will enable the professon at all times to defend itself, without individual prominence or responsibility, against great outrage or misrepresentation, from whatever quarter it may come.

Lastly, these Committees will best consider and settle, by correspondence, the *vexata questio* of medical charges; and by the same powerful agency, carried to its legitimate end, will be able, in due time, to produce a comprehensive code of medical polity and ethics.

Hoping the members of the Association may see this subject in the same light with me,

I am, etc., AN OLD MEMBER.

Manchester, March 25th, 1865.

TREATMENT OF HERNIA.

LETTER FROM H. E. NORRIS, ESQ.

SIR,—Mr. Steel's two most interesting cases of hernia remind me of cases which have occurred in my own practice, as well as of the treatment which of late years I have found to be most successful in that of strangulated hernia generally.

Having frequently noticed the good effect arising from the administration of large doses of tincture of opium in cases of enteritis, I determined to try the same remedy in cases of hernia where strangulation existed, as I believed the good effect to depend on the degree of quietude in which the inflamed part was kept by the sedative influence of the laudanum on the muscular coat of the bowel.

Accordingly, when such cases arose, having in vain tried the taxis, and the symptoms of strangulation being urgent, I gave the patient (an old woman of seventy and upwards) a mixture containing drachm doses of tincture of opium; one dose to be taken every hour till three doses had been taken. I directed the medicine to be given at intervals of two hours, if the third dose did not produce the desired effect—viz., the reduction of the tumour. On calling to inquire for the patient some hours afterwards, I was told that the third dose had relieved her, and that she was quite easy and comfortable. On examination, I found the hernia, which was femoral and small, quite reduced; and the operation, which I had looked forward to as almost certain, was thus rendered unnecessary.

I have on several occasions found the like treatment equally successful, and give you the result of my experience, hoping it may prove of the like benefit to others.

Even when the vomiting has been constant and distressing, perseverance in the use of the medicine has proved effectual, being in the end retained on the stomach; and this in cases where the taxis had quite failed to relieve the patient. The application of cold (ice, if procurable) is a most useful auxiliary to the above treatment. The dose of laudanum given above is the largest I administer, and is most suited to old patients. For the young and middle-aged, I should recommend a smaller dose.

I am, etc., H. E. NORRIS.

Charmouth, March 27th, 1865.

Medical News.

BIRTH.

COLLINS. On March 31st, at Chew Magna, Somerset, the wife of *Charles Howell Collins, Esq., of a son.

MARRIAGES.

ALEXANDER—BORTHWICK. At Greenside, Leslie, by the Rev. John Logan, of the Free Church, James Alexander, Esq., Surgeon, Leslie, to Janet, second daughter of the late Hugh J. Borthwick, Esq., Kirkcaldy.

DAVIS—LOW. On March 29th, at the Parish Church, Wrexham, by the Rev. James Dixon, assisted by the Rev. T. J. Jones, Incumbent of Minera, Edward Davis, Esq., M.D., to Alison Paxton, eldest daughter of William Low, Esq., Lloftwen, near Wrexham. No cards.

ROYAL INSTITUTION. On Saturday, April 8th, at three o'clock, Professor Marshall will deliver a lecture On the Nervous System.

TESTIMONIAL TO MR. SPENCE. The pupils of Mr. Spence, the successor of Professor Miller in the chair of Surgery in Edinburgh, have recently presented him with an album containing the photographic portraits of the gentlemen who had attended his class.

UNIVERSITY OF LONDON. The election of examiners for degrees, etc., in the University of London, is fixed for Wednesday, the 26th inst. Amongst others, the following vacancies are announced:—One in experimental philosophy; one in chemistry; one in botany and vegetable physiology; two in geology and palæontology; one in physiology and comparative anatomy; two in midwifery; one in materia medica and pharmaceutical chemistry. The other examiners offer themselves for re-election.

THE HOLBORN UNION. The Committee of the Guardians of Holborn Union appointed to consider Mr. Farnall's recommendations have reported to the effect: That the salary of the medical officer should be raised from £100 to £135; that a paid nurse should be appointed by way of experiment; that the medicines and drugs are as good as need be; and that the Guardians should supply cod-liver oil. The report has been adopted with one exception—the salary of the medical officer being raised to £125, and not to £135.

MEDICINES FOR THE POOR. In the House of Commons lately, Sir J. Shelley asked the President of the Poor-Law Board whether the Poor-Law Board intended in this session to take any, and if any what, steps to carry out the recommendation of the Select Committee on Poor Relief, that in future cod-liver oil, quinine, and other expensive medicines should be provided at the expense of the guardians, and not as heretofore by the parochial medical officers. Mr. Villiers said the subject referred to was one to which the board had given much consideration, and on which they had communicated much with guardians in different parts of the country, and they did not despair of inducing them very generally to adopt the recommendation of the committee in question. There were difficulties in the way, however, owing to the existing contracts with the medical men, which were made on the other system. These contracts usually were made for life, and there had sometimes been an unwillingness to revise them; but in certain cases the doctors did not live in the union, and were then selected annually, and in all these cases there was reason to hope that the recommendation would be adopted. The Poor-Law Board in such cases would use all its authority to induce the guardians to adopt it.

MORTALITY IN EMNETH. On Friday week, Dr. Brady asked the Secretary of State for the Home Department if his attention had been directed to a statement made by the coroner at an inquest held at Emneth, in the county of Norfolk, and reported in the *Lynn Advertiser* on the 25th ultimo, directing attention to the extraordinary mortality among children in Emneth, amounting to 80 per cent. of the population, which the parish surgeon attributed to gross and culpable neglect, the children dying from starvation. Sir G. Grey said he had received a letter from the coroner, stating his belief that the great mortality among the children was attributable to the neglect of the mothers. The letter had been forwarded to the High Constable of the county, who would inquire into the facts.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot 8.30 P.M., Dr. Hermann Weber, "On Delirium during the Decline of Acute Diseases"; Mr. Henry Lee, "On Acute Inflammation of the Veins."—Ethnological.—Zoological.

WEDNESDAY. Microscopical.

THURSDAY. Royal Society.

SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

A. B.—Professor Robert Grant, who is a candidate for election into the Royal Society, is the Regius Professor of Astronomy in Glasgow. Dr. Robert Edmond Grant, the Professor of Comparative Anatomy and Zoology at University College, has been an F.R.S. for many years.

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Dr. RADFORD; Dr. CRUISE; Dr. W. OGLE; Dr. JAMES RUSSELL; Mr. C. H. COLLINS; Dr. G. B. MEAD; PROFESSOR SIMPSON; Dr. DURRANT; Mr. H. HEMSTED; THE SECRETARY OF THE PHARMACEUTICAL SOCIETY; Mr. J. MORLEY; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. J. M. EVANS; Mr. W. DATE; Mr. ALEXANDER; Mr HENRY LEE; and Mr. H. HAILEY.

BOOKS RECEIVED.

1. Transactions of the Pathological Society of London. Vol. III. London: 1865.
2. A Manual of the Domestic Practice of Medicine. By W. B. Kesteven. London: 1865.

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LAW XXXIII.

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March 15th, 1865.

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LECTURES will be delivered at the COLLEGE, Pall Mall East, at Five o'clock on each of the following WEDNESDAYS and FRIDAYS.

DR. ODLING....APRIL 26, 28; MAY 3, 5, 10, 12.
ON THE CHEMISTRY OF TISSUE-METAMORPHOSIS.

DR. HYDE SALTER....MAY 17, 19, 24.
ON THE DIAGNOSTIC VALUE OF THE VARIOUS FORMS OF DYSPNŒA:
An inquiry into the laws of the perturbations of the respiratory movements; with an account of an instrument for rendering those movements and their perturbations self-registering.

DR. LIONEL BEALE....MAY 26, 31.
AN INQUIRY INTO THE NATURE OF THE PHENOMENA WHICH CONSTITUTE 'INFLAMMATION'.
1. Of the doctrine of 'Irritation'. Of 'Inflammation' in tissues destitute of vessels. Of the formation of Lymph and Pus.
2. Of 'Inflammation' in vascular structures, and of certain conditions which favour or interfere with the inflammatory process.

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1865. W. COPNEY.

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SCHOOL.—The SUMMER SESSION commences on MONDAY, MAY 1.

LECTURES.
Midwifery—Dr. Robert Lee, F.R.S.
Materia Medica—Dr. Barclay.
Practical Chemistry—Dr. Noad, F.R.S.
Botany—Dr. Maxwell Masters.
Medical Jurisprudence—Dr. Fuller.
Pathology—Mr. Henry Lee.
Dental Surgery—Mr. Vasey.

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The Thompson Medal.
Sir Benjamin Brodie's Clinical Prize in Surgery.
The Lewis Powell Clinical Prize in Medicine.
The Henry Charles Johnson Memorial Prize in Anatomy.

A General Examination will be held at the end of the Session, and a Certificate of Proficiency given to each Pupil who passes to the satisfaction of the Examiners, and the following Prizes to the most distinguished, viz.:—
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A Prize of Ten Guineas to Pupils in their Second Year.
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Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

Chapter VIII.

Symphyseotomy and Mechanical Dilatation.

I have now to speak of two propositions intended to supersede the Cæsarean section, and which cannot be included under either of the former divisions.

I.—*Symphyseotomy.* Symphyseotomy, or a division of the cartilages constituting the symphysis pubis, was advocated by Sigault, and his suggestion was received with enthusiastic approval. A medal was struck off in honour of him.

British obstetricians have discountenanced this operation, because it is not only inadequate to increase the diameters of the pelvis, so as in any way to facilitate delivery when this bony cavity is so contracted as to require the Cæsarean section, but because it would be attended by most dangerous results.

British medical literature has only once been disgraced by the record of the performance of this operation. I have already adverted to Mr. Simmons's proposed compound operation of symphyseotomy and craniotomy.

II.—*Mechanical Dilatation of the Pelvis.* At a late discussion on a case of Cæsarean section at the Royal Medical and Chirurgical Society, which was reported in the *Lancet*, it was stated that a pelvis which was distorted from mollities ossium might be dilated by means of bags introduced within its cavity, and distended by either water or air. It was asserted, that this practice had been adopted in one case with the effect of widening the pelvic space. The President stated that he had found the bones affected with this disease yield during the extraction of the child after craniotomy.

From my own practical knowledge, I can truly affirm the truth of the last statement. Some years ago, I made the fact known to the profession.

In a case, at some distance from Manchester, in which the pelvic space at the brim was about two inches and a quarter, it was deemed right to craniotomise the child. After fixing the crotchet, and adjusting the head in the most favourable position, force was cautiously used, and, after a few extractive efforts had been made, the head gradually descended, during which time the pelvic bones yielded to the pressure, and ultimately delivery was accomplished. Immediately afterwards the pelvis was examined, and found to have regained its former dimensions.

Other cases of this kind have come within my knowledge. One of great interest is briefly related in the *Provin. Med. and Surg. Journ.*, vol. ii, page 706, 1847. Although it is true that the pelvic bones, when affected with mollities ossium, do sometimes yield to the pressure of the child when drawn through the cavity; and although the pelvis, as before mentioned, may be partially dilated by the mechanical influence of the elastic bag, yet, in my opinion, practical rules cannot be based on such an uncertain event where life is concerned.

Before such a change can be safely effected, a very considerable and an uniform softening must have taken place in the greater number, if not in all, the bones of the pelvis which are subjected to the influence of pressure, whether it be produced by the child or by artificial means. We know very well that this uniform change is found to happen in very few cases. Some of the bones sometimes become very soft, whilst others are comparatively unchanged. In other cases, some of the bones become very soft; whilst others become very hard and brittle. Sometimes, the pelvis becomes very highly distorted, and all its bones are extremely brittle and fragile, as happened in Dr. Murphy's case.

In a pelvis thus changed by disease, what would be the result (supposing it possible to accomplish it) of dragging a full grown mutilated child through its cavity, or of attempting, by artificial and mechanical force, to dilate the pelvis for the purpose of accomplishing the delivery? The bones must be smashed, or at least so much broken, that irreparable injury must be produced. Even assuming that the bones are so uniformly softened as to yield to the pressure, it is quite certain that the increased capacity would only be temporary, as the bones would immediately and most likely completely return to their former position as soon as the pressure was removed.

Chapter IX.

The Comparative Value of Maternal and Infantile Life.

The British obstetric principle, which admits the preferential use of the crotchet, or the induction of abortion, is based on a calculation made as to the relative value of the life of the mother and of that of the infant or of the embryo.

It is said, and no doubt truly, that the social relations of the woman are greater than those of the infant. She is endeared to her husband, it may be to her children, and perhaps to her brothers and sisters, besides other kindred and friends. In the abstract, these are weighty considerations, and are calculated to bring conviction to the mind, that her claims for the preservation of life greatly preponderate over those of the infant or of the embryo. It may be stated that these beings are unequal to the mother in organisation, having no moral or religious responsibility, no social ties, no anticipation of their future doom; and further, as regards the latter (the embryo), that it is at the very time drawing its nourishment from the mother's existence, that it has never had a distinct or separate life, and that it is little more than a member of the mother. These arguments, when only abstractedly considered, appear to be true; and to warrant the deduction that the life of the infant or embryo is of little value when compared with that of the mother.

The impulse of natural feeling would probably—nay, nearly to a certainty—induce a man to decide in favour of this proposition. But, in the settlement of a question which involves the preservation or destruction of a human being, neither abstract reasoning nor feeling should be allowed to influence the obstetrician;—conscience, reason, and judgment, ought to actuate him, after having fully and

deliberately considered all the relative and contingent circumstances which either now or in future appertain to the case.

The unfounded and unwise opinions of Dr. Osborne primarily and mainly led a large section of the profession to estimate the life of the infant *in utero* at a very low value. He considered it nearly as a nonentity; as devoid of sensation, and also as nearly deprived of motion. But I think I am asserting the truth when I say that there are few, if any, members of our profession who now entertain such opinions.

According to British practice, the destruction of the infant is not limited to one; but if the cause which required its sacrifice in the first instance be permanent, then in each successive labour, no matter what number, the same operation must be performed. Hence in the end there must be a fearful sacrifice of human life.

The repeated necessity of craniotomy in the same woman demands from the obstetrician serious consideration. In some cases, from one to twelve infants have been destroyed. Can such a procedure be justifiable? The obstetrician should pause; he should reflect. It is a dreadful position to be placed in, to have one's hands imbrued with innocent blood.

The woman is *ipso facto* one party, and indeed the chief party, who has brought into existence the innocent being whose life the practitioner is employed to take away. It may be argued, as a plea for her justification, that the wife is subject to her husband; and there can be no doubt that she has engaged to be so in the matrimonial contract, which was mutual. But if it be considered right (which in such a case as this could only be so conditionally) strictly to observe this promise, it must be equally imperative upon both parties to obey the law of nature and fulfil their mutual pledge to procreate (and without doubt preserve) the species, both of which vows are broken by the employment of the crotchet.

It may again be urged, that both the parties were alike ignorant of any cause (otherwise they were solemnly called upon at the altar to avow it) which would interfere with the great object of matrimony. Therefore, the woman, unacquainted with her physical organic defect, would be entitled to have those measures adopted for her first delivery which would expose her life to the least hazard. Although the comparative safety of delivery by the only two available methods is unsettled by either positive or correct statistical evidence, yet, if she or her husband desire that craniotomy should be performed, then the obstetrician would probably act correctly in performing it.

But, in a second pregnancy, when they are fully acquainted that an unmutilated infant cannot be born, the question stands on very different social and moral grounds. The practitioner is here placed in a most responsible and trying position when called upon to decide whether he ought, time after time, or thus repeatedly, be made the agent to take away life. I entertain the fullest conviction that a great proportion of our profession have most conscientious scruples to repeat this revolting operation in the same woman. This destruction of infants, in my humble opinion, can be justified on no principle, and is only sanctioned by the dogma of the schools or by usage.

Dr. Denman had aversions to repeated crotchet-operations. He says: "Suppose, for instance, a woman, married, who was so unfortunately framed that she could not possibly bear a living child by any method hitherto known. The first time of her being in labour, no reasonable man could hesitate to afford relief at the expense of the child. Even a second or a third trial might be justifiable to ascertain the fact of the impossibility." This eminent writer most decidedly erred in even conditionally sanctioning a repetition of this operation. In such cases, the impossibility of delivery of an unmutilated infant *per vias naturales* can and ought to be proved by a single case as clearly as by twenty, and when so shown, the Cæsarean section should be performed.

It is by no means to be understood that the life of the infant must never be sacrificed to save the mother. On the contrary, I have already enumerated cases in which craniotomy ought to be performed as an operation of election; but it is not right to destroy the infant on the unfounded assumption that the mother could alone be saved by it; a deduction altogether untrue, and unsanctioned by statistical evidence.

The life of the woman is not, either relatively or comparatively, always of the same value. If she be afflicted with a serious disease, or labouring under some incurable malady, being unfit and unable to discharge her domestic and her social duties, which performance can alone render her life desirable to herself or to her friends, then, under such circumstances, the infant's life ought not to be sacrificed for the mere ideal chance of prolonging her miserable existence, which is a positive evil to herself.

Again, in our estimate of the comparative value of the two lives, we should especially consider whether the cause of difficulty is temporary only or permanent. If it be of the latter character, then the infant's life (except as aforesaid conditionally) ought to be considered higher; and if of the former kind, then we should invariably decide in favour of the mother. The obstetrician should, therefore, endeavour, as far as is compatible with the safety of the mother, to preserve the infant; for I know no case in which an intention or a desire to sacrifice her can ever be entertained, as the especial object of the practitioner should always be to try to save both lives.

When the contingent hazards of craniotomy, and the risk of its abuse are considered, and as we know that the act is the sacrifice of life, and that this awful catastrophe must be often repeated in order to carry out the abstract proposition "to save the life of the woman by destroying the infant"—when we remember the difficulty which in extreme cases is experienced in performing it, the cruelty it inflicts, and many other evils consequent upon it—we may truly wonder that professional men should allow their minds to be haunted by an imaginary Cæsarean spectre, and be so obscured to their own moral and social responsibility. Why should the obstetrician stand in such an unenviable position, not only as an accessory, but *ipso facto* the agent? Again, I ask, ought he to be called upon, and ought he to consent, to victimise poor helpless infants in successive pregnancies, in numbers which make one shudder to recount? Does this remorseless sacrifice of human life correspond with those high moral principles which the members of our noble profession ought to possess?

The eminent Professor of Midwifery in Edinburgh makes the following pertinent remarks. He says: "Formerly medical practitioners seem to have thought little, and medical writers said little, regarding the very repulsive and revolting character of the operation of craniotomy, when performed, as it frequently was, when the child was still living. Apparently, some obstetric practitioners and writers of the present day continue to look upon the practice of craniotomy as one that should not unfrequently be adopted, and one which it is quite justifiable to adopt. Obstetric reports and collections of cases have been published within the last few years describing craniotomy as performed forty or fifty times, or oftener, by the hand of the same practitioner. But, perhaps, ere long, it will become a question in professional ethics, whether a professional man is, under the name of a so-called operation, justified in deliberately destroying the life of a living human being."

Woman naturally is mild, kind, and humane. She is endowed with great fortitude and undaunted courage. She has generally a great desire for offspring, and has a great love for children. Then how can we suppose that any woman with a well regulated mind, if fully aware of her responsibility, could willingly be a consenting party to the repeated destruction of her unborn infants? According to my own knowledge, the case is otherwise. I feel convinced in my own mind that there would scarcely be a woman to be found, who would not suffer any amount of bodily pain to save her infant.

Every woman in whom there exists organic impediment to the passage of a mature or full-grown infant, ought to be at proper time fully informed of the nature and as to the degree of the obstacle. She should also be made acquainted with the alternative operations which are suitable to meet her case. If the obstruction be moderate in degree, then the forceps, turning, or the induction of premature labour, will be proper; but if these means are not available, or if the cause of difficulty is great in degree, then the performance of the Cæsarean section will be required.

The New Disease! Telegrams received from Sir A. Buchanan, St. Petersburg, report that the fevers in that city are believed to have no affinity with the plague, but are attributed to over-crowded lodgings of the labouring classes, spoiled vegetables, and bad water. This is, indeed, only what most sensible persons had already concluded. The number of fever cases admitted into the hospitals varies from 100 to 150 a day, of which the average mortality has been 25 or 30 a day, and the highest mortality 60. The Paris *Moniteur* of Saturday published a note, stating that the Government had made inquiry into the condition of St. Petersburg; and found that, although deplorable some weeks ago, it is now greatly improved, and shows no epidemic beyond the ordinary sickness of the season.

Tapeworm in Abyssinia. A recent traveller in Abyssinia, Mgr. Van den Deck, has sent to the Belgian Royal Society an interesting account of the tapeworm which so commonly afflicts the inhabitants of that country. They take small doses of kousso only to get rid of the body, when the worm gets of an inconvenient size; but they are anxious to retain the head, for they are terrible gluttons, and having a tenia enables them to eat so much more. The tenia common in Abyssinia is *T. mediocanellata*.

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.

[*Concluded from page* 318.]

Miscellaneous Affections.

The list of those diseases that could be grouped according to their regional situation have been completed; it remains only to enumerate those affections which are of a miscellaneous character, and which cannot be included in the preceding classification.

1. *Anæmia.* The first on the list, as having afforded the largest number of cases, is anæmia. This is a blood-disease, and of very common occurrence among the out-patients of a hospital.

The chief causes of this affection among the poor are insufficient diet, too close confinement, and the existence of those diseases which drain the blood of its red corpuscles, as hæmorrhoids, menorrhagia, carcinoma, or any other exhausting discharge.

Among the middle and upper classes, another, and a very rife cause obtains, which is too much overlooked, and too often unheeded, both by practitioner and patient. I allude to the overworking of the brain, which is becoming daily in this age of competition an increasing cause of disease. An exhausted nervous system will as certainly produce an impoverished condition of the blood as insufficient food, or too powerful and prolonged muscular exertion; and cases arising from the former cause, will be found to be more resisting and more unsatisfactory to treat, than those originating in physical disturbance merely.

A few words on the condition of the heart, to which the attention of the patient is so mainly and so distressingly directed, may not be out of place. The irritable action of the organ itself, and the vascular murmurs peculiar to anæmia, are too well known to require comment; but one point, I believe, is not sufficiently attended to, viz.: the importance of making such a thorough examination of the heart and vessels as will enable the practitioner to assure the patient and friends that no disease of the organ exists. I refer to this circumstance from having been so frequently told by anæmic persons that they have been informed that "their heart is not quite right," or "that the heart is slightly amiss." Now all this unnecessarily alarms the patient, aggravates the functional disturbance, and might be entirely prevented by a careful examination, and a faithful explanation of the precise cause of the disturbed action. The vascular murmurs which are sometimes temporarily heard in anæmic cases, both in the subclavian regions and also over the cartilage of the third rib on the left side, are quite distinct from the functional *souffle* and the *bruit de diable*, which is so common an attendant upon this condition of the blood.

Dr. Richardson, in his *Asclepiad* essay upon the former murmur, believes it to arise either from a peculiar condition of the subclavian muscle affecting the artery, or from pressure from behind the vessel caused by local tuberculous deposit. In highly anæmic subjects, I imagine that it may arise from a portion of condensed lung, not necessarily tuberculous, temporarily pressing upon a highly irritated artery, and causing a murmur by disturbing the current of blood through the vessel; or it may arise from

spasm of the walls of the artery, unconnected with pressure.

In the treatment of anæmia, steel of course must be regarded as the chief remedy; but as the digestive organs are often much vitiated, due attention should be given in the first instance to their correction. In administering steel, it should be borne in mind that the more soluble the preparation, the more easily it will be assimilated. In the anæmia arising from an exhausted nervous system, the combination of steel with zinc, and dilute phosphoric acid with very small doses of strychnia, will be useful.

2. *Cachexia.* Closely allied to anæmia, and of which we are seldom without examples, is that peculiarly depraved condition of the blood recognised as cachexia. While anæmia is attributable to a diminution of red-globules, cachexia is traceable to a poisoned condition of blood, chiefly from without, the blood containing also effete matters, that it is unable to throw off. The exciting causes producing the cachectic condition, when not specific, as from syphilis, cancer, or tubercle, may generally be traced to unwholesome atmospheric influences, or to some of the long train of constitutional depressants which operate so surely upon the labouring poor.

Among the most constant of the exciting causes of this deteriorated condition of the general health, may be mentioned insufficient ventilation, and the inhalation of noxious blood-poisoning matters from imperfect drainage. These causes will, I fear, continue to operate until we can convince the working classes of the importance of fresh air by night, as well as during the day, and to which at present, they are most averse; and also to show them the dangerous results which follow prolonged exposure to the effluvia from human and animal drainage, to which they appear equally regardless and insensible.

In the treatment of cachexia, the removal, as far as possible, of these noxious causes of the malady just referred to, will be of the first moment. If the disease be fully established, an improved diet allowing meat and vegetables, with claret or cider, if they can be obtained, will be proper. Attention to the digestive organs, with the chlorate of potash, and afterwards the nitro-muriatic acid, followed by arsenic and cod-liver oil, will all tend to correct the depraved condition of the blood. Thorough cleanliness of the skin (a difficult matter to enforce among out-patients) must also be insisted on.

3. *Rheumatism.* Acute rheumatism, as a rule, is not an out-patient's disease. The forms which it has chiefly presented, have been chronic rheumatism, lumbago, and chronic rheumatic arthritis. The majority of the cases of chronic rheumatism appeared to be quite independent of any previous attack of the acute form of the disease, and were not usually complicated by heart affection. Simple chronic rheumatism very frequently owes its origin to long continued derangement of the digestive organs, with vitiated secretions, producing blood-poisoning; it may arise also from prolonged exposure to wet and cold. One case was clearly attributable to gonorrhœa, and in two or three instances the muscular fibres as well as the tendons were implicated, constituting myalgia.

In the treatment of chronic rheumatism, strict attention should be paid to the digestive organs, for not only will their derangement produce the disorder in the first instance, but it will be impossible to cure it, so long as malassimilation to any extent exists. With this view, I have found nothing better at the onset than the bicarbonate and nitrate of potash with the tincture of colchicum, and spirit of nitrous ether. Although the beneficial influence of colchicum is doubted by some authors, I still think that I have often witnessed excellent results from its use in the treatment of chronic rheumatism, as distinct from gout. In lumbago, it certainly is very useful. After a time the iodide of potassium, with or without the addition of arsenic, may be advantageously added to the mixture. Cod-liver oil is also a very valuable remedy in all stages of the disease, provided that the stomach be in a state to receive it. As an external application, cotton-wool covered with oiled silk, will generally give ease in the first instance; and afterwards, a succession of small blisters or the iodine paint, applied daily to the affected part, will be of decided service.

In lumbago, a *large* plaster to the loins, composed of equal parts of opium and pitch plasters, will afford much comfort from its support. If myalgia complicate the attack, rest, a nutritious diet with stimulants, and cod-liver oil with steel, will be the proper treatment.

Chronic rheumatic arthritis frequently commences at the climacteric period in both sexes, and it is then a very obstinate disease. In the severer forms of this affection, whatever treatment may be adopted, the result is too often doubtful; or if improvement obtain, it shews itself very slowly. As a tonic and improver of the blood, I believe that a combination of arsenic and the iodide of potassium with cod-liver oil, will be found the best. As local measures, warm douches with "shampooing," have been strongly recommended. I think that I have seen benefit follow the application of the actual cautery, but it is a remedy that can seldom be had recourse to in practice. It was formerly much and advantageously employed in the Edinburgh Infirmary.

Under whatever form of rheumatism the patient suffer, he should be thoroughly clad in flannel, and, while taking a nutritious diet, he should avoid malt liquors in any shape. Claret I believe to be the best wine for rheumatic subjects. I do not allude to the treatment by mineral baths and waters, as they can only be adopted by the wealthy.

4. *Struma.* Examples of almost every phase of this frightfully common affection has been presented during the two years, and the worst cases that have obtained, have been among the out-patients living in the country. This circumstance may in part be attributable to the greater frequency of intermarriages among blood relations, which is a very common practice among our agricultural poor; and in part also, to the insufficient and innutritious food to which the labourer and his family are often limited; and as a third cause, I would mention the crowded and ill-ventilated bedrooms, and the consequently impure air which, during the long hours of the night, they are doomed to breathe. In the treatment of struma generally, the correction of the circumstances just alluded to, will be of the first consideration, for how many cases of phthisis can be traced back to a strumous dyspepsia, engendered by insufficient ventilation and improper food.

The poor themselves, as is well known, are unhappily very averse to admitting air at night into their overcrowded bedrooms; and even those in a class above them, are too ready to exclude the amount of air which is really necessary to a healthy assimilation. In reference to medicines, the first endeavour should be to correct the disordered condition of the *primæ viæ*, and for this purpose the alkalies with the chlorate of potash, and perhaps, the hypophosphites, will be the best remedies. Afterwards, as a tonic, no remedy will answer better than quinine, to which, if necessary, may be added steel, and the iodide of potassium with cod-liver oil.

A difference of opinion still exists in reference to the management of strumous abscesses in the neck.

Many are in favour of early lancing; my own preference leans to allowing them, as a rule, to break spontaneously under the influence of iodine paint or poultices. After the abscesses have broken and been sufficiently poulticed, the ointment of the iodide of lead will be found an excellent application.

Strumous enlargement of the tonsils is another very troublesome form of strumous constitutional disturbance. As a local application, I generally direct a solution of the nitrate of silver to be painted on the part once daily (a scruple to the ounce); but by many the tincture of iodine applied in the same manner is preferred.

Strumous otitis yields best to blistering behind the ear, correcting the digestive organs, and then giving cod-liver oil and quinine, with calomel and rhubarb twice a week as an alterative. I need scarcely add that the patient should be warmly clad in flannel. Anything indeed that can promote the formation of healthy blood, and prevent or improve depraved nutrition, must be sedulously recommended.

5. *Bronchocele.* Enlargement of the thyroid gland is an affection of very common occurrence among our out-patients; and it has not departed from the general rule of having presented much more frequently in the female than in the male. As internal medicines, I have generally given large doses of the liquor potassæ with the chlorate of potash, in doses of from five to ten grains. As an outward application, the iodine paint or the compound iodine ointment have been the preparations used.

6. *Purpura.* We have had a few cases of the simpler form of this affection. Although defined by Willan as a skin-disease, purpura is essentially a blood-disorder, in which, under a peculiar condition of system, the blood-corpuscles become disintegrated and diffused. The cases referred to appeared to depend upon passive congestion of the liver in the first instance, which in its turn produced exhausted nerve-tone, and malnutrition, with the purpuric spots.

In the treatment, after regulating the diet, which should be light, but mixed and nutritious, the liver should be thoroughly emptied either by repeated doses of senna with sulphate of magnesia, or by castor-oil. After this, the mineral acids or the tincture of the sesquichloride of iron, with or without quinine, will be the best remedies. In the low form of chronic purpura, with slow, draining, internal hæmorrhage, the oil of turpentine or the ammonio-sulphate of iron will often act beneficially.

7. *Hæmorrhoids.* The examples of this affection, included as medical cases, have been simply external or internal piles, but not sufficiently chronic or severe to require surgical treatment. I have always regarded this often painful malady as one of defective nerve-tone, and depending chiefly upon congestion of the portal circulation. With this view, while giving every night at bedtime a scruple each of magnesia and precipitated sulphur, I have always prescribed with the best effect, at the same time, an alkaline mixture, with full doses of aromatic spirit of ammonia and chloric ether. Cod-liver oil is also a medicine of much value in hæmorrhoidal disease.

Concluding Observations.

I have now completed the running commentary upon the chief class of cases which have come under my notice as out-patients in the last two years. That medicine, as a science, is steadily advancing is unquestioned, and its chief progress is founded upon an increasing knowledge of minute physiology and pathology.

Disease is now not recognised as it was formerly, as being a something *per se*, a distinct and separate entity, and differing altogether from the normal condition; but it is now regarded simply as a perversion of the natural and physiological phenomena, which are uninterruptedly taking place during health, but which, under the influence of various external and internal exciting causes, so affect the normal vital processes, as to constitute malnutrition or disease. The subject of perverted nutrition is largely occupying the attention of physiological and pathological inquirers, and the investigation of the influence which nerve-nutrition or its opposite exert upon the causation of disease, is full of practical interest and importance.

It is now generally admitted, that the tendency of most diseases, when unaided by treatment, is towards recovery, and that the influence of drugs is more correctly shewn in guiding to a termination in health, rather than by attempting abruptly to cut short the progress of the malady.

In order, however, to reduce our knowledge of the effects of medicines upon disease to as much exactitude as possible, it is, as I remarked at the commencement of these papers, very important that the results of individual remedies be faithfully and carefully collected and reported. For this purpose, nothing but "combined medical observation" can avail, and in no way can this be better effected than by inducing the individual members of our large Association to give a brief record of the results of their own treatment, and to test and report on the treatment of others.

Whatever course be adopted for the obtaining this result, whether by a reissue of schedules, or by any other method of inquiry, I would merely suggest the importance of condensing and simplifying the questions as much as possible, so that answers from the fully engaged practitioner may not be wanting.

NOTES ON HERNIA.

By John Thompson, M.D., F.R.C.S., Bideford.

[*Continued from p.* 221.]

When reduction of a strangulated hernia by the taxis and its aids is found impracticable, nothing remains but the operation by incision. It happens but too frequently that the patient either objects to this, or requests delay and further consultation. The difficulty of managing him may thus be more trying than the treatment of his disease. Keeping this in mind, it is generally wise at the outset to say that, in case the efforts with the hand, etc., do not succeed, it will be necessary to use the knife. A timid person often becomes reconciled to an operation when time is allowed him to make up his mind; and the more early this is done, the better the prospects of the case.

In provincial practice the results of operations are so generally known, and so long remembered, especially when they are unfavourable, that it is matter of importance, for the welfare of future sufferers, that an established operation should not suffer in reputation, which it must do, if performed only as a last resort, when pain and agony compel compliance. It is most notable how strong is the logic of facts on the mind of a sufferer; let him know that others afflicted as he is, have successfully passed through the operation, and your point is almost gained; but, on the other hand, sinister information of unsuccessful cases equally disposes in the opposite direction. Feeling that next in importance to the performance of the operation is the question of time, I have dwelt the more on these matters, which, though simple, may be of considerable consequence.

In operating, a surgeon experiences how much more easily the scalpel cuts a living than a dead tissue, and practice thus makes a man careful how he divides integuments tensely extended over a convex elastic hernial tumour. From not exercising a sufficiently delicate appreciation of the force to be applied, I have found my first incision to be more penetrating than I had expected, and I have known the same occur to others. Division of the integuments by transfixion is, I believe, the preferable practice, being more safe and less painful.

A firm director is next passed under the fasciæ, layer after layer, a friend guarding its distal extremity in each instance with his thumb-nail, the operator then adroitly runs the scalpel along the director with its back in the groove, and the tissues are easily and safely divided. Cutting against the director is a rather clumsy procedure, and moreover does the edge of the scalpel no good.

Where the patient is very fat, it is a point of importance to have the integuments along the incision kept clear of the knife; and here bent spatulæ are specially useful, but if not to hand, as may happen in country practice, bent knitting needles are easily extemporised, and answer almost equally well. When the sac is reached, if it be determined to open it, pinching up the bag and rubbing the layers as a powder is dealt with between the finger and thumb, enables one to discriminate between sac and intestine; a snip is made in the former, the director passed in, and a sufficient incision made in it to allow the easy introduction of the finger. The stricture is next felt for, and divided by a hernia-knife or a bistoury, either guided on the finger or along the grove of the director, and kept well up against the upper border of the ring. A very slight incision is sufficient, and a gentle to and fro movement with the knife is a good way of effecting it. A free division is unnecessary; it adds to risk, and probably may render the future protrusion more facile and bulky.

When the stricture is thought to be divided, gently pull down the intestine a little way, and press it with the finger and thumb; if it be relieved from the constriction, some of its contents will pass up, and the coats become flaccid; then holding the sac by the finger and thumb of one hand, and delicately pressing up the intestine with the finger and thumb of the other, it readily enters the abdomen; the forefinger may be passed along the canal after it, to ascertain that reduction is normal and complete.

Every step is more easily performed where the operation is undertaken early in the disease, than when by delay and oft repeated handling, congestion and inflammation have been set up.

Nearly twenty years ago, I was sent for at night to attend a respectable middle-aged man, afflicted with strangulated scrotal hernia. The taxis failed; bleeding and the warm bath were added, but without avail. I then injected large quantities of cold water *per anum*, and applied the same to the scrotum, but reduction was still impracticable. In the morning I obtained the assistance of two professional friends, and again a course of manipulation was employed, but nevertheless the strangulation was unrelieved.

I then proceeded to operate, and soon reached the sac, which was opened. Inside this there were felt some constricting bands from the tissue without, and I passed up a bistoury guided by a director, and with some decision divided them. The sudden liberation of the compressed intestine caused it to rebound, and it thus overlapped the edge of the knife and received a small wound, which penetrated the coats and allowed some contained fluid, which proved to be the water from the injection, to spirt out. After the gut was thus emptied, a fine suture was passed around the margin of the puncture, which was only of about the size of a crow-quill, by one of my friends, and the intestine gently returned into the abdomen. The usual mode of treating the wound with sutures and plaster was employed, and the patient became relieved from his suffering.

No untoward symptoms followed for several days, when considerable inflammation and swelling of the scrotum took place; and the patient informed me that he felt as if the wind in his bowels "worked" to the part where he had been cut. I suspected that there was an escape of fæces and gas from the wound in the intestine, which caused the distension and attendant inflammation. After no long time, a discharge from the scrotum confirmed my suspicion; but, excepting this, the patient's state was very satisfactory, the functions of the system being normally performed.

It struck me that so small a wound could only produce a sinus, and that, in connexion with this, the intestine would be sure to contract adhesion near the mouth of the ring, after a little time had elapsed, when, by judiciously applied compression, I might obliterate the inguinal canal, which would be in an inflamed condition and apt for adhesion. Accordingly, after a sufficient interval, I applied a good compress, and supported it well by a figure-of-8 bandage. This completely answered my expectation; the passage became closed, and, by consequence, the discharge ceased, and the patient was cured.

In a short time, the man was again at his occupation; and he never suffered anything to indicate that the accident had done him lasting injury. I have recently examined his groins, and found a large inguinal hernia of the opposite side, and a smaller one on the side where he was incised; that the latter is relatively small, arises from the altered conditions effected by the adhesions consequent on the operation.

The man is now the subject of heart-disease, and holds his life precariously. Should he die before me, I shall try to ascertain, by a *post mortem* examination, the precise condition of the maimed gut and contiguous canal. I cannot omit to mention, in connection with this case, that my friends honourably kept the accident a secret; and, as the result of the operation was so favourable, I have ever since been much esteemed by the patient.

The operation of dividing the stricture without opening the sac has been so favourably reported on that, where the case is suitable, as happens very generally in femoral herniæ, it becomes a duty to adopt it. The cutting down to the sac is, of course, performed just as in the old operation, though the external incision need not be quite so extensive. On arriving at the sac, one surgeon may use his finger as a guide for the bistoury between this and the fascia, another a director; but it is worth mention, that either will readily pass over the falciform process and into the overlying tissue, unless care be used to see that the cribriform fascia over the sac is properly divided. I have seen this so tightly laid on the hernia that it seemed a part of the sac, and the director was tilted by it over the falciform process, where, of course, division of the fascia had nothing to do with relieving the stricture. When these matters are properly managed, there is no difficulty in passing the finger or a director up under the stricture, and making it the pioneer and guard of the knife.

After the stricture is divided, the intestine is readily returned, if the hernia be recent; but, in old cases, where the sac has become, as I have seen, prodigiously thickened about its neck, there may be considerable difficulty in pressing up the intestine. It

has happened that, in attempting to do this, both it and the sac have been returned together into the abdomen, an accident much to be regretted; but still it is not necessarily of such serious import as the opponents of this operation would have us believe; for, as the main cause of strangulation is in the unyielding fascia which has been divided, and not in the partially elastic sac, the latter, though holding the intestine as the finger of a glove does the finger, may yet permit circulation in the vessels and passage through the intestine.

I have never seen an unopened sac returned into the abdomen along with the intestine; but I have known the return of a partially opened sac, the neck being entire and closely embracing the gut, and yet no untoward symptoms followed; nay, I believe the patient was, in one respect, benefited; for, as inflammation had been already set up, the less the sac was incised the better, provided strangulation was relieved.

To avoid the possibility of returning the sac, I have adopted the plan of separating the fundus from the fascia to a small extent; then, on applying the finger and thumb of the left hand, the intestine is felt within, and probably separated from it by a little contained fluid. Holding the sac at its extremity with this hand, the intestine is to be pressed up with the finger and thumb of the other; so that, practically, extension and counter-extension are exerted, the one part being pressed up and the other held down at the same time; thus, I have found reduction easily effected. Of course, much of the ease with which we obtain our end, must depend on the state of the sac; but yet it is pretty evident that the plan named must be greatly better than that which permits the pressure to act on both sac and intestine at once and in the same direction. In this, as in other surgical practice, experience is the test; a trial of this proposal will, I am convinced, insure its adoption.

It is striking to notice how little comparative shock is given to the system by this form of operation, and the quickness with which recovery is effected. I operated on two cases of hernia in May of last year; in the one I opened the sac, and in the other I divided the stricture without opening. In the latter, the patient was pretty well at the end of a week, and about his farm business in a fortnight; but the former took eight weeks to recover. Much stress cannot be laid on impressions produced from small experience; but yet I cannot help feeling strongly persuaded of the superiority of this operation, which, I suppose, may, in its main points, be termed that of Mr. Gay.

[*To be continued.*]

Royal Mint. Dr. Stenhouse, F.R.S., has been appointed by the Master of the Mint non-resident assayer to the Royal Mint, in the place of Dr. Hofmann resigned. (*Chem. News.*)

The Physicians of Chambersburg. The sad experiences of the citizens of Chambersburg. during the past summer, when subjected to the tender mercies of a portion of the rebel army, who wantonly sacked and destroyed that beautiful village by fire, is yet fresh in the memory of our readers. It came incidentally to our knowledge lately, that every one of the physicians resident in the place at that time, viz: Drs. A. H. Senseny, J. Montgomery, J. L. Suesserott, S. S. Huber, Samuel H. Boyles, J. C. Richards, and Langheim, lost their all, including household goods, office furniture, surgical instruments, libraries —everything. Some of them barely escaped with their lives. (*Philadelphia Medical Reporter.*)

The Medical Council.

REPORT OF PROCEEDINGS, April 1865.

Thursday, April 6th.

G. Burrows, M.D., President, in the Chair.

The Army and Navy Medical Examinations. The following communications from the Directors-General of the Army and Navy Medical Departments relative to the Examination of Candidates for Medical Commissions, were read.

Army Medical Department, June 20th, 1864.

Sir,—In acknowledging the receipt of your letter, dated 27th ultimo, conveying the request of the General Council of Medical Registration to be furnished annually with information on the following points; viz.:

"(*a*) The total number of candidates for medical commissions who have presented themselves for examination;

"(*b*) The number of those who passed, and of those who did not pass, the examinations of the Board, distinguishing the number of successful and unsuccessful candidates under the respective heads of the several licensing bodies mentioned in Schedule (A) to the Medical Act, and specifying their qualifications, medical and surgical, and whether they had failed in medicine or surgery;

"(*c*) The general nature and scope of the examination conducted by the Board, together with a list of the questions proposed by the Examiners";

I have the honour to inform you, in reply, that Lord De Grey has been pleased to accede to the wish of the General Council, and I shall be obliged by your signifying from what date the information is required.

I have the honour to be, sir,
Your most obedient humble servant,
(Signed) J. B. Gibson, *Director-General.*

F. Hawkins, Esq., Registrar, General Council of Medical Education, 32, Soho Square, W.

Army Medical Department, Feb. 23rd, 1865.

Sir,—With reference to your letters dated 27th May and 24th June last, the former communicating a resolution passed at a late session of the General Council of Medical Education, that certain information should be furnished by this Department, annually, in regard to the number of candidates who have presented themselves for examination, and specifying certain points on which the Council request to be informed, I have the honour to forward a statement on the subject, with a list of the questions proposed by the Examiners; and to observe, in regard to the general nature and scope of the examination, that the enclosed copy of the regulations for the admission of candidates into the Medical Department of Her Majesty's Army (section 5, page 8) will probably supply the information which the Council are desirous to obtain.

I have the honour to be, sir,
Your most obedient humble servant,
(Signed) J. B. Gibson, *Director-General.*

Fras. Hawkins, Esq., Registrar, General Council of Medical Education, 32, Soho Square.

[A list of the subjects of examination was appended to this letter.]

Statement of the Degrees, Diplomas, and Licences, of the Candidates for Commissions in the Medical Department of the Army, who, during the year 1864, *have presented themselves for examination, showing the number that passed and did not pass; also distinguishing the Qualifications, both Medical and Surgical, under the heads of the several Licensing Bodies, and specifying whether the candidates failed in Medicine or Surgery.*

Names of Licensing Bodies.	Total Qualifications.	No. passed.	Failed.	Unsuccessful. In Medicine.	In Surgery.	Failed in Med. & Surg.	Failed in Anatomy.
Royal Coll. Physicians, London..	2	2	..	..	..	..	..
Royal Coll. Physicians, Edinburgh	27	17	10	4	3	1	2
King and Queen's College of Physicians, Ireland	30	21	9	3	3	2	1
Royal Coll. Surgeons, England ..	44	33	11	3	3	3	2
Royal Coll. Surgeons, Edinburgh	7	23	4	2	..	..	2
Faculty of Physicians and Surgeons, Glasgow	2	2	..	..	..	..	..
Royal Coll. Surgeons, Ireland....	61	47	14	6	4	3	1
Society of Apothecaries, London	21	15	6	1	1	2	2
Apothecaries' Hall, Dublin	1	1	..	..	..	..	..
Doctor of Medicine, University of Edinburgh	16	14	2	2	..	..	..
Doctor of Medicine, Queen's University, Ireland	18	17	1	1	..	..	..
Doctor of Medicine, University of Dublin	..	..	..	..	..	..	..
Bachelor of Medicine, ditto.....	9	8	1	..	..	1	..
Master of Surgery, ditto	2	1	1	..	..	1	..
Licence in Medicine, ditto	1	..	1	..	..	1	..
Doctor of Medicine, St. Andrew's	8	7	1	1	..	..	..
Doctor of Medicine, University of Aberdeen	5	4	1	..	..	1	..
Bachelor of Medicine, ditto.....	10	10	..	..	..	..	..
Master of Surgery, ditto	14	13	1	..	..	1	..
Doctor of Medicine, University of Glasgow	6	5	1	..	..	..	1
Master of Surgery, ditto	2	1	1	..	..	..	1
Total	306	241	65	23	14	16	12

Candidates.		*Diplomas and Degrees.*	
Successful	120	Successful	241
Failed	31	Failed	65
Total	151	Total	306

Admiralty, W.C., 13th March, 1865.

Sir,—With reference to your letter of the 27th of May last, I have the honour to forward, for the information of the General Council of Medical Education and Registration of the United Kingdom, a Report from the Board of Examiners on the examinations of candidates for Medical Commissions in the Royal Navy during the year 1864.

I have the honour to be sir,
Your very humble servant,
(Signed) A. Bryson, *Director-General.*

Dr. F. Hawkins, Registrar of the General Council of Medical Education and Registration of the United Kingdom, 32, Soho Square.

Admiralty, Somerset House, 6th March, 1865.

Sir,—We have the honour to submit, for the information of the General Council of Medical Education and Registration of the United Kingdom, the following Report on the Examinations of Candidates for Medical Commissions in the Royal Navy during the year 1864. 1. The total number of candidates who presented themselves for examination during the year was forty-nine; of these, twenty-one were rejected, having failed to satisfy us as to their professional knowledge; and one was found to be physically unfit for the service. 2. The accompanying table supplies the information required by the Medical Council with reference to the qualifications of the candidates, and the points on which they were chiefly deficient. 3. The examination is *vivâ voce*; but each candidate is furnished with a paper containing a question or questions upon subjects of a professional nature, to which he is expected to reply in writing; and, previous to the oral examination, he is required to translate a paragraph from a Latin author. 4. In its scope, the examination embraces all the ordinary subjects of professional study; viz., Anatomy, Surgery, Practice of Medicine, Midwifery, Materia Medica, Chemistry, and Botany. 5. Being a *vivâ voce* examination, and the questions being left to the judgment of each individual examiner, it is not possible to furnish a return of those actually proposed; but appended hereto is a list of the subjects on which the candidates have at different times been examined, and which, put in the interrogatory form, gives a fair idea of the general character of the questions. The Council is, doubtless, fully aware that, in such examinations, the same question requires to be put in a variety of forms, to meet the various comprehensions to which they are addressed. 6. We regret to have to report that, in a very large number of cases indeed, the candidates displayed a lamentable ignorance of Latin; some were scarcely able to translate the *Pharmacopœia*, and but few possessed a useful knowledge of the language. From the nature of the excuse most frequently made by them, it appears to us that very many had acquired only a sufficient acquaintance with the language to enable them to pass the preliminary examination of other Boards, and that they had then thrown it aside as altogether useless. 7. We have also to regret that so important a branch of professional education as operative surgery on the dead body should so rarely enter into the curriculum of study of those who come before us; and we desire to express a strong opinion that no surgical diploma should be attainable without satisfactory evidence being produced that the principal operations in surgery had been performed on the dead body under a qualified teacher.

We have the honour to be, sir,
Your very humble servants,
E. Hilditch, M.D., *Inspector-General.*
J. W. Salmon, *Dep. Inspector-General.*
Alex. E. Mackay, M.D., *Dep. Insp.-Gen.*
Dr. Bryson, F.R.S., *Director-General.*

Qualifications, according to Schedule (A), *of the different Candidates who were examined for Medical Commissions in the Royal Navy in* 1864, *with the Results of the Examinations.*

[For convenience of printing, the facts contained in the table referred to, are given in the following summary.]

1. Mem. R. Coll. Surg. Eng., and M.D. Univ. Edin. Rejected. Deficient in anatomy, surgery, and practice of medicine.

2. Lic. R. Coll. Surg. Edin., and M.D. Univ. Edin. Passed. Surgery and practice of medicine only fair; otherwise good.

3. Lic. R. Coll. Surg. Irel. Found to be physically unfit.

4. M.D. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed a good examination in all branches.

5. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Rejected. Ignorant of anatomy.

6. Lic. R. Coll. Surg. Irel. Passed. Anatomy, surgery, and practice of medicine, only fair; other branches good.

7. Mem. R. Coll. Surg. Eng., and M.D. Univ. Edin. Passed a good examination in all branches.

8. Mem. R. Coll. Surg. Eng., Lic. Soc. Apoth. Lond., M.D. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Practice of medicine only fair; other branches good.

9. M.B. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed a good examination in all branches.

10. Lic. R. Coll. Surg. Irel., and M.D. Univ. St. Andrews. Passed a good examination in all branches.

11. Lic. R. Coll. Phys. Lond., and Mem. R. Coll. Surg. Eng. Passed. Anatomy and surgery good; practice of medicine and other branches only fair.

12. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Passed. Anatomy and practice of medicine, and all other branches, except surgery, good; surgery fair only.

13. Lic. R. Coll. Phys. Lond., and Mem. R. Coll. Surg. Eng. Rejected. Utterly ignorant of the Latin language.

14. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Passed. Anatomy and practice of medicine good; surgery fair only; other branches fair and indifferent.

15. Lic. R. Coll. Phys. Lond., and Mem. R. Coll. Surg. Eng. Passed a good examination in all branches.

16. Mem. R. Coll. Surg. Eng., and M.B. Univ. Durham. Rejected for the third time. Anatomy and surgery bad.

17. Lic. R. Coll. Surg. Irel. Rejected for the second time. Anatomy and surgery bad.

18. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Utterly ignorant of the Latin language.

19. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Passed a good examination in all branches.

20. Lic. R. Coll. Surg. Edin., and M.D. Univ. Edin. Passed. Anatomy and surgery good; practice of medicine and other branches only fair.

21. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Rejected at the first examination. Anatomy only fair; surgery very bad. Passed the second examination. Surgery and other branches were fair.

22. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Rejected. Anatomy and surgery indifferent.

23. Lic. R. Coll. Surg. Irel. Rejected. Ignorant of Latin and anatomy.

24. Lic. R. Coll. Surg. Irel. Rejected. Utterly ignorant of the Latin language.

25. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Passed. Anatomy good; surgery only fair; practice of medicine indifferent; other branches fair.

26. Lic. R. Coll. Surg. Irel. Passed. Anatomy, surgery, and practice of medicine good; other branches fair.

27. M.D. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Anatomy and surgery only fair; practice of medicine good; other branches fair.

28. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Anatomy bad; surgery and practice of medicine indifferent.

29. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Irel. Passed. Anatomy good; surgery and practice of medicine fair; other branches fair.

30. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Rejected. Anatomy indifferent; surgery bad.

31. Lic. R. Coll. Phys. Edin., and Lic. Fac. Phys. and Surg. Glasg. Rejected. Utterly ignorant of the Latin language.

32. Lic. R. Coll. Surg. Edin., and M.D. Queen's Univ. Irel. Passed. Anatomy indifferent; surgery, practice of medicine, and other branches, only fair.

33. Lic. R. Coll. Phys. Edin., Lic. R. Coll. Surg. Edin., and Lic. Apoth. Hall, Dublin. Rejected. Anatomy only fair; surgery bad; practice of medicine indifferent.

34. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Passed. Anatomy and practice of medicine good; surgery only fair; other branches fair.

35. Lic. Fac. Phys. and Surg. Glasg. Passed. Anatomy good; surgery fair; practice of medicine indifferent; other branches fair.

36. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected at the first examination. Anatomy and surgery bad. Passed in 1865, second examination. Passed a good examination in all branches.

37. M.B. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Anatomy, surgery, and practice of medicine good; other branches fair.

38. Mem. R. Coll. Surg. Eng. Rejected. Latin and anatomy bad.

39. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Anatomy indifferent; surgery only fair; other branches and Latin bad.

40. Lic. R. Coll. Surg. Edin., and M.D. Univ. Edin. Rejected. Anatomy indifferent; surgery bad; and other branches bad.

41. Mem. R. Coll. Surg. Eng., and M.D. Univ. St. Andrews. Passed second examination. Anatomy, surgery, materia medica, and botany good; other branches fair.

42. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Latin, anatomy, and surgery bad.

43. Mem. R. Coll. Surg. Eng., and M.D. Univ. Edin. Passed a good examination in all branches.

44. M.B. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Anatomy and practice of medicine good; surgery only fair; other branches fair.

45. Lic. R. Coll. Surg. Edin. Rejected. Latin and anatomy and surgery indifferent; materia medica bad.

46. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Passed a good examination in all branches.

47. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Passed a good examination in all branches, excepting practice of medicine, which was only fair; Latin indifferent.

48. Lic. R. Coll. Surg. Irel., and Lic. Apoth. Hall, Dublin. Rejected. Utterly ignorant of the Latin language.

NOTE. Several of the candidates possessed qualifications which are not included in Schedule (A).

Dr. ANDREW WOOD moved—

"That the communications from the Directors-General of the Army and Navy Medical Departments, relative to the examinations of candidates for medical commissions, be received and entered on the minutes."

He considered that great credit was due to Dr. Apjohn for having last session proposed the application to the Directors-General for the returns. Every examining board would derive benefit from their publication.

Dr. PARKES seconded the motion, which was unanimously carried.

Dr. APJOHN moved, Dr. PAGET seconded, and it was resolved—

"That the thanks of the Medical Council be given to the Directors-General of the Army and Navy Medical Boards, for the valuable returns which they have made of the results of the examinations held by them in 1864 of candidates for medical appointments in their respective services; and that a request be made to the Director-General of the Army Medical Department that he will be pleased to sanction, for the future, similar returns for Her Majesty's Indian Medical Service."

Report on Communications relative to Amendments of the Medical Acts. Dr. EMBLETON presented the following

REPORT.

Your Committee have read and considered the letters, etc., referred to them, and find that some, having respect to Sections XXXVI, XL, XLI, XLII, and

xlvii of the Medical Act, on which the Council has already come to a decision, do not appear to require to be brought before the Council.

Others, however, referring to other matters, require consideration, and are now brought before the Council, viz.:

1. A letter from J. F. Milner, Esq., Hereford, dated December 2nd, 1864, praying for protection of registered medical practitioners against the practice of medicine by chemists and druggists, and against the holding of club appointments by the same.

2. A letter from E. E. Tucker, Esq., of Abersychan, dated February 3rd, 1865, complaining of the practice of surgery by a gentleman in his neighbourhood, whose only qualification is that of the Society of Apothecaries of London.

3. A letter from Dr. Styrap, Shrewsbury, dated March 3rd, 1864, asking that increased powers be given to magistrates with respect to offences against the Medical Act, and that the penalty on second conviction be increased.

4. The following memorial, dated April 3rd, 1865, from twenty-eight Licentiates in Dental Surgery of the R.C.S. England, asking that, under the proposed Medical Act, they be allowed to register as Licentiates in Dental Surgery.

D. Embleton, *Chairman.*

To the General Council of Medical Education and Registration of the United Kingdom.

We, the undersigned, Licentiates in Dental Surgery of the Royal College of Surgeons in England—(a degree founded by the College on Section xlviii of the present Medical Act)—although entitled to register under that Act, in virtue of our other professional qualifications, considering it to be desirable, and believing it to be only just, that those persons who have taken this degree should be allowed the privilege of registering as "Licentiates in Dental Surgery," under the proposed amended Medical Act, beg respectfully to bring this, our view of the subject, under the consideration of your Honourable Board.

We are aware that the following objections have been raised to this privilege being allowed to the possessors of this degree:—

First. That, if the privilege were granted to persons who have taken this degree only, they would, under Clause xxxiv of the present Medical Act, be considered in law as "duly qualified medical practitioners," and might, if so disposed, practise legally any, or all branches of the medical profession without having received a full medical education, and thereby interfere with the interests of the fully qualified medical man.

Second. That to grant this privilege to them would be to infringe upon and injure the existing rights of those persons at present practising dental surgery who do not possess this degree, by giving to the new Act a retrospective character; and

Third. That it is open to those persons practising dental surgery, who desire to possess the privilege of registering under any Medical Act, to take the degree of "Member" of the College of Surgeons as well as that of "Licentiate in Dental Surgery," and to register under the former title.

To the first of these objections we respectfully submit, that the very slight additions we have suggested to the wording of Clauses xxxi and xxxiv of the present Medical Act, would, if adopted, make it clear beyond the possibility of a doubt, that the possessors of this degree only, if registered as "Licentiates in Dental Surgery," could not legally practise any other branch of medicine or surgery, and therefore that the incorporation of these, or similar words, into any amended Medical Act, would fully meet and do away with this objection.

To the second objection we also respectfully submit, that the few words proposed to be added to Clause lv of the present Medical Act would, if adopted and incorporated with such amended Medical Act, completely protect all the existing rights of those persons at present practising dental surgery who do not possess this degree, as also the respective rights of those at present preparing to practise dental surgery who may not have it in their power to take this degree, and so meet and do away with this objection.

And to the third objection we respectfully submit:

First. That the argument on which it rests is founded upon an imperfect knowledge of the amount of "special duty" required to form the duly qualified dental surgeon, as we think will be apparent to your Honourable Board by a reference to the accompanying curriculum of education required by the College of Surgeons for the degree of Licentiate in Dental Surgery;—

Next. That to expect the full course of education required for the "Membership" of the College to be added by the dental surgeon to the curriculum required for his special diploma, in order to give him the power of registering under such Act, would be to exact a more extensive and more expensive professional education, both in respect to time and money, from the dental than from the general surgeon—a requirement which we most respectfully submit would be both unnecessary and unjust; and,

Lastly. That to be registered as a "Fellow" or "Member" of the College only, does not *in itself* afford any proof that persons so registered are duly qualified to practise the speciality of dental surgery, as we think will also be apparent to your Honourable Board after referring to the curriculum above named

Entertaining these views, we think it right to bring them under the attention of your Honourable Board, and we pray that you will take them into your favourable consideration.

Thomas Bell, F.R.C.S., L.D.S, F.R.S., John Tomes, F.R.S., L.D.S., M.R.C.S., Samuel Cartwright, F.R.C.S., L.D.S. (members of the Board of Examiners in Dental Surgery of the Royal College of Surgeons of England); Arnold Rogers, F.R.C.S., L.D.S., late member of the above Board; W. A. Harrison, F.R.C.S., L.D.S., C. A. Ibbetson, F.R.C.S., L.D.S., William A. Cattlin, F.R.C.S., L.D.S., A. G. Canton, M.R.C.S., L.D.S.; Thomas Rogers, M.R.C.S., L.D.S., President of the Odontological Society of Great Britain; H. J. Barrett, M.R.C.S., L.D.S., S. J. A. Salter, M.B., M.R.C.S., L.D.S., F.R.S., Henry Rogers, M.R.C.S., L.D.S., Alfred Barrow Jones, M.R.C.S., L.D.S., Edwin Sercombe, M.R.C.S., L.D.S., John W. Elliott, M.R.S.C., L.D.S., Nathaniel Stevenson, M.R.C.S., L.D.S., H. Howard Hayward, M.R.C.S., L.D.S., Joseph Rogers, M.R.C.S., L.D.S., William A. Cattlin, M.R.C.S., L.D.S., Alfred Coleman, M.R.C.S., L.D.S., Joseph Walker, M.R.C.S., L.D.S., J. H. Allingham, M.R.C.S., L.D.S., Charles Vasey, L.F.P.S., L.D.S., John Thomas Henry West, M.R.C.S., L.D.S., George Gregson, M.R.C.S.E., L.D.S., E. H. G. King, M.R.C.S., L.D.S., Thomas C. White, M.R.C.S., L.D.S., Charles James Fox, M.R.C.S., L.D.S.

Dr. Embleton moved, Dr. Fleming seconded, and it was resolved—

"That the Report of the Committee on Communications relative to Amendments of the Medical Acts be received and printed, together with the four documents particularised, under the direction of the Business Committee."

Visitation of Examinations. Dr. ANDREW WOOD moved, Dr. FLEMING seconded, and it was unanimously resolved—

"That the Council resolve itself into a Committee of Education, and that the President be requested to take the chair."

Dr. PARKES moved the following resolution.

"That a Committee of three be appointed, one member from each division of the kingdom, to be called the Committee on Education.

"That the powers and duties of this Committee be—

"1. To prepare a definite statement of the systems of examination of the different licensing bodies, as stated in the documents already sent in to the Council, so that the agreements and differences of the several systems may be brought into one view. For this purpose the Committee shall be enabled to seek further information, if necessary, from the different licensing bodies, through the Registrar of the Council.

"2. To arrange a plan by means of which, without actual visitation, the different examinations may be continually supervised, and to submit this to the several Branch Councils, after which the Committee be empowered to act upon it.

"3. To arrange a plan for the visitation of examinations, when that is necessary, either by the agency of members of the Council, or of other members of the profession selected especially for this duty, and to submit this plan to the Branch Council, and subsequently, when it has been approved of, to act upon it."

He said that the communications which the Council had received from the various licensing bodies showed a general wish on the part of these bodies to comply with the rules of the Council. But, however valuable the regulations of the Council might be, a careful supervision of examinations was necessary in order to produce any good result. It would be a dereliction of duty on the part of the Council to neglect such supervision. He proposed a small Committee, because the matter would be thus better managed than by the whole Council or by the Executive Committee; and he would suggest that the Committee should be formed of the members nominated by the Crown. The duty of the Committee should be to consider all the documents sent in on the subject of education, and to frame a scheme thereon. He considered this necessary because, although at present the rights of practice were uniform, the Council did not know to what extent there was uniformity in the qualifications required by the licensing bodies. There should be a regular supervision of examinations, but it would be impossible always to be present. Much information, however, might be gained from a consideration of the written answers of the best and the worst candidates. The personal visitation of examinations should be occasional; so that the examinations of all the licensing bodies might be inspected in the course of three or four years. He could not consider that the visitation of examinations would be at all derogatory to the examiners. He did not desire to press his motion in the precise form in which it was put, but was merely desirous of organising some plan for the supervision of examinations.

Dr. PAGET seconded the motion.

Mr. HARGRAVE remarked that the examinations of the College of Surgeons in Ireland were public, being open to all the Fellows of the College.

Dr. CORRIGAN did not see how Dr. Parkes's plan could be carried out. The labour thrown on the three members of the Committee would be frightful; for it would be impossible to select for consideration some of the examination-papers without reading all. Last year, about two thousand candidates passed; and he calculated that the reading of their papers would require forty thousand hours. He would not like to be on such a Committee. As to supervision, it had been said that the object was not always to see that the examiners perform their duty properly; but if not, of what use was the supervision? The proper remedy, both against undue severity and against laxity, would be to throw open the examinations to all the members of the body. In Trinity College, all the students and the public were admitted; and the plan worked well.

Dr. STOKES said that there ought to be some supervision of the preliminary examinations. He could not see how the presence of members of Council at an examination could be considered derogatory to the examiners. He feared, however, that the plan proposed by Dr. Parkes would be difficult to carry out, and slow of operation.

Mr. SYME considered that the Medical Council had hitherto failed in its duty as regarded the visitation of examinations.

Dr. QUAIN suggested that the Council should first decide whether or not there should be supervision of examinations. The subject might be taken up in its place in the discussion on medical education,

Dr. CHRISTISON considered that it was important to come to a decision on the subject of supervising examinations; but he did not see how the plan proposed by Dr. Parkes could be carried out.

Dr. AQUILLA SMITH referred to the returns from the Army and Navy Medical Departments, as showing the necessity for visitation of examinations, preliminary as well as professional. He had observed that the standard of knowledge of Latin was becoming lower among persons entering the medical profession; and some even did not know the English language.

Mr. SYME moved as an amendment—

"That each of the Branch Councils, or such of their members as may be deputed by such Councils, shall, from time to time, visit the examinations, preliminary as well as professional, conducted by the qualifying bodies in their respective divisions of the United Kingdom, and report the results of their observations to the General Council."

Dr. ANDREW WOOD seconded the amendment. He believed that the visitation of examinations would be one of the most wholesome stimuli to the examining boards. These bodies had no right to object to such visitation; and he believed they would not object—indeed, the Edinburgh Colleges and the Glasgow Faculty had expressed opinions in favour of supervision. There were several ways in which supervision might be carried out. In the first place, the examinations, it had been said, might be public; but he would ask whether those boards which followed the plan of public examinations sent forth the best qualified men. In Scotland, publicity would not work well; because in that country even the best qualified students would be liable to experience that unpleasant sensation known as "funk", if examined in the presence of their fellow-students. Again, if the examinations were thrown open, it would not be members of the profession who would attend them, but students, for the purpose of finding what questions they were likely to be asked in their examinations. The grinders also would attend most diligently. There were still two other plans; either that the members of the Council should supervise the examinations, or that they should depute the duty to others. To the employment of experts there were these objections; that it would be attended with expense, and that none could be employed as visitors but men of the highest professional position, many of

whom were themselves examiners. The plan proposed by Mr. Syme should be tried. It might perhaps fail; but in any case the Council was bound to undertake the visitation of examinations.

Dr. CORRIGAN spoke in favour of public examinations. As to the presence of students and young practitioners, these would be the very men who would produce a sound public opinion. He considered Mr. Syme's proposal quite impracticable; it could not be carried out in Dublin.

Dr. PARKES, by permission of the Council, withdrew his motion; so that Mr. Syme's amendment became the substantive motion.

Dr. ACLAND thought that the visitation of examinations should not be delegated to each Branch Council separately. He would prefer action on the part of the entire Council.

Dr. PAGET remarked that the Council had the power of visiting examinations, but had no power to enforce publicity. He considered there was some objection in the separate working of the Branch Councils in the manner proposed. He moved as an amendment—

"That the Branch Councils be instructed severally to organise a set of *trial visitations*, on a scale which may enable them to report upon the success of such visitations, the conditions for their efficiency, and the requisite means for rendering them adequately extensive."

Dr. QUAIN seconded the amendment.

Dr. SHARPEY preferred visitation to emanate from the central authority rather than from the Branch Councils. It was not necessary that the visitations should be made otherwise than at irregular periods; nor would it be necessary to examine more than a few of the papers, such as those of the lowest who had passed and of the highest among the rejected. As to the objection that visitation would be invidious, he would observe that in the early days of the University of London the examinations of that body were attended by the censors of the Royal College of Physicians; and he, as an examiner, had felt no humiliation from their presence. There was a difficulty in carrying out visitation, from want of funds; but he thought this might be overcome by the deficiency being made up by a vote of Parliament.

Dr. STORRAR said that the returns of the Army Director-General shewed the necessity of visitation. Dr. Sharpey's plan was good, but would not be practicable without an amended Act.

After some remarks from Dr. STOKES and Dr. CORRIGAN, the votes were taken on Dr. Paget's amendment, when there appeared: for, 4; against, 10. The amendment was therefore lost. Mr. Syme's motion was then put to the vote, and carried *nem. con.*

The Council then resumed.

Report of the Pharmacopœia Committee. Dr. QUAIN brought up the following

REPORT.

The *Pharmacopœia* Committee beg to report that, after much careful consideration, they requested Mr. Warrington, of the Apothecaries' Hall, and Dr. Redwood, of the Pharmaceutical Society, to undertake the preparation of the next edition of the *Pharmacopœia*, under the supervision of the Committee. The gentlemen named accepted the duty, and they are engaged actively in its performance. The Committee, in the first instance, prepared an outline of the subjects which seemed to them to require revision; and these subjects are made the basis of careful inquiries by Messrs. Warrington and Redwood, who have submitted, and will continue to submit, their reports thereon, together with such suggestions as they think proper to make for the consideration and decision of the Committee. The Committee have also received valuable assistance from Dr. Farre, appointed by the English Branch Council, and from Dr. Moore, appointed by the Irish Branch Council, to report on the improvement in the progress of pharmacy; and they hope that the services of these gentleman, as well as of Dr. Christison, may be continued.

Taking the first edition of the *Pharmacopœia* as a basis, compiled, as it has been, with great labour and expense, the Committee hope that, without making any very extensive or fundamental changes, the next edition will be found acceptable to the profession.

GEORGE BURROWS, M.D., *Chairman.*

April 3rd, 1865.

On the motion of Dr. QUAIN, seconded by Dr. ANDREW WOOD, the report was received and ordered to be entered on the minutes.

FRIDAY, APRIL 7TH.

G. BURROWS, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

Practice of Chemists and Druggists. Dr. ACLAND moved—

"That, with reference to the letter of Mr. Milner of Hereford, a Committee be appointed, to consider and report whether the Medical Council is charged under the Medical Act with any duty in relation to medical and surgical practice by chemists and druggists; and whether any, and if so what, changes in the Medical Act are desirable with regard to it; and to consider and report on the two Bills relating to pharmacy now before Parliament."

He said that it had been thought expedient that the question of the regulation of the practice of pharmacy should be considered by the Council. The present Medical Act gave the Council no more power over the chemists and druggists than over other unqualified practitioners of medicine; but it was time to consider whether the Council ought not to have such power. He did not know how matters stood in Scotland and Ireland; but in England the druggists were becoming, without having received medical education, rivals to the medical practitioners. Many members of Council were not aware of the extent to which medical practice was carried on by druggists in the country; but he knew that druggists often had large practices at home, and also visited patients. Many registered practitioners, also, found it expedient to assume the outward appearance of chemists and druggists, in order to gain practice. He referred also to the use by druggists of the prescriptions of registered practitioners.

Dr. PARKES seconded the motion. The subject was one which the Council ought to take into their most serious consideration. In the Bill brought into Parliament by Sir J. Shelley (that of the United Society of Chemists and Druggists) there was no saving clause against interfering with medical practice; and the clause inserted for the purpose in the other bill (that of the Pharmaceutical Society) was not stringent enough. He thought that a clause should be inserted to prevent persons who had not received a medical education from taking charge of friendly societies, etc. Whether counter-practice could be put down, he doubted.

Dr. CHRISTISON said that the Council was now only following up a step which had been previously taken. Of the two Bills before Parliament, he considered that that of the Pharmaceutical Society was much the better.

Dr. ANDREW WOOD and Mr. COOPER briefly sup-

ported the motion; which, after some remarks from Dr. ACLAND, was put and carried.

The committee was appointed, to consist of Dr. Acland (chairman), Dr. Alderson, Dr. Paget, Dr. Storrar, Dr. A. Thomson, Dr. Apjohn, Dr. Parkes, Mr. Rumsay, and Dr. Christison.

Practice with One Qualification. Dr. ANDREW WOOD said that Mr. Tucker's letter raised the question of the working of Clause XXXI of the Medical Act. He was satisfied that no practitioner ought to be placed on the *Register* unless he possessed a qualification in both medicine and surgery; and he urged the amalgamation of the Colleges of Physicians and Surgeons for the purpose of examination.

Mr. SYME, Dr. ACLAND, Mr. RUMSEY, Dr. ALDERSON, Mr. ARNOTT, and Mr. COOPER, spoke on the subject; the general opinion being that a qualification both in medicine and in surgery was desirable. As a result of the discussion, the following resolutions were passed.

Mr. ARNOTT moved, and Dr. ANDREW WOOD seconded—

"That a letter be written to Mr. E. E. Tucker, to the following effect. The Council has learned, with great regret, the particulars of the case stated in Mr. Tucker's letter. The Council has not, under the present Act, the power to interfere for the protection of the public against ignorance of surgery on the part of practitioners who have no surgical qualification; but the subject now engages the serious consideration of the Council."

Mr. SYME moved, and Dr. ANDREW WOOD seconded—

"That Clauses XIX and XXXI be referred to the proposed Committee on the Amendment of the Medical Acts."

Convictions under the Medical Act. The following resolutions, both proposed by Dr. EMBLETON and seconded by Dr. FLEMING, were carried.

"That an answer be returned to Dr. Styrap, to the effect that the subjects of his letter of the 3rd March, 1864, are at present under the consideration of the Medical Council."

"That the following four Sections of the Medical Act—viz., XXXVIII, XXXIX, XL, and XLI—be referred to the proposed Committee on the Amendment of the Medical Acts."

The Dentists' Memorial. Dr. STORRAR proposed—

"That the memorial from the Licentiates in Dental Surgery of the Royal College of Surgeons of England be referred to the proposed Committee on Amendment of the Medical Acts."

He said that, while it would be impossible to discuss the question at the present moment, it would be only just to the gentlemen who had signed the memorial that the Council should take their representations into consideration. The licentiates in dental surgery were very desirous of rescuing their profession and the public from quackery; and the necessity of this was obvious from the numerous advertisements which were to be seen in the provincial newspapers. A few years ago, some dentists combined for the purpose of purging their profession of charlatans. At first they desired to form a separate corporate body; but ultimately the majority preferred to be placed under the direction of one of the medical licensing bodies. They had organised a School of Dental Surgery, and were now desirous of being entered on the *Register* according to their qualification as dentists. He did not wish to press the subject at present, but was desirous that the memorial should be duly taken into consideration.

Mr. HARGRAVE seconded the motion.

Mr. RUMSEY suggested that the Council might express a qualified approval of the memorial.

Dr. CHRISTISON said it would be necessary to provide against the risk from entering on the *Register* the names of persons holding the dental qualification alone.

The PRESIDENT and Mr. ARNOTT agreed that it would be dangerous to admit to the *Register* persons being merely licentiates in dental surgery.

The motion was carried.

Visitation of Examinations. Dr. SHARPEY moved, and Dr. STORRAR seconded—

"1. That it is expedient to amend Clause XVIII, by adding to it the following words, or words to the same effect; viz., 'and may also inspect the written answers of the candidates, and report concerning the examinations and answers to the General Council; and to the persons deputed by the General Council as aforesaid, in such number as may be determined by the General Council, with the approval of one of Her Majesty's principal Secretaries of State, there shall be paid such fees for services and such reasonable travelling expenses as shall from time to time be allowed by the General Council, and approved by the Commissioners of Her Majesty's Treasury; and the said payments shall be made out of the residue of the moneys annually received for carrying this Act into execution, after defraying the expenses of the General Council and the Branch Council, and, if necessary, out of further moneys to be provided for the said purpose by vote of Parliament.'

"2. That the proposed amendment be referred to the Committee on the Amendment of the Medical Acts."

Dr. CORRIGAN objected to the motion, and also to the principle of inspection of examinations. He proposed the following amendment, which was seconded by Dr. AQUILLA SMITH.

"That the professional examinations conducted by the several licensing bodies should be public, so far as admitting the Graduates, Members, or Licentiates of the licensing body conducting such examination, and that such publicity will be sufficient to secure the maintenance of efficient examinations without inspection."

After some discussion, in which Dr. ANDREW WOOD, Mr. HARGRAVE, Dr. FLEMING, Dr. A. SMITH, and Dr. SHARPEY took part, the amendment was put to the vote and lost; 5 voting for, and 9 against it.

Dr. ANDREW WOOD moved as a further amendment, and Dr. ALLEN THOMSON seconded—

"That it be remitted to the Committee on the Amendment of the Medical Acts, to consider the expediency of amending Clause XVIII, by adding to it the following words, or words to the same effect; viz., 'and may also inspect', etc. (The remainder of the amendment was identical with the first part of Dr. Sharpey's proposal.)

The amendment was carried, and was then put as a substantive motion, and carried.

Dr. CORRIGAN required that the names of the majority and minority be entered on the minutes. *Majority*—Dr. Alderson, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Sharpey, Dr. Quain, and Dr. Christison. *Against*—Mr. Arnott, Mr. Cooper, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, and Dr. Stokes.

Amendment of the Medical Act. Dr. QUAIN moved—

"That a Committee of the Council be appointed, with the following duties: 1. To report on any further amendments which may seem to be required in the Medical Act. 2. To communicate with the solicitor on the amendments already adopted, or that may be adopted, by the Council. 3. To prepare a memorial to the Home Secretary on the amendment of the Medical Act."

Mr. HARGRAVE seconded the motion, which, after some remarks from Dr. CORRIGAN, was carried; 15 voting for, and 4 against it.

The following Committee was appointed: Dr. Andrew Wood (chairman), Mr. Arnott, Dr. Paget, Dr. Embleton, Mr. Syme, Dr. A. Smith, Dr. Sharpey, Dr. Quain, Dr. Stokes.

Alleged Conviction for Felony. Dr. AQUILLA SMITH moved, Dr. APJOHN seconded, and it was resolved—

"That the case of John Carter Barrett, of Castlebar, Co. Mayo, be referred to the solicitor."

SATURDAY, APRIL 8TH.

G. BURROWS, M.D., President, in the Chair.

Voting at Meetings of the Council. A case and opinion of counsel, together with an additional statement and further opinion, relative to voting in the Medical Council, were read. Considerable discussion followed thereon; but no resolution was passed.

The Apothecaries' Hall of Ireland. Dr. STOKES moved—

"That with reference to the resolution of this Council, on the motion by Dr. Leet, June 2nd, 1863, viz., 'That this Council is of opinion that registered Licentiates of the Apothecaries' Company of Dublin are, as apothecaries, entitled to practise medicine in Great Britain and Ireland,' the Council resolve that it did not desire to convey that the licence of the Apothecaries' Company of Ireland carried any other qualification than that specified in the Act of Incorporation of the Company."

He recapitulated the previous proceedings of the Council in reference to the privileges of the Apothecaries' Hall of Ireland; and said that his object was not to rescind the resolution passed in 1863, but to define it. The Medical Act conferred no new powers on the licensing bodies; but the Apothecaries' Hall of Ireland had assumed powers which it did not possess before; and in evidence of this he referred to the certificates issued by that body, in which their power to grant licences in medicine was set forth. The position of the apothecaries in Ireland was different from what it was in England. In England, the Apothecaries' Society was specially entitled by an Act of Parliament to examine in medicine; not so the Apothecaries' Hall in Ireland. The only power which they really possessed was that of giving a licence to keep a shop and carry on the business of an apothecary. The Irish Apothecaries' Hall required by law an apprenticeship of seven years; but this rule was now broken. The medical qualification of the Irish apothecaries had been pressed on the Poor-law Commissioners in Ireland, and had been recognised by them; and their example had been followed by the Army Medical Board. It was one of the duties of the Council to see to the proper administration of the Medical Act, and to take care that its provisions were not stretched.

Dr. ANDREW WOOD seconded the motion.

Dr. LEET objected to the motion, that it was contrary to the former resolution of the Council, that it was an incorrect rendering of its meaning, and that it would compromise the honour of the Council. The Apothecaries' Company of Ireland were free to use any form of certificate, and to prescribe any course of education which they might think proper. The greater part of the public in Ireland was dependent for medical aid on the apothecaries; and a legal opinion had been obtained in favour of their registration. The Council had on former occasions declared itself incompetent to decide the question now brought forward. Why was not a *mandamus* brought against the Apothecaries' Hall, instead of wasting the time of the Council?

Mr. SYME said that the illegal issue of licences by the Apothecaries' Company of Ireland could not be judged by the Medical Council, but was a question for the consideration of the Privy Council. It seemed to be the opinion of some that the Irish Apothecaries' Hall was low, mean, and contemptible. [*No, no.*] But, if it were so, whose fault was it? The Apothecaries' Company of Ireland had been admitted into Schedule A, and must be treated like other bodies in that schedule. He moved as an amendment—

"That the Council do not see any reason for entering into an explanation of their resolution (June 2nd, 1863) respecting the licence of the Apothecaries' Company of Dublin."

Dr. STORRAR seconded the amendment.

Dr. ANDREW WOOD said that the question under discussion was more important than at first sight appeared; it was whether the Council had power to grant charters in medicine. The subject of the Apothecaries' Hall of Ireland had been discussed over and over again; and it was only by the able importunity of Dr. Leet that the Council had been driven to give an opinion after having declined to do so. In their proceeding in the matter, the Council had acted illegally, and not consistently with their decision in other instances, such as the rights of the Faculty of Physicians and Surgeons of Glasgow. The result of the action of the Council had been, that the Licentiates of the Irish Apothecaries' Company had assumed the rights of licentiates in medicine.

Dr. CORRIGAN said that the effect of the resolution of the Council had been, that the Irish Poor-law Commissioners had placed the licence of the Apothecaries' Hall of Ireland on an equality with the higher qualifications in medicine. The resolution had also been misunderstood by the Secretary of State for War. No one wished to interfere with the just rights of the apothecaries in Ireland; but their position required definition. Their legitimate status was that of the *officiers de santé* in France; in that position they were most useful to the public; but it was not intended by the resolution that they should be recognised as equal to the higher grades of practitioners. If an attempt were made in France to raise the *officiers de santé* to the level of the higher class of medical men, would it not be said that the profession was disgraced? If the recognition of the Irish apothecaries as fully qualified medical practitioners were correct, the licentiates in midwifery of the Royal College of Surgeons of England ought to have the same privilege. Dr. Corrigan explained to the Council the powers of the Irish Poor-law Commissioners in regard to medical qualifications, stating that these powers were absolute. He also referred to and read extracts from the Apothecaries' Acts in England and in Ireland; and said that the power to grant licences in medicine had been assumed by the Irish Apothecaries' Hall at some period between 1859 and 1864.

Dr. EMBLETON suggested that the subject should be referred to the Committee on Amendments of the Medical Acts. It must be remembered that the Medical Act gave the Apothecaries' Hall of Ireland a representative in the Council, and placed its licentiates in Schedule A.

Dr. STORRAR said that the Council had never decided that the apothecaries in Ireland were to have equal rights with doctors of medicine. The Medical Act made no distinction as to grades of practice. All that the Council had to do was, to take care to secure a sufficient qualification on the part of persons practising medicine.

Mr. HARGRAVE and Dr. ALLEN THOMSON supported Mr. Syme's amendment; and Dr. STOKES replied.

The votes were then taken; when there appeared, for the amendment, 10; against, 6. The amendment was then put as a substantive motion, and carried by a similar majority.

Mr. Syme required that the numbers and names of the majority and minority, and of those who did not vote, should be taken down. *Majority*, 10—Dr. Alderson, Dr. Embleton, Dr. Storrar, Dr. Fleming, Mr. Syme, Dr. Thomson, Mr. Hargrave, Dr. Leet, Dr. Sharpey, Dr. Christison. *Minority*, 6—Mr. Arnott, Dr. Andrew Wood, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Dr. Stokes. *Did not Vote*, 3—The President, Mr. Cooper, Dr. Quain.

Preliminary Education. Dr. Stokes moved, Mr. Arnott seconded, and it was agreed—

"That a Committee be appointed to consider and report as to what should be the subjects of general education, in which all students should be examined prior to the commencement of their professional studies; the Committee to consist of—Dr. Stokes (chairman), Mr. Arnott, Dr. Acland, Dr. Paget, Dr. Storrar, Dr. Thomson, Dr. Apjohn, Dr. Quain."

Monday, April 10th.

G. Burrows, M.D., President, in the Chair.

Medical Education. On the motion of Dr. Andrew Wood, seconded by Dr. Fleming, the Council resolved itself into a Committee on Education; the President in the chair.

Returns from the Examining Bodies. A voluminous series of returns from the examining bodies was reported to have been received; and, after some discussion, it was moved by Dr. Corrigan, seconded by Dr. Aquilla Smith, and carried—

"That the several communications from the several licensing bodies on the question of education and examination be accepted as read, and printed on the minutes."

Course of Professional Study. Dr. Andrew Wood moved—

"That a Committee be appointed to consider and report on what should be the minimum course of professional study through which all candidates should be required to pass before receiving any qualification entitling them to register."

He said that the Council had never yet attempted to lay down a course of professional instruction. It was important to do so, not merely as regarded the special subjects, but as to the repetition of courses of lectures. The deficiency in a knowledge of operative surgery mentioned in the report of the Navy Medical Board, also shewed the necessity of taking such a step. He was very desirous that the Council should determine the minimum of lectures and hospital practice which should be required of every candidate for admission into the medical profession. It would not, he thought, be a difficult task.

Dr. Embleton seconded the motion.

Dr. Corrigan did not think the proposal likely to lead to any practical result; and that it would on every point involve discrepancy of opinion. To attempt to carry it out would be to try to place the licensing bodies on a bed of Procrustes. It would also be unfortunate to lay down a minimum of education; for students would then be satisfied with the lower qualifications in place of presenting themselves to the bodies which required a higher standard of education.

Mr. Hargrave said that if a minimum education were fixed, students would not be induced to pass the higher examinations. He entreated the Committee to remove the word "minimum."

Mr. Syme, Mr. Arnott, and Mr. Cooper, also opposed the motion.

Dr. Andrew Wood said there was sufficient time to discuss the question if the Council were in earnest. If the Council declined to take the subject into consideration, of what use was it? The Council had been endeavouring to improve the *Register*; and it was also its duty to improve medical education. This was the intention of the Medical Act.

The motion was then put to the vote and lost; 15 voting against and 6 for it.

Dr. Andrew Wood required that the numbers and names of the majority and minority, and of those who did not vote, should be taken down. *Majority*, 15—Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Storrar, Mr. Syme, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Dr. Quain, Mr. Rumsey, Dr. Christison, Dr. Stokes. *Minority*, 6—Dr. Alderson, Dr. Acland, Dr. Embleton, Dr. Andrew Wood, Dr. Fleming, Dr. Parkes. *Did not Vote*, 2—The President, Dr. Leet.

Dr. Corrigan moved—

"That it seems impossible to lay down any scheme of education and examination comprising details which would be applicable to, or could be uniformly carried out by, all the licensing bodies enumerated in the Medical Act; and that this Council is of opinion that the Committee on Education, leaving all details to be carried out in such manner as may appear fit to them by the several licensing bodies, should confine itself, in considering the question of education, to the following points, viz.—

"1. Registration and adequate preliminary examination in Arts.

"2. The time to be interposed between the passing of the preliminary examination and the final examination.

"3. The mode of subdivision of the professional examination, the period of study at which each part of the examination shall be gone through, and the subjects to be comprised in each part."

After an experience of five years, the impression on his mind was that the Council was not likely to come to any agreement as to the subjects of professional study. They had already found great difficulty in defining what was a medical school, or what courses of lectures should be required. It was impossible to lay down fixed rules as to lectures, etc. There were, however, matters which might well be considered. Efficient registration of students was a matter of primary importance. It was notorious that certificates for past years were given to students who had never attended the courses mentioned; and this would never be stopped until there was a system of registration of students. As to preliminary education, the necessity for care in regard to this was shown by the fact that the Navy Medical Board had rejected several candidates for utter ignorance of Latin. He would say that it was not right to assume always that the licensing body whose diploma the candidate presented was to blame in this respect; inasmuch as the preliminary examination passed at one Board was often recognised by the others. The regulations of the various bodies as to preliminary education varied greatly; for instance, the matriculation examination of the Queen's University was not, he thought, sufficient for students in medicine. The Council accepted certificates of preliminary examination from bodies of whose requirements they were ignorant; and they had no control over these. As to the third part of this resolution, he observed that the Council had only to fix a time between the entrance on professional study and the period of examination.

Dr. Sharpey seconded the motion. He was op-

posed to all attempts to lay down a system which should be universally applicable. The Council should not do this, but should remedy deficiencies as they occurred. He would not say that Dr. Corrigan's motion comprehended every point that might be considered; but those which it mentioned were among the most important.

Dr. QUAIN called the attention of the Committee to the fact that a Report on Education had been partly discussed last year; and that at present they were making no advance. He moved as an amendment—

"That the Report of the Select Committee on Education of the last session be now proceeded with."

Mr. HARGRAVE seconded the amendment.

The amendment was carried, 10 voting for, and 9 against it; and, on being put as a substantive motion, was carried by a majority of 15 to 3.

Registration of Medical Students. Dr. A. SMITH proposed, Dr. FLEMING seconded, and it was resolved—

"That the Registration of Medical Students be placed under the charge of the Branch Registrars."

Dr. A. SMITH proposed, and Mr. HARGRAVE seconded—

"That every student be registered at the commencement of professional study, the date of such registration to be considered as the date of commencement of professional studies."

After a few remarks from Dr. CORRIGAN and Dr. FLEMING,

Mr. SYME said that annual registration was very important. It had been carried out in Edinburgh during the last forty-two years with great benefit. This registration should be enforced, and the system of certificates abandoned.

Dr. SHARPEY said that the object of registration was to ascertain that the student had passed the preliminary examination, and to ensure his attendance to medical study. He would not interfere with registration in subsequent years.

After some discussion as to whether registration should take place at or before the commencement of professional study,

Mr. SYME moved as an amendment, and Dr. SHARPEY seconded—

"That every medical student shall be registered at the commencement of his professional study, and not until he has passed the preliminary examination."

The amendment was carried; and, having been put as a substantive motion, was also carried.

Dr. AQUILLA SMITH proposed, and Dr. ALDERSON seconded—

"That each of the Branch Registrars shall open a Register of Medical Students from the 1st of April to the 15th of May, and from the 1st of October to the 1st of December, in each year, according to the subjoined form."

(The first column in the form was headed "Date of Registration"; the second, "Name"; the third, "Age last Birthday"; the fourth, "Preliminary Examination in Arts, and Date".

After a discussion, the following amendment was proposed by Mr. RUMSEY, seconded by Mr. HARGRAVE, and carried—

"That, after the words 'medical students', the resolution read as follows: 'and that application for registration be made by every such student within fifteen days after the commencement of professional study; and that the table be adopted, with the addition of a column for place of study.'" (The column of age is also omitted, in consequence of a discussion at a subsequent period of the meeting.)

Dr. AQUILLA SMITH moved, and Dr. APJOHN seconded—

"That every person desirous of being registered as a medical student shall apply (in writing) to the Branch Registrar of the division of the United Kingdom in which he is residing, according to a form to be had on application; and shall produce or forward to him a certificate of his having passed a preliminary examination in Arts recognised by the General Medical Council, and of his place of study; whereupon the said Branch Registrar shall enter his name and other particulars in the Students' Register, and the Registrar shall give him a certificate of such registration accordingly."

Dr. FLEMING moved as an amendment, and Mr. RUMSEY seconded—

"That after the words 'General Medical Council', the resolution read, 'and of his having entered on medical study'."

The amendment was lost, 3 voting for, and 10 against it. The original motion was carried.

Dr. A. SMITH proposed, and Dr. CORRIGAN seconded, the following resolutions, which were carried.

"That each of the Branch Registrars shall supply to the several qualifying bodies, medical schools, and hospitals in that part of the United Kingdom of which he is Registrar, a sufficient number of blank forms of application for the registration of medical students.

"That a copy of the Register of Medical Students so prepared by the Branch Registrars be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, prepare and print an alphabetical list of all registered students, and supply a copy of such authorised list to each of the bodies enumerated in Schedule (A) to the Medical Act.

"That the several licensing bodies be requested not to admit to examination, after October 1869, any candidate for licence or degree whose name does not appear on the authorised list of medical students, or whose name is not already on the *Medical Register*.

"That the several Branch Councils shall have power to admit special exceptions to the foregoing regulations as to registration, for reasons which shall appear to them satisfactory."

Dr. ANDREW WOOD moved, Dr. FLEMING seconded, and it was resolved—

"That the Branch Councils be desired to take means to make these regulations known to the medical students at the various medical schools."

The Council resumed.

Committee on Returns from Licensing Bodies. Dr. EMBLETON moved, Dr. ANDREW WOOD seconded, and it was agreed—

"That the returns from the licensing bodies, in compliance with Recommendation 23 of the Committee on Education, and the Registers of Medical Students in England and Ireland, be referred to a Committee; the Committee to consist of—Dr. Embleton (chairman), Mr. Cooper, Dr. Thomson, Dr. Leet, Dr. Apjohn, Dr. Stokes."

On Tuesday and Wednesday, the Council was for the most part engaged, as a Committee on Education, in discussing the Report of the Select Committee of last year. On Wednesday, also, a long Report on the Amendments of the Medical Acts was brought up and read, for the purpose of being printed in the Minutes. We shall report the proceedings more fully in the next number.

THE AMERICAN NAVY. A bill is before Congress for the reorganisation of the medical department of the American navy. It gives increased rank and emolument to medical officers—a reform much needed.

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 15TH, 1865.

THE QUALIFIED MAN.

A few weeks since, the Governors of the Winchester County Hospital proceeded to elect a gentleman to fill the then vacant post of House-Surgeon and Secretary. Four candidates presented themselves, and sent in their credentials. The contest, however, was limited to a close run between two local competitors. The event has given rise to some provincial discussion. We may, therefore, say a few words on the subject.

Aristotle, in speaking of friendship, says that the legislator appears to pay more attention to it than to justice, and that unanimity of opinion is the best defence against the cabals of faction. Now, we are by no means sure that the advantages of this Athenian virtue may not have been present to the minds of the Winchester governors when they weighed the merits of the respective candidates. The historical and local traditions of the old cathedral city are, no doubt, inseparably interwoven with the daily exercise of one of the commonest forms of friendship—namely, that of hospitality; and it may have appeared to the electors that the law of sympathy should necessarily form an important element in determining their choice of a fit person to fill the office of House-Surgeon and Secretary to their hospital. Nor does the fact, that this choice excluded the gentlemen who possessed the highest professional testimonials, at all either invalidate the soundness of the election, or place the unsuccessful candidate in a less commanding position.

There has lately been given in the Journal an analysis of the sources from which the ranks of the Army Medical Staff are recruited; and two significant facts may be deduced from a careful examination of this analysis. First, we are compelled to acknowledge that, with all its elaborate machinery for ensuring a high style of professional education, the army fails to attract the best class of men. In the next place, we may fairly draw this inference from the consideration of the foregoing fact, that something more solid than a mere scientific training is looked for by the student himself in an age of refinement to compensate for the perils and penalties of a life of certain toil and uncertain reward. A Medical Council, or an Army Board, may declare their system of education to have the sanction of the highest authority, and, therefore, to be the most beneficial and best adapted to the wants of human society; but there is not yet such a convenient ductility in the human mind, as to make us capable of being persuaded that men can possibly mean the ultimate good of mankind by curtailing the privileges of the agents who are to effect that good.

These difficulties, however, are always undergoing the process of "finding their level." The demand of the old-fashioned Governors of Winchester Hospital for something besides medals and certificates points to a state of things that is fast making its way into the centres of social life. They could not be induced to believe that there is a forge and manufactory for doctors separate and distinct from that original anvil on which the manners of all educated gentlemen are hammered out and softened. They could scarcely believe in the existence—certainly, not in the propriety—of an abstract science detached from the rest of the world of literature, and amusing itself with the puppet-show of a public institution. They had always considered it an axiom, that learning is a confederacy; and any interdict to the communion of science with the art of applying it they would have regarded as fatal to the success of science as a means of benefiting mankind.

Of one thing we may now be tolerably sure, that Medical Councils, Examining Boards, and Schools of Medicine, must revise their codes. The honours and distinctions that are awarded in our schools under competitive pressure are, no doubt, evidences of one description of proficiency, without which the most indefatigable labour would be barren of the highest kind of fruit; but this is not all that is wanted—the real utility, as well as the dignity, of every employment wholly depends upon the quantity and the kind of ability that may be exerted in it. The great qualities of the physician's mind, which are not merely enduring and passive, require force for their display—we had almost said, for their unequivocal existence. The art, therefore, of applying knowledge, which is the mainspring of all intellectual power, becomes a necessary ingredient in the curriculum of the medical school. It is on this account, also, that the science of speculative and practical reasoning, which, in combating disease, must take to its aid so many auxiliary branches of knowledge, stands high in the estimation of the wisest and best men. We have no desire to abridge the present methods by which medals and other prizes are given and obtained; but we desire to see greater credit bestowed on qualifications, in virtue of which the physician is hereafter to hold authority over the public mind.

Theoretically, the distinguished student who is decorated with his orders is best fitted for service; but, as a matter of everyday practice, as we have seen on

a late occasion, the candidate in possession of a more collective wisdom is judged to be "the right man in the right place."

THE ACTION OF THE LIVER ON FOOD, ETC.

WHAT is the function of the liver, is still an unanswered question. The researches of Bernard, Dr. Pavy, and others, have not yet told us the whole of the physiology of that organ, although they have told us very much of it. Bernard's theory of the glycogenic power of the organ is denied by Dr. Pavy; and Dr. Pavy's view is now supported by Dr. Robert McDonnell.*

That the liver secretes bile, all the world knows, and has long known; but what it does in addition to this, is what we have yet to learn, and want to know. Modern discovery seems to indicate that the mere secretion of bile is probably the least important part which the organ plays; or rather, we should say, that the secretion of the bile is only one part of its complex function; that, while it is secreting bile, it is also forming some other important materials—perchance some blood-constituents. Its power of making and storing up an amyloid (starchy) substance in the liver is certain, as Bernard showed; but Bernard, we are now told, erred in supposing that this glycogenic (amyloid) matter is converted into sugar, which passes into the hepatic veins, and is consumed in the lungs, producing heat. Dr. Pavy denies this, and has given very strong experimental facts to show that during life, and under natural conditions, the amyloid matter is never converted into sugar. And, in support of this view, it has been argued: Let those who assert that the amyloid matter is converted into sugar, and used up as a heat-producer in the respiratory process, tell us what becomes of the amyloid matter which is formed and used up in the tissues of the fœtus before respiration begins. Dr. McDonnell agrees with Dr. Pavy that, during life and health, the liver does not convert its amyloid matter into sugar. He holds that its conversion into sugar during life is a deviation from the healthy process. What, then, becomes of this amyloid matter in the liver? Dr. McDonnell believes that the liver is

> "A great blood-making organ, in which there is constantly going on a reconstruction of certain ingredients of the blood; that in it the fibrine, etc., which has done its work, is disintegrated; the hydrocarbons of the bile abstracted; and the nitrogen combined with amyloid substance, which, instead of being normally changed into sugar, emerges from the liver as a constituent principle of the protoplasma."

This is the theory which Dr. McDonnell discusses experimentally in his pamphlet. He first of all examines and corroborates Dr. Pavy's facts tending to show that the amyloid substance is not transformed into sugar during health and life. He then inquires into the physiological relations of the amyloid substance; and, lastly, into the characters, etc., of the blood which enters, and of the blood which leaves, the liver; and from his experiments deduces the conclusions above given.

One very important practical lesson is to be drawn from these physiological investigations. Bernard, Dr. Pavy, and Dr. McDonnell are all agreed in this, that amyloid substance may be formed in the body out of nitrogenous articles of food. Also it appears, if Dr. McDonnell's views be corroborated, that not only can this body of man convert albuminous, nitrogenous, food into starchy, carbonaceous, food, but that it can also, through the liver's aid, convert amylaceous matter into a nitrogenous base. Enough, at all events, is taught us by these valuable experiments; and it is this—that the fascinating theories of Liebig on food, which have now so long and still so firmly possess the minds of the public and the profession, require reconsideration. Look only at one single article of diet, so largely used in our hospitals: we mean beef-tea. Consider its enormous consumption, and, therefore, its immense cost; and then let us ask ourselves: Are we sure—have we any sound basis on which to rest the conclusion which we seem so unhesitatingly to have embraced—that in using beef to make beef-tea, and feeding the sick on it, we are acting wisely and economically—using all the nutrition in the beef, and giving the sick the best kind of food? We beg to suggest that, in the matter of this one article of diet, there are very fair reasons to believe that we are, in fact, yearly squandering away the funds of our hospitals; in other words, that we are wasting very large and very expensive quantities of food, and deluding ourselves as to the food—we mean really nutritive matter—which we give our patients. If, for example, a pound of beef, free from bone and fat, is to be converted into a pint of beef-tea (which, if boiled down, would not contain, perhaps, more than half an ounce of solid matter), is it not reasonable to suggest that the greater part of the *meat* is absolutely wasted? Are we really to believe that all the solid materials—the *bouilli*—left after the manufacture of the soup, is useless as food? More than this: Are we sure that this beef-tea is really the best and most agreeable nutriment which we can give to the sick stomach? We sincerely trust that some of our large hospitals, where the consumption of beef-tea is very large, and where it must figure as a very serious item of expenditure, will seriously take this question into consideration. We verily believe that, in this matter, the professional and the public mind is labouring under the charm and delusion in which they have been caught by one of Liebig's fascinating formulæ. We will venture to

* *Observations on the Functions of the Liver*, etc. By Dr. Robert M'Donnell, Surgeon to Jervis Street Hospital, etc., Dublin.

say that it has never yet been *proved* that the beef-tea *à la Liebig*, or any other way manufactured, really does possess those highly nutritive qualities usually ascribed to it. And we may add, that the way of using meat now so extensively employed by physicians in St. Petersburg, and especially for sick children, is well worthy the general attention of the profession: we mean, as raw meat chopped up very fine, and made into a savoury mass. Trousseau and other Paris physicians employ and speak in very high terms of meat thus administered.

The session of the Medical Council is again a rather long one. Saturday is the earliest day at which it is expected that the business will be completed. Our report of the proceedings in this day's Journal commences with some reports from the Directors-General of the Army and Navy Medical Departments, to an analysis of which we may probably have to return next week. The Amendments of the Medical Acts are, at the time when we write, under the consideration of a Committee. The Council has, after years of consideration and inaction on the subject, at last resolved to organise a system of supervision of the examinations held by the different licensing boards. On Saturday, the greater part of the time of the meeting was occupied by a debate on the old question—the privilege of the Irish Apothecaries; and the result of three hours' talk was, to leave the matter precisely where it was. During the present week, the Council has been chiefly occupied in discussing the report of the Select Committee on Medical Education, which was brought up and partly considered last year.

Dr. Watson, in thanking the Royal College of Physicians for again electing him President, said that he bowed to the honour expressed by the College, but still would have been grateful had another been elected in his place, from feelings of misgiving as to his ability to fully discharge the duties of office. Now, for the fourth time, he had had conferred on him the highest professional honour. Hitherto, the courtesy and kindness of the Fellows had made the duties of office both easy and pleasant; and he doubted not that he should still enjoy the same assistance. There were but few events which required comment. Government had applied to us for advice, etc., and their questions we have answered. Our doors have been opened to public bodies; and at this moment the Medical Council is enjoying our hospitality. Good and able lectures have already been given, and extra ones are announced for this year. The College has secured a lease of its premises for 999 years. The Harveian Oration will in future be given in English—a thing to be glad of; for it will thereby become more attractive and intelligible to the profession at large, and yield more of credit to those who deliver it. Latin composition, from whatever cause, is a less common accomplishment than it was formerly. The Treasurer will give us a tolerably satisfactory balance-sheet; but much money has been spent on improvements in the College. The number of Fellows is now precisely what it was last year; five have been added to the list, and five have died. The Fellows who have died are Dr. Wood, Dr. J. Bird, Dr. Kirkes, Dr. Duke, and Dr. Turner. Dr. Turner was the oldest Fellow in the College; he was 93 years of age, and being blind had of late years lived in great seclusion. He delivered the Harveian Oration in the old College. He was once the Treasurer; and also Physician to St. Bartholomew's Hospital. He was in his time a very sociable and popular gentleman; he left no literary remains. Dr. Kirkes was esteemed and beloved by all who knew him. He was cut off in his prime, at a moment when the highest position in his profession was opened before him. He deserved all he had obtained in reputation. He was modest and gentle; and was distinguished for his goodness and his blameless and pious life; and his memory will be cherished by all who knew him.

The Report of the Committee appointed by the College of Physicians to inquire into the condition of the army and navy medical officers was on Monday last read to the College. After some slight discussion, it was resolved that the Report should be printed and circulated amongst the Fellows of the College, and considered at the next meeting of the College, on the 21st inst.

Mr. Roper, Secretary to the South Western Branch of the Association, was on the 9th instant, elected Surgeon to the Devon and Exeter Hospital, in place of the late lamented Mr. W. W. James.

Dr. Gream opposes the views of Dr. Marion Sims respecting the enlarging of the os uteri by incision. Dr. Sims, says Dr. Gream, "repudiates dilatation as dangerous in all its aspects, and declares that division of the cervix is as safe as dilatation is hazardous." Dr. Gream adds, that he has been repeatedly consulted by women who had had the os uteri divided for sterility; and never, except in one single instance, has he known a case in which pregnancy followed; and in this case the woman aborted, because the artificial opening was so great as to prevent the womb retaining its contents. He could also, he says, relate of cellulitis, pelvic abscess, etc., following incision of the cervix. Dr. Gream considers the only proper treatment is slow and carefully managed dilatation, in properly selected cases.

YOKOHAMA IN 1864.

By a Medical Officer of the Royal Navy.

No. I.

I suppose that the present state of affairs in Japan is creating some interest at home, in spite of its remoteness, in spite of the very small number of people who know anything or care anything about the country. Acting on this supposition, I propose to give you some account of Yokohama, the chief foreign settlement in Dai Nippon, or Great Japan, as the natives proudly term it. And I shall endeavour to tell a true tale, trying to steer clear of the fairy-like romance in which some writers have clothed their descriptions, and equally so of the somewhat uncharitable truculence which others have displayed.

Yokohama is situate on the western shore of the Gulf of Yedo, and occupies one side of a bay or bight on the other shore of which is Kanayawa. Hence, probably, its name "yoko", meaning across, and "hama", a strand. The town is situate on a triangular alluvial flat, bounded on the base by the sea and on each side by low wooded ranges, which converge to a point distant from four to six miles from the shore. Viewed from the harbour, the appearance of the town is mean; no buildings of any pretention existing, and the majority of the houses being low and without ornament. A canal connected with the sea separates the concession and the Japanese quarter from the paddy swamps and flat lands behind. And a capitally constructed bund, with two commodious *hatoba*, or piers, defend the frontage of the settlement from the encroachment of the sea, which often rages with considerable force when the wind blows into the harbour. The harbour itself is extensive, easy to enter, and tolerably free from shoals or rocks. It is, however, exposed, and the wind and sea are often so high that no embarking or disembarking of cargo can be effected.

On each side of the above-mentioned alluvial, the scenery is very beautiful. Irregular precipitous cliffs of argillaceous sandstone, thickly wooded on their summits to the very edge, offer an imposing barrier to the violence of the sea. In many places, the alternating strata of gravel, of shell *débris*, and vegetable mould, show the successive upheavals and sinkings so common in volcanic districts. Looking inland, the country appears to consist of irregular wooded ranges, with deep intervening glens, backed up by a line of mountains, averaging (I should think) from 4000 to 5000 feet, above which towers in solitary grandeur Fusi Yama, a mountain of the true volcanic shape, now (December) almost entirely covered with snow. Generally, even throughout the summer, the snow does not entirely disappear, though sometimes it remains visible only in crevices and sun-sheltered spots. Fusi Yama, or Fuji San, as the Japanese generally call it, is said to have a height of 12,000 feet.*

Of the foreign quarter, or Honmoora, nearly all, if not quite all, is taken up, and the greater portion already built upon. The Japanese quarter, which is more extensive, occupies the north. As to the population, I have no data; but I should estimate the foreigners (exclusive of officials and soldiers or sailors) at 200 or 300, two-thirds of whom, at least, are English. The Japanese may number, taking in the suburbs, 8000 or 10,000, or even more; but this is a mere guess.

In the foreign quarter, as in the Japanese, the streets are neither paved nor lighted, and in wet weather are almost impassable. The foreign streets are wide, and have most of them open drains, constructed by the Japanese government. The houses are detached, built with verandahs, and roofed in the Japanese fashion, the "arêtes" being formed of white or chequered tiles. Some are built of stone, or at least faced with it; but many are entirely of wood, lath, and mud. The wooden houses are exceedingly strong, and resist earthquake shocks much better than those of stone; but have the disadvantage of being very liable to conflagration. They are distinguished by numbers, according to nationality—thus, "Oran no in Ban", or "Holland No. 2"; "Ingirisy H'yak' Ban", or "English No. 100".

On the south side, Honmoora is bounded by the canal, which is crossed by several wooden bridges, giving access to a straggling village on the opposite side, behind which is the cemetery. At the remote end of each bridge, Japanese guard-houses are placed, and indeed at every entrance into the town. The guards are supposed to prevent Ronin and other bad characters from entering the settlement. From the Japanese quarter, Honmoora is separated, at sunset or at dusk, by closed gates; only a small wicket, guarded by Yakunins, being left open for necessary passage. After dark, foreigners are not allowed to enter native dwellings, places of amusement of course excepted, as this is against Japanese "custom".

In the native quarter, the streets are dirty and narrow, with one or two exceptions. In the lower portions, next the swamp, they are especially so, and are infested by a thousand unpleasant smells. Here, too, small-pox, fevers, and cholera, sometimes commit fearful ravages. The sewerage, or refuse, is got rid of after the Chinese method, and is distributed on the lands around the town, the sudden perception of which fact often diminishes considerably one's rapture at the natural beauties of the neighbourhood.

The houses are nearly all of them of wood blackened on the exterior, and generally of one story only, except in the case of well-to-do merchants or the higher officials. The back and front are generally quite open, or closed by wooden screens, or by wooden frames with panes of paper in lieu of glass. In the front room the inhabitants live, eat, and sleep, while a small chamber behind serves as scullery, etc. The floor is raised a foot or two above the ground, and is always covered with a thick, very evenly plaited or woven straw-matting, laid down in strips of about a yard wide, and often having the edges bound with black cotton cloth, so as to give a very pretty relief to the somewhat bare apartment.

A kind of wooden trough, or metal vessel, half filled with gravel and a peculiar grey sand, contains a small charcoal burner, round which the family may be generally seen, working, eating, drinking little cups of tea, or smoking a very finely cut and fragrant tobacco, in small-bowled, long-stemmed pipes. Smoking is commonly practised by all, even by young girls, and all appear to take great pleasure in it, puffing it slowly through the nostrils with evident satisfaction. The introduction of opium is forbidden; and one meets none of the lamentable victims of over-indulgence in that drug so commonly seen in China.

There is but little furniture; nothing but a few cupboards or shelves, and perhaps a few mats, on which they sit, or rather squat, the calf being bent up against the back of the thigh, a most uncomfortable position for those who are not accustomed to it.

* Fuji San means "unequalled" or "peerless" mountain. Yama and San both mean mountain; the former being the indigenous Japanese word; while the other, the more commonly used in this instance, is a Chinese importation.

n every house, too, there is sure to be fixed up in ome corner a kind of cage- or box-like structure ontaining an image or picture of some god, with a umber of small joss-sticks burning slowly away in ront of it, and a number of little cups and trays ontaining sweetmeats, bits of fish, or little heaps of ice, all of which is supposed to propitiate the deity. Generally, too, a number of strips of paper, with noral sentences extracted from the sacred books ritten on them, are to be seen hanging in front of he miniature temple. The image is generally a fat ooking man, with his face distended by a broad grin, eavily gilt and rudely ornamented. When they ray to these, their Lares and Penates, they com- nence by several low reverences, and then, earnestly ubbing their hands together, rapidly mutter a short nvocation or prayer. Sometimes, on certain festival lays, the little temple is ornamented with flowers, eal or artificial, and has an extra allowance of joss- ticks. Altogether, it much resembles what one sees n China; but there is an absence of the tawdriness, insel, and dirt, so essentially Chinese.

The principal streets are the Honchyo and the Benten Dosi. In the latter, reside most of the silk merchants; in the former, are the lacquer, porcelain, and *curio* shops. There are many temptations to spend money; the articles exposed for sale being novel in form and design, and withal elegant and tasteful—beautifully lacquered cabinets, glove-boxes, *et hoc genus omne*, with corner clamps and lock-plates of silver or bronze, more or less elaborately carved. Instead of metal, porcelain plates, embellished with various designs, groups of flowers, natural objects, etc., are often used; and sometimes, again, the whole surface of the cabinet is covered with these. I need not here describe the exquisite ornamentation of these objects; but I must give a passing word of praise to the fidelity with which natural objects are pourtrayed.

The antique lacquer is of high value, and much more rare than the modern. I have seen specimens for which 1200 dollars were asked. The price of a good cabinet of the ordinary kind varies from 30 to 300 ichibos*; but the shopkeepers invariably ask you nearly double the price which, if you exercise a little patience, they will eventually take.

The articles of bronze are of graceful form, and are very elaborately ornamented. Here, again, antiquity greatly enhances the value. Vases, of all kinds and sizes, variously embellished with designs of animals, flowers, gods, etc., curiously shaped monsters, trays of all sorts, charcoal-holders, candlesticks, are the objects generally met with. A curious kind of cylindrical vase, of tolerable thickness, is used as a gong, giving, when struck, a loud, prolonged, and very harmonious tone. Some bronzes are curiously inlaid with gold or silver, chiefly in very thin meandering lines.

Tortoise-shell is worked into a variety of forms; small vases, cups, boxes, and trays. Some of these latter are from ten to twenty-six inches in diameter, and all are more or less decorated with gold lacquer in relief.

Ivory is used also, and images, carvings, small cabinets, etc., are made of it. The cabinets are very pretty; and generally have represented on them some popular tale in a series of relief carving. The very delicate carving of the Chinese is not, however, to be found in Japan.

Their porcelain is, also, of excellent quality; but, I think, inferior in design to the Chinese. A peculiar variety, called egg-shell porcelain, is, however, superior to anything I have seen in China, and the best examples of this are to be procured at Nagasaki.

In buying articles of lacquer, porcelain, or ivory, one has to be very careful in examining the designs; or purchases are made, embellished in so objectionable a manner—to English eyes, at least—that they can never be exhibited at home.

I do not intend to give any account of the silk stuffs, as they are inferior to Shanghai silks, and are, moreover, fully described in most works on Japan. There are innumerable other *curios*, which I have only space to enumerate: prettily worked chains and cigar-cases of strips of bamboo or silken cord; hair ornaments of tortoise-shell or metal; crystal balls, sometimes of very large size, and much prized by the Japanese, who consider them safeguards against evil or bad luck; cigar-cases or tobacco-pouches, of strong paper, beautifully ornamented; Japanese pipes of bronze or silver, and ornamented by animals, flowers, etc., in high relief; inimitable tops that spin for forty minutes, and are very much superior to anything I have ever seen of the sort in Europe; various musical instruments, the most common resembling a banjo; charms of all kinds, in silver or bronze, often minutely inlaid and engraved, and many other *curios*, some of a very obscene nature.

I will now ask the reader to accompany me in a walk through the best part of the Japanese town. Landing at a solidly constructed "hatoba", or pier, passing by the place where boats are hired at the rate of four tempos each boat, passing by the "Unjyoshyo", or Custom House, a large square of buildings of blackened wood, let us get at once into the Benten Dosi, the principal business street. And, first, we must pass through a kind of market, through a crowd of vendors and buyers of fruit, fish, etc., and of keepers of small booths, where native stomachs are supplied with bits of fried eel, of boiled "tako", or cuttle-fish (esteemed a great delicacy), with indescribable cakes of half-baked dough filled with some nameless compound, with small bowls of "meshi", or boiled rice, and tiny cups of "ochya", or tea. The people turn for an instant to look at the "too jin san", or "far away people"; some grinning pleasantly enough, some inviting you to inspect their wares, some saluting you courteously with their usual morning salutation, "O hayōo" (meaning, "You are early, sir"), which sounds marvellously like "How are you?"; perhaps, a few boys, or an idle coolie running after you with his bamboo and net, hoping to gain a few tempos by carrying home your purchases. Entering the Benten Dosi through the Yakunin guarded gate, we mingle with the busy crowd of people in this the Fleet Street of Yokohama. We may be lucky enough to see the O Bungioo Sama,* or Governor, pass by; and we shall be warned of his approach by the cries of his forerunners, "Sh'ta ni iro; sh'ta ni iro"—"Down with you; down with you". At which, the people bow themselves to the earth while the great Kami goes by in his chair, preceded, surrounded, and followed by an irregular array of two-sworded men, bearers of halberts, and long poles armed at the extremity with re-curved hooks, and probably one or two standard- or device-bearers. The great man himself will be dressed much as a common Yakunin, unless he be on some state service or visit.

The two-sworded men are very numerous, some making purchases, some sauntering lazily along, many of them Custom House clerks going to or returning from their duties. Those in green capes are,

* The ichibo has a fluctuating value of 238–250 for 100 dollars; and dollars again vary in value from 4*s.* 9¾*d.* to 5*s.* 1*d.*

* Sama, sometimes contracted into San, is a title of honour. It is placed after the name which is often preceded by O: thus, "O Hana San", or Miss Hana; "O Jones San", or Mr. Jones.

I believe, retainers of the Taikun. All seem to carry a "mon", or device, worked upon their outermost robe, on the back and on each sleeve. As a rule, they are very civil and readily make way for you.

If two acquaintances meet, their politeness is overpowering—an endless series of profound bows, accompanied with courteous expressions in a curiously modulated tone of voice, and ushered in generally by a peculiar, long, noisy indrawing of the breath, which appears to be indispensable. Even the commonest coolies are exceedingly courteous; and it is often amusing to watch the profound reverences exchanged between a couple of fellows, either next door to naked, or having a scanty clothing reduced to such an extremity of rags and patches that to make out the original fabric would be an impossibility.

Many of the lower orders are dressed in firemen's costume, having on their backs and sleeves a curious rectangular pattern.

The "akindo", or merchants, are quiet, shrewd-looking men, plainly dressed, and carrying no sword. Their business is not carried on altogether without risk, as the news just received from Yedo, that some dozen of the silk merchants there have been murdered by Ronins, will teach us.

Business appears brisk. Bales of cotton and silk, chests of tea, etc., are being conveyed in carts drawn by two men in front, aided by two men or more behind, all of them encouraging each other by a kind of vociferous song. Coolies are trotting about with heavy loads slung on bamboos. Itinerant pedlars are exhibiting their wares. Conjurors are endeavouring to gather an audience by a semblance of performing wonderful tricks which they are always on the point of doing and never do. Of course, there is the usual beggar, generally a woman, with a small diseased child, the blind man with stick and dog, with the addition here of a shrill whistle, and the never failing musician executing dolorous airs on a melancholy "samushen", from which all harmony has long since departed. The clerical profession is represented by the various grades of Bōōz San, or priests of Buddha or Sintoo. The lower orders of priests dress much like the laity; but their heads are always completely shaven. Those of higher rank, who are not often seen in Yokohama, wear a costume not very unlike the vestments of a Roman Catholic priest. They are, I believe, very much respected by the people; though the inferior ones would not seem to be so, as it is an usual thing that Yakunin or other persons who have in any way offended the laws of Japan are permitted to escape punishment by becoming priests—so, at least, many Japanese have informed me. I should imagine it to be a leap from the frying-pan into the fire; for the clergy are very poor, are vowed to celibacy, and are strict vegetarians, not even eggs or fish being allowed them, and their life must be one of very few pleasures indeed.

Further down the street is a bath-house; and it is to be noticed that there are two entrances, with inscriptions over them denoting that one is for women and one for men. On entering, however, it is seen that there is only one room divided by a low partition. Both parts are attended by male servants, who bring hot water and towels, and even assist in the washing process itself. Though the whole is open to the street, the interior is so dark that nothing can be perceived scarcely, unless one approaches for the purpose. I never saw a Japanese take any such notice. Europeans only are seen sometimes lounging at the entrance. I never saw the men bathers at all mingle with the women, though, undoubtedly, they might do so; and, in answer to many inquiries of mine, the natives have said that scarcely any one would think of doing so.

And, in Yokohama at least, all the baths appear to be conducted on the same plan. I am here merely stating what I have seen; and do not at all mean to deny the oft-asserted fact of the very immoral tendency of Japanese civilisation. For evidence of this is abundant in the loose conversation of both men and women, in the articles and books exposed publicly for sale, and in their ornamental designs even on such high-priced articles as to be only within the reach of the well-to-do.

Yokohama is at present very lively. The harbour is full of ships, English, French, American, Prussian, and Dutch; and the streets ashore are crowded by blue jackets and naval and military officers of all nationalities. Nor is there a deficiency of amusements. The fleet gives, from time to time, theatrical entertainments, of more than commonly high amateur excellence, both aboard and ashore; we have had instrumentals, singers, and conjurors, from Shanghae; there is a capital United Service Club; and there are frequent military displays, marches on the Takaido, etc., with bands playing—a healthful exercise for the men, and a pleasant sense-of-security-giving sight for the residents.

During the present cold weather, there is football every afternoon on the bluff, well attended by residents and officers; and for those who are not active enough for such rough sport, there are beautiful walks and rides in nearly every direction, pleasures which may now safely be indulged in, as an European patrol visits all the principal roads within a circuit of four miles of Yokohama. A great deprivation, however, is the not being permitted to shoot, a restriction very bitterly felt, and the more so because game of all kinds—pheasants, wood-pigeons, teal, snipe, wild ducks, etc.—is exceedingly abundant. The native population appears to be very well affected towards us. Capital domestics are obtained at from ten to fifteen thyibos a month; and are always very glad to come and very sorry to be sent away. If you take a walk into the country, the "hyaksho", or farmers, are always very civil and good-natured, and like nothing better than to be allowed to inspect your clothes, watch, buttons, etc.; a process which they accompany by an animated dialogue, always asking the price, and signifying their admiration by exclamations of "Naru hodo", an untranslateable expression, answering perhaps to our "Is it possible?"—a much more harmonious word than the Chinaman's "Hai yah".

The Yakunins,* too, are invariably polite; though sometimes at night they may become abusive when inflamed with "sake".† Probably, they are all picked men with strong reasons for behaving themselves. Around Yokohama, and at all the entrances, are guard-houses, where all comers have to produce admission-papers. These guards, however, do as much harm as good, because they act as restrictions upon commerce. In the vicinity of Yokohama, however, and especially in the direction of Yedo, there is always a chance of meeting some drunken Yakunin or some wandering Ronin,‡ as unhappily exemplified in the recent murders of Major Baldwin and Lieutenant

* Yakunin (literally office people) government *employés*, whether in a military or civil capacity, or whether in the service of the Taikun, or of any local Daimio. They have the privilege of wearing two swords, but are not by any means of noble birth. Any of Choo-nin (literally street people), or common people, may enter government service, and so become a Yakunin.

† Sake, a species of spirit made from rice, not very strong, and always taken warm.

‡ Ronin. According to Japanese accounts, these are men who have been outlawed; or, from reason, have been obliged to quit the service of their Daimios. The meaning of the word appears to be "worn out" or "useless".

Bird. Such accidents, however, might be always averted, or nearly always, if people would but have the caution of not walking or riding out far (and especially towards Yedo), excepting in parties of at least three, all armed with revolvers. Attacks of this kind have, in nearly every case, been made upon defenceless persons.

EDINBURGH UNIVERSITY CLUB.

The success of this union of the graduates and members of the University of Edinburgh is very remarkable. Already the Club, not yet one year old, numbers two hundred; and, before the year is out, we may be sure it will reach to at least three hundred. On Saturday last, the Club had a most successful reunion at Willis's Rooms. Between sixty and seventy members of the University sat down to a dinner, where haggis and whisky were not forgotten. Dr. Christison presided, and was flanked and supported by Dr. Roget, Dr. Copland, Mr. Syme, Dr. Andrew Wood, and numerous eminent representatives of the army and navy medical services, as well as of civil practice. Dr. Christison and Mr. Syme received from their former pupils an ovation which could not fail to have been deeply gratifying to them. As was remarked by one of those present on the occasion, nothing is more characteristic of the teaching of the professors of the Edinburgh University than this, that the students leave the University not only imbued with respect and admiration for their teachers, but also with feelings of deep and lasting friendship towards them.

Chemists and Druggists Bills. The select committee on the Chemists and Druggists Bills is composed of the following members:—Sir Fitzroy Kelly, Sir J. Shelley, Lord Elcho, Mr. Baring, Dr. Brady, Mr. H. Russell, Mr. C. Wynn, Mr. Ayrton, Mr. Sclater-Booth, Mr. Cox, Mr. Schneider, Sir J. Fergusson, Mr. C. Forster, Mr. Roebuck, and Mr. Black.

A Country Hospital and Sisterhood Nurses. The committee of the General Hospital in Bristol have almost surpassed their neighbours in Gloucester in prejudice and intolerance. As the nursing of that hospital was acknowledged to be defective, and as an amendment ought always to follow upon admission of evil, an effort was made to introduce the system of nursing which has for several years been carried on successfully in University and King's College Hospitals, and recently in that at Charing Cross. It was proposed that a sisterhood should undertake the nursing of the Bristol General Hospital upon a system similar to that which was found to succeed so admirably, and although the highest and most reliable testimony was given to the practical advantages which had followed the adoption of this system in those hospitals, while the obvious and serious disadvantages perpetually arising from the deficiencies of their own, were avowedly experienced and openly regretted, the people of Bristol, or at any rate their representatives on the Hospital Committee, have set aside this proposition, and have declined to give it a trial, out of a servile deference to the clamour of senseless bigotry. In other words, they have sacrificed the true interests of a great public institution to prejudice. (*The Church Times.*)

Association Intelligence.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at Dartford, on Friday, April 28th, at 3.50 P.M.

Dinner at 5.

Flaxman Spurrell, Esq., will preside.

Further particulars will be given next week.

Frederick J. Brown, M.D., *Hon. Sec.*

Rochester, April 12th, 1865.

Medical News.

Royal College of Physicians of London. At a general meeting of the Fellows, held on Monday, April 10th, 1865,

Watson, Thomas, M.D.Cantab., D.C.L.Oxon.,

was unanimously re-elected President of the College for the ensuing year.

At the same meeting, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Brodie, George Bernard, M.D.St. Andrews, 10, Bolton Row
Gee, Samuel Jones, M.B Lond., 46, Queen Anne Street
Shore, Offley Bohun, M.D.Edin., Stamford
Thurgar, Benjamin Bingay, M.D.Edin., 35, York Street, Portman Square
Warter, John Southey, M.D.Edin., 23, Frederick Street, Gray's Inn Road

At the same meeting, the following gentlemen were reported by the examiners to have passed the *first part* of the Professional Examination for the Licence of the College:—

Davies, Nathaniel E., St. Bartholomew's Hospital
Harwood, Alfred, Guy's Hospital
Hallett, Lyttelton, St. Bartholomew's Hospital
Jackson, Mowbray, St. Bartholomew's Hospital
King, Osmer, Guy's Hospital
Leverton, Edward James, St. Bartholomew's Hospital
Mules, Philip Henry, St. George's Hospital
Nettleship, Edward, King's College
Orme, Campbell, St. Bartholomew's Hospital
Reid, Lestock Holland, St. Bartholomew's Hospital
Richards, William Alsept, King's College
Tattersall, William James, St. Bartholomew's Hospital
Tibbits, Herbert, St. Bartholomew's Hospital
Tindale, Wentworth Raynes, St. George's Hospital
Truman, Samuel John, Guy's Hospital
Upton, Herbert Chrippes, St. Bartholomew's Hospital
Wright, Matthew Hall, Birmingham

Royal College of Surgeons of England. At the meeting of the Council, on April 5th, the following were admitted Fellows of the College.

Griffith, William, Oswestry
Snape, Richard Forth, Bolton-le-Moors

Apothecaries' Hall. On March 30th, 1865, the following Licentiates were admitted:—

Brewer, Charles Claridge, City Road
Burrell, Edwin, Westley, Bury St. Edmunds
Sturton, Hubert Wilson South, Trafalgar Road, Greenwich
Williams, John, University College

As an Assistant:—

Lloyd, John, George Street, Cardiff

Admitted on April 6th—

Busby, Ralph Alexander, Royal Free Hospital
Douglas, George Cox, Grantham, Lincolnshire
Evans, Edward Charles, Cardiff, South Wales
Harris, Charles James, King William Street, Charing Cross
Herbert, Henry Edward, Charing Cross Hospital
Morgan, Lewis Wayne, The Hafod, Pontypridd, Glamorganshire
Ruffe, Frederick, Tamworth
Stuckey, John, Langport, Somersetshire
Wright, Charles James, East Parade, Leeds

At the same Court, the following passed the first examination :—

Coalbank, Isaac, St. Bartholomew's Hospital
Cuddeford, Thomas, St. Bartholomew's Hospital
Finch, John E. M., St. Bartholomew's Hospital
Fisher, Frederic Richard, St. George's Hospital
Hay, Thomas Bell, University College Hospital
Sherwin, John, King's College Hospital
Tattersall, William James, St. Bartholomew's Hospital
Upton, Herbert Chrippes, St. Bartholomew's Hospital
Wright, Matthew Hall, Sydenham College, Birmingham

APPOINTMENTS.

ARMY.

BOURKE, Assistant-Surgeon G. T., 51st Foot, to be Staff-Assistant-Surgeon, *vice* R. W. Lawless.
BURNSIDE, Staff-Assistant-Surgeon G. S., to be Assistant-Surgeon 51st Foot, *vice* G. S. Bourke.
KERANS, Assistant-Surgeon W. R., Supernumerary in 19th Foot, to be Assistant-Surgeon 11th Foot.
LAWLESS, Staff-Assistant-Surgeon R. W., to be Assistant-Surgeon 23rd Foot, *vice* F. A. Turton.
MULLINS, Staff-Surgeon-Major J., to be Surgeon 2nd Dragoons, *vice* Surgeon-Major A. P. Lockwood.
SWAN, Surgeon W. G., M.D., 16th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.
TURTON, Assistant-Surgeon F. A., 23rd Foot, to be Assistant-Surgeon Royal Artillery, *vice* R. White.

ROYAL NAVY.

BERNARD, Robert, Esq., Staff-Surgeon, to the *President*.
BLAKE, Frederick W., M.D., Surgeon, to the *Narcissus*.
BOLTON, Abraham J., Esq., Assistant-Surgeon, to the *Frederick William*.
DOBYN, John S., Esq., Assistant-Surgeon, to the *Narcissus*.
GRANT, William, M.D., Acting Assistant-Surgeon, to the *Mutine*.
HANBURY, Ingham, Esq., Assistant-Surgeon (addit.), to the *Sutlej*.
HILSTON, Duncan, M.D., Assistant-Surgeon, to the *Victory*.
MARTIN, James, M.D., Surgeon, to the *Mutine*.
MARTIN, J. H., Esq., Acting Assistant-Surgeon, to the *Narcissus*.
WATSON, Alexander, M.D., to be Surgeon-Superintendent of the *Racehorse* convict-ship.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers) :—

BENNETT, G. H., Esq., to be Surgeon 1st Northumberland A.V.
DAVIS, A. A., Esq., to be Surgeon 1st Administrative Brigade Cornwall A.V.
LITTLETON, W., Esq., to be Honorary Assistant-Surgeon 22nd Cornwall R.V.
SHIPMAN, R., Esq., to be Assistant-Surgeon 3rd Lincolnshire R.V.

DEATH.

MACKENZIE, Frederick W., M.D., at 11, Chester Place, Hyde Park Square, aged 48, on April 3.

A NEW HOSPITAL. The erection of a small hospital at Petworth is in contemplation.

MR. HESTER has resigned the surgeoncy of the Oxford Infirmary.

Dr. COBBOLD has been engaged by the College of Surgeons to remodel the collection of entozoa in the museum.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. The seventy-seventh anniversary dinner of this Society will be held at the Albion Tavern, in Aldersgate Street, E.C., on Wednesday, the 26th inst., at half-past six o'clock; Martin Ware, Esq., President, in the Chair.

THE RUSSIAN EPIDEMIC. The Medical Department of the Council have already despatched Dr. Whitley to St. Petersburg, and Dr. Sanderson to Dantsic and Elbing, to report upon the alarming epidemic. Dr. Thudichum will proceed to another chief seat of the disease. (*Observer.*)

CONSANGUINEOUS MARRIAGES. The general feeling of the people, as communicated to me, is distinctly against consanguineous marriages, which they regard as "bad for the offspring." One shrewd old woman, however, added this important remark,—"But I'll tell ye what, Doctor, bairns that's hungert i' their youth aye gang wrang. That's faur waur nor sib marriages." (*Dr. Mitchell.*)

ROYAL NAVY. The sum of £64,800 has been voted for medical stores.

A VILLAGE HOSPITAL is being built at Capel, Surrey, at the expense of a benevolent lady.

PRIZES OF THE ROYAL COLLEGE OF SURGEONS. At a meeting of the Council on the 6th inst., a Jacksonian Prize was awarded to Mr. William Adams, F.R.C.S., of Henrietta Street, Cavendish Square, Surgeon to the Royal Orthopædic Hospital, for the best essay on Club-Foot, its Causes, Pathology, and Treatment; and a special *honorarium* was also awarded to Mr. John Crown Agnis, F.R.C.S., Surgeon to the Royal Horse Guards, as the author of the next best essay on the same subject. The other Jacksonian Prize was awarded to Mr. Thomas Annandale, formerly of Newcastle-on-Tyne, but now of Edinburgh, for his essay on the Malformations, Diseases, and Injuries of the Fingers and Toes, with their Surgical Treatment. There were no competitors for the Collegial Triennial Prize on the Structural Anatomy and Physiology of the Lymphatic Glands and Vessels; nor for the other Jacksonian Prize, on the Diseases of the Ankle-joint, and of the Joints and Bones of the Tarsus, requiring Surgical Treatment.

TESTIMONIAL TO DR. COOKWORTHY. A very handsome library chair has been presented to Dr. Cookworthy by some of the patients of the Plymouth Public Dispensary, as a mark of their estimate of his kind attention, during more than half a century, to the afflicted poor of that town. At the head of the chair, amid carved oak-leaves, is placed a silver-gilt shield bearing the following inscription :—"Presented to Dr. Cookworthy by the patients of the Plymouth Public Dispensary, as a token of gratitude for the valuable services rendered for a period of fifty years. February 7th, 1865." In the year 1848, the governors of the dispensary commemorated the fiftieth anniversary of the institution, by placing Dr. Cookworthy's portrait in the physician's room, and by giving him a valuable tea service; and again on his retirement, after fifty years' tenure of office, presented him with an elegant and costly table centre-piece.

THE PRITCHARD CASE. From all we can learn amid the close secrecy preserved it would appear that the quantitative analysis in the case of Mrs. Pritchard is nearly, if not quite, completed, with the result, we hear, of showing that exceptionally large quantities of tartar emetic or tartarised antimony were lodged in the tissues, especially of the stomach. The extent to which the body appears saturated with the drug would seem to indicate that its administration had extended over a long period. In explanation of the erroneous rumour regarding the deceased lady, to the effect that she was in the habit of using wine, we may mention that it may not impossibly be shown that during her fatal illness, the delirium of an apparent fever was induced by the administration of sparkling wines and anæsthetics. At the first there would appear to have been, among scientific men, a suspicion that monkshood had been an agent in the death of Mrs. Pritchard; but it is understood that this suspicion has not been supported by the analysis. On Friday Professor Penny of the Andersonian University, Glasgow, visited Edinburgh, having been called in by the authorities to aid in the investigation, with the view, if required, to corroborate evidence. With regard to the inquiry into the causes of the death of Mrs. Taylor, the authorities in Glasgow have received a communication from Edinburgh, to the effect, we believe, that the appearances presented in the body of the deceased lady were not of the nature that might have been expected had

death resulted from paralysis or apoplexy, as certified by Dr. Pritchard when he registered death. This report, however, of course, has no application to the chemical analysis of the organs of the late Mrs. Taylor, which is now only in process. (*Scotsman.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Pathological Society of London, 8 P.M.—Statistical.—Anthropological, 8 P.M.

WEDNESDAY. Meteorological.

THURSDAY. Harveian Society of London, 8 P.M.—Royal.—Zoological.—Linnæan.—Chemical.

FRIDAY. Royal Institute.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ERRATUM.—In Dr. Noble's letter on Medical Evidence, at p. 361, it is printed: "No assumption either of 'undoubted importance' on the one side, or of 'disastrous mischief' on the other." For *importance* read *imposture.*

MEDICAL SOCIETY OF LONDON.—The meeting of this Society, which was fixed for Monday, April 17th, is postponed until Monday, April 24th.

MR. JAMES DOWIE, whose name is doubtless known to some of our readers as one who has long earnestly attempted to get mankind to wear rational shoes, has just published a little pamphlet to enforce his views. It is called "On the Motions of the Human Feet, and the Means of Preserving them Unimpaired, being the Philosophy of Shoemaking."

MEDICAL LATINITY.—At a late examination at a College of Physicians, one of the candidates, who had to translate a passage from Celsus, in which were the words *cubare molliter*, wrote them down as "smoke slightly". No doubt, the gentleman must have been under the influence of a Cuba at the time. We are surprised that he did not render the preceding words in a like fashion. *Oportet conquiescere* might just as fairly have been turned into "go to bed on a bottle of port". If our readers will turn to the Reports of Examinations by Army and Navy Directors, in to-day's JOURNAL, they will probably come to the conclusion, that *primary* education amongst medical students is in a *retrograde* state of development. Does the fact of the College of Physicians giving up its Latin oration, illustrate this condition of the modern medical mind?

THE ENDOSCOPE.—Dr. Dick has referred to the Endoscope of M. Desormeaux, in his Monograph on Gleet; and also in the *Transactions of the Pathological Society* for 1863, p. 196.

TYPHUS OR PLAGUE.—T. W. writes: "Our best pathologists regard typhus fever and plague as similar diseases—the latter being only an intensified form of typhus. Your correspondent Dr. Barclay seems to have overlooked this in his argument, that the disappearance of plague from this country is a proof of change of type in diseases. Dr. Murchison, in his work on Fevers, points out the similarity between the two diseases, and expresses his opinion that 'plague is probably the typhus of warm climates'. At the present moment, when the public mind is excited by plaguey telegrams, it may be well to notice this fact. I have heard also, that Clot Bey (the French doctor naturalised in Egypt), when he once visited the Fever Hospital of London, remarked upon a case of typhus which he saw there: That if it had occurred in Egypt, he should have called it a case of plague."

GOVERNMENT INSURANCE FEES.—SIR: Could not the example of the Metropolitan Counties Branch be followed up by a memorial, signed by our President and by Sir Charles Hastings, on behalf of the Association? Is it not also a question for the Colleges? The money loss to the profession is a small part of the business. By quietly submitting to this proposal, we confess that a detailed medical report (involving sometimes an hour's labour, sometimes more) is worth from 2s. 6d. to 5s. If this be so, how can I consistently decline "taking less than a guinea". I have done this hitherto, and done it effectually, feeling that if my report was not worth a guinea, it ought to be; but there must be some mistake, if the seven hundred and the *Lancet* are right. Who am I, that I should say my opinion is eight, or even four times as good, as that of my neighbour, Dr. Smith? But, whatever is done, let us avoid the mistake of making it a doctor's grievance: it is a public question. Let it be plainly seen that we wish to help the Government; that we admit the difficulty; but, at the same time, we feel it due to our profession to protest against a tariff which will infallibly issue in obtaining and encouraging inferior service. We wish the work to be well done, that is all.

I am sorry to see the *Medical Times and Gazette* countenancing the indignity.

I am, etc.,

Derby, April 3rd, 1865. WILLIAM OGLE, M.D.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Richard Grimbly, Esq. (Banbury), £1; Richard Mallam, Esq. (Banbury), per Mr. Grimbly, 5s.; Jeremiah McGreal, Esq. (Banbury), per Mr. Grimbly, 5s.; Thomas Elkington, Esq. (Southam), per Mr. Grimbly, 10s.

Amount previously announced, £129 : 3 : 6.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, April 12th, 1865.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Dr. DURRANT; THE HONORARY SECRETARIES OF THE BATH AND BRISTOL BRANCH; Dr. F. J. BROWN; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. B. W. RICHARDSON; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Dr. RADFORD; Mr. GAMGEE; Dr. NOBLE; Mr. JOHN CLAY; Dr. T. J. WALKER; Mr. STEELE; Rev. J. INGLE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. BEREND; Dr. R. FOWLER; and Mr. T. M. STONE.

BOOKS RECEIVED.

1. Report of the Northampton Lunatic Asylum for 1864.
2. Workhouse Hospitals. By J. H. Stallard, M.D.Lond. London: 1865.
3. A Dictionary of Science, Literature, and Art. Edited by W. T. Brande, D.C.L., and the Rev. G. W. Cox, M.A. Part I. London: 1865.
4. Report of the Northampton General Lunatic Asylum for 1864. Northampton: 1865.
5. Statistical Tables of St. Bartholomew's Hospital during 1864. By G. N. Edwards, M.D., and A. Willett, F.R.C.S. London: 1865.
6. Hospital Nursing. A Crusade for Sisterhoods in Hospitals. By A Knight Templar.
7. The Ward Manual. By T. W. Nunn. London: 1865.
8. Richmond District Lunatic Asylum, Dublin. Report for 1864. Dublin: 1865.
9. On the Method of the Study of the Mind. By H. Maudsley, M.D. London: 1865.
10. Observations on Medical Education. By Richard Quain, F.R.S. London: 1865.
11. Recherches sur la Syphilis, appuyées de Tableaux de Statistique tirés des Archives des Hôpitaux de Christiania. Par W. Boeck. Christiania: 1862.
12. The Surgeon's Vade Mecum. By Robert Druitt. Ninth edition. London: 1865.
13. Report of the Visitors and Medical Superintendent of the Devon County Lunatic Asylum. Exeter: 1865.

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St. George's Hospital Medical

SCHOOL.—The SUMMER SESSION commences on MONDAY, MAY 1.

LECTURES.

Midwifery—Dr. Robert Lee, F.R.S.
Materia Medica—Dr. Barclay.
Practical Chemistry—Dr. Noad, F.R.S.
Botany—Dr. Maxwell Masters.
Medical Jurisprudence—Dr. Fuller.
Pathology—Mr. Henry Lee.
Dental Surgery—Mr. Vasey.

On the payment of a compounding fee of £100, a pupil becomes perpetual to the Practice of the Physicians and Surgeons and to all Lectures, may compete for all Prizes, Exhibitions, and for the Office of House-Surgeon, Medical and Surgical Registrar, and may become Clinical Clerk and Dresser for two periods of three months each.

On the payment of £80—one half, £45, to be paid at the commencement of the First Summer Session, and the other half, £45, at the commencement of the Second Summer Session—a pupil will be admitted to the Hospital Practice and Lectures required for Examination by the various Examining Bodies.

Gentlemen can enter to the Hospital Practice and Lectures separately, or to any one Course of Lectures.

The Hospital contains 350 beds, Clinical Lectures are delivered by the Physicians and Surgeons every week.

A MATERNITY DEPARTMENT, for the delivery of married lying-in women at their own homes, is established at the Hospital; and a Ward is devoted to the reception of women suffering under diseases peculiar to the sex.

The following Prizes will be awarded at the termination of the Session:—

Sir Charles Clarke's Prize for Good Conduct.
The Thompson Medal.
Sir Benjamin Brodie's Clinical Prize in Surgery.
The Lewis Powell Clinical Prize in Medicine.
The Henry Charles Johnson Memorial Prize in Anatomy.

A General Examination will be held at the end of the Session, and a Certificate of Proficiency given to each Pupil who passes to the satisfaction of the Examiners, and the following Prizes to the most distinguished, viz.:—

A Prize of Ten Guineas to Pupils in their First Year.
A Prize of Ten Guineas to Pupils in their Second Year.
A Prize of Ten Guineas to Pupils in their Third Year.

Further information may be obtained from Dr. Barclay, the Treasurer of the School, from any of the Lecturers, or from Mr. Hammerton, at the Hospital.

St. Bartholomew's Hospital and

MEDICAL COLLEGE. — LECTURES.
SUMMER SESSION, commencing MAY 1, 1865.

Materia Medica—Dr. Farre.	Botany—Dr. Harris.
Forensic Medicine—Dr. Martin.	Midwifery—Dr. Greenhalgh.
Compar. Anatomy—Mr. Callender.	Practical Chemistry—Dr. Odling.

The Hospital contains 650 Beds, and Clinical Lectures are delivered—on the Medical Cases by Dr. FARRE, Dr. BLACK, and Dr. MARTIN; on the Surgical Cases by Mr. LAWRENCE, Mr. PAGET, and Mr. COOTE; and on Diseases of Women by Dr. GREENHALGH.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls subject to the Collegiate regulations. Some of the teachers connected with the Hospital also receive Students to reside with them.

Seven Scholarships, varying in value from £20 to £50, are awarded annually. Further information respecting these and other details may be obtained from Dr. Edwards, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers: or at the Anatomical Museum or Library.

St. Mary's Hospital Medical

SCHOOL.—The SUMMER SESSION will commence on MONDAY, MAY 1.

LECTURES.

Clinical Medicine—Dr. Alderson, F.R.S., Dr. Sibson, F.R.S., and Dr. Handfield Jones, F.R.S.
Clinical Surgery—Mr. Lane, Mr. Ure, and Mr. Spencer Smith.
Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt.
Practical Chemistry—Dr. Matthiessen, F.R.S.
Botany—Dr. Christopher Dresser.
Materia Medica—Dr. Sieveking.
Medical Jurisprudence—Dr. Randall.
Ophthalmic Surgery—Mr. Ernest Hart.
Comparative Anatomy and Zoology—Mr. Mivart, F.L.S.
Natural Philosophy—Mr. Balmanno Squire, M.B., F.L.S.

A Maternity Department is attached to the Hospital, from which Pupils can attend cases; and Ophthalmic, Aural, and Dental Departments. Courses of Surgical Operations on the dead subject for Army, Navy, &c.

Students can receive Private Instruction in Practical Pharmacy in the Dispensary of the Hospital—Fee for Three Months, £3 3s.

Class Examinations are held during the Courses, and Prizes are awarded at the end of each Session.

Further information may be obtained on application to
ERNEST HART, Dean of the School.

St. Mary's Hospital, April, 1865.

Guy's Hospital — Medical and

SURGICAL SCHOOL.—The Summer Session will commence on Monday, May 1st. For prospectus apply to Mr. Stocker, Apothecary.—Guy's Hospital, April 6th, 1865.

Midwifery and Diseases of

WOMEN & CHILDREN.—Dr. MATTHEWS DUNCAN, F.R.C.P.E., will commence his Course of Lectures on the above Subjects, on the 3rd May, at 10 a.m., in the Medical School, No. 4, High School Yards. This Course qualifies for all the Academical, Collegiate, and other Boards.

Fee for First Course £3 5 0
Fee for Second Course..... 1 3 0

Dr. D. will also continue to give Instructions in Practical Midwifery, at the Royal Dispensary, on Tuesdays and Fridays, at 1 p.m.

A Class for Females will be commenced in November. Intending Pupils are requested to apply at 30, Charlotte Square, at Two p.m.

Hospital for Sick Children,

49, GREAT ORMOND STREET, W.C.

Notice is hereby given, that a vacancy has occurred for an ASSISTANT PHYSICIAN to this Hospital. Candidates, who must be Fellows or Members of the Royal College of Physicians of London, are invited to send in their applications and testimonials on or before Wednesday, April 19th.

By order of the Committee of Management.
SAMUEL WHITFORD, Secretary.

Pepsine and Pepsine Wine.—

M. BOUDAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford Street, London, to whom all applications respecting it must be addressed.

Third Edition of Boudault on "Pepsine", with further Remarks by Dr. Corvisart Physician in Ordinary to the Emperor of the French; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May also be had of the Author, 277, Oxford St. Price 6d.

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Illustrations
OF
OSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

ITHOTOMY FOR THE SECOND TIME: RECOVERY.

Under the care of W. J. LUNN, M.D.

[*Reported by* Mr. T. M. EVANS, *House-Surgeon.*]

. WINTER, aged 35, admitted on November 8th. health had been pretty good, but his urine con- ed a deposit of pus; and micturition was fre- at, and followed by much pain. A stone was ily detected with the sound, having a rough, but very irregular surface, and apparently not of e size. He had been lithotomised seven years re by Dr. Lunn, and made a good recovery; the e weighed an ounce and three-quarters, and was t remarkably nodulated and irregular—a fine imen of the mulberry calculus. Since that time, emained well till a year ago, when he first felt a rn of his former symptoms; but he continued at k till the last few days.

ov. 26th. Under chloroform, the lateral opera- was performed; the incision being made close to cicatrix. But there was some difficulty in re- ing the stone, which broke up into a great many ments; these were removed with forceps, and bladder then washed out till nothing further d be felt. The stone consisted of phosphates nated.

fter the operation, he did well for a time, except he had a rather sharp attack of bronchitis; but anuary 11th, as there was still pain in the blad- a purulent deposit in the urine, and the wound ealed, a sound was introduced, and a stone dis- tly felt. The next day, a lithotrite was passed, the stone partly broken, though there was much ble in seizing it, apparently from its being ad- nt or sacculated. Several small fragments ed with the urine during the following days, and operation was repeated twice with the same lt.

n February 27th, a small fragment became lodged he urethra, and was removed with urethral for- . This appeared to be the last of the stone, for e could afterwards be detected; and he was dis- ged on March 10th, quite well, except for an sional deposit of pus in the urine, to which he been subject ever since the first operation.

XCISION OF OS UTERI FOR CARCINOMA: DEATH FROM PERITONITIS.

Under the care of W. J. LUNN, M.D.

arriet Cook, aged 37, married, without any ily, regular in menstruation, but having suffered pain at the lower part of the body, and a constant sive discharge during the last twelve months, was itted on February 17th. On examination, the os felt low down, patulous, and hardened, slightly rated, and bleeding readily; the cervix elongated, freely moveable. Her sister died of cancer of tongue.

arch 10th. The patient having been put fully under chloroform, the os was well drawn down with hooked forceps, and then excised with scissors. There being free hæmorrhage, lint dipped in perchloride of iron and glycerine was applied, and the vagina then stuffed with dry lint. After recovering from the operation, she suffered much pain. She was ordered to take half a drachm of tincture of opium immediately.

8 P.M. There had been considerable further hæmorrhage. The lint was therefore removed, and the vagina replugged with the aid of a speculum; a catheter having been first passed. Twenty minims of tincture of opium were given.

March 11th. She had a pretty quiet night, but seemed very weak this morning. There was no further bleeding. Pulse 150, and feeble; tongue inclined to be dry. She had no vomiting, but great thirst. She was ordered to take twenty minims of laudanum immediately, and an effervescing draught every three hours; and to have four ounces of brandy.

March 12th. She was weaker to-day, and the pulse had risen to 160; but in other respects she was much the same.

March 13th. She had slept very little, and vomited frequently a green bilious fluid. The tongue was coated; there was no action of the bowels; pulse 160, and extremely feeble; abdomen tympanitic, with much pain and tenderness at the lower part. The mucous membrane of the vagina was sore, hard, and coated with coagulated blood. The vagina was thoroughly washed out with warm water, and an enema administered. She was ordered to take every three hours an effervescing draught, with five minims of laudanum and ten minims of chloric ether. The vomiting continuing unrelieved, she was ordered a grain of opium (in pill) every three hours, and a mustard poultice to the epigastrium; but she sank, and died after a few hours. No *post mortem* examination was allowed.

ABSCESS OF THE KIDNEY: DEATH FROM PERITONITIS.

Under the care of Sir HENRY COOPER, M.D.

Ben. Olssen, aged 24, a Norwegian sailor, was admitted December 6th, 1864. In the right hypochondriac region, low down, was a prominent swelling, of three or four inches diameter, rather firm, but distinctly elastic to the feel, though there was no sense of fluctuation, and apparently connected with the liver, which was to be felt reaching down to the lower border of the tumour. It was very painful, but not tender.

The patient was feverish and thirsty, with an exsanguine but not jaundiced complexion. He had been ill only twelve days, the first appearance of the tumour dating from the same time. He had had neither rigors nor dysentery. He was ordered to have half an ounce of castor-oil, and milk diet.

Dec. 8th. The swelling had somewhat increased in size. The motions were rather pale. He was ordered ten grains of nitrate of potash three times a day, and ten grains of Dover's powder every night.

Dec. 10th. He was slightly jaundiced, and the urine was tinged with bile. The bowels were confined. Two calomel and jalap pills were given at bedtime.

Dec. 12th. The jaundice was less marked, bilious stools having been passed. The urine still contained bile. There was not so much fever, but the swelling was larger and more elastic.

Dec. 13th, 9 A.M. The swelling had entirely disappeared; and there was now acute tenderness all over the abdomen, with much pain. His expression

was anxious; pulse 116; and tongue furred. A little bile had been vomited. One-sixth of a grain of hydrochlorate of morphia was given every four hours.

7 P.M. He had vomited a great quantity of greenish fluid; and lay with his knees drawn up, suffering much pain. The abdomen was very resonant and tender.

Dec. 14th. His expression was haggard; pulse very feeble and irregular. He had great thirst, and constant vomiting of green fluid, amounting to four pints in the twenty-four hours; no action of the bowels; abdomen very resonant; respiration entirely thoracic. He had passed a restless night. A pill, containing a grain of calomel and one-sixth of a grain of morphia, was given every four hours.

Dec. 15th. The vomiting and constipation continued. The abdomen was less resonant at the upper part, and quite dull, with distinct fluctuation below the umbilicus. He was ordered to have an enema of beef-tea, with half a drachm of tincture of opium.

Dec. 16th. He was somewhat improved; pulse 112, and of fair volume; tongue cleaning. He was still vomiting large quantities of fluid, which was now of a yellow tint. There was no action of the bowels; the injections of beef-tea had been retained. The abdomen was less tender, resonant on the left side, dull on the right, and fluctuating in the right iliac region. The enema was repeated.

Dec. 18th. He was much emaciated, and his eyes sunken. The vomiting and constipation continued, Percussion of the abdomen yielded the same results. A blister was applied to the epigastrium; and he was ordered to take every three hours an effervescing soda draught, with one minim of hydrocyanic acid (Scheele's).

Dec. 20th. The abdomen was now resonant all over. There was still the same vomiting and constipation; and two large injections, containing castor-oil, had been retained. Pulse 100, very feeble. At night, a profuse sweating came on; and he died at nine the next morning.

AUTOPSY. There was much general peritonitis, the intestines being glued together with recent lymph. The ascending colon was pushed over towards the left side; and occupying its place was a cyst containing fluid, which would hold about three pints, extending as high as the under surface of the liver (which was much displaced upwards), and backwards to the psoas muscles, in which it lay. It consisted of the kidney, or its pelvis, enormously distended, and filled with pus; all trace of kidney-structure having disappeared, except one small portion and three much dilated calices. It was every where adherent by lymph; and, in separating it from the liver, an escape of pus took place through a rent in the sac. The liver itself was healthy. The left kidney was of three times the natural size, but sound in structure.

THE LANCET AND THE AMERICANS. The *London Lancet*, in a notice of the defence of the late Surgeon-General of the United States Armies, makes it the occasion of very undignified and uncalled for vituperative and sneering remarks about the Government and people of the United States. As ardent as is the hatred of a majority of certain classes of the English of our country and its institutions, we think that a medical journal is scarcely the place in which to make exhibition of it. That surely is not the legitimate work of a medical journal. (*Philadelphia Med. and Surg. Reporter.*)

Original Communications.

ON THE PHYSICS OF DISEASE,

AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

CHAPTER III. (*continued from p.* 167.)

The Oxidation of Blood. Effects of Ozonised Air.

IN the first part of this chapter, published in th JOURNAL of Feb. 18th, I demonstrated the influenc of active or ozonised pure oxygen. I proceed now t show the effects produced by the respiration of ozo ised atmospheric air. In this series of inquiries, th chamber delineated at page 84 was employed, ar the air was ozonised by means of Siemen's instru ment, also described on page 84 of the JOURNAL. I all cases, the animals were well fed previously to th inhalation, and the air introduced was at first feeb ozonised; moreover, they were placed in the chamb for some little time before the ozone was driven int it, in order that every sign of excitement might sub side. Lastly, in the experiments, the temperature the air was sustained at 60° Fahr., and was allowe to rise above that degree according as was desire It is important to remember, in respect to the infl ence of temperature in experiments with ozonise air, that marked physiological effects are not elicite at a temperature below 60°. At 50°, the influence almost *nil*.

Inhalation of Air Saturated with Ozone. Synthesis Congestive Bronchitis.

Air ozonised to the fullest possible degree, and at mean temperature of 63° Fahr., was passed throu a chamber containing a guinea-pig and a rabbi Both animals were in good condition; the rabbit h been fed mainly on green vegetables and bran, t guinea-pig on bread and milk with a little vegetabl The current of air, passing from the ozone-tube the chamber, was very brisk, and the escape from th chamber was most free; so that there was no pos bility of accumulation of carbonic acid. I myself i haled the air issuing from the escape-tube of t chamber several times; it was always powerful strong of ozone, and irritating to the nostrils a throat. After inhaling it for a time, it conveyed t idea of being heavy to breathe, and it produced so headache, which quickly passed away.

In a few seconds after the commencement of t inhalation, the animals began to show signs of ir tation. The breathing soon afterwards was quic laborious, and deep. At the end of an hour, t guinea-pig was breathing four to one, as compar with the rabbit. At the close of an hour and a qu ter, the rabbit was breathing hoarsely, with the he thrown back and without movement as though it w comatose; the guinea-pig showed no sign of con but was breathing at the rate of 120 per minute.

The inhalation was continued for two hours, wh the animals were removed from the chamber. T chest of each was now carefully examined with t stethoscope. Both animals were breathing quick

ıd in both there was the hoarse, dry, cooing murmur
respiration, which is so definitely characteristic of
ıe first stage of bronchitis. The heart-beat was
ıick and embarrassed, and the skin was hot and dry.
he guinea-pig was in every sense the most affected.
fter ten minutes, both animals were placed in their
·dinary hutch. Very soon afterwards, the guinea-
g began to sink, and died. The rabbit continued
breathe quickly, and for some hours was indifferent
food and feverish. The mucous membrane of the
ɔse and mouth was also dry and injected. On the
llowing day, the respiration was still quickened;
ıt the dryness of respiration had given place to a
oist *râle*. On the third day, the animal may be
nsidered as having recovered.

Immediately after death had taken place, the
ɔdy of the guinea-pig was quickly opened. The
ght side of the heart was found congested with
ood; and the kidneys and all the vascular organs
ɔre greatly congested. The lungs were ecchymosed;
parts, their structure was as white as milk; in
her parts, there were deep congested spots of the
ze of a pea, into which blood was effused. The
onchial surface was not congested; but was covered
th a frothy tenacious mucus, which exuded from
e lungs in all parts where they were incised. The
ood underwent moderately quick coagulation, but
colour was not materially modified; the venous
ood was, perhaps, more than usually dark; and the
terial, by contrast, was markedly red. These were
e natural conditions of the blood of the animal, in a
gree peculiarly well developed.

In this experiment, we gather very important and
eful information. We see, in a word, an induced
ɔnchitis—a true synthesis of disease. If a man
d been exposed out of doors to ozonised air, and
d returned home with similar symptoms of disease,
ick pulse, hot skin, rapid breathing, and dry coarse
spiratory murmur, we should not hesitate for a
ɔment in our diagnosis. If he died rapidly, and
found the morbid conditions presented by the
inea-pig, we should undoubtedly return the dis-
ler that killed as congestive bronchitis. If he re-
ɔered with free secretion on the bronchial surface,
the rabbit did, we should style the affection acute
ɔnchitis terminating by resolution. It does not
ɔm to me that the formulæ of the artificial and
the natural disease admit of distinction or dif-
ence.

It is worthy of note that, in the experiment thus
ited, the air was saturated with ozone. It may be
ɛd on this, whether the same train of symptoms
uld follow if less activity of oxygen had been pro-
ɔed. I have an answer to that inquiry at hand.
urteen days previously to the performance of the
t experiment, the very same animals were exposed
a current of ozonised air for the same period of
ıe. On that occasion, the air was ozonised to not
te half the same degree as before, and the tem-
ature of the air was five degrees lower. Then
h animals manifested symptoms of the same cha-
ter precisely as on the later occasion; but the
aptoms were not so intense. Both animals had
id breathing, hurried circulation, and coarse
spiratory murmur; but on being removed from the
ive air, they recovered without a bad sign.

Lastly, the rabbit had, with another rabbit, been
de to breathe air partly charged with ozone at a
ɪperature of 56° Fahr., one month previously to
second experiment. It and its fellow then exhi-
ed similar symptoms; but, after two hours' inhala-
ɪ, it recovered on removal into the open air. I
s aided in all these inquiries by my friend Dr.
ɔd; and no element, as far as we could see, was
ıting to make the research complete and free from objection. The apparatus was most simple, the working easy, and the proceedings of each successive step were conducted carefully and without haste. The same care was taken in the experiments related in my previous paper, where oxygen itself was employed.

Taking the whole series of experiments into consideration, I do not think there can be a doubt that ozonised oxygen, on being inhaled, produces, as its first degree of action, catarrhal irritation of the mucous membrane of the mouth, throat, and nostrils; as its second degree, extension of irritation to the bronchial surface, and bronchitis; and, as its third, exudation into the structure of the lung, molecular change in the blood, with separation of fibrine, a form of general inflammatory fever and death.

And now the great and vital question to be considered is:—Whether we, as occupants of this earth and enclosed in a vast chamber of atmospheric air, are ever exposed to oxygen in such active condition that it shall light up in us the same symptoms as can be artificially induced in the inferior animals. The question would seem to admit of easy solution, and all the elements for its solution may, in truth, be present; but it is surrounded with difficulties nevertheless. The great difficulty lies in this, that we have no correct and ready means of measuring, or I had better say of estimating, the extent to which air is charged with ozone. All the rules on this point, as at present supplied, turn out, in practical work, to be fallacious tests. They may show presence; but they do not show quantity beyond a certain degree. The ozone-papers discolour up to a given depth; then they cease to act, and not only so, but on exposure they are apt to become discoloured by other agents, and it seems now that they may lose colour in the air, so that the maximum they have registered may be lost. We have, therefore, as yet, but an imperfect guide as to the presence of ozone and no guide as to the intensity of its action. Further, the determination of the actual presence of ozone may be obscured by other substances which do not probably interfere with its action upon the organism.

Something may be taken into account here in respect to common sensation. I know that, during easterly and north-easterly winds, I have breathed air which to sensation is as much like ozonised air as can well be compared; and I have experienced from such air the same effects as come from ozone—viz., irritation of the throat and nose, and catarrh. In some instances of this kind, the ozone-paper has demonstrated ozone; in others, it has not. Is the test here at fault? I think so. Any way, of this we may be convinced—that ozone cannot possibly be present in the air for many hours, at a temperature above 55° Fahr., without producing in those subjected to its influence some shade of effect. It would not affect all with the same degree of intensity; it does not do so in the course of actual experiment, but in many it would of necessity give rise to catarrh, to bronchitis, to pneumonia, or even to croup.

THE ADMINISTRATION OF OPIUM IN OBSTRUCTION OF THE BOWELS.

By Thomas James Walker, M.D., Surgeon to the Peterborough Infirmary and Dispensary, etc.

Several communications have recently appeared in the pages of this Journal advocating the use of opium in strangulated hernia and in ileus; and although this treatment has no claims to novelty, examples of the mistaken practice of administering

purgatives in these cases are too frequent to render the advocacy of opium superfluous.

Always bearing in mind, then, the evils of delay in cases of strangulated hernia, and the danger of dallying too long with medicines, we may assume that the use of opium in this class of affections is of great importance; and this being granted—what is the best mode of administering it? We require its full sedative effect, and this, as rapidly as possible; and we have usually to contend with a condition of the stomach which causes it to eject everything received into it, before time for absorption has elapsed.

Two years since, when I saw a case of femoral hernia about twelve hours after it had become strangulated, it struck me that, by the subcutaneous injection of morphia, we might obtain the result which the surgeon who had previously seen the case had sought for by the administration of an opiate draught. Instead, therefore, of proceeding to the operation for the division of the stricture, which we were about to perform, so soon as we should have administered chloroform and tried the taxis, we injected almost a grain of muriate of morphia (liq. morph. muriat. ɱ L, P.L., 1851), and left our patient quiet for a few hours.

On our return, we found her free from pain and sickness, the tumour no longer tense; and without any difficulty we succeeded in returning the now reducible hernia. Although we cannot, of course, expect such a happy result in all cases where the full effect of an opiate is obtained, it is something to be able to obtain this effect; and I would, therefore, strongly urge the adoption of this mode of administering opium at once, in cases of strangulated hernia, instead of wasting time in futile efforts to obtain the effect of the remedy by administering it by the mouth. I have used this method now in several cases, where I have seen the patients early, and of course have never failed to induce the physiological effects of the drug, although with one or two only of the cases of strangulated hernia has the result been to render the operation unnecessary.

The method of exhibiting remedies by subcutaneous injection is now pretty generally practised, and the plan which I am in the habit of adopting and which I here recommend, has probably occurred to others of our associates; but in my hands it has so manifestly saved patients from the danger of an operation, that I would impress upon all the duty, when administering opium for obstructed bowels, of adopting this simple and efficacious improvement in practice.

Medical Qualifications. The governors of the Stockport Infirmary have adopted the following resolution: "That a degree in medicine of a British university, or the licentiateship of the Royal College of Physicians of London, or the license of the Apothecaries' Company of London, be accepted by the committee as proof of medical qualification in all cases where the licence of the Apothecaries' Company, London, alone is now required by the rules.

Medical Charities. The magnificent medical charities of our land, established and supported by individual benevolence, are usurping the duties of society at large. Their object is frustrated, and their utility impaired, by the increasing number of paupers who crowd their doors. These come, not less for the food they sometimes obtain, than for the medicines they require, but they come chiefly because they have no confidence in the medical relief provided by the Poor-law, and, least of all, in the treatment received in the workhouse hospital. *(Dr. Stallard.)*

The Medical Council.

REPORT OF PROCEEDINGS, April 1865.

Tuesday, April 11th.

G. Burrows, M.D., President, in the Chair.

Medical Education. The Council resolved itself int a Committee on Education; the President in th chair.

Age for Licence to Practise. Dr. Andrew Woo said that the recommendation of last year was—

"That the age of twenty-one be the earliest age which any professional licence shall be obtained; an that the age shall in all instances be duly certified."

Dr. A. Smith asked whether there were any mea of enforcing the recommendation, as it was sometim notoriously disregarded.

Dr. Andrew Wood said that students were som times admitted to final examination before the age twenty-one. Applications to do this were occasionall made to the Royal College of Surgeons in Edi burgh; but without success. Other boards, howeve admitted candidates to examination before being full age.

Dr. A. Smith. Some not only do this, but give th diploma.

Mr. Syme moved that the recommendation stan as follows—

"That the age of twenty-one be the earliest a at which a candidate for any professional licen shall be admitted to his final examination; and th the age shall in all instances be duly certified."

Dr. Paget seconded the motion.

Dr. Apjohn thought it unnecessary to legislate the subject. The University of Dublin was oppos to the proposal.

Dr. Quain said that if a student were admitted pass an examination at any age, he might do before his judgment was properly matured.

Mr. Syme remarked that the Council must deci what was useful and necessary, without reference the licensing bodies.

Dr. Stokes agreed that the Council must do wh was useful and necessary; but much injustice mig be done by refusing to admit students to examin tion before the age of twenty-one. There were ma who might desire to improve their professional kno ledge, after having been set free from the care a tending an impending examination.

Dr. Allen Thomson said that there was a gre difference in young men, as to their advancement the studies by which they were prepared for exami ation and in their practical knowledge. He wou allow them the opportunity of being examined at earlier period, and of then improving themselves practical knowledge. In the University of Glasgo the men who passed the examination at the age twenty were the best prepared. The Council h already determined that the earliest age at which diploma could be granted should be twenty-one. Th was a kind of contract with the public; but the a at which a student should be allowed to pass final examination was a different matter. He w quite sure that the resolution proposed by Mr. Sy would have an injurious effect.

Mr. Arnott supported Mr. Syme's motion. students complete their curriculum before the specified, let them follow out the pursuit of prof sional knowledge at home or abroad before prese ing themselves for examination. The age for exam ation should be fixed at twenty-one; and if any

e Universities admit candidates at an earlier age, them do this at their risk.

Dr. PAGET believed it would be for the advantage students to keep them at their studies if they re ready to pass before the age of twenty-one. It uld also be for the good of the public.

Dr. APJOHN moved, as an amendment, the recomndation in the form in which it originally stood in e report of the Committee.

Dr. CORRIGAN seconded the amendment. He oked on Mr. Syme's proposal as likely to become *casus belli* between the Council and the licensing dies. The Queen's University in Ireland would t comply with it. He referred to the hardship that uld be inflicted in some cases where the examinans took place only at long periods, on candidates o were within a few weeks only of the required age.

Dr. AQUILLA SMITH said that in the King and ueen's College of Physicians the admission of stunts before the age of twenty-one had proved beneial in relieving the students from examination. did not see what harm was done by such admisn. Very few availed themselves of the opportuy; and those were the most diligent students.

Dr. ANDREW WOOD suggested as an addition to . Syme's resolution, that exceptional cases might allowed.

Mr. SYME consented to make the addition sugsted; which was accordingly appended to the reution as follows—

"And that a return of any exceptions to this remmendation allowed by the licensing bodies, toge-er with the reasons for such exceptions, be transtted to the Branch Council of that part of the ited Kingdom in which they have been granted."

Dr. SHARPEY approved of the resolution with the dition suggested.

After some further discussion, in which Dr. STOKES, . A. THOMSON, Dr. ACLAND, Dr. QUAIN, and Dr. RRIGAN, took part,

The PRESIDENT said that, as he should vote on the estion, he would explain his reasons for doing so. aving been for thirty years an examiner and teacher a medical school, he could quite admit the existce of young men of uncommon talent and great instry, capable of mastering the subjects of examion at an early age. But were the Council to gislate for such exceptional cases, or for students general? Whatever rules might be laid down, ere were some cases in which they would press avily? If there were to be a time allowed between e examination and the granting of the licence, that ne should be fixed. The objection of the incubus examination had been met by some remarks made Dr. Paget and Dr. Sharpey. The elementary bjects were removed from the student's mind at an rly period; the final examination was practical; d the time remaining to the student who completed s course of study before coming of age would be ll spent in the hospital or in studying pathology.

The amendment was then put to the vote and lost; voting for and 14 against it. Mr. Syme's proposal as then carried, by a majority of 14 against 6, in e following form—

"That the age of twenty-one be the earliest age at hich a candidate for any professional licence shall admitted to his final examination; and that the e shall, in all instances, be duly certified; and that return of any exceptions to this recommendation owed by the licensing bodies, together with the asons for such exceptions, be transmitted to the anch Council of that part of the United Kingdom which they have been granted."

Professional Study. Dr. ANDREW WOOD moved, d Dr. FLEMING seconded—

"That the first Clause of Section III be adopted; viz., 'That no licence be obtained at an earlier period than after the close of the last winter session of the fourth year of study, after the registration of the candidate as a medical student.'"

Dr. PAGET moved as an amendment, and Mr. ARNOTT seconded—

"That no licence be obtained at an earlier period than after the expiration of forty-eight months subsequent to the registration of the candidate as a medical student."

After a discussion in which several members took part, the amendment was carried; and, being put as a substantive motion, was also carried.

Dr. ANDREW WOOD required that the names of the majority and minority be taken down. *Majority*, 12—The President, Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Smith, Mr. Hargrave, Dr. Leet, Dr. Sharpey, Mr. Rumsey. *Minority*, 8—Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Apjohn, Dr. Parkes, Dr. Christison, Dr. Stokes.

Mr. HARGRAVE moved, and Dr. PAGET seconded—

"That Clause 2 of Section III be adopted; viz., 'That the course of study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a recognised medical school; and that evidence shall be produced that the remaining period of the four years has been passed in the acquisition of professional knowledge.'"

Dr. CORRIGAN said that the Council ought to define what was the meaning of the term "medical school."

Dr. PARKES suggested that the expression should be "at a medical school recognised by the body granting the licence."

Dr. ANDREW WOOD was of the opinion that the words "medical school" should be defined. Some licensing bodies recognised schools which others did not. The Council was not prepared to pass the resolution until the question as to the meaning of a medical school was decided.

Mr. SYME thought a medical school might be defined as an institution in which two or more courses of instruction on medical subjects were given.

Dr. EMBLETON proposed as an amendment, and Dr. ANDREW WOOD seconded—

"That the Committee, before proceeding further, determine what are the requisites for constituting a medical school under their recommendations."

Dr. PARKES did not think it absolutely necessary that a hospital should be attached to a school. He referred to the condition of University College before the erection of its hospital.

The PRESIDENT observed that both University and King's Colleges had large medical schools for several years before hospitals were attached to them.

Dr. ANDREW WOOD said that the medical school of the College of Surgeons in Edinburgh had no hospital attached.

Dr. ACLAND said that a definition had been proposed last year which the observation of Dr. Parkes and the President showed to be improper. In Oxford, during the last fifteen years, great exertions had been made to encourage the study of medical science, for two purposes: first, to improve general education; and secondly, to induce persons to enter the medical profession through the Universities. If the Council adopted a definition of a medical school which should exclude Oxford, it would be of no consequence to the University, but it would be injurious to the medical profession.

Dr. SHARPEY considered that it would be injudicious to attempt to define a medical school.

The PRESIDENT asked whether the Council would

be prepared not to recognise a course of instruction in chemistry given in an institution which was not a medical school.

Dr. Andrew Wood thought it an important part of the duties of the Council to define what was meant by a medical school.

After some remarks from Dr. Christison, Dr. Embleton, Dr. Aquilla Smith, and Mr. Cooper, the amendment was put to the vote and lost; 3 voting for and 12 against it.

Dr. Christison then proposed as a second amendment—

"That the course of professional study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a school recognised by any of the licensing bodies mentioned in Schedule (A) to the Medical Act."

Dr. Parkes seconded the amendment; which, on being put to the vote, was carried by a majority of 15 to 1, and was then carried *nem. con.* as a substantive motion.

On the motion of Dr. Parkes, seconded by Dr. Storrar, the next clause of the report—proposing that "the regulation of the duration of sessions, and the extent and duration of courses of lectures and instruction, be left for the present to the several licensing bodies"—was omitted.

Mr. Syme proposed, Dr. Storrar seconded, and it was resolved—

"That Clause 4 of Section III be adopted; viz., 'That it be recommended to the several licensing bodies that the courses of instruction required by them should be framed in such a manner as to secure a due share of attention, both to preparatory branches and to those more strictly connected with the practice of medicine and surgery; and that it be suggested accordingly to these bodies, that their regulations should be such as to prevent attendance upon lectures from interfering with hospital and clinical study.'"

Dr. Allen Thomson moved—

"That Clause 5 of Section III be omitted" (viz., "That, while avoiding for the present all other details by which this object may be attained, it be recommended that no subject of lectures be enforced by regulation to be attended more than once.")

Mr. Syme moved as an amendment that the clause be adopted.

Dr. Aquilla Smith seconded the amendment. Compulsory attendance on lectures had been very much complained of.

Dr. Embleton and Dr. Corrigan supported the original motion.

Dr. Apjohn asked whether practical and general chemistry were to be considered as one course or as distinct.

Mr. Hargrave opposed the resolution.

Mr. Arnott thought that a single course of some subjects—such as surgery—was not enough.

The amendment was then put to the vote and lost; 6 voting for and 14 against it. The original motion was carried by a majority of 15 to 5.

Dr. Storrar moved, and Dr. Embleton seconded, the adoption of the sixth clause; viz.—

"That the Council will view with approbation any encouragement held out by the licensing bodies to students to prosecute the study of the natural sciences before they engage in studies of a strictly professional character."

Dr. Apjohn moved as an amendment, and Dr. Corrigan seconded—

"That Clause 6 of the recommendations relating to professional examination be omitted."

Dr. Andrew Wood said that the natural sciences afforded a good mental training for those intendin to engage in professional studies. The College Surgeons of Edinburgh had made them optional i the preliminary examinations, so far as regarde natural history. He would not, however, have che mistry as part of a preliminary examination, les the students should lose sight of its value in regar to medicine.

Dr. Aquilla Smith supported the motion. Stu dents should be encouraged to obtain a knowledg of natural science at an early period.

Dr. Christison said that students would gain b being allowed to be examined in chemistry before be ginning their professional studies. In fact, the would have thus another year of study.

After some further discussion, the amendment wa put and lost; the votes being, for 5, against 15.

Dr. Acland then proposed as a second amendmen and Mr. Rumsey seconded—

"That the various licensing bodies be requested t take into their consideration what portions of natura science shall be comprised in the course of genera education, prior to the period of strictly professiona study."

The amendment was also negatived. The origina motion was then put to the vote, and carried.

The Council then resumed.

Erasure of a Name from the Register. A document declared by the solicitor to be a regular certificate o the conviction, at Castlebar, County Mayo, of Joh Carter Barrett, of felony, was submitted to th Council.

Dr. A. Smith moved, Dr. Stokes seconded, and i was resolved—

"That the name of John Carter Barrett be erase from the *Medical Register*."

Wednesday, April 12th.

G. Burrows, M.D., President, in the Chair.

The Council, on the motion of Dr. Andrew Woo resolved itself into a General Committee on Educa tion, the President in the chair; and proceeded wit the consideration of the Report of the Select Com mittee.

Professional Education. Dr. Stokes moved—

"That Clause 7 of Section III be omitted; viz 'That the several licensing bodies be requested t furnish a short statement of the mode in which the examinations are now conducted, whether by writte oral, or practical examination, and of the length time a candidate is under examination in each or a of these ways.'"

He considered that it was unnecessary to be co stantly worrying the examining bodies.

Mr. Syme seconded the resolution. The clause wa quite unnecessary after the resolution of the Counc on the subject of visitation of examinations.

Dr. Parkes moved as an amendment—

"That those licensing bodies which have not a ready done so, be requested to furnish a statement the dates of their examinations, and of the modes i which such examinations are conducted, whether b written, oral, or practical examination, and of th length of time a candidate is under examination i each or all of these ways; and that the Registra transmit these reports to the members of the Counci in order that they may be taken into consideration a the next meeting of the several Branch Councils."

Although the clause in the report did not actuall receive the sanction of the Council last year, severa of the examining bodies, such as the Royal Colleg of Physicians of London, had already complied wit it, and others had stated they would have no obje

m to do so. It was extraordinary that the Council d not before required this information from the ensing bodies, which it had the power to do; and, advisable before, it was necessary now for the pur-se of supervision. If the Council had not the itements, the visitors of examinations must either ait for information until they entered the examina-n-rooms, or derive it from the members of the uncil representing the several bodies. Either these methods would be inefficient, because the uncil could not form a judgment on the examina-ns until the statements regarding each board were fore every member. No opposition, he thought, ild be logically offered to the proposal, except by e minority who opposed the supervision of examin-ons; and he could not do these gentlemen the in-stice to suppose that they would act in a factious rit.

Dr. Andrew Wood seconded the amendment. He lieved Mr. Syme would see that it was right to call the statements. If there was any function of the uncil distinctly marked out in the Medical Act, it s this. Visitation did not supersede the necessity having the statements referred to, but rendered em even more necessary than before. It was very sirable that each examining body should be ac-ainted through its representative with the regula-ns of all others, so that it might amend its own fects or suggest amendments to others.

Mr. Syme said that, if it was considered necessary have the returns for the purpose of carrying out itation, he would not oppose the desire of the uncil, and withdrew his name as seconder of Dr. kes's motion.

Dr. Aquilla Smith seconded the original motion.

Dr. Apjohn said that Dr. Parkes's resolution did t oblige the licensing bodies to send in returns ch year.

Dr. Corrigan said that Dr. Parkes had founded resolution on the fact that the Council would dertake the visitation of examinations. He would t undertake the task of visitation, which he con-ered impracticable. All that was required might done by making the examinations public.

Mr. Hargrave said it was absurd to place the perintendence of the examinations in the hands of e Branch Councils. He questioned the impartiality th which the visitations would be conducted; and d that no independent body would submit to em.

Dr. Embleton said that, if there was any point which the examining bodies ought to be "word", it was that referred to in Clause 7. The Council uld be in fault if they did not require the informa-n. The licensing bodies would not refuse it; and e Council should be unanimous in asking for it.

Dr. Parkes's amendment was then put to the vote, d carried; 14 voting for and 4 against it. It was en put as a substantive motion, and carried *nem.*

Examinations. Mr. Syme moved—

"That Clause 1 of Section iv be adopted; viz., 'hat the licensing boards be advised to encourage e periodical examination of students at the several sses.'"

Dr. Paget thought the subject one of mere detail.

Dr. Andrew Wood seconded the motion. The itter was one of fundamental importance and not trivial detail. When he was a student, there re no means of instruction but listening to lec-res; there were no regular class-examinations. ence many neglected their studies at first, and re at last obliged to cram for the final examina-ns. It would be very beneficial if the licensing dies would demand certificates of attendance on the class-examinations; a great stimulus would be given to attention on the part of the students, and the lecturers would be enabled to see how far their pupils were profiting by their instruction. By placing its *imprimatur* on class-examinations, the Council would be raising the profession more than any other way.

Dr. Aquilla Smith considered that the system of class-examination was carried too far. He did not know how an exact system of carrying out periodical examination could be prescribed.

Dr. Sharpey said that the resolution implied merely that the Council would encourage class-examinations. Nothing was said as to the periods or the manner in which they should be conducted. He could speak from experience in favour of such examinations. It was difficult to carry out oral examinations thoroughly; but since last year he had tried simple written examinations of about an hour each, to be voluntarily attended; and these he believed to have been very useful.

Mr. Cooper said that the question was one between the teachers and students, and had nothing to do with the Medical Act.

Dr. Paget explained that he recognised the high value of class-examinations, but that he objected to unnecessary interference with freedom of action.

Dr. Corrigan thought that the question should be left to be decided between the lecturers and students. He would vote for the motion if the words "educational bodies" were substituted for "licensing boards."

The President considered the matter an important one; but that it would better be left to the licensing bodies. If the Council laid down certain principles this year, such as registration of students, visitation of examinations, period of study, etc., much would be accomplished. But, if they entered into all details, however important, they would not do several things which ought to be done; and, at the present rate of progress of business, there was work enough on the programme for another fortnight.

Dr. Paget moved as an amendment, and Dr. Allen Thomson seconded—

"That, while acknowledging the great educational value of the periodical class-examinations of students, the Council decline to issue advice or instructions on the subject."

The amendment was negatived; 6 voting for and 12 against it. The original motion was also lost; 7 voting for and 12 against it.

Dr. Andrew Wood required that the names and numbers of the majority and minority and of those who did not vote be taken down. *Majority*, 12—Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Paget, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Dr. Stokes. *Minority*, 7—Dr. Embleton, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Sharpey, Dr. Parkes, Dr. Christison. *Did not Vote*, 3—The President, Dr. Storrar, and Dr. Quain.

Mr. Hargrave moved, and Dr. Storrar seconded—

"That Clause 2 of Section iv be omitted."

Dr. Andrew Wood moved as an amendment, and Dr. Parkes seconded—

"That Clause 2 stand as at present; viz., 'That the final examinations of the licensing boards be so carried on as to be an efficient test of the practical acquaintance of candidates with the several branches of medical knowledge, and especially with the practice of medicine and surgery.'"

The amendment was negatived; 7 voting for and 11 against it. The original motion was then put to the vote and carried.

Dr. Andrew Wood required that the names and

numbers of the majority and minority be taken down. *Majority*, 12—Dr. Acland, Dr. Embleton, Dr. Storrar, Mr. Syme, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Dr. Stokes. *Minority*, 7—Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Andrew Wood, Dr. Fleming, Dr. Parkes.

Dr. FLEMING moved, Mr. ARNOTT seconded, and it was resolved—

"That Clause 3 of the Report be adopted as thus amended: 'That the professional examination for any licence be divided into two parts; the first embracing the primary or fundamental branches of medicine; and the second the branches directly connected with the practice of medicine and surgery; that the former be not undergone till after the close of the winter session of the second year of professional study; and the latter, or final examination, not till after the close of the prescribed period of professional study.'"

Dr. STORRAR moved, and Dr. SHARPEY seconded—

"That Clause 4 be adopted as thus amended: 'That examination in physics, chemistry, botany, and natural history may be undergone at an earlier period than the first professional examination.'"

Dr. APJOHN said that a knowledge of chemistry could not be acquired under two years. He suggested the omission of the word chemistry. If students were allowed to pass the examination in chemistry before entering on their studies, they would be liable to neglect it afterwards.

Dr. SHARPEY said that the University of London had a preliminary scientific examination in inorganic chemistry, and also required a further knowledge of chemistry at the first M.B. examination.

Mr. SYME said that students should be examined in chemistry before entering on their regular course of study. But they should not be allowed to neglect it afterwards.

Dr. ANDREW WOOD moved as an amendment the resolution with the omission of the word "chemistry."

Dr. APJOHN seconded the amendment.

Dr. SHARPEY thought that there should be nothing to prevent an examination in elementary chemistry at an earlier period than the first professional examination.

Dr. PAGET said that the amendment was calculated to discourage the reception of chemistry into general education. Chemistry was now becoming taught in schools; and the number of candidates who presented themselves for examination in chemistry at the Cambridge local examinations was increasing yearly.

Dr. ALLEN THOMSON said that the ordinary courses of chemical lectures which medical students were required to attend contained much which had no direct bearing on their professional studies; hence he would desire to have the elementary parts of chemistry taught before the commencement of medical study.

Dr. CHRISTISON denied that the examination of students in chemistry at an early period involved the subsequent neglect of this science. Examiners in materia medica, medical jurisprudence, and medicine, could all examine candidates in medical chemistry. This was done in Edinburgh.

Dr. ACLAND would object to preventing students from passing an early examination in elementary chemistry if they had the requisite knowledge.

After some remarks from Dr. ANDREW WOOD, Mr. COOPER, and Dr. CORRIGAN, Dr. Andrew Wood's amendment was carried by a majority of 11 to 7. It was then put as a substantive motion: whereon

Dr. THOMSON moved as a second amendment and Dr. PAGET seconded—

"That Clause 4 be amended as follows: 'That examination in physics, the elements of chemistry and in botany and natural history, may be undergone at an earlier period than the first professional examination.'"

This amendment was negatived.

Dr. A. Wood's amendment was then, as a substantive motion, put to the vote, and carried.

The Council now resumed.

Report of the Committee on the Subjects of General Education. Dr. STOKES presented the following

REPORT.

The Committee on the Subjects of General Education having duly considered the subject remitted to them, resolve to recommend to the Council—

That after the year 1867, the examinations in subjects of general education be left entirely to the national educational bodies recognised by the Medical Council—the Council confining its regulations on general education to publishing a list of the examinations which may from time to time be approved of by them, it being understood that no certificate which does not affirm the proficiency of the candidate in Latin, and also his knowledge of the elements of geometry, and of the elements of mechanics and hydrostatics, be accepted.

W. STOKES, *Chairman.*

On the motion of Dr. PARKES, seconded by Dr. PAGET, the Report was ordered to be received, and entered on the Minutes. (See page 405.)

Report of the Committee on Amendment of the Medical Acts. Dr. ANDREW WOOD brought up the following

REPORT.

The Committee beg to report that they have not only carefully considered the proposed amendments of Clauses in the Medical Act, which were specially referred to them by the Council, but have also deemed it their duty to take into consideration all the important Clauses of that Act. They have had during their sittings the advantage of the presence and advice of the solicitor of the Council, Mr. Ouvry, who has prepared, in accordance with the resolutions of the Committee, the Draft of an Amended Bill, which the Committee now beg to bring before the Council.

Draft of Bill to Amend the Medical Act of 1858.

Whereas the Medical Act 1858 has been found in effectual to enable persons requiring medical aid to ascertain who are qualified practitioners, and it is desirable to amend the said Act in several respects.

Be it therefore enacted by the Queen's Most Excellent Majesty by and with the advice and consent of the Lords Spiritual and Temporal and Commons in the present Parliament assembled and by the authority of the same as follows:—

1. This Act may for all purposes be cited as "The Medical Acts Amendment Act, 1865."

2. This Act shall take effect from the passing thereof.

3. The following sections of the Medical Act 1858 shall be and the same are hereby repealed, viz.: Section XIV and Section XL, but without prejudice to any proceedings which may be pending under such sections or any of them.

In lieu of Section XIV. 4. It shall be the duty of the Registrars to keep their respective registers correct, in accordance with the provisions of this Act and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, or who, having ceased to practise, shall desire to have their names removed from the register, and from time to time to register all alterations in the addresses or qualifications of the persons registered under the Medical Act, 1858

The Registrars, in these respects, may act upon such evidence as may appear to them sufficient, subject to any rules or regulations which the General Council may make thereon. [And for the purposes aforesaid, the Registrar may write a letter to any registered medical practitioner, addressed to him according to his registered address, to inquire whether he has ceased to practise, or has changed his residence; and if the answer to such letter be that the person has ceased to practise and desires his name to be removed from the register, or if no answer be returned to such letter within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the register.] (For this paragraph the following was substituted when the report was discussed by the Council.) [And for the purposes aforesaid the Registrar may write a letter to any registered medical practitioner, addressed to him according to his registered address, to inquire whether he has ceased to practise, or has changed his residence; and if the answer to such letter be that the person has ceased to practise and desires his name to be removed from the register, it shall be lawful to erase the name of such person from the register; but if no answer be returned to such letter within three months, the Registrar shall then write a second letter, making similar inquiries; and if no answer be returned to such letter within three months thereafter, it shall be lawful to erase the name of such person from the register.] Provided always that any name which may be erased by the Registrars may be restored by the direction of the General Council. No person whose name has been erased from the register by order of the General Council, or any Branch Council, shall be re-registered, either on the original or any new qualification, except by the direction of the General Council or Branch Council, as the case may be.

In lieu of Section XL. 5. Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule (A) to this Act, or that of physician, surgeon, doctor, professor of medicine, professor of surgery, or any other title, name or designation used by or used to distinguish duly qualified practitioners in medicine or surgery, shall upon a summary conviction, be liable to a penalty not exceeding £20 for each effence.

6. The words "qualified to be" in the seventh section of the Medical Act, 1858, shall be and the same are hereby repealed.

[*In lieu of Section* XLVIII. 7. It shall, notwithstanding anything in the Medical Act, 1858, contained, be lawful for Her Majesty, by Charter, to grant to the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons in Ireland, and the Faculty of Physicians and Surgeons of Glasgow, or any or either of them power to institute and hold examinations for the purpose of testing the fitness of persons to practise as Dentists who may be desirous of being so examined, and to grant certificates of such fitness.*]

The Committee call attention to the changes in the present Medical Act, which are proposed in the Draft Amended Bill:

1. *The Preamble.* The preamble to the Act as it at present stands, says:

"Whereas, it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners."

The proposed preamble of the amended Bill is to this effect:

"Whereas, the Medical Act of 1858 has been found ineffectual to enable persons requiring medical aid to ascertain who are qualified practitioners."

2. SECTION VII. This section as it at present stands is this:

"Members of the General Council representing the Medical Corporations must be qualified to be registered under this Act."

It is proposed that they shall be henceforth not "qualified to register," but actually "registered." This alteration is in consonance with the clause proposed to supersede Clause 40, which amended clause makes registration compulsory on all qualified practitioners engaged in the practice of their profession.

3. SECTION XIV. This section as it at present stands is as follows:

"It shall be the duty of the Registrars to keep their respective Registers correct in accordance with the provisions of this Act, and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the Register; provided always, that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

The amended clause stands thus (see preceding Draft, Section 4).

The object of the amendment of this clause is to facilitate the duty of the Registrars in keeping their Registers correct; to enable persons who, having ceased to practise, may desire it; to have their names erased from the Register; to render it imperative on the Registrar to address to any Registered Medical Practitioner (instead of *one* letter within six months, as in the Act as at present) *two* letters within six months, at an interval of three months, inquiring as to change of residence before erasing his name from the Register;* and to prevent any person who has been once erased from the Register from being re-registered without the instructions of the General or Branch Councils.

3. SECTION XL. As it at present stands is as follows:

"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law, as a Physician or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

The clause proposed to replace this section, as agreed upon by the Medical Council, is as follows (see preceding Draft, Section 5).

In reference to this subject, it may be remarked that the object of the Medical Act was to enable "persons requiring medical aid to distinguish qualified from unqualified practitioners." But the offence for which a penalty was instituted under Section XL of that Act was the falsely pretending to be regis-

* This clause was not adopted by the Council.

* These words were introduced in Council.

tered under the Act. In the working of that section it has been found that it has failed to enable the public to distinguish qualified from unqualified practitioners, seeing that it has not proved efficient to prevent persons from practising medicine and surgery under titles falsely assumed, and thus the public have been deceived and imposed upon, to the injury of their health and danger to their lives.

[4. Section xlviii stands at present thus:

"It shall, notwithstanding anything herein contained, be lawful for Her Majesty, by Charter, to grant to the Royal College of Surgeons of England power to institute and hold examinations for the purpose of testing the fitness of persons to practise as Dentists who may be desirous of being so examined, and to grant certificates of such fitness."

The proposed clause stands thus (see Draft, Section 7).

The Committee have thought it right to extend the operation of Section xlviii of the Medical Act, so as to enable Her Majesty to grant charters to the Scotch and Irish Surgical Bodies, authorising them to grant certificates to Dentists.*]

In reference to the various questions specially referred to them by the Council, the Committee have to report:

1. In reference to the amending of Sections xv and xxxi, with the view of securing that all persons to be placed on the Register should have been duly educated, tested and qualified in all branches of the profession, whether medical or surgical, the Committee are of opinion that it is highly desirable that every medical practitioner should have a complete or double qualification. They see difficulties, however, in the way, for the present, of framing compulsory clauses which would secure that important object. They would, however, point out that by Section xix of the Medical Act, which is a permissory section, powers have been provided by which any two or more of the licensing bodies may unite and co-operate in conducting examinations required for qualifications to be registered under the Act. [Were this course carried out in London and in Dublin as it has already been successfully carried out in Scotland, the Committee believe that in this way, without the necessity of compulsory legislation, the great object would be effected of combining and concentrating the licensing bodies, to the relief of the student, and the advantage of the profession and the public.†]

2. Section xviii at present stands thus:

"The several colleges and bodies in the United Kingdom, mentioned in Schedule (A) to this Act, shall, from time to time, when required by the General Council, furnish such Council with such information as they may require, as to the course of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally, as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any Branch Council, may attend and be present at such examinations."

It has been proposed to amend the section by adding to it the following word or words to the same effect, viz.:

"And may also inspect the written answers of the candidates, and report concerning the examinations and answers to the General Council; and to the persons deputed by the General Council as aforesaid, in such number as may be determined by the General Council, with the approval of one of Her Majesty's principal Secretaries of State, there shall be paid such fees for services and such reasonable travelling expenses as shall from time to be allowed by the General Council and approved by the Commissioners of Her Majesty's Treasury; and the said payments shall be made out of the residue of the monies annually received for carrying this Act into execution, after defraying the expenses of the General Council and the Branch Councils, and, if necessary, out of further monies to be provided for the said purpose by vote of Parliament."

The Committee do not consider this amendment either necessary or expedient. The Branch Councils have the power under the Act as at present to visit the examinations of the licensing bodies, or to depute any person or persons to do so; they have also the power, as the Committee are advised by Mr. Ouvry, to remunerate the visitors of the examinations from the funds contributed under the Act. The Committee consider that it would be inexpedient to go to Parliament to ask a supplementary money grant for the purpose. They trust that ere long the expense of the meetings of the Council will be diminished, and that there will be sufficient funds to meet the expenses of visitation in any form that may be deemed necessary.

3. The Committee, after considering the penal sections of the Act, do not recommend that application should be made to Parliament for stronger powers to be given to magistrates administering the Act, or for higher penalties. The Committee believe that, if the clause proposed in lieu of Section xl prove effective, the present powers and penalties will be found adequate.

4. In regard to the question of the Registration of Licentiates in Dental Surgery, the Committee having given that consideration to the memorial of the dental surgeons to which it is justly entitled, are of opinion that it is inexpedient to place upon the *Medical Register* dental practitioners not otherwise qualified; holding as they do that that would constitute a further obstacle, in addition to those at present existing, to the securing that all persons whose names shall be inserted in the *Medical Register* shall be fully qualified to practise all branches of their profession.

The Committee have, in conclusion, to suggest the following form of memorial, to be addressed by the President, in the name of the Council, to the Secretary of State for the Home Department; viz.:

General Medical Council, April 1865.

Sir,—I am requested by the General Medical Council respectfully to solicit your attention to certain points on which it has been found, by experience, that the working of the Medical Act, 1858, has not been satisfactory; and to ask you to introduce a Bill in the present session for the amendment of that Act.

In order to place the matter before you in a practical form, the Council has caused a draft Bill to amend the Medical Act to be prepared, and such draft is transmitted herewith.

The only amendment to which I need direct your special attention, as involving an important change, is that which affects the fortieth section of the Act of 1858. It has been found, in practice, almost impossible to establish the false pretence, which is the offence punishable under that section; and accordingly ignorant pretenders, possessing no legal qualification to practise, and, assuming falsely medical and surgical

* The paragraphs here enclosed within brackets were not adopted by the Council.

† This sentence was not adopted by the Council.

titles, with impunity deceive the public, prey upon their credulity, and endanger their lives.

The most effectual remedy for this state of things would be the absolute prohibition of practice by persons not possessing the qualifications mentioned in the Act of 1858; but, as the Council considers that there might be difficulty in inducing Parliament to adopt so stringent a rule, the Council has framed a clause which it is hoped may meet the evil which the present existing Act has been found inadequate to suppress.

The other suggested amendments do not require separate remark; but I am to ask that you will be good enough to receive a deputation from the Council, when the reasons on which the proposed amendments rest will be fully stated to you.

As it is earnestly wished that the proposed Act should pass this session, I am to urge that you will be pleased to appoint a time for receiving the proposed deputation at your earliest convenience.

I have the honour to be, sir,
Your most obedient servant,
GEORGE BURROWS, M.D., *President.*

The Right Hon. Sir Geo. Grey, Bart., G.C.B., M.P.,
Secretary of State for the Home Department.
ANDREW WOOD, *Chairman.*

Dr. ANDREW WOOD moved, Mr. HARGRAVE seconded, and it was resolved—

"That the Report of the Committee on Amendment of the Medical Acts be received, and entered on the Minutes."

The Council again resolved itself into a General Committee on Education, the President in the Chair; and resumed the consideration of the Report of the Select Committee.

Professional Examinations. Dr. CORRIGAN moved, and Dr. SHARPEY seconded—

"That Clause 5 of Section IV be adopted: viz.: 'That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being so.'"

Dr. STORRAR moved as an amendment, and Dr. A. SMITH seconded—

"That Clause 5 be adopted, with the addition of the following words; viz., 'and that, with the view of promoting the adequacy of professional examinations, the final *vivâ voce* examinations be public, so far as admitting the graduates or licentiates of the examining body.'"

The amendment was negatived. The original motion was then put to the vote, and carried.

Dr. STORRAR moved, Dr. PARKES seconded, and it was agreed—

"That Clause 6 be adopted; viz.: 'That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.'"

Dr. STORRAR moved, Dr. SHARPEY seconded, and it was resolved—

"That Clause 7 be adopted; viz.: 'That returns from the licensing bodies in Schedule (A) be made annually, on the 1st of January, and in the subjoined form, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registaar forward a sufficient number of forms, with a notice for their being returned, in due time.'"

(A form of return was appended to this resolution.)

The Council now resumed, and adjourned.

THURSDAY, APRIL 13TH.

GEORGE BURROWS, M.D., President, in the Chair.

Amendment of the Medical Acts. Dr. ANDREW WOOD moved—

"That the Report of the Medical Acts Amendment Committee be adopted."

The Council had already decided against making any changes in Sections XX and XXXI of the Act; and, on Section XL, the Council had agreed on an alteration, which was engrafted into the Report. He proceeded to explain the action of the Committee in reference to several questions referred to them. As to Sections XV and XXXI, the Council might remember that in Mr. Headlam's Bill it was made compulsory on the licensing bodies to combine in the examination of candidates for admission as general practitioners. He regretted that this proposal did not become law. At present, practitioners were entitled to practise according to their qualification or qualifications; and hence, by Section XXXIV, many were placed on the *Register* who had qualification in medicine only, or in surgery only. The Council had expressed an opinion that it was desirable that no one should be registered unless doubly qualified. It was, however, difficult to introduce a clause which should effect this, unless by disfranchising the Colleges of Surgeons and the Apothecaries' Company; and such an attempt would raise the powerful and most probably successful opposition of these bodies. It was thought, therefore, that the Council should express a very strong opinion in favour of the co-operation of the licensing bodies for the purpose of examination. If this course were followed, the necessity for compulsory legislation would be removed. With regard to the proposed addition to Section XVIII, the Committee had found, on consultation with Mr. Ouvry, that the Council had already full power of visiting the examinations personally or by deputy, and of remunerating the visitors. He believed that Dr. Sharpey, who proposed the addition, had become convinced of this. Moreover, an application to Parliament for a money grant would be an obstacle to the passing of a Bill; and it was also unnecessary, as the funds of the Council were sufficient for carrying out its objects. The expenditure which had hitherto been unavoidable would be diminished as the work to be done at the meetings of the Council was reduced. The Committee did not think it advisable to apply for increased powers to be given to magistrates, or for higher penalties. The adoption of the amendment of Section XL would be sufficient. As to the registration of the licentiates in dental surgery, the memorial from these gentlemen was expressed in respectful terms, their claims were ably argued, and their case was fairly set forward from their point of view. But it was an objection to their requirement, that the introduction of mere dental licentiates into the *Register* would render them liable to be regarded as medical practitioners. It would be worth the consideration of the dental surgeons whether they should not have a register of their own. Dr. Andrew Wood then explained briefly the amendments proposed in the Draft Bill.

Dr. EMBLETON seconded the motion.

Dr. CORRIGAN proposed as an amendment—

"That the consideration of the Report on the proposed Amendments of the Medical Acts be postponed to the next meeting of this Council, inasmuch as the resolution of this Council of May 4, 1864, directed the attention of the Branch Councils only to Clauses XX, XXXI, and XL, while in the amended Bill now proposed for adoption amendments are introduced which have never previously come under the consideration of this Council, and no opportunity is af-

forded to the several licensing bodies to take these amendments into consideration."

He believed that there never was a greater delusion than to suppose it possible to pass the Bill in this session of Parliament. Many of the licensing bodies would apply for amendments; and the opposition of one alone would stop the progress of the Bill. He referred to the proceedings which took place in the Council last year in regard to the question; and said that, although he had been an indefatigable labourer in the cause, he could not support the present resolution. It was agreed last year that the amendments of the Acts should be confined to three clauses, and that an early meeting of the Council should be held for the purpose of considering them. He objected especially to the proposal to allow the Colleges of Surgeons in Scotland and Ireland to admit licentiates in dental surgery, unless the same privilege were granted to the Colleges of Physicians and to the Universities.

Dr. A. SMITH seconded the amendment, which, on being put to the vote, was lost; 3 voting for and 13 against it.

Dr. QUAIN then moved as a second amendment, and Dr. APJOHN seconded—

"That the Report of the Committee on the Medical Acts Amendment be considered clause by clause, except such clauses as have been already decided on by the Council."

The amendment was carried.

The preamble of the Draft Bill, and Clauses 1, 2, and 3, were put to the vote, and adopted without discussion.

When Clause 4 was put to the vote, the PRESIDENT called attention to the hardship which might be inflicted on a practitioner prevented by illness or other causes from replying to the Registrar. He thought it would be very arbitrary to erase a name in consequence of an answer not being returned to a single letter.

Dr. QUAIN proposed, and Mr. HARGRAVE seconded, an amendment to the effect that the Registrar should write twice, at intervals of three months. (See Clause 4, page 399, col. 1.) The Council agreed to the amendment.

Clause 5, having been already agreed on by the Council, was not discussed. Clause 6 was adopted; and Clause 7 was withdrawn.

The remaining portion of the Report was adopted, with the omissions and amendments already referred to.

Dr. CORRIGAN moved—

"That it would be desirable to have a clause inserted in the amended Bill, or in any Pharmacy Bill introduced to the legislature, rendering it imperative on the apothecaries and compounding chemists of the United Kingdom to follow, in compounding prescriptions, the formularies of the *British Pharmacopœia*, unless otherwise specially directed by the prescriber, inasmuch as compounding indifferently from the formularies of four different Pharmacopœias is dangerous to the lives of the community."

He believed that some of the leading members of the College of Physicians in London had recommended that the old *Pharmacopœia* should be followed; and his impression was that the public had hence been led to regard the *British Pharmacopœia* as of no importance. At present, in each division of the kingdom, both the new *Pharmacopœia* and the old ones of the respective Colleges were in operation; and the preparations bearing the same name in the different works were of such various strength that the minimum dose according to one *Pharmacopœia* would be poisonous according to another. He cited tincture of aconite as an example. If a case of poisoning occurred, there was no obligation on druggists to follow the formulæ of the *British Pharmacopœia*. The Council should clear themselves from any charge of neglect or carelessness of the lives of the public; but he would not press for a penalty against druggists for not dispensing according to the new *Pharmacopœia*, since the not following the directions of an Act of Parliament in itself constituted a misdemeanour.

Dr. APJOHN seconded the motion.

Dr. LEET said that many of the apothecaries of Ireland, though very particular, followed the old formularies.

Dr. A. SMITH said that, from inquiries he had made in Dublin, he had reason to believe that not more than a thousand copies of the *British Pharmacopœia* had been sold in Ireland.

Dr. CHRISTISON did not think it necessary to ask for fresh powers to enforce the use of the *Pharmacopœia*. In Scotland, he believed that all the druggists understood that they were bound to use the *British Pharmacopœia;* and, as far as he had been able to learn, the practice was very similar in London. Those practitioners who did not follow the *British Pharmacopœia* marked their prescriptions to be dispensed according to the *London Pharmacopœia*. He thought that the *British Pharmacopœia* was gaining ground. It was adopted by practitioners, except by those few whose inclination was to resist.

After some remarks from Dr. ALDERSON, Dr. QUAIN, Mr. COOPER, and Dr. CORRIGAN, the motion was put to the vote, and carried *nem. con.*

Dr. CORRIGAN moved, Dr. ANDREW WOOD seconded, and it was resolved—

"That a copy of the foregoing resolution be forwarded to the Secretary of State for the Home Department."

Dr. ANDREW WOOD moved, Dr. ACLAND seconded, and it was resolved—

"That the memorial contained in the Report of the Medical Acts Amendment Committee to be addressed by the President to the Home Secretary be adopted, and transmitted without delay."

Dr. ANDREW WOOD moved, Dr. FLEMING seconded, and it was agreed—

"That the Report of the Medical Acts Amendment Committee, as now adjusted by the Council, be printed and inserted on the minutes."

It was moved by Dr. QUAIN, seconded by Mr. HARGRAVE, and agreed to—

"That a deputation be appointed to wait on Mr. Waddington, the Under Secretary of State for the Home Department, on Saturday, 15th inst., at one o'clock, according to appointment; the deputation to consist of the President, Mr. Arnott, Dr. Andrew Wood, and Dr. Stokes."

Practice by Chemists and Druggists. Dr. STOKES moved, Dr. ACLAND seconded, and it was resolved—

"That the Report of the Committee on Medical and Surgical Practice by Chemists and Druggists, and on the Pharmacy Bills, be accepted as read, and entered on the minutes."

[We will give the Report in the form in which it was finally adopted. See page 406.]

Report of the Finance Committee. Dr. SHARPEY moved, Dr. A. SMITH seconded, and it was resolved—

"That the Report of the Finance Committee be received and entered on the minutes."

REPORT.

The Finance Committee beg leave to present, in the table subjoined, a Statement of the Estimated

and Actual Income and Expenditure of the year 1864; also, an Estimate of the Income from Ordinary Sources and the Ordinary Expenditure, as far as the Committee are able to judge, for the year 1865.

A statement of the receipts and disbursements on account of the *British Pharmacopœia*, since the date of the account presented last year, is given up to the 5th of January, 1865.

With reference to the audit of the accounts of the General Council, it appears that the Executive Committee has from its first appointment been charged with the duty of examining these accounts, and that the appointment of auditors, ordered by the General Council, by resolution passed on the 7th of May, 1864, on the recommendation of the Finance Committee, is unnecessary. Accordingly the Finance Committee now recommend that the said resolution be rescinded; but the Committee are of opinion that it should be recommended to the Branch Council of England to appoint auditors of their annual accounts, in conformity with the practice followed by the Branch Councils of Scotland and Ireland.

[Extracts from the most important parts of the financial statement are subjoined.]

Actual Income for the Year 1864.

	£	s.	d.	£	s.	d.
Fees received by—						
Branch Council for England	2750	5	0			
„ „ Scotland	827	10	0			
„ „ Ireland	942	15	0			
				4520	10	0
Dividends received by—						
Branch Council for England	612	18	9			
„ „ Scotland	77	18	8			
„ „ Ireland	70	6	4			
				761	3	9
Sale of Registers				315	16	6
				5597	10	3

Actual Expenditure for the Year 1864.

Expenses of—						
General Council				4317	3	6
Branch Council for England	716	7	8½			
„ „ Scotland	286	14	5			
„ „ Ireland	336	16	2			
				1339	18	3½
Total Expenditure				5657	1	9½
Total Income				5597	10	3
Excess of Expenditure over Income				59	11	6½

British Pharmacopœia.—Statement.

CHARGE.

To amount paid on account of the *British Pharmacopœia*. (*See* Report of Finance Committee, May 3rd, 1864.)	6329	6	6
„ Deduct Balance returned by Dr. Garrod, as Secretary of the Pharmacopœia Committee	100	0	1
	6229	6	5

DISCHARGE.

By Receipts for Sale of the *Pharmacopœia* to May 3rd, 1864.....	5022	14	0
„ Balance due on account of publishing the *British Pharmacopœia*	1206	12	5
	6229	6	5

ACCOUNT FROM MAY 3, 1864, TO JANUARY 5, 1865.

1864, May 3. CHARGE.

To Balance due on account of Publishing the *British Pharmacopœia*	1206	12	5
„ Messrs. Spottiswoode, for extra claim.....	75	0	0
„ Dr. Garrod, for extra services	50	0	0
„ Mr. Bell, ditto	30	0	0
„ Mr. Roope, ditto	20	0	0
„ Mr. Warrington, for experiments	20	0	0
„ Advertisements, Stationery, Packing Cases, Carriage of Parcels, Porterage, etc., to Jan. 5, 1865..	75	19	3
	1477	11	8

ACCOUNT FROM MAY 3, 1864, TO JANUARY 5, 1865.

DISCHARGE.

By reduction of Cost of Binding, charged in account, May 3rd, 1864	221	13	7
„ Sale of 722 copies 8vo. edition to Jan. 5, 1865	250	5	0
„ „ 1300 „ 32mo. „ „	282	12	6
	754	11	1
Balance due on account of Publishing the *British Pharmacopœia*	723	0	7
	1477	18	8

NOTE.

	8vo. edit.	32mo. edit.
The number sold is	12,837	4,030
The number given to Members of Council, Pharmacopœia Committee, Stationers' Hall, British Museum, etc.	60	53
	12,897	4,083
Stock on hand	103	10,917
	13,000	15,000

WILLIAM SHARPEY, *Chairman.*

Returns from the Licensing Bodies. Dr. EMBLETON moved, Mr. COOPER seconded, and it was resolved—

"That the Report of the Committee on Returns received from the Bodies in Schedule (A), and on the Register of Medical Students, be received, and printed on the minutes."

REPORT.

The Committee on the Returns from the Bodies in Schedule (A), according to the Recommendation 7, Section IV, of the Report of the Select Committee on Education, May 5th, 1864 (previously Recommendation 23, 1862), and on the Register of Medical Students, present the following Tables, carefully deduced from the returns placed before them.

It will be observed in the Table of the Register of Students, that no return has been received from the Registrar of the Branch Council for Scotland.

The number of students admitted to professional study before having passed a preliminary examination in Arts is now considerably less than in previous years, being 105 out of a total of 1,315 students registered in England and Ireland.

D. EMBLETON, *Chairman.*

Return. According to the Recommendation 7, Sect. IV, of the Report of Select Committee on Education, May 5, 1864 (previously Recommendation No. 23) of the General Medical Council, 1862.

Licensing Bodies.	Passed. 1st Exam. No.	Passed. 2nd Exam. No.	Rejected. 1st Exam. No.	Rejected. 2nd Exam. No.
Royal Coll. Physicians, Lond.	63	67	8	11
Royal Coll. Surgeons, England	408	429	107	59
Society of Apothecaries, Lond.	273	277	44	19
University of Oxford.....	4	4	3	..
University of Cambridge.....	3	4	..	..
University of London*	33	26	12	1
Royal Coll. Physicians, Edin...	149	224	18	24
Royal Coll. Surgeons, Edin. ..	115	147	29	20
Fac. Phys. & Surg. Glasgow ..	17	105	1	20
University of Aberdeen.....	(1st) 42 (2nd) 35	(3rd) 47	(1st) 2 (2nd) 8	(3rd) 11
University of Edinburgh.....	149	93	41	11
University of Glasgow	41	79	7	9
University of St. Andrew's	..	10	..	..
K. & Q. Coll. Phys. Ireland ..	..	60	..	9
Royal Coll. Surgeons, Ireland	130	113	20	18
Apothecaries' Hall, Ireland ..	17	28	4	10
University of Dublin	12	25	4	5
	1491	1738	308	227

The Table of Register of Students gave the following results. The number after each licensing body

* By the regulation of this University, candidates are allowed, under certain conditions, to postpone their examination in Physiology until the first M.B. Examination of a subsequent year.

expresses the number of those who passed a preliminary examination before commencing professional study.

ENGLAND.

Royal College of Physicians, London, 142. One exempted by special commission of the College, having being examined at Bedford School in 1859. Total, 143.

Royal College of Surgeons of England, 366. 56 exempted, as they had begun professional study before October 1, 1861. Total, 422.

Apothecaries' Society of London, 331. 37 exempted, having begun professional study before January 1, 1860; 10 ditto, having begun apprenticeship before Jan. 1, 1860 (2 of these passed preliminary examination in January 1865). Total, 378.

University of Oxford. No return.

University of Cambridge, 12.

University of Durham, 55.

University of London, 50.

SCOTLAND.

No returns received from any of the Universities or licensing bodies in this division of the kingdom.

IRELAND.

King and Queen's College of Physicians, Ireland; Royal College of Surgeons, Ireland; Apothecaries' Hall, Ireland; University of Dublin; and Queen's University, Ireland. Total number who had passed preliminary examination, 254. One exempted, having been placed on the Register by especial resolution of the Royal College of Surgeons, Ireland. Total, 255.

The Recommendations on Education. Dr. EMBLETON proposed, Mr. COOPER seconded, and it was resolved—

"That a Committee be appointed to arrange and digest the Recommendations on Education of the Council as to the preliminary and professional education and examination, agreed to during the past and present session; and that the Committee consist of Dr. Embleton (chairman), Mr. Cooper, Dr. Leet, Dr. Apjohn, Dr. Stokes, and Dr. Alderson."

The following day being Good Friday, the Council adjourned to Saturday.

SATURDAY, APRIL 15TH.

G. BURROWS, M.D., President, in the Chair.

The Deputation on the Medical Acts Amendment Bill. The President informed the Council that the deputation appointed at the last meeting of the Council had waited upon the Under Secretary of State for the Home Department, and found that he had given his close attention to the report adopted by the Council on the amendment of the Medical Acts, including the Draft Bill; and, after some further explanations, he promised to forward immediately the report, with the memorial signed by the President, to the Secretary of State, Sir George Grey.

Degrees in Surgery. Dr. STORRAR moved—

"That Section x in Schedule (A) of the Medical Act, be amended by the introduction of the words 'or Bachelor,' after the word 'Master,' in the first line."

He explained that, on the passing of the Medical Act, it was found that, in Section XXXI the qualification to practise medicine was understood in its limited sense: and hence several Universities have instituted degrees in Surgery, so as to give their graduates a double qualification. The University of London had thus instituted two degrees, those of Master and of Bachelor of Surgery, to correspond with the degrees of M.D. and M.B. This was not done for the sake of competition with the College of Surgeons, but because it was felt that, so long as the University could not give academic distinctions in Surgery, the surgical claims of its graduates were not fairly represented. He did not include the University of London alone in his proposal, but was desirous that all the Universities which gave degrees in Surgery should have the privilege of registering them.

Mr. SYME seconded the motion. He had always considered that the degree of Doctor of Medicine should confer the right of practising surgery as well as medicine: and he regretted that a different decision had been arrived at. But this being the case, the recognition of the surgical degree was absolutely necessary.

Mr. ARNOTT objected to the extension of the privilege to all the Universities, on the ground of the difference of constitution between the University of London and the Scotch Universities: the former being an examining body only, the latter both teaching and examining bodies. It would be discouraging to the great medical schools in London to give the Scotch Universities the privilege of granting degrees in Surgery: it would encourage students to desert the London schools and go to Scotland. If the University of London wished for a recognition of their degree in Surgery, let them obtain it by a special charter or Act; but do not let the privilege be extended to institutions which are medical schools. It had been said that the Royal College of Surgeons did not give a medical qualification; but he argued that their examination was medical as well as surgical. Candidates were examined on fever arising from surgical injuries, on inflammation of the brain, lungs, peritoneum, etc. He believed that the College of Surgeons would resist the proposal to recognise the surgical degrees of the Universities, if the motion were carried.

Mr. HARGRAVE considered the requirements of the University of London as to surgery very superficial and meagre.

Dr. QUAIN said that, from its institution, the University of London had examined candidates for the M.B. degree in Surgery as well as in Medicine. But, as a graduate, he had felt it hard that his surgical qualification was not recognised. When the Medical Act was passed, the University Convocation decided in favour of the recognition of degrees in surgery. The Senate also was willing to agree to this, but it was found that the degree of Master of Surgery was alone recognised by the Medical Act. The University had instituted two degrees in Surgery, those of Master and Bachelor; and all that they asked was, that their graduates should be allowed to register these titles. It was desired in instituting the degrees, that all candidates should be required to take the M.B. degree, and after this proceed either to the M.D. degree or to a degree in Surgery according to their inclination.

Dr. A. SMITH said that the Council should decline to give any opinion on the subject. The University of London, if it wanted its surgical degrees to be recognised, should apply to Parliament.

Dr. CHRISTISON said that it was a mistake to suppose that the resolution was intended to confer the power of granting degrees in Surgery on Universities which did not already possess it. Such a power could only be granted by charter to each University. The University of London had this right by charter; and all that was to be decided was, whether its graduates should be allowed to register their surgical degrees. Mr. Arnott was right in saying that the Scotch Universities did not now grant degrees in Surgery; but he was wrong in supposing that they did not possess the power to do so. Their old charters, still in force, entitled them to grant degrees in Medicine, etc., "aut in quâvis aliâ licitâ facultate." He was,

however, by no means desirous that they should exercise this privilege.

Mr. Cooper said that the Society of Apothecaries had done its duty in endeavouring to render practitioners duly qualified. If the College of Surgeons and the Hall were efficient for the licensing of general practitioners, he did not see the necessity for the Council taking measures to form a higher class of these.

Dr. Paget said that Dr. Storrar's proposal was that the privilege of registering a lower degree in Surgery should be granted to bodies which already could register a higher degree. He feared that if many took the degree of Bachelor in Surgery, a competition would be instituted between that degree and the membership of the College of Surgeons; and competition between licensing bodies was not beneficial to the public.

Dr. Corrigan regarded the question as a battle between shops. The Council had set out with the desire of diminishing the number of professional licenses; and now a proposal was made to increase them. The Colleges of Surgeons had obtained their powers on the supposition that the Universities neglected Surgery.

Dr. Acland objected to the opening remarks of Dr. Corrigan. As to the University of Oxford, there were no fewer than fifty-two different titles which the University could grant; among these was a license in Surgery, which, in his opinion, was well left in abeyance at least for a time. The question of the recognition of the surgical degrees had not been raised in Oxford because he did not think it expedient to add another to their degrees; but if another University was inclined to act differently, it was unfair and unbecoming to represent the question as a mere battle of petty interests.

Dr. Storrar having replied, the motion was put to the vote and lost.

Dr. Corrigan required that the names and numbers of the majority and minority, and of those who did not vote, should be taken down. *Majority*, 9—Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Andrew Wood, Dr. Fleming, Dr. A. Smith, Mr. Hargrave, Dr. Apjohn, Dr. Corrigan. *Minority*, 6—Dr. Storrar, Mr. Syme, Dr. Sharpey, Dr. Quain, Dr. Christison, Dr. Stokes. *Did not Vote*, 5—The President, Dr. Alderson, Dr. Acland, Dr. Embleton, Dr. Leet.

The British Pharmacopœia. The Report of the *Pharmacopœia* Committee was taken into consideration. (See page 376.)

Dr. Quain moved—

"That the Report of the *Pharmacopœia* Committee be adopted."

The principal changes in the second edition would be that the chemical processes for the preparation of medicines would be omitted; and that the work would be printed in one size only.

Dr. Apjohn seconded the motion.

In answer to a question from Dr. Andrew Wood,

Dr. Quain said that it was intended to publish the new edition as soon as possible after the next meeting of the Council. There would not be a posological table, but the doses would be mentioned under each medicine; and all alterations from the nomenclature of the other *Pharmacopœias* would be entered.

Dr. Christison, in the course of the discussion which followed, said that no article would be omitted that was known to be used by medical men; and new preparations used by practitioners in extensive practice would be introduced. The *Pharmacopœia* Committee had thought it better rather to add superfluous matter than to strike out.

The motion was carried.

Dr. Corrigan moved, Dr. Andrew Wood seconded, and it was resolved—

"That it is desirable to have a proof copy of the new *Pharmacopœia* in the hands of the members of the General Medical Council at least one month before the meeting of the General Medical Council, at which the opinion of the Medical Council is to be given relative to its being published, in order to afford to each member of Council the opportunity of making such suggestions to the Committee as may appear desirable."

Dr. Quain moved, Mr. Hargrave seconded, and it was agreed—

"That the Executive Committee be authorised to obtain estimates, and make contracts for printing and binding the new edition of the *Pharmacopœia*, when the same is ready for the press."

Dr. Quain moved, Mr. Cooper seconded, and it was resolved—

"That the sum ordered to be placed at the disposal of the *Pharmacopœia* Committee, by resolution of May 7th, 1864, be extended from £100 to £300."

Subjects of General Education. Dr. Stokes moved—

"That the first part of the Report of the Committee on the Subjects of General Education, extending to the words, 'approved by them,' be adopted." (See page 398.)

He said that the examination in the subjects of general education was most efficiently conducted by those who were also the teachers of these subjects. In examining by the professional bodies, great abuses had prevailed. He had heard of an instance in which the Registrar of an institution had informed the candidates in what parts of certain works they would be examined; and of another in which one passage was so constantly used, that the book if thrown up would always fall open at that one page. It was true that these events occurred many years ago, and great credit was due to the Colleges of Physicians and Surgeons for instituting a better state of things; but still there was room for improvement. He considered that the want of a good general education was the cause of the low social position of the medical profession. The public should understand that the Council would not be satisfied with a low standard, and that it was their opinion that students should continue to cultivate general studies even after having passed their examinations. He cited the late Sir Benjamin Brodie as supporting this opinion. The Council should insist on a few subjects and take care that they were well known.

Dr. Paget seconded the resolution. All that was desired was, that medical students should have a fair general examination.

Dr. Andrew Wood was not prepared to discuss so important a subject at so late a period of the session. He believed the examination in arts of the College of Surgeons was as good as that of the universities; and the incorporations were not at present in a condition to part with their right of holding the preliminary examinations. The College of Surgeons of Edinburgh had their examination in mathematics conducted by Professor Kelland; but in Latin they found a member of their own profession quite competent. He did not think that the Council would be content with the standard laid down in the report. He moved as an amendment—

"That, as at this late period of the session it is impossible duly to consider the important questions brought forward in the Report of the Committee on General Education, the consideration of that report be delayed till next session."

Dr. Fleming seconded the amendment.

After a discussion, in which Dr. Corrigan, Mr. Hargrave, Dr. Storrar, Dr. Apjohn, Mr. Cooper,

and Dr. STOKES took part, the amendment was put to the vote and carried; the numbers being, for, 11, against, 8. It was then also carried as a substantive motion.

A proposal for the suspension of the standing orders, so as to allow the Council to sit for an additional hour, was negatived by a majority of 12 to 6.

Professional Education and Examination. Dr. EMBLETON moved, Dr. LEET seconded, and it was resolved—

"That the Report of the Committee appointed to arrange and digest the recommendations as to education and examination agreed on during the present session by the General Committee on Education be received, and entered on the Minutes."

Executive Committee. A ballot was taken for the election of four members to form, with the President, the Executive Committee; and Dr. Acland, Mr. Arnott, Dr. Paget, and Dr. Sharpey, were declared elected.

MONDAY, APRIL 17TH.

GEORGE BURROWS, M.D., President, in the Chair.

The Pharmacy Bill. The Report of the Committee on Medical and Surgical Practice by Chemists and Druggists and on the Pharmacy Bills, was discussed, clause by clause, and finally adopted in the following form.

REPORT.

The Committee appointed on April 7th, 1865, to report whether the Medical Council is charged under the Medical Act with any duty in relation to medical and surgical practice by chemists and druggists, and also to consider and report on the two Bills relating to Pharmacy now before Parliament, report as follows:

In 1864, the General Medical Council represented to Her Majesty's Government the necessity of regulating by statute the practice of pharmacy by chemists and druggists throughout the kingdom. The Committee are of opinion that this necessity continues as cogent as ever; and that the Council ought to encourage and support any approved measure for effecting such legislation.

Two Bills for the purpose have been introduced into the House of Commons during the present session, one promoted by the Pharmaceutical Society, the other by chemists and druggists not belonging to that body. The Bill of the latter is confined to England and Wales, that of the former to Great Britain.

After carefully considering both Bills, the Committee are of opinion that the preferable mode of legislation is that which adopts the Pharmaceutical Society, with the Pharmacy Act of 1852, as a basis. They think the Bill promoted by the Society well fitted to attain various important objects, and reasonable in its demands for powers and privileges.

The main objects of the Bill are to form a register of legally qualified pharmaceutic chemists; to prohibit the use of certain pharmaceutic titles by persons not on the Register; to confine to those registered the privilege of executing the prescriptions of medical practitioners, subject to the provisions hereinafter named; but not to restrict the sale of medicines asked for in any other manner.

The Committee desire to bring before the Council certain defects which it appears to them necessary to correct before the Bill becomes law.

1. The Bill should be altered so as to apply to Ireland, as well as to England and Scotland. They are not aware that any state of things exists in Ireland to render the regulation of pharmacy by the State less necessary there than in Britain.

2. The Committee are of opinion that a clause should be inserted in any Pharmacy Bill, rendering it imperative on chemists and druggists to follow, in compounding prescriptions, the formularies of the *British Pharmacopœia*, unless otherwise directed by the prescriber.

3. The Committee consider that the promoters of the Bill, probably from a desire to disarm opposition, propose to admit, on too easy terms, into their Society practising chemists and druggists not now belonging to it. The proposal is to admit all who offer themselves for examination, or who produce a certificate from a qualified medical practitioner that they have been in the practice of dispensing medicines from the prescriptions of medical men before January 1, 1866. The latter alternative implies a facility of entrance which will be apt to lead to abuse. The Committee are of opinion that more satisfactory evidence of qualification should be required.

4. The last important defect in the Bill which the Committee have to notice is, that no adequate provision has been made towards preventing registered pharmaceutic chemists from converting themselves into unqualified medical practitioners.

Looking to the history of medical practice in this country, the Committee see great danger to the interests of the public and of the medical profession from the body which will be constituted by the Bill, should it become an Act in its present shape. The General Medical Council, in carrying out the objects of the Medical Act, have raised, and, it is hoped, may further raise, the qualifications of legally qualified medical practitioners. But their labours will be in vain, should the creation of a new race of unqualified practitioners be inadvertently encouraged by an Act of Parliament. It is well known that many existing chemists and druggists, both members of the Pharmaceutical Society and others, practise medicine, although unqualified by law and not competent by education. To a limited extent, this practice may be inevitable, and, at all events, cannot be prevented. But the existence of it gives peculiar facilities and temptations to the pharmaceutic chemist to embark largely in irregular medical practice as an unqualified practitioner.

The Committee have considered whether the danger here indicated might not be averted by extending the jurisdiction of the General Medical Council, so as to include control over pharmaceutic chemists as well as over practitioners in medicine. But they believe that such a plan is at present attended with difficulties.

By Clause 55 of the Medical Act, chemists and druggists are expressly exempted from the provisions of the Act, so far as the "selling, compounding, and dispensing medicines" is concerned. Nor is there any provision in the Act which gives the Medical Council any greater power to prevent chemists and druggists from practising medicine also, than the Act enables the Council to exercise over all other unqualified medical practitioners. It is plain, therefore, that the Act did not contemplate the exercise by the Medical Council of any control over chemists and druggists; and the Committee consider that it would be unwise to seek to alter the existing relations between the Medical Council and chemists and druggists.

The Committee have further considered whether the danger they have pointed out might be averted by some simple provision in the Pharmacy Bill. By Section XVII of the Bill of the Pharmaceutical Society, it is declared that—

"Nothing in this Act contained shall extend, or be construed to extend, to lessen or prejudice, or in any wise to interfere with, any of the rights, privileges, and immunities heretofore vested in, and exercised,

and enjoyed by any duly qualified medical practitioner."

This clause sufficiently protects medical practitioners in such right of practising pharmacy as they have hitherto enjoyed; but it does not attempt to prevent pharmaceutic chemists from practising medicine. Considering their peculiar temptations to practise it, however, some check seems desirable. The Committee suggest that this object may be attained, in some measure, were the following clause to be added to Section XVII; viz.—

"Or to entitle any person registered under this Act to practise medicine or surgery, or any branch of medicine or surgery."

The members of the pharmaceutic body would thus have constantly before them the sentiments of the legislature as to the principles on which the Pharmacy Act was founded.

The Committee have reason to believe that the Council of the present Pharmaceutical Society have every desire to discourage the practice of medicine by its members. They, therefore, apprehend that no opposition would be made to the addition of such a clause.

The Committee call attention to the fact that the Bill proposes to confer on the whole body of chemists and druggists the right of dispensing and selling medicines without any control on the part of the Government, except such as is exercised under the Pharmacy Act over registered pharmaceutical chemists. The medical profession has not been so dealt with in the Medical Act. The Medical Council is properly restricted in its action by the Medical Corporation and Universities, and is also controlled by the Privy Council. They submit that the whole profession of pharmacy ought to be subjected to some control.

The Committee recommend that the above observations should be laid by the President before the Secretary of State for the Home Department, and the Chairman of the Select Committee on the two Bills.

Signed on behalf of the Committee,

HENRY W. ACLAND, *Chairman.*

Returns from the Licensing Bodies. Dr. EMBLETON moved, Mr. HARGRAVE seconded, and it was resolved—

"That the Report of the Committee on Returns received from the Bodies in Schedule (A), and the Registers of Medical Students be adopted." (See p. 403-4.)

Finance. Dr. SHARPEY moved, Dr. STORRAR seconded, and it was resolved—

"That the Report of the Finance Committee be adopted." (See page 402.)

Dr. SHARPEY remarked that the balance due on account of the *Pharmacopœia* was now reduced to £674.

Dr. SHARPEY moved, Dr. STORRAR seconded, and it was resolved—

"That the Resolution adopted on the 7th of May, 1864, directing that two members of the Executive Committee be annually appointed to audit the accounts of the Council, be rescinded, and that the Standing Order, Sect. VI, No. 14, founded thereon, be repealed."

The Registrar. Dr. PAGET moved, Mr. ARNOTT seconded, and it was resolved—

"That it be delegated to the Executive Committee, in case of the death or incapacity from illness of the Registrar, when the General Council is not in Session, to appoint a person to perform temporarily the duties of Registrar."

The King and Queen's College of Physicians. Dr. CORRIGAN moved, Dr. APJOHN seconded, and it was agreed to—

"That the correspondence, as now submitted, between the Director-General of the Army Medical Department, the Secretary of State for War, the General Medical Council, and the King and Queen's College of Physicians in Ireland, be inserted in the minutes, and that the Registrar be requested to write to the Secretary of State for War, enclosing a printed copy of the above, and explaining to his Lordship that the General Medical Council are of opinion, for the reasons stated in the correspondence mentioned above, that initials, indicating the several medical qualifications which army surgeons possess, should be inserted after their names without distinction or preference to one degree or license over another, each surgeon, when he possesses more than one medical qualification, having, however, only one medical qualification appended to his name."

The standing orders were here suspended so as to enable the Committee to sit until seven o'clock.

The Army and Navy Returns. Dr. CORRIGAN moved, Dr. APJOHN seconded, and it was resolved—

"That a letter be addressed to the Director-General of the Army Medical Department, requesting that he would direct the future returns from the Army Service to have columns attached similar to those in the Navy return, specifying in similar detail the number of Candidates and the heads under which the Candidate failed to answer."

Business of the Council. It was moved by Dr. ACLAND, and seconded by Dr. STOKES—

"That a Committee of not more than five, and the President, be appointed to consider and report to the Council what are the means best calculated to expedite the business of the General Council; and, what are the several objects on which the funds of the Council may, consistently with the spirit of the Medical Act, be expended."

After some discussion, the motion was negatived; 4 voting for and 9 against it.

Recommendations on Medical Edueation, etc. Dr. EMBLETON moved, Dr. LEET seconded, and it was resolved—

"That the Report of the Committee appointed to arrange and digest the recommendations as to education and examination agreed to during the present session by the General Committee on Education to be considered, be adopted, and that the recommendations therein embodied be printed, under the direction of the Executive Committee, in a separate form, circulated among the members of the Council, and sent to each of the licensing bodies."

Visitation of Examinations. Dr. CORRIGAN moved, Dr. APJOHN seconded, and it was agreed by a majority of 7 to 4—

"That this Council, in recommending in their resolution of April 6th, 1865, the visitation of examinations by the Branch Councils, or members of such Councils deputed by them, did not contemplate payment for such duties."

The Executive Committee. It was moved by Dr. ANDREW WOOD, and seconded by Dr. EMBLETON—

"That the powers and duties delegated to the Executive Committee, in accordance with Section IX of the Medical Act (*See* Standing Orders, Section VI), shall be vested in the Committee until the next meeting of the General Medical Council; and that, in addition, it be delegated to them to communicate with the government in order to carry out the views of the Council in regard to the Bill for amending the Medical Acts."

Dr. APJOHN moved as an amendment, and Dr. CORRIGAN seconded—

"That the words 'in order to carry out the views of the Council,' be omitted, and the following sen-

tence added to the foregoing resolution: 'it being understood, however, that no concession shall be made by the Committee inconsistent with the Amended Bill proposed by the amended Council.'"

The amendment was carried by a majority of 7 to 4, and, having been put as a substantive motion, was also carried.

Publication of Proceedings. It was moved by Dr. CORRIGAN, seconded by Dr. APJOHN, and agreed to—

"That a third volume be published, without delay, of the proceedings of the past and present meetings of the General Medical Council, with full index attached."

Votes of Thanks, etc. The following resolutions, moved by Dr. ANDREW WOOD, and seconded by Dr. AQUILLA SMITH, were unanimously agreed to.

"That the thanks of the Council are due, and are hereby tendered, to the Treasurers, Dr. Sharpey and Dr. Quain, for their important services.

"That the thanks of this Council are eminently due, and are hereby offered, to the Royal College of Physicians, London, for their obliging and courteous accommodation during the present session of the Medical Council.

"That a gratuity of twenty guineas be given to the resident officials of the College of Physicians, for services rendered to the Council.

"That a gratuity of ten guineas be given to Mr. Bell, and the same to Mr. Roope, the clerks, in consideration of their extra services during the present lengthened session of the General Medical Council."

Dr. EMBLETON moved, Dr. STOKES seconded, and it was agreed to—

"That the cordial thanks of this Council are due, and are hereby tendered, to Dr. Andrew Wood, for his unwearied exertions and invaluable services as Chairman of the Business Committee during the past and present session of the Council."

It was finally moved by Dr. ANDREW WOOD, seconded by Dr. CORRIGAN, and unanimously agreed to—

"That the thanks of the Council are cordially tendered to the President for his kind, courteous, and efficient services during the present session of the General Medical Council."

The minutes of the day's meeting were then read and confirmed; and the eighth session of the Medical Council was brought to a close after a sitting of eleven days.

In concluding this report, we would express our thanks to the Council and the College of Physicians for the accommodation afforded us; and also to the clerks, Mr. Bell and Mr. Roope, for the obliging manner in which they placed copies of the minutes and other available documents in our hands at the earliest possible opportunity, and furnished us with all other necessary information.

THE NEW HOSPITAL AT CAMBRIDGE will probably be completed in the course of three or four months.

HEALTH OF SCOTLAND. The Scottish Registrar-General's monthly return for the eight principal towns—containing an aggregate population of probably above 922,000—shows a mortality of 2,593 for the month of March. This is 147 above the average mortality of the month, but it is 322 less than the month of March 1864. Epidemic diseases, however, still prevail; the zymotic class of diseases caused one in every four of the deaths of the month, one in every three in Paisley, and nearly half of all the deaths in Perth. Above 11 per cent. of the mortality of the month was from typhus, which in Greenock caused nearly 20 per cent. of the entire mortality.

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 22ND, 1865.

THE MEDICAL COUNCIL.

THE members of the General Council of Medical Education and Registration have again met, have deliberated during a session of eleven days, and have departed. The Council has had before it several important subjects, among which the most prominent were Medical Education, the Amendment of the Medical Act, and the Pharmacy Bills. What has been the result of its labours?

The first subject to which the Council directed its attention was the amendment of the Medical Act. Last year, it was determined that the consideration of the subject should be deferred for the time; that the Branch Councils should be requested to consider how Sections XX, XXXI, and XL of the Act could be best amended; and that the Council should appoint an early day at their meeting in the next session (that which has just been held) for the examination of the whole subject. Accordingly, on the first day of the session, the Council, after disposing of some formal business, proceeded to deliberate on the Act; and the several recommendations of the Branch Councils were read and placed on the minutes. The Council first debated on the sections above mentioned, and subsequently entrusted the Medical Act to a Committee, with the view of a more extended examination.

On Section XX, which gives the Medical Council the power of representing to the Privy Council the conduct of those licensing bodies whose requirements do not come up to a proper standard, various proposals were made by Dr. Andrew Wood, Mr. Syme, and Dr. Parkes. (See JOURNAL, April 8, p. 352.) Neither of these, however, met with sufficient favour to carry them; and it was ultimately decided to leave the section as it at present stands. The Council was, we believe, led to this decision by the very valid argument that it would be absurd to ask for an increase or modification of its powers under this section until it has ascertained by experiment—which it has not yet done—that these powers are not sufficient. The Council, in fact, adopted the resolution of the Branch Council for England:

"That, consistently with the existing provisions of the Medical Act, the Medical Council may make

known what they consider to be requisite as a sufficient course of education and examination, and may, if needful, represent cases of deficiency to the Privy Council, for correction; and that the Medical Council has, further, the power of supervising examinations, with a view to their efficiency;—that hitherto these provisions of the Act have not been proved by actual trial to have failed of their purpose, and that it would be impolitic to apply to the legislature for other powers until those already conferred shall have been practically shown to be insufficient."

For Section XL—the penal clause of the Medical Act—the Council resolved to substitute a clause to which we have already directed attention as being objectionable. Notwithstanding the arguments adduced by several members in favour of compulsory registration, we still regret that the Council decided on omitting the words "nor being able to give evidence of being qualified to be registered under this Act".

The Council having thus come to a decision with reference to Sections XX and XL, on a subsequent day referred the whole of the Act to a Committee, together with suggestions from certain members of the profession and an important memorial from the Dental Licentiates of the Royal College of Surgeons. The Report of this Committee, and the decision at which the Council arrived in regard to it, will be found at pages 398-402 of the present number.

The Committee laid before the Council the draft of an amended Bill, which, with some modifications, was adopted. By it, Sections XIV and XL of the present Act are proposed to be repealed, such repeal not having a retrospective effect. For Section XL, the clause to which we have already referred is substituted. Section XIV of the present Act defines the manner in which the *Register* is to be kept. Of this section the spirit has been preserved; but it is proposed to amend it by directing the Registrar, in cases of doubt, to apply twice, at intervals of three months, to practitioners before erasing their names from the *Register;* and also by enabling the Registrar to remove the name of any one who has ceased to practise and wishes his name to be erased. No name which has been once struck off is to be restored to the *Register* without the authority of the General Council or Branch Council.

In the seventh section of the Medical Act, the representatives of the corporate bodies in the Council are required to be "qualified to be registered". This wording was obviously necessary when the Act first came into operation; but now the Council propose that the representatives of the corporations shall absolutely be registered.

The Committee further recommended that the privilege of granting licenses in Dental Surgery, already possessed by the Royal College of Surgeons of England, should be further conferred on Scotch and Irish surgical corporations. This proposal was, however, objected to on the ground that it would not be fair to exclude the Universities and the Colleges of Physicians from a similar privilege; and the clause was accordingly withdrawn without much discussion.

Several other questions, arising out of suggestions made by various practitioners and by members of the Council, were also taken into consideration by the Committee; viz., the introduction of a clause to compel practitioners to obtain both a medical and surgical qualification before registration; the application to Parliament for a grant of money to defray the expenses of visitation of examinations; and an application for increased powers to be given to magistrates administering the Act, and for increased penalties. On these points, the Committee recommended that no action should be taken; and the Council endorsed their recommendation. The Council, however, considered it highly desirable that all registered practitioners should have a double qualification; and again expressed an opinion in favour of combined action on the part of the Colleges of Physicians and Surgeons in each division of the kingdom. In reply to the memorial of the dental surgeons, the Council resolved, on the recommendation of the Committee, that it is not expedient to open the *Register* to dental practitioners having no other qualification than their licence to practise dentistry; because such admission would further frustrate the desire of the Council to secure a full qualification for all registered practitioners.

The Council completed its proceedings in regard to the amendment of the Medical Act by authorising the President to address a memorial on the subject to Sir George Grey, and by sending a deputation to the Under Secretary for the Home Department. This deputation was received by Mr. Waddington on Saturday last, and met with what was considered to be an encouraging reception. Whether, however, it will be possible to obtain the passing of a Bill during the present session, is somewhat doubtful. Some members, Dr. Corrigan especially, regard the attempt as useless; and there is, we fear, much reason in their arguments. We shall, however, soon see how far they are right.

The two Pharmacy Bills, now before Parliament, also received the attention of the Council. A Committee appointed for the purpose brought up a report on them which, with some modifications, was adopted. The Council prefers the Bill of the Pharmaceutical Society—that introduced by Sir Fitzroy Kelly; but proposes that the Bill should be made applicable to Ireland as well as to England and Scotland; that a clause should be introduced rendering it compulsory on druggists to follow the *British Pharmacopœia* in compounding prescriptions, unless otherwise directed by the prescriber; that more satisfactory evidence of qualification than that mentioned in the Bill should be required from druggists seeking admission into the Pharmaceutical Society; and that some provi-

sions should be made to prevent chemists and druggists, registered under the proposed Act, from acting as medical practitioners. The Pharmacy Bill, it is observed, proposes to protect the rights, as to pharmacy, of duly qualified medical practitioners; and it is further proposed to add a clause to the effect that no registered pharmaceutic chemists shall be entitled to practise medicine or surgery. Illegal practice by druggists to some extent, the Council acknowledged, cannot be prevented; but it desires that the Bill should contain an expression of discouragement of such practice. The Council further urges that the profession of pharmacy should be placed under some control analogous to that which is exercised over the Medical Council by the Universities and corporations, and by the Privy Council.

Medical Education occupied a considerable share of the time of the recent session. The proceedings were at first carried on in a rather desultory manner; various members bringing forward resolutions without any definite order, until Dr. Quain very opportunely recalled to the memory of the Council a fact which seemed to have been overlooked; viz., that the report of a Committee on Education, which had been partly discussed and decided on last year, still remained for the consideration of the Council. Accordingly, discussion on this report was resumed and completed; the decisions arrived at in 1864 being also reconsidered and in several instances modified. We shall give in an early number the complete code of recommendations agreed on by the Council; and will here only point out the leading features.

All medical students are to be registered by the Branch Registrars at the commencement of their professional study; a preliminary examination in general education having been first passed. The licensing bodies are to be requested not to examine after October 1869 any candidates whose names are not on the Students' Register or on the general *Medical Register*. Special exceptions, however, may be admitted by the Branch Councils, if sufficient reason be given. No license is to be obtainable until after the expiration of forty-eight months from the time of the student's registration; and within this period he must have attended a medical school recognised by any of the bodies in Schedule A, during not less than four winter sessions, or three winter and two summer sessions. The Council still declines to lay down any special course of study to be followed; but advises that lectures should be so arranged as not to interfere with hospital and clinical study. As to examination, the Council have resolved to ask the licensing bodies for particulars regarding the manner in which their examinations are carried on. This information, although only suggested by a recommendation of last year's Committee not then formally adopted, has already been furnished by some of the licensing bodies. The examination is to consist of two parts: the first not to be undergone until the close of the winter session of the second year of study; and the second part not before the close of forty-eight months after the registration of the student. Candidates may, however, be examined in physics, botany, and natural history, at an earlier period than the first professional examination. The examinations are to be held, except in special cases, at stated periods; and the professional examinations are to be practical in all branches in which they admit of being so. No candidate is to be admitted to his final examination until he is 21 years of age; but special exceptions may be made, and the reasons for the same must be transmitted to the Branch Council.

One very important decision at which the Council arrived was, to organise the visitations of examinations.

"Each of the Branch Councils, or such of their members as may be deputed by such Councils, shall from time to time visit the examinations, preliminary as well as professional, conducted by the qualifying bodies in their respective divisions of the United Kingdom, and report the results of their observations to the General Council."

We are glad to see that the Council have at last recognised the necessity of exercising some supervision over the examining bodies. Whether they have adopted the most efficient scheme, remains yet to be proved; but we cannot but think that the expression of their determination at least will have a beneficial effect. A proposal of Dr. Corrigan, who disapproves of visitation, that the examinations of each licensing body should be public to the graduates, members, and licentiates of that body, was rejected.

In the course of the proceedings, two very important documents, having a bearing on medical education, were laid before the Council; viz., the Returns from the Directors-General of the Army and Navy Medical Departments of the number of candidates admitted to examination during 1864. These returns, which are given at p. 372 of last week's JOURNAL, apparently had an influence on the deliberations of the Council, especially in demonstrating the necessity of supervising examinations. They showed that, in the Army Medical Department, out of 151 candidates who presented themselves, each of whom had been already declared by two licensing bodies fit to practise medicine, 30 were rejected; while, in the Navy, no fewer than 21 out of 49 were rejected. The Naval Board of Examiners appended to their return a letter, in which they observed that "in a very large number of cases, the candidates displayed a lamentable ignorance of Latin"; and that they regretted the general want of instruction in operative surgery in the dead body.

The Returns received from the Licensing Bodies shewed a considerable decrease in the number of stu-

dents who passed the first examination, as compared with last year's return; while there was an increase of those who presented themselves at the second examination.

Year of Return.	Passed. 1st Exam.	Passed. 2nd Exam.	Rejected. 1st Exam.	Rejected. 2nd Ex.
1864	1708	1687	375	224
1865	1493	1738	309	227

The percentages of rejections at the two examinations respectively have been nearly the same in the two returns; viz., for the first examination, 17 last year and 18 this year; and for the second, 11.5 in each of the two years.

This year, a Register of Students has been laid before the Council. This return gives the total number as 1315, of whom 1210 had passed a preliminary examination before commencing professional study, and 105 were exempted for various reasons. It is observed, that the number of exemptions is considerably less than in previous years.

On the subject of General Education, Dr. Stokes, as Chairman of a Committee, brought up a report in which it was recommended that the preliminary general examination should, after 1867, be left to the national educational bodies recognised by the Medical Council; and that no certificate should be accepted which did not show the candidate to have a knowledge of Latin, and of the elements of geometry, mechanics, and hydrostatics. The consideration of this report was, however, deferred, for want of time, until next session.

From the *Pharmacopœia* Committee, we learn that a new edition of the *British Pharmacopœia* is in course of preparation, and that certain improvements are to be made in it. It is not, however, to appear before the next session of Council. From the financial statement, it appears that 722 copies of the large and 1300 of the small edition were sold between May 1864 and January 5, 1865; and that the stock on hand of the large edition is 103 out of 13000 copies, and of the small 10,917 out of 15,000. The balance due on account of publishing has been reduced from £1206 to £723.

The Balance-sheet of the Council for 1864 shews a deficit of £59 : 11 : 6½, although the receipts were greater than in 1863 by above £130, and there was in 1863 a balance in favour of the Council amounting to £917. The contrary balance is chiefly due to the increased expenditure on behalf of the General Council, which in 1863 amounted to £3338, and in 1864 to £4317. The expenses of the Branch Councils have also, but in a less degree, been increased, having been £1210 in 1863, and £1339 in 1864.

We have thus given the principal points brought forward in the recent session. Other matters there were, for an account of which we must refer to the reports of each day's proceedings. On reviewing the proceedings, we are disposed, without pledging ourselves to an approval of all that the Council has done, to give it credit for less of eloquence and more of work than on previous occasions. At all events, the members seem to have endeavoured to act under the conviction that the profession expects something from them more than they have already done. One day, indeed, may be regarded as having been spent altogether unprofitably. On Saturday, April 8th, the Council were occupied for an hour in discussing an opinion of counsel on their duties as to voting, which, however, was so obscure, that the President declared himself unable to learn from it what he ought to do, and Dr. Andrew Wood compared it to the celebrated oracular answer, "Aio te, Æacida", etc.; and after this, nearly three hours of precious time were taken up with that apparently interminable question, the privileges of the Irish Apothecaries—the result being, to leave matters precisely as they were. But, with this exception, something was done, or some important matter discussed, at each day's sitting.

The Council has this year, we repeat, improved in its shew of work. And this must be admitted: that, whatever may be their shortcomings, credit is due to the members of the Council for their assiduity in attending to their duties. During the recent session, one member only, Dr. Alexander Wood, has been absent — we regret to learn, from illness. It seems, in fact, a point of honour with them, at least by their attendance to fulfil the trust placed in their hands by the licensing bodies which they represent. And this many of them must do at a pecuniary loss to themselves; for it cannot be supposed that the five guineas *per diem* with the allowances for hotel and travelling expenses which each member receives constitute an adequate return for his absence from practice. It would be an improvement, however, if some means of remunerating the members could be devised which should press less heavily on the funds of the Council. Dr. Acland, indeed, made an unsuccessful attempt to obtain a Committee to consider how the business might be abridged; but the Council thought that in time the business will, without any aid from Committees, naturally and necessarily contract itself within more reasonable limits than those to which, in the last two sessions, it has extended.

The opinion which this Journal was the first of the medical journals to give—viz., that the so-called new disease said to have been raging in St. Petersburg was "evidently neither plague nor any new disease, but the plain old-fashioned famine-fever, typhus, with its companion, relapsing fever"—has turned out to be strictly accurate. There have evidently been gross exaggerations made by the papers and telegrams in reference to the destructive character of the disease. It seems to us that the duty of medical journals in cases of this kind is not

to feed and foster the popular craving after excitement, by giving heed to the popular, though ignorant, and the marvellous side of such reports; but to calmly survey, and philosophically estimate, their real meaning. It surely is not the business of medical journals to square their medical knowledge according to the capacity of the ignorant multitude. Our duty should be to try and elevate ignorance up to a level with scientific teachings. An official document issued by the Russian Minister of the Interior gives us, no doubt, something like an accurate statement of facts. From this we learn that the epidemic in the Russian capital is neither Black Death nor Oriental Plague. "The epidemic," says the Minister, "does not offer any new features of note, nothing unknown to science, no special form but the typhoid class, with various known modifications," among which "buboes" are not mentioned. Typhus and typhoid fever visit St. Petersburg in the autumn of almost every year, diminishing about November, when a great number of workmen quit the city for the provinces, and increasing again in the spring, when these workmen return and the ice breaks up. This year, the customary spring outbreak has been more severe than usual, and attended with "bilious typhoid fever" and "relapsing fever". The last appears to be new in St. Petersburg. The relapsing fever is contagious. Only two deaths had been reported among the doctors, and a few more among the nurses. Infection has been most virulent in the poorest dwelling-houses, where the ventilation is bad, and infected clothing rarely destroyed. The Russian physicians express no doubt as to the origin of the malady. "It may be attributed to bad hygienic arrangements; to the consumption of bad food; to an unusual agglomeration of workmen in the capital." Nothing is said about the "horned rye", on which so much stress had been laid. Of the pathology of the disease, no doubt the medical men who have been sent by the English Government to the seat of the fever will give us a more accurate and satisfactory account than that contained in the report of the Russian Minister. Information, moreover, has been received from Dr. Whitley.

"He arrived," says Mr. Simon, "at St. Petersburg on Saturday night last, and his telegram informs me in positive terms that 'nothing resembling plague has been observed'. As regards the disease which is prevailing in parts of North Germany, the case is very widely different. That disease is one of which hitherto England has had no general experience. Even in foreign medical literature, mention of it is but comparatively recent, and the knowledge which relates to it is incomplete. It is a febrile nervous affection of a very painful and very dangerous kind. By us, for practical purposes, it may be regarded as a new disease; but, in truth, it has for the last twenty-eight years been prevailing very extensively in successive small epidemics, both in Europe and in America, throughout the entire breadth of the north temperate zone. Both on account of the alarming rumours which are connected with the present epidemics in North Germany, and also with a view to collect the latest and fullest information concerning the habits of so important a disease, your lordship (as in the case of the St. Petersburg fevers) deemed it right that an English physician should be sent to observe and report; and, under your lordship's orders, I instructed Dr. Sanderson to proceed for this purpose to those places about the Lower Vistula where the disease was chiefly prevailing. From him during the last few days I have received telegrams and letters which leave no doubt as to the identity of the prevailing disease, and establish, as I have already stated, that it has no dependence on the fevers of St. Petersburg."

The profession, who approve of fair play, will be glad to learn that the treasurer of St. Thomas's Hospital has not succeeded in his attempt to deprive Mr. Solly of the privileges of his hospital appointment. So far from this, the treasurer, on the 18th inst., received a very considerable defeat; for it was decided, by a majority of forty-five against eighteen governors, that Mr. Solly should be allowed to hold his appointment of surgeon to the hospital for the full term of twenty years. We believe that Mr. Solly has still eight of the twenty years of office to run.

The Vaccination Committee of Lyons have just published their Annual Report. Every year, they tell us, adds something new to a subject which has been long ago thought exhausted. M. Palasciano of Naples had supplied matter from the cow, and with this some children and animals at Lyons had been vaccinated. In its use, it appears that certain precautions are requisite. Professor Chauveau states that the matter from the cow never fails when the rules laid down by M. Palasciano are duly attended to; and that it produces finer pustules than the ordinary ones, and is absolutely harmless. One of the most essential rules is, that the matter must be taken from a pustule which is not more than seven days old; and that it must be taken from the very bottom of the pustule. The liquid matter, which may be obtained in abundance from the surface of the pustule at the eighth or ninth day, appears to have only very feeble inoculating powers. Thus eleven inoculations, made with matter taken from the bottom of young pustules, all succeeded perfectly; whilst five inoculations, made with matter taken from the surface of the pustule on the eighth day, all gave negative results. M. Chauveau thinks that we should employ animal vaccination as a means of avoiding syphilitic contagion. But the head surgeon of l'Antiquaille—M. Gailleton—gives a much more moderate view of the question. In his opinion, vaccination from the cow is a method which can only be very rarely employed, and is not required as a preventive against syphilis, if only due precaution be taken by the vaccinator. M. Berne, also head surgeon of

the Lyons La Charité, affirms that vaccine matter has in no way degenerated, and is still as effective a preventive against small-pox as ever it was. Altogether, it would appear that the experiments made at Lyons with vaccine matter taken from the cow do not correspond precisely with the account given by M. Palasciano at the Lyons Congress. The Lyons Hôtel-Dieu is, we are told, a permanent focus of variolous infection, both of patients and of visitors; so that the vaccination of every patient on admission has been recommended.

The bromide of potassium, as a remedy for epilepsy, has been tried by M. Moreau, in the Salpêtrière. Of the 300 or 400 epileptics in that hospital, the youngest patients, and those most recently affected, were chosen for the trial. The treatment was continued for three months, and the dose gradually increased from the first to the sixth week, from half a *centigramme* to three *grammes* in the twenty-four hours. After the sixth week, the three *grammes* were continued up to the end of the treatment. The result of the treatment in fifteen patients was, that in the first category of patients the bromide-salt produced neither good nor harm, the epileptic fits continuing as before. In the second category, the fits were more numerous after than they were before the treatment. The conclusion, therefore, is that the bromide is completely inefficacious in confirmed epilepsy.

Homœopathy appears to be in the ascendant in Spain. Recently, there has been established a Chair and *Clinique* of Homœopathy at Madrid. There is also a Homœopathic Academy, whose President, José Nanez, is a Marquis and Grand Cross. The Minister of State has determined that a fair trial should be given to homœopathy, in order to ascertain whether it will or not be right to alter, for the future, the course of medical instruction. All medical Spain is in commotion at the proposal. The Academy of Medicine has sent a protest to the Senate. "When Spain moves, instead of advancing, it progresses backwards," says the critic.

The Medical Congress at Madrid begins on next September 24th; it lasts six days. Any one, on showing his medical diploma, can gain admittance. The chief subjects proposed for discussion are: Hospital Reforms; Histological, Chemical, and Clinical Analysis of Purulent Infection; Nature and Treatment of Typhoid Fever; etc. The papers and discussions may be carried on in the French language.

The administration of nitrate of silver in ataxia of locomotion, and other paralytic disorders, is highly spoken of by certain French practitioners. The nitrate of silver should be made into a pill with nitrate of potash or silica, and not with bread, which decomposes it.

"No one can give an opinion concerning the acts of lunatics brought before the courts of justice," says M. Legrand du Saulle, "who has not had large experience of patients in lunatic asylums. He who does so speaks of that of which he has no knowledge—of what he has not seen; and the consequence is, that his incompetent evidence may lead the judge or the jury to the most unfortunate conclusions."

M. Guibout, of St. Louis, in lead-poisoning, speaks highly of flour of sulphur given in honey. Half an ounce of the sulphur is given during the day. It purges gently, and also directly neutralises the lead, says M. Guibout.

Dr. Chabraud states that cretinism has been for the last twenty years on the decrease in the Briançon district, and attributes the fact, in great part, to the use of coffee, which has there become very general.

M. Musse recommends a creasote lotion as a specific for mentagra.

M. Chenu, army physician, has just published a full exposition of questions, hygienic, medical, and surgical, relating to the Crimean war, founded on official documents. His work contains eight hundred pages in quarto, and is illustrated with one hundred engravings. He gives therein an account of the "courageous victims which were gathered by death from amongst the ranks of medical military service during the Crimean campaign." The number of officers of all ranks who died from wounds was 779, or 17 per cent.; of medical officers who died of different diseases, was 82, or 18.22 per cent.; of officers of all ranks who died of typhus, was 26, or 0.17 per cent.; of medical officers who died of typhus, the number was 58, or 12.88 per cent. Speaking of the position of the military medical officer, M. Chenu says:

"What is the position of the military surgeon? In the eyes of the soldier, he has the reproach of being a non-combatant. His real value, however, is only felt on the field of battle, in the ambulance, in the hospital, and in the midst of contagious diseases. In the hour of danger, every one praises him. The medical man who dies in the fulfilment of his sacred duty, says *Moniteur de l'Armée*, deserves as well of the army, of his country, and of his sovereign, as the soldier who dies on the field of battle. But when the danger is passed, then kindly thoughts vanish. But, in truth, in what particular does he differ from the combatant? He marches with the ambulance on to the field of battle. He is neither protected from death nor from wounds. The only difference which there is between him and the combatant is, that he does not return the wounds which he receives. In the hospital, his position is still more dangerous; there he strives with invisible enemies, against whom he has no defence, unsustained by the ardour of battle, the excitement, and the sound of the trumpet."

Odontographic Society of Pennsylvania. On February 7th, Professor Thomas H. Huxley, F.R.S., F.L.S., was elected an honorary member, and Charles James Fox, M.R.C.S., L.D.S., a corresponding member of this Society.

Association Intelligence.

CHEMISTS AND DRUGGISTS BILL.

The following amendments have been proposed to be inserted in the No. 1 Bill (Sir F. Kelly's) by the Parliamentary Bills Committee of the Metropolitan Counties Branch of the British Medical Association. To Clause 17, which saves the rights of medical practitioners, it is proposed to add: "And it shall not be lawful for any person registered under this Act, to prescribe for any patient, or undertake the treatment of disease, or in any way assume to act as a medical practitioner, and every chemist and druggist so offending, shall, upon a summary conviction, forfeit or pay a sum not exceeding £10." As Clause 19, it is proposed to insert the following: "No patent, quack, or other medicine shall be sold, unless a sworn certificate of its composition be lodged with the Registrar appointed under this Act, and a copy thereof be open for inspection in the shop or place in which such medicine is sold; and any person or proprietor of a shop, selling any secret remedy, shall, on summary conviction for each such offence, be liable to a penalty not exceeding £20."

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at the Committee Room of the Dartford Union House, on Friday, April 28th, at 4 P.M.

Dinner will be ordered at the Bull Hotel, at 5.15.

Tickets 5s. each, exclusive of wine.

Flaxman Spurrell, Esq., F.R.C.S., will preside; and a paper is promised by John Grantham, Esq., on Fibrous Disorganisation of the Stomach and Pylorus.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, April 19th, 1865.

WEST SOMERSET BRANCH: QUARTERLY MEETING.

A QUARTERLY meeting was held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M. HAMILTON KINGLAKE, M.D., President, in the Chair. Eight members were present.

Annual Meeting. It was resolved that the annual meeting be held at Taunton, on Tuesday, July 4th.

Communications. The following communications were read:—

1. On the Value of Perchloride of Iron in Obstetrics: with Cases. By Hugh Norris, Esq. After a full discussion, and thanks to Mr. Norris for his useful hints, he was requested to send the paper to the JOURNAL for publication, as it was calculated to make better known so valuable a remedy.

2. A Case of Phlegmasia Dolens in a Boy aged 11. By H. J. Alford, Esq. Copious notes of this unusual disease occurring in so young a subject were read by Mr. Alford, and commented upon.

The meeting separated at ten o'clock.

UNIVERSITY OF LONDON. The Senate of the University of London have determined to establish a degree of Bachelor of Surgery, which may be granted at the same time as the degree of Bachelor of Medicine.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

MARCH 9TH, 1865.

HENRY LOWNDES, Esq., Vice-President, in the Chair.

Acupressure. Mr. HIGGINSON gave an explanation of an instrument he had invented for the application of acupressure in external wounds.

Abnormal Arrangement of the Peritoneum. Mr. RAWSON showed a specimen of abnormal distribution of the peritoneum, the whole of the small intestines with the exception of the duodenum being contained in a sac formed by reflection of the peritoneum.

Ovariotomy. Dr. GRIMSDALE read four cases of ovariotomy. His previous successful cases had all continued to enjoy good health. One (Mary A. Smith) who was operated on in September 1863, was safely delivered of a child by Mr. Cavanagh, and has since with the child continued to do well.

CASE I. Margaret Robinson, aged 28, unmarried, a sempstress, was a thin delicate woman. Menstruation had continued regular, lasting usually four days. On examination a tumour was found, as large as the uterus at the eighth month, occupying the abdominal cavity; it was globular, uniformly fluctuating, and moveable most freely from the left side. The diagnosis at this time was unilocular tumour of the right ovary. On examining the chest, the percussion-sounds under the clavicle were not very clear; in the right subclavian region the respiratory murmur was harsh; on the left side it was weaker and interrupted. As there was no idea of performing ovariotomy at this time, no vaginal examination was made. She increased in size; and on January 8th, 1864, twenty-seven pints of ovarian fluid were withdrawn, followed by a total disappearance of the tumour. She rallied quickly and soon refilled. On May 14th she was again tapped, and thirty-two pints were withdrawn. On the 21st, a vaginal examination was made. The uterus was small and situated in front of the tumour. The tumour was somewhat fixed towards the left, and some pelvic adhesions were diagnosed. Ovariotomy was performed on June 14th. Several adhesions were met with. The pedicle was hard and fleshy, of good length, and a medium-sized clamp embraced it. The wound was closed by five deep and two superficial sutures. There was very little shock from the operation, and a remarkable freedom from pain; but one opiate was given, and that three hours after her return to bed. Sixty-eight hours after the operation all the sutures were removed, the wound having appeared to heal by first intention. She progressed satisfactorily, and left the hospital on July 9th. After leaving the hospital she suffered from abscess in the iliac region of the abdominal parietes, and though for some time in great danger, she made a good recovery.

CASE II. Annie Dowdale, single, aged 18; first commenced to enlarge in the abdomen during February 1862. She was a small delicate-looking woman, with enlarged submaxillary glands. She had slight cough. There was a loud rasping bellows-murmur with the second sound of the heart, heard at the base. In the early part of the year 1862, she was in the Royal Infirmary for acute rheumatism with heart-complications. The respiratory murmurs beneath the clavicle were clear, but rather harsh. Her abdomen, which contained a globular uniformly fluctuating tumour, measured at the umbilicus thirty-four inches, and from the scrobiculus cordis to the pubes sixteen

inches. The tumour was moveable chiefly from the *left* side, and was diagnosed as a tumour probably of the right ovary. There was no solid matter to be felt, and no evidence of any adhesions. On January 27th, she was tapped to sixteen pints of pale clear fluid. On October 7th, she was tapped to twenty-two pints. On November 21st, she was tapped to twenty-three pints. On June 9th, 1864, she was tapped to twenty pints. The condition of the girl for undergoing so formidable an operation was such as to make it a most difficult question whether it would be justifiable to perform ovariotomy. At her urgent desire, however, her request was complied with. The operation was performed on July 5th, 1864. The peritoneum was found very closely adherent to the tumour, causing delay in the early stage of the operation. There were no pelvic or any adhesions posteriorly. A large apron of omentum was found closely adherent to the upper and anterior surface of the tumour; this when carefully stripped off bled pretty freely, and from so many oozing points that it was considered advisable to tie it in one mass, and to bring the ligatured part into the wound at its upper edge. The peduncle was long and very thin. There had been no escape of ovarian fluid into the peritoneal cavity; but from the torn adhesions and the omentum so much blood had been poured out, that it was necessary to sponge out the pelvic cavity freely. The wound was brought together by five deep and three superficial silk sutures. For some time after the operation she remained in a very weak condition. Dyspnœa came on apparently from a collection of mucus in the bronchial tubes, which considerably increased the danger of her condition. To remedy this, after other measures had failed, the whole of the front of the chest was painted with blistering fluid, followed by the application of a hot poultice. This had the desired effect, and she now gradually commenced to recover from her most dangerous condition. One deep suture was removed in forty-eight hours, and the remaining four in sixty-eight. She was discharged from the hospital on August 2nd perfectly well, and returned to service. One curious fact remains to be recorded, viz.: that the enlarged submaxillary glands of four years duration, disappeared within three weeks of the operation.

Case III. Ellen Seddon, unmarried, aged 25, came to the Lying-in Hospital on May 13th, 1864, suffering from an abdominal enlargement. She first noticed the swelling in the summer of 1862. On examination, the tumour was as large as the uterus at the eighth month of pregnancy. The tumour fluctuated, and there were no indications of any solid mass; no adhesions could be detected. On examination *per vaginam*, the uterus was found lying centrally behind the tumour. There was a harsh respiratory murmur beneath both clavicles. She was ordered a tonic, and to remain under observation. She improved in general health, the tumour in the meantime increasing in size. A note was made that the tumour was probably of the right side. The operation was performed on September 24th, 1864. There were no adhesions except a small omental one. The tumour was chiefly bilocular. Twelve pints of thick portery fluid were drawn off; the pedicle was of fair length. Five deep sutures served to close the wound; these were removed, and nine hours after the operation the incision healing by first intention. She made an excellent recovery, and left the hospital quite well on October 29th, 1864. This patient called to see Dr. Grimsdale last week, and was in robust health.

Case IV. Martha Budds, aged 32, married, was admitted into the Lying-in Hospital on September 12th, 1864. She had been suffering for three years from an abdominal tumour. She was tapped in May 1863, and three quarts of thick fluid withdrawn. There had been a watery discharge from the umbilicus which was very prominent. The abdomen presented a remarkably prominent appearance, caused by an egg-shaped tumour of large size. There was little if any fluctuation to be detected anywhere, and no evidence of ascitic fluid. The uterine cavity was found of normal length, directed towards the left side. The diagnosis being: "Large semi-solid and multilocular tumour of left ovary, generally adherent in front, and passing with some pelvic adhesions posteriorly." Her condition was fully explained; but after due consideration she determined to undergo any risk for the hope of getting rid of the disease.

Operation, Oct. 8th, 1 P.M. In consequence of the semi-solid nature of the tumour, an incision was made two inches above the umbilicus to the pubes. The tumour was very adherent in front; but down within the pelvis most formidable adhesions presented themselves, and when these were overcome, the tumour had a peduncle so broad and so thick, that it was hopeless to think of embracing it in the largest size clamp; it was therefore transfixed and tied in four separate portions, and the ligature cut short. For some two or three hours there was great tendency to collapse; but by 5 P.M. she was sick and complaining of pain. An opiate enema was given at 7.20, and at 7.45 she was asleep. She soon, however, commenced to sink, and in spite of all remedies, died twenty hours after the operation.

Dr. Grimsdale has now performed the operation ten times, seven cases having been quite successful.

The President, Mr. Higginson, and Mr. Steele took part in the discussion.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 28th, 1865.

James Alderson, M.D., F.R.S., President, in the Chair.

ON THE SOLVENT TREATMENT OF URINARY CALCULI: AN EXPERIMENTAL AND CLINICAL INQUIRY.

BY W. ROBERTS, M.D. (MANCHESTER).

[*Communicated by* Dr. Bence Jones.]

This paper was divided into two parts. The first part was devoted to experiments and observations relating to the solvent treatment of uric-acid calculi by alkalising the urine by internal medicines. The inquiry started from two known data—namely: first, that uric acid is dissolved by solutions of the alkaline carbonates of a certain strength; and secondly, that alkaline carbonates can be introduced into the urine, so as to render it alkaline, by the administration of certain salts by the mouth. The practicability of dissolving renal and vesical calculi, composed of uric acid, by alkalising the urine, was inquired into under ten headings or sections.

1. Comparison of solutions of carbonate of potash and carbonate of soda shewed that solutions of carbonate of potash are better solvents for uric acid than solutions of carbonate of soda.

2. Comparison of solutions of different strength shewed that the greatest solvent power (for uric acid) lies in solutions containing from forty to sixty grains of carbonate to the imperial pint. Above this strength dissolution is soon prevented by the formation of a crust of biurate which invests the stone. Below this strength the solvent power gradually declines.

3. Comparison of the effects of varying volumes of solutions of constant strength shewed that the quantity of the solution permitted to pass over the stone,

between the limits necessarily imposed by the capacity of the kidneys to separate aqueous fluids, is of slight importance. A flow of three or six pints during twenty-four hours was found nearly as effective as a flow of eight or fifteen pints.

4. As to the absolute rate of dissolution of uric-acid calculi in solutions of the alkaline carbonates, it was shown that solutions of carbonate of potash, of the maximum solvent power, when passed at the rate of from three to eight pints in the twenty-four hours over uric calculi, at the temperature of the body, dissolve from ten to twenty per cent. of the weight of the stone each day.

5. The bicarbonate, acetate, and citrate of potash were found the most effective substances to alkalise the urine. Of the three the citrate was preferred. Forty grains of citrate of potash dissolved in five ounces of water, taken every two hours, alkalised the urine to a mean degree corresponding with the maximum solvent power of solutions of carbonate of potash.

6. The urine of a person taking full doses of citrate of potash, as recommended in Section 5, was passed over an uric-acid calculus at blood heat. The stone (weighing 180 grains) lost weight at the rate of twelve grains and a half in the twenty-four hours. In the performance of experiments on this point it came out that if the urine became ammoniacal (from decomposition of urea), it ceased to dissolve the uric acid, and the stone became invested with a crust of precipitated phosphates. Hence the deduction was drawn, that ammoniacal decomposition of the urine in cases of vesical calculi puts an absolute bar to the effectiveness of the solvent treatment by alkaline carbonates.

7. Two cases of complete dissolution of uric-acid calculi in the bladder were quoted from other authors. The author related three cases which occurred in his own practice. In none of the latter did complete dissolution occur. One of the cases proved to be an example of mulberry calculus; another, an alternating calculus of uric acid and oxalate of lime. This second specimen offered peculiarities of surface which indicated with certainty that dissolution of the uric acid had taken place; these peculiarities were explained by the aid of drawings of the stone after extraction. The third case proved abortive, apparently because the treatment was not carried on sufficiently long. In neither of the cases was the treatment carried out as effectively (as the later experience of the author showed) as it might have been. The principal instruction from the cases was the proof they offered that alkalising the urine does *not* cause the stone to be encrusted with a phosphatic deposit, so long as ammoniacal decomposition of the urine does not take place.

8. As to the cases in which the solvent treatment is and is not applicable, the conclusions were the following. The solvent treatment is inapplicable in all cases where the urine is ammoniacal. When the urine is acid (before treatment) the case is *primâ facie* suitable for the alkaline solvent treatment; but exceptions must be made of cases where it is known or strongly suspected that the stone is composed of oxalate of lime, also where the stone is large. In cases where the urine is acid, and there is no indication of the nature of the stone, it may be either uric acid or oxalate of lime, or an alternating calculus composed of these two substances. Such cases deserve a trial of the solvent treatment for a limited period of a month or six weeks. The cases which are especially suitable for the solvent treatment are those in which (the urine being preliminarily acid) it is known or strongly suspected that the stone is composed of uric acid, and has not yet reached any large size.

9. For carrying out the solvent treatment effectually, the urine must be kept *continuously* alkaline, and alkaline to a mean degree corresponding with the maximum solvent powers of solutions of carbonate of potash. The treatment must be given up immediately if the urine become ammoniacal.

10. The author examined some of the objections which have been urged against the principles of the solvent treatment.

The appendix to the first part contained some experiments showing that cystine is even more amenable to the alkaline solvent treatment than uric acid. The second part of the paper contains three sections. Section 1 contained experiments on the solvent treatment of uric-acid calculi by injections into the bladder. Solutions of the following substances were tried in a manner to imitate injections into the living bladder: bicarbonate and carbonate of potash, common phosphate of soda, basic phosphate of soda, borax, borax with liquor sodæ, potash soap, carbonate of lithia, liquor potassæ, and liquor sodæ. The results obtained demonstrated conclusively that their operation was so slow, that no practical advantage could be obtained from their use. Section 2 recorded some experiments on the effects of a solution of carbonate of potash and dilute nitric acid on oxalate of lime calculi: neither solvent promised any useful result. Section 3 showed the unsusceptibility of phosphatic calculi to solutions of the alkaline carbonates. Brodie's method of injecting dilute nitric acid into the bladder was imitated in one experiment, with results confirmatory of his statement respecting the use of this treatment in phosphatic concretions.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, MARCH 3RD, 1865.

G. POLLOCK, Esq., President, in the Chair.

On Melancholia. By G. F. BLANDFORD, M.B. The author first adverted to the theory of the pathology of insanity. No theory had yet been propounded fully accounting for the phenomena of diseased mind. Insanity had been thought due at times to inflammation, to irritation, and again to congestion. Some attributed it to altered nerve-force; others to a change in molecular substance. It was probable that each manifestation of nerve-force corresponded to a molecular change in the nerve-substance, and these changes bore a certain relation to the rhythmic nutrition of the nerve-substance, disease being a result of the loss or want of rhythm. No cases showed so plainly as these of melancholia, the important part which nutrition performs in the restoration of disordered mind.

The author chiefly brought forward the less severe and non-acute form of the disease, which recovered more than any other form of insanity when not complicated with serious bodily evil. The young are sometimes affected, but most frequently the patients are beyond middle age; it often happens at the change of life. Such cases illustrate well the emotional origin of insanity. Frequently simple depression is all that characterises them; beyond this the intellectual part of the brain may become involved, and delusions arise. At the commencement this disease is very insidious. The patient is out of spirits; he thinks everything is going wrong, or that he will be blamed for things altogether beyond his control. Every little matter worries him; the friends probably do not notice the complaint until these feelings be-

come ideas, and delusions take the place of emotional phenomena. The delusions usually assume one of two forms; constant fear of some impending catastrophe, or a constant remorse for some fancied sin. These often run one into the other, and each may lead to suicide. The patient's health suffers; his nights are bad; he loses flesh. In nine cases out of ten there is disinclination to take a sufficient quantity of food. This refusal of food has been often attributed to dyspepsia; but in the author's opinion, dyspepsia did not occur here as a primary symptom. The state of the tongue and mucous membrane was due to the depressed nerve-force, and often to sheer starvation. Frequently the symptoms of dyspepsia vanish when food is given in large quantities. Sleep is generally deficient, and the patient wakes in a panic. The period of waking is generally that at which the greatest depression is felt; probably of the longest absence from food. Opium and its preparations agree with almost all these cases of depression. The opiate treatment of melancholia is now generally received as an established fact in therapeutics. Opium does not agree so well with women as with men. The bimeconate of morphia is the most useful preparation, and does not, like the acetate or hydrochlorate, produce nausea, loss of appetite, and constipation. Both food and stimulants must be given more freely than in health. Constipation must be met by gentle laxatives. The prognosis is generally favourable when no very acute symptoms are present.

These patients require change of air and removal from home. They must be stimulaled by well chosen companions, and made to forget themselves by taking interest in the affairs of others. The medical, with the moral treatment, will usually produce a marked effect, and in a month or two the patient will often be well. When there is entire refusal to take food, and a determination to commit suicide, it will not be possible to treat the case safely except in an asylum.

Correspondence.

SYPHILISATION.

Letter from Henry Lee, Esq.

Sir,—The second promised communication from Professor Boeck has now arrived, and the interest of the individual case which led to the present correspondence becomes in a great measure merged in the subject of syphilisation generally.

M. Ricord believed, as Boeck now believes, that all syphilitic sores may be artificially inoculated; and that they would all alike, when thus inoculated, produce a "specific pustule".

In 1855, M. Clerc announced the doctrine that the indurated chancre could not be inoculated upon a syphilitic person. In 1856, I published some cases illustrating the correctness of this view.

In 1858, M. Fournier published the results of 100 cases in which he had attempted to inoculate the secretion from an indurated sore. He succeeded in two instances only. Subsequently, M. Rollet published an account of 200 cases in which he succeeded in producing the specific pustule in six per cent.; and he accounts for these cases by supposing that they were instances of mixed chancres—*i. e.*, cases in which there had been a twofold inoculation, and in which the poison of an indurated sore had become mixed with the secretion from a soft or suppurating sore.

In the forty-fourth volume of the *Medico-Chirurgical Transactions*, I have shown that both primary and secondary indurated sores, which usually yield no inoculable secretion, may, when artificially irritated, produce an inoculable pus; and that the secretion of an indurated sore, retained in the presence of an irritating fluid, may in like manner become inoculable upon a syphilitic person. (See Cases II and III.) The inoculations produced in this way differ, however, materially from those produced from the secretion of an ordinary suppurating sore. They are more superficial; they are not attended with any loss of substance; and they do not leave any cicatrices.

If, then, the secretion from an indurated sore cannot, as a rule, be inoculated, and the artificially or accidentally produced suppurative action can, is it not likely that it is this induced action, and not the original disease, which is reproduced? The seed should be known by its fruit. The indurated sore, when inoculated, should produce an indurated sore; the suppurating sore, a suppurating sore. But here we have an action produced which differs in some respects from both of these; and the important question at once suggests itself: Is this action the true syphilitic disease? or does it more resemble the phagedænic or the sloughing actions which may be induced on real syphilitic sores, and which may be communicated to other parts without themselves partaking of the nature of syphilis?

Now, we are informed that Professor Boeck finds it necessary, in order to obtain an inoculable pus from indurated chancres, to confine their secretions by means of dry lint. If this process be necessary in order to obtain an inoculable secretion, it is evident that it is not the natural action alone which is inoculated. It is the adventitious artificial action which is propagated; and we must inquire how far the original disease is modified or altered by this process.

When the secretion of a suppurating sore is placed on an indurated chancre, as has so often been done by Rollet, a fluid is obtained which may be inoculated again upon the patient; but the result is exactly the same as if the secretion of the suppurating sore alone had been used. A soft sore is produced; and the inoculated part takes no cognisance of the infecting action. Now, how fares it with the pus that has been subject to Professor Boeck's process? The professor himself tells us.

In the year 1856, Dr. Boeck syphilised a patient suffering from chronic eczema, and who had never had constitutional syphilis. Five years afterwards, M. Bidenkap, at Dr. Boeck's request, inoculated this patient again with the secretion from a characteristic indurated chancre. Pustules were produced, which were followed by very superficial ulcerations; these very soon cicatrised, and were followed by no induration, and by no secondary symptoms.

How very different are the results of the direct inoculation of the secretion of an indurated sore in other hands, Dr. Boeck has, with characteristic honesty, also informed us. M. Danielssen syphilised a great number of lepers. No constitutional syphilis appeared in any of these, with one exception. In this case, two hundred and eighty-seven artificial inoculations had been performed with the secretion of soft sores from the 25th of April, 1857, to the middle of September following; when, on the 28th of September, he was inoculated by M. Danielssen, with a positive result, from an indurated sore. In the beginning of February 1858, the patient had distinct constitutional syphilitic symptoms.

In Professor Boeck's hands (*Recherches sur la Syphilis*, par W. Boeck; Christiania, 1862, pp. 68*b*, 68*c*), the secretion from an indurated sore produced only superficial ulcerations, without induration, and not followed by any secondary symptoms. In M.

Danielssen's hands, on the contrary, the same process was followed by large indurated ulcers, followed by constitutional syphilis.

From these facts it would appear that, by Professor Boeck's process, the action of the syphilitic poison is in some way modified or destroyed. Its sting is gone. For the much dreaded syphilitic inoculation, a very innocent and harmless treatment is substituted.

In the year 1861, I performed a considerable number of experiments with the secretion of indurated sores that had been made to suppurate either accidentally or artificially; and I found that the results produced were exactly similar to those which Professor Boeck now describes. Tolerably large, rather irregular pustules, were produced. Some of these are represented in the forty-fourth volume of the *Medico-Chirurgical Transactions* (Plate IX, Figs. 5, 6, and 7).

It thus appears that three very different actions have been included under the term syphilisation; and, until these actions are distinguished, the confusion which has hitherto reigned with regard to this subject will continue.

1. There is the inoculation of real syphilis in a constitution not previously affected.

2. The inoculation of the secretion of the soft or suppurating sore.

3. The inoculation of the accidental or artificial suppurative action induced upon an indurated sore.

1. The first of these (to which the name "syphilisation" ought, in my opinion, exclusively to belong) is so serious a matter, that, if likely to be at all generally practised, it would probably at once be prohibited by law.

2. Although a much less formidable proceeding, the repeated inoculation of the secretion of the soft or suppurating sore has led to many grave inconveniences. To this process apply the remarks of a writer in the *British and Foreign Medical Review* for January 1865. "Woe be to the wretch who falls into the hands of a believer in syphilisation! We had occasion to see several times, both in Paris and Vienna, patients who had been thus treated, and whose arms, back, chest, and legs were pitted with innumerable cicatrices; nor shall we easily forget one 'misérable', who lay with an enormous phagedænic sore, involving the whole of one buttock and the upper part of the thigh—a consequence of inoculation. This syphilisation, or indefinite multiplication of simple sores by inoculation, and therefore no syphilisation at all, has been tried at Vienna, as elsewhere on the continent, and with the anticipated result—complete failure to cure syphilis, or to prevent its recurrence."

3. The inoculation of the artificially induced suppurative action from an indurated sore would appear, in Professor Boeck's hands, a very mild and innocent proceeding; and I have certainly, in my limited experience, never seen any evil results from this practice. If syphilisation by this method were confined to those who had acquired syphilis, there would, I apprehend, be no great objection to its use. But, even in Professor Boeck's hands, its results are far from encouraging, when used for the treatment of children hereditarily affected. Out of forty-two children treated in this way, twenty-two died! This is a rate of mortality to which we, fortunately, have no parallel in this country, under the ordinary mode of treatment. The fact remains to be explained, how it is that Professor Boeck's mode of syphilisation, which I believe to be accompanied by no danger when applied to persons who have acquired syphilis, should in his hands produce such insignificant results when applied to those who are not syphilitic.

In concluding this part of the subject, I may be allowed to state that, however much some surgeons may have the misfortune to differ from Professor Boeck with regard to the conclusions at which he has arrived, there can, I apprehend, be no difference of opinion in the profession with regard to the accuracy of his records or the honesty of his intentions. His great work, published at the expense of the Government, bears upon it the impress of thorough truthfulness.

In reference to the case which originally called forth the present correspondence, I would observe, that I could readily conceive a mild form of syphilis in a person who paid no attention to the condition of his skin, or in one who was previously in some degree under the influence of the disease, or in a patient where some other action supervened so as to mask the symptoms; in which the secondary manifestations might for a time be overlooked; but I cannot conceive it possible that in the case in question, seen by so many eminent men, a disease could have been acquired which remained dormant, without giving any signs of its existence, during a period of six years, and then for the first time showed itself with such terrible severity. Such a case, if substantiated, would, I believe, be unique in the annals of medical science. When this patient was under my care, he had an enlargement of the left parietal bone extending over the space of several square inches. The bone appeared uniformly thickened, very hard, and without any soft or depressed portion such as usually exists in similar affections having a syphilitic origin. There was also a deep-seated persistent enlargement of some of the deep-seated tissues on the back and left side of the neck (perhaps connected with the vertebræ), giving the appearance, at first sight, of an unusual development of the muscles in this situation.

I am, etc., HENRY LEE.

9, Savile Row, April 11th, 1865.

OVARIOTOMY: CLAY'S ADHESION CLAM.

LETTER FROM JOHN CLAY, ESQ.

SIR,—In the abstract of Mr. Baker Brown's admirable paper "On a New Method of Securing the Pedicle in Ovariotomy," read before the Fellows of the Obstetric Society in February last, Mr. Brown is reported to have said: "Having repeatedly used the actual cautery of late, employing Dr. Clay's instruments, etc." In the same paper the name of Dr. Clay of Manchester is more than once mentioned in reference to the procedures of the operation; and the inference to be drawn from the above quotation is, that the instruments used by Mr. Brown were some devised by Dr. Clay of Manchester. As I was not aware at the time of reading the report that Dr. Clay had devised any instrument to be used as an actual cautery, or that he agreed with that mode of securing the pedicle or dividing the adhesions in the operation of ovariotomy, I addressed a note to Mr. Baker Brown, requesting to be informed whose the instruments were which he employed, and he kindly sent me a reply, of which the following is a copy. I regret to learn that my note was not answered earlier in consequence of Mr. Brown's indisposition.

"17, Connaught Square, Hyde Park, W.

"My dear Sir,—I have been prevented by illness from replying to your note before this. I certainly spoke of *your* clam as Mr. Clay's; the word 'Dr.' is a typical error entirely. Ever since you first introduced your clam to the profession I have used it, and seldom or ever use any ligatures; and as you see, I even use the clam, or rather an improvement on yours, to secure the pedicle.

"As you are fairly entitled to all the credit due to

the clam, you are perfectly at liberty to make any use of this note you choose.

"Ever yours sincerely, I. B. Brown.

"To John Clay, Esq., Birmingham."

I may be allowed to add that I am the more anxious that this explanation should be publicly made, as the instruments have been considered by an eminent ovariotomist unfitted for the purpose for which they were invented. I may state, however, that the gentleman referred to heated the cauterising iron in boiling water, which was a perversion of the application of the instruments which I never contemplated. The instrument heated by the flame of a spirit lamp, has never failed in my hands in severing the adhesions and effectually preventing any hæmorrhage.

From experiments which I have recently made, I find that the cauterising iron requires to be heated to about 800° Fahr. To attain this uniform temperature with ease and accuracy, I find that this may be accomplished by immersing the iron in a metal bath composed of one part each of lead and zinc melted in a suitable iron ladle. The iron when immersed in the metal is apt to become coated with it, which is of little importance in the operation, having no injurious effects on the structures to be divided. This coating of metal, if desired, can be removed by subjecting the iron to a greater heat than that of the metal bath.

Mr. Brown merits every acknowledgment for the skill and courage he has evinced in employing the actual cautery for securing the pedicle in ovariotomy —a mode of procedure which has opened a new era in the performance of this important operation.

I am, etc., John Clay,

Professor of Midwifery, Queen's College, Birmingham.

April 1865.

POOR-LAW MEDICAL REFORM.

Letter from William Date, Esq.

Sir,—Will you allow me a small space in your Journal to throw out a suggestion upon the subject of Poor-law Medical Reform.

Mr. Griffin in your issue of March 25th, says: "If, however, the Poor-law Board still continue obdurate, we must, like the lawyers, become politicians, and at the next general election refuse to give a vote without a promise that each member will aid in obtaining from Parliament an equitable adjustment of the claims of the Poor-law medical officers."

Now, sir, I beg leave respectfully to differ from Mr. Griffin; I think that the profession will not gain much in this respect by becoming politicians. It is not often that an election is so closely contested that a candidate would care to gain one—or half a dozen—votes by making such a promise. Even if he did, we know from experience that the M.P. generally finds it convenient to forget the promises made by the candidate.

I do not think, then, that we are likely to gain any assistance from Parliament. The fact is that M.P.s and the public generally look upon the subject in a very commercial spirit. The present value of a commodity is regulated by the relative proportions of supply and demand. The supply of medical officers far exceeds the demand, and therefore their services are cheap. It is not, perhaps, exactly this course of reasoning which is followed, but the same result is roughly obtained by the question—"If the appointments are underpaid and not worth having, why do you take them?" No later than last week, in the debate on the Superannuation Bill, we find members of Parliament asserting that medical men do not take Poor-law appointments for the sake of the salary, but for the prestige attaching to them.

It is certain that, as long as medical union officers can be found at the present salaries, Boards of Guardians are not likely to raise their rate of payment. The remedy, then, for the present state of things lies in our own hands, and in ours alone. Would the profession generally "strike," and each member refuse to accept a union appointment except under certain conditions previously agreed on, Boards of Guardians, Poor-law Board or Parliament would soon raise the present pitiable scale of payment. I would then, with all respect, suggest to Mr. Griffin that, instead of spending more money in memorials to Parliament or the Poor-law Board, he should take steps to obtain from the profession an unanimous agreement as to the minimum terms at which Poor-law appointments should be taken by medical practitioners. He might put the question to each member of the profession individually—"If all your brethren agree to do the same, will you decline a union appointment, except under such and such conditions."

I am aware that the present holders of union appointments might fear that, after the object of the "strike" had been obtained, others than themselves might, in the scramble, obtain the appointments which they had previously given up. I think this objection might be obviated if every medical man not at present holding a union appointment, would promise not to oppose the present holder at the first election after the rise of salary had been obtained.

I cannot help thinking that, some such plan as the one which I have very roughly sketched is feasible, if only some energetic man like Mr. Griffin would start it and carry it out. I am, etc.,

William Date.

Ilkestone, April 4th, 1865.

POOR-LAW MEDICAL RELIEF.

Letter from R. Griffin, Esq.

Sir,—I shall feel obliged by your giving insertion to the annexed circular from the Poor-law Board to the Boards of Guardians, as it is a document of very considerable importance.

I should recommend the medical officers of each union to meet, and, if possible, come to some definite decision as to what should be considered "expensive medicines". Cod-liver oil and quinine are named, and, in addition to these, I should say leeches, opium, castor-oil, sarsaparilla, and perhaps a few other drugs might be added, but not too many, lest all should be rejected.

It may fairly be pointed out to the Guardians that the recommendation of the select Committee was made for the benefit of the poor, as it was considered, that in consequence of the expensive nature of many articles, and the very low salaries paid to the medical officers, they could not always afford to purchase them, and as a consequence, the poor have not had them to any very great extent; therefore, to attempt to reduce any of the salaries cannot be submitted to by the medical officers. Should any of the Boards of Guardians be disposed to find all the medicines for the poor, I should recommend the medical officers to second the proposal and submit to a general revision of their salaries. I am, etc.,

Richard Griffin.

12, Royal Terrace, Weymouth, 15th April, 1865.

The following circular letter on the above subject has been addressed by the Poor-law Board to Boards of Guardians:—

Poor-Law Board, Whitehall, S.W., 12th April, 1865.

Sir,—I am directed by the Poor-law Board to state that they are desirous of drawing the attention of the

Guardians to the question of the supply of medicines for the sick poor.

The Board transmitted to the Guardians a copy of the report of the Committee of the House of Commons on poor relief shortly after it was printed, with the view of informing them of the opinions and recommendations of the Committee on the several points to which their inquiries had been directed.

The Board think it right, however, now to bring more particularly under the notice of the Guardians the following resolution of the Committee relating to medical relief, viz.:—

"That there are no sufficient grounds for materially interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by select Committees of this house in the years 1844 and 1854.

"That the recommendations of those Committees were for the most part carried out by the orders of the Poor-law Board, and the system of medical relief appears to be administered with general advantage. Your Committee, however, recommend that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board."

The Board have repeatedly considered the recommendation of the Committee relative to the supply of cod-liver oil, quinine, and other expensive medicines, with the view of determining what measure should be taken by them to carry it into effect.

It does not appear to the Board that they can, with advantage, issue any general and positive regulation on the subject; and the Board are of opinion that much difficulty and embarrassment might arise from a compulsory interference with the arrangements for medical relief, which are in force under the existing contracts. They request the Guardians, however, to be good enough to consider whether an alteration in those arrangements as regards the supply of the medicines referred to cannot be effected whenever a new appointment of a medical officer is made, or, with the consent of the present medical officers, during the continuance of their existing contracts.

With regard to the mode in which the proposed object can most conveniently be effected, the Board are of opinion:—

1. That it may be advisable to provide a store of cod-liver oil at the workhouse, or at some other convenient places of deposit in the union, and to supply it to the sick poor on the prescription of the medical officers, through the relieving officers, in the same way as wine or other extras recommended by the medical officers in the way of nourishment are now supplied.

2. That quinine and other expensive medicines may be supplied, either by an order of the medical officer on a chemist, the cost of the medicines so ordered being paid for by the Guardians to such chemist as goods or provisions supplied in relief; or by the medical officers themselves, who may send in an account quarterly to the Guardians of the cost of the medicines in question which they may have supplied to their pauper patients.

The former plan may probably be convenient in the town unions; the latter in the country unions.

Cod-liver oil and any other medicines intended to be so supplied should be specified and excepted from the provisions of the medical contract, which require generally that medical officers should themselves provide the requisite medicines and medical appliances for their pauper patients.

I am, etc.,

(Signed) ENFIELD, *Secretary.*

Medical News.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND. The following gentlemen have been elected Fellows of this College.

Cruise, Francis Richard, M.D. T.C.D.
Haughton, the Rev. Samuel, M.D. T.C.D.

APPOINTMENTS.

*ARMSTRONG, J. C., Esq., elected Surgeon to the Gravesend and Milton Infirmary and Dispensary, in the room of Dr. Sanders, resigned.

BENNETT, George J., Esq., appointed Honorary Surgeon to the Gateshead Dispensary.

*SOPER, William, Esq., appointed Surgeon to the Jews' Hospital, Lower Norwood.

ARMY.

BARRY, Surgeon D. P., Military Train, to be Staff-Surgeon, *vice* T. R. Williams, M.B.

FINEGAN, Staff-Assistant-Surgeon B. J., to be Assistant-Surgeon 2nd Foot, *vice* F. M. Chalk.

HEDLEY, Staff-Assistant-Surgeon W. S., M.D., to be Assistant-Surgeon 1st Foot, *vice* W. White.

LOW, Staff-Assistant-Surgeon E. L., M.B., to be Assistant-Surgeon Military Train.

MACBETH, Surgeon A. M., Military Train, to be Staff-Surgeon, *vice* W. Y. Jeeves.

MACFADIN, Assistant-Surgeon F. H., 73rd Foot, to be Assistant-Surgeon Military Train.

MENZIES, Surgeon R., Military Train, to be Staff-Surgeon, *vice* D. Woods.

MILLER, Surgeon O. B., Military Train, to be Staff-Surgeon, *vice* J. Hannan.

OWEN, Staff-Assistant-Surgeon O., to be Assistant-Surgeon 50th Foot, *vice* G. F. Davis.

PRICE, Staff-Assistant-Surgeon W. S., M.D., to be Assistant-Surgeon 73rd Foot, *vice* F. H. Macfadin.

STOREY, Staff-Assistant-Surgeon R., to be Assistant-Surgeon Military Train.

WHITE, Assistant-Surgeon W., 1st Foot, to be Assistant-Surgeon Military Train.

To be Staff-Assistant-Surgeons:—

BACKHOUSE, C.
BLAKE, J. F., M.B.
BLAKE, W.
BOILEAU, J. P. H., M.B.
BOURKE, I., M.B.
BOURNS, D. C. G.
CAMPBELL, G. M'Iver, M.B.
CANDY, J., M.D.
CANNY, D. J.
CARPENTER, W., M.D.
CORBAN, L., M.B.
COULTER, J. R. R., M.B.
DICKINSON, F. F., M.D.
DOAK, S., M.D.
DUFFY, G. F., M.B.
DUHY, J.
DUNN, A.
EAMES, W. L.
EUSTACE, E.
FARQUHARSON, R. A., M.B.
FLOOD, S.
FOSTER, J. F.
GILLESPIE, H. C., M.D.
GROSSE, D. C.
HALE, A. E.
HANDY, S. W.
HAWARD, E. P.
HEALY, C.
HECTOR, J., M.B.
HEDLEY, W. S., M.D.
HUGHES, J. H., M.D.
HUTCHINSON, C. F.
JAGOE, W. H.
JAMESON, W. H.
JOHNSTON, A., M.D.
JONES, J. W.
KEIR, W., M.D.
KELLY, J. B.
KEMP, R. D., M.B.
MACAW, K., M.D.
M'CONNELL, W., M.D.
M'CREERY, J.
M'CULLY, J., M.D.
M'LEAN, J. M., M.D.
MATURIN, J.
MURRAY, J., M.B.
O'BRIEN, E. R., M.D.
O'DWYER, T. F., M.D.
O'SULLIVAN, E.
PEATFIELD, T. J.
POWER, P. G., M.D.
PRICE, W. S. M.
PURCELL, T. A.
RENTON, D., M.D.
RIORDAN, W. E.
ROBINSON, A. B.
RYAN, J. B.
SHAW, C. E. M.
SHEPHERD, P., M.B.
SMITH, C.
SMITH, P., M.D.
SPURWAY, C.
STONE, V.
TAYLOR, W., M.D.
THORBURN, D. A. S., M.D.
TOMLINSON, W. W.
TUITE, F., M.D.
VALLANCE, E.
WALKER, S. E.
WARD, E.
WEST, G. B.
WHIPPLE, J. H. C., M.D.
WILSON, Assistant-Surgeon W. J., M.D., 28th Foot, *vice* O. Owen.

MILITIA.

WALTER, Assistant-Surg. J., Kent Artillery Militia, to be Surgeon.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

GAYE, H. S., Esq., to be Honorary Assistant-Surgeon 10th Devonshire R.V.

BIRTHS.

CLARKE. On April 9th, at Mold, Flintshire, the wife of *Edward G. Clarke, Esq., of a daughter.

CRISP. On April 6th, at Lacock, Wilts, the wife of *J. H. Crisp, Esq., of a son.

DEATH.

STEPHENSON. At Nottingham, aged 29, Annie, wife of *T. Appleby Stephenson, Esq.

THE ENDOSCOPE. At a meeting of the Surgical Society, held on the 7th inst., Dr. Fleming of the Richmond Hospital exhibited Desormeaux's endoscope, and detailed some experiments which he had made with it. The experiments had already been made familiar to the profession by Dr. Cruise.

SANITARY STATE OF BOURNEMOUTH. Mr. Hawkesley has been called in by the local commissioners at Bournemouth to investigate and report upon the sanitary state of the town in respect to drainage. This wise proceeding will probably lead to a settlement of the differences which have lately agitated the inhabitants of that naturally health-giving place.

TYPHUS IN AUSTRALIA. Several cases of typhus fever occurred at Melbourne in the month preceding the departure of the last mail for England. The *Melbourne Argus* states that all the cases are traceable to the ship *Golden Empire* and to the premature release of that vessel from quarantine. Several ships which reached Victoria in the month were placed in quarantine on their arrival.

SUPPRESSION OF QUACKERY. No quack is permitted to practise in France. When a man is about to commence the practice of medicine in any town there, he is obliged to present to the mayor, or other authority of the town, his diplomas, and if they are not *en règle*, he is not allowed to open his practice. Why cannot that which is done in France be done in England? (*Solicitors' Journal.*)

THE CASE OF DR. PRITCHARD. The completed report of the analysis by Dr. Maclagan of the stomach and viscera of the late Mrs. Pritchard and Mrs. Taylor was received by the Glasgow authorities on Saturday. The report is one of great length, describing the various processes gone through in the course of both the qualitative and the quantitative analysis. The result of the whole is an inference, well supported by the statements in the report, that not only Mrs. Pritchard but Mrs. Taylor were poisoned by antimony. With reference to Mrs. Taylor, although the poison has not been found in such large quantities as in the body of Mrs. Pritchard, yet distinct traces of it have been discovered in the blood and intestines, and in the stomach alone as much as a quarter of a grain has been found. It is supposed that the unfortunate lady had received minute doses several times, and that her final death-blow, so to speak, had been given in the administration of a large dose about three or four hours before her decease. (*North British Mail.*)

BIRTHS, DEATHS, AND MARRIAGES IN SCOTLAND. The seventh annual report of the Registrar-General has just been issued. The report is for the year 1861. The state of elementary education, the report says, continues satisfactory. Year after year it appears that as many women are able to sign their names in the marriage register in Scotland as men in England. Under the head of marriages it is stated, as the result of statistical investigation that the married women of Scotland are more prolific than those of England, seeing that, during the year 1861, every 314 wives at the child-bearing ages gave birth to 100 children in Scotland; whereas it required 355 wives at the same ages for every 100 births in England. As like results appear year after year, it may be assumed as proved that the Scottish married female is more prolific than the English married female. The Registrar-General also directs attention to an inquiry made for the first time into the comparative mortality of the married and the unmarried women at each quinquennial period of life. The results arrived at, he says, are startling, and particularly merit the attention of those engaged in life assurance.

THE LLEWELLYN MEMORIAL. The memorial to the memory of David Herbert Llewellyn, late surgeon of the Confederate *Alabama*, was last week erected in the parish church, Easton, Wilts. It may be remembered that this gallant man refused to imperil the safety of the wounded when the *Alabama* was sinking by taking a seat in the boat with them, and went down with the ship amid the balls of the Federal *Kearsage*. The east window, of Gothic architecture, in the perpendicular style, is filled with stained glass, the centre compartment representing the birth of Christ, and the Crucifixion, with the Ascension in the quatrefoil. The side lights have figure subjects; the Good Samaritan, Christ walking on the water to save the sinking Apostle Peter, Christ healing the sick, the Apostles at the Beautiful Gate of the Temple, and Faith, Hope, and Charity in the tracery. The monument consists of a handsome black marble slab of pyramidal form, upon which is placed a Latin cross in white marble, of prominent size; at the foot rests a naval anchor and cable, with shot of varying sizes. Leaning against the side of the cross is the wand of Æsculapius, and beneath an entablature with the inscription. (*Wiltshire Independent.*)

VOLUNTEER HOSPITAL. The only serious casualty that occurred during the Brighton Review was from the wheels of a gun-carriage passing over the thigh of a gunner, not breaking, but bruising it very badly. The poor fellow was at once conveyed in one of the Netley ambulances from the field to the temporary hospital, where he was attended to by Brigade-Surgeon Burrows, of the 1st Sussex Artillery. This little hospital is very neat and airy. It contains four beds, an operating-table, and all the appliances necessary in surgical cases of emergency. In addition there were four accident beds provided at Bevendean Farm, and a ward to accommodate thirty or forty cases was secured in the Industrial Schools. Brigade-Surgeon Burrows had charge of these arrangements, which were altogether exclusive of those in the general hospital of the town. Two of the men of the Carbineers had falls from their horses. One soon recovered from the shock he received in falling, and was able to mount again. The horse trampled on the knee of the other soldier and hurt it, but even in this case the injury is believed not to be a serious one.

DR. JOHN STEARNE, FOUNDER AND FIRST PRESIDENT OF THE COLLEGE OF PHYSICIANS IN IRELAND. Dr. Stearne was born in 1624 at Ardbraccan, in the county of Meath. The family to which he belonged has numbered amongst its members many distinguished men, among whom were Archbishop Ussher and the author of *Tristram Shandy*. His career at Trinity College was interrupted by the rebellion, and to save his life he fled to England, where he completed his studies, first at Cambridge and afterwards at Oxford. His life at Cambridge he describes as one of peculiar quiet and felicity, and avows that he would not exchange it for the riches of the kings of the Persians. On his return to Ireland, he was, in 1656, elected Hebrew lecturer; but he resigned both it and all his college preferments. Stearne, besides being a man of extensive erudition and great mental

powers, was a time-server and a diplomatist, and his acute and sagacious mind foresaw the approaching downfall of the Cromwellian party, and the deprivation and ejection of all who had been appointed to offices of emolument during the Commonwealth. On the recall of Charles II in 1660, the entire of the fellowships conferred during the interregnum were pronounced illegal; but so skilfully had Stearne trimmed his course to the changing current, that he was appointed by King's letter to one of the vacant senior fellowships, with a special exemption from the statute of celibacy. He would appear at this time to have enjoyed extensive practice. An entry in the College books records the fact of the Board having passed a resolution permitting him to absent himself from the College at night "in consideration of his practice of physick." One grand effect of Stearne's exertions was the founding of a "hall for the sole and proper use of physicians". Stearne was its first President. He procured a charter for the new College in 1667. Stearne continued President until his death in 1669. On purely medical subjects he wrote little; but one of his works contains a code of sanitary rules in which he descants on the advantages of cold baths, air, exercise, etc., with "Aphorisms on Felicity", wherein he lays down regulations for the guidance of life—*e.g.*, "That a man must be a time-server"; "A man who lendeth money to a friend oftentimes loseth both friend and money". He recommends his reader never to oppose himself to the *vox populi;* for it will in most cases overwhelm him who opposes it; but if it be yielded to, it will in a short time consume itself and burn out. He tells a curious story of "a case which came under his own observation." A young man had been successfully operated upon for stone in the bladder. The calculus was all in one piece, and weighed eleven ounces, yet the wound healed without suture or plasters. The patient's father, who was present at the operation, was so violently affected by the fear of his son's death, that within twenty-four hours every hair of his head fell off. He afterwards complained of great heat in his head, became for two hours deprived of vision, and lo! his hair began to bud forth again! It was not customary for physicians of the time to write medical treatises. They studied and observed much, but wrote little; and when they did write it was frequently on subjects unconnected with medicine, and addressed to literati rather than to physicians, who had not yet emancipated themselves from belief in the infallibility of Hippocrates. Moreover, the spirit of the age was intensely theological. Stearne was an Admirable Crichton in his way. He excelled as a scholar and as a physician, and equally so as a theologian in an intensely theological age. His character has been well summed up in these words, which form part of his epitaph outside the chapel of Trinity College, Dublin. "*Philosophus, medicus, summusque theologus idem.*" (Dr. Belcher in *Dublin Med. Press.*)

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. Dr. Morell Mackenzie, "Dysphagia: its Varieties and Treatment"; Dr. Arthur Leared, "On Disguised Disease of the Heart."

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. T. Laycock, "On the Influence of Nerve-Centres on Dropsies and Dropsical Effusions."—Zoological.—Ethnological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Geological.

THURSDAY. Royal Society.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Royal Institute.

SATURDAY. Zoological (Anniversary).

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE length of Report of Proceedings of the Medical Council must be our apology with our correspondents, the publication of whose letters, etc., have been in consequence necessarily delayed.

THE RUSSIAN EPIDEMIC.—It was remarked last week in the French Academy of Medicine, that there had been evidently great exaggeration in the newspaper accounts of the epidemic in Russia. Several academicians said that they had just received letters from St. Petersburg, in which no reference whatever was made to the so-called "pestilence". Moreover, nothing had been received on the subject from French consular agents in Russia.

CHANGE OF TYPE IN DISEASE.—E. L. writes: "I have heard a physician of long standing in London say, that he could remember the time when there were as many as 90 per cent. of the patients in Westminster Hospital who had ague. A case is now rarely heard of in the hospital. According to Dr. Barclay, therefore, we should conclude that a change in the type of disease has taken place; but the profession generally will, I have no doubt, attribute the fact to its evident cause—viz., the drainage of the once marshy land on either side of the Thames about and above Westminster Bridge."

ANIMAL FOOD FOR INVALIDS.—SIR: In the JOURNAL for this week (No. 224), mention is made of the great waste caused by giving animal food to the sick in the form of beef-tea. The chief reason for the practice is, no doubt, that the sick can often take liquid food, and no other; but for more than two years, I have found the following formula very useful—convalescent patients enjoying the food so prepared, and deriving benefit from it.

Take chicken, or the lean of veal or beef; mince it as fine as sausage-meat; make a gravy with the bones; and, having added some finely grated bread, a little butter, salt, and pepper, flavour with an onion or sweet herbs.

Pour the mass thus prepared into tin cups, capable of containing two or three ounces, cover them with paper, and steam them for half an hour.

I am, etc.,

April 14th, 1865. J. C. COOKWORTHY.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—Richard Wilding, Esq. (Church Stretton), 5s. 3d.

Amount previously announced, £132: 15: 0.

I am, etc., ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, April 20th, 1865.

Observations

ON THE

ÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P.EDIN. AND F.R.C.S.ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

Chapter X.

Considerations on the Cæsarean Section as an Operation of Election.

the preceding remarks, I have to my own mind ost satisfactorily proved that the Cæsarean section at least an operation of necessity, and that those easures which have been proposed as substitutes e totally inadequate to supersede it.

The (British) statistics of this operation are most rtainly unfavourable; yet it has, I think, been iewn that the great cause of the maternal mortality avoidable; and that most of the other alleged causes this fatality have been pointed out to be subject control, and that some of them are really prevent-ble, whilst others are remediable.

Although the deaths of the women from this opera-on, as hitherto performed, are very numerous, yet bjections ought not to be raised against it on data unsatisfactory as those are which now influence e opinions of British practitioners. When I speak unsatisfactory data, I mean that we should not ke an abstract view of them, and attach to them ore importance than they deserve. British obste-icians have been guided more from prejudice ising from preconceived opinions, than from an alysis of the real causes of death in these cases.

A comparative estimate of the mortality between is operation and craniotomy has never been fairly ade. As regards the Cæsarean section, all the aths are known, whereas those of craniotomy are ly very partially known. This latter operation is t confined to any particular class of cases, but it is rformed under very different circumstances and ngers—in some cases of accidents which occur in ours, such as hæmorrhage, convulsion, and other ntingent mischief, which happen in women whose nstitutional powers are unimpaired; whilst the eater part of the women who have undergone the esarean section have laboured under incurable dis-se, and have had additional injury inflicted upon em by protraction, and in many cases by the practi-ner in his ineffectual performance of cranio-ny, etc.

Dr. Joseph Clarke reports 49 cases of craniotomy, which 16 mothers died, or one in three. Dr. Col-s performed craniotomy in 79 cases, in which 15 d, or one in five. Now, in Dr. Clarke's practice lectively, there are recorded 65 deaths;* in Dr. llins's practice collectively, there are recorded 94 aths.* Thus the statistics of craniotomy, which indiscriminately made up of all kinds of cases in ich it has been performed, show an unfavourable ult.

Besides this, we have no account of the injuries which are inflicted on the pelvic organs by the instrument used in this operation.

In 77 cases of Cæsarean section, there were collectively 98 deaths,* the greater portion of which were not due to the operation; but, on the contrary, very many lives might have been saved, if it had been timely and judiciously performed.

Notwithstanding all the preexisting dangers in Cæsarean cases, several recoveries have taken place. These favourable terminations ought to encourage us to hope, and indeed ought to inspire us with confidence, that if the operation were earlier performed, and on a different class of subjects, it would be attended with infinitely more success.

These cases prove that, notwithstanding the serious nature of the constitutional disease which existed in these women, the vital powers were equal to the reparation of both the abdominal and uterine incisions; and also show the fallacy of the opinion that wounds of the uterus are necessarily mortal. The conservative vital powers were wonderfully apparent in the case of Mrs. Sankey, which is related in the *London Medical Gazette*, also in the *Provincial Medical and Surgical Journal*. The restorative powers in this individual were really so active as to impress my mind with the conviction that the chance of success would be as great in well conducted Cæsarean cases as that which attends other capital operations.

Another woman (Mrs. Haigh), in whom mollities ossium existed to a great extent, and whose pelvis was very much distorted, showed great restorative powers. She recovered, and lived several years afterwards. She died exhausted by the disease. *Post mortem* examination revealed no disease in the abdominal or pelvic viscera. The uterine tissue was uniform in appearance, there being no cicatrix to indicate the site of the incision. There was only a single band of lymph, not thicker than a thread, passing from this organ to the peritoneum; so that there existed no mechanical obstacle to the distension and ascent of the uterus, if she had unfortunately become pregnant again; but the moral rule of abstinence prevailed with both her and her husband.

Recoveries after rupture of the uterus afford further evidence that wounds of this organ are not always mortal. The lacerated tissue in these cases must be in a very different, and indeed in a much more unfavourable, condition for uniting, than in Cæsarean cases. In these accidents, the peritoneum, the abdominal and the pelvic viscera, must inevitably sustain very great injury by the escape of the infant, and also very frequently of the placenta, through the uterine rent; and also from the attempts which are made for the delivery of the woman. The same mischief cannot possibly be inflicted by a well conducted Cæsarean operation.

Two instances of recovery after rupture of the uterus have occurred in my practice. One of these women became pregnant several times afterwards. In one of these pregnancies, she went to her full time, and bore a child, which is still alive; and she also aborted several times. During her last labour, and also during the several abortive periods, she had the valuable aid and advice of my respected friend

[*Continued on page 427.*]

* These accounts contain the number of deaths of both women and infants.

TABLE OF RECORDED CASES OF CÆSAREAN SECTION IN GREAT BRITAIN AND IRELAND.

No.	Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother.		Child.		Moth sur vived
							Pre-serv'd.	Died.	Pre-serv'd.	Died.	
1	Jan. 9, 1738.	Alice O'Neil, aged 33 years, near Charlemont, Ireland.	Mr. Duncan Stewart, *Edinburgh Essays*, vol. v, p. 439.	Mary Donnally.	Not stated.	12 days.	P.			D.	
2	June, 1757.	Patterson, Cannon Gate, Edinburgh.	Smellie's *Midwifery*, vol. iii, coll. 39, No. 2, p. 373.	Mr. Smith.	Distorted pelvis, most likely from mollities ossium.	7 days.		D.		D.	18 hr
3		Not named.	Manuscript Lectures.	Professor Young.	Distorted pelvis, from rickets.	No account.		D.	P.		
4		Not named.	Manuscript Lecture.	Professor Young.	Distorted pelvis, from moll. ossium.	No account.		D.	P.		3 day
5		Not named.	Mentioned in Dr. Hamilton's *Outlines of Midwifery*.	Mr. Alex. Wood, Edinburgh.	Not stated.	No account.		D.		D.	
6	Before 1740.	Not named, Rochdale, Lancash.	Dr. Hull's *Defence*, p. 67.	Dr. White, Manchester.		No account.		D.		D.	
7	Oct. 1769.	Martha Rhodes, London.	Dr. Cooper and Mr. Henry Thompson, *Lond. Med. Obs. and Inquiries*, vol. iv.	Mr. H. Thompson.	Distorted pelvis, from rickets.	Nearly 30 hours.		D.		D.	5 hou
8	1774.	Elizabeth Clerk, aged 30, Edinburgh.	Dr. Alex. Hamilton, *Outlines of Midwifery*, p. 293.	Mr. W. Chalmers, Edinburgh.	Distorted pelvis, most likely from mollities ossium.	12 days.		D.	P.		26 h
9	August, 1774.	Elizabeth Forster, London.	Dr. Cooper, *Lond. Med. Obs. and Inq.*, vol. v.	Mr. Hunter, London.	Distorted pelvis, from mollities ossium.	60 hours.		D.	P.		25½ l
10	1775.	Not named.	Dr. Hull's *Defence*, p. 66.	Mr. W. Whyte, Glasgow.	No account.	No account.		D.		D.	No coun
11	1777.	Elizabeth Hutchinson, aged 40, Leicester.	Dr. Vaughan, *Cases and Observations on Hydroph.*	Mr. Atkinson, Leicester.	Distorted pelvis, from mollities ossium.	Nearly 3 days.		D.	P.		Abo 80 h
12	Nov. 1793.	Jane Foster, aged 40, Blackrod, Lancashire.	Mr. Barlow, *Med. Records and Researches*, p. 154; also, his *Observations*, p. 355.	Mr. Barlow.	Distorted pelvis, from fracture.	5 days.	P.			D.	
13	Sept. 1794.	Isabel Redman, aged 33, Blackburn.	Dr. Hull's *Defence*, p. 172.	Dr. Hull.	Distorted pelvis, from mollities ossium.	12 hours.		D.	P.		34 h
14	June, 1795.	Jean Douglas, Edinburgh.	Dr. Alex. Hamilton, *Outlines of Midwifery*, p. 299.	Dr. James Hamilton, jun.	Distorted pelvis, from mollities ossium.	54 hours. Spurious pains three nights previous.		D.		D.	33 h
15	Sept. 1798.	Anne Lee, Manchester.	Dr. Hull's *Defence*, p. 162.	Dr. Hull.	Distorted pelvis, from rickets.	10 days.		D.		D.	6 ho
16	1798.	Janet Williamson, aged 38, Kirriemuir, Forfarshire.	Dr. Hull's *Defence*, p. 188.	Mr. Kay, Forfar.	Distorted pelvis, from mollities ossium.	More than 3 days.		D.		D.	11 d
17	June, 1799.	Elizabeth Thompson, aged 32, Hazelhurst, near Ashton-under-Lyne, Lancashire.	Mr. Wm. Wood, *London Med. Memoirs*, vol. v.	Mr. Wood, Manchester.	Distorted pelvis, from mollities ossium.	21 hours.		D.	P.		76 h
18	March, 1800.	Not named; resided at Edinburgh.	Sir Chas Bell, *Lond. Med.-Chir. Trans.*, vol. iv.	Mr. Jno. Bell.	Distorted pelvis, from mollities ossium.	Not stated.		D.	P.		Ve sho tim
19	August, 1801.	Hannah Rheubotham, aged 41, Manchester.	Mr. Wm. Wood, *Lond. Med. Phys. Journ.*, vol. vi, p. 346.	Mr. W. Wood, Manchester.	Distorted pelvis, from mollities ossium.	61 hours.		D.		D.*	24 h
20	Feb. 1801.	Susan Holt, aged 36, Lower Shore, Rochdale, Lancashire.	Dr. Hull's *Translation of Baudelocque*, p. 134.	Mr. Walter Dunlop.	Distorted pelvis, from mollities ossium.	56 hours.		D.	P.		6 d an 9 ho
21	July, 1811.	Mrs. M., Leith, Scotland.	Dr. Kellie, *Ed. Med. and Surg. Journal*, vol. viii.	Dr. Kellie.	Distorted pelvis, from mollities ossium.	About 36 hours.		D.	P.		Ab 24 l
22		Wife of Benjamin Buckley, Staleybridge, Lancashire.	Not before mentioned.	Mr. Hutton.	Distorted pelvis, from mollities ossium.	3 days.		D.		D.	
23		Name unknown; resided at Staleybridge, Lancashire.	Not mentioned before.	Mr. Hutton.	Distorted pelvis, from mollities ossium.	No account as to precise time; but long.		D.	P.		
24	August, 1814.	Wife of Jas. Tinker, aged 34, Moston, Lancashire.	Mr. K. Wood, *Med.-Chir. Trans.*, vol. vii, p. 264.	Mr. K. Wood.	Distorted pelvis, from mollities ossium.	About 40 hours.		D.		D.	10 h
25	Jan. 1817.	Wife of Wm. Ratcliffe, aged 35, Staleybridge, Lancashire.	Not mentioned before.	Mr. Hutton.	Distorted pelvis, from mollities ossium.	No account.		D.	P.		48 h
26	July, 1817.	Ann Hacking, aged 42, Blackburn, Lancashire.	Mr. Barlow, *Observations*, p. 361.	Mr. Barlow.	Distorted pelvis, from mollities ossium.	13 hours.		D.	P.		76 h
27	April, 1820.	Mary Ashworth, aged 42, Denton, Lancashire.	Dr. Radford, *Edin. Med. & Surg. Jour.*; *Prov. Med. & Surg. Jour.*, vol. xv; *Lond. Med. Gaz.*, vol. xlviii, p. 95.	Mr. Morris, Ashton.	Distorted pelvis, from mollities ossium.	37 hours.		D.		D.*	35 h
28	Sept. 1820.	Mrs. Lowe, aged 30, Perth, Scotland.	Dr. Henderson, *Ed. Med. and Surg. Jour.*, vol. xvii, p. 105.	Dr. Henderson.	Distorted pelvis, from mollities ossium.	102 hours.		D.	P.		20 l
29	April, 1821.	Wife of G. Ridgedale, aged 42, Blackburn, Lancashire.	Mr. Barlow, *Observations*, p. 375.	Mr. Barlow.	Distorted pelvis, from mollities ossium.	About 34 hours.		D.	P.		52 l

* Dead before operation.

ABLE OF CASES OF CÆSAREAN SECTION (*continued*).

Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother.		Child.		Mother survived.
						Preserv'd.	Died.	Preserv'd	Died.	
May, 1821.	Mary Nixon, aged 39, Manchester.	Dr. Radford, *Edin. Med. & Surg. Jour.*; *Lond. Med. Gaz.*, vol. xlviii, p. 98; *Prov. Med. & Sur. Jl.*, vol. xv, p. 426, 1851.	Mr. Wilson.	Distorted pelvis, from mollities ossium.	22 hours.		D.		D.	67½ hrs.
April, 1826.	M. R., aged 22, Stobsmuir, Scotland.	Mr. Crichton, Dundee, *Ed. Med. and Surg. Journ.*, vol. xxx, p. 53.	Mr. Crichton.	Distorted pelvis, from fracture, etc.	6 days.		D.	P.		8 hours.
August, 1826.	Mary Forrest, aged 35, three miles from Blackburn, Lancash.	Mr. Barlow, *Lond. Med. & Surg. Jour.*, vol. iv.	Mr. Barlow.	Distorted pelvis, from mollities ossium.	From 30 to 36 hours.		D.	P.		More than 3 days.
Sept. 1829.	Mrs. M., aged 26, Belfast.	Communicated by Dr. W. Campbell, *Edin. Med. & Surg. Jour.*, v. xxxv, p. 351.	Dr. M'Kibbin.	Distorted pelvis, from a large exostosis arising from the sacrum.	About 30 hours.		D.		D.†	17 hrs.
Nov. 1834.	Mrs. — Dublin.	Dr. Montgomery, *Dublin Med. Journ.*, vol. vi.	Mr. Porter.	Fibrous tumour, growing from substance of uterus and covered by peritoneum.	18 to 20 hours.		D.		D.†	21½ hrs.
April, 1834.	Mary Bamford, aged 38, Great Easton, Rockingham.	Mr. T. L. Greaves, *Lancet*, vol. ii, 1833-4.	Mr. Greaves.	Distorted pelvis, from mollities ossium.	About 34 hours.	P.		P.		
May, 1835.	Sarah Bate, aged 36, Birmingham.	Mr. Knowles, *Trans. Prov. Med. Assoc.*, vol. iv, p. 376.	Mr. Knowles.	Distorted pelvis, from mollities ossium.	About 30 hours.	P.		P.		
Aug. 14, 1840.	Mary Ann Jones, aged 39 Manchester.	Mr. Jas. Whitehead, Manchester, *Med. Gaz.*, vol. xxviii, p. 939, 1840-41.	Mr. Whitehead.	Distorted pelvis, from mollities ossium.	24 hours; in active labour for 2 to 3 hours.	P.		P.		32 days 10 hrs.
	Name not given, or age; private note, aged 30.	Mr. Dendy, Medical Society of London, *Lancet*, 1842-43, vol. xliii, p. 691.	Mr. Bryant, Lambeth.	Distorted pelvis, by rickets.	24 hours.		D.	P.		60 hrs.
Oct. 17, 1842.	Mary Davis, aged 23, Reading.	Mr. T. B. Hooper, Reading Medical Society, *Lancet*, 1843, vol. xliii, p. 689.	Mr. Hooper.	A large tumour, arising from the sacrum.	3 days.		D.		D.†	40 hrs.
Mar. 8, 1842.	Mary Jepson, aged 43, a weaver, Darwen.	Mr. S. H. Wraith, Darwen, *Prov. Med. Jour.*, vol. v, p. 329, 1842-43.	Mr. Wraith.	Distorted pelvis, from malacosteon.	10 hours.		D.		D.	3 hours.
Oct. 22, 1843.	Mary Forrest, aged 38, a weaver, Stockport.	Dr. Radford, *Med. Gazette*, vol. xlvii, p. 801; *Prov. Med. & Sur. Jl*, vol. xv, p. 287, 1851.	Dr. Radford.	Distorted pelvis, from malacosteon.	53 hours.		D.		D.	About 27 hrs.
July, 1825.	Betty Wilcock, aged nearly 49.	Messrs. Hardy and Bailey, *Ass. Med. Jl.*, vol. iv, p. 45, 1856.	Mr. Bailey.	Distorted pelvis, from mollities ossium.	83 hours.		D.	P.*		61½ hrs.
Jan. 18, 1837.	E. Hull, aged 25, Sunderland.	Mr. J. Ward, *Lond. Med. Gazette*, vol. xxi, p. 817.	Mr. J. Ward.	Distorted pelvis, from (presumed) rickets.	27 to 30 hours.		D.		D.†	5 days 7½ hrs.
1840.	..	Dr. Churchill's *Operative Midwifery*, Table, p. 205, communicated in a letter to Dr. C.	Dr. Elliott, Waterford, Ireland.	Distortion of pelvis; kind not mentioned.			D.		D.	
Feb. 1842.	Helen McKenzie, aged 35.	Mr. Alex. Ross, *London and Edin. Monthly Journal*, vol. ii, p. 425.	Mr. A. Ross, Invergordon.	Distortion of pelvis, most probably mollities ossium (outlet contracted). Tuberosities of ischia approximated very closely; coccyx closing up lower part.	Midwife stated she had been in labour, more or less, for 12 days. Much time elapsed after Mr. Ross decided on necessity of operation.		D.	P.		5 days 7 hrs.
August, 1844.	Rebecca Brooks, aged 27, Welford.	Mr. Fred. Cox, *Prov. Med. and Surg. Journal*, vol. viii, p. 382.	Mr. F. Cox, Welford.	Distortion of pelvis, most likely rickety, but not stated.	30 to 40 hours.		D.		D.‡	54 hrs.
Jan. 21, 1845.	Wife of Richard Instan, aged 40.	Mr. J. Milman Coley, Pamphlet.	Mr. Coley.	Distortion of pelvis, said to be rickety.	At least 10 days.		D.		D.	9 days.
March, 1845.	Mrs. R., Shettlestone.	Mr. William Lyon, *Lon. & Edin. Jour. of Med. Science*, vol. v, p. 885.	Mr. Lyon.	A large tumour, the size of a child's head.	72 hours.		D.	P.		36 hrs.
Nov. 1845.	Mrs. Sankey, aged 41, Salford.	Dr. Radford, *Lond. Med. Gaz.*, vol. xlvii, p. 894; *Prov. Med. & Sur. Jl.* vol. xv, p. 315, 1851.	Mr. Goodman, assisted by Dr. Radford.	Distortion of pelvis, from mollities ossium.	12 to 14 hours.	P.		P.		Lived.
Jan. 1847.	Sarah Bartlett, aged 37, removed for operation to St. Bartholomew's Hospital, London.	*Lancet*, 1847, vol. i, p. 139.	Mr. Skey, London.	Distortion, from rickets.	5 hrs. 5 min.		D.	P.		36 hrs.

* Two.

† Dead before operation.

‡ Craniotomy.

TABLE OF CASES OF CÆSAREAN SECTION (*continued*).

No.	Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother. Preserv'd.	Mother. Died.	Child. Preserv'd	Child. Died.	Mother survived.
51	June, 1847.	Mrs. Toft, aged 30.	Dr. Radford, *Lond. Med. Gazette*, vol. xlviii, p. 238; *Prov. Med. & Sur. Jl.*, vol. xv, p. 483, 1851.	Mr. Jas. Braid, Manchester.	Distorted pelvis, from mollities ossium.	3 days, and 10 to 12 hours.		D.		D.*	5½ hrs.
52	1849.	Mrs. Rogers, aged 40, six miles from Lisburn, in a mountainous district.	Mr. Jno. Campbell, Lisburn, Ireland, *Lond. Med. Gazette*, vol. xliii, p. 1105.	Mr. Campbell.	Distorted pelvis, from mollities ossium. Clearly so, from the account of the case.	52 hours.		D.	P.		7 days.
53	May, 1849.	Mary Haigh, aged 31, near Ashton-under-Lyne.	Dr. Radford. Read at Worcester, at meeting of Prov. Med. Assoc., Aug. 1, 1849. *Prov. Med. & Surg. Jl.*, afterwards in *Lond. Med. Gaz.*, vol. xlvii, p. 1110.	Mr. Cluley, assisted by Dr. Radford.	Distorted pelvis, from mollities ossium.	Slight pains for two or three days. Membranes unruptured until a few hours before operation.	P.		P.		
54	May, 1850.	Elizabeth Williams, in the 27th year of her age.	Dr. Chas. West, *Med.-Chir. Trans.*, vol. xxxiv, p. 61.	Mr. Skey.	Distorted pelvis, from mollities ossium.	16 hours.		D.	P.		108½ hrs.
55	May, 1850.	Mrs. Kennaway, aged 43.	Mr. M. Nimmo, Dundee, *Mon. Jour. Med. Science*, Sept. 1850, p. 226.	Mr. Nimmo.	Distorted pelvis, from mollities ossium.	5 days. Occasional pains; but had regular labour for 17½ hours.		D.	P.		Scarcely 3 hrs.
56	Sept. 1850.	Sarah — Bethnal Green, aged 23.	Dr. Henry Oldham, London, *Med.-Chir. Trans.*, vol. xxxiv, p. 89.	Mr. Poland, London.	Distortion of the pelvis from rickets.	84 hours from the time labour was artificially induced.		D.		D.†	About 44 hrs.
57	June, 1851.	Sarah L., aged 28.	Dr. Henry Oldham, *Guy's Hosp. Reports*, vol. vii, p. 426.	Mr. Poland.	Cancer of the cervix uteri.	Indefinite slight uterine contractions for 2 or 3 days. Membranes ruptured about 12 hours before operation.	P.		P.		¹ Recovered from.
58	Nov. 1851.	Ann Kenyon, aged 31.	Dr. Broughton, manuscript.	Dr. Broughton, Preston, assisted by Dr. Radford and Dr. Whitehead.	Distorted pelvis, from mollities ossium.	11 hours.		D.	P.		5 days 2 hrs.
59	1853.	Aged 41.	Dr. Charles Waller, *Medical Times and Gazette*, vol. vi, p. 266.	Mr. Le Gros Clark.	Large fibrous tumour.	30 hours. Membranes ruptured 78 hours before operation.		D.	P.		36 hrs.
60	Feb. 28, 1848.	Mrs. Y., Shaftesbury, Dorset, aged 42.	Mr. R. W. Sanneman, Chelsea, *Lancet*, vol. ii, 1850, p. 50.	Mr. Sanneman.	Distortion of the pelvis, from mollities ossium.	12 hours.		D.		D.	28 hrs.
61	June 24, 1854.	Mrs. — Cupar, Scotland.	Professor Simpson, Edinburgh, *Assoc. Med. Jour.*, vol. ii, 1854, p. 1066.	Professor Simpson.	Distortion of the pelvis, from mollities ossium.	60 or 70 hours.		D.		D.‡	
62	1854.	Mary A. Johnson, aged 31.	Paper read at Royal Med. & Chir. Soc., April 13, 1858; from notes kindly furnished by Dr. Greenhalgh to me.	Dr. Greenhalgh.	Distortion of the pelvis, from mollities ossium.	About 6 hours.		D.	P.		3 week
63	1854.	Lydia Lowdey.	Notes kindly furnished me by Dr. Greenhalgh.	Dr. Greenhalgh.	Distortion of the pelvis, from rickets.	12 hours.		D.	P.		4 days
64	Dec. 5, 1854.	Martha C., Nottingham.	Dr. J. C. L. Marsh, *Lancet*, vol. ii, 1863, p. 560.	Dr. Marsh.	Distortion of the pelvis, from mollities ossium.	55½ hours.		D.	P.		48 hrs
65	Feb. 29, 1856.	Mrs. Runham, Lawton, aged 30.	Mr. Humphry, *Assoc. Med. Jour.*, vol. iv, 1856, p. 779.	Mr. Humphry.	Distortion of the pelvis, from mollities ossium.	Not definitely stated; but most likely about 30 hours.		D.		D.§	20 hrs
66	Feb. 25, 1856.	Nancy Nixon, aged 27, a travelling hawker, in a miserably low cellar, Staleybridge, Lancash.	Dr. Chas. Clay, *Midland Quarterly Journal of the Medical Sciences*, part i, p. 21.	Dr. Clay.	A large tumour of a firm fibro-cartilaginous texture.	3 days.		D.		D.‖	19 days
67	Oct. 1, 1856.	Anne N.	Dr. W. H. Thornton, *Lancet*, vol. i, 1857, p. 313.	Dr. Thornton.	A bony projection from promontory of sacrum, evidently exostosis; perhaps cellulated.	About 18 hours.	P.			D.*	
68	Feb. 19, 1858.	Matilda T., aged 20, Newport, Monmouthshire.	Mr. Jas. Hawkins, *Lancet*, vol. i, 1858, p. 529.	Mr. Hawkins.	Distortion of pelvis; kind of deformity not stated; but as lameness and inability to walk in early life, it was most probably from rickets.	Not definitely stated.	P.		P.		Lived

* Dead before operation.
† Head perforated.
‡ Living; died soon after.
§ Embryotomy had begun; the arm removed.
‖ Alive when extracted; but died in a few seconds.

TABLE OF CASES OF CÆSAREAN SECTION (*concluded*).

Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother. Pre-serv'd.	Mother. Died.	Child. Pre-serv'd.	Child. Died.	Mother survived.
July 12, 1858.	Mrs. N., aged 30, Harrington; brought to University College Hospital.	Dr. Murphy, *Dub. Quar. Jour. of Med. Sc.*, vol. xxvii, (new series), p. 108.	Mr. Quain.	Distortion of the pelvis, from mollities ossium.	As far as can be computed, 4 days.		D.		D.	Nearly 48 hrs.
Dec. 1859.	Mrs. H., Walton-le-dale, near Preston, Lancashire.	Dr. H. Ashton, *Lancet*, vol. i, 1860, p. 440.	Dr. Ashton.	Distortion of the pelvis, from mollities ossium.	As far as can be ascertained from the data, about 17 or 18 hours.		D.	P.		25 hrs.
Dec. 10, 1860.	Emma P.	Dr. Jas. Edmunds, *Lancet*, vol. i, 1861, p. 4.	Dr. Edmunds.	Hard cancer of os and cervix uteri.	Fully 6 days.	P.		P.		Lived.
Feb. 2, 1861.	Isabella King, unmarried, aged 23, Aberdeen, Scotland.	Dr. Robert Dyce, *Edin. Med. Jour.*, vol. vii, p. 895.	Dr. Dyce.	Distortion of the pelvis, from rickets.	As far as can be computed, 4 to 5 days.		D.		D.*	43 hrs.
Aug. 7, 1862.	E. M., unmarried, aged 17. Tottenhall.	Dr. David Johnson, *Lancet*, vol. ii, 1862, p. 475.	Dr. Johnson.	Small underdeveloped pelvis, perhaps rickety. Antero-posterior diameter only, ascertained *per vaginam* to be 2½ in. Preternatural position of child, right hand and the two feet.	12 hours, when first seen by Dr. J.; afterwards the time in his attempt to deliver, etc., 17 hrs.		D.		D.+	46 hrs.
Dec. 24, 1862.	Mary Ann — unmarried, aged 42, Kingswood, Bristol.	Dr. J. G. Swayne, *Obstetric Trans.*, vol. v, 1863, p. 84.	Mr. Coe, at the Bristol General Hospital.	Distortion of the pelvis, from congenital malformation. It was like that produced by rickets.	60 hours befor she came to the hospital, and a few hours after her arrival.		D.	P.		42 hrs.
1863.	Eliza Hubbard, St. Bartholomew's Hospital.	Dr. Greenhalgh, private communication.	Mr. Skey.	Medullary tumour.	18 hours.		D.		D.	18 hrs.
Sep. 10, 1864.	Mary Salimson, City of London Lying-in Hospital, aged 28.	Dr. Greenhalgh, private communication.	Dr. Greenhalgh.	Distortion of the pelvis, from rickets.	About 41 hours.		D.	P.		48½ hrs.
Nov. 23, 1864.	Ann Burgess, No. 1, Brown Street, Acton Street, London Road, Manchester.	Dr. Thomas Pigg.	Dr. Clay.	Malacosteon.	Strong pains for 24 hours, but had probably been in labour to some extent before this.		D.	P.		3 days.

* Turning ineffectually attempted. Craniotomy was also unsuccessfully performed. + Dead before operation.

r. Hunt. Many years afterwards, she died in the anchester Workhouse. Her body was inspected by r. Hunt, in the presence of Dr. Francis and of myf. There was not the slightest trace of the cicax in the womb to be seen; but there was a band slight adhesion to the ilium.

I was consulted by Dr. Clay in his first case of ge ovarian tumour, and attended along with him th before, during, and after the operation. I take is opportunity of saying I consider the successful ue of this operation as the commencement of a w era in the history of ovariotomy. It had not en attempted for many years before; and, at the ne of its performance, it did not stand as if it were recognised surgical operation. I attended also ng with Dr. Clay many of his next succeeding ses, being present at all the operations. I took eat interest in these cases, not only on account of at which necessarily belonged to them, but also cause the results analogically tended to substante my views relative to the probable success of the esarean section. It is nevertheless true, that the luence in these two classes of cases is not quite the ne; yet there is, however, sufficient similarity beeen them to lead us to trust more in abdominal gery. In ovariotomy, there is certainly no uterine ision; but there is a necessary division to be made the connecting tissue which exists between the nour and the uterus. In many of these cases, exsive adhesions, which exist between the tumour l the peritoneum, etc., have to be separated. It is, however, evident that during the progressive development of an ovarian tumour, the sympathy of the peritoneum, etc., must in some measure be blunted, and consequently its susceptibility to mechanical injury must be diminished.

The rest of Dr. Clay's successful cases, and likewise those of Mr. Spencer Wells, and all those which have occurred to other practitioners, collectively afford strong evidence of the safety of abdominal incision.

The operations performed by my esteemed friend Dr. Blundell on animals, to prove some important physiological facts, likewise afford substantial evidence that abdominal wounds are very much safer than has been usually considered.

In my introductory remarks, I stated that I should not bring forward any statistical data, as shown from the result of foreign cases of the Cæsarean section, although I feel quite sure that the comparative position of this operation has been damaged by the omission. Continental success in this operation has been remarkably great, when compared with the results of British practice. There have been many instances of two or three successful operations on the same woman.

Having, as I sincerely hope, faithfully and candidly placed all the circumstances appertaining to the two operations—the Cæsarean section and craniotomy—before the profession, it now only remains for me to bring forward my proposition, first made in 1843. Deep reflection since that period, and a

strong sense of humanity, have induced me further to declare that the Cæsarean section should be generally performed as an operation of election; and that craniotomy should be as far as possible abolished, and ought only to be performed as an operation of necessity, except (as already adverted to) in a very few cases.* I am quite aware that many of the opinions I have so urgently stated in the foregoing remarks are at variance with those of the profession generally; yet they have been most conscientiously advocated. They originated from the dictates of humanity, to try to extinguish as far as possible that dreadful expedient—nay, shall I not call it murderous operation?—craniotomy.

Having now fully and without the least reserve put my views into the hands of the profession, I consider I am only doing justice to myself in declaring that I shall not feel called upon to enter into any controversial defence of them.

Original Communications.

ON PUERPERAL FEVER.

By T. Snow Beck, M.D.Lond., F.R.S., Member of the Royal College of Physicians, London.

[*Read before the Obstetrical Society of London, February 1st*, 1865.]

In July 1860, I attended Mrs. B. in her first confinement. She had been married about twelve months, was 24 years of age, of rather short stature and good conformation, had always enjoyed good health, and during her pregnancy "never suffered any inconvenience".

On July 24th, she complained of frequent pains in the stomach, which prevented her procuring rest; but without any vaginal discharge. The orifice of the uterus was soft and open, so as to admit the end of the finger.

The following day, the pains were more frequent and of longer duration, became more distressing to her, and were complained of as of a forcing character, chiefly seated in the bottom of the back—the sacrum. The orifice of the uterus was dilated to the size of a five-shilling piece; the membranes entire. There was no vaginal discharge.

The pains continued much the same during the night, but became more decided, retaining their former character, on the afternoon of the 26th. The head descended into the pelvis, and remained stationary for some hours. Ergot of rye and borax were administered without advantage. She became much fatigued. The small forceps was introduced, and a small living female child readily extracted, without any perceptible laceration of the perinæum.

Ergot of rye and borax were again given, but without producing any perceptible effect. The placenta was removed by gentle traction on the cord, combined with pressure on the abdomen. Some hæmorrhage followed; and, after it had continued about an hour, I introduced the hand, and found a large, flabby, open uterus, which could not be distinguished through the walls of the abdomen, and which remained inert under the combined influence of the hand internally and pressure externally on the abdomen. Ice was now passed up into the orifice of the uterus, when a slow and languid contraction followed—sufficient to prevent further hæmorrhage, but not sufficient to induce a firm contracted organ. I reluctantly desisted from further efforts in this direc tion, by reason of the repeated solicitations of h friends.

She passed a good night; and the succeeding day- the 27th—was so well that she considered "keepin in bed was only a farce".

On the 28th, I was struck with the alteration i her expression, which was anxious and somewha pinched. The complexion bore a thick muddy hue she complained of feeling inwardly cold, but had n decided shivering; the pulse was 110, soft, and othe wise natural; the skin cool, and moistened with pe spiration, which had a peculiar acrid odour. Sl complained of pain in the left lumbar region, whic extended round the abdomen in a line with the cre of the pubic bone, and induced considerable difficult in turning in bed. The walls of the abdomen wer tender in these situations; the lochia not much i amount, and rather offensive; no milk had appeare in the breasts; there were no after-pains; no vomi ing; the bowels had not been relieved. A dose calomel and opium was given, and followed by gentle saline aperient.

July 29th. A strong, faint, and peculiar offensiv odour pervaded the room. The skin was soft, an freely perspiring, which imbued the night-dress wi moisture, whilst the exhalation from it appeared hang about the bed. The expression was anxious an depressed; no pain in the head; mental faculties a peared perfect; no delirium; feeling of great exhau tion; tongue clean and red; not much thirst; she h occasionally vomited a little froth, slightly tinged wi yellow; the bowels were moved several times, th motions being liquid and very offensive; the urine w apparently natural; pulse from 120 to 130, small, an easily compressed. The pain in the side was r lieved, and she could turn in bed with more eas but a more general soreness existed over the whc abdomen on deep pressure, particularly around t navel and over the hypogastrium. The walls of t abdomen were also tender to gentle pressure. T calomel and opium were continued every four hou combined with a stimulating diaphoretic mixtu and turpentine fomentations were applied to t abdomen.

July 30th. The odour in the room had nearly d appeared; the offensive odour of the lochia was a gone. She expressed herself as being better. T expression of the face was improved, but still c pressed; and the complexion muddy. The perspi tion was much diminished; the pulse from 130 to 1 weak, and very easily compressed; the tongue clea no great thirst. She continued to vomit a lit froth occasionally; did not complain of pain in t abdomen, unless under firm pressure, when the te derness was about the same. The walls of the ab men were more prominent and tympanitic on perc sion. The mental faculties were unimpaired.

In the evening, I met Dr. Murphy in consultati who took a most unfavourable view of the ca although the symptoms continued slightly improv Camphor and opium, in pills, were directed to substituted for the former pills; and the other rer dies to be continued.

On the following morning—July 31st—she v evidently sinking. In the night, she had vomi some coffee-grounds looking matter upon the pill and had slightly wandered in her sleep; was lying the left side; breathing sighing; could not be rou to consciousness; vomited occasionally on the pill the pulse very rapid, and fluttering.

She gradually sank, and died about noon.

The vomited matters, under the microscope, sho many fat-globules and portions of muscular fi The black points were composed of a congeries

* See remarks, page 344.

ted fibres, resembling the yeast-plant, which, n aggregated together, produced the black colour. could not prevail upon the friends to allow an mination of the body, and consequently had not pportunity for ascertaining whether any, and, if what local changes had taken place during this l illness, the symptoms and course of which ied to preclude the idea that it arose from in- matory action, and appeared to point to the oc- ence of some poisonous infection of the whole em. Hence the question arose: By what means d this infection have taken place?

had attended the lady's family for several years, herself at different times for slight illnesses; I thus had an opportunity of knowing that her th was good and her constitution sound. This moreover, indicated by the excellent health she yed during the whole of her pregnancy, and the ession of her own feelings the day after the birth e child, that "keeping in bed was only a farce". following day, however, evidences of poisoning of general system were noticed; and this proved of rious a nature as to cause her death three days the first symptoms were observed.

ie leading feature in the case was the absence of contractile power in the uterus necessary to t the expulsion of the child and provide for the y of the mother after its birth. This was appa- at each step of the labour—the languid contrac- of the uterus; the inability to increase the force iese contractions by the usual agents; the re- ement for the use of the forceps; the necessity for emoval of the placenta; the hæmorrhage which ved; the existence of a large, flabby, open uterus, the hand was introduced; the great difficulty luce sufficient contraction of the organ to prevent er hæmorrhage; and the impossibility to procure a persistent contraction after the cessation of the orrhage. These facts impressed me with the ction that the poisonous infection of the general m, which showed itself on the second day after ery, had occurred in consequence of this lax con- n of the uterus, which permitted the uterine es to remain pervious; and that this condition from the absence of that due contraction of the ular tissue of the organ which is essential to nt any fluids from circulating along their canals. the observation of previous cases, I was as- that the cessation of the hæmorrhage could e taken as an indication that the amount of action had occurred which is necessary to effec- prevent the passage of fluids from the interior e uterus into the general venous system. But portunity occurred for testing the correctness ese opinions, until I met with the following

March 21st, 1864, I was requested to see H., from whose mother I received the follow- story.

was a strong, healthy young woman, 28 years e; had been married a few years, and was red, in her third pregnancy, on the 14th. g her first pregnancy, she was attacked with -pox, and miscarried with twins. In her second ancy, she went the full period, and had again one child being dead, the other living. During ast pregnancy, she was quite well until the previous to her confinement, when she suffered pains, but was in "strong pains" for two only prior to the birth of the child, which took before the arrival of the medical attendant. placenta came away about half an hour after- , "without any pain".

had but few after-pains. The lochia were much, and of a black red colour." All things appeared to progress well until early in the morning of the third day (16th), when she was taken "heart-sick, with the head and body full of pain." She vomited some offensive dark coloured matter. The bowels were moved twice, the motions being very copious and very offensive. She had taken castor-oil the same morning. She had no appetite.

Nothing was done for these symptoms, which continued for two days; they then became easier, and "she appeared to be doing nicely". But, early in the morning of the sixth day—the 19th—she awoke saying, "Oh! what shall I do? I think I am dying; I never felt such a feeling in my life." The bowels were relieved into the bed; the motions being watery, very offensive, and accompanied with much flatus. She again vomited some offensive dark coloured matter; was very thirsty; had no appetite; "had little dozes, but had never seemed to sleep since her confinement."

She took some Dover's powder, and the sickness appeared to abate. But, about noon on the seventh day—the 20th—the sickness and purging returned. She also complained much of the pain in the abdomen; and "the perspiration used to stream off the forehead from it." She also complained of "being so weak she did not seem to have strength to move her hands."

The symptoms continued much the same; and I saw her on the morning of the eighth day—the 21st. She was lying on her back, with the head low, the knees drawn up and apart. She complained of a feeling of so much exhaustion and sinking, "as if she would sink through the bed," and "as if she had not power to lift the hand to her head." The expression was anxious; the complexion pale and muddy; the skin cool, or rather cold, with a slight moisture on the surface, but not perspiring; the breathing frequent and short; the pulse about 140, small, soft, and very compressible; the abdomen somewhat distended and tympanitic on percussion. She did not complain of pain; but, in answer to questions, said she had occasional shooting pains across the upper part of the abdomen. The abdomen was very tender to superficial, as well as to deep and continued pressure. The lips were dry and parched; the tongue large, dry, and dark coloured. There was great and incessant thirst, followed by constant vomiting of whatever was taken; the vomited matter was "sometimes quite green." The motions, which were said to be watery and not very offensive, were passed every few minutes into the bed. The urine was also passed into the bed. The lochia said to be sufficiently free, of good colour, and not offensive. There was no pain in the head; and the intellect was quick, clear, and very anxious. She was directed to take some iced brandy and water, with a stimulating astringent mixture.

In the evening, the symptoms were slightly changed. She was talking constantly, yet answered all questions readily and correctly. The skin was warmer—a slight perspiration on the surface; the eye bright; the face less pale. The vomiting and purging continued unabated. She was lying on the back, frequently moving the arms and legs. In reply to questions, she said she was in no pain. The pulse was very quick and fluttering.

She gradually sank, and died about 2 A.M. on the ninth day—the 22nd.

The body was examined thirty-six hours after death. It was well developed, moderately fat. Some port-wine coloured fluid escaped from the mouth. The abdomen was distended and tympanitic. The uterus could not be felt, nor any tumour through the walls of the abdomen. Some slight green discoloration existed in the left iliac region; also some reddish

discoloration in lines, marking the course of some veins on the abdomen and thighs. There was considerable fat in the walls of the abdomen. The small and large intestines were much distended with flatus; there was no unpleasant odour. The omentum was considerably injected; the small intestines were somewhat injected at their contiguous edges. About two pints of opaque, dirty, yellowish, and oily looking serum were found in the cavity of the abdomen, in which floated numerous shreds of loose friable lymph. The whole of the peritoneum was slightly injected, and the surface covered with a thin layer of soft friable recent lymph, rather thicker in some places. The mucous membrane of the small and large intestines was pale; they were much distended with air. There was a small amount of fæces in the descending colon. The fimbriated extremities of the Fallopian tubes were of dark, almost black colour, from great injection. The uterus was large, spongy to the feel, round, and even, occupying the hollow of the sacrum; its surface was somewhat injected. The liver was apparently healthy. The kidneys were also healthy; their capsules were thin and transparent. The veins of the pelvis were not distended; and, on dividing them, the blood was fluid, thin, and of a brownish red colour. No coagula were observed.

The uterus was removed for further examination. It was round, pear-shaped, even on the surface, soft and rather flabby to the touch. It measured five inches across the fundus, five inches and three-fourths in length. The walls of the body were one inch and one-tenth thick, eight-tenths of an inch at the neck, six-tenths at the fundus, and at one part not more than four-tenths of an inch. The cavity was large, three inches and three-fourths at the fundus, five and a half inches longitudinally; and was every where covered with a dark brownish red mucous discharge, which was readily removed, leaving a smooth, uniform, and slightly red surface beneath, studded over with those small depressions, about one-tenth of an inch in diameter, which are caused by the decussation of the internal layer of muscular fibres. The situation of the placenta was marked by an oval and less red patch on the anterior surface of the body. The neck of the uterus was of a deep, approaching to a black colour, which appeared to arise from blood effused into the tissues. The upper portion of the vagina was of similar character, but not so deep. The line of separation between the mucous membrane of the uterus and that of the vagina was distinctly marked. The secretion on the surface of the uterus was of a mucous character, and loaded with round ovate, and in some instances spindle-shaped bodies (elementary corpuscles), comparatively few blood-discs, some mucus-corpuscles, many fat-globules, and a few columnar epithelium-cells.

When placed under water, the inner surface of the uterus was seen to be every where covered with a soft membrane, from which numerous shreds proceeded, and floated in the water. This membrane consisted chiefly of the round or ovate bodies found in the mucous secretion (elementary corpuscles), amorphous connective tissue, and contractile fibre-cells. The portion marking the former attachment of the placenta was thicker, and appeared as if a thin layer of that body was left adhering to the uterus. It contained several (what appeared to be) small coagula of blood, and consisted of elements similar to those already noticed, with some fibrous tissue.

At this part of the uterine surface, numerous open orifices were observed, which, when pressed, emitted a minute portion of their fluid blood, and which led directly to sinuses of considerable size beneath. Air blown into the uterine and spermatic veins escaped out of those orifices, and ascended through the water; and water injected into the same veins readily escaped into the uterine cavity.

There was not any appearance of inflammatory product in any part of the uterus. The veins were empty; their walls not injected; their surface smooth and shining. The lining membrane of the sinuses was clear and shining, and the connecting tissue beneath healthy. The lymphatics were also empty and transparent. The muscular tissue was undergoing the usual amount of fatty degeneration, but otherwise appeared unchanged from that of healthy tissue.

In this case, the labour appears to have been natural, and the placenta was expelled without any assistance. No hæmorrhage occurred; whilst the abundant flow of the lochia and the blackened colour of the discharge were the only symptoms to indicate that the uterus was not fully contracted. Everything appeared to progress favourably until the third day after the birth of the child, when symptoms indicative of general poisoning first arose. These were not marked, and appear to have remained stationary, if not somewhat diminished, during the two following days; but, on the morning of the sixth day, they recurred with increased severity, and continued gradually to increase until death took place, early in the morning of the ninth day after the delivery. In the examination after death, extensive peritonitis, of a low type, was observed, with a copious effusion of serum, and of that soft friable lymph which characterises these cases. But, beyond this, all the tissues of the uterus were found, after careful and even minute examination with the microscope, to be perfectly healthy. No appearance of inflammatory action was any where observed; and the only condition differing from that of health was the soft flabby state of the uterus—its full size; and the important circumstance, that the uterine sinuses remained so open as to allow air blown into, and water injected into, the uterine and spermatic veins, to traverse these canals, and to escape by the open orifice on the inner surface of the organ. I think it is, then, fair to assume that, where these vessels are pervious to admit fluids to pass in a direction contrary to the course of the blood, these fluids may pass in the direction of the current of the circulation. It is even probable that the blood flowing along the large veins would produce an exhaustive effect, and thus facilitate the entrance of fluids into the uterine sinuses.

So far, then, as any deductions may be justified from these cases, they appear to show that:

1. The phenomena of puerperal fever may be produced by the introduction of poisonous fluids into the general system.

2. The uterine sinuses remaining pervious to the flow of fluids, would afford a means by which this poisonous fluid or fluids would enter the system.

3. The pervious condition of the sinuses remained in consequence of an absence of that firm and persistent contraction of the uterus after childbirth which appears necessary to effectually close these canals and prevent all circulation of fluids along them.

4. The secretion from the interior of the uterus was probably sufficient, when mixed with the blood, to induce the effects observed; and it would further follow that:

5. The various phenomena observed in puerperal fever may arise from this cause, modified infinitely by many incidental states; and the various inflammatory actions and products observed in the course of the disease would not be the essential parts of the disease, but morbid phenomena which occurred during the course of it.

6. The primary, though not the only object, in the prevention of these attacks of puerperal fever, will then be to procure a firm, complete, and persistent contraction of the uterus after the birth of the child, and thus effectually to shut off all circulation within the vessels of this organ.

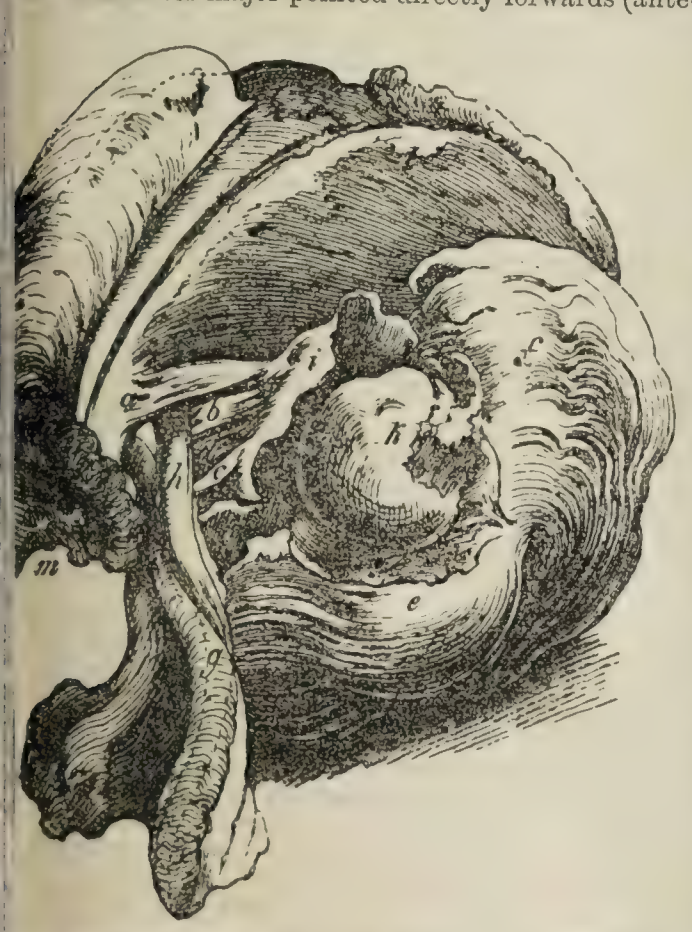
But it remains to be seen how far these conclusions accord with the results of previous observers.

[*To be continued.*]

CONGENITAL LUXATION OF FEMUR: NECROPSY.

By Dr. Berend, Director of the Orthopædic Establishment at Berlin.

The necropsy of a boy, 6 years old, suffering from congenital luxation of the femur, showed the following particulars. The acetabulum was found in its normal situation, reduced to one-third of its proper circumference; and the articular surface was almost flat, instead of concave, apparently through deficiency of the surrounding capsular ligament. The head of the femur rested in a new articulation on the outer surface of the ilium, behind and a little above the acetabulum. This new articular surface was limited posteriorly by a semi-circular bony wall which would have formed a complete acetabular cavity, if the bony ring had been a little higher and extended entirely around. The head of the bone, partially atrophied but not at all destroyed by ulceration, was turned upon its axis in such manner that the trochanter major pointed directly forwards (anteriorly); a small portion of the original capsular ligament, arising from the anterior portion of the acetabular ring and extending over that cavity, was inserted into the edge of the sacro-ischiatic notch, with no attachment to the neck of the femur, but a narrow insertion in the head of the bone itself. The rotator muscles (pyriformis, gemelli, and obturator internus) were quite as abnormally situated, being inserted into the false capsular ligament itself and not into the trochanter. Moreover, they were found to be atrophied; and, apparently as a secondary effect, to have undergone fatty degeneration. Finally, the situation of the quadratus femoris was also abnormal as to its usual insertion. This last circumstance was due to the rotation of the femur: the muscle was extended over the surface of the bone, and appeared to be rolled upon it.



a, Pyriformis muscle; *b*, Gemellus superior; *c*, Gemellus inferior; *d*, Obturator internus; *e*, Quadratus femoris; *f*, Glutæus major reflected; *g*, Glutæus minor reflected; *h*, Sciatic nerve; *i*, Capsular ligament; *k*, Head of the femur; *l*, Ilium; *m*, Os coccygis.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[*Continued from page* 294.]

Of the varieties in form of mental disease: some affect chiefly the moral and intellectual faculties, and the motor are involved in a secondary manner. Two forms, however, are more immediately connected with the motor functions; viz., general paresis, which was described in the last paper; and epileptic mania, which remains to be illustrated.

In all cases of mental disease, there is some disturbance of the motility, as shewn in restless activity, or in torpidity of movement. In general paresis, the motor functions give a prominent feature to the disease. But they form the primary affection in that form called epileptic mania.

Cases of epileptic mania form some of the most formidable and trying with which the physician has to deal. The disease presents itself in two forms, according to my experience. In one, the maniacal symptoms appear to be superadded to an ordinary case of epilepsy; being, as it were, an extension of the morbid processes from the motor to the moral and intellectual faculties. In these cases, the violence is at one period very great and peculiar; being more totally uncontrollable and furious than is met with in cases of ordinary mania. The patient makes a sudden and unprovoked attack on the nearest bystander perhaps, and cannot be soothed or temporised with, as in an excitement of passion. Some of these patients direct their violence towards themselves, and will butt with their head against a wall, or will bite and tear their own flesh. It is usually on account of these outbreaks of violence that the asylum is sought; and many such cases were admitted into Hanwell during my term of office there. In all these patients, the maniacal violence gradually subsided after admission. The violence, or maniacal furor, in most of these cases, preceded each epileptic seizure; in some, however, it followed; and, in others, the fits and the violence took place together.

The second variety of epileptic mania is met with in two forms; viz., 1, with the epilepsy undeveloped; and 2, with epileptic attacks developed. The former has been described and named by my friend, Dr. Morel of Rouen, as epilepsia larvalis. (*Traité des Mal. Men.*, p. 480.)

It appears to be somewhat an anomaly to name an affection epilepsy, in which no epileptic seizure has yet occurred; and one cannot exactly affirm that the one condition is a premonitory or previous stage of the other; for certainly the second state is possibly,

in some cases, never developed at all. That is to say, there are cases whose phenomena correspond to the first kind, but in which the epileptic seizure is never truly present. It would remain doubtful, of course, whether epileptic seizures will become developed in these cases. The difficulty is, however, simply one of nomenclature. If we consider epilepsy a distinct disease, the anomaly remains; but viewing it simply as a symptom, the disease is equally describable, and it has characters of sufficient distinctness to separate as a form of insanity.

The following epitome of two cases well illustrate the characters of this form of disease; in both of which the epileptic seizures were dormant for a period.

Case I. E. S. was taken up in Chelsea by a policeman for creating a disturbance. She got into a medical man's brougham which was standing at a patient's house, and vociferated to the coachman to drive on. She could only with great difficulty be dislodged from the vehicle; she resisted violently, and was taken to the station; thence to the workhouse; and, after making a great disturbance, was sent to prison. In prison, she disobeyed the rules, and was several times punished. At last, she was sent to the Asylum. On admission, she behaved well for a while; then began to encroach by making extravagant demands of indulgences; and, if refused, she broke windows, and threatened and attacked several of the female officers. She broke and destroyed with great dexterity her rooms, however strongly secured. At times, she would go a whole week without eating, etc. Her violence lasted several days when it commenced; and for several days afterwards she remained quiet, then began again to be mischievous and to plot. She was at times neat and tidy in her person; at times, filthy and disgusting.

She had no attack of epilepsy while under my observation, during about eight months. It was a case which, from the intellectual integrity and apparently wilful perversity, would be considered by many, and indeed was by several, to be merely a moral delinquency. The history of the case was, however, that up to the age of 20, she was a hard-working, industrious, and retiring person, the sister said, "the reverse of what she had become". About the age of 20, she lost her mother somewhat suddenly, and became melancholic and out of her mind, and was sent to an asylum in Ireland. She was there some time; and had several epileptic fits while there, and continued to have fits regularly for some period afterwards. The fits, in fact, had only left her shortly before she was taken insane again.

The nature of the above case would have been very obscure without the history of the attack; and, indeed, it is very doubtful whether popular diagnosis would have been in her favour had her many unruly acts brought her before a public tribunal. The patient had been very repeatedly punished while in prison, without effecting any improvement in her conduct. The next case is very similar. The subject of it had been punished by every means resorted to in prisons, and was deemed wholly incorrigible. She had been also indulged to the "top of the bent", without amelioriation of her conduct. She, like the former patient, only looked upon indulgences as her right, and her corrections as great injustices.

Case II. E. T. was left an orphan at a very early age, with £200, which was left in trust for her education. Her trustee entirely neglected her, and allowed her to play in the streets in the lowest neighbourhoods, and at last deserted her. She was taken in by a poor neighbour. At sixteen years of age, she had an illegitimate child. This was felt by her very keenly as a disgrace. She went to the workhouse, where, she asserted, she was ill-used and unjustly treated by the master. For several years she spent her time between this workhouse and the house of correction. She was a noted character in both, on account of her violence. A great sensation was made about her by certain philanthropists; and the medical officers of the prison were requested to give an opinion about her sanity. They considered that there was no evidence of insanity in her. I was requested by the authorities also to examine her, in conjunction with Mr. Marshall of Colney Hatch Asylum. We recognised at that period the resemblance of the case to epilepsy undeveloped; and my colleague especially distinctly gave it as his opinion that the case would terminate in well-marked epilepsy. There was not, however, at that period, such an amount of proof of this, or of any mental disease, as would warrant a certificate of lunacy. We were precluded from signing a certificate by law ourselves; and we did not feel that we could recommend the officer of the prison, on our view of the case, to call the case insanity. She was, however, shortly afterwards admitted into Hanwell under my care. Her intellect probably was never very strong, Her instincts were under little control. She was in person well developed, of short and thick-set build. She endeavoured to create a morbid interest about herself; but this was prevented by the measures taken. She showed evident chagrin if not treated with more particular attention than the rest; and she endeavoured to accuse the nurses of favouritism, etc. She made several unprovoked attacks on the attendants and female officers, and required for some time great caution in treatment. The catamenia on admission were suppressed. After residence in the asylum, this function was re-established, and her conduct improved. She became industrious. She never was untruthful or dishonest. She made herself gradually very useful; and after fourteen months she left the asylum, to try to gain her own living in service. She failed in this. On several occasions, on contradiction, she threatened her mistress with violence. She at length was taken into a subordinate position as domestic in the asylum. After a very short time, she began to have regular epileptic seizures. Her disposition became perfectly altered, more quiet and subdued, but irritable on the approach of fits, when she used very foul language. Her memory became defective, mind more feeble; and she took poison (it was believed, intentionally), and died.

In this last case, there was a period of nearly ten years of riotous conduct before the evolution of epilepsy. In a similar case, which was treated in Hanwell and afterwards at Colney Hatch Asylum, the epilepsy took place after about seven years of violence.

Now, had the epilepsy *not* been developed, under what category could these cases be placed? Dr. Morel says, "epilepsia larvalis"; but it seems an anomaly to call a disease after a phenomenon which is not constant, and which may be altogether absent. The cases have sufficient characteristics to unite all, whether the epilepsy be developed or not, under one appellation. The cases are similar in character, in progress; so that the possibility of an epileptic seizure can be predicated. In fact, the epilepsy in one of the cases was prophesied three years before it occurred.

These cases form a distinct group. They are among the most violent and troublesome which we have to treat, both on account of their perversity, and on account of a certain amount of integrity of intellectual faculties which leads every one around them to deny their insanity.

My own belief is, that all these cases are closely

allied to that form of disease to which I have already alluded in a previous paper (British Medical Journal, Jan. 21st, 1865), under the title of Recurrent Mania. They resemble the cases there mentioned—1. In the recurrence of distinct attacks of violence, at intervals more or less regular; 2. In the violence of the paroxysmal outbreak; 3. In the somewhat rapid cessation of the symptoms and return to comparative lucid condition; 4. In the very slight permanent injury produced on the intellect; 5. In the irritability of disposition, that is constant in the intervals, frequently exhibited by accusations of unfairness or injustice towards themselves; 6. In positive denial of having acted improperly, in self-justification; and strenuous denial of having ever been insane.

Many cases exhibit all these phenomena in a more or less mild degree. There were numerous examples in Hanwell. One patient had been eleven times in Bethlehem, and two or three times in Hanwell; another had an outbreak of maniacal violence yearly, which passed off in about six weeks. In many others, chiefly old cases, the violence recurred too frequently to admit of discharge.

In some cases, the outbreak is at much more distant intervals: one or two years may intervene even.

The character of the outbreak has, however, led to a still further confusion of names. The violence is exhibited sometimes (1) towards others, (2) towards themselves, (3) toward inanimate objects, or shows itself in flagrant acts of crime. In other words, the patients may simply break out and tear their clothes, or smash furniture; they may be violent towards others, attempt to injure, to murder, to fire, burn, destroy; may commit rape, and various other enormities, in their fury. Hence have arisen the names of homicidal maniacs, pyrmaniacs, etc.

The cases of this description are, fortunately, somewhat rare, and, when they occur, are usually transferred to the criminal asylums. So far as I have been able to collect evidence, it appears that the violence rarely occurs in the first attack of even these cases; that, in fact, a period of melancholy is a frequent precursor of the first attack. However, in the second and subsequent attacks, the violence is committed with but very slight warning or premonitory sign; a little and transient restlessness, or *malaise*, or depression, only being exhibited. The patient is often apparently perfectly well, quiet and harmless, and suddenly rises and attacks a bystander, and attempts to murder him. The murder having been accomplished, the patient resumes his former placid condition. But, although the kind of violence used varies—that is, it is a murder in one case, a suicide in another, or simply a destruction of property in another—it does not appear to me that such variation in the object attacked can form a basis of a classification of diseases. The whole of the phenomena, viewed together, to my mind brings these cases of epilepsia larvalis, homicidal mania, and cases of recurrent mania, into close pathological proximity. But by the term recurrent mania I do not include all second attacks of insanity, but only those of the peculiar type described.

[*To be continued.*]

Charing Cross Hospital. A bequest of £500 has just been made to the above hospital, under the will of Major-General Sir Charles Hopkinson, of King Street, St. James's, who especially directed that his body should be opened before being placed in a coffin, and the surgeon performing the operation to receive £50.

Reviews and Notices.

For and Against Tobacco; or, Tobacco in its Relations to the Health of Individuals and Communities. By B. W. Richardson, M.A., M.D., Physician to the Royal Infirmary for Diseases of the Chest. Pp. 75. London: 1865.

In this little work, Dr. Richardson investigates the action of tobacco on the different organs of the body; and in the last chapter sums up his views as to the effects of tobacco generally upon the individual and upon the community at large. That smoking tobacco must be injurious to the healthy body, is a fact patent on the face of it. Tobacco is neither food nor physic; and assuredly is in no sense necessary for a healthful existence. It contains a deadly poison; and of this poison the smoker must necessarily take into his body a certain amount. Dr. Richardson says that tobacco arrests oxydation; and therefore, in the young especially, causes "impairment of growth, premature manhood, and physical degradation." He also describes the other particular injurious influences produced by it on the different organs of the body. Smoking, he, therefore, naturally adds, "is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life; but its use conveys to the mind of the man who looks upon it calmly the unmistakeable idea of physical degradation. Why should a million of men in this country be living with stomachs that only partially digest, hearts that labour unnaturally, and blood that is not fully oxydised?" But here Dr. Richardson is necessarily met with the difficulty attaching to the use of many other luxuries; and, in fact, he admits what will be a great victory to the smoker; viz., that "of nearly every luxury it is the least injurious."

"It is" (he says) "innocuous as compared with alcohol; it does infinitely less harm than opium; it is in no sense worse than tea or sugar; and by the side of high living altogether, it contrasts most favourably. A thorough smoker never is a glutton; indeed, there is no cure for gluttony like tobacco."

This eloquent admission *for* tobacco will, we fear, make the reader of Dr. Richardson's pleadings *against* it very pale before the genuine smoker. And, after all, sad experience tells us only too surely that in matters of this kind mankind takes little account either of royal edicts or philosophical warnings. Neither teetotalism nor counterblast tobacco societies will put down drinking and smoking. The natural instincts of the old Adam within us lead men still on in the evil ways of irrationality. Though it were philosophically demonstrated that alcohol be not food, and tobacco only a deadly weed, yet will men go on drinking fermented liquors and smoking the dried leaves of nicotiana to the end of the chapter. The smoking sinner, after listening to the dreadful fulminations of an anti-tobacconist orator, and after learning all the horrible evils which await him in the end, will yet retire home to reflect upon them with his pipe in his mouth.

Of Dr. Richardson's essay, we may say that it is a calm and philosophic inquiry; and that the arguments for and against "the weed" seem fairly and candidly expressed by him. We sincerely trust that

they may have the effect of diminishing, or rather of preventing, the pernicious habit of extreme indulgence in tobacco-smoking.

In conclusion, we would remark, that we are much surprised to find Dr. Richardson writing down sugar as a substance equally injurious to the human body with tobacco. "It (tobacco) is in no sense worse than tea or sugar." One other error we would also call attention to. Dr. Richardson is, we conclude, no smoker himself, or he would assuredly never have stated that the smoke which the smoker draws from his cigar or pipe passes into his lungs. The fact is, that only a practised smoker—one whose aërial tubes are well macadamised to the fumes of tobacco—can take them into his lungs. In ordinary smoking, the smoke passes into the mouth only. Consequently, no fair analogous conclusions can be drawn as to the effects induced by tobacco-smoke upon animals, who are made to breathe the smoke, to take it into their very lungs, and to bring it in contact with their highly and rapidly absorbing surfaces.

Statistical Tables of Patients in St. Bartholomew's Hospital during 1864. By G. N. Edwards, M.D., and A. Willett. London: 1865.

These tables contain a very full, detailed, and no doubt accurate, account of the diseases treated in St. Bartholomew's Hospital during 1864. There were admitted 5543 new patients, 553 remaining from the previous year; 4324 were discharged cured and relieved, 300 unrelieved, 315 for other reasons; and 617 died. Fifty patients died in the medical, and 38 in the surgical wards, within twenty-four hours after admission; 21 were brought in dead. The number of beds in the hospital is 650.

On Intrathoracic Cancer. Part i. Introductory and Historic Sketch. By John Cockle, M.D., Physician to the Royal Free Hospital. London: 1865.

Dr. Cockle has, in pamphlet form, published the first part of his researches concerning intrathoracic cancer. In this part, he gives an introductory and historic sketch of the subject. The disease is rarely met with. Dr. Cockle, therefore, desires to put together, for the benefit of the profession, the general facts, so far as they may be gathered from a summary of authentic details. Dr. Cockle treats the subject, we need hardly add, with his usual industry and scientific skill.

Medical Education and the Public Services. I have been told by one of the examiners of a department of the public service, on whose judgment I have implicit reliance, that, as a rule, the candidates who appear before him have no accurate knowledge of any of the subjects of examination. I know that the ablest and best students do not enter the public service; they devote themselves to the service of the public in another way. I know, too, that much the larger part of the candidates in question are not educated in London..... During five years, since the 1st of October 1859, the new men supplied to the Army Medical Service from different parts of the kingdom, numbered as follows:—From Ireland, 230; from England, 115; and from Scotland, 85. Those from Ireland have rapidly increased in later years. (Mr. Quain *On Medical Education.*)

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 29th, 1865.

THE COLLEGE OF PHYSICIANS AND THE ARMY AND NAVY MEDICAL OFFICERS.

On the 21st inst., the London College of Physicians, in our opinion, made a very great mistake, and did a great act of injustice both to itself and our army and navy medical brethren. It refused to hold out a hand of sympathy to the medical officers of the army and navy. Some months ago, the College appointed a Committee, consisting of six of its Fellows—viz. the Senior Censor, Dr. Gavin Milroy, Dr. Sibson, Dr. A. P. Stewart, Dr. Armstrong, and Dr. Markham—to inquire into the condition of the army and navy medical officers, and to report thereon to the College. The Committee set conscientiously to the work. They made themselves thoroughly masters of the whole question; they obtained information of the most positive and authentic kind; they unanimously satisfied themselves as to the truth of the grievances complained of by the army and navy medical officers; and, after several months of inquiry they drew up, with great care and precision, a most accurate detail and history of the wrongs to which those officers have been and are at this moment subjected. But such a report, so drawn up, and so authenticated by the testimony and signatures of the Committee, was rejected by the College; and not only was it rejected, but the College, as then constituted, refused to accept it even in any modified or altered form. The College refused to say one word or do one single act which might, in the opinion of its Committee, assist in removing the grievances under which our army and navy medical brethren at this moment suffer. Such a total repudiation of its own Committee's Report is a very rare and exceptional proceeding. It is well, therefore, that the profession should know the reasons, or rather we should say the excuses, alleged for the non-acceptance of the Report.

Now we may observe, in the first place, that the *facts* stated in the Report were admitted to be true; that is to say, not one single one of them bearing upon the question was either upset or even attacked. The Committee, indeed, defied even the best informed and most ardent supporters of the Hous

Guards to contradict one single statement contained in the Report. Anything like reasonable grounds for the rejection of the Report were not even suggested. Indeed, it soon became evident that on this occasion the College met to record a vote, not to argue the merits of the question on which the vote was to be taken. They were told by one gentleman, who entered the army some forty-five years ago, that he had there passed many happy days, and had never felt the inconveniences mentioned in the Report. He was always consulted by his colonel on matters sanitary; and his friends were of the same opinion as himself. He never heard any complaints from the best men in the army. Besides, the College had nothing to do with army men; so why need it trouble itself about them? Then, again, it was said that the causes of discontent, as stated in the Report, were frivolous; that the College would only injure the army and navy medical men by taking up their cause; that, to be sure, it was a great mistake that the Horse Guards touched the warrant of 1858, but then ever since that time they had been continually removing the causes of discontent; that the College would be put in a false position by taking up the Report; that it was no use ripping up old grievances; and, besides, the language of the Report was too strong, and might injure the delicate susceptibilities of high officials; that, no doubt, some injustice had been done to the medical department, but then the injustice has been gradually removed.

To all this it was answered by the Committee, that the army and navy medical officers were, by their very position, unable to help themselves; that with them complaint was regarded as insubordination; that the Committee had carefully and conscientiously made themselves masters of the case, and had learnt beyond any kind of doubt that the medical officers were subjected to serious grievances; that the College was bound to help all classes of our medical brethren; and to pretend, because only a few licentiates of the College were in the army and navy, that therefore the College need take no thought for them, was a selfish idea, utterly inconsistent with the modern aspirations of the College; that not one single statement made in the Report had been controverted, or even argued upon. The Committee further argued, that to say that action taken on the part of the College would injure the medical officers, was a statement refuted by memorable facts; that, in truth, the grievances lately removed, of which the opposers of the Report and the supporters of the Horse Guards made so much, were removed in consequence of, and since, the serious action taken by the *British Medical Association*—proving thereby that the department know how to yield to pressure from without; that the restoration of the rights of medical officers in respect of forage, baggage, of servants, as regards branding, etc., was wrung from the officials by the intervention of the British Medical Association, and of other medical bodies; that the interference of the College, therefore, would also of necessity operate to the advantage of medical officers; that all the objections made to the Report were of a mere verbal character, so much so that the Committee were perfectly ready to yield every word objected to in it, inasmuch as the real facts of the case would still remain there, true and unanswered; that to say there was no discontent in the army was simply a denial of patent and positive facts; that the warmest official defender of the Horse Guards dare not venture to say that discontent, great and universal, did not exist in the army and navy; that the Committee, who had now for many months studied this question, ought at least to have something like reason shown why their Report should be rejected; that they, at all events, must have full knowledge of the subject; that they had no object in view but to learn the truth of the case, and to act upon it; that they had no official ties to clog them—no superiors to gratify or to dread; and that they desired one sole thing, to help in doing an act of justice to the medical officers of the army and navy.

Again, the members of the Committee represented that those gentlemen, on the contrary, who especially represented the official military authorities within the College were, by their own admission, placed in a very difficult position; that their words and freedom of expression were necessarily fettered by the ties of official life; and that, therefore, their judgment and opinion could not be accepted as unbiassed and unprejudiced; that, most assuredly, those gentlemen who represented the Horse Guards represented an authority which was felt and declared by the army medical officers to be one which had no sympathy with them, and no care to remove their grievances; that for the College, therefore, to accept the opinion and advice of such an authority, was to accept the opinion and advice of those who, in the opinion of the Committee, were the very obstructives and hindrances to the welfare and elevation of the standing of the army medical officers; that when the College appointed a Committee, and that Committee had consistently discharged its duties, it was incumbent on the College, was only respectful to the Committee, that it should, at all events, state reasons for rejecting the Committee's Report.

The College, however, thought otherwise; and, in fact, as we have said, the opposers of the Report came there to vote, not to argue. The influence of the Horse Guards was (amongst those who represented the College on the occasion) stronger than that of the Committee. The unanswerable statements in the Report were left unanswered; and the old fact was illustrated, that it is much easier to hold up a hand than to give a reason for holding it up. Whether the de-

cision of the majority in this case was a wise decision, time will show. In the meantime, we may venture to express the opinion, that the College has exhibited a strange want of moral courage; a strange want of sympathy with a large and suffering body of their medical brethren; a strange want of consistency in giving to a Committee of their body the charge of a very serious and arduous inquiry, and then utterly ignoring their labours—in refusing to accept the Report even in a modified form, or to do a single act or say a single word which might be construed into an act or word of sympathy done or said by the College in favour of our army and navy medical brethren; a strange want of harmony with its modern aspirations of being the leader of scientific medicine, and the liberal parent of all branches of the medical family.

The hopes and the eyes of the whole army and navy medical officers were fixed upon the College; and this is the answer they have received!

It is only fair to state, in conclusion, that the President of the College did not accept the assertion of the prime movers of the opposition to the Report; viz., that army and navy medical men had no grievances to complain of. On the contrary, he admitted them. He said, he begged it to be distinctly understood, that the existence of the grievances were admitted on all hands, and that he had heard no one deny them. His reasons for opposing the Report were, that he thought interference, if unsuccessful, would injure the interests of the College, as well as damage the case of the army and navy medical officers.

THE LATEST INDIAN MEDICAL WARRANT.

When commenting upon the changes made by the late Indian Medical Warrant in medical service of that dependency, we stated that we were not prepared to enter into all the details necessary to obtain an exact view of the changes effected by it. It is only persons on the spot who can be fully cognisant of the advantages and disadvantages of any such new arrangements.

We have, therefore, waited until the matter could be fairly brought before the Indian public, before passing a decided judgment as to the probable effect of this Indian Medical Warrant.

Now, we regret to say, the Indian press expresses disappointment as to the future prospects of the Indian Medical Service. In *A Brief Sketch of the Past and Present Condition of the Bengal Medical Service*, a surgeon of the Bengal army sketches the condition of the Indian Medical Service, and the various alterations which have been since introduced; all, as it appears, having the tendency to lower the status and the advantages heretofore enjoyed by the Indian medical officers. The Indian Medical Warrant of 1860 placed them in a position inferior even to that of the British medical officer serving in India, to whom the provisions of the famous British Warrant of 1858 had not been extended. The first Warrant of 1864 was received with a burst of indignation. The position of the medical officer was reduced to a degree hitherto unprecedented; for it must be remembered that the distinctive features of the Indian services, the funds, to which all had formerly been compelled to subscribe, had already been abolished, with reference to those who had entered the service after the transfer of the Indian Government to the Crown. The second warrant, embodied in Sir C. Wood's despatch of November 1864, was apparently intended to have the effect of reassuring the minds of the medical profession. It has failed, however, in its purpose, if we may judge from the deliberately pronounced opinions of those among the Indian surgeons, who are, like the author of this *brochure*, best entitled to form a judgment. He candidly acknowledges the good intentions of the authors of the warrant in some particulars, and even gives them credit, we are almost inclined to think, for benefits which they did not intend to confer; for he supposes that they acknowledge the propriety of giving staff salaries to those who hold independent medical charges, as is the case with the great body of the military officers. We shall be glad to find that he is right in this particular. We concur with him in approval of the appointment of a definite time for promotion to the grade of surgeon; and we trust that the time which is necessary to qualify for a retiring pension may be allowed to include the usual furloughs in the so-called "service in India."

But the shortcomings of the dispatch are glaring. The chief disadvantages under which the service may now be said to suffer are: First, the removal of all the military European charges from the Indian into the hands of the British medical officers. For this change the Secretary for India is not responsible. This will abstract the principal prizes of the Indian Service from the regimental medical officers, who will also be debarred from the opportunities of distinguishing themselves on active service to the same extent as before; and it seems that the surgeons in charge of native regiments are to be paid on an inadequate scale. Secondly, it was hoped that a higher scale of pension would be established for length of service; the present, now that there are to be no medical retiring funds, is inadequate; and the pensions for those who are invalided for wounds or ill-health are not at present adjusted, as they are in the Royal Service. Thirdly, as the Secretary of State directs the employment of as many civil medical men as possible, many of the best prizes of the service, such as the various staff-appointments in the presidency towns, etc., will be thrown out of the hands of

the hard-working military or covenanted branch. We much fear, also, that any sum allowed as staff-salary to surgeons for the highly responsible medical charge of regiments will not be commensurate with their position. The pay for Indian officials must not be calculated on a scale that would suffice for Europe; but rather with reference to the state of the local labour market. Living in India is becoming expensive; so that not only merchants and bankers, but Government, find themselves obliged to raise the rate of pay for all *employés* who are not in their regular covenanted service.

A nominally high pay for the Medical Service may not be adequate for the necessities of a position which must entail considerable expenses of living, of moving from place to place, and probably of taking leave of absence for ill-health; of sending home families, of making suitable provision for them, etc. The reduction of the number of Deputy Inspectors-General, consequent on the transference of all European military charges to the royal surgeons, still further reduces the number of prizes attainable by the Indian medical officer. Consequently, as far as we can judge, the prospects for any one entering the service, are anything but brilliant. However, India is the land of wealth as well as of adventure, and the Indian surgeon may perhaps profit, if not by the great influx of capital, by that of the many European settlers who are making their way to those sunny regions.

MANCHESTER AND SALFORD SANITARY ASSOCIATION.

The Committee of this Association have just published their Annual Report for the year 1864. It contains much valuable information on subjects connected with the public health. At the end of the report are four quarterly reports on the health of Manchester, drawn up for the Association by Dr. Morgan, the Honorary Secretary. In referring to the cotton famine, the Committee remark—

"In their two preceding annual reports, the Committee endeavoured to show that, although the important trade on which the prosperity of this great centre of the manufacturing districts so largely depends, was for the time paralysed, nevertheless, such had been the liberality and judgment displayed in alleviating the necessities of the operatives, that neither the reports of the Registrar-General, nor the still earlier distress-testing returns of this Association, bore evidence of any increase either in the rate of mortality or in that of disease. The year 1864 tells the same tale as the two which went before. Its statistics demonstrate that, in so far as registers of deaths and diseases tables may be looked upon as an evidence of the public health, the cotton famine failed to bring in its train any of those evils which the most sanguine might well have feared. In the country generally, the death-rate was unusually high. In Manchester, it was below the average."

The report then proceeds to speak of the number of new cases of disease and injuries occasioned by accidents which occurred in Manchester and Salford during the year 1864.

"The total number observed in public practice amounted to 75,754; of this total, 2645, or 1 in every 28.6, terminated fatally. In the preceding year (1863), the cases reached the still higher aggregate of 82,441; and the deaths 2669, or 1 in 30. If these results be compared with Mr. Royston's mortality-tables, in which the deaths for the year 1864 are shown to have amounted to 12,273, it will be found that 1 death in every 4.6 occurred among a class of patients who are dependent on charity for medical treatment; while, in the year 1863, the proportion was somewhat lower, or 1 in every 4.8. From what has been here stated, as the result of a two years' experience, it would appear that, on taking the poorer class in the mass, each individual is sufficiently indisposed to require medical treatment about thirty times in the course of his life ere he is prostrated by his last sickness; and further, if it be allowable to assume that, in the case of other members of the community, the attacks of sickness bore the same ratio to death as that here assigned to public practice, it would then be found that the total number of new cases of disease which occurred in Manchester and Salford during the year 1863 and 1864 amounted respectively to 391,740 and 351,307; in other words, in the former year, about 13 persons in every 14 required medical aid, in the latter about 5 in 6."

Scarlet fever last year proved the most fatal of the zymotic diseases; 1124 poor patients having suffered from its attacks, of whom 1 in 10.4 died. The report estimates that the total number of seizures from this disorder in Manchester and Salford, among all classes, in the years 1863 and 1864, fell little short of about 20,000.

Besides collecting and publishing much useful information on subjects connected with the public health, a series of lectures is annually delivered on behalf of the Sanitary Association in different parts of the town. In the course of last year, upwards of thirty lectures were given. In the list of lecturers, we find the names of men well known in the scientific world.

In Dr. Morgan's quarterly and very valuable reports, will be found much interesting information respecting the extent and intensity to which the zymotic diseases prevail in the different districts of Manchester. In one of these reports, he remarks, in speaking of scarlet fever,

"That although it be true that no absolute rate of mortality can be laid down in respect to the zymotic diseases, they still, as a rule, assume a more malignant form in proportion to the extent to which they prevail. In our large cities, at any rate, it rarely happens that affections of this order are altogether absent; sporadic examples of each variety are well nigh always at hand, lurking in those districts which supply a congenial soil for the storing up and dissemination of their specific virus. It is, however, important to bear in mind that among these scattered cases, the disease is far less often followed by fatal results than on those occasions on which it takes on an epidemic form."

THE MEDICAL PROVIDENT SOCIETY.

We have much satisfaction in being able to inform our associates that the Medical Provident Society has been, in accordance with the wish of the Directors, duly registered by Mr. Tidd Pratt under the Friendly Societies' Act; and that the Secretary is ready to receive applications for admission from registered practitioners intending to become contributing members.

No material alteration has been made in the Rules of the Society since an outline of them was published in the Journal of February 4th. The tables of annual contributions and benefits, which at that time had not been completed, have since received the sanction of Mr. Finlaison, and will be found in our advertisement columns of this week.

It will be seen, by reference to the table, that practitioners under forty-five years of age may either provide, by a payment ranging from £2 : 15 : 6 to £4 : 5 : 0 *per annum*, for a weekly payment during temporary disability from sickness or casualty up to the age of sixty-five; or may, by an increased premium the amount of which varies from £3 : 11 : 0 to £6 : 17 : 0, secure to themselves a similar privilege during the whole of life. Besides these classes, under which it is intended that members shall be ordinarily admitted, it has been provided, in order that every reasonable opportunity may be afforded to practitioners for availing themselves of the benefits of this Society, that, up to the 1st of July, 1867, members between forty-five and sixty years old may be admitted, on payment of the premiums mentioned in the table under Class III; the members admitted in this class being entitled to receive the benefits of the Society during the whole of life, provided that they pay their contributions yearly.

The organisation of the Society having been thus completed, it now only remains for the profession to shew their appreciation of it by becoming contributing members. When it is considered how many days in each year are, on an average, lost to a practitioner through sickness or accident, and how severely this disability often interferes with his power of providing the daily necessaries of life for his family; and when it is remembered that the liability to this average annual disability is known to increase rapidly as age advances, it can scarcely be supposed but that many will gladly avail themselves of the opportunity now held out to them of making provision against emergencies by the annual payment of a sum which, all circumstances being considered, is moderate.

In conclusion, we would refer our readers to the letter of the Secretary at p. 443 and to the advertisement; and would urge them to take the earliest opportunity of sending in their name as candidates for admission into this useful Society.

It is interesting to note that the French Imperial Court has recently decided that a medical man cannot legally confide any of his patients to the care of a pupil or an assistant who has no diploma. Any medical man who in future may place his patients in the hands of an assistant who is not legally qualified to practise will become subject to legal penalties.

M. Chenu tells us, in his work on the Crimean campaign, that, during the war, 8,000 French soldiers were slain on the field of battle; 32,000 were wounded, and that of these 9000 died subsequently —making 17,000 killed. But from internal diseases there died no fewer than 60,000.

The papers report the death of Antoine Sue, formerly Surgeon of the Imperial Guard, at the age of 73. He was Physician-in-Chief of the Marseilles Hôtel-Dieu. He was also cousin of the celebrated Eugène Sue, to whom he had taught the elements of his art before he had entered on his famous literary career. The reader may remember that Eugène Sue, in his romances, always showed great respect to physic and physicians.

The following are the published operations of 143 midwives of Berlin during 1864. The midwives are altogether 155 in number. They attended 17,067 births; of which 8684 were boys, 8211 girls, and 172 whose sex is not stated. Of the mothers, 6 died during delivery, and 42 afterwards, before recovery from confinement. There were 340 children born dead, 186 died during delivery, and 253 in the first nine days after delivery. Of the presentations recorded, 16,205 were head-presentations, 43 face, 159 breech, 56 foot, and cross 95.

There are at the present time in Copenhagen two authorised markets for the sale of horse-flesh, which is sold at twopence-halfpenny a pound. The animal is inspected by a veterinary surgeon before it is allowed to appear in the market as meat for sale. The animal is cut up into four quarters, and the veterinary surgeon burns his official *imprimatur* on each hoof; the hoof is not allowed, under any pretext, to be separated from the quarter; and thus the buyers of horse-flesh have the satisfaction of knowing that they purchase healthy meat.

In the *Berlin. Klin. Woch.*, Dr. Böhm details a case of cysticercus cellulosæ removed from beneath the conjunctiva. The tumour, of about the size of a bean, was situated at the inner angle of the conjunctiva. It had been growing for some months, and without pain; and had been several times punctured, but always filled again. The patient sought relief chiefly because he could not close his eyelids. In the tumour, when removed, was found a cysticercus. The patient had never suffered from any signs of tapeworm; nor did a dose of kousso expel any pieces of worm from the bowels.

Scientific Notes.

PRODUCTION OF AMMONIA FROM AIR AND WATER, UNDER THE SOLE INFLUENCE OF THE POROSITY OF ARABLE SOIL.

By passing 200 *litres* of air (at the rate of 10 *litres* per hour) freed from its natural ammonia, over 250 *grammes* of ordinary vegetable earth, previously washed, or calcined and washed, or estimated relatively as to its total of nitrogen, then restored to its usual state of humidity, and raised progressively from the temperature of 10° to about 52° *cent.*, M. Decharme found that part of the nitrogen of this air had been transformed into ammonia, into carbonate and nitrate of ammonia. The total amount of ammonia thus produced by the catalytic force of the earth experimented upon was at an average of 0·139 *grammes*, a small absolute quantity no doubt, but in reality considerable if we compare the atmospheric ammonia to that of rain water. This result shows how all natural causes (winds, rains, changes of temperature and of pressure, etc.), or artificial causes (fallowing, drainage, etc.) which determine the introduction and movement of air in the soil, favour the production of ammonia, and contribute to the development of vegetation, a view perfectly in accordance with the facts observed in practical agriculture. (*Les Mondes*, and *Chem. News.*)

SPOTS OF BLOOD: THEIR AGE.

The red colour of blood-spots begins to change from the second day, the spot becomes visibly brown by the third day, and after a few months it is black, with a slight yellowish tinge. To these well known characteristics M. Pfaff adds others, drawn from the action exercised on these spots by a solution of arsenious acid (containing one grain to two grains of water.) The limit set by him is the time taken by one spot to become pale in this solvent, or until its edges are barely distinguishable from the surrounding substance. When new they dissolve in a few minutes; when from 1 to 2 days old, they require a quarter of an hour to dissolve; from 3 to 8 days old, they require a quarter to half an hour; from 2 to 4 weeks, one or two hours; when one year old and upwards, they demand from four to eight hours.

TEST FOR RUM.

Mix a little of the rum to be tested with about a third of its bulk of sulphuric acid, and allow the mixture to stand. If the rum is genuine its peculiar odour remains after the liquid has cooled, and even after twenty-four hours' contact may still be distinguished. If, on the contrary, the rum is not genuine, contact with sulphuric acid promptly and entirely deprives it of all its aroma. The author affirms that he had never found this very simple process fail, and that all spurious rums may thus easily be distinguished from the genuine. (*Report de Pharmacie & Chem. News.*)

A PHYSICAL ANALYSIS OF THE HUMAN BREATH.

In the August number of the *Philosophical Magazine* is a paper on "A Physical Analysis of the Human Breath," by Mr. W. F. Barrett, Assistant in the Physical Laboratory of the Royal Institution. The experiments were made by the desire, and under the direction, of Professor Tyndall. The mode of analysis is founded upon the calorific absorption exerted by the carbonic acid contained in breath, the apparatus used by Mr. Barrett being mainly the same as that employed by Professor Tyndall in his researches on the absorption of heat by gaseous matter.

DETECTION OF THE ADULTERATION OF ARROWROOT WITH POTATO OR CORN STARCH.

According to J. F. Albers (*Arch. de Pharm.*), this is effected with certainty by means of their behaviour towards hydrochloric acid. When one part arrowroot is shaken with three parts of a mixture of two parts hydrochloric acid of 1·12 specific gravity and one part of distilled water, at ordinary temperatures, for about three minutes, no reaction is observable. But should corn starch be subjected to this treatment, it becomes changed into a gelatinous, translucent, and finally into a semi-fluid mass. Potato starch behaves in the same way, with the production of an easily recognised and characteristic smell. If a mixture of arrowroot with one or more of these substances is to be dealt with, the arrowroot is to be separated by treating the whole for two to three hours with the hydrochloric acid, by which the arrowroot becomes soluble, and may be filtered from the remaining softish mass, which when washed, dried in the air, and weighed, shows by the loss in weight the amount of arrowroot present. (*Chemical News.*)

MINERAL WATERS.

M. Scoutetten, in a memoir, entitled Researches on Mineral Waters, attributes their active properties to electricity. By coming into contact with electro-magnetic currents in the bosom of the earth, the waters undergo a sort of allotropic modification, which unfortunately does not last when the water comes to the surface, but is gone in three days at most. And now the mystery of mineral waters is unveiled, the author says the medical applications may for the future be made with exactness.

ACTION OF ALCOHOL.

M. Perrin has experimented on the influence of alcoholic drinks taken in moderate quantities on nutrition. He found that less carbonic acid was exhaled from the lungs when wine was taken. His estimations of urea showed nothing particular. He believes with Dr. Smith and others that alcohol is not assimilated, but it affects nutrition by lessening the expenditure of material. (*Chemical News.*)

THE SUN'S OCEAN OF LIGHT.

When the sun is viewed through powerful telescopes, its surface is seen to have a peculiar mottled or curdy appearance. Arago proposed that this envelope should be called the Photosphere. By the elder Herschel, the surface of this photosphere was compared to mother-of-pearl. Other astronomers have said that it resembles the ocean on a tranquil summer day, when its surface is slightly crisped by a gentle breeze, and an undulating play of light is reflected from these little billows. Within the last few years Mr. Nasmyth has discovered a more remarkable condition than any that had previously been suspected. Examining the solar surface with a fine telescope of great penetrating power, this astronomer has discovered objects which are peculiarly lens-shaped. He himself describes them as more like "willow leaves" than anything else. These leaved forms are different in size; not arranged in any order; lie crossing each other; and have an irregular motion. They cannot be less than a thousand miles in length, and from two to three hundred miles in breadth. The most probable conjecture which has been offered respecting those leaf or lens-like objects, is that the photosphere is an immense ocean of gaseous matter in a state of intense incandescence, and that they are perspective projections of the sheets of flame. Whatever they may be, it is evident they are the immediate sources of solar heat and light. (*Popular Science Review.*)

COMPOSITION OF THE ATMOSPHERE.

In a paper read on November 25th before the Manchester Literary and Philosophical Society, Dr. R. Angus Smith said that he believed that his inquiry proved that the oxygen test was a very valuable one, as indicating the condition of the atmosphere. The oxygen was diminished in many cases, and, indeed, in all cases where the air was known to be inferior. The objection to such air might perhaps be found not so much in the absence of oxygen as in the gases which take its place. That place was not wholly supplied by carbonic acid. He believed it needful to examine the composition to the second decimal place in the case of oxygen, and to the third or even fourth in the case of carbonic acid. Hitherto we had had the composition of the air given in numbers varying a tenth per cent.—specimens have generally been taken from rooms or streets or open places indiscriminately. It was the author's wish to show that variations depended on the conditions of soil, situation, wind, etc., and that the oxygen and carbonic acid together might with very minute analysis guide us in sanitary inquiries. (*Chemical News.*)

MANAGEMENT OF LIGHT IN MICROSCOPIC INVESTIGATION.

Mr. J. B. Dancer lately read before the Manchester Literary and Philosophical Society a paper on a contrivance for regulating the amount of light transmitted from the source of illumination to the mirror of the microscope. When viewing certain objects by transmitted light, and particularly with oblique illumination, a very slight alteration in the quantity and direction of the light produced a marked difference in the appearance of the object, especially in Diatomaceæ, where a proper management of the light showed lines or markings invisible under ordinary direct illumination. The apparatus exhibited was easily made at a trifling cost; it consisted of a circular disc of blackened tin or cardboard ten or twelve inches in diameter, with a number of perforations of various shapes and sizes—circular, cross-shaped, wedge-shaped, etc.—the centres of which were about three inches and a half from the centre on which the disc, placed perpendicularly, rotates. The form of perforations found generally most useful were parallel slits—slits at right angles to each other—wedge-shaped and circular openings. The object under view must be well illuminated in the direction required, and then the disc, supported by a pillar, was placed between the source of light and the concave mirror, when a few trials would determine the best form of aperture. The markings of Pleurosigma fasciola angulatum, etc., might be seen by its aid under powers which would not show them with any arrangement of achromatic condensers, and it also had the good property of shading all but the amount of light required from the lower portion of the microscopic stage and stand. The disc might be attached to the lamp, but it appeared to work better on a stand, and was susceptible of various modifications.

APPARATUS FOR SIMPLIFYING SPECTRUM ANALYSIS.

With this apparatus M. l'Abbé Laborde is enabled to observe the spectra of metals with a small induction coil and a pocket spectroscope, and to compare the spectra of two metals at one time. The description of the apparatus is almost unintelligible in the absence of illustrative cuts, but one remark which the author makes must be quoted. The colour of the bands is a very uncertain means of recognising a metal, and it is far more certain to determine the position of those first seen. He notes in every metal bands of different visibilities, just as in a constellation stars of different sizes are seen. (*Chem. News.*)

NEW SOURCE OF SUGAR.

Dr. De Vry describes the mode of preparation of sugar from the Aren palm, as carried on by the Javanese, as follows. As soon as the palm commences blooming a portion of the stem carrying the blossom is cut away; there exudes from the wound so made a juice containing sugar, which juice is collected in tubes made from bamboo cane previously exposed to smoke, with the view of preventing the otherwise too rapidly proceeding fermentation of the juice under the joint influence of a warm climate, and the presence in the juice of a nitrogenous substance. The juice so obtained is immediately poured into shallow iron pans, heated by fire and inspissated by evaporation, until a drop of the liquid, exposed to cold by allowing it to fall on a cool surface, becomes solidified; if the desired degree of inspissation has been obtained, as evidenced by this experiment, the whole contents of the pan is cast into the shape of big cylindrical lozenges. Many thousands of pounds of sugar are annually obtained in this very primitive manner. I collected in a clean glass bottle a portion of the juice, and found that the unaltered juice does not contain any glucose at all, but it contains a nitrogenous principle which, aided by the warm climate, soon causes the conversion of a portion of the cane-sugar of the juice into glucose. In order to prove, without the aid of any very artificial means, that the juice of the Aren palm contains pure cane-sugar, I collected a portion of juice exuding from the tree, allowing it directly to flow into alcohol; by these means the nitrogenous principle alluded to is at once eliminated by coagulation. I thus obtained a mixture of equal parts of juice and alcohol; after filtration, this mixture was evaporated on a water-bath to the consistency of a syrup. This syrup I took along with me on my journey from Java home, and during the journey the concentrated syrup became solidified, exhibiting rare and beautifully well-defined crystals of cane-sugar, which, by every *connoisseur*, were immediately recognised. Whereas sugar-cane and beet-root require such soils as are also adapted for cerealia, the Aren palm flourishes in soils utterly unfit for that purpose. The Aren palm relishes the deep mountain ravines of Java, running, in some parts of the island, from the sea-shore to the interior, the said palm being found in groups together; and it is quite possible to lay out fine plantations of this beautiful tree. There is one drawback, though not a very serious one, viz., not before the trees have obtained an age of from ten to twelve years are they fit to yield sugar. When, however, it yields sugar, the tapping can be continued for many years, and the sugar manufacture will become a continuous—not as now, an interrupted—industry. (*Chem. News*, February 10th, 1865.)

CONVERSION OF STARCH INTO GLUCOSE BY POTATO PEELINGS.

Starch paste diluted with water, and digested for ten or twelve hours with raw potato peelings at 45° or 50° C. is, accordingly to Leuch, entirely transformed into glucose. (*Chemical News.*)

OZONE AND ANTOZONE.

We understand that Schönbein has at last been successful in his long endeavours to isolate the bodies of which he has contended that ordinary oxygen is composed. Antozone, it is said, has a lower specific gravity than hydrogen. It liquefies at a pressure of 150 atmospheres. Ozone is a denser gas. The two gases combine with a loud explosion when exposed to the actinic rays of the spectrum. Another curious fact mentioned is that a spark of positive electricity does not effect their combination, which is only determined by a negative spark. (*Chem. News.*)

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

A CONSIDERABLE reduction in the death-rate, and in the admissions to hospital during the past few weeks, indicate a decided subsidence of typhus. This may be the usual decrease which has marked the progress of former visitations, in the spring and summer, to be followed by an increase in the succeeding autumn; but, as the present epidemic has already existed more than two years—the period which records of previous typhus epidemics assign as their average duration—it may be reasonably supposed that it is about to take its departure altogether.

If this great epidemic should pass away without leaving behind lessons calculated to advance our knowledge of the history and habitudes of zymotic disease, or to add to our therapeutic resources, the deficiency certainly cannot be attributed to lack of discussion or inquiry. In addition to the prolonged debates at the Medical Institution, occupying four meetings of the present session, we have the elaborate and exhaustive report of Dr. Buchanan on behalf of the Privy Council, and that of Dr. French, the Medical Officer of Health for the borough.

The recurrence of an epidemic of typhus in Liverpool, after the lavish expenditure and energetic and comprehensive sanitary operations which have for many years been devoted to the removal or mitigation of the recognised causes of zymotic disease, is a curious and interesting commentary upon the practical results of applied sanitary science.

Until the actual appearance of the present visitation, a long continued immunity from typhus, a progressive decrease in the deaths from fever, and a confidence in the influence of past sanitary measures, had caused considerable hopes that Liverpool would never again see the disease as a serious epidemic.

Dr. Buchanan tells us that, in reference to drainage, middens, and water-supply, there appears to be no ground for assigning to influences of this kind any important share in the production of Liverpool typhus. For, as regards the ordinary prevalence of the disease, other Lancashire towns far worse drained than Liverpool, with middens on the same system and with a worse kind of water-supply, have habitually escaped typhus, while Liverpool has suffered from it; and, as concerns the present epidemic, it is certain that this town has never before been in such a good condition in respect of influences of this kind. He, in the course of his inquiry, further says that there did appear *primâ facie* reason for thinking that certain streets, where the most offensive kind of midden still exists, and certain other streets situate near to the wharf where the contents of the town middens are deposited, had especially suffered from typhus; but, upon accurate examination, the direct connexion between these conditions and the fever was disproved. The conclusions generally to which very careful and thoroughly exhaustive inquiries into all possible and impossible influences, whether social, sanitary, physical, or moral, which characterise this report, are for the most part negative as regards the causation of typhus. In reference to domestic cleanliness, Dr. Buchanan thinks that the neglect of this virtue is more universal among the poor of Liverpool than among the same class in London, and that, generally speaking, there appeared much connexion between fever and filth; and yet, upon comparison, street by street, between the existing amount of fever and the number of dirty houses, fever and filth were not found to fluctuate exactly together.

As to destitution, he remarks that the evidence connecting the present epidemic with the existence of exceptional destitution does not lead to an absolute conclusion. He thinks that a want of employment and greater destitution may have played some part, though a subordinate one, in determining the first increase of fever at the commencement of 1861; but, as affecting the subsequent progress of the epidemic, increase of fever cannot be proved to have resulted materially from increasing destitution.

The growth of overcrowding, as determined by the annual increase in the practice of sub-letting of the poor tenements, although, in a broad sense, connected with the epidemic of typhus, nevertheless is not, in point of time or extent, found to have been so parallel with the growth of fever as altogether to account for the recent epidemic.

To intemperance he assigns an important influence in keeping up fever directly, by inducing in individuals a constitutional condition incapable of withstanding an attack of typhus, and indirectly by greatly adding to the prevailing destitution. On this point, however, his conclusions are based chiefly upon the statements of the town-missionaries, who assert that they see no destitution except what is the result of drink; and agree that of the cases of fever which come under their cognisance, nearly two-thirds occur in the families of drunkards, an assertion which may be pretty near the truth, but which must not be too readily taken for granted.

He sums up his conclusions by stating, that the reason why typhus is always present in Liverpool may be thus defined. Destitution, dirt, and intemperance, with overcrowding and bad ventilation of streets and houses, are the conditions that keep up the disease steadily from year to year. The reasons why typhus has become epidemic are not so clear. The only positive conditions that have been ascertained, appear to be these: slight but steady increase in overcrowding, some increase of immigration and of distress at the end of 1861, some increase of vagrancy, and with these some influence in each autumnal season. But these causes (he adds) are not sufficient to account for the epidemic. Typhus, like other diseases of its class, has times of subsidence and times of prevalence that medical science cannot yet explain. A partial explanation exists in the different numbers of persons living at different periods who are susceptible to its influence. A person who

has once had typhus is very unlikely to have it again. Immediately after the epidemic of 1847, therefore, when, with hardly an exception, the whole typhus-bearing class of the population had been affected, there were few persons susceptible of the disease. Sixteen years afterwards, a new generation of susceptible persons has arisen, and immigration has brought a multitude of persons from districts where typhus is unknown. Here is a new community for a new epidemic. It has been shown that a vast proportion of the fever has occurred in persons under 20 years of age; and most of whom, therefore, have been born since the last epidemic in Liverpool.

The negative conclusions at which the report arrives concerning the causes of the present epidemic may appear, at first sight, unsatisfactory; but it is not without its value, if it show that efforts for preventing epidemics of typhus must be applied, not chiefly at the time of the epidemic itself, but to the improvement of certain habitual conditions that can be recognised as fostering the disease in ordinary times. Some of these conditions are within the range of public sanitary measures; others are connected with social circumstances over which no direct public control can be exercised.

Further points of interest comprised in this report, together with the consideration of the Annual Report of the Health of Liverpool by Dr. Trench, I must defer to my next communication, when I also propose to give some account of the hospital accommodation in Liverpool for contagious diseases, with a description of the new fever hospital which has lately been erected.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of this Branch will be held at the Rose Hotel, Canterbury, on Thursday, May 11th.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary. Robert L. Bowles, L.R.C.P.,

Honorary Secretary.

Folkestone, April 24th, 1865.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The fifth ordinary meeting of the session was held in Victoria Rooms, Clifton, on Thursday evening, April 13th; R. W. Falconer, M.D., President, in the Chair. Upwards of forty members and visitors were present.

The minutes of the last ordinary meeting were read and confirmed.

New Members. A. Grace, Esq. (Bristol), and J. C. Leach, Esq. (Bristol), were unanimously elected members of the Association and of this Branch.

Papers. The following papers were read.

1. Notes on a Case of Suicidal Mania. By J. G. Davey, M.D.

2. Additional Note on Intestinal Fever in the Pig; and Epidemic Dysentery in the Pig. By W. Budd, M.D.

In consequence of the lengthened discussions which followed the reading of these papers, it was necessary to postpone several other communications till the next ordinary meeting of the Branch.

Correspondence.

THE COLLEGE OF PHYSICIANS AND THE ARMY AND NAVY MEDICAL OFFICERS.

Letter from A. P. Stewart, M.D.

Sir,—I will not attempt to disguise my regret at the result of the inquiry instituted by the College of Physicians into the grievances of the army and navy medical officers. The College, by a considerable majority, has declined to interfere in their behalf. Yet let no one imagine that this resolution implies a denial either of the existence of their wrongs, or of the substantial accuracy of the Report of the Committee appointed to inquire into them. On the contrary, while the advocates of the *laissez faire* system of policy have objected to—but not disproved—some unimportant details referred to in the Report, the mass of conclusive evidence adduced by the Committee in proof of the anomalous position of both army and navy medical officers, and of the galling and vexatious treatment to which they are continually subjected, was left absolutely untouched, though one member after another of the Committee challenged any one to contradict their statement. And the President, at the close of the discussion, emphatically stated his belief that the grievances of our brethren in the united service are generally admitted, and that he at least had not heard them denied by any one. He further stated his conviction, that there was no want of sympathy with them among the Fellows of the College, who would be happy to see their wrongs redressed; but feared that an unsuccessful interference in their behalf would do harm both to the College and to them.

I have not a word to say against those admirable virtues, modesty and prudence. Nor can I deny my sympathy to those good and unobtrusive people who have greatness thrust upon them whether they will or no. Has not our College of Physicians as good a right as a well known and much respected head master to say, "*Nolo episcopari*", when its admirers, in their mistaken zeal, would thrust upon it a leadership utterly alien to its retiring disposition? Nor will any one expect that I, a canny Scot, should denounce in other nations that caution which is held to be the characteristic attribute of my own people. Least of all, need I be ashamed of it when it rules paramount within the precincts of Pall Mall East, winks hard at acknowledged wrongs, unless intervention is likely to be attended with immediate success, and, courtier-like, bows, cap in hand, before those incarnations of despotic power, the high military and naval authorities. May I not congratulate my English brethren on having so thoroughly made their own the peculiar virtues of the "pawky" north, and on having driven their own uncouth, barbaric, Saxon chivalry to take refuge among the inhospitable Scots, who have so far forgotten themselves and belied their national reputation, as to lead the van in this battle of right against might, regardless alike of the smiles and of the frowns of office. Unluckily for the credit of the English character, in this new phase of its progressive civilisation, one wayward body—the British Medical Association—has sadly compromised itself by too eagerly following the example of the Edinburgh College of Physicians.

But, in imitation of the London College, who appointed a Committee of Inquiry and then gave it a proper snubbing, it may yet atone for past faults, and help to correct the mischief it has wrought, and the annoyance it has occasioned to the constituted authorities, by now drawing in its horns, and leading for the future a quiet and inoffensive life within its shell, even at the risk of dying of inanition.

As a member of the College Committee, I am still perverse enough to think, in common with my colleagues, that we did neither more nor less than our duty both to our constituents and to our clients. I hope the College has some misgivings as to the manner in which they have treated their Committee.

I am, etc., A. P. STEWART.

Grosvenor Street, April 26th, 1865.

POOR-LAW MEDICAL RELIEF.

LETTER FROM R. GRIFFIN, ESQ.

SIR,—At a meeting of a majority of the Poor-law medical officers of the Weymouth Union, held at my house this day, the following letter, it was agreed, should be sent to the guardians of this Union; for which you will oblige me by finding space, as it may act as a guide for the great body of Poor-law medical officers. I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, 24th April, 1865.

To the Board of Guardians of the Weymouth Union.

GENTLEMEN,—In consequence of the Poor-law Board having issued a circular letter to you and all other boards of guardians throughout England and Wales, relative to the supply of cod-liver oil, quinine, and other expensive medicines, for the poor, we have felt it our duty to you, as your medical officers, to hold a meeting on the subject, in order that we may, if possible, assist you in arriving at a right decision on the questions involved, as they are purely medical, and are with difficulty understood excepting by medical men.

We think it right to premise our remarks by stating that the recommendation of the Select Committee on Poor Relief was made for the benefit of the poor, as it was felt that, owing to the expensive nature of many drugs, the Poor-law medical officers could not afford to purchase them out of the very low salaries now paid to them; and, as a consequence, the poor have been but inadequately supplied with them. If, therefore, the guardians should carry out the recommendation of the Select Committee, the present medical officers must not be expected to contribute from their salaries towards the extra expense; but they will most readily assist you towards obtaining them in the most economical manner.

With regard to cod-liver oil, we have no suggestion to offer on the recommendation of the Poor-law Board, further than to inform you that it may be purchased at prices varying from 8*s.* to 30*s.* per gallon, according to quality; some of the cheaper kinds being very nauseous to the taste. At about 20*s.* per gallon, a very good quality ought to be obtained. We would advise your purchasing it done up in four-ounce and six-ounce bottles. In that state, it may be given out to the sick poor either at the workhouse, as named by the Poor-law Board, or direct from a druggist, if purchased in Weymouth; or a certain number of bottles may be given to medical officers residing in the country, for their delivery to the poor.

With regard to quinine and other expensive medicines, we feel a difficulty in advising you as to the best course to be pursued, as several drugs frequently enter into the composition of one bottle of medicine, some very expensive, and others of but slight cost. For instance, quinine is rarely given alone, although it may form the most important ingredient in the mixture. Opium in its various forms, sarsaparilla, iodide of potassium, and the ethers, are all expensive medicines, but are seldom given by themselves. Under these circumstances, you must either place confidence in your medical officers, and allow them to charge extra for those medicines, or else you must allow your officers to order them from the druggists.

We beg further to recommend that leeches should also be found by the guardians, as they are frequently of great importance in the treatment of diseases; but, from their expensive nature, they cannot be found by the medical officers to any very great extent. We have the honour to be, gentlemen,

Your most obedient servants.

Weymouth, April 24th, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM ALEXANDER HENRY, M.D.

SIR,—I have the pleasure of sending you a copy of the Rules and Tables of the Medical Provident Society in connection with the British Medical Association; and shall feel much obliged by your allowing me to inform the profession through your columns that I am ready to receive applications for admission from all duly Registered Medical Practitioners residing in the United Kingdom, and to furnish them with forms of Examination Paper and Certificate.

In accordance with the decision of the Board of Directors, the Society has been enrolled under the Friendly Societies' Act. The Tables have been approved by Mr. Finlaison, the Actuary to the National Debt.

The difficulties under which medical men often labour when prevented by illness or accident from attending to their professional duties, must be well known to you. You will therefore readily perceive, that an institution like the Medical Provident Society, the financial calculations of which have been approved by the highest actuarial authority, must, if well supported and judiciously managed, be at once safe in its operation, and highly beneficial to the contributors.

Allow me also to remind the more wealthy members of the profession that they can give material aid to the Society by donations to its Auxiliary Fund. The sum of £700 has been already subscribed; and the larger this fund becomes, the more stable will be the Society, and less likely to suffer from extraordinary pressure on its Sick Fund. By the Rules of the Society, every registered medical practitioner being a donor of ten guineas or more, is eligible as an honorary member for life.

A copy of the Tables has been sent, to form part of an advertisement in the JOURNAL. I am, etc.,

ALEXANDER HENRY, M.D., *Secretary.*

15, George Street, Portman Square, W., April 25th, 1865.

BROMIDE OF POTASSIUM IN EPILEPSY.

LETTER FROM S. W. D. WILLIAMS, M.D.

SIR,—As I see by your last week's number that M. Moreau of the Salpêtrière has been trying the bromide of potassium in epilepsy, and seems, from your remarks, to condemn it *in toto*, and as his conclusions are quite contrary to mine, I cannot forbear sending you a few observations on the subject.

I have not seen M. Moreau's article; but from your remarks it appears that, out of the three or four

hundred epileptics in the hospital, "the youngest patients and those most recently affected were chosen for the trial." Now my experience is, that it is exactly "the youngest and those most recently affected" who are likely to receive least benefit from the medicine; and that three *grammes* in the twenty-four hours for such subjects is much too large a dose, and shows that the *rationale* of the action of the medicine has been misunderstood.

I have now tried it for twenty months; and, although my experiments are not yet quite concluded, I think I can show by a fact or two that the medicine is not altogether *hurtful*.

For ten months I placed under observation nineteen males and eighteen females. During the first five months they took no medicine; and the males had 1012 fits, and the females 1127. Then, for the five following months, I gave each patient from five to ten grains twice daily; the males during this period had 706 fits; the females 970; thus showing a decrease respectively of 306 and 157.

Of the nineteen males, the number of fits decreased in thirteen, increased in five, and remained stationary in one.

Of the females, the number of fits decreased in eleven, and increased in five.

I then omitted the medicine for another five months, and have just completed a fourth period of five months of observation; and I am about publishing a pamphlet on the subject, but have not yet quite completed my calculations.

I hope, however, that I have adduced sufficient to show that the "experts" of the Salpêtrière have been somewhat hasty in their conclusions, and enough to allow me to ask the profession to suspend their judgment on this point for a short season.

I am, etc.,

S. W. D. Williams, M.D., L.R.C.P.L.,
Acting Physician Superintendent, General Lunatic Asylum, Wolverhampton.

April 24th, 1865.

[M. Moreau's paper will be found in *L'Union Médicale* of April 4th. The remedy was tried by him in fifteen cases. Almost all the patients were between fourteen and nineteen years of age. Editor.]

The Russian Epidemic. Of the Russian epidemic, the *Wiener Med. Wochensch.* says, quoting from a letter from St. Petersburg, dated April 9th: "The inhabitants of this city are systematically cut off from the sick as well as from all news relating to the sickness. Exactly the same way the physicians are treated. Unless a doctor happen to be employed by the police or the military, he is, in the eyes of this Government, a mere ignoramus. He has no admission to the hospitals; nor, in fact, any opportunity for studying the disease. No sooner is a case reported to the authorities, than the poor are carried off to the hospitals, and the wealthy forced to employ a doctor provided by Government. As to ascertaining anything about the plague through the medium of the many foreign physicians sent here, this is a hope which, if it were ever entertained, will be soon enough exploded in your part of the world. These gentlemen have been received with open arms, and in course of time will return home decorated with orders; but that is all. They are shown over the hospitals at a double quick pace; and when a vast number of compliments have been paid them by doctors and attendants, luncheon is announced, and a good deal is consumed at the expense of the hospital. Typhus is said to be spreading in Warsaw."

Medical News.

Royal College of Physicians of London. At a general meeting of the Fellows, held on Friday, April 21st, 1865, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Burrell, Edwin, Westley, Bury St. Edmunds
Earle, Edward Septimus, 22, Queen Anne Street
Eyeley, Joseph Frederick, Llanymynech
Ferris, John Spencer, 62, Great Russell Street
Foster, Thomas Sheldon, Carnarvon
Gould, Franklin, 26, Charlotte Street, Bedford Square
Groth, Ernest Rudolph Gotthard, M.D.Berlin, 12, Sutherland Terrace, Brixton
Greenwood, Newton, Penryn, Cornwall
Jones, James, 88, St. John Street, Clerkenwell
Lamb, Robert, 162, Caledonian Road
Lawrence, Henry Cripps, 4, Palace Road, Kingston-on-Thames
Thomas, James Byers, Palmacotta, India

Royal College of Surgeons of England. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 25th.

Bateman, Francis, Canterbury
Brown, George Arthur, Welchpool, Montgomeryshire
Dowse, Thomas Stretch, Bradford-on-Avon
Evans, George Washington, Streatley, near Reading
Firman, Charles George, Wivenhoe
Foulds, Henry John, Derby
Gill, John, Weston-under-Redcastle, Salop
Gould, Franklin, Charlotte Street, Bedford Square
Hickman, Richard Murhall, Leaton, near Shrewsbury
Jones, Alfred, Chepstow
Jones, George, Loughborough Road, Brixton
Karkeek, Paul Quick, Pontreve, Truro
Ley, Richard, South Molton, Devon
Llewellyn, Rees, Maesgwyn, Breconshire
Melhado, Alfred Courtnay Baillie, Bayswater
Oakley, John, Shrewsbury
Reynolds, Howard David, Haverfordwest
Stuckey, John, Langport, Somerset
Swindale, John, Appledore, Devon
Temple, James Algernon, Quebec, Lower Canada
Thomas, Jabez, Swansea
Tindall, Alexander McIvor, Falsegrave, near Scarborough
Whiting, Henry, Southend, Essex
Wright, Edward Seymour, March, Cambridgeshire

Apothecaries' Hall. On April 13th, 1865, the following Licentiates were admitted:—

Birtwell, Henry Hargreaves, Blackburn
Edwards, Henry Nelson, 1, Finsbury Square
Megget, Archibald, Scarborough

At the same Court, the following passed the first examination:—

Leverton, Edward James, St. Bartholomew's Hospital
Mule, Philip Henry, St. George's Hospital
Smith, Henry Cecil, Guy's Hospital

As Assistants:—

Barrett, Charles Henry, Bristol
Emmott, Christopher, Gray's Inn Road

Admitted on April 20th—

Covey, George, Basingstoke
Hainsworth, Joseph, Leeds
Jacques, John Thomas, Birstall, Leicestershire
Legg, John Wickham, Alverstoke
Leslie, David, Warwick Street, Pimlico

At the same Court, the following passed the first examination:—

Longbotham, George, Newcastle-upon-Tyne School of Medicine
Truman, Samuel John, Guy's Hospital

APPOINTMENTS.

Royal Navy.

Bishop, John, Esq., Assistant-Surgeon (addit.), to the *Narcissus*.
Brietzeke, Henry, Esq., Assistant-Surgeon (additional), to the *Rattlesnake*.

KYNSEY, T. F., Esq., Assistant-Surgeon, to the *Gleaner*.
O'CONNOR, Daniel, Esq., Assistant-Surgeon (additional), to the *Pembroke*.
ROBERTSON, George, Esq., Assistant-Surgeon (additional), to the *Victory*.
ROCHE, Thomas, Esq., Assistant-Surgeon (addit.), to the *Victory*.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—
GARNHAM, D. J., Esq., to be Honorary Assistant-Surgeon 1st Lincolnshire R.V.
HEWLETT, T., Esq., to be Assistant-Surgeon 18th Middlesex R.V.
MACKENZIE, D, M.D., to be Honorary Assistant-Surgeon 10th Dumbartonshire R.V.

MARRIAGE.

GOODING—NEWTON. On April 19th, at Alconbury, Huntingdonshire, by the Rev. Jenkin Hughes, John Callender Gooding, M.D., of Cheltenham, to Anne Sweetland, eldest daughter of *Lancelot Newton, Esq., of Alconbury Hill, Hunts.

DEATHS.

ALLEYNE, James H., M.D., at Gloucester Place, Hyde Park, aged 66, on April 21.
BAILLIE. On April 20th, at 87, Prince of Wales's Road, Sarah, wife of B. T. B. Baillie, M.D.
BARNETT. On April 18th, aged 32, the wife of R. Barnett, M.D.
BOCKETT. On March 27th, at Hastings, aged 42, Caroline Emily, widow of William C. Bockett. Esq., Assistant-Surgeon R.N.
BRACE. On April 4th, at Bath, aged 30, Maria, wife of *William H. Brace, Esq.
BRODHURST. On April 11th, at 20, Grosvenor Street, Bernard Maynard, infant child of *B. E. Brodhurst, Esq.
CHALK, Frederick M., Esq., Assistant-Surgeon 2nd Battalion 2nd Regiment, at Bermuda, aged 28, on February 9
CONNELL. On April 14th, at Brompton, aged 69, Maria, widow of James Connell, Esq., Deputy Inspector-General Army Medical Department.
DAVIES, John E., Esq., Surgeon, of Clapham, at Hastings, aged 37, on April 13.
DAY, Edwin E., M.B., at 48, Hertford Street, aged 29, on April 7.
DUNCAN. On April 16th, at Richmond, aged 2 months, the infant daughter of Thomas Duncan, M.D.
GOODEVE. On April 10th, at Drinach, Stoke Bishop, near Bristol, aged 50, Nancy, wife of *Edward Goodeve, M.B., Surgeon-Major Bengal Army.
HARVEY, Henry O., Esq., Assistant-Surgeon 1st Battalion 21st Fusiliers, at Portsea, aged 29, lately.
JORDAN. On March 29th, at Newton Road, Westbourne Grove, Louisa, widow of William P. Jordan, M.D.
KELLY, William, M.D., Surgeon-Major Royal Artillery, at Bath, aged 58, on April 4.
O'GRADY. On April 5th, at Clarendon Street, aged 75, Laura Amelia, wife of C. O'Grady, M.D.
RATTON, Surgeon-Major James, 3rd Light Cavalry, in Bombay, aged 50, on March 5.
RIDING. On April 19th, at 36, Euston Square, aged 7 weeks, William, infant son of W. S. Riding, M.D.
ROBINSON, C. S., M.D., at 23, Harewood Square, on April 1.
SEED. On March 27th, at Rochdale, Elizabeth S. A., wife of Joseph Seed, Esq, Surgeon R.N.
SHARPE, George G., M.D., formerly of Peckham and Stamford, at Epsom, aged 86, on April 18th.
SHARPE. On March 31st, at Epsom, aged 86, Harriott Ann, wife of George G. Sharpe, M D.
*TEARNE, Edward M., Esq., at Presteign, Radnorshire, aged 41, on April 8.
TOMKIN, W. B., Esq., Surgeon, at Witham, Essex, aged 44, on April 16.
WEBER. On April 1st, at 44, Green Street, Dora Eliza, third daughter of *Frederick Weber, M.B.
WELCHMAN, E., Esq., Surgeon, at Southam, aged 51, on April 17.
WILDBORE. On March 31st, at Old Street, Finsbury, Frances Sophia, wife of Daniel P. Wildbore, Esq., Surgeon.

LONDON HOSPITAL. There is a vacancy for an obstetric physician to the London Hospital, in consequence of the resignation of Dr. Barnes.

UNIVERSITY COLLEGE HOSPITAL. Lord Belper has consented to preside at the annual festival on June 21st.

THE ANNUAL REPORT UPON PUBLIC HEALTH, by Mr. Simon, just published, for all England and Wales, contains an account of the working of our present vaccination laws—"an account," says Mr. Simon, "which offers such a basis as there never yet has been for effective legislation against small-pox." It contains also a full account of the parasitic diseases of animals used for food.

MORTALITY OF TOWN CHILDREN. The Registrar-General for Scotland, in the report for 1861, states that in the town districts of Scotland in that year the children under five years of age died at a ratio more than double that at which they died in the rural districts. Rather more than eight in 100 died in the towns; not quite four in 100 in the rest of the country.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. The annual dinner of this Society took place on Wednesday last, at the Albion Tavern; Martin Ware, Esq., President, in the Chair. About fifty gentlemen were present; several not being members of the medical profession, but feeling an interest in the Society from their relatives having at some period taken an active part in its management. Of these were the Honourable George Denman (a grandson of Dr. Denman, one of the founders of the Society), the Rev. Mr. Stone (son of the late President), Mr. Russell Gurney (Recorder of London), and Mr. W. H. Baillie. A special general meeting of the Society will be held on May 24th, for the purpose of making the alterations in the laws necessary on the obtaining of a charter.

VACCINATION. In the report of Mr. Simon, medical officer of the Privy Council, made in accordance with the provisions of the Public Health Act, 1858, the following statistics of vaccination are set forth. During 1864, 13,902 applications for vaccine lymph were made to the medical department of the Council Office. Of these 11,182 were from medical practitioners, including 1,383 Poor-law medical officers in England and Wales, 1,657 from Ireland, 516 from Scotland, 229 from the army, 110 from the navy and emigration department, 147 from the colonies, and 61 from diplomatic and other foreign services. There were issued by the department 144,290 charged ivory points, 4,319 charged squares of glass, and 4,075 charged capillary tubes. The quality of the lymph supplied is reported to have been found quite satisfactory everywhere.

A VETERINARY ON "FLUKES": GREEN *v.* GROVES. An action was tried at Bristol for the breach of a warranty of some sheep. One of the lambs died of inflammation of the lungs. On the liver being cut open, "a fluke popped out", as one witness expressed it; a "fluke" being a parasitic animal, an inch long, and a quarter of an inch broad. Another lamb died soon after, and in the liver three flukes were found. Others were killed, in some of which flukes were found. This, the plaintiff contended, was a breach of the warranty. A veterinary surgeon admitted that the presence of a few flukes in a sheep's liver was in no way whatever hurtful, not even up to ten or twelve; and that damage to the sheep only ensued when the flukes were in very large numbers; and that all animals contained worms or parasitic animals. Mr. Cole, who moved for a new trial, urged strongly on the court that the flukes did no harm to the sheep, but were rather beneficial than otherwise, inasmuch as the sheep became fatter when these little creatures inhabited the liver. Mr. Justice Blackburn: I earnestly hope my butcher does not know that.

COTTAGES OF THE AGRICULTURAL POOR. A report, by Dr. H. J. Hunter, on the state of the dwellings of rural labourers, made to the Privy Council, contains much valuable information. Some of his deductions are as follows. The condition of the agricultural labourer's house accommodation has been for many years past steadily deteriorating. House room is greatly more difficult to find, and, when found, very much less suitable to his needs, than has been the case for centuries. The household circumstances of the agricultural labourer are, therefore, now in the

highest degree deplorable. Whether he shall find house room at all on the land that he tills depends on the will of the owners of the land. Each parish has a pecuniary interest in reducing the number of its resident labourers; for their lives are for the most part a longer or shorter circuit to eventual pauperism —a pauperism which during the whole circuit is so near, that any illness or temporary failure of occupation necessitates immediate recourse to parochial relief. Large proprietors resolve that there shall be no labourers' dwellings on their estates, and thus free themselves from their responsibility for the poor. These reasons find effect in the destruction of cottages. The labourers are driven to more crowded dwellings in the villages, and at a distance from where they work, it may be of three or four miles, adding a walk of six or eight miles per day to their hard labour for daily bread; and many other evils can be traced to this depopulation of their lands by the great owners in order to escape poor-rates. It is now the common conclusion of competent observers, that even the general badness of the dwellings of agricultural labourers is an evil infinitely less urgent than their mere numerical insufficiency.

Odontological Society. A meeting was held on April 3rd, 1865, the President, Thomas A. Rogers, Esq., in the chair. After the ordinary business Mr. Merryweather exhibited a case of casts showing the conditions of the same mouth from the age of 4 years till 21, at intervals of six months. Mr. Vasey exhibited models referred to at last meeting. Mr. Walker related the history of several cases which had occurred in hospital practice of abscesses in the jaws. Mr. Harrington explained the nature of a self-acting drill which he exhibited, adapted to lessen the difficulty of cutting away the carious parts of teeth. He had successfully used the drill since June 1863. Mr. Hulme read a paper on Rhizodontripsy, or the drilling into the pulp cavity. After referring to the history of this operation, the author related the circumstances attending its performance in a patient of his own whose tooth he had a subsequent opportunity of dissecting. The tooth showed a secondary deposit of dentine. From this and other cases the author deduced conclusions favourable to the theory of Dr. Hullihen; and observed that in any case the subject was worthy of investigation. He recommended that a careful collection of statistics should be made. An interesting and lengthened discussion followed, in which Messrs. Rogers-Harrison, Vasey, Walker, and Coleman took part. The Society then adjourned.

Epidemic Years. Another annual report of the Scottish General Register Office has been issued. This report, which is for the year 1861, shows among other things the light which may be cast by the returns upon the question whether epidemic diseases are contagious or not. From the time when the Registrar-General for Scotland opened his books on January 1st, 1855, and began to register the death and the mortal disease of every one whose breath departed in Scotland, the wave of zymotic disease (scarlatina, whooping-cough, small-pox, typhus, and the rest) was gradually rising, and covering the country like a storm; in England it attained its *maximum* in 1858, but, taking nearly a year in travelling, the *maximum* was not attained in Scotland until 1859. In 1861 it had subsided, and the deaths from the zymotic class of disease fell to about a fifth of the total mortality. Now the Scottish returns show that in the non-epidemic year 1861 the mortality from zymotic disease bore substantially the same proportion to the entire mortality in town and in country, in the crowded and in the rural population; and the conclusion drawn is that in ordinary years epidemic diseases are not, any more than other diseases, propagated by contagion. In 1861 the total deaths in towns in Scotland were to the total deaths in the insular districts nearly as five to three, and the deaths from zymotic diseases also were nearly as five to three. It is argued that these latter are no more propagated by contagion, to any appreciable extent, than bronchitis or consumption or rheumatism. On the other hand, in epidemic years diseases of the zymotic class appear to be largely propagated by contagion. The year 1859 was notably an epidemic year in Scotland; in that year if the deaths from zymotic diseases in the town districts had borne the same proportion to the total deaths as in the insular districts 460 persons in every 100,000 would have been cut off by this class of diseases in the towns; but, in fact, 689 deaths occurred, very much more than the regular proportion due to a town's increased mortality. The same fact was nearly as strongly shown in 1860, also an epidemic year; so that in epidemic years the zymotic class of diseases appears to propagate or spread not only by virtue of their unknown epidemic or endemic constitution, but also to a very large extent by means of contagion, or, in other words, when zymotic diseases assume the true character of epidemics, they become capable of being propagated by contagion. Indeed, it has been often observed that the diseases termed epidemic, of whose propagation by contagion not a trace appears for a considerable period, seem in other years to change their nature, so that they not only spread by reason of their unknown epidemic agency, whatever that may be, but also to a considerable extent by contagion. It will be noticed, however, that the present observation is of town populations in the aggregate, without any separation into classes living under avoidable unhealthy conditions, and classes subject to no known unfavourable influence except density of population.

Sewage of Towns. The Sewage Commission has just issued a third report. They make the following statements, as the results of their labours, extending over eight years. "1. The right way to dispose of town sewage is to apply it continuously to land, and it is only by such application that the pollution of rivers can be avoided. 2. The financial results of a continuous application of sewage to land differ under different local circumstances; first, because in some places irrigation can be effected by gravity, while in other places more or less pumping must be employed; secondly, because heavy soils (which in given localities may alone be available for the purpose) are less fit than light soils for continuous irrigation by sewage. 3. Where local circumstances are favourable, and undue expenditure is avoided, towns may derive profit, more or less considerable, from applying their sewage in agriculture. Under opposite circumstances, there may not be a balance of profit; but even in such cases a rate in aid, required to cover any loss, need not be of large amount. Finally, on the basis of the above conclusions, we further beg leave to express to your lordships that, in our judgment, the following two principles are established for legislative application: First, that wherever rivers are polluted by a discharge of town sewage into them, the towns may reasonably be required to desist from causing that public nuisance; second, that where town populations are injured or endangered in health by a retention of cesspool matter among them, the towns may reasonably be required to provide a system of sewers for its removal. And should the law, as it stands, be found insufficient to enable towns to take land for sewage application, it would, in our opinion, be expedient that the legislature should give them powers for that purpose."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M.—Entomological.—Royal Institute (Anniversary).

TUESDAY. Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Obstetrical Society of London, 8 P.M. Dr. Barnes, "On Dysmenorrhœa, Menorrhagia, and Sterility; and the Relief of these Affections by Division or Dilatation of the Cervix Uteri"; Mr. H. W. Sharpin, "Case of Ovariotomy."

THURSDAY. Harveian Society of London, 8 P.M. Dr. Sisson, "On the Remedies for Dropsy."—Royal.—Linnæan.—Chemical.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Western Medical and Surgical Society, 8 P.M. Mr. C. Hunter, "On the Progress of the Hypodermic Treatment"; Nomination of Officers for the next Session.—Royal Institute.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE ENDOSCOPE.—Dr. Fleming presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, has had his attention directed to a paragraph which appeared in the last number of that JOURNAL, under the heading of "The Endoscope", in which it is stated "that some experiments made by Dr. Fleming, in connexion with that instrument, and detailed by him at a meeting of the Surgical Society of Ireland, on the 17th instant, had already been made familiar to the profession by Dr. Cruise." Such statement is not correct. The only experiment mentioned by Dr. Fleming on the occasion alluded to, was that of his introducing into the bladder of a male subject, foreign substances of different kinds, with the object of testing the accuracy of M. Desormeaux's Endoscope, as to the detection of their presence, their outline, and their colour, even in the dead subject. Dr. Fleming was assisted by Mr. Little, and by many other of the pupils of the Richmond Hospital, in that experiment; and if it have had any merit, it most unquestionably had that of priority of performance of any similar experiment by Dr. Cruise, who was aware that such was the fact, and also of priority of communication to the profession. Dr. Fleming is not aware of any experiments being made familiar to the profession by Dr. Cruise.

Dr. Fleming begs to apologise to the Editor of the BRITISH MEDICAL JOURNAL for thus trespassing upon him; but he ventures to hope that, under the circumstances, he will excuse him, and that he will rectify a statement inaccurately communicated.

6, Merrion Square North, Dublin, April 24th, 1865.

NON-COMBATANT (?) OFFICERS DECORATED.—(F. T.) It is a fact worthy of note that, after the battle of Wagram, Napoleon honoured Larrey, Percy, and Desgennetes, with the very same decorations as those which he bestowed on Marshal Macdonald.

THE VENEREAL DISEASE COMMISSION.—The Commission, now sitting on Venereal Diseases, was appointed by the War Office and Admiralty authorities conjointly. But, as the investigation has been more lengthy than was anticipated by those authorities, the sanction of the Treasury has been obtained for the payment of the expenses of the protracted inquiry.

THE JOURNAL OF MENTAL SCIENCE for April contains articles on Psychology of Idiocy; Remarks on Neuropathy, by Dr. Chapman; Artificial Insanity, by Dr. D. H. Tuke. Townley's Suicide is also referred to; and, we would suggest to our contemporary, in language of a too strongly personal character. Dr. Robertson continues his paper on the Extending of the Public Asylum System; and Dr. Wilks gives Clinical Cases.

SIGNING CERTIFICATES OF LUNACY.—SIR: Lawyers are surprised that we sign certificates of lunacy at all, the risk is so great. But in private practice, we know that the risk must be run. We must risk it as we do that of infection and contagion. Still, in both instances, it is prudent to guard against danger.

I beg to inclose a form which, in a recent case, was signed by the wife, the brothers and the sisters of the lunatic. It was prepared by an able barrister, who advises that as many of the family who are responsible persons should sign it; and that it should be sent within a fortnight to Somerset House, to be stamped. The stamp is sixpence.

If your medical readers were to make a copy of this form for these emergencies, they might, with perfect fairness to their patients, refuse to sign a certificate of lunacy, unless this risk was shared by the family. I am, etc.,

JOSEPH BULLAR, M.D.,
Physician to the Royal South Hants Infirmary.

Southampton, April 18th, 1865.

To Dr. and Dr.

Gentlemen,—We, the undersigned, having requested you to sign a certificate for the admission into a lunatic asylum of Mr. , whom we believe to be a person of unsound mind, who ought to be confined in an asylum for lunatics, do hereby, in consideration of your so signing the same, and permitting the same to be used at our request, agree and undertake as follows:

First, to guarantee and save harmless you and each of you against all costs, damages, and expenses of you or either of you, and all claims and demands against you or either of you, by reason of or touching your signing the same certificate or permitting the same to be used; and

Secondly, that you and each of you shall be completely indemnified by us against all the consequences of you and each of you so signing the same and permitting the same to be used;

Thirdly, we undertake to defend, at our own cost, any action, suit, or other proceeding against you, or either of you, touching or relating to that certificate or to the use thereof, or to the confinement and treatment of the said lunatic by reason thereof.

As witness our hands, this day of , 186 .

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Dr. E. L. ORMEROD; Mr. J. RHODES; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Dr. JAMES RUSSELL; Mr. J. S. GAMGEE; Dr. T. RADFORD; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Dr. S. W. D. WILLIAMS; Dr. BOWLES; Dr. SANKEY; Mr. NEWTON; Dr. T. SNOW BECK; Dr. G. JOHNSON; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. C. FLEMING; Dr. ANDERSON; Mr. RICHARD GRIFFIN; Mr. STONE; Mr. JAREZ HOGG; and Mr. J. B. CURGENVEN.

BOOKS RECEIVED.

1. The Surgery of the Rectum; being the Lettsomian Lectures on Surgery, 1865. By Henry Smith. London: 1865.
2. Thomson's Conspectus of the *British Pharmacopœia*. By E. L. Birkett, M.D. London: 1865.
3. On Letters Patent for Inventions. By F. Edwards. London: 1865.
4. Optical Defects of the Eye. By J. Z. Laurence. London: 1865.
5. The Principles and Practice of Medicine. Fourth edition. By J. Hughes Bennett, M.D. Edinburgh: 1865.
6. Manual of the Turkish Bath. From Writings of Mr. Urquhart. Edited by Sir John Fife, M.D. London: 1865.
7. Hull General Infirmary. Account of In-patients. 1864.
8. Vital and Economical Statistics of the Hospitals, Infirmaries, etc., of England and Wales, for the Year 1863. By Fleetwood Buckle, M.D. London: 1865.
9. Annual Report of the Bourton-on-the-Water and Cotswold Village Hospital. January 1865.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S.

Eng. (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

Wales.—In an improving and much frequented locality on a main line of railway, a *bonâ fide* Practice for immediate transfer. Income £500. One horse only requisite. No assistant. Midwifery £1 1s. and upwards. House new and well situate, with stable, etc., at a low rent. To an eligible gentleman, speaking Welsh, the whole Practice can be transferred. From an immediate purchaser a very low premium would be accepted. Address "S., 1157," care of Mr. Langley, as above.

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In a good Cathedral Town.—For transfer, a good family Practice, established ten years. Patients wholly of the upper and middle class. No club or parish appointments. No obstetric fees under £1 1s. Good house and garden. Expenses very small. Receipts between £500 and £600. Further investigation permitted, and a satisfactory introduction given Premium £550. Address "S., 1155," care of Mr. Langley, as above

In one of the best Towns in LINCOLNSHIRE.—For transfer, a family Practice, the cash receipts in which are about £500. Patients—good farmers, tradespeople, etc. The locality is healthy and picturesque. Three months' introduction. For terms, etc., Address "S., 1153," Mr. Langley, as above.

In a pleasant Suburb in London. —For transfer, an excellent and improving family Practice. Receipts last year £630. The books have been submitted to Mr. Langley, who can testify to the *bonâ fides* of the statements of the vendor. Six months' introduction. One year's purchase required. Address "S., 1100," Mr. Langley, as above.

University of Edinburgh.

THE SUMMER SESSION OPENS IN MAY.

Civil Law—Professor MUIRHEAD	Monday, 22nd May, 9 A.M.
Scots Law—Professor MOIR	Monday, 22nd May, 10 A.M.
Botany—Dr. BALFOUR, at the Garden	Tuesday, 2nd May, 8 A.M.
Botanical Demonstrations, in the Garden and Hothouses—Dr. BALFOUR	Monday, Wednesday, Friday, ... 9 A.M.
Botanical Examinations, in the College—Dr BALFOUR	Wednesday, ...3 P.M.
Anatomical Demonstrations—Mr. TURNER, Mon., Wed., and Fri., under the superintendence of Prof. Goodsir	Wednesday, 3rd May, 2 P.M.
Medical Jurisprudence—Dr. MACLAGAN	Tuesday, 2nd May, 11 A.M.
Clinical Surgery—Mr. SYME	Tuesday, 2nd May, 12 noon.
Clinical Medicine—Dr. MACLAGAN	Tues., 2nd May, 12 to 2 P.M.
Natural History—Dr. ALLMAN	Tuesday, 2nd May, 1 P.M.
Practical Histology and the Use of the Microscope—Dr. BENNETT, Tu. & Fri.	Friday, 5th May, 3 P.M.
Medical Psychology—Dr. LAYCOCK, Mon., Wed., and Thurs.	Thursday, 4th May, 3 P.M.
Practical Instruction in Mental Diseases—Dr. LAYCOCK, Saturday	Saturday, 6th May, 1 P.M.
Sanskrit—Professor AUFRECHT	Tues., 2nd May, 11 & 12 noon.
Theory of Music—Prof. DONALDSON	Tuesday, 2nd May, ——
Hindustani, &c.—Professor LISTON	Wednesday, 3rd May, 10 A.M.

For particulars apply to the Librarian.

Royal Infirmary .....Daily at Noon.

Dissecting Rooms open daily, under the superintendence of Mr. GOODSIR, assisted by WM. TURNER, M.B.Lond., and Dr. TRAQUAIR.

Chemical Laboratories—The Upper Laboratory, for instruction in *Analytical Chemistry*, and for *Chemical Investigation*, under the superintendence of the Professor, aided by Mr. DITTMAR as Chief Assistant, is open from Ten to Four. The Lower Laboratory, for instruction in *Practical Chemistry*, is conducted by Dr. DALZELL, under the inspection and Supervision of the Professor.

PHILIP KELLAND, Sec. to the Senatus.

1st April, 1865.

Liverpool Royal Infirmary and

SCHOOL OF MEDICINE.—The SUMMER SESSION commences on Monday, May 1, 1865.

HOSPITAL PRACTICE—ROYAL INFIRMARY.

Physicians—Dr. Vose, Dr. Turnbull, Dr. Inman.
Surgeons—Mr. Stubbs, Mr. Long, Mr. E. R. Bickersteth.
House-Surgeons—Mr. Nash and Mr. Holyoake.
Dental Surgeon—Mr. Snape. Pathologist—Dr. Rawdon.

The Hospital contains 275 Beds. The number of In-Patients is upwards of 2,300 annually, and 2,892 Surgical Casualties were last year treated as Out-Patients.

Clinical Lectures are regularly delivered by the Physicians and Surgeons.

Six Dressers and Six Clinical Clerks are elected quarterly from the Pupils of the Infirmary.

LECTURES.

Midwifery and Diseases of Women—Dr. Grimsdale.
Diseases of Children—Dr. Gee.
Materia Medica and Therapeutics—J. Birkbeck Nevins, M.D.Lond.
Medical Jurisprudence and Toxicology—E. Whittle, M.D.Lond., M.R.I.A., and J. B. Edwards, Ph.D.
Botany—C. Collingwood, M.A.Oxon., M.B., M.R.C.P.
Ophthalmic Medicine and Surgery—R. Hibbert Taylor, M.D.
Practical Chemistry—J. B. Edwards, Ph.D.
Pathological Anatomy—Dr. Rawdon.
Dental Surgery—Mr. Snape, L.D.S. R.C.S.
Dental Mechanics—
Dental Anatomy and Physiology, Comparative and Human—Mr. Fletcher.
Metallurgy—Dr. Edwards.

F. D. FLETCHER, Secretary, 13, Mornington Terrace, Liverpool.

Guy's Hospital.—The Summer

SESSION commences on Monday, May 1st.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; G. Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D., F.R.S.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.; Alfred Poland, Esq.
Assistant Surgeons—Cooper Forster, Esq.; Thomas Bryant, Esq.; Arthur Durham, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D., F.R.S.
Surgeon-Dentist—J. Salter, Esq., F.R.S.
Surgeon of the Eye Infirmary—Alfred Poland, Esq.
Assistant Surgeon of the Eye Infirmary—Charles Bader, Esq.
Aural Surgeon—J. Hinton, Esq.

LECTURES, &c.

Demonstrations on Cutaneous Diseases—S. O. Habershon, M.D.
Medical Jurisprudence—A. S. Taylor, M.D., F.R.S.
Materia Medica—S. O. Habershon, M.D.
Midwifery—Henry Oldham, M.D., and J. Braxton Hicks, M.D., F.R.S.
Ophthalmic Surgery—Alfred Poland, Esq., and C. Bader, Esq.
Pathology—S. Wilks, M.D.
Comparative Anatomy—F. W. Pavy, M.D., F.R.S., and W. Moxon, M.D
Use of the Microscope—A. Durham, Esq.
Botany—C. Johnson, Esq.
Practical Chemistry—Thomas Stevenson, M.D.
Demonstrations on Manipulative and Operative Surgery—T. Bryant, Esq.
Clinical Medicine—Dr. Habershon, Dr. Wilks, and Dr. Pavy.
Clinical Surgery—Cooper Forster, Esq., T. Bryant, Esq., A. Durham, Esq.
Clinical Obstetrics—Dr. Oldham and Dr. Braxton Hicks.
Vaccination—Dr. Braxton Hicks.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance, or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents and Dressers in the Eye Wards, are selected from the Students. Three House Surgeons are appointed every six months.

Arrangements will be made to afford every Student such opportunities of acquiring Practical Surgery as are in accordance with the New Regulations of the College of Surgeons.

Six Scholarships, varying in value from £25 to £40 each, are awarded at the close of each Summer Session for general proficiency; also a Governor's Prize of £10.

Two Gold Medals are given by the Treasurer—one for Medicine and one for Surgery.

There is a Voluntary Examination in October, in Elementary Classics and Mathematics. The three first candidates will receive respectively £25, £20, and £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, April 8, 1865.

Notes
ON
THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY
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THERE are few diseases, the treatment of which has been more influenced by pathological theories than cholera. The theory which has gained almost universal acceptance is, that the worst symptoms of the disease are due to the drain of fluid from the blood. The practice which has been based upon this theory is to check the purging by opiates and astringents, and to restore to the blood its lost constituents by saline injections into the veins. What if this theory be erroneous, and the practice suggested by it injurious? That the theory and the practice are both wrong, I am persuaded; and I propose now to give the reasons for my belief.

First, then, let us inquire, *What is the relation between the symptoms of choleraic collapse and the loss of fluid by vomiting and purging?* It will, I suppose, be conceded by all who are prepared to argue this question, that if the symptoms of collapse are occasioned by a drain of fluid from the blood, there must, as a rule, be a direct relation between the degree of collapse and the amount of liquid which escapes from the blood. Now, so far is this from being the case, that there are few writers of any note or authority upon the subject of cholera who do not either assert distinctly, or record facts from which the inference plainly follows, that not only is there no direct relation between the loss of liquid by vomiting and purging and the degree of collapse; but that these conditions often bear an inverse ratio to each other. In confirmation of this statement, I purpose now to quote some of the best known authors on the subject of cholera.

Dr. Edmund Parkes says: "My cases bear out the observations of Scott, Jameson, Orton, Kennedy, Copland, and, in fact, almost all the English writers of reputation, that there is absolutely no ratio between these two classes of symptoms" (*i. e.*, between the purging and vomiting and the symptoms of collapse) "or that they appear even to observe an inverse ratio to each other. Thus, at a period of the case when the algide symptoms were most fully developed—viz., in the last five hours—the purging ceased; in the cases where the algide symptoms were prominent throughout, and which cases were consequently the most malignant and the most rapidly fatal, the passage of fluid from the intestines was oftentimes trivial in degree and shortened in the period of its occurrence. In cases in which the vomiting and purging were excessive, the algide symptoms often came on slowly, and were less marked and deadly." (*Researches into the Pathology and Treatment of the Asiatic or Algide Cholera.*)

Dr. Parkes, then, in illustration of these remarks, cites some cases in which the frequency of the vomiting and purging was quite out of proportion to the severity of the other symptoms. He afterwards states that "it may be objected to observations of this kind, that the number of stools is, after all, no certain indication of the amount of fluid passed. This objection would be of weight in cases where the stools were not very different in number; but in some of these cases cited above, we have two or four stools attended by more rapid death than twenty-five or twenty stools; and yet, in the first case, it would be impossible not to suppose the quantity of the fluid passed to be much below that of the second case." He adds, "it may be confidently asserted that there is no one who has seen much of cholera who does not know that, exclusive of the mildest forms of the disease, a case with little vomiting and purging is more malignant and more rapidly fatal than one in which these are prominent symptoms."

With reference to the varieties in the general symptoms of cholera, Scott makes the following statement: "A frequent variety, the worst of all, is that which is noted for the very slight commotion in the system; in which there is no vomiting, hardly any purging—perhaps only one or two loose stools—no perceptible spasm, no pain of any kind; a mortal coldness with arrest of the circulation comes on from the beginning, and the patient dies without a struggle. This has frequently manifested itself as the prevailing type, and almost all die who are attacked by it." (*Report on the Epidemic Cholera.*)

The testimony of Bell is to the same effect. He says: "It has been found that the more violent the prominent symptoms are, the more likely is a cure to be effected; and that when the disease is attended with rapid collapse, little or no vomiting and purging, and no spasm, the prognosis is very unfavourable." (*Treatise on Cholera, Asphyxia, or Epidemic Cholera.*)

Orton, in several passages of his essay, alludes to the fact that, in the worst forms of the disease, vomiting and purging are slight or quickly cease, or even do not occur at all. (*An Essay on the Epidemic Cholera of India.*)

Twining gives cases which illustrate the same general principle. Thus, he reports (*Clinical Illustrations of the More Important Diseases of Bengal*, p. 10) the case of a gentleman who died nine hours after the commencement of urgent symptoms, in whom there were occasional slight efforts to vomit at intervals of half an hour, and he had only four stools from the commencement to the termination of the attack. And, in another part of his work (p. 37), he says, "We often see patients vomiting violently for hours, and others purged profusely for several days without cholera (*i.e.*, collapse) coming on."

The authors above cited have all observed the disease in India; but the testimony of those who have witnessed it in Europe is in strict accordance with that of the Indian authorities. Thus, Magendie, describing cholera as he saw it in Paris in 1832, makes the following statement: "Some patients have no evacuations, insomuch that one is obliged to excite them; for the evacuations, though associated with the disease, are not one of the most serious symptoms; and those patients who have had copious evacuations have been more easily treated than those who have had none. This is a remark which has been made by many physicians." (*Leçons sur le Cholera Morbus*).

Mr. French states, amongst other reasons for believing that the intestinal discharges are salutary, that while "cholera, in its most intense form, produces death instantly without discharges, all those who recover from its attack experience the peculiar discharges more or less." And, again, in favour of the same view, he says, is "the ultimate recovery of persons who have continued in a state of collapse for a considerable length of time, often extending to a period of three days, and who, in all instances, sustained enormous discharges." (*The Nature of Cholera Investigated.*)

Dr. Gull, in his *Report on the Morbid Anatomy and Pathology of Cholera*, published by the Royal College of Physicians in 1853, cites the evidence of several practitioners to the effect that, in many cases, "the evacuations appeared to be wholly insufficient to account for the fatal collapse." And one case which came under Dr. Gull's observation, affords a striking illustration of the same principle. "On a *post mortem* examination, the large intestines contained healthy fæces; whilst in the upper two-thirds of the small intestine, the mucous membrane presented the ordinary changes induced by the cholera process, and the rice-water effusion was abundant." Dr. Gull adduces this case to show that "*cholera sicca*, in a strict sense, does not occur; for although the disease may be fatal without any evacuation, the intestines after death, in such cases, have been found to contain the rice-water fluid." It can scarcely be doubted, however, that when, as in this case, the purging has been insufficient to remove the fæculent contents of the large intestine, the loss of fluid must have been out of all proportion less than in most cases in which recovery takes place. And Dr. Gull, in another part of his Report (p. 211), admits that "the intensity of the symptoms is often in no inconsiderable degree greater than can be accounted for by the amount of the effusion."

With respect, then, to the question whether there is any direct relation between the loss of fluid by purging and the symptoms of collapse, we have a large amount of concurrent testimony to the effect that no such relationship exists.

Even admitting that there were a direct and constant relationship between the loss of fluid and the degree of collapse, further evidence would still be required to prove that they stand to each other in the relation of cause and effect. It might be that they are only the effects of one common cause, which while, on the one hand, it gives rise to collapse, on the other excites vomiting and purging. How far this may be the case, we shall have to consider hereafter. In the meantime, it must, I think, be conceded, that the evidence of there being an inverse rather than a direct ratio between the degree of collapse and the loss of liquid by vomiting and purging, is fatal to the hypothesis so generally received and acted upon, that choleraic collapse is caused by the drain of liquid from the blood.

We will next go on to inquire whether the symptoms of collapse are such as an excessive drain of liquid from the blood might be supposed to produce.

[*To be continued.*]

The Pritchard Case. The *Glasgow Herald* says: "The prisoner retains the same amount of self-possession that he has exhibited since the night of his apprehension. A day or so after his incarceration he seemed to feel a little annoyed that he could not be favoured with a supply of pomatum for the trimming of his beard and hair. The prison regimen has not at all suited his taste, but he does not seem to have lost flesh, and his pale appearance may be ascribed to the confinement. In fact, so far as we learn, Dr. Pritchard has all along taken matters very coolly. We are told that to a lady whom he met in the street shortly after Mrs. Pritchard died he remarked 'that his beloved wife was gone, that her death had resulted from an attack of typhoid fever, that he had called in three doctors to visit her on the day prior to her death, but that it had been of no use.' 'Too many cooks, he added, spoil the broth.' In point of fact, only one doctor—viz., Dr. Paterson, saw Mrs. Pritchard on the day prior to her death."

Original Communications.

A WORD CONCERNING THE USE OF BROMIDE OF POTASSIUM.

By E. H. Sieveking, M.D., Physician in Ordinary to H.R.H. the Prince of Wales.

The number of morbid conditions of an uniform character, and allowing of a statistical enumeration of the effects produced by any given remedies, is so small, that we must necessarily, in the present state of science, be extremely sceptical as to any statement averring or denying the efficacy of a drug employed in their removal. There is an inherent weakness in all attempts to tabulate the results of treatment in the great majority of diseases that meet us, not because treatment is useless or the medicinal agents valueless, but because the wise physician does not regard the disease as a nosological abstraction but as a deviation from the healthy standard involving a great variety of elements, each of which may in its turn differ in degree, character, relation, in any given number of patients brought together for comparison. How often do we meet with uncomplicated disease of one organ or tissue? Does it, in fact, ever exist? Or does not rather the whole history of medicine, as well as our individual experience, demonstrate the variability of morbid phenomena according to the circumstances of family history, personal habits, social influences, climate, sanitary conditions, age, sex, diet, that mould our patients?

The duty of rigid inquiry into all the conditions that determine an individual case of disease, becomes the more important the more limited our knowledge is of that particular disease; and if it can be shown that a disease known by a certain technical denomination may not be regarded as a nosological unit even as much as many other diseases that we are in the habit of dealing with familiarly, surely, before determining the value of a new drug or any drug in its treatment, we ought first to agree upon the nature of the cases to which we apply it.

Some time ago, a proposal, very laudable in the abstract, was made, to bring together from various sources and tabulate a large number of cases of pneumonia; and, by comparison, to deduce the results of treatment. It was not surprising, that no conclusions were arrived at; because, although there are certain features of resemblance between all cases of pneumonia, there are so many differences, independently of any bias of the individual observer, that we have not yet attained the common basis of observation. A case of pneumonia occurring in a person with a rheumatic taint, would not be the same as pulmonary inflammation affecting a person in whom no specific morbid diathesis was traceable. Pneumonia in a man inured to hard work, but accustomed to a gallon of beer a day, would demand different remedies, or at all events react differently to the same remedies that might be employed were the patient an overworked and underfed laundry-maid. Every practitioner of experience knows and acts upon this principle, and calls it tact. His daily intercourse with disease convinces him that, although his diagnosis becomes more and more precise, he cannot formularise his remedial effects in such a way as to justify the conclusions of a tabular statement. It is on such grounds that the attempt so often made to determine the value of a given remedy so uniformly fails; and it is for the same reasons, also, that it is

so dangerous to make positive statements as to the efficacy of a particular medicinal agent.

The pages of this JOURNAL have repeatedly referred to the uses of bromide of potassium in epilepsy. Statements in its favour have been contradicted by writers holding different views. The abstract question as to the value of bromide of potassium in epilepsy was put, as if the disease were a simple perversion of a normal function or a single well definable lesion, which could be neutralised by a given antidote. We have scarcely arrived at a sufficiently precise knowledge of the disease as yet, to reduce the question of treatment to so simple a denomination. We do not know nearly as much of epilepsy as we do of pneumonia, as to the local changes occurring in the body; but, although our knowledge is almost limited to the external phenomena, we are sufficiently advanced in our nosology, to affirm that the circumstances influencing and giving rise to the disease are as complicated as in any disease in the most complete nosological list. It would accordingly be scarcely fair, either to the disease or to the remedy to be tested, to take at haphazard a given number of cases characterised by the epileptic paroxysm, and to determine by the result whether or not the remedy deserved our confidence.

My objections to such a procedure would become still greater, if I were told that the cases were all of considerable standing, and justified the assumption that secondary cerebral lesions had already resulted.

We know of bromide of potassium, that it may be taken in large doses with impunity, and that it passes off by the kidneys; but we know nothing definite of its action on the nervous system. It behoves us, therefore, to be extremely careful not to reject an agent on insufficient grounds; but it is not so much my object to advocate the use of this agent, as to suggest that it does not follow that it is useless because in an asylum containing many confirmed epileptics it fails to produce the desired effects.

I am a firm believer in the general use of drugs in the treatment of disease; but I am habitually sceptical as to the effect produced by any given remedy in an individual instance, knowing the limitation of our powers of observation and analysis. I am not likely, therefore, to over-estimate any medicine; but, unless I have altogether wasted my time and opportunities, I have satisfied myself that there are many cases of epilepsy in which medicines not only benefit but cure the patient; and I believe, also, that in some—alas! but too few—it was something more than a mere coincidence that bromide of potassium arrested the disease. I am, however, equally certain that there are a large number of cases in which it is useless; and that epilepsy, like all other diseases, must not be treated as an unity, but regarded in all its aspects, and treated according to the various phenomena under which it may present itself. Bromide of potassium may be useful in one class of cases, but not in others; just as nitric or nitrohydrochloric acid benefits a certain class, and is useless or injurious in others. The iodides, again, are undoubtedly beneficial in some forms of the disease. Chalybeates, again, are required by some, and aggravate the malady in others.

It is not my wish, nor do I know that I could, with satisfaction to myself or the readers of the JOURNAL, classify the different forms, with the precision that I believe to be necessary; but of this I feel assured, that if we are to arrive at any definite and scientific result with regard to remedies in this particular disease, we must not lump all our cases together, and treat them all with the same remedy, especially with one the physiological action of which is as yet so little determined as that of bromide of potassium.

ON THE NATURE AND TREATMENT OF FEVER.

By A. B. STEELE, ESQ., Liverpool.

[*Read at the Liverpool Medical Institution, February 9th, 1865.*]

I HAVE long been impressed with the conviction that the study of fever (especially with reference to its therapeutics) as pursued in the systematic treatises of authors, differs materially from the study of the disease as read in the book of nature at the bedside. I am disposed to attribute the confused, unsatisfactory, and conflicting conclusions to which the written history of fever leads the inquirer, to two principal errors:—first, that authors have laboured to establish a method of cure; and secondly, that they have based their systems upon a preconceived theory rather than upon clinical observance of the phenomena of the disease. To one or both of these mistakes, may be referred the erroneous but now happily exploded doctrines of Hamilton, Armstrong, Broussais, Clutterbuck, and others; it also explains the ephemeral reputation of those highly vaunted specifics, such as cold effusion, yeast, mineral acids, quinine, phosphorus, antimony, chlorine, mercury, and even alcohol, most, if not all of which, especially the latter, may be useful as remedies under certain circumstances, when given on rational principles, but all of which infallibly become doubtful or dangerous when regarded as specifics. Indeed I hope to be able to show that not only is there no specific for fever, but that, as Dr. Corrigan has observed, in the present state of our knowledge there can be no specific for this disorder.

In Dr. Watson's *Lectures*, we find the following allusion to the opinion of Pitcairn on this subject. "I do not" (says he) "like fever-curers; you may guide a fever; you cannot cure it. What would you think of a pilot who attempted to quell a storm? Either position is equally absurd. In the storm you steer the ship as well as you can; and in a fever you can only employ patience and judicious measures to meet the difficulties of the case." (Vol. ii, p. 843).

This sagacious and profound remark, in my opinion, comprises the whole principles of fever therapeutics. Although it guards us against useless interference and injudicious meddling with the operations of nature, it by no means sanctions or justifies a mere "do nothing" system, which is sometimes disguised under the specious title of "expectant treatment."

Without dwelling upon the now almost discarded doctrines of physicians of a former generation, I propose to point out what seems to me a want of practical soundness in the teaching of some authors of our own time. Let us appeal to Dr. Murchison, whose treatise on fever is considered one of the best and most recent text-books, and which undoubtedly contains a fund of valuable information on the subject of which it treats. In criticising the opinions of a physician of high repute and acknowledged ability, I must be allowed to say, that I do not for one moment venture to question the soundness or the success of his practice. It is the doctrines enunciated in his writings, and the inferences he deduces therefrom, to which I take exception, as calculated to confuse and mislead rather than to guide and assist the inexperienced and inquiring practitioner. Dr. Murchison's theory may be summed up as follows. (Pp. 15-16.)

1. The fever-poison enters the blood.

2. The nervous system (and particularly the sympathetic and vagus) is paralysed.

Here we at once detect what seems to me an important fallacy. In many cases of fever it is not paralysis, but the very reverse; namely, exalted or

unduly excited action of the nervous system which constitutes the predominant characteristic of the disease, as exemplified by the condition which has been designated "delirium ferox." Dr. Murchison completes his definition by particularising various morbid processes such as increased retrograde metamorphosis of the tissues, non-elimination, and so on, which are doubtless in accordance with sound pathology, but which, nevertheless, are after all too remote and perhaps too hypothetical to lead to a clear and safe basis for treatment, when compared with the conclusions drawn from clinical observation of the phenomena of the disease.

The indications which Dr. Murchison founds upon his theory are: to neutralise or to eliminate the poison, followed by other directions, which I have no difficulty in accepting as in accordance with sound practice, and which, therefore, require no special notice here; but I maintain that to send a student or an inexperienced practitioner to treat a case of typhus fever, with this notion impressed on his mind—namely, that his primary object is to neutralise or to eliminate a poison—is calculated to lead him altogether in a wrong direction. He would naturally first inquire, what is the nature of the poison, what its antidote, or by what special emunctory it is to be eliminated?

Like all doctrinaires, our author has his answer ready: "Typhus poison" (Murchison *On Fever*, p. 116), he tells us, "is some unknown compound of ammonia" (*ibidem*), and although he adds that it is perhaps premature or rash to hazard a conjecture as to its exact nature (p. 114); yet he founds upon this theory the use of mineral acids as neutralisers of ammonia in the blood (*vide* p. 265). A prominent direction for treatment, given by the author I am quoting, is, that "elimination is to be encouraged by maintaining the action of the kidneys, the bowels, and the skin." (P. 267.)

Now, I am at once prepared to admit that, under the skilful direction of the author himself, these indications may be, and no doubt are, so judiciously carried out, as in no way to interfere with the favourable progress of his patients; but to my mind, his theory is opposed to the teaching of clinical experience and to the common sense view of treatment which experience dictates. We have nothing approaching to a well founded record of the cure or arrest of typhus fever by the neutralisation of ammonia, or by the destruction of any other animal poison; and as to its elimination by purging or diaphoresis, this doctrine is opposed to the practice of the most experienced physicians of the present day—not excluding even our author himself—for it is but doing him justice to point out that in his directions for treatment, his practical experience, as I have already suggested, modifies or corrects the fallacious tendencies of his theories.

Purgatives in typhus, except in mild doses, and most cautiously and sparingly given, have been condemned by Graves, Corrigan, and others;* and as to diaphoretics, these remedies are as a rule contra-indicated in typhus fever, for, as Dr. Corrigan has pointed out, "a crisis by perspiration is of all forms that which is most to be dreaded in maculated fever. "I cannot," he adds, "explain this, but of the fact I have no doubt. I have such a dread of crisis by perspiration, that I would much rather see a case of maculated fever considerably prolonged, than that the risk of crisis by perspiration should be incurred." Dr. Tweedie thus records his opinions on this point: "Insufficient grounds have been adduced for the employment of diaphoretics, which appear to have been suggested by observing the occasional termination of acute diseases by sweating. No one, however, I believe, ever witnessed a single case in which there was the smallest grounds for believing that the fever-poison was destroyed by such means." (*Lectures on Fevers*, p. 209.)

Dr. Murchison himself says: "After an extensive use of these remedies (diaphoretics), I cannot say that I have obtained very satisfactory results from them. Even when diaphoresis is produced, there is no necessary improvement in the general symptoms, while profuse sweating is often followed by increased prostration." With reference to elimination by the kidneys, a due consideration of the condition of the organs of the body, which we shall more particularly notice hereafter, renders it extremely probable that, in many cases, remedies which directly stimulate the kidneys would tend to increase congestion of those organs, rather than to excite them to increased action.

The fallacy of the eliminating mode of treatment is rendered still more apparent by reference to another disease, which has many points of analogy with typhus; I mean small-pox, which, like typhus, is the result of an animal poison introduced into the blood, has a specific eruption, and runs a definite course. No physician of the present day would, I presume, attempt to treat small-pox on the principle of elimination; the same may be said of measles, scarlatina, and other analogous febrile diseases. The conclusions to which the prolonged and extensive experience of Dr. Tweedie on this point has led him, is thus expressed in his own words: "It is apparent that fever when once developed can rarely be arrested; or, in other words, that the means of expelling the poison, or of depriving it of its noxious effects, have yet to be discovered. The duty of the practitioner, therefore, is to endeavour to guide the disease, and to prevent as much as possible injury to organs essential to life." (*Op. cit.*, pp. 211-12.)

Let us turn for a moment to another modern author of high repute, namely, Dr. Watson. His *Lectures on the Practice of Physic*, excellent as they are in all other respects, have nevertheless this objection, that fever is divided into weekly periods. This method of treating the subject presents a weak point; namely, that although from the nature of the case it will very often—perhaps most often—coincide with actual observation, yet when it is right, it is only right by accident, and although applicable to a large proportion of cases, may often also lead to a wrong conclusion in practice. The treatment of fever, as we shall presently see, is not to be regulated by the circumstance of its being the first, second, or third week of its duration, but by the state of each particular function day by day. "One case of fever may require as much wine on the second day of its attack, as another on the twentieth; and the bleeding or leeching that will not be borne in one case on the third day, will benefit another after a lapse of many days." (Dr. Corrigan *On Fever, passim.*)

There is another mode by which attempts have been made to lay down the principles of the treatment of fever; namely, by statistics, which appears to me most fallacious and untrustworthy. The ever varying rate of mortality from typhus at different periods of life, and during different epidemics, deprives that mode of calculation of much reliable value in determining the question of treatment, except on a very broad and general interpretation.

* Since this paper was written, the following remarks have appeared from Dr. Peacock of St. Thomas's Hospital. "In all cases of fever, I am especially careful to avoid purgatives in the early stages; and if some aperient must be given, employ those which are of the mildest character."... "I have frequently seen, both in typhus and typhoid, diarrhœa established by the injudicious employment of purgatives, which it has been difficult or impossible to arrest." (*Lancet*, Feb. 11th, 1865, p. 146.)

This point is illustrated by the following record of fever statistics from Dr. Tweedie's lectures. The death-rate in the London Fever Hospital was 7 per cent. in 1851, 9 per cent. in 1862, and 20 per cent. in 1848. In Aberdeen it was 4 per cent. in one year, 18 per cent. in another year. In the Dublin hospitals for the last forty years, it has never reached 10 per cent. In Cork, the average was about 6 per cent. (*Op. cit.*, p. 200.)

The influence of age is shown by Dr. Murchison's tables as follows.

The death-rate of typhus—

Under	5 years	is	17·65
From 5 to 10	,,	is	7.65
,, 10 to 15	,,	is	4·95
,, 15 to 22	,,	is	4·76
,, 20 to 25	,,	is	9·5
,, 25 to 30	,,	is	15·15
,, 60 to 65	,,	is	55·68
,, 75 to 80	,,	is	83·33

(*Op. cit.*, p. 221.)

From a due consideration of the foregoing figures, it is apparent that no safe deduction can be drawn as to the results of treatment from statistics, unless the ages are accurately stated in periods of not less than five years, a precaution not usually adopted by those who have written on this question. Herein consists the doubtful value of the conclusions at which Dr. Gairdner has arrived in his otherwise excellent paper on the Treatment of Typhus without Stimulants, published in the *Lancet*, March 12th, 1864, and which has been so ably criticised by Dr. Kennedy of Dublin in the same journal of January 7th, 1865.

Having thus endeavoured to point out the difficulties met with in the written history of fever, I proceed to show what may be learnt from actual observation at the bedside, laying aside theory and hypothesis, and reading from the book of nature. As the term fever has such a wide application in the practice of medicine, it is necessary to lay down some limitation in order that it may be clearly understood what disease it is that we propose to discuss. The continued fevers of this country as described by authors of the present day, are: 1, simple continued fever—the synocha, or short inflammatory fever of Cullen, which usually runs but a short course, generally terminates favourably, and scarcely requiring more than very ordinary attention; 2, typhus fever; 3, typhoid fever; 4, relapsing fever.

For practical purposes, it will be convenient to take typhus as a type of the rest, and to that form of fever the following observations will be specially applicable.

In this, as in all other diseases, the soundest basis for rational treatment is a clear and definite knowledge of the pathology of the disorder we have to deal with. We therefore proceed to inquire, what is fever? The differing opinions as to its nature may be divided into two great classes; first, those which consider fever a primary disease, and secondly, those which consider fever to have no existence as such, but regard it as the aggragated symptoms or the consequence of some local or structural lesions. The first of these two theories is that which is perhaps now most generally adopted, and which seems to me the true explanation of the nature of fever. That the second is untenable may, I think, be satisfactory demonstrated by reference to clinical records. I will endeavour to illustrate this point by relating two well marked examples, taken from the clinical lectures of Dr. Corrigan. The graphic description of what he observed in the Hardwick Hospital, has no doubt been verified in the experience of most practitioners who have seen much of fever.

"A man is seen comatose, lying on his back, with muttering delirium, sordes on his tongue and teeth, pulse 132, skin thickly maculated, with great prostration of strength, involuntary stools, and sensibility so much diminished, that the eyelids remained immoveable, and the bladder had ceased to act. A crisis took place, and in less than two days, of all the above alarming symptoms, debility alone remained; the pulse became regular, the tongue clean, the sensibility natural, sleep returned, and not a trace or symptom of local or structural alteration was discoverable.

"It cannot be supposed that, in such a case, structural disease or local inflammation of several days' duration sufficient to produce this aggregate of alarming symptoms, could have so suddenly vanished."

The second case affords still more decisive evidence on the point in question.

"A man, aged 54, admitted on the 27th February. He was in a state of great debility, and wandering in mind; his tongue dry and brown; pulse thready, 130; skin hot, dry, and pungent; thickly maculated; little or no sleep. On the 2nd of March, debility was greater, and stools passed under him. He still continued to sink, but without any complication. The pulse became scarcely perceptible at the wrist. Wine and stimulants failed to rouse him; and he died on the 10th March, the eleventh day after admission. The most careful *post mortem* examination failed to discover any local disease."

If the foregoing examples are truthful records of what continually occurs in the clinical history of fever, the conclusion appears inevitable, that fever is to be considered as a primary disease of function, having an existence independent of, and capable of proving fatal without, any local or structural lesion.

In order to complete our definition of fever, we proceed to inquire what the functional lesion or lesions are which constitute its essential character; and, if we seek to determine this question from actual observation at the bedside, we see that, in a case of typhus fever, all the most important vital functions are simultaneously deranged. To present this more clearly, I have tabulated the symptoms of fever as follows, in accordance with the views of Dr. Corrigan, as taught in his *Clinical Lectures* already quoted.

Component Parts of a Case of Typhus Fever: Simultaneous Derangement of all the most important Vital Functions.

A. Derangement of the cerebro-spinal functions; or the lesion of innervation.	Indicated by prostration, want of sleep, delirium, stupor, coma subsultus, involuntary stools, retention of urine.
B. Derangement of the primary nutritive functions, including assimilation, secretion, and excretion; or the lesion of nutrition.	Want of appetite; thirst, and subsequent loss of desire for fluids; tongue dry or coated; skin harsh and dry; constipation or diarrhœa; tympanitis; urine scanty and cloudy.
C. Derangement of the circulatory functions; or the lesion of circulation.	
a. Of the heart and large vessels.	The pulses of the wrist and heart.
b. Of the capillary system.	Lividity of surface; suffusion of conjunctivæ; maculæ; petechiæ; proclivity to sloughing of integuments—bed-sores; hypostatic congestion of internal organs.

The lesions here set down are to be regarded not merely as symptoms, but as component parts of the disease—deranged functions, which are to be treated by appropriate remedies. It should also be borne in mind that, although it is simultaneous derangement of the great primary vital functions which constitutes a case of fever, yet the proportions which these derangements bear to one another may not be exactly alike in any two individuals; and hence the definition which applies accurately to one case may not suit a second. Each case of fever will derive its distinguishing character from the function which presents the most marked deviation from health. In one case, the circulation is not much disturbed; but there may be great derangement of the function of innervation. In a second case, the cerebral and spinal system and intellect are scarcely at all involved; but the circulation sinks rapidly. In a third case, the function of nutrition, including secretion and excretion, is arrested or unduly excited; while, in a fourth, the nervous, circulatory, and nutritive functions may all be overwhelmed together. It is further obvious that, from the intimate relation and dependence existing between these several functions, one cannot be involved to a great extent, or for a continuance, without more or less implicating the other two. It is easy to understand how this simultaneous lesion of so many important functions must soon terminate fatally; one even—namely, that of the cerebral system—is sufficient of itself to cause death, as exemplified in delirium tremens.

This view of the nature of fever, if correct, affords an explanation of those artificial divisions of the disease into brain-fever, nervous fever, gastric or bilious fever, etc. It appears to me to divest the subject of much of the difficulty and obscurity in which students and practitioners must often have found themselves involved in attempting to reconcile the diversity and confliction of opinion which are encountered in perusing the voluminous treatises of fever in which the literature of our profession abounds.

I would here observe, that the foregoing observations may not be considered strictly applicable to typhoid fever, or, as it has been sometimes designated, in accordance with its special pathology, acute follicular enteritis; as, in this form of fever, there is very constantly if not invariably found to exist organic lesion of Peyer's glands, apparently favouring the opinion that in this particular disease the general symptoms are altogether dependent upon local organic lesion. I am not disposed to adopt this view, but believe that the apparent exceptional character of typhoid fever in this respect admits of such an explanation as to bring it fairly within the definition of fever already given. If time permitted, it might, I think, be shown that the ulceration of Peyer's glands, so often found in typhoid fever, is a secondary complication of the primary functional disorder; for it must not be forgotten that, in defining fever to be essentially and primarily a disease of function only, I do not ignore the important consideration that, in the course of a case of fever, organic lesions of a serious nature may occur, in many instances as the direct result of deranged function.

A retrospect of the foregoing analysis of fever gives us a key to the rational treatment of the disease, enabling us to a great extent to reconcile modes of treatment which, although widely different as to the precise remedies employed, may nevertheless each be rationally directed towards the fulfilment of the particular indications which may be present in a given case, and explaining how much that has hitherto seemed vague and conflicting may in reality be reconciled with fixed principles; and how it is that writers at different epochs may recommend even opposite treatment, and yet be correct in their observations and their practice.

Sydenham has pointed out that the type of fever is frequently changing, and that an acquaintance with the epidemic constitution of the time being is most important. He also adds that, when the type changed, he was frequently very unsuccessful in his practice until observation made him acquainted with the new type. Now, referring to the view we have adopted, it will be seen that the type of the fever can always be discovered by a careful analysis of the functions affected, the type being determined by the function most affected; and local disease, should it arise as a complication, will most frequently occur in the organs principally connected with the performance of that vital function, whatever it may be. Whether, therefore, we have to consider the type of a particular epidemic, or that of a special case, or whether it be a question of constitutional idiosyncrasy or the particular stage of the disease, we have fixed and unerring principles to guide us. No particular line of treatment can be laid down as appropriate in fever; but each lesion of function must be met by its appropriate remedy, to be regulated in application and degree by the extent of the lesion of function which it is intended to relieve.

In the practical application of the foregoing principles, it will be convenient to consider the lesions in order.

First, we take a case where the function most implicated is the cerebro-spinal—a lesion which, if long continued, terminates in death, either from the direct effect upon itself, or from implication of the functions of organic life. It is manifested by want of sleep or natural rest of the system, which, if extended over a few consecutive nights, is followed by delirium, coma, nervous exhaustion, and perhaps death. This want of sleep is to be regarded not as a mere symptom, but as a part of the disease, a lesion of function of the most serious consequence, and which, if continued, will cause death. Bearing this in mind, we avoid the dangerous error committed by some practitioners (of whom the late Dr. Clutterbuck was the representative), of considering the essence of continued fever to be inflammation of the brain, requiring active depletion for its remedy. Our efforts are directed to the regulation of a derangement of function, and not to the restoration of structural change. If want of sleep be the leading indication, rational means are to be adopted to meet it, by keeping the patient as quiet as possible, not darkening the room too much by day, and thus maintaining the natural alternation of day and night. Cold in some form is applied to the shaven scalp; and, if requisite, an anodyne administered at bedtime. As to the particular form of anodyne which is to be preferred, considerable difference of opinion exists. I have found in my own practice the tincture of henbane, in doses of two drachms, as recommended by Dr. Corrigan, frequently procure sleep; and, when it fails to produce the desired effect, it does not, so far as I am aware, give rise to the injurious effects which sometimes follow the use of opium, to which there is this objection, that it has a tendency to increase the derangement of the function of nutrition; and, in those cases where the digestive organs are much implicated, it is wholly inadmissible. In Dr. Watson's *Lectures*, the following significant observation of Dr. Latham is quoted. "I have certainly seen," says he, "twenty minims of laudanum produce tranquil sleep, from which the patient has awoke quite a new man; but I have also seen the same quantity produce a fatal coma, from which he has never roused.

Now," continues Dr. Latham, "since it is a fearful thing to strike a heavy blow in the dark, where the alternative is of such magnitude, it is safest and best to administer a small dose at short intervals." But surely it is better and safer still to select another remedy, which experience has shown will fulfil the indication with perhaps certainty, and with infinitely less risk—probably, indeed, without any risk at all, even when given in full doses. At the same time, I would by no means venture to assert that opium is to be altogether dispensed with in the treatment of fever, but would urge that it should be employed with extreme discrimination and caution. Where other means fail to procure sleep, four or six leeches may be applied to the temples, as recommended by Dr. Corrigan, as an anodyne, upon which he places more reliance than upon any other, and this even when the pulse is weaker than natural; for, as he observes, we need not fear to take a small quantity of blood from the capillaries, for they very soon accommodate themselves to the trifling loss, and the general effect upon the system is scarcely felt; besides which, we can, quite consistently with our principles, give stimulants to support the general circulation, while we are relieving local congestion by moderate depletion from the capillaries.

The internal administration of chloroform has been recommended by the author just quoted; but I cannot from personal observation confirm its efficacy. I have met with cases in which this lesion of innervation, indicated by persistent restlessness and loss of sleep, has resisted every means that could be suggested, and which have invariably proved fatal. In such cases, although we may be able to meet the lesion of circulation by stimulants, yet, unless we can at the same time regulate this lesion of innervation by inducing sleep, the patient is sure to die. It is probable that, from a want of due consideration of this circumstance, the apparent failure of the stimulating mode of treatment has often been misinterpreted.

If stupor or coma come on, or be threatened, blisters may be applied as a means of rousing the patient. A very convenient mode of applying them to the scalp is in broad strips across the top of the head, instead of in the circular form commonly used, which does not lie so flat, or keep on so well.

One of the indications of the lesion of innervation is *subsultus tendinum*, to be treated on the principles already laid down. Whether this peculiar condition of the nervous system is purely a lesion of function, or whether it depends upon congestion or structural alteration of the cerebro-spinal system, has not been determined. As collateral evidence in favour of the view that the general symptoms of fever are independent of structural lesion, I may here quote the words of Dr. Watson, who, in speaking of the cause of coma, remarks: "Physicians have diligently attempted its solution by examining the dead brain. I cannot tell you," he adds, "how often I have looked, and looked in vain, for some palpable disorganisation, or some effusion implying pressure." (*Op. cit.*)

We next proceed to consider the lesion of the elementary function of nutrition, upon which both animal and vegetable vitality mainly depends, including assimilation, secretion, and excretion. The symptoms are, loss of appetite, first for food, and afterwards loss of desire for fluid, which, in severe cases, succeeds to the thirst which exists in the earlier period of the disease, and is an aggravated degree of the same lesion. The tongue is dry or coated; sordes on the teeth; harsh, dry, and hot skin; derangement of the alvine discharges; constipation or diarrhœa; tympanitis, etc.; and morbid state of the urine. It is scarcely necessary to occupy time in dwelling upon the obvious remedies by which these indications are to be met; but I may venture to allude to some important points.

First, as to the use of purgatives: these, as already noticed, should be used very sparingly, and, when required, should always be of a mild character. Enemata may often be advantageously substituted. Then as to mercury: in cases where there is a dry coated tongue, absence of thirst, urine cloudy and of low specific gravity, small doses of a mild mercurial, such as blue pill or grey powder, will generally be most useful in restoring the deranged function of nutrition; and, in combination with the alteratives, diuretics may sometimes be advantageously combined.

In this condition of a more or less complete arrest of the function of digestion, we must use much caution not to overload the stomach with nutriment of any kind. Milk, beef-tea, and wine or brandy, in judiciously regulated quantities, guided to a great extent by the desire for them evinced by the patient, is generally all that is required, or that, in fact, can be given without danger of causing still further derangement of the digestive and assimilative functions. As, together with other arrested functions, that of the skin is a prominent symptom, indicated by the dry harsh feeling communicated to the hand when applied to the body of a fever-patient, we might, *à priori*, conclude that diaphoretics are indicated, and that a renewal of perspiration might be considered a favourable symptom. So far, however, is this from being the case, that crisis by perspiration, as has already been noticed, is much to be dreaded in typhus. It is not sufficient to abstain from giving diaphoretics, but we must also avoid over-heating the patient in any way. I have known a case of typhus which was progressing favourably, and where recovery might have been confidently predicted, but where, from the obstinacy of the patient and his friends, in opposition to the directions of his medical attendant, blankets and bedclothes were heaped upon him, and a copious perspiration, which ended fatally, was the result. As Dr. Corrigan has emphatically remarked: "Popular knowledge, or rather ignorance, confounds maculated or typhus fever with synocha or short inflammatory fever; but the copious perspiration that will cure in the latter will kill in the former."

The next lesion we have to consider is that of the function of the circulation, of that of the heart and large vessels, as indicated by the pulse at the wrist and the impulse of the heart; and of the capillary system, shown by lividity of the surface, injection of the conjunctivæ, maculæ or petechiæ, and proclivity in the integuments to superficial sloughs from pressure. These indications, it is to be borne in mind, are not mere symptoms, or local derangements only, but external indications of the state of the circulatory system as a whole; so that we have to combat a lesion, not of a particular organ or structure, but of a function universally diffused through the whole system. The degree of derangement of the capillary circulation, as shown on the surface by the extent and colour of the maculæ, is an indication of the condition of the same function throughout the system. Thus rose-coloured maculæ indicate activity of the capillaries, and are, therefore, more favourable than the darker coloured spots, which are the result of an enfeebled circulation. Petechiæ, or effusions of blood from the capillaries, are signs of greater danger still. The treatment appropriate to this particular lesion is so obvious, that it will at once be anticipated that stimulation and support are the only means upon which we can rely. The best remedy, undoubtedly,

is alcohol in some form or other. Here is the solution of the much contested question as to how and when stimulants are to be given in fever. Alcohol is the specific remedy for lesion of the function of circulation involving the cardiac and the capillary systems; so that the state of the pulse and the changes in the colour of the maculæ are the symptoms by which we judge as to the necessity of continuing, decreasing, or augmenting its dose.

If this lesion of the circulation be that of depressed action, alcohol must be given, whatever may be the derangement of the other functions. Consequently, whether there be delirium or not, whether the abdomen be flaccid or tympanitic, whether the tongue be dry or moist, clean or coated, whether it be the first, second, or third week of the fever, are conditions which have no influence whatever in deciding the question. The amount of depression as indicated by the lesion of circulation, modified, of course, by the age, constitutional powers, and previous habits of the patient, are the only circumstances which have to be considered in reference to the use of stimulants. Other forms of stimulants may be sometimes given, of which probably ammonia is the most useful; and here we may remark, that practical experience is at variance with the theory that typhus poison is a compound of ammonia.

It is interesting to notice, that the treatment of typhus by stimulation is by no means a new doctrine. Dr. Trotter, who wrote in 1794, and whose graphic description of the disease shows him to have been a practitioner of much observation, was so impressed with the value of stimulants in typhus, that he sums up his account of the disease with this motto:

"Nil desperandum, Baccho duce et auspice Baccho."

His sagacity had also detected the fallacy of trusting to specifics, as the following brief quotation will show. "Of a febrifuge power residing in antimony, our observation and experience do not enable us to speak in confirmation; nor do we suppose that such a power is to be found in any other medicine whatever." (*Medicina Nautica, passim.*)

Dr. Stokes of Dublin, writing in 1839, says: "I feel certain, humiliating though the confession may be, that the fear of stimulants in fever, with which I was imbued, was the means of my losing many patients whose lives would have been saved, had I trusted less to the doctrine of inflammation and more to the lessons of experience given us by men who wrote before the times of Bichat and Hunter." (*Dublin Journal of Medical Science,* March 1839.)

If the view thus taken of fever be correct, it explains how combinations of remedies may be regarded in those cases where several functions are simultaneously deranged, and that the treatment is to be varied according to the function chiefly affected, and the degree to which it is involved. Thus leeching, cold to the head, or hyoscyamus, may be requisite for lesion of the cerebro-spinal system, mercury for the derangement of the nutritive function, and alcohol for failure of the circulation. So that also the details of treatment may not be alike in any two cases of fever, yet the principles upon which they are founded are fixed.

From this it appears conclusive that, as before mentioned, fever is a disease for which there can be no specific. In the words of Dr. Corrigan, we may conclude: "To suppose there can be any such thing as a specific in fever, would be to claim that the same remedy had equal and opposite powers; that it would highly stimulate the function of circulation in one case and depress it in another; that it would calm dow an excited brain into sleep, and equally restore it from coma to wakefulness; that it was a remedy of universal power, equally applicable to lesions of all functions, and to such lesions whether arising from increased action, debility, or mere excitement."

ON PUERPERAL FEVER.

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[*Continued from p.* 431.]

At first view, these cases present little difference from many others which have been recorded; but, on closer examination, I think they point to two important facts: the pervious condition of the uterine sinuses, by reason of the want of a firm and persistent contraction of the uterus; and the absence of all inflammatory product, save that observed on the peritoneum. They thus appear to give a decided negative to the opinion that puerperal fever was caused by uterine phlebitis, lymphangitis, endometritis, metritis, or other similar inflammatory affection of the uterine organs. For, with the exception of the inflammation and exudation of the peritoneum, no product of inflammation was any where discovered, after a careful and even microscopical examination of the various tissues which compose the uterus. All of these tissues were in a perfectly healthy state. And I feel considerable confidence in this result, as repeated dissections and examinations of the gravid uterus have made me familiar with the healthy appearance of the tissues which enter into its formation.

But inflammation of the peritoneum, with copious exudation into its cavity, have been long recognised as the morbid appearances most usually observed in this disease. I am not aware, however, of any case where the uterus has been so fully examined, and wherein all the tissues were found perfectly healthy; especially when the woman had survived a period sufficiently long after the commencement of the attack for any inflammatory process to become developed, had this been an essential part of the disease. The total absence of any sign of inflammatory product in the uterus itself, whilst the symptoms during life so well characterised the disease, appears to show that the disease has some other cause than these inflammations. The result of the examination of the uterus, moreover, is opposed to some doctrines supported by the highest authority, and furnishes evidences which are contradictory to the opinions expressed by Professor Cruveilhier and supported by Dr. Robert Ferguson. In the opinion of these eminent observers, the internal surface of the uterus is compared to a vast solution of continuity, the muscular tissue being every where exposed; and the gaping orifices of the sinuses are also compared to the open-mouthed vessels of an amputated limb. But the inner surface of the uterus was found every where covered by a soft membrane, which contained all the microscopic elements of the usual mucous membrane. Numerous shreds extended from the inner surface, and gave it the appearance as if the inner portion of its thickness had been torn away. Still the muscular tissue was every where covered by a soft membrane, the surface of which was further covered by the usual red mucous discharge which follows childbirth. Some slight exception must, however, be made on account of that portion to which the placenta had been attached. The membrane was here thicker and firmer than elsewhere, and distinct fibrous tissue entered into its formation. It appeared, in fact, as if a very thin portion of the pla-

centa had remained attached to the surface of the uterus. The red mucous discharge did not appear so intimately adherent to the surface, and did not present the appearance of being secreted by it.

At this part of the surface, many open orifices were perceived, which led directly to the sinuses in the substance of the uterus; and, as they permitted fluids to pass along them in a direction contrary to the course of the circulation, it is inferred that fluids might readily pass along these canals, and injuriously impregnate the general system. The uterus in this condition, then, may be compared to the healing surfaces of an amputated limb, seeing that the vessels which lead from the open orifices were alike pervious in both. But this comparison is not just, inasmuch as the uterus is in an abnormal state. The essential part of the comparison does not rest upon the open orifices which are found alike on the surface of the uterus and the surface of an amputated limb, but on the vessels which lead from these orifices being alike pervious in both. When the uterus is firmly contracted, all circulation in the sinuses is effectually prevented; and the same will occur in an organ where the contraction is not so complete, but where the blood has become coagulated. In either of these instances, a comparison between the condition of the vessels in a uterus after recent childbirth, and the vessels of an amputated limb, will cease.

If it be said that there is a great similarity between the vessels of an amputated limb and the vessel of an uterus after recent delivery in those women who have died from puerperal fever, the comparison will hold good. But, it should be remembered, the comparison is here instituted between a natural condition of the vessels in the amputated limb, with an unnatural state of the vessels of the uterus. For it will be conceded that the lax condition of this organ which permits the general system to be injuriously impregnated, and allows fluids to circulate within their canals, is not the natural nor proper condition in which the uterus ought to be; and I think we can go further, and say it is not only a condition which ought not to be, but is a condition which may, in the large majority of cases, be prevented.

It is singular in how many recorded instances of puerperal fever the uterus is described as "large, uncontracted, soft, and flabby," as "very large and ill contracted," or similar descriptions. And it has long been remarked, that women who suffered from hæmorrhage during or after the birth of the child were specially prone to be attacked with puerperal fever; or, as Dr. Denman remarked nearly a century ago, "It is likewise worthy of observation, that those women who have lost much blood at the time of delivery are more liable to this disease than others, and that it is much more fatal to them." (*Essay on the Puerperal Fever*, 1768, Syden. edit., p. 51.) Which is only another way of stating that the uterus was large, flabby, and uncontracted; seeing that it is admitted that these hæmorrhages mostly arise from this condition of the organ.

It is well known that most recent authors have attributed this disease to a diseased or vitiated condition of the blood; but the opinions as to the means by which this alteration has been produced have been very various. Dr. Simpson says: "That the original focus of contagion in them (cases of puerperal fever) was to be traced to the diseased blood and tissues of the mother who was first delivered and first attacked; that her blood had affected the infant which she carried within her; and that probably the vaginal secretions and discharges from this said patient during labour had unhappily formed the virus or material, which had been unwittingly carried by Dr. Moir so as to affect his other patients." (*Obstetric Works*, vol. ii, p. 20.) M. Cazeaux remarks: "In my opinion, the blood in this disease has undergone so profound an alteration as to account for all the accidents, and for the usually fatal termination of the disease. I do not hesitate to say that, in certain cases, they (the alterations) may be carried to a point at which they will produce a transformation of blood-globules into pus-globules; and that without a wound, without phlebitis, without any lesion of the solids." (*Bulletin de l'Acad. Impériale de Méd.*, vol. xxiii.)

These, however, are only opinions, and scarcely meet the facts. Dr. Simpson does not tell us how the blood and tissues of the mother who was first attacked became diseased—for this cause was the original focus of the whole; and M. Cazeaux fails to inform us by what means the blood-globules become transformed into pus-globules, nor refer to any evidence to show that such a transformation in the circulating blood is even possible. These opinions, moreover, fail to explain how a woman, previously in good health, may be delivered, and recover from the first effects of the labour, and yet fall a victim to the disease within a few hours afterwards; and all this occur in sporadic cases.

Dr. Robert Ferguson, in his valuable *Essay on Puerperal Fever*, gives the following propositions, which it may be well shortly to examine:—1. The phenomena of puerperal fever originate in a vitiation of the fluids. 2. The causes which are capable of vitiating the fluids are particularly rife after childbirth. 3. The various forms of puerperal fever depend on this one cause, and may readily be deduced from it. In proof of the first proposition, he quotes the experiments of Gaspard and Cruveilhier, wherein symptoms analogous to those of puerperal fever were produced in animals by injection of putrid pus and similar fluids into the veins; by cases where the placenta had been retained, had putrefied, and symptoms similar to those of puerperal fever followed; and by referring to the effects of dissection-wounds, the bite of the viper, and some acknowledged diseases of the fluids. In support of the second proposition, he adopted Cruveilhier's opinion, which he thus expressed: "That after childbirth the womb is like an amputated stump; and that it has a reparative process to perform, which, being disturbed, permits the large gaping vessels to spread in the blood noxious secretions which they have imbibed." (P. 80.) Dr. Ferguson further considered that the blood "may be vitiated by injuring the solid vessels mechanically; thus creating inflammation, which inflammation furnishes the matter that is conveyed into the torrent of circulation to infect the blood." (P. 75.) But he has not, so far as I can find, adduced any facts to confirm this opinion: whilst, under the third proposition, many cases are included which can scarcely be acknowledged as cases of puerperal fever. For example: "In the epidemic of the winter of 1827-28, this form (peritoneal affection) was so prevalent along the banks of the Thames, that, being worn out with incessant calls to visit the patients at their own houses, I directed the matron of the hospital to send, in the first instance, to all complaining of abdominal pain, two doses of Dover's powder, each containing ten grains; one to be taken immediately, and the other in four hours; when, if, notwithstanding, the symptoms should persist, they were directed to send for me. After this, I think I had no occasion to visit one in five of those afflicted, as they did not require any other treatment." (P. 16.) "So invariably, for example, does a dose of the house medicine (or salts and senna), after causing violent pain and purging, bring on metroperitonitis, that I

have long forborne the use of this drastic irritant, as the routine dose, given on the third day." (P. 101.) I think it will be admitted that a dose of salts and senna will not produce, nor two doses of Dover's powder cure, so serious a disease as puerperal fever.

The facts previously adduced will, I submit, show that the grounds upon which the second proposition is founded—viz., that the interior of the uterus is like an amputated stump—are not tenable. And the same may be said of the opinion that the solid vessels of the uterus are injured mechanically; for the uterine sinuses consist solely of the delicate inner membrane of the veins, which is connected to the muscular tissue of the uterus by a fine cellular or connecting tissue. They do not present a solid resisting substance, which would be liable to be mechanically injured during the contraction of the muscular tissue of the uterus. That the muscular tissue may be injured by the violent expulsive efforts to which it is sometimes liable—that it may subsequently inflame—that fever and even death may follow such injury—will not, I think, be doubted; but, I would submit, this can scarcely be considered to be injury "of the solid vessels mechanically".

Thus, whilst I feel I must dissent from Dr. Ferguson on the original causes which produce this disease, I freely assent to the proposition that the phenomena of puerperal fever originate in a vitiation of the fluids, as well as with the following observations. "Neither does the malady depend solely on primary inflammation of the uterine veins; for these are, in a great number of cases, perfectly healthy. The cause, therefore, of puerperal fever is, I think, simply a vitiation of the blood, which cause is demonstrably sufficient to produce all their phenomena; that phlebitis, or peritonitis, or metroperitonitis, are only secondary effects of this one cause. For, if any one or more of these be assumed as constituting the essence of puerperal fever, abundant examples may be found of puerperal fever in which the cause fixed on is absent. Thus, to the believers in the identity of peritonitis and puerperal fever, we can show puerperal fever in a perfectly healthy peritoneum. To those who insist on inflammation of the uterine veins as constituting puerperal fever, we can show the genuine disease without this condition." (Page 81.)

If it should be shown by further observation that the sinuses of the uterus remain pervious in cases of puerperal fever, then I think the various phenomena observed in this disease may be satisfactorily accounted for. And the following remarks by M. Dance, in his valuable papers on *Uterine Phlebitis*, which I did not see until the previous observations were made, confirm me in the belief that the sinuses are pervious. He gives the following as the result of some observations made "on the bodies of women who died a few days after their confinement". "If we throw an injection, even a coarse one, into the inferior cava, above the emulgent veins, it directly flows in abundance into the cavity of the uterus, and soon escapes at the vulva—an important fact, which tends to prove that the large veins are quite open in the cavity of the uterus after the confinement, and freely communicate with the large veins of the abdomen; which serves to explain the propagation of inflammation from the one to the other. If we afterwards examine the internal surface of the uterus, at the part which corresponds with the insertion of the placenta, we directly perceive that it is principally at the points where the matter of the injection has escaped. Large fragments of this matter are in part imbedded in the walls of the uterus, and in part project into its cavity. On detaching these, after cleaning the surface, we immediately perceive the entrance of the uterine sinuses—that is to say, a certain number of venous orifices, of variable size, some of which might admit the end of the little finger, separated from each other by bands in appearance muscular, and situated at the bottom of a small depression, and which appeared closed by a crescented valve. On raising this membrane, which is nothing more than the natural membrane of the veins divided obliquely, we penetrate into the large canals, which, after a short and oblique course, communicate with the innumerable veins situated in the walls of the uterus. It follows from this, that, after the separation of the uterus, large and numerous channels permit the inflammation to extend into the uterine veins, which veins themselves present the conditions favourable for the propagation of the inflammation." (*Archiv. Gén. de Méd.*, 1828, p. 480.) Hasse also remarks: "It (phlebitis) developes itself with uncommon rapidity whenever, after expulsion of the fœtus and of the placenta, *the uterus does not contract properly*; so that an extensive raw surface, with open-mouthed veins, is exposed." (*Pathol. Anat.*, Syden. edit., p. 28.) Dance certainly does not say that these observations were made in cases of puerperal fever; but it appears not improbable that such was the case, from the statement that the women died a few days after their confinement; and, whilst I could scarcely admit that this pervious condition of the uterine sinuses explains the extension of inflammation from those vessels to the abdominal veins, I am glad to have such confirmation of the fact that in these the uterine sinuses are pervious; and further, as remarked by Hasse, that this pervious condition occurs when the uterus does not contract properly.

Such a condition of the vessels as this closely represents the state of the vessels in an amputated limb; and it can be matter of little surprise that the symptoms and pathological appearance which so frequently follow in women where this condition of the uterus exists should bear so close a resemblance to the symptoms and pathological appearances observed in cases where death takes place after amputations or other surgical operations. The close analogy between these two conditions has been most ably traced by Dr. Simpson; but I cannot avoid repeating that, in contrasting these states, a natural condition of an amputated limb has been compared with an unnatural state, an uncontracted state of the uterus after delivery; which to my mind vitiates the whole ground of comparison.

With regard to the symptoms which may follow deleterious impregnation of the general system through the introduction of noxious fluids into the veins, the experiments of Gaspard and Cruveilhier upon animals have placed it beyond doubt that phenomena analogous to those of puerperal fever may be induced by the introduction of putrid pus and similar fluids into these vessels. The latter eminent pathologist has further observed, that the quantity of the injection, whether in artery or vein, and the vigour of the animal, modified the result in the most singular way; a small quantity being eliminated by intestinal or urinary secretions, while a large dose killed.

Taking all these circumstances, then, into consideration, we may consider that where the uterus is very lax, and admits of a ready flow of noxious fluids through the sinuses, we will have the phenomena, occasionally observed, wherein a previously healthy woman is stricken down, as if by some fell pestilence, in a few hours; or, as Dr. Denman expressed it in 1768: "The progress of the disease is sometimes extremely rapid. Instances have occurred where women have died even within twenty-four

hours of the first attack; and I have seen a few who never grew warm after the rigor."

To the same class of cases we may refer Dr. Armstrong's "peculiar congestive disease", where "the shock in some instances is so great that the secretions are all suspended, and the patient sinks with rapidity;" and Dr. Mackintosh's cases of "intense inflammation", where "she shivered about eight hours after delivery, and continued to sink, having pain in the epigastrium and tumefaction of the abdomen, with diarrhœa. Coldness over the whole surface of the body preceded her death, which followed in a few hours."

When the amount of deleterious fluids introduced into the system is smaller in quantity, there will be induced cases of puerperal fever, which are too frequently observed, and where the system, after a vain struggle with the poisonous infection, succumbs in a few days or a few weeks; the chief morbid appearances found in the body being extensive peritonitis of a peculiar character, with copious exudation of soft friable lymph and much serosity. The course of some of these cases would also appear to indicate that the poisoning took place in successive periods, in the intervals of which the system partially recovered, and the symptoms became alleviated.

It is probable that the effects of uterine phlebitis, metroperitonitis, distension of the lymphatics with purulent fluids, etc., may be the result of a yet smaller amount of deleterious infiltration; the effect produced being more local; in many cases the blood being coagulated, and the fibrine softened; in other cases, local inflammation is set up as a consequence of these first changes.

In other cases, again, where the amount of poisonous infection is still further diminished, we have examples of low febrile conditions extending over an indefinite period, with purulent infiltration occurring in various parts and organs of the body, "à l'insçu du malade et du médecin"; whilst, in yet smaller increments, this vitiation of the fluids may induce a long continued febrile state, accompanied by troublesome and anomalous symptoms.

It will readily be conceded, also, that each of these states may be much influenced by a variety of concomitant circumstances—as the original constitution of the female; her state of health at the time; the character of the fluids secreted by the interior of the uterus; the effect of any severe loss of blood; any depressing influence of the mind, or of the situation in which she is living; her habits of living; the existence of any diathetic diseases, epidemic influences, etc. These, and a variety of other causes accidental at the time, may induce a great variety of diseased states and many pathological appearances after death, which may well lead to that utmost inextricable conflict of opinion which characterises the literature of this disease. Nor will it excite surprise, if the effects are most frequently observed and most fatal amongst the ill-clad, ill-fed, ill-nourished, and sometimes improvident mothers of families, of spare means, who form the majority of those received into our maternity charities.

In this sketch of the principal phenomena observed in the different cases of puerperal fever, no reference has been made to the subject of contagion, or to the occurrence of epidemics. On this point, Dr. Churchill has remarked: "The opinions of those most experienced in the disease vary very much. Drs. Hulme, Hey, Armstrong, Dewees, and Campbell in their works deny its contagiousness; Dr. Gordon, Professor Young, Mr. Ceely, Drs. Ramsbotham, Rigby, Lee, and Copland, etc., affirm it. Dr. Hamilton thinks it so contagious that it may be communicated to a third person." (*Essays on the Puerperal Fever*, Syden. edit., p. 38.) And I must admit that I have grave doubts on both these subjects. To no subject does the truism, that *post hoc* is not always *propter hoc*, apply with greater force than to the present. For example, a physician of Leith examines the ovaries of a woman who had died of puerperal fever in the lodgings of another physician in Edinburgh. It does not appear that he had any other relation to the case than this. The three next cases of labour he afterwards attended in Leith were attacked with the disease. A medical gentleman, after having lost several cases of puerperal fever, got rid of the disease in his practice by changing his clothes and using chloride of lime, etc. But again it returned, after wearing a pair of unfortunate gloves he had previously worn. A general practitioner lost many patients from puerperal fever. He delivered no more cases for one month; but the first patient he attended afterwards was attacked with the disease, and died. "I rather think," observes Dr. Churchill, "this proves too much." (P. 39.) It does appear incomprehensible that a disease which is not communicated to the attendants of those suffering from it, or which is not communicated from one woman to another in an adjoining bed in our lying-in hospitals, should be, in occasional cases, so virulently contagious. As Dr. Murphy remarks, "Puerperal fever selects its victims. In the same hospital, and in the same ward, it will not extend from bed to bed, but is found scattered in different directions." (*Lectures on Midwifery*, 1862, p. 681.)

Another set of cases may probably admit of a different explanation. Mr. Roberton of Manchester relates that sixteen cases of puerperal fever occurred in one month in the practice of one only out of twelve midwives in connexion with the lying-in hospital of that town; the disease being limited entirely to her patients, but not limited to one particular district, being scattered through different parts of the town. "Again, little more than half of the thirty women delivered by this midwife during the month before mentioned took the fever. On some days, all the women she delivered escaped; on other days, out of three or four, one or more of them were seized." (P. 441.) If the disease was so eminently contagious, why did fourteen women escape, and sixteen be attacked with the fever in the same month, and all in the practice of this one midwife? May it not have arisen from the mode in which this midwife managed her patients—in a manner similar to the anecdote related by the late Dr. Merriman? "During the time that I held the office of physician-accoucheur at the Westminster General Dispensary, of the twelve stated midwives belonging to that charity, one in particular was very frequently in the habit of sending to me for assistance in consequence of retention of the placenta; so that I was called by her to such cases nearly as often as by all the others together. I had often endeavoured to discover the reason why this midwife should be so unfortunate in her patients; but I could obtain no satisfactory explanation of the frequency of the occurrence in her practice. A few years after I had retired from the dispensary, the daughter of this midwife requested that I would give her some instructions in midwifery; in the course of which I strongly pointed out the propriety of leaving the expulsion of the shoulders to nature, after the birth of the head, as preparatory to a proper contraction of the uterus, and more ready and complete separation and expulsion of the placenta. When I next saw her, she told me she had mentioned to her mother what I had taught her on this subject, and that her mother had said 'she thought it the greatest nonsense in the world to allow the poor

woman to wait for a pain to deliver the shoulders, when it was possible to finish the labour, by a little assistance, without delay. For her part, she was always used to bring the child as soon as the head was born; and so she should still do.' The anecdote at once explained the mystery; and I marked it down, as an excellent illustration of Mr. White's judicious and convincing remarks." (*Synopsis of Difficult Parturition*, p. 298.)

In other examples, it is more than probable that the disease communicated was some acute specific disease. "Dr. Collins mentions an instance in which a patient was admitted into the Dublin Lying-in Hospital, labouring under a bad form of typhus fever. Two puerperal females, who occupied the adjoining beds, were attacked with puerperal fever, and died. In another instance in the same hospital, a similar accident happened. A patient labouring under typhus fever was admitted into a small ward of the house, which contained only four beds: all the three other women were attacked with puerperal fever, and two of the three died." "In the Dublin Lying-in Hospital, a case of typhus was brought in by mistake, and immediately dismissed. Puerperal fever appeared in forty-eight hours afterwards, although the hospital had been free from it for a year before." (Dr. Murphy.) In these cases, however, the disease was communicated from bed to bed, exactly in the way we know typhus fever to be communicated; whilst we further know that puerperal fever is not communicated from individual to individual, "but is found scattered in different directions."

In an important communication to this Society, Dr. Tilbury Fox showed, from cases which occurred at the General Lying-in Hospital from 1833 to 1858, both inclusive, that typhus fever, typhoid fever, remittent fever, scarlet fever, erysipelas, abscess in the breast, constipation, after-pains, muscular irritability, etc., have often been included under the term puerperal fever. (*Trans. of Obstet. Soc. of London*, vol. iii, p. 368.) Then we have the remarkable epidemic recorded by Dr. Ferguson, which prevailed along the banks of the Thames in the winter of 1827-28, and which only required for its successful treatment two doses of Dover's powder; and the still more remarkable statement of Dr. Tyler Smith: "It (puerperal fever) would not so often happen, if all accoucheurs recognised the fact that erysipelas, typhus, scarlatina, small-pox, hospital gangrene, putrid sore-throat, diphtheria, the *post mortem* and other poisons, were excessively prone, if brought near the lying-in woman, to originate puerperal disease. He did not question but that any of the agents which produced zymotic maladies might cause puerperal fever." (*Obstet. Trans.*, vol. iii, p. 403.) Here seven and more distinct specific diseases are said not only to alter their nature when communicated to a lying-in woman, but, by a singular agreement amongst them, they all undergo the same identical transformation. Such a conclusion, however, is opposed to all the known facts relating to the history and course of acute specific diseases—however prone the puerperal female may be to take on any of these diseases, or be influenced by epidemic causes, when brought into contact with them.

These examples might be largely amplified; but I feel they are sufficient to show that the observations require further clinical examination, which can alone enable us to diagnose and separate from each other the various diseases at present included under the one term puerperal fever; the only apparent link being, that they attack the female during the puerperium.

[*To be continued.*]

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MAY 6TH, 1865.

A NEW HOSPITAL AT LIVERPOOL.

We have received a copy of the Second Annual Report of the Hospital for Cancer and Skin-Diseases, founded in 1862 in Liverpool; Lord Stanley appearing as President, Mr. J. Seaton Smyth as Honorary Surgeon, one Mr. Sked as Treasurer, and Dr. Stookes, with five other gentlemen, as Committee. If we are to believe the Report, the institution is already a very flourishing one; and, as neither "fees nor letters of recommendation" are required, "the institution" (as we are assured) "has been a charity in the purest and fullest sense of the term." A discriminating public have, it appears, so fully entered into the views of the benevolent institutors, that Mr. Sked, the Treasurer of the Cancer Hospital, and Manager of the Mercantile and Exchange Bank, now says that the establishment must be enlarged. At present, if we are rightly informed, the hospital is represented by some back or outlying premises of the benevolent surgeon who does gratuitously its medical operations. Mr. Smyth's operations, indeed, appear to exceed the ordinary bounds of medical benevolence, and, therefore, should be especially recorded. Says Mr. Sked, "As the fact may not be generally known, the Treasurer" (*i.e.*, Mr. Sked) "takes this opportunity of stating that Mr. Smyth has himself contributed to the foundation, establishment, and necessary expenses of the hospital, upwards of £500." It is not, however, clear to us, from the Report, whether the £500 has been contributed to the hospital which is to be, or upon the building which at present represents it.

The "Medical Report" (which, by the way, bears no signature) is lengthy. It opens with the announcement that when "this institution was established, there was not one out of the metropolis specially devoted to the treatment of these diseases." The word *these* reminds us of the story which says, "*This* Turk he had an only daughter"—no Turk or diseases having been before alluded to in the Report or story. *These* diseases, however, we find, on referring to the Appendix, to be cancer and every kind of skin-disease, *plus* spina bifida, housemaid's-knee, morbus coxarius, hydrocele, fistula *in ano*, club-foot, varicocele, fatty, fibrous, and cystic tumours, phi-

mosis, etc.; so that, it appears, all is fish that comes to the net; or, as quaint old Spenser, in his *Faëry Queen*, says:—

"Als at his back a great wyde net he bore,
With which he seldom fishéd at the brooke,
But used to fish for fooles on the dry shore,
Of which he in faire weather wont to take great [store."

The Report is a specimen in its way; and we especially allude to it, in order that those of our profession, who may feel inclined to emulate the philanthropy displayed by the getters-up of this institution, may know where to find a suitable *ready writer's* appeal to the feelings of the charitable. We will give a few extracts from it.

"Biblical records attest the prevalence of these diseases in the East, and with what severity they were inflicted as a divine punishment. If we have not, as in patriarchal times, men by word or touch stricken lepers from head to foot, have we not leprosy amongst us yet—however modified, still fearful enough to excite feelings of pity and abhorrence in the breasts of friends and strangers? If we do not observe many emulating the patience of Job, have we not hundreds around us similarly afflicted, covered with boils equally intolerable, and, in the carbuncular form, much more malignant?'

How comes it, the writer asks, that these cutaneous diseases are so common in Liverpool? He answers thus.

"There is no denying, at least disproving, the statement that more than one-half of them are more or less contagious. We have notes of not a few healthy-looking servants, who, when they came under observation, were leprous on every covered part of the body; nurses, rosy-cheeked, and highly recommended, who, with the slightest possible irritation of the skin, had communicated to whole families a form of itch more common than agreeable—not to speak of similar interchanges of questionable civilities between servants themselves. We have had cases, again, wherein malignant ulceration had been traced to petty hucksters, with suppurative cancer of the face, whose hands, inadvertently smeared with the virus, had unfortunately served a customer with more than could be digested in sweetmeats and vegetables. And then what of baths, that were to have regenerated the species? Is it not notorious that the spread of skin-disease has kept pace with their multiplication? Leprous, syphilitic, and itch bathers following each other in rapid succession may produce a modification or diversification of the several complaints.

"Have we forgotten the memorable visitation of the Egyptian frigate *Scheah Gehald*, whose crew infected three attendants at the Paul Street Baths with typhus fever and malignant skin-disease, or in other words 'the plague?'"

The author of this appeal then gives a telling sketch of what cancer can do on the human face divine, and winds up with a quotation from *A Treatise on Cancer*, which he published in 1858. In thus modestly alluding to his own literary labours, the writer adds a few words, which, by reason of their incomprehensible sublimity, will naturally strike awe into the minds of the public, to whom the Report is addressed, and doubtless obtain for the author veneration and respect. As the old nurse says of the doctor in Molière, "What he says must be something wonderfully clever, *car je n'y comprends goutte!*"

"There is a law which operates towards the conjunction and blending of opposites in all things, by which the primal traits of the original forces become so fused or commingled as to preclude the development of each in its entirety and render a declension from the original type certain. This law holds good with regard to temperament in persons of opposite constitutional traits procreating a progeny assimilating one or other of the original types, and producing two varieties; viz., Hybrid Hæmasthenic and Hybrid Neurosthenic, classed according to their proximative affinities."

Whether Mr. Smyth is or is not the author of the Report, and of this beautiful conceit, we leave others to tell; but, as he signs himself F.R.C.S., we will not suppose him capable of writing so much trash, and of addressing such a vulgar appeal to the benevolent, until he or some other assures us that his ink produced these things. Lord Stanley may be the President of the "Hospital", but surely not the patron of a medical Report of this kind.

At present, it does not appear that the staff of the hospital is formed; the only medical officer being J. Seaton Smyth, F.R.C.S. But there is, we see, a physician who lends a helping hand as member of Committee—viz., Alexander R. Stookes, M.D., M.R.C.P.; and he, we take it, will naturally become physician to the future hospital; for every honorary surgeon requires an honorary consulting physician. We doctors always hunt best and most comfortably in couples.

We congratulate the people of Liverpool on their new institution, and have no doubt whatever that it will fully answer all the intentions and hopes of its very benevolent founder. We have so often pointed out in these pages the immense services rendered to suffering humanity, and the high exaltation of the profession which is obtained, by the gift of gratuitous medical services, that we need not again speak thereof here; neither need we hold up to universal commendation the self-sacrificing spirit, the pure and absolute benevolence, which preside over, or rather are the sources which stir up, medical men to give the gift. We will only, as in justice bound, record this last specimen of medical and surgical philanthropy; and request our brethren and the public, in this age of testimonials—of plate-service, silver teapots, and inkstands-giving—not to forget the labours of a gentleman who not only bestows his gratuitous medical labours upon every comer, but who also contributes £500—we mean "upwards of £500"—to the cause whereon his heart and hopes are evidently so warmly set. Let us, however, beg of him on another occasion not to allow the modesty of the writer to prevent him from fixing his signature to the Report. As the name of Dr. Stookes stands on the

Committee-list, and that of J. S. Smyth (or, as Mr. Sked calls him, Dr. Smyth) as honorary surgeon, and as either of these gentlemen might have written a "Medical Report" for the institution they are attached to, we know not to which of them the honour must be apportioned.

ANTHROPOLOGY AND ETHNOLOGY.

Dr. Hunt, the energetic President of the Anthropological Society, occupies many pages in his second anniversary address in discussing the meaning of the words anthropology and ethnology. Now, seeing that the great objects of the two existing Societies in London, the Anthropological and the Ethnological, are identical, with the exception that the former is also a publishing body, his remarks, on the face of them, will be looked upon by many as "much ado about nothing"—*vox et præterea nihil.* Ἄνθρωπος may be an older word than ἔθνος, as man necessarily claims priority to race; and consequently anthropology, or the science of man, may be said to take precedence of ethnology, or the science of the races of men. If, indeed, there be but one race, and not several and different races, in the great family of man, then it must be conceded that the title Anthropological is the appropriate one for a Society having for its object the science of man; but, on the other hand, if the races of man be many and different, then it is equally clear that Ethnological is the proper and befitting designation for a Society which has for its object, like the Ethnological Society of London, the science of the races of man.

Notwithstanding his remark, "that no two persons appear to be agreed as to what the word ethnology means," Dr. Hunt cannot be ignorant of the fact that there were established Societies, bearing the name of Ethnological Societies, in England, France, and America, long before the Anthropological Society of Paris was called into existence. The Ethnological Society of London had its origin from the Aborigines Protection Society, which was presided over by Sir Thomas Fowell Buxton, and was founded in 1843, to promote the study of ethnology. Dr. Hodgkin, a most zealous member of the Aborigines Protection Society, took an active part in its inauguration. Deputed by the Aborigines Protection Society, he also went to France, and there was instrumental in assisting his friend Dr. W. Edwards to establish the Société d'Ethnologie de Paris. This Society, however, during the Revolution of 1848, became defunct. On its resuscitation a few years ago, it took the modern title of Société d'Anthropologie de Paris.

Dr. Hunt was for some years the Honorary Secretary of the Ethnological Society of London, but became dissatisfied with the proceedings of the Council. In his dedicatory epistle to Dr. Paul Broca, Secrétaire Général de la Société d'Anthropologie de Paris, etc., he says: "Finding myself unable to give my cordial support to a Society whose apparent objects were so utterly at variance with my own views—views in which I was not without supporters—the idea occurred to me of establishing in this country a really scientific Society, which, taking yours as a model, might become worthy of a great nation." Hence arose the Anthropological Society of London, with Dr. Hunt as its President. Whether such a Society was really wanted for the interest of science, we leave others to decide.

One fatal mistake, as he calls it, with which Dr. Hunt charges the Council of the Ethnological Society, is the admission of ladies to its evening meetings; but he forgets to mention the specified limitation of such attendance to those meetings in which there is nothing on the paper or subjects to be discussed which would be likely to offend the modesty or shock the delicacy of the female mind.

Notwithstanding the treatment which the Anthropological Society met with at the meeting of the British Association last year at Bath, Dr. Hunt still looks hopefully forward to the recognition of anthropology in a separate section in future years. Ladies, however, he must remember, have free admission to all the sections of the British Association; and no section has hitherto been more popular with the ladies than that of ethnology.

It must be confessed that the establishment of the Anthropological Society of London has given a fresh impetus to the study of ethnology. Competition is the order of the day. Both the parent Society and its offshoot appear to be flourishing. The Ethnological Society is in efficient activity, and has just issued another volume of its *Transactions;* and, whatever may be the opinion of Dr. Hunt as to the scientific value of the papers it contains, competent judges have not been slow to appreciate it.

We last week remarked that the late refusal of the Royal College of Physicians to take into consideration the condition of our army and navy medical brethren was a sign of its retrograde development. We were not aware, when we made the remark, that the proofs of the fact were so near at hand and so patent. This present College, which boasts of its liberal aspirations, its comprehensive tendencies, its desire to encircle in its arms the whole British medical family, and its tender regard for the interests of all branches of the profession, is, it turns out, after all, far less liberal than the old College of Paris. The old conservative College, in the close-borough days (as they were called), of Dr. Paris, had, we are proud to say, both courage and liberality enough to take an interest in, and actually to do a good work for, their army and navy medical brethen. We have great

pleasure in recording the fact that, on March 25th, 1850, it was proposed by the late Sir J. Forbes, and seconded by Dr. Wilson, that petitions be presented to both Houses of Parliament in favour of the claims of assistant-surgeons of the navy; and that the College thereupon appointed a Committee to draw the petition, and ordered the seals of the College to be affixed thereto. Still later, again, we find that on March 4th, 1857, a memorial was presented to the College, signed by a large number of army medical officers, containing an earnest request to the effect, that if the President and Censors, after full consideration, should think their position insufficient, they should express their conviction to the Secretary of War. It was, therefore, resolved by the Censors that letters be written, and they were written accordingly, to the Secretary of War (Lord Panmure) and the Director-General. All this, it will be observed, took place before the year of grace, and before the College entered upon its present career of liberal promises. This fact seems to illustrate well the old saying, that a Radical in power usually turns out a bigoted Tory. We might add to the above facts, that in 1855 the College received and referred to its Censors a petition from the medical students of England respecting grievances of the assistant navy surgeons; and moreover was actually not above receiving at the College a deputation from the students.

Mr. Richard Quain has published *Observations on Medical Education*, being the introductory lecture delivered by him at the University College, London, for the session 1864-5. To the lecture he has made numerous additions, which are, in fact, suggestions to the Medical Council of Education. Mr. Quain, who has so long been a teacher, can scarcely fail to give valuable information on the subject of which he treats. Mr. Quain, amongst other things, expresses strongly the opinion that the "hospital resources of London are not, and, under the existing system, cannot be, used for the purposes of medical education, so as to bring out the largest attainable amount of good for the public and the profession." He considers that they are not properly organised for teaching—what should be the real end and aim of all medical education—the practical management of injuries and diseases. For teaching the elementary sciences, in which the first examination for degree or diploma are held, Mr. Quain would wish to see in London, not eleven schools—not a school at every hospital—but two or three schools established. At one of these schools, the student should be occupied until he has passed his first examination; and then he should proceed to the scene of practical instruction, the hospital. Mr. Quain also details the way in which pupils' studies should be directed there. We need hardly say, that we thoroughly go with this view of Mr. Quain. His opinions are the opinions which have been on several occasions expressed by ourselves in these pages. It is out of the question to suppose that great teachers can be found in every one of the eleven schools of London; and absurd also to suppose that good teachers will continue to teach when not duly remunerated for their labours. We remember how we were some time ago taken to task for expressing these matter-of-fact opinions; and have, therefore, great pleasure in finding them supported by so high an authority as Mr. Quain.

"But it is unreasonable to expect that such men, that great teachers of physiology, anatomy, chemistry, etc., should be had in such number as the many schools in London and the provinces would require. It would be unreasonable to expect that such men should continue to cultivate and to teach those sciences, considering how ill remunerated their services are under the present system. The sciences are naturally, almost necessarily, soon given up for those pursuits which lead to practice and its emoluments. Men who might become great masters under favourable circumstances, embark in hospital and private practice. So they are lost to scientific investigation, and fail of the influence which is exercised by great teachers."

Mr. Quain concludes this part of his pamphlet with an appeal to medical officers of hospitals, asking them to come to some general agreement on the subject. Mr. Quain's lecture, with its many additions, is well worthy the attentive perusal of those engaged in education and its regulation. It will, however, we fear, be a very long age before the schools of London will be brought to do the rational act of amalgamation, so as to secure for the student first-rate teachers, and for teachers who would devote themselves to science the means of an honourable existence. Perhaps this question may some day occupy the attention of the Medical Council. So long as schools of medicine are established, not because students are in want of teachers, but because hospital physicians and surgeons are anxious to have students to lecture to—so long, we may be very sure, medical instruction will not be satisfactorily carried on. If Mr. Quain's proposal were carried out, we should then have a few first-rate schools for the instruction of the elementary sciences; we should have first-rate teachers; and we should then have, also, hospital physicians and surgeons engaged mainly in clinical instruction.

The Royal Victoria Dispensary of Northampton is an institution whose working deserves the serious consideration of the profession. Its success proves the folly and the evil of the gratuitous medical services which are scattered broadcast over the country. This dispensary is no mushroom affair. It has just issued its twentieth Annual Report; and from it we learn the following telling facts. It is supported mainly by the working classes, but fostered by "those who believe the best way of helping the poor is by teaching them to help themselves." In 1844, only £23

were received from the patients. In 1864, "it is the pleasing duty of the Committee to state that the free members have contributed during the year no less a sum than £1,245; and that, after payment of all expenses of drugs and medical appliances, a sum of £918 has been divided among the three medical officers." We may add, as a remarkable fact, that the Governors, in their Report, thank the medical officers, and acknowledge their services and kindness to the patients in terms which are rarely seen in Reports of those institutions where gratuitous services are the order of the day.

The Bourton and Cotswold Village Hospital has published its fourth Annual Report. It is in a flourishing condition. We have already, on several occasions, spoken of the great utility of these small hospitals; and wish them, therefore, every success. Our only regret is, that they should be tainted with the vice of gratuitous medical services. In the Report before us, we find that not only do the medical officers give their time and skill gratis, but that, up to the present time, they have "provided medicines gratuitously". Let it be remembered that no one has yet ventured to state in print, and defend, the reasons upon which gratuitous medical services are supposed to be founded.

M. Remak, in the Berlin Medical Society, lately remarked that, many years ago, he attributed diphtheritic disease to an affection or injury of the sympathetic nerve. In diphtheritis, as already pointed out by Bretonneau, Maingault, and Trousseau, one of the first symptoms constantly observed is two peculiar swellings at the angle of the lower jaw, which are not connected with the lymphatic or salivary glands, but rather appear as an infiltration of the cellular tissue. M. Remak, therefore, concludes that the superior ganglion of the sympathetic is affected, and referred to a case where there were present, in a marked and apparently fatal degree, diphtheritic paralysis of the palate, the pharynx, the larynx, the extremities, and the muscles of the eye, and where he successfully operated by galvanism on the upper ganglion of the sympathetic.

Rokitansky, Skoda, Oppolzer, Fritsch, etc., have been summoned by the Government to deliberate concerning the St. Petersburg epidemic. They met; but, having (as the *Wien. Med. Woch.* of the 22nd instant says) no information on the subject, adjourned without reporting. The journal adds: "We have just received news from St. Petersburg, that the epidemic has assumed a dangerous character, and is spreading widely."

Reminiscences of Schönlein, by the pen of Virchow, are announced as shortly to appear from the Berlin press.

Great alterations, worthy of note have been lately made in the Paris Maternity Hospital. The lying-in wards have been so disposed as to be capable of being used alternately. Open fire-places have been adopted in place of former stoves. Each subdivision contains only six beds. When one division is in use, the adjoining one is left vacant and thoroughly ventilated. A circulation of air is also kept up between the beds. All the wards have been repainted in oil. The linen used is immediately removed from the neighbourhood of the wards. The water-closets are made after the English fashion. All direct communication between the infirmary and the lying-in wards is prevented. The physicians and students must visit these wards before those in the infirmary; and they cannot, after visiting the sick wards, again enter the lying-in wards until after some time has elapsed. Precautions as regards the making of autopsies have also been made.

The heads of the Vienna University are highly conservative—that is, have a strong taste of the paternal government under which they hold office. We lately referred to their determination of not holding the five-hundredth anniversary of the University on the proper day, because that day was unpleasant, on political grounds, to political authority. We now find that they have excluded the name of Virchow from the list of celebrities on whom they have decided to bestow the honorary title of Doctor. Virchow is a Berlin Liberal, and, besides this, offended the medical pride of the Viennese doctors by telling them, on one occasion, that they did not find the trichina because they did not know how to look for it.

During 1864, there were vaccinated, or revaccinated, 69,560 soldiers in the Prussian army. Of these, 59,396 had distinct, and 7,265 indistinct marks, and 2,899 no mark at all, of previous vaccination. The results of the vaccination were, 43,596 regular, 10,505 irregular pustules, and in 15,459 no pustules at all. Of the latter kind, on revaccination, 4,897 succeeded, and 10,392 were followed with no results. From this it appears that, in 69,560 men, the vaccination produced regular pustules in 48,493, or in about 70 per cent.

M. Dupin is the most rapid speaker in the French Assembly. He speaks at the rate of twenty-four lines of the *Moniteur* per minute; M. Thiers, at the rate of twenty-two lines; M. Rouher, of eighteen to twenty; and M. Jules Favre, of fifteen lines per minute.

On February 26th, twenty-five medical men assembled at the hospital at Brescia, invited by Dr. Rudolphi to witness anæsthesia produced by electricity. Of ninety-four patients operated on, six only manifested signs of its influence, and these were hysterical females.

THE CEREBRO-SPINAL MENINGITIS EPIDEMIC.

r the meeting of the Pathological Society of Lon-
on on Tuesday last, Dr. SANDERSON, on behalf of
r. Simon, who was unavoidably absent, exhibited
ıe pathological results of two cases of the so-called
›idemic cerebro-spinal meningitis which has recently
:evailed in the neighbourhood of Dantzic.

One of the specimens was the spinal cord of a
ıild, aged 3½ years, who died on the eighteenth day of
ıe disease. The illness commenced in the usual
ay on March 26th, with flushing of the face, intense
ain in the head and back of the neck, obstinate
nd repeated vomiting, which symptoms were soon
›llowed by unconsciousness. Since the beginning
f April, there had been strabismus. When first
:en by Dr. Sanderson on April 11th, the patient was
ying on her side, with the head retracted and the
›wer limbs drawn up. The general surface was pale,
nd the body much emaciated. The pulse and
reathing were rapid, and the latter embarrassed.
:he pupils were insensible to light. The eyes, which
ere usually open and lustreless, squinted inwards.
:he patient gave no sign of consciousness when ad-
lressed by name; but when she was lifted in bed,
›itiful cries of pain were uttered, the countenance
›ecame distorted, and it was observed that the head
emained fixed in its original position of retraction.
›n the 12th, the breathing was more rapid and diffi-
ult, and the physical signs of hypostatic congestion
ere ascertained to exist; and on the following morn-
ng the child died.

The principal lesions discovered after death were
:he following. The pons Varolii was covered with a
:hick layer of concrete exudation, consisting entirely
›f pus-corpuscles, which extended forwards to the
›hiasma, backwards to the anterior surface of the
medulla, and laterally to the inferior surface of the
:erebellum and into the Sylvian fissures. The ven-
tricles were distended with purulent fluid containing
flakes of concrete pus. Under the arachnoid cover-
ing the convolutions on the convexities of both hemi-
spheres, some of the intergyral spaces were occupied
with similar concrete exudation. The posterior
aspect of the spinal cord was covered with a layer of
similar character, which extended from the cervical
swelling to the cauda equina. The anterior surface
of the cord was free from exudation. With the ex-
ception of collapse and excessive hyperæmia of the
bases of both lungs, the other organs were healthy.

The particulars of the second case were not com-
municated in detail. It was stated that the patient,
an adult male, aged 42, was admitted into hospital
on the second day of the disease, and died on the
tenth day. After the usual initial symptoms, rigor,
vomiting, intense headache, and pain in the back of the
neck, the patient became delirious, and subsequently
passed into a state of stupor, from which he could
be roused without difficulty. Dyspnœa came on about
the seventh day, and gradually increased till death.
In this case, as in the other, there was little pain, ex-
cepting when the patient was raised in bed. The head
was constantly retracted; but there was no tetanic
contraction of the muscles of the nape. The charac-
teristic eruption of herpes labialis appeared on the
seventh day.

The *post mortem* appearances, as regards the brain
and spinal cord, resembled those already related,
with the exception that here there was very little
exudation on the base of the brain, but a consider-
able deposit on the pia mater covering the upper sur-
face of the cerebellum, from which point it extended
forwards to the velum interpositum.

In answer to questions, Dr. SANDERSON stated that
the facts observed at Dantzic afforded no ground for
believing that the disease was communicable from
person to person, or that it had anything in common
with typhus fever, excepting in so far as each disease
was no doubt dependent on a specific poison; that
no eruptions resembling those of typhus or typhoid
fever were observed; that impairment of the respir-
atory function was usually the immediate cause of
death; and that, in general, the blood was found un-
coagulated after death. In two cases, the spleen
was excessively hyperæmic and soft as in typhus.

Dr. MURCHISON'S attention had been devoted to
the subject of epidemic cerebro-spinal meningitis
long before the epidemic at Dantzic had been heard
of. He thought that the appearances described by
Dr. Sanderson left no doubt as to the existence of in-
flammation of the membranes of the brain and cord
in the specimens which he had exhibited. But the
important points to determine were, whether this in-
flammation was primary, or whether it was merely a
local complication of some general abnormal condi-
tion; and, in the latter case, what was the real na-
ture of the primary disease. Most pathologists ad-
mitted that there was such a disease as primary
inflammation of the brain and cord independent of
tubercle; but all practitioners knew full well that the
disease was extremely rare; and that, when the
lesions in question were found after death, they were
most commonly due to some blood-disease. Dr.
Murchison had found these lesions in cases of typhus
fever, (see *Lancet*, April 22nd), scarlet fever, and
pyæmia; and a gentleman was present who had
found similar appearances in a large number of cases
of yellow fever. When, therefore, we heard of so
many as 1,200 persons dying of this affection in
Dantzic and its neighbourhood within a few months,
there could be no doubt that the lesions of the ner-
vous centres were secondary to some general disease
of the system. The question then was, What was
this general disease? Was it, as had been stated, a
disease which of necessity gave rise to inflammation
of the cerebro-spinal membranes, and which had
scarcely before been known in Britain? Dr. Mur-
chison believed not.

The epidemic at Dantzic had been stated on good
authority to be the same as the "epidemic cerebro-
spinal meningitis" which had been described by many
French and American writers, and which had been
so common in America during the present war. As-
suming this to be the case, we had ample materials
for forming an opinion. Dr. Murchison had studied
the accounts of these epidemics with great care, and
had come to the conclusion that it was more than
probable that most of them—he did not say all—
were typhus fever complicated with meningitis, such
as he had witnessed at the London Fever Hospital.
This opinion, moreover, was the same as that held
by some of the highest authorities on fever in America
and France, such as Drs. Upham and Gaultier de
Claubry. The signs of inflammation of the mem-
branes of the brain were as marked in the American
cases as at Dantzic; but this important observation
had been made in America, that these signs were not
always present, even in cases where their existence
had been suspected from the previous symptoms.
The other *post mortem* signs were those of typhus;
viz., a fluid condition of the blood, enlargement and
softening of the spleen, and hypostatic congestion of
the lungs. Dr. Murchison would be glad to know
what was the condition of the blood, the spleen, and
the lungs, in the cases observed at Dantzic. A rash

had also been noted in a large number of the American cases, many of the descriptions of which corresponded in every particular with the eruption of typhus. (See *Lancet*, April 22nd, p. 418.) The etiology of the two diseases constituted another most important point of resemblance. Both in America and on the continent of Europe, the intimate relation between the occurrence of epidemic cerebro-spinal meningitis and overcrowding, with bad ventilation, had been a matter of general observation. If this remark did not apply to the Dantzic epidemic, then it differed not only from typhus, but from most epidemics of cerebro-spinal meningitis on record.

Dr. Murchison then proceeded to notice some objections which might be raised to his view of epidemic cerebro-spinal meningitis.

First, he had heard it said that the symptoms and whole course of the disease differed from those of typhus. After considerable experience in typhus fever, he could not assent to the soundness of this argument; and it must be borne in mind that typhus fever complicated with meningitis presented different symptoms from typhus not so complicated.

Secondly, it might be argued that inflammation of the cerebro-spinal membranes had been the rule at Dantzic and elsewhere, whereas in English typhus it was undoubtedly a rare exception. But it had been shown that in the so-called "epidemic cerebro-spinal meningitis" of America, cerebro-spinal meningitis was not always present, and with this fact before him, Dr. Murchison was not prepared to admit that six or eight autopsies, which were all that had been made out of 1200 fatal cases, were sufficient to decide the question in reference to the Dantzic epidemic. A more important fact remained to be stated. Outbreaks of undoubted typhus had been known to occur in England, in which almost every fatal case had been complicated with cerebral meningitis. About thirty years ago, a remarkable outbreak of this sort had occurred in an asylum for seamen in the East of London. The epidemic was described by the late Dr. Roupell, the author of an excellent work on typhus. Dr. Roupell's description of the rash and of the other symptoms made it clear that the fever was typhus. Many of the cases proved fatal, and they were dissected and recorded by an eminent pathologist, Mr. George Busk, who had assured Dr. Murchison that Dr. Roupell's description was perfectly correct, and that in almost every one of the cases lymph or pus was found on the surface of the brain.

Thirdly, it had been stated that there was no evidence of the disease at Dantzic being "personally communicable." Contradictory statements, however, had been made on this point, and it was worthy of consideration that many cases had proved fatal at Dantzic before the stage at which typhus probably becomes contagious. The communicability of typhus varied greatly according to circumstances. Dr. Christison and the late Dr. Alison had attended upwards of 280 cases of typhus in private houses, and in only one instance had the disease spread. Few medical men, however, would be induced by this fact to subscribe to the opinion of some persons, that typhus was not contagious. But after all, if the disease at Dantzic was not communicable, then it unquestionably differed from many of the epidemics of cerebro-spinal meningitis, already on record.

Lastly, it had been argued that typhus was unknown at Dantzic; but one of the most frightful epidemics of typhus ever known had occurred there, and it was a remarkable fact that the present epidemic had appeared almost simultaneously with an epidemic of typhus and relapsing fever in the adjacent country of Russia.

In conclusion, Dr. Murchison observed that, if he had ventured to express his views in opposition to those of his friend Dr. Sanderson, he had done so solely with the hope that by free discussion light might be thrown on a disease, which still required elucidation.

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

The Medico-Chirurgical Society met on Wednesday, April 5th, in their Hall in George Street. After the exhibition of pathological specimens, Dr. J. B. Tuke, the recently elected Superintendent of the new Fifeshire Asylum, read a most interesting and valuable paper on Puerperal Insanity. The paper was based upon the statistics of 155 cases of the disease which have occurred during the last eighteen years in the Edinburgh Asylum. These cases having, at the time when they occurred, all been most accurately recorded in the asylum case-books, the deductions from them are of such a nature as to be fully relied on. Dr. Tuke remarked that the greatest confusion had been caused by the practice which had prevailed of classifying, under the one general term of puerperal insanity, all cases of insanity occurring during pregnancy, during the puerperal state, and during lactation. Differing greatly in its etiology, insanity occurring at these different periods manifests differences in form; and differences, it would appear, also exist in the results of treatment.

Dr. Tuke arranged his facts under the three heads of insanity of pregnancy, puerperal insanity, and insanity of lactation. During the period over which the statistics of Dr. Tuke extend, the proportion of cases of so-called puerperal insanity (using the word in its old and usually accepted sense) admitted into the asylum, was 7.1 per cent. of all female cases. Of the 155 cases, 28 were instances of the insanity of pregnancy, 73 were cases of true puerperal insanity, and 54 were cases of the insanity of lactation.

The most usual form of the insanity of pregnancy appears to be melancholia, mania occurring comparatively rarely. Of Dr. Tuke's 28 cases, 15 were instances of melancholia, only 2 of mania.

Moral insanity he pointed out to be not unfrequent during pregnancy, the most frequent form of it being dipsomania. Insanity appears to supervene much more frequently during the first than during any subsequent pregnancies. Of 28 cases of the insanity of pregnancy, 9 occurred during the first pregnancy. Insanity seems to occur at those periods of pregnancy which have generally been looked upon as most critical. Of 28 cases, 3 occurred during the third month, 5 during the fifth month, and 9 during the seventh month. Hereditary tendency exerts great influence on the production of the insanity of pregnancy; for, in 12 out of the 28 cases, hereditary predisposition was ascertained to exist.

The immense majority of patients affected with the insanity of pregnancy recover; of the 28 cases,

l recovered. The results most to be feared are that ne attack shall become chronic or pass into de-ıentia.

Under the term puerperal insanity, Dr. Tuke in-luded 73 cases; and in only two of these did the ymptoms develope themselves at a later period than month after labour. It appears, from his researches, hat acute mania is undoubtedly the most frequent ›rm of insanity observed at this period. Of 73 ases, 53 were acute mania, only 15 being cases of ıelancholia. First confinements appear to be most :equently complicated by puerperal insanity than y others; the tendency to the disease decreasing ıith every succeeding pregnancy. Of 73 cases, 31 ccurred during the first confinement. Age exerts a ›owerful predisposing influence; there being a .ecided increase of liability after 30 years of age. 'omplicated labours powerfully predispose to it.

In 23 out of 73 cases, the labour was in some degree omplicated.

Dr. Tuke pointed out that the results of treatment f this form of insanity were usually most satisfac-ory; the great proportion of cases being discharged ured within a period of six months after admission. .he mania in these cases is usually very violent; but s not of long duration. When it lasts longer than our or six weeks, recovery is doubtful. After the .cute mania has subsided, slight symptoms of de-nentia usually set in; these, however, soon pass off, ınd the patient appears as if waking from a long lream.

The number of cases of the insanity of lactation vas 54; of which 39 recovered, 12 became demented, ınd 1 died; two remaining under treatment. The ısual form of insanity is melancholia; 39 out of the 54 having been cases of this form of insanity. The ›atients were, as a rule, anæmic; many suffered from :xophthalmia.

After the conclusion of Dr. Tuke's paper, Dr. Sanders shewed a most interesting case of a rare form ›f nervous disease to the Society. The subject of it s a man, about 35 years of age, who is affected with ı remarkable disorder of the voluntary movements. When the patient is kept perfectly quiet, as during :he night, nothing is noticeable. If caused to move, ›r in any way agitated, the most violent oscillating ınd somewhat rhythmical movements of nearly all the muscles of the body, with the exception of those of the face, take place. If the patient attempt to walk, these movements are so excessively violent that he nearly falls, and when he reaches a seat he can only with difficulty maintain himself in a sitting posture. Dr. Sanders pointed out that there was no paralysis of voluntary movements and no loss of muscular power; none of the sensory functions are in the slightest degree implicated. There is no tenderness over the spine; no affection of the heart.

The history of the patient is a curious one. Some months since, he fell from a height of twelve feet and sustained certain injuries, from which he recovered; no disorder of movements having made its appear-ınce. A few days after returning to his work, he again fell, and, although not injured, appeared to sustain a great fright. He immediately began to shake so violently that those who saw him thought him to be in a fit. These shaking movements have since continued.

In his very excellent and learned commentary on this case, Dr. Sanders maintained that the disorder was most probably only a functional one. He pointed out that the affection had no real resemblance to paralysis agitans, as might, at first sight, have been supposed. Besides there being no loss of muscular power in this case, there is a total absence of the scelotyrbe festinans, the bending forwards of the trunk, which, as Parkinson showed, is an essential feature in paralysis agitans. The case differed, Dr. Sanders likewise pointed out, from chorea, in the movements being rhythmical and not irregular, and in the muscles of expression being free from disordered movement. Although differing, to a certain extent, from chorea, the disease was one closely allied to it; and should be placed along with that class of nervous disorders which had been named by Galen and Sylvius *tremores*—a term which has been also used by Romberg, and serves as a link between the diseases which may be arranged under the terms paralysis and convulsions. Dr. Sanders suggested, that the disease affecting the patient which he had shewn to the Society might perhaps be conveniently named pseudo-paralysis agitans, or dystaxia agitans.

It is stated, that Dr. Pritchard's trial may possibly take place on Monday, May 8th. It is, however, doubtful whether the law-officers of the Crown will be able to get up the case by that date; if not, the trial will be postponed until the end of June or the beginning of July.

In a few days' time, Dr. Douglas Maclagan will commence his duties in the Royal Infirmary as Professor of Clinical Medicine.

Note on Tobacco Smoking. Tobacco smoking is a process of *distillatio per decensum*, in which the vapours of the substance submitted to distillation, are not, as is usually the case, caused to descend by their own tension, but by the the downward flow of a current of air, induced by the continuous production of a partial vacuum beneath the distilled body. The air which enters the mouth of a pipe issues from its stem after passing through a layer of ignited tobacco, carrying with it, among other things, watery vapour, carbonic acid, and nitrogen, together with the vapours of, or the products of the action of heat on, nicotine, a gummy matter, a resinous body, and a bitter principle. If the contents of a pipe be partially smoked and then examined, three distinct layers will be found. The first and uppermost consists of the ash of tobacco; the second consists of carbonised tobacco—that is to say, of tobacco which has been submitted to the action of heat sufficiently intense to cause its volatile parts to pass away, but not sufficiently intense to cause the oxidation of its carbon; the third layer consists of tobacco unacted upon. If a pipe is smoked by means of an aspirator, and the distillate examined, the smoke is found to be alkaline, and a quantity of water collects in the recipient, in which are suspended dark flakes of brown matter, and upon which an amber-coloured oil floats.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of this Branch will be held at the Rose Hotel, Canterbury, on Thursday, May 11th.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary. Robert L. Bowles, L.R.C.P.,

Honorary Secretary.

Folkestone, April 24th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The fourth meeting for the eighth session, 1864-65, was held at the Committee-room of the Union House, Dartford, on April 28th; Flaxman Spurrell, Esq., in the chair. Twenty members and visitors were present.

Withdrawal of a Member. Albert Hind, Esq., of Gravesend, sent in his resignation.

New Member. Augustus Ward Allinson, Esq., of Woolwich, was elected a member, subject to the regulations of the Association respecting confirmation at the Branch annual meeting.

Communications. The following communications were read.

1. Case of Fibrous Disorganisation of the Pylorus. By John Grantham, Esq.

2. Case of Tracheotomy performed in Laryngitis. Laryngoscope employed in this case. Expulsion of a piece of mutton-bone by cough; presumed to have fallen into the larynx after the operation. By C. H. Allfrey, M.D.

3. Morbid Specimen of Cancer of the Prostate, from a subject in which there was Cancer of the Liver. In the spongy portion of the urethra there was cancerous deposit, superficial in position and slight in amount. By J. Cooper Forster, Esq.

4. Morbid Specimen of Epithelioma of the Cervix Uteri removed by the *Ecraseur* Seven Weeks after Parturition. By J. Braxton Hicks, M.D.

5. Demonstration of the Use of the Spiroscope. By A. Gardiner Brown, Esq.

6. Demonstration of the Use of the Laryngoscope. By C. H. Allfrey, M.D.

7. Demonstration of the Use of the Ophthalmoscope. By Chas. Bader, Esq.

Next Meeting. Adam Martin, M.D., was elected chairman of the meeting to be held at Rochester in September.

Dinner. The members and visitors adjourned to dinner at the Bull Hotel.

A Pilferer's Death. An inquest has been held on the body of a labourer at Fenning's Wharf, who came by his death in a terrible manner. Daniel Crummings stated that deceased came to him and asked if a "drop" could be got out of some casks which they both supposed contained brandy or wine. They both had a "suck at the monkey," as it was called, and while the witness was somewhat burnt in the inside by what he took, the other man died in a few hours. Mr. Arkless, the Custom-house gauger, said the spirit in the cask sucked by deceased was pure Hamburgh spirit 66·8 over proof, and was, in fact, "liquid fire." It was shown by the evidence of Mr. Lacey, a surgeon, that death was caused by the collapse.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

April 6th, 1865.

James Hakes, Esq., Vice-President, in the Chair.

Ovarian Disease. Dr. Wilson showed a specimen.

Foreign Body in the Female Bladder; Calculus. Dr. Grimsdale narrated the following case. A young lady, aged 15, full grown, and somewhat prematurely developed, commenced in July 1864 to complain of pain during micturition. She became hysterical, and was suspected to be guilty of masturbation. She would not, however, submit to a thorough examination until a fortnight ago, when Dr. Grimsdale was called to see her in consultation. She was placed under the influence of chloroform; and, on introducing a sound into the bladder, a foreign body was at once detected. There was a considerable tumefaction in the neighbourhood of the pubes, but rather to the left side; it was hard, and rather suggestive of being some growth connected with the symphysis. On the following evening, the patient being under the influence of chloroform, Dr. Grimsdale proceeded to operate. The urethra was rapidly dilated with Weiss's instrument, and the finger introduced into the bladder, when it immediately came upon a hair-pin abundantly covered with a phosphatic concretion. The pin was of an unusual length; and the point penetrated the coats of the bladder in a position corresponding to the tumefaction already noticed. The pin was then seized by a pair of forceps, and the concretion broken off it; but it was found quite impossible, by reason of its great length, to turn the pin in the bladder for the purpose of seizing its curved extremity; and it was consequently necessary to extract it point forwards through the urethra—a rather difficult proceeding. On the second day after the operation, the patient was able to pass water voluntarily, and she soon made a complete recovery. On measuring the hair-pin, each prong was found to be exactly four inches long. The indurated spot felt near the symphysis was doubtless caused by inflammatory action; an effort of nature to expel the foreign body through the parietal walls. All this entirely subsided in a few days. Dr. Grimsdale concluded his remarks by advocating rapid dilatation of the urethra in the treatment of these cases.

Dr. Balman, Dr. Nottingham, the President, Mr. Steele, and Dr. Telford, took part in the discussion.

Vaccinogenous Cows. Dr. Warlomont of Brussels is forming an establishment for keeping cows to supply vaccine matter; or, as they are called, vaccinogenous cows.

Increase of Nations. Official returns lately issued show the rate at which various countries increase and multiply. In Great Britain in the year 1862 a living child was born to every 28 persons. In France (1861), only one child to every 37 persons; Austria (1862), one to every 42; Prussia (1860), one to every 25; Belgium (1861), one to every 32; Sweden (1859), one to every 29; Denmark and the Duchies (1862), one to every 31; Bavaria (1861), one to every 29; Hanover (1861), one to every 31; Spain and Balearic Islands (1861), one to every 25; Greece (1860), one to every 35; Chili (1862), one to every 24.

Correspondence.

MEDICAL ETIQUETTE.

LETTER FROM WILLIAM THELWALL, ESQ.

SIR,—Will you oblige me by publishing the following in your JOURNAL? I am, etc.,

W. THELWALL.

Farndon, Cheshire, April 3, 1865.

I was called on Monday, March 13th, to visit a gentleman who was thrown from his horse. On the following day, a consultation being desired, I wrote to Dr. McEwen and Dr. Dobie; but, both being from home, the messenger brought Dr. Waters, who arrived about 5 P.M. Dr. Waters wished to see the patient again the same evening, and came about 11 P.M., bringing with him another practitioner, Mr. John Harrison. I need not say how astonished I was, as no one ever asked Dr. Waters to bring any one with him. The brother of the patient remarked to me at the time the intrusion of a stranger, and seemed much annoyed. After examining into the case, they went to the other side of the room and conversed together *sotto voce*. They came the following day, and, indeed, continued their attendance until the death of the poor fellow on the Friday following.

The same evening (Friday), Dr. Waters wrote a letter to me, wishing to obtain a *post mortem* examination. Mr. Eden, a retired practitioner and friend of the family, who had remained at the inn during the week that Mr. —— was ill, forwarded the letter of Dr. Waters; and he (Mr. Eden), who remained in Chester all day on Saturday, received a telegram that the friends were agreeable.

Dr. Waters and Mr. John Harrison, forthwith proceeded to Churton, where the body lay; and, at 5 P.M., made a *post mortem* examination, without in any way communicating with me, which they could easily have done in twenty minutes.

About 10 P.M. the same evening, Mr. Eden came to my house, and informed my son that a *post mortem* examination had been made. This was the first intimation I had of the matter.

Mr. Churton, the coroner, had informed Mr. Eden that an inquest would be held; but, in spite of this, the examination was made.

I subsequently received a note from Dr. Waters, from which I extract the following remarks.

"Nicholas Street, Chester, March 23rd, 1865.

"Dear Sir,—I find that I and Mr. Harrison got into trouble with the coroner and annoyed you by the *post mortem* examination of our poor patient. I was not aware that I was doing any wrong towards the coroner; and as I would not willingly be guilty of any discourtesy towards you, I write this note to explain how it happened that the *post mortem* examination was so suddenly performed. I wrote to you, intimating my wish that it should be permitted, feeling assured of the existence of more internal mischief than met the eye or was apparent on the surface.

"As for the *post mortem* examination being performed in your absence, I wrote to you as the proper person to move in the matter. The following morning (Saturday), Mr. Eden called on me, and said that he had no doubt the request would be granted; that my letter had been sent to the father; and that they expected a telegram conveying assent. I then asked when it might be done; he replied, that the mother would object to it on Sunday. I then proposed 5 P.M. for leaving Chester, and that was arranged; for we assumed that the consent would be given. I left all arrangements respecting you to Mr. Eden, on the supposition that you and he must have spoken together on the subject.

"On arriving at Churton, you were not there. My impression was, that you did not care to be present. Mr. Harrison and I decided on Saturday as being free to go. I am very sorry if you think I have been in any way wanting in courtesy to you. I should be truly sorry to be guilty of it.

"The *post mortem* examination was suddenly decided on in Chester. It appears that there was no way of communicating with you; for, until Mr. Eden mentioned it, I did not suppose you were waiting to be summoned. Had any of us thought so, we should not have neglected it.

"Believe me, yours truly,

"EDWARD WATERS."

THE COLLEGE OF PHYSICIANS.

SIR,—The time has long gone by when the Fellows of the Royal College of Physicians thought that, by separating themselves from the great body of practitioners of this country, they enhanced their own status. The fact of the College having appointed a Committee to investigate the alleged grievances of their brethren in the army and navy is a sufficient proof that they consider that they have common interests with that large body of excellent, deserving, and, I regret to say, ill-used body. Carefully as that Committee has investigated the charges brought against high authorities, we have full assurance that the general rumours and allegations have not been exaggerated, and that the College has not been engaged in seeking out a mare's nest. There may possibly be among us dissentients as to the exact method to be pursued in redressing the grievances complained of; but I apprehend there can be none as to the justice of the cause we are engaged in, and the propriety of this ancient corporation seeking to ameliorate the condition of those to whom the health and strength of the British army are mainly entrusted.

The greatness of our College is secured from the moment that the entire medical profession are made to feel that the same pulse beats in all, and that an injury done to one of its members is reflected by the vigorous action at once called forth in this ancient corporation.

This, sir, is not a mere abstract question of right and wrong, which can be disposed of by an argument of debaters; it is not one merely of professional etiquette and sensitiveness. I place it on the still broader ground of national importance; and I call upon the Fellows of the College to make it their own personal question, because they are Englishmen, as well as medical men.

Far be it from me to underrate any portion of the material of which the British army is composed; but the higher my estimate of all its constituents is, the higher necessarily becomes that of the medical department, upon which, above all others, the efficiency depends. I will not weary you with statistical details as to the former and present mortality of the two services; but I may remind you of the great fact that, owing to the sanitary improvements which our professional brethren have introduced, the mortality in the army has been reduced during the last few years from an average much above that of the general population to a level with the healthier rates prevailing in the latter. If, then, so much depends, for the daily comfort and the fighting efficiency of our troops, upon the due surveillance of the medical

officer, what justification can be offered for the habitual and contemptuous disregard of his feelings of which he has so long and justly complained? The curriculum through which the military surgeon passes is as expensive as that of the average combatant officers; his intellectual calibre is equal, at all events; and his devotion to his high calling is unquestioned. And I maintain that the estimation which the medical officers generally enjoy among their messmates is not in any way calculated to justify the snubbing which dukes and lords in authority are wont to give them. Who is the man that, in the intimate relations of every-day regimental life, is the most generally popular and beloved, but the medical man? It is, indeed, surprising that the Horse Guards have not more completely debarred men from taking medical appointments; and it shows that social influences and social qualities have even more power than "general orders" and "minutes".

But, for the sake of argument, let me admit that the medical officers of the army are socially inferior to the other officers. What follows? It appears to me that it renders action on the part of the medical corporations all the more imperative, in order to secure the entrance of a class of men who shall be able in every way to occupy a better social position. Mind, I do not admit the implied inferiority, except in certain well known cases which the Director-General has himself created. But, if it exist, it reacts injuriously upon every one of us; and it is this aspect which I would implore those Fellows to ponder upon who think the medical officers of the army a section of the profession with whom we have no concern. If the army surgeon be of an inferior mould, the estimate in which he is held by his brother officers will influence the estimate in which we are held by the aristocratic families from which some of the combatant officers are drawn. It operates injuriously upon our social relations, and upon our power for good as professional men. We may not generally perceive this in private life, because not brought up with the feelings of the paramount importance of military rank and precedence, or rather because, belonging to that large body of the public in which seniority and talent are the only patents of precedence, we determine our social status in a different way. But there are few among us who may not have had occasional opportunities of receiving the cold shoulder where the "doctor" alone was in consideration. I am confident that, throughout the upper classes of society, a secret misgiving haunts the majority of its members that the title of Doctor rather diminishes than increases a man's claims to consideration. I do not mention this except as an argument in favour of our doing all we can to raise the social status of the army and navy medical officers.

Let us now for an instant consider how important to the individual medical officer the "apparent trifles" are which form many of the subjects of complaint. Reflect that his intercourse is confined to men whose whole life is more or less under the control of artificial distinctions of rank. He cannot, if he would, emancipate himself from all those petty annoyances which a want of due respect in the hundred occurrences of daily life may cause him. If we meet with derogatory treatment in a patient's house, which scarcely ever happens, we have our own remedy. The army medical officer is isolated, though living with messmates, unless they show him the regard due to his rank, and unless he feels that he is able, if necessary, to enforce it. The army medical officer's happiness is bound up with the exact place assigned to him at mess, at courts of inquiry, at all public and festive occasions. He pays all the dues of his nominal rank, and he receives but a portion of the corresponding advantages; and though often the recipient of the Victoria Cross, and though he saves the life of thousands by good advice, and of his commander-in-chief by the edge of his good sword; though it lies with him to render the army efficient or inefficient, according as he places the camp, or the barrack, or hospital, or attends to the quality of the food and what not; although he is expected to do, and does, all this, still forsooth he is not to be treated with the common justice which every Englishman can claim. He is promised one thing, and receives, as fulfilment of a promise upon which he has staked a life's venture, reduced pay and allowances, diminished honour, diminished hope and self-esteem. Let us not be parties to such a system. *Sed contra*—I say to every Fellow of our College—*sed contra fortior ito!*

I am, etc., A Fellow.

May 1865.

THE BROMIDES IN EPILEPSY.

Letter from T. Hillier, M.D.

Sir,—As, in the last two numbers of your Journal, reference has been made to the employment of bromide of potassium for epilepsy, it will probably interest some of your readers if I give a short sketch of two cases recently under my care in the Hospital for Sick Children.

Case I. A. B., aged 5 years, had had fits since October 1863. At first they lasted less than half a minute, and appeared to consist simply in a feeling of giddiness. Latterly they had increased much in frequency and length, lasting two or three minutes. They were attended with unconsciousness and loss of power; so that the patient would fall, if in a standing posture. There was some rigidity of the limbs during an attack; no lividity, and no foaming. The fits occurred eight or ten times in every twenty-four hours. She was slightly drowsy after the fits, three of which often occurred in rapid succession. Her head was usually drawn to the left in the fits. She was admitted to the hospital on June 4th, 1864. She had during the next five days from eight to fourteen attacks each day. I then gave her five grains of bromide of potassium in water every two hours night and day—*i. e.*, a drachm in twenty-four hours. There was no marked result until June 16th, the fits occurring, on the average, to the number of eighteen in twenty-four hours. I then increased the dose of bromide from five to seven grains every two hours. On the 17th, she had nineteen fits; on the 18th, thirteen; on the 19th, only seven; on the 20th, two; for three following days, one daily; on the 24th, two; on the 25th, one; and after this none. The bromide had no bad effect upon her. She soon after this had a mild attack of measles, but no fits. I heard of her in January last. She was without an attack until Christmas-day, when, after eating a great deal of plum-pudding, mince-pies, etc., she had one severe attack.

Case II. M. A. M., aged 6 years, had had fits for three years and a half. They had latterly become extremely frequent, sometimes twelve in an hour. The fits now seen began with rigidity, and ended by convulsive movements. She was unconscious throughout. When admitted, she could not raise herself in bed; nor sit up when raised, her head falling backwards or forwards. The left arm was almost absolutely paralysed. She could not raise either of her legs from the bed, nor stand. On December 22nd, I gave her ten grains of bromide of *ammonium* in water every two hours, or two drachms in twenty-four hours. On the 23rd, she had twenty-nine fits; on the 24th, she had sixteen fits; on the 25th, five

; after which *she did not have another*. On Jan. l, she was ordered to take the bromide every six urs only, and one drachm of cod-liver oil three ies a day. On January 6th, the bromide was itted. From this time she steadily improved; ld sit up and stand on January 16th; could walk the 25th; and on February 8th appeared quite ll. Her intellect, which had been very dull, was ch improved. She was then discharged, and I ve not heard of her since.

There can be little or no doubt, in those cases, it very great benefit was derived from *very large* es of bromide of potassium in one, and of bromide *ammonium* in the other. The doses were larger n were given by M. Moreau in adults. I am satisl that this drug does not suit all cases of epilepsy; t that it has a remarkably beneficial effect in ers there can be no question. It will be a point future observation to determine to what special es it is suited. If any of your readers have cases ilar to those which I have sketched under their e, I hope they will give a trial to large doses of e of the bromides.

I am, etc.,

THOMAS HILLIER, M.D.,

Physician to the Hospital for Sick Children.

32, Queen Anne Street, Cavendish Square, May 1st, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The lowing gentlemen, having undergone the necessary minations for the diploma, were admitted mems of the College at a meeting of the Court of aminers, on April 26th.

Adams, Josiah Oake, Plymouth
Brigstocke, Charles Arthur, Carmarthen
Bywater, Thomas Edward Gaggs, Knottingley
Clothier, Henry, Haslemere
Gray, John Henry, Poplar
Grose, Francis John, Bengal
Haward, Frederick Robertson, Halesworth
Hyland, James Kieran, Dublin
Langley, John Thomas, Monmouth
Leake, Jonas Richard, Upper Norwood
Peacock, James Bailey, Leeds
Phillips, Edward England, Bath
Rix, Richard Avery, Beccles, Suffolk
Rogers, Henry Cripps, Newport Pagnell
Rundle, Henry, Plymouth
Spencer, George Outhwaite, Notting Hill
Spooner, Edward Monro, Blandford
Wells, James, Nailsworth
Westmorland, Joseph, Leeds
Wiles, William, Wootton-under-Edge
Williams, Richard Morgan, Merthyr Tydvil
Wright, John Harrington, Woolwich

the same meeting of the Court—

Broster, Edward Brereton, H.M. Dockyard, Woolwich
Bickford, Thomas Leamant, H.M.S. *Fisgard*, Woolwich, passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College: their diplomas bearing date respectively June 15th, 1855, and March 19th, 1858.

mitted on April 27th—

Allen, Bryan Holme, London
Beck, Robert Croft, Louth, Lincolnshire
Cole, Edward Francis Jenkins, St. Helena
Cullingworth, Charles James, Leeds
Garnsey, Edwin Charles, Wells, Somerset
Griffiths, Richard Samuel Purnell, Cheltenham
Hackney, John, Myddelton Square
Hampshire, Frederick Knowlton, Kensington
Jones, William Griffith, Llanelly, Carmarthen
Knott, Sydenham John, Jamaica
Lamb, George, Hull
Lucas, Herbert, Hitchin, Herts
Nunneley, Frederick Barham, Burton-on-Trent
Place, Thomas Lloyd, Wickham Market
Rendle, George, Newington Causeway
Thompson, Joseph, Nottingham
Thurgar, Benjamin Bingay, Torquay, Devon
Tidswell, Thomas Harrison, Spalding
Treves, William Knight, Dorchester
Webb, John Holden, Tunbridge Wells

APOTHECARIES' HALL. On April 27th, 1865, the following Licentiates were admitted:—

Dick, Thomas, Harrington, Cumberland
Fernie, James, Kimbolton, Huntingdonshire
Haydon, Nathaniel Thomas John, Bovey Tracey, Devonshire
Hoffmeister, William, Cowes, Isle of Wight
Hyatt, Brownlow North, Doughty Street, Mecklenburgh Square

At the same Court, the following passed the first examination:—

Arundell, Shirley Woolmer, General Hospital, Birmingham

APPOINTMENTS.

ANNANDALE, Thomas, Esq., elected Assistant-Surgeon to the Royal Infirmary, Edinburgh.

*BILLING, Archibald, M.D., F.R.S., elected Consulting Physician to the Dispensary for Diseases of the Throat.

*FRASER, Patrick, M.D., elected Physician to the Dispensary for Diseases of the Throat.

BIRTH.

AUBIN. On April 26th, at Kingswinford, South Staffordshire, the wife of *Thomas J. Aubin, M.D., of a son.

MARRIAGE.

ELLISTON—POTTER. On April 27th, at the Parish Church, Dartford, *W. A. Elliston, M.D., second son of the late Wm. Elliston, Esq., Surgeon, of Ipswich, to Janet, youngest daughter of R. E. Potter, Esq., of Dartford, Kent.

DEATHS.

KENNY, Mason S., M.D., late of Halifax, at Ballinrobo, aged 77, on April 25.

SAWYER, John J., Esq., Surgeon, of Park Street, Grosvenor Square, on April 14.

DINNER TO SIR JOSEPH OLIFFE. On Saturday last, a dinner was given in Paris to Sir Joseph Oliffe. Lord Gray presided; and Lord Cowley, the Hon. W. Grey, the Hon. Spencer Cowper, Mr. Falconer Atlee, and others, were present.

PRESERVATION OF LEMONADE. The spontaneous change which this liquid undergoes prevents its being kept longer than a few days. It is suggested by M. Ladi to employ the sulphite of magnesia as a means of preserving it for a longer time; the gradual oxydation by which it becomes converted into the sulphate of magnesia appearing to prevent the alteration. A small quantity only is said to be sufficient. (*Amer. Jour. Phar.*)

HOSPITAL FOR WOMEN. Her Royal Highness the Princess of Wales has graciously signified her pleasure to become the patron of the Hospital for Women, Soho Square, and has given a donation in aid of the proposed new wing. The rate of mortality of medical cases was 7 per cent.; viz., of males, 9·5 per cent.; of females, 2·4 per cent. The rate of mortality of surgical cases was 6·3 per cent.; viz., of males, 6·4 per cent.; of females, 6 per cent.

BELFAST. The sanitary condition of Belfast is not so bad as that of Cork, but it is far from being satisfactory. At a meeting of the Building and Hospital Committee of the Union, Dr. Reid thought that the epidemic raging in Russia was the same as they often had in Belfast—spotted fever, typhus, and relapsing fever. Consequently, he did not think it necessary to alter their arrangements. Mr. Tierney thought the epidemic might be attributed to the bad food people got in Lent. The epidemic was a humbug. What the poor wanted was a good supply of water. The streets were in a disgraceful state, with pools of water lying before the doors. Dr. Mapother had given the mortality per 1,000 in six places in Ireland, and Belfast stood pre-eminent for the greatest mortality—the rate being 28·9, while in Dublin it was only 24·6.

THE HÔTEL-DIEU. In 1313, under Philippe le Bel, the deaths in the Hôtel-Dieu amounted to eighty a day; and not very long since four and even six patients were placed in one bed in that hospital. The new hospital will cover 22,000 yards. It will contain 716 beds in eighteen halls, containing six beds each; nineteen, containing six beds each; three, from ten to twelve beds; and eighty-four rooms, containing from one to two beds, all supplied with 100 cubic metres of fresh air by the hour for each bed.

UNIVERSITY OF LONDON. The Senate, at a meeting held on April 26th, elected the following gentlemen as Examiners for the ensuing year, commencing on the 1st of July next. *Chemistry:* Henry Debus, Ph.D., F.R.S.; and Professor A. W. Williamson, Ph.D., F.R.S. *Botany and Vegetable Physiology:* Rev. M. J. Berkeley, M.A.; and Thomas Thomson, M.D., F.R.S. *Practice of Medicine:* Professor Edmund A. Parkes, M.D., F.R.S.; and Francis Sibson, M.D., F.R.S. *Surgery:* Professor John E. Erichsen; and John Hilton, Esq., F.R.S. *Anatomy:* Professor Geo. V. Ellis; and Professor Peter Redfern, M.D. *Physiology, Comparative Anatomy, and Zoology:* Professor Thomas H. Huxley, Ph.D., F.R.S.; and William S. Savory, M.B., F.R.S. *Midwifery:* John B. Hicks, M.D., F.R.S.; and William O. Priestley, M.D. *Materia Medica and Pharmaceutical Chemistry:* Frederick J. Farre, M.D.; and Samuel O. Habershon, M.D. *Forensic Medicine:* Professor William A. Guy, M.B.; and William Odling, M.B., F.R.S.

THE GARRISON HOSPITAL AT CHATHAM. The range of buildings hitherto used as a garrison hospital for the troops of the line at Chatham being no longer required for that purpose, in consequence of the hospital at Fort Pitt being sufficiently large for the entire garrison, orders were some time since received from the War Office directing the conversion of the garrison hospital into quarters for the troops of the infantry regiments at that station. The building so appropriated has been completed, and handed over to the officials connected with the barrack departments. The hospital will provide accommodation for 350 men, twelve in each room. All the separate barrack-rooms into which the building has been divided are light, lofty, and exceedingly well ventilated both by day and night. Each room is lighted with gas, and there is an abundant supply of water for the troops to whom the quarters are appropriated. The buildings have been inspected, prior to the troops taking possession of them, by Major-General Sir Robert Walpole, K.C.B., and the other officers of the staff of the garrison.

THE SCOTCH LAW OF LUNACY. At Aberdeen lately, an old man was found guilty of murder. He pleaded guilty twice over; but the case was proved, nevertheless, as if he had not pleaded at all. The defence set up was insanity; and it did appear that the prisoner had fallen into ill health and become subject to epileptic fits, and entertained delusions as to his property. The Lord Justice Clerk told the jury that a delusion did not relieve him from criminal responsibility, unless the act of murder could be traced to this delusion. The result of it would be to make most inmates of lunatic asylums criminally responsible. The Lord Justice Clerk also distinguished between bodily and mental disease; but where the one begins and the other ends he did not say, and no man knoweth. The jury seem to have been satisfied with his distinction; for nine of the fifteen thought there was not sufficient evidence of insanity, though there could be no doubt of disease involving the brain. They did not even recommend him to mercy. His only chance of escape now lies with the Lord Justice Clerk.

BRITON MEDICAL AND GENERAL LIFE ASSOCIATIO At the general meeting of shareholders and membe of this Association, held March 30th, it was stated i the Report for the year ending December 31st, 186 that the proposals for new assurances had been 3,2 in number, and the amount proposed £818,888. these, 2,454 had been completed, and that number policies issued, assuring £621,885, and producing i new annual premiums the sum of £20,060:14: The gross income of the Association had increased £124,091:7:4; and, after the payment of all ou goings, the balance of income over expenditure f the year was £30,560:10:10. The assets of the A sociation amounted to £247,503:8:3. The Associ tion has suffered somewhat heavily from the high increased mortality in the past year. The clai had been two hundred in number, and amounted £60,810:8:6. Mr. Francis Webb, Dr. W. Ty Smith, and Mr. Thomas B. Jones, were re-elect Directors. Dr. E. H. Sieveking was elected a Dire tor, in the room of William Manton, Esq., decease A dividend, at the rate of six per cent. per annum the paid up capital of the Company as increased the bonus, was declared. Thanks were passed to t Directors, to the Medical Officers and Solicitors, the Consulting Actuary, to the Actuary and Secr tary of the Association, to the Provincial Superi tendent, to the District Managers and Agents, a to the Chairman; with which the proceedings te minated.

NEW YORK INFIRMARY FOR WOMEN AND CHI DREN. The New York Infirmary for Women a Children has long been under the professional care Drs. Elizabeth and Emily Blackwell. Drs. Valenti Mott and Willard Parker are the consulting surgeo of the infirmary. The report for 1864, just issue shows that during the last year 5,437 persons we relieved. The last legislature of New York enlarg the charter of the infirmary so as to confer collegia powers upon it; and an effort is being made to end a Woman's Medical College in connexion with The effort to introduce women into the medical p fession has not thus far been very successful, a leads to grave doubts whether there is a real dema for them; but, if we are to have women practitione of medicine, it is certainly very desirable that th should be properly educated. Most of the attem to educate women in this direction have been in c nexion with hybrid schools, where everything b legitimate medicine is taught. We are not, howev we confess, of those who think that the medical p fession is exactly a legitimate sphere for woma usefulness. (*Phil. Med Press.*)

A POOR-LAW MEDICAL OFFICER'S DUTY. Dr. St lard in a pamphlet on Workhouse Hospitals, spea thus of the duties of the Poor-law medical officer: "In the first place, he is required to be a fully qua fied practitioner. The position of union surgeon rather damaging than otherwise to the holder's re tation. Neither the Poor-law commissioners, nor t guardians generally, encourage the practice of s gery, or the admission of acute cases into the wo house hospital. A proper staff of nurses, etc., wo in that case be absolutely necessary. Any prof sional zeal manifested by the surgeon is too oft checked by remonstrance as to the expense incurr The duties of the workhouse surgeon ought to commenced before two o'clock in the day, that may inspect the applicants for admission, who ha to be washed, clothed, and accommodated bef night. It is his first duty to see that no contagi disease enters the house. Every person not vac nated must have that operation at one perform The next visit is to the surgery; and notice of

arrival having been given, he examines every inmate who expresses a wish to consult him. Amongst these there will be a large proportion of malingerers; others solicit change of diet, abstinence from work, extra beer, and other indulgences which the medical officer can alone grant. Then come the children from the schools, all of whom require constant supervision. The casual ward, the lying-in ward, the insane ward, and the nursery, have all to receive a visit; and, last of all, the hospital.

Extract of Flesh. Liebig speaks in very high terms of his *Extractum Carnis* in the *Annalen der Chemie und Pharmacie*. Since the introduction of this extract of meat into the Bavarian *Pharmacopœia*, its great efficacy has been practically confirmed. In the court-pharmacy here nearly 5000 pounds weight of beef are annually employed for this object. In hospitals, the physician will, by means of the extract of meat, be enabled to give his patients a soup quite free from fat and of any strength he may desire. A pound of extract of meat is sufficient, when boiled with slices of bread, potatoes, and some salt, to afford a meat soup for 128 soldiers, such as is not to be had of equal strength in the best hotels. The employment of the extract of meat would be of the highest importance to travellers. The introduction into Europe of the extract of meat at half or a third of its present price from countries where meat is of scarcely any value, would be a true blessing to the European population. In 1862, I had a visit from Herr Giebert, of Hamburgh, an engineer, who has spent many years in South America, and among other places in Uruguay, where hundreds of thousands of sheep and oxen are killed solely on account of their skins and fat. Having seen my chemical letters, in which the extract of meat is described, he travelled to Munich, to learn the mode of its manufacture. I introduced him to the manager, Prof. Pettenkofer, who made him acquainted with the minutest details of the process. Herr Giebert returned in 1863 to Uruguay, but it was nearly a year before he could, with the apparatus made in Berlin, overcome the many difficulties which attended the arrangement and introduction of a new branch of industry, and commence the manufacture. A letter received from him a month ago, informed me that the first produce of his manufacture of extract of meat had been sent off to Europe. The first sample of about eighty pounds of extract of beef and thirty of mutton, arrived in Munich some days ago, and we have the great satisfaction to be able to say that its quality is excellent, as was to be expected from the flesh of half wild sheep and oxen. The price is a third of the present price in Europe. A number of facts testify to the unchangeability of the extract of meat under the most unfavourable circumstances in damp unoccupied cellars, and in moist warm air; if the product is pure, it is not at all inclined to mould, and I have specimens before me from the court-pharmacy and from Principal Friedel (of the Sanitary Society), which were kept from eight to fifteen years, closed with a loose cork and paper, and on which not a trace of injurious change is perceptible. (*Dublin Med. Press.*)

Suicide by Battle's Vermin Killer. One evening lately a middle-aged lady alighted at the Dawlish Station and proceeded to the hotel where she represented that she came from America. She retired to rest, and on the following day was found dead in her bed, apparently having poisoned herself with Battle's Vermin Killer, packet labels of which were found by her bedside. It has since transpired that the deceased was the wife of a stationer at Devonport. Her husband said she left home in good spirits. His eldest child told him of her leaving, but he did not think much about it. She had shown symptoms of mental derangement. She had a spinal complaint and suffered severely from pains in the head. At times she had paroxysms. Four years ago she attempted to drown herself in a tank. She underwent an operation at New York, when the operator told him she would probably put an end to her life. She often had dizziness in the head. The coroner said it was very desirable that an Act of Parliament should be passed making it more difficult than at present to get poisons. Several paper wrappers of Battle's and Simpson's vermin killer found in the room were produced. Dr. Baker of Dawlish was called in to see the deceased when she had been dead two or three hours. She was lying on her back, the head thrown backwards, the arms drawn up towards the head, and the fingers drawn forcibly towards the palms of the hands. There was apparently great palor and extreme rigidity of the whole body. The face was thin and pallid, especially the gums and mouth. Between the teeth, which were partially closed, was an almond in two pieces. The eyes were closed but the pupils were extremely dilated. The spine of the body was completely curved. On two pocket-handkerchiefs of the deceased's were distinct traces of a blue powder. On his way home he purchased a packet of Battle's vermin powder and found it to contain about forty grains of a bluish powder which contained about four grains of strychnine, which was quite sufficient to cause death. The packet was properly labelled. The late Mrs. Vyse of Ludgate Hill, poisoned her children with the same kind of powder, which on being analysed was found to consist of starch, Prussian blue, and strychnine. As Dr. Baker could not state positively that poison was the cause of death, it was decided to adjourn the inquest. At the adjourned inquest Mr. Coroner Cuming stated that he had ordered a *post mortem* examination. Dr. Baker had sent the contents of the stomach to Dr. Herapath, of Bristol, for analysis. The coroner had not given any instructions for this to be done, and now objected to the county being put to the expense. He said there could be no doubt that the case was one of suicide, therefore an analysis was unnecessary. Dr. Baker said that the coroner had left the case with him, and he was not prepared to state the cause of death unless the evidence of Dr. Herapath was taken. The coroner replied that he would not let medical gentlemen act as Dr. Baker had done without the coroner's instructions. Dr. Baker then gave the result of his examination. He found no marks of violence nor anything except poison to account for death. Dr. Herapath said he would forego his usual fee. He then stated that death had been caused by arsenic. Dr. Herapath adds: That the deceased had three or four parcels of rat poison in her reticule or about the room, some of which were empty, others in reserve. Two papers of Simpson's vermin killer had been disposed of and one parcel of Battle's had apparently been used, "some blue stains being found in the mouth and at the angles of the jaw, whilst the pocket-handkerchief was marked with blue stains also." The rigidity and contortions of the dead body led Dr. Baker to infer that strychnia was the cause of death. Dr. Herapath found arsenic in abundance in the stomach, but no *strychnia*. He also found traces of arsenic in the liver. If strychnia were taken it never entered the stomach at all. He thinks it probable, however, that the two first packets did not kill her as quickly as she expected, and she took the third packet, but the contents never went further than the mouth, some being ejected in consequence of the bitter taste, and an almond being taken to get rid of this; but enough remained to kill by absorption from the mucous mem-

brane of the tongue. The coroner would not have Dr. Herapath's evidence as he had given no orders for a chemical analysis. Battle's papers, of course, contain strychnia; the others probably consist of arsenious acid.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Henry Lee, "On Acute Inflammation of Veins"; Dr. George Harley, "On Intermittent Hæmaturia"; Dr. Dickinson, "On Intermittent Hæmaturia."—Zoological.—Ethnological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Microscopical.—Geological.

THURSDAY. Royal Society.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Astronomical.—Royal Institute.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THERE were thirty-nine medical men in the Convention which condemned Louis XVI to death. Of these, seventeen voted for his imprisonment; and twenty-two for his death!

A NEW BIMONTHLY JOURNAL, called the *North American German Medical Journal*, printed in German, has just appeared under the editorship of Dr. Meisburger. It is printed at Buffalo.

A GOOD MODEL.—The following model advertisement is taken from the *Surrey and Hants News*.

"Doctor P——, Physician and Surgeon, has removed to —— Terrace, F—— (opposite ——'s Nursery). At home, as usual, for patients, from 9 to 11 morning, and from 6 to 9 evening. Particulars as to his terms can be obtained at his residence. Dr.—— makes no charge whatever for medicine."

ERRATUM.—SIR: At the bottom of my letter on Epilepsy, in your last impression, I am made to be of Wolverhampton instead of Northampton. I am, etc., S. W. D. WILLIAMS.

Northampton, May 2nd, 1865.

COMMUNICATIONS have been received from:—Dr. T. SNOW BECK; Dr. P. LESLIE; Dr. SIEVEKING; Dr. ALDERSON; Mr. J. S. GAMGEE; Mr. J. T. HESTER; Mr. A. B. STEELE; Dr. GEORGE JOHNSON; Mr. W. J. COULSON; Dr. HILLIER: THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. HARRISON; Mr. STONE; Mr. W. M. CLARKE; Dr. FREDERICK J. BROWN; Dr. E. L. ORMEROD; Dr. W. H. RANKING; Mr. T. J. AUBIN; Dr. H. SIMPSON; Dr. S. W. D. WILLIAMS; Mr. T. ANNANDALE; and Mr. JABEZ HOGG.

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T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, May 1865.

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An Inquiry

INTO THE

NATURE OF THE CHANGES CONSTITUTING FATTY DEGENERATION OF THE HEART.

BY

EDWARD L. ORMEROD, M.D., F.R.C.P.,

PHYSICIAN TO THE SUSSEX COUNTY HOSPITAL.

In the medical address delivered at Cambridge last year, I endeavoured to shew that fatty degeneration of the heart was a pathological and not merely a chemical process imitable in the laboratory by artificial means. The experiments then adduced seemed fairly to justify the conclusions :—1. That fatty matter cannot be made from the muscular tissue of the heart by any of the received processes for converting animal substances into adipocere; indeed, that, on the contrary, the fatty matter of adipocere is derived from the fat already existing in the tissues operated on, and is not a newly formed substance. 2. That though the first stage in fatty degeneration and chemical decomposition be the same, both alike inducing so-called granular degeneration, yet that, so far, there is no fatty formation in either process.

The present inquiries were instituted with a view to determine more exactly the nature of this granular degeneration. In the first instance, my attention was directed to the muscular structure of the heart, as the tissue in which granular degeneration is most characteristically displayed. A more extended observation, however, seemed to show that the laws of degeneration are the same for both species of striated muscular fibre, the voluntary muscles and the heart alike. The results indeed are modified by the structural differences between the two kinds of fibre to a certain extent; but these very differences, instead of disproving in any way, rather help to prove more clearly the general identity of the process of degeneration in them both, allowing us to test the correctness of our conclusions by reconsidering them from a different point of view.

It is, however, rather as supplementary to the observations on the heart, than as having an independent value of their own, that I have brought forward any observations on fatty degeneration of the voluntary muscles. Our knowledge of this subject is as yet imperfect, as regards the mutual relation in which the successive changes stand to each other. However distinctly we may recognise the several phases, we cannot yet arrange them so as to present a continuous history of the disease, from its first beginning to the complete obsolescence of the muscular tissue. Their pathological meaning, too, is not altogether clear at present. Perhaps they may express merely fatty degeneration; but their frequent connection with typhus, as Dr. Zenker has shown in his admirable monograph (*Die Veränderungen der Willkührlichen Muskeln in Typhus Abdominalis*), and with cancer, as he generously reminds us that Dr. Bennett (*On Cancer*, p. 105) had previously noticed, favours the belief that they may have some special connection with particular forms of disease; and at least there is need of more observation to bring our knowledge of the microscopic pathological anatomy of voluntary muscle up to the level of that of the muscular structure of the heart.

Fatty degeneration of the muscular fibres of the heart commences by a change known as granular degeneration. I believe that the term granular disintegration would more correctly express the nature of this change; for the appearance is due to a disintegration or disruption of the sarcous elements contained in the primitive fasciculus. This is the first step towards fatty degeneration. It may be induced by other than pathological causes; namely, by commencing putrefaction, and by decomposition under artificial conditions. The arrangement by which the natural process is most readily imitated, is a prolonged maceration in dilute alcohol. By this the sarcous elements are disintegrated along the longitudinal lines of cleavage—to adopt Mr. Bowman's nomenclature. By prolonged maceration in dilute nitric acid, disintegration is effected in both the longitudinal and transverse directions, and the fasciculus is resolved into small squarish powdery fragments. By varying these processes the results may be modified; and by such means the muscle may be disintegrated or disrupted at will, in either direction and to any extent, independent of any fatty degeneration. And we may thus obtain an insight into the nature of the pathological process, where, from the disintegration not having been pushed as far as in our chemical experiments, the appearances are more equivocal.

The granular fasciculi which result from the pathological process, or from any of these chemical reactions pushed only so far as to imitate it, require a high power to display the exact nature of the changes which have taken place. With a magnifying power of about 240 diameters only, it seems as if the transverse striæ had been replaced by longitudinal rows of dots, divided here and there by other rows of larger and darker dots, and by fine lines. These appearances are explained by the application of a power of 450 diameters or more, which shews that the transverse striæ are not really lost. They are paler indeed than in the normal condition, but they preserve their normal distance from each other. The primitive fasciculus seems to be split into ribbons of unequal width by longitudinal fissures interrupting the transverse striæ. In consequence of these interruptions, such striæ as catch the eye with a lower power seem to run into rows of dots, and this false impression is heightened by the rows of larger and darker dots which occupy some of these longitudinal fissures.

The examination of this altered structure of the heart is much facilitated by the use of glycerine, according to Dr. Beale's directions. Unfortunately, this medium, so very useful in unravelling the fasciculi, greatly obscures their transverse markings. But this is remedied to some extent by the application of ether, which dissolves away the large dark dots in the fissures, and brings the transverse striæ again into view, drawing them at the same time nearer to each other, so that eight now occupy the space where only six were found before the ether was applied. As the various objects in the field come out more distinctly, some longitudinally striated fasciculi may perhaps be recognised among the degenerated fibres; and from the ends of some of these which have been broken during the manipulation, ragged filaments may be seen projecting, just as in degenerated voluntary muscle. These filaments vary in length and breadth, but all have the transverse markings; some are broader; some so fine that they might be fairly said to represent the old so-called ultimate fibre of muscle, their dimensions scarcely admitting of the presence of more than a single row of the component

granules. It is scarcely necessary to remark that, though the demonstration of these changes is facilitated by the use of these reagents, the changes are wholly independent of their employment. Without the use of ether, the transverse striæ may be brought again into view by means of a condenser and a narrow stop.

As the process of degeneration advances, the longitudinal fissures become fewer and more distinct, and the granules, too, larger, fewer, and less regularly arranged in rows. All traces of transverse striæ disappear, the longitudinal markings fade in the progress of the disease, and the primitive fasciculus now appears as a granular mass, preserving only its original outline. Now fatty degeneration has fairly begun, and oil globules are to be seen in and about these altered fasciculi, apparently resulting from the coalescence of the larger, darker dots above mentioned.

Life does not last long enough with a heart thus involved, for one to be able to say exactly what is the ultimate end of fatty degeneration of its muscular structure. The disease will generally be found to have advanced furthest in the little pale specks to be seen on the inner surface of the left ventricle. Here single fasciculi sometimes present partial dilatations, but more commonly they shrink away. Bundles of irregular shrunken fibres, which occur in connection with fatty degeneration, or the cicatrices which appear to the unassisted eye, may probably represent the obsolete muscular fibres in which this process has been completed. But this termination of fatty degeneration is more familiarly known in the voluntary muscles. In one bundle of the heart's fibres, as in a single voluntary muscle, there is nothing to hinder the completion of the process; but, as might have been anticipated, the more widely the degeneration is diffused through the heart, the less progress will it be found to have made.

The ultimate results are mostly the same, whether the disease commenced, as is usual, from the interior of the heart, and in connection with cachexia or anæmia, or whether it have originated in inflammation and have started from the outside. But the steps of the process, or at least the collateral phenomena, are not absolutely identical in all these cases. In fact the specific pathological influence does not seem always to cease with the first injury to the fasciculus. But the exceptions to the ordinary mode of progress of the disease requiring particular notice are not many.

One striking exception occurred in a poor girl who died of pyæmia. In the muscular structure of her heart were red patches, looking like ecchymoses, of a deep purple mixed with grey in the centre, becoming gradually paler at the edges. In the grey part there was a mixture of pus and blood, with fragments of muscular fibres. Surrounding this was a zone, in which the muscular fasciculi had lost all traces of striæ both transverse and longitudinal; they were simply granular all over. Then, for a space, the fasciculi were longitudinally striated, as in degeneration of the voluntary muscles. Outside this the muscular structure presented the normal appearance. Within the radius of two or three lines the chief appearances of degeneration of voluntary muscle were perfectly reproduced in miniature. The only character which was not adequately represented here, namely, the redundancy of small nucleolar bodies, was very strikingly shewn in the heart of a boy who had fatty degeneration commencing from the outside, consequent on rheumatic carditis.

Generally, it may be said that the process of fatty degeneration of the voluntary muscles is the same as that of the muscular structure of the heart. Yet there are readily appreciable differences in the details of the process in these two tissues respectively. These differences seem referable to a certain extent to the structural differences of the fibre, and notably to the greater development of the sarcolemma in the voluntary muscles. The first stage of fatty degeneration of the voluntary muscles, as far as I have been able to satisfy myself, is characterised by swelling of the affected fasciculi. For a greater or less length they appear uniformly dilated to about twice the size of the healthy fasciculi, smooth on the surface, seemingly wanting the transverse striæ, but streaked longitudinally; and from the broken ends of each such fasciculus loose strings hang out like the strands of a rope, as if it had undergone thus far, complete longitudinal disintegration. A higher power shews here, as in the muscular structure of the heart, the existence of the transverse striæ, only paler than natural. They are not interrupted by the longitudinal markings. They are approximated to half the normal distance, sixteen of them occupying the same space as eight do in a healthy part. Ether does not cause them to approximate more closely, though it seems to shrink up the fasciculus; and it displays the longitudinal markings very clearly, at the same time that it extracts fatty matter from its interior.

This longitudinal cleavage would seem to hold nearly the same relation to fatty degeneration of voluntary muscle, as granular disintegration does to that of the heart. Nearly, for it passes more directly into fatty degeneration than the corresponding change in the heart does, ether readily extracting oil from the streaked fasciculi. And it is more specifically a pathological process, being much less readily imitable by any artificial reactions. For chemical decomposition and putrefaction do not induce this particular appearance, but seem, as far as I have observed, to pass over it to a further stage, converting the fasciculus into a finely granular mass, which retains only the outline of its former structure. This process of conversion may be traced in some of the transverse striæ which have survived the rest. These appear distinctly granular, broad, and uneven; as if falling to pieces under the action of the dilute nitric acid, which has disintegrated the sarcous elements elsewhere. The striæ seem to persist longest just beneath the sarcolemma. Some fasciculi which appear granular, owe this deceptive appearance to the striæ on the two opposite sides of the flattened fasciculi crossing each other diagonally, the regular arrangement persisting on the surface for a while after the sarcous elements in the interior have been deranged or dissolved entirely away.

Sometimes these large, pale, waxy-looking fibres occur alone; more commonly, however, broken fragments of fibres are found mixed with them, swollen, like them, to twice the size of the neighbouring healthy fasciculi, but marked in a different way. Some of these are minutely granulated, the fasciculi thus marked being much more brittle than those which are longitudinally streaked. Others are neither granulated or streaked, but cracked or broken transversely, and often connected at either end with a string of sarcolemma, as if they had partially escaped from their investing membrane. They have a singular affinity for the colouring matter of carmine, which tints them more deeply than any of the other structures which the altered tissue presents. Besides these, the field appears to be sprinkled over with little nucleolar bodies, some few of which are the nuclei of the muscular tissue; others, more numerous, are apparently the rudiments of fibro-cellular structure; others are of uncertain nature; and many are undoubtedly collections of oil-globules, arranged like rows of squarish beads. These are removed by

ether, which clears the field a good deal, while acetic acid has very little effect in this way. And with these are a number of loose oil-globules, which have been set free during the manipulation of the tissues. The changes which occur in connection with typhus, as figured by Zenker, are precisely those which I am now speaking of as constituting the various stages of fatty degeneration. (Taf. iii, figs. 1-2; taf. iv, fig. 1.)

Not to lengthen these remarks needlessly, I may yet venture to add, in a few words, to this statement of facts, the conclusions which seem fairly deducible from them.

I believe that the first step towards fatty degeneration of muscular tissue is disintegration of the sarcous elements into filaments or discs, as circumstances may determine. The actual fatty degeneration is secondary to this, and is a consequence—not a cause—of the disorganisation (the functional death) of the fasciculus. In the further changes and ultimate obsolescence of the fasciculus it may play an important part, particularly by resolution of the sarcous elements in the oily matter infiltrated among them through the sarcolemma; but the disorganisation of the part precedes its degeneration.

Inflammation, anæmia, cachexia, want of nutrition, and all the other causes to which fatty degeneration of the heart has been ascribed, have thus much in common that they disorganise the muscular tissue. The disintegration and the fatty degeneration which ensue, may be modified by the abiding influences of the original exciting cause of the disease, but they are transacted by the ordinary agency of the living body quite irrespective of these various possible causes. The actual fatty degeneration depends on the amount of fatty matter in the blood available for this purpose; and it is conceivable that, for want of an available supply of fatty matter, disintegration should not be followed by fatty degeneration at all. Indeed, this seems actually to occur sometimes; the change under certain circumstances does not pass beyond the stage of so-called granular degeneration.

Now, if this be true, a question suggests itself, whether this explanation be limited to fatty degeneration of muscular tissue, or whether it has a wider bearing. For instance, is fatty degeneration of the liver or kidney an infiltration of disorganised cells with oily matter, or a destructive accumulation of oil in healthy cells? Further, is the physiological accumulation of fat in adipose tissue explicable on the same principle, namely, that healthy cell-walls, sarcolemma, or other such tissues are impermeable to fat, and that the accumulation of fat in any part implies that the vitality of the tissue containing the fat has been lowered?

I am not prepared to offer any answer to this question at present. It demands as particular an inquiry into all possible cases of fatty accumulation and degeneration, as I have endeavoured to carry out in respect of the single case of the heart. Beyond all others, the instances of acute fatty degeneration of the brain and liver need careful investigation, more than those where this principle obviously applies. The study of these and such instances is more likely to lead to a just estimate of the value of this principle, than an accumulation of cases where the facility of its application tends to conceal its deficiencies.

Typhus in Malta. A severe form of typhus fever has lately been very prevalent in several of the country districts in Malta. Its virulence has now abated; and, from a report made by order of the Governor, it appears that it was due to overcrowding in ill-ventilated apartments.

Original Communications.

VENESECTION IN DISEASE.

By W. O. Markham, M.D., F.R.C.P., Physician to St. Mary's Hospital.

There is an old and very true saying, that no reputation is better than a bad one; and the saying precisely fits the article venesection, as a remedy in disease. The true estimation of this remedy is, I am satisfied, not admitted, mainly because of the evil reports which attach themselves to the word through its historical connexions. I have no doubt whatever, that if venesection were a modern invention, it would be in much more frequent use than it now is. The remedy thus suffers; and in two ways.

1. The proper uses and right application of venesection are not generally recognised, because the erroneous idea which was attached to its employment in past days is still very much attached to it now; viz., the idea that by its use the supply of aliment to the fire which is raging in and consuming the inflamed structure is cut off.

2. It seems to be still generally assumed, as it was in former days, that the use of venesection is synonymous with the disuse of what are called restoratives; and that those who employ venesection must, of necessity, also at the same time employ low diet, purgatives, and whatever else is comprised under the old idea of antiphlogistic.

So long as these erroneous ideas, which naturally run together in men's minds, prevail; so long as venesection and low diet are regarded as things necessarily connected; so long as venesection is employed with the idea of directly controlling the inflammatory process *in loco* by cutting off the fuel which feeds the flame—so long, in my opinion, will venesection be in bad repute.

My distinguished friend, Professor Bennett of Edinburgh, has not altogether emancipated his mind, as it would seem, from the ideas here referred to. In a very instructive paper lately written by him, On the Treatment of Pneumonia by Restoratives—a paper which appears to have been called forth by a lecture on Venesection by myself lately published in these pages—Professor Bennett gives the result of his long experience in the treatment of pneumonia. He does so to show the good effects of the restorative treatment; and because he observes, "that an effort is being made to restore the dangerous practice of bleeding in pneumonia."

Perhaps, in the lecture referred to, I somehow failed to make my meaning clear. I would, therefore, in explanation, wish to say, that Professor Bennett has quite misinterpreted my meaning; and that I really believe there is *au fond* very little difference of opinion between us as to the practical use of venesection in pneumonia.

In the first place, I have not recommended venesection as a cure for pneumonia. According to my views, venesection has no directly beneficial influence over the local inflammation, and is not used to cure the pneumonia; but solely and wholly to relieve certain accidents which have arisen out of the pneumonia; viz., the congestion of the heart and of those portions of the lungs *which are not the seat of inflammation*. To administer restoratives, therefore, both before, during, and after the venesection, is a perfectly legitimate practice. To suppose that the employment of venesection means the non-employment

of "restoratives"—to regard the two things as antagonistic—is to go back a hundred years for our principles of pathology.

In the sense inferred, therefore, it is quite a fallacy to say, that an "effort is being made to restore bleeding in pneumonia." I do not look upon venesection as of any use *quoad* the pneumonia; nor do I believe it has any directly beneficial influence over any inflammation of the body. I advise its employment in pneumonia for the sole purpose of relieving the patient from the pain and perils of asphyxia—from the dangers of a defective or impeded respiratory action; and, consequently, *only in those cases of pneumonia in which the respiration is seriously interfered with.* But such cases are exceptional ones in pneumonia; exceptional, therefore, also, is the application of venesection in pneumonia.

A consideration of these plain facts will, I am sure, satisfy Professor Bennett, that to compare the employment of venesection, combined with the proper use of restoratives, as here recommended in the treatment of a few severe and exceptional cases of pneumonia, with the employment of venesection, together with blistering, purging, vomiting, and starvation, in all cases of pneumonia—is to bring together in argument things of totally different signification.

Happily, I find proofs in Professor Bennett's own paper, that he himself takes very much a similar view of the matter. He admits that the employment of venesection in certain cases is of service. In fact, he says very much what I myself have said. His words are:

"No doubt, also, small bleedings to the extent of eight or twelve ounces, give relief; but in debilitated persons are dangerous; and in all tend, by weakening the strength at a period when the depressed system is struggling to regain its equilibrium, to prolong the convalescence and favour dangerous sequelæ. Still a small bleeding may be employed as a palliative, with caution, to relieve engorgement of the lungs and congestion of the right side of the heart, although it is very rarely required."

In conclusion, I would just like to ask for the proofs, that there is danger in a moderate loss of blood in any case of pneumonia. Whence has Professor Bennett obtained the practical evidence which has satisfied him of the truth of his assertions of the danger? Assuredly, he has not obtained the evidence from his own observation during the last twenty-five years, as he himself does not employ venesection; and assuredly, also, he can draw no fair or legitimate conclusions as to the dangers of venesections, or as to the true effects of venesection, by judging of it from the results of practice of those who have employed it in conjunction with a starving diet, and calomel, and purging, and blistering.

When Professor Bennett talks of the dangers attending the loss of a few ounces of blood in pneumonia, I cannot help asking him to explain how it is that we daily see so many patients in hospital, surgical and medical, the feeble as well as the strong, losing without apparent injury—and often, and especially in lung- and heart-diseases, to their very great relief—large quantities of blood? What proof do these very numerous facts daily under our eyes afford of the danger of the loss of a few ounces of blood?

And one other question I would put to my friend. Of what real use to us are statistics of the results of treatment of pneumonia, as indicative of the comparative remedial value of bleeding and of restoratives, when the statistics are founded on cases in which the bleeding was employed in conjunction with starvation? Almost all the statistics, drawn especially from French authors, are of this kind, and therefore valueless. Surely, to say that venesection is the cause of the great mortality in pneumonia, in cases where the patients were at the same time both bled and kept upon starvation diet, is a very illogical and inadmissible conclusion.

ON PUERPERAL FEVER.

By T. Snow Beck, M.D.Lond., F.R.S., Member of the Royal College of Physicians, London.

[*Read before the Obstetrical Society of London, February 1st*, 1865.]

[*Concluded from page* 460.]

If the views which have been deduced from this examination of these cases be correct, it follows that one of the principal objects in the prevention of puerperal fever will be to procure a complete and permanent contraction of the uterus after the birth of the child and the expulsion of the placenta.

In the majority of cases of parturition, the uterus contracts readily and firmly; but, in other instances, I must admit that I have found it much more difficult to obtain the complete and persistent contraction than is generally supposed. In our most esteemed works on midwifery, the subject is treated very shortly. For example, the accoucheur is directed to lay his hand on the abdomen, in order that he may satisfy himself that this viscus "is in a safe and proper state of contraction." (Merriman.) Again: "The hand should be placed upon the abdomen to ascertain (from the size of the uterus) whether there are twins; if not, we may proceed to apply the binder, which should embrace the hips inferiorly and the whole abdomen." (Churchill.) Or: "The left hand should be immediately applied over the fundus, in order to maintain a moderate pressure upon the uterus while it is descending towards the pelvis. This should never be neglected; because it ensures a uniform contraction of the uterus, and often the expulsion of the placenta into the vagina." (Murphy.) "In ordinary labour, friction is made with the hand over the hypogastric region: this is repeated from time to time, in order to excite the contractility of the tissue of the organ, its 'degorgement', and the expulsion of any coagula it may contain." (Cazeaux.)

Certainly other means are recommended on the occurrence of hæmorrhage, or in exceptional cases; these means being, to firmly grasp the uterus with one hand, whilst with the other we apply cloths dipped in cold water suddenly to the genitals; to use cold enemata and cold drinks; to pour cold water from a height on the abdomen; to apply pressure by means of a pad placed beneath the binder; to administer ergot of rye; to have recourse to galvanism or electricity; to irritate the organ to contraction by introducing the hand into its cavity; and, lastly, to inject cold water into the uterus. I must, however, admit that in my experience most of these means have failed to effect the object in view. I have not found the external application of cold, cold enemata, cold drinks, or any amount of pressure which could be applied by means of the binder, of much practical good in effecting a firm and persistent contraction of the uterus where there has been any tendency to a lax state. When carefully applied, the binder is, no doubt, a source of much comfort to the woman who has been recently delivered, by supporting the relaxed state of the abdominal walls and giving support to the back. But I have found so little real good from any amount of pressure which could be employed through this means, with the aid of pads or otherwise, whilst the difficulty of applying it and the discomfort it occasioned were so considerable, that I have ceased to employ it for this purpose. When coagula form in the interior of the organ, it is often

required to introduce the hand to remove them; and no doubt the hand is a powerful stimulant to induce contraction, especially when aided by firm external pressure on the uterus, through the means of an assistant. But even these too often fail, as they notably did in the first case recorded; and, when they do induce contraction, it is often not persistent. I have had little experience in the injection of cold water into the cavity of the uterus, or in the application of electricity; yet I do not doubt but they are efficient means to induce contraction. The most trustworthy agent appears to be the local application of cold by means of ice passed up to the orifice of the uterus, and the administration of ergot of rye. Pieces of ice of the size of a hen's egg, or rather larger, are passed up to the orifice of the uterus, and held in that position. The first one or two pieces quickly dissolve, in consequence of the heat of the part; but, when this becomes partly reduced, a firm and persistent contraction is generally the result, though occasionally even this powerful agent will fail. And I may add that, although I have used it now in a great number of cases, I have never seen the slightest inconvenience to result from its employment. Combined with the application of cold direct to the uterus, I have found the administration of ergot of rye a useful addition. It appears to ensure the firm contraction of the organ, and, what is of much importance, to render it persistent.

For some years past, I have carefully observed the state of the uterus immediately after childbirth, considered as a means of obviating that enlargement of the organ which too frequently follows childbirth or abortions, as well as preventing many of the ills to which parturient women are liable. And I am firmly convinced that many of the dangers and evils which women suffer after delivery may be prevented by procuring a complete and persistent contraction of the organ. It would appear that, when the vessels are at all pervious to the circulation of blood within them, the presence of this fluid interferes with those changes which are necessary to reduce this organ to its condition previous to impregnation; and, to this end, I have been led by experience to administer the ergot of rye in all cases after the removal of the placenta, even if its employment was not indicated before this period of the labour. The combination I have found most useful has been that of the tincture of Indian hemp, powdered ergot of rye, and borax, mixed with some stimulant and aromatic. One to four doses of this mixture has been given at one or two hours' interval, according to circumstances, and with the best of results; for, although they occasion a considerable amount of after-pains, yet the comfort afterwards experienced, and the pleasing convalescence, more than compensate for the pains induced.

I believe it is generally considered that, when the uterus is so contracted as to prevent any further hæmorrhage, this is sufficient to ensure the safety and well-being of the woman. But I have found that it is necessary to carry the contraction beyond this point before we can consider that we have ensured the safety, much less the well-doing, of the parturient women; and I have been led to think that this arises in many instances from a relaxation of the muscular tissue subsequent to the removal of the placenta, and after it has been fully contracted. The second case recorded appears to be an example of this condition of the organ; for here the labour progressed naturally; no hæmorrhage occurred; yet the uterus was found, after death, to be in so relaxed a state as to permit fluids to be injected along its vessels from the large abdominal veins.

If these views be confirmed by the experience of others, the treatment of women immediately after delivery appears of much more importance than has been commonly supposed; and this extends to the diet, as well as to other matters. It would appear, by reason of a general belief that puerperal fever and other diseases of childbed women were purely inflammatory affections, which required to be treated by large bleedings and means calculated to prevent or reduce inflammation, that women during the puerperum were kept on a low and depressing diet. But these opinions are now generally considered to have been erroneous; and that, instead of keeping the female to a low and depressing diet, she requires a good diet and nourishing support, in order to relieve her from the physical fatigue and mental anxiety of the labour, to restore her health from the waste occasioned by the previous months of pregnancy, and to enable her to pass through those subsequent changes which have yet to take place. To this end, it would appear that a liberal diet is necessary, and, in some cases, even the addition of a stimulant. Of course, the regulation of these matters depends much upon the previous habits and state of health of the woman, as well as upon the season of the year and other incidental circumstances; but I am convinced there is not that danger in a liberal supporting diet which was at one time so generally believed, and that a stimulant similar to the "caudle" of old may frequently be given with much advantage. This appears to be confirmed by the remark of Dr. Ferguson in his valuable essay already referred to. "The late matron of the hospital," he observes, "Mrs. Wright, remarked the effect of the hospital diet on the patients as often very depressing; and knowing, from the habits of this class of people, that gin was to many of them the common substitute for meat, she was induced to change the hospital dietary for a caudle in which gin was the staple. *We shortly after this had a marked diminution in the intensity of the epidemic.*" (P. 168.)

It is a general remark, that primiparæ are more liable to be attacked with puerperal fever than women who have previously borne children; and many explanations have been offered to account for this fact. But it appears to have been overlooked, that much of this greater liability may be attributed to the circumstances which are brought into action in a first confinement. In many women, the uterus does not take on the changes consequent upon pregnancy and delivery with the same degree of completeness, so to speak, or with equal facility, as in others. In some, the uterine organs are so badly developed as never to become impregnated. In others, the uterus appears to be only capable of a certain amount of development; for, after it has grown for a few months, it becomes thin, appears overstretched, and in a short time abortion takes place. I have known women to miscarry time after time, and generally about the same period of pregnancy, from apparently this cause. In other cases, again, the female goes the full period; but the uterus appears so ill developed as to be incapable of power sufficient to expel the child without artificial assistance, or of maintaining a sufficient amount of contraction afterwards to ensure the safety of the mother. The aptitude, as it has been termed, to bear children, is thus sometimes wanting in females; but this is only discovered when they become pregnant with the first child. Another source also exists in the fact that first confinements are, as a rule, more laborious and more exhausting than subsequent pregnancies. And to these causes we may not improperly attribute a large amount of the greater proclivity to this disease observed in primiparæ.

May we not attribute to the various causes which

have been glanced at the greater frequency of puerperal fever in hospitals, and amongst the poorer classes who are attended by midwives? I understand it to be the rule in these institutions, that, after the child is born, the soiled things are removed, a binder is applied, and some gruel given. If the after-pains be severe, a soothing dose of laudanum is then administered. Little or no attention appears to be paid to ensure the complete and permanent contraction of the uterus; and as little attention is paid to the diet necessary to meet the habits and state of health of the women who frequent these intitutions. Is this the explanation to the following passage from Dr. F. Churchill's learned introduction to the Sydenham edition of *Essays on Puerperal Fever?* "I would remark, then, in the first place, that there appears some special connexion between the epidemics of puerperal fever and lying-in hospitals. I do not mean exactly to assert that these epidemics always originate with, and are kept up by, the hospitals; but I refer to the fact that we have no record of any epidemic independent of them in early times. . . . No doubt it has since been observed in private practice in London, Edinburgh, Sunderland, Leeds, etc., etc.; but its extent in these cases is, after all, comparatively limited, except in very sickly times; and it is often confined chiefly to the practice of a few individuals. In Dublin, the higher ranks have been singularly free from attacks of this disease. Dr. Joseph Clarke, whose account of puerperal fever as it appeared in the hospital is here reprinted, practised for forty-four years in this city, during which time he attended 3,847 cases of midwifery, and yet in that number he met only three cases of acute peritonitis, and three others whose disease appears doubtful, but which might possibly have been uterine phlebitis. And this singular fact, which is to me inexplicable, is confirmed by the experience of Drs. Collins, Johnson, and others, as they have assured me." (P. 32.)

When, in spite of all the care we may take of the woman during her labour, and for the first twelve hours or so afterwards, poisonous infection of the system occurs, the treatment becomes essentially modified. And here the remarks of Cruveilhier, as quoted by Dr. Ferguson, apply with much force: "What treatment shall we oppose to purulent infection? To this question experience is as yet dumb, while theory would seem to point to diffusible stimuli and tonics; to ammonia, quinine, and to sudorifics; to hot external applications; to the vapour-bath; to purgatives, especially to emetics; to tartarised antimony, in large doses; to vesicatories; and to strong diuretics. Calomel has been extensively employed to create a fluxion from the intestinal mucous membrane; but all these means have failed as signally in my hands as in those of others. Yet when the injection of putrid matters into the veins of living animals has been followed by abundant and very fœtid evacuations, they have usually got well. It is a fundamental fact of pathology, that the intestinal canal is chiefly affected in diseases caused by any miasmata. The ancients expressed this truth by saying that the intestinal canal attracted the poison of febrile diseases. I am certain that diseases resulting from purulent infection would not be stamped with the seal of incurability, and that nature, seconded by art, would triumph in the majority of cases, if the pus, which is incessantly renewed, did not incessantly renew the sources of infection."

The principles of treatment, which the review of these cases would suggest, would then appear to be: (1) to prevent the further injurious impregnation of the system, either by obstructing the further flow along the uterine sinuses, or by removing the noxious fluids from the interior of the uterus; (2) by supporting the system during the struggle in which it is engaged, and by meeting any accidental complication which may present itself; and (3) perhaps a further source of treatment is now afforded which may enable us to counteract, to some extent at least, the deleterious impregnation which has already taken place.

1. The metamorphosis or disintegration which takes place in the muscular tissue of the uterus after childbirth prior to its removal do not, it is said, commence before the fourth or sixth day; and, as the symptoms of injurious impregnation usually show themselves on the second or third day, it is not improbable that means might still be found to induce that further small amount of contraction in the organ which is necessary to close effectually the uterine sinuses. A continuous current of electricity, of low intensity, might have this effect. But I fear the other means already adverted to do not afford much chance of success; for it is undeniable that a truly efficient agent to induce the permanent contraction of the uterus is still a great desideratum.

The same object may be attained by the coagulation of the blood in the sinuses; and there is good reason to believe that this is not unfrequently the result of noxious fluids being mixed with the blood. We also know that any great depression of the system favours this coagulation; and it is not impossible that the copious bleedings which are said to have been employed with such good results may have acted in this way. "When I took away," says Dr. Gordon, "only ten or twelve ounces of blood from my patient, *she always died;* but when I had the courage to take away twenty or twenty-four ounces at one bleeding in the beginning of the disease (*i. e.*, within six or eight hours after the attack), *the patient never failed to recover.*" But, whether this be the result of these copious bleedings or not, there are few, I think, at the present day, who would have the boldness to have recourse to them, or who would forget the experience mentioned by Dr. Farre in his *Journal,* and quoted by Dr. Gooch. "At the East End of London, not far from the river, the disease (puerperal fever) proved still more fatal during the month of March (1825). One surgeon informed the editor that he had lost seven, another four, in all of which the disease was treated at the instant of its formation by active blood-letting. A physician-accoucheur, who attended in consultation many of these cases, stated to him that, out of thirteen cases, eleven died; that all which had been bled died; and that the only two which recovered had not been bled, having been treated by turpentine." "The experience of the last four years has brought me," observes Dr. Gooch, "to this conclusion, that the sanguine hopes which were entertained, a few years ago, that the peritoneal fevers of lying-in women are always of an acute inflammatory type, and always to be cured by early bleeding and purging, as they were not borne out by the reasoning employed, so they have not been confirmed by subsequent experience." (*On some of the most important Diseases peculiar to Women.*)

The removal of the noxious fluids from the interior of the uterus appears to afford an important means of treatment, and to furnish one of the objects mentioned by Cruveilhier. "I am certain that diseases resulting from purulent infection would not be stamped with the seal of incurability, and that nature, seconded by art, would triumph in the majority of cases, if the pus, which is incessantly renewed, did not incessantly renew the sources of infection." But, in using these means, the remarks of Dr. Denman, though written so long ago, should be borne in remembrance: "I have seldom attempted to inject

medicines of any kind into the vagina and uterus; though, from a consideration of the state of these parts, and of the fœtid humours discharged from them, it is reasonable to expect that emollient or gentle detergent injections might be useful. However, if these are advised, there should be great caution both in the composing and administering of them." (P. 60.)

On this subject, M. Piorry remarked, in the discussion on the treatment of puerperal fever before the Imperial Academy of Medicine at Paris in 1858: "It is indispensable to cleanse, by means of injections carefully employed, the uterine cavity from blood and putrid sanies which it contains. During five years I have not seen one female perish who has been attacked with puerperal peritonitis; and, in all women who have been confined, uterine injections have been carefully employed." (*Bullet. de l'Acad. Impériale de Med.*, vol. xxiii, p. 461.) M. Hervez de Chégoin also observed: "The injections of the uterus, of which I have spoken, ought to be placed in the first rank (in the treatment); and, as I have said, their efficacy depends upon their proper use—that is to say, the care of the physician to seize the suitable moment. It ought to be directly upon the occurrence of the first indication, so slight and so important, and upon which I have fixed the attention." (P. 470.)

The substances which offer the greatest probability of success are a weak solution of the sulphites or hyposulphites in tepid water. A long elastic tube may be passed to the fundus of the uterine cavity, and the interior of the organ carefully washed out with a weak solution of sulphite or hyposulphite of soda, by means of the ordinary enema apparatus; care being taken that no force be employed, and that all air be excluded from the apparatus prior to its introduction, by passing the fluid through it several times. The noxious fluids may thus, to a great extent, be removed; and, should any of the injected fluid gain entrance into the uterine sinuses, it will probably be more beneficial than injurious. This washing out of the uterine cavity may be repeated each day, or at shorter intervals, according to the circumstances of the particular case

2. The means to support the system during the struggle, and to meet any accidental complication, are too well known to require any remarks.

3. As Cruveilhier observed, after detailing the various means employed to combat purulent infection, "all these means have failed as signally in my hands as in those of others." But, since that period, the researches of Dr. Polli of Milan, and of Dr. Mariano Semmola, upon the action of the sulphites, have rendered it probable that these agents may be found of much value in the treatment of injurious impregnation of the system, even after this has taken place. Both these observers concur in the opinion that these agents possess a remarkable power in putrid infections of the system, when they are not the result of specific disease. They are given in divided doses, to the amount of from three to four drachms in the twenty-four hours; and the sulphites of magnesia or lime would appear to be the most suitable for internal administration. I have given lately these remedies in some cases, in doses of one scruple to one drachm every two or three hours, with encouraging results; but my experience of them is too limited to admit of any opinion.

In concluding these imperfect observations, I would remark, that I am fully aware there are many points of much interest in this important subject which have not been touched upon; but to notice all the points would have been to go over ground which has been most ably handled by others, as well as to render this notice too lengthy. No one can be more convinced than I am of the imperfect nature of the present communication; but I thought it better to submit the observations as they are, to be tested by the experience of others, than to wait until I had accumulated further facts myself. Of the facts, I believe they will be found to be correct; but the deductions drawn from them must be tested by further clinical experience and the observations of independent observers.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

NOTES ON CANCER: THE ADVANTAGES OF AN EARLY OPERATION IN CERTAIN CASES: CASE OF OPERATION FOR CANCER OF THE NON-DESCENDED TESTICLE.

By W. Michell Clarke, Esq., Surgeon to the Bristol General Hospital.

[*Read October 17th*, 1864.]

I suppose that few men have passed many years in the active pursuit of medical practice, without having frequently meditated, and sadly too, upon the subject of cancer. What is its origin, what its nature, what relation does it bear to the patient's constitution, and what to external injury or irritation? These are questions that we must have often put to ourselves; but I need not say to you that they are questions which, in the present state of our knowledge, we cannot answer. Cancer is at this day almost as intractable as to the information it will yield us of its source and nature, and also as to its treatment, as it has been in all medical history.

Indeed it seems, at present, quite useless to spend much time in the consideration of such questions as I have mentioned; although there are one or more, such as the question of the hereditary or constitutional origin of cancer, and its causation by external injury or irritation, about which much may be learned from the writings of various authors, and much that is useful is ascertained.

But, even with reference to these limited points, it must be evident to every one who has seen much of the disease, that the cases which present themselves differ from each other almost as widely as distinct diseases differ. No one can doubt that, in such cases as we not uncommonly meet with, where the disease simultaneously invades many and distant organs, or in such rapid succession that they appear to have been attacked at once, it must have had its origin in a constitutional dyscrasia, and that local irritation can have had but little to do with the production of such a malady; whereas, on the other side, how difficult is it to recognise a diathetic causation when the disease, beginning from a blow or some other injury to an external part, remains for a long time local, and may even be arrested by the interference of the surgeon. And yet such perplexing cases do not only occur, but they present themselves to our observation almost every day.

This great variety in the characters presented by different cases of this terrible disease has given rise to opinions as various upon the subject of its treatment. That there is no medicine capable of curing it, all will allow; but whether in any case surgery should interfere, has been, and still is, argued with very shifting results as to the conclusion.

No doubt this disease is one of our greatest opprobria; and the most enthusiastic professor of medicine within the ranks of legitimate consideration must admit, that no cure by any drug can be avouched for it, although out of the pale of respectable doctors there have been, and I suppose ever will be, people who can cure cancer as readily as any other malady.

The opinion that I have formed is that, although we can do much to assuage, and although we may be permitted very materially to smooth the patient's path to the grave, by removing the frightful pain and the abominable fœtor, and in some other ways, we cannot for a moment stay the progress of the disease by medicine.

The consideration of this matter, in a surgical point of view, presents itself to us in more than one aspect. We may hold that the removal of a cancer, when this object is attainable, is desirable as a means of prolonging life, or we may assert it as a means of relief and comfort. As a means of cure, it is almost, though not quite, as hopeless a proceeding as the administration of medicine. I have myself but very slight hope of ever obtaining a cure by the removal of a cancer; but I think that, in cases where the disease at the time of the operation is altogether local, a prolongation of life may fairly be hoped for. And when we come to view the operation in another light—namely, as a means of relief—I do not think too much can be said of its benefit. The patient's mind is eased of a terrible incubus; and for months, and it may be for years, he may go on in comparative comfort, and at last perish from a form of the disease far less agonising than that in which an external cancer proceeds, through ulceration and exhaustion, to destroy him.

I do not think that the statistics that we have upon this question of the surgical treatment of cancer are of a character to guide us; for before we can judge of the propriety of an operation, we must be made minutely aware of the progress that the disease has made, of its previous duration, and especially as to whether the lymphatic glands be already involved, or whether they still remain altogether free from the disease.

I am certainly, at the present time, more in favour of operating for the removal of cancer in favourable cases—in any, that is, where the disease, so far as can be ascertained, is local at the time of the consultation, where the lymphatic glands are free, and especially where we can cut wide of the disease so as to ensure its entire removal—than I was when I had had less experience of it.

I have had under my notice in the last four or five years, five cases of carcinoma of the breast. Of these, four were operated upon; one died in less than twelve months after the operation; the three others remain alive, and free (apparently) from their disease. In two of them, more than two years have elapsed since the operation; and of these two, one has remained quite well and active, except for an ulcer on her foot, on account of which she has lately come again under my notice, and which was caused by varicose veins, the result of pregnancy twelve years since, and not at all connected with the disease for which I operated. In the second of these cases, the patient seems at present free from the disease, although, in the course of this summer, I removed a small recurrent tumour of the size of a horse-bean from the neighbourhood of the scar. The fourth of the cases was operated upon twelve months ago last June. She is now under my care for a very troublesome neuralgic affection of the ulnar nerve; but shows no other sign of a return of her disease. In one of the five cases, I declined to operate for the following reasons. The patient was of advanced age (68), and had given symptoms of fatty degeneration of the heart. The cancer, moreover, was a good deal diffused through a large gland, and the removal of it would have entailed a severe operation. I thought, also, that at this age the disease would pursue its course slowly; but in this I was mistaken, for my patient died in about twenty months from the time at which she first consulted me; and, although the tumour never proceeded to ulceration, there was all the disagreeable and harassing distress that is always produced by the existence of a hopeless malady; and it was far more painful to watch the gradual decline of life, than in cases where the disease has been removed, and where, for a time at least, the patient is free from the constant thought of her trouble.

Now, in this form of cancer, the hard cancer of the breast—a form of the disease which as frequently, or perhaps more frequently than any other, comes under our consideration for operation—my experience, and it is by no means limited to the observation of my own cases, is altogether in favour of the removal of the disease; and, in my opinion, it is very unfortunate for the credit of surgery, and also for the sufferers, that the operation is so often so long delayed as it is. I have assuredly no hope, that the extirpation of the disease, however early accomplished, will cure patients of cancer, except in a few rare instances; but I feel very sure that the relief obtained, and the prolongation of life, will be in proportion to the period at which the operation is undertaken. The remarks just made apply even more forcibly to that form of the disease which, attacking the skin most commonly, has been named, and is commonly known by the name of, epithelioma—a form of the disease which is very dissimilar, both in clinical history and in microscopic characters, from the hard and soft cancers.

In this form of the disease, the natural duration is longer, and more also may be hoped from an early operation; and it is often a matter of regret to me to be called to give an opinion in cases where the disease has already advanced very far, and lasted many months or years, and in which no operation has been attempted, or where the disease has been stimulated to more active growth by the application of ineffectual caustics. Such a case was the one of which I have shewn you a photograph, which was kindly taken for me by my friend, Mr. Lansdown. In this patient, the disease began, as it so commonly does, in a wart fourteen or fifteen years before the patient came under my care. It had sometimes appeared stationary; and then had grown more rapidly under the irritation of a blow or some injury, illustrating again a common feature in this form of cancer. He had been under the care of several surgeons, and had been treated with caustic applications. He said that no one had liked to remove it; and certainly, when he came under my notice, it was not a very enticing case to interfere with; but he was suffering so much from the tumour growing along his eyelids and into his eye, that I advised him upon that ground, if upon no other, to have it removed, and to this he gladly enough consented. He went through a severe attack of erysipelas during his convalescence; but got well, and the huge gap that was made in his face filled up, and left a not very visible scar, as may be seen from another photograph that Mr. Lansdown kindly took for me after his recovery. This patient still remains alive, and quite free from his disease. The tumour has been removed more than five years.

Now, in this, and in numerous other cases of epithelioma that I have seen, there can be no doubt that it would be better practice to cut away the disease

much earlier, and at a time when, from the size of the tumour, the operation could be attended with no danger. It seems a cruel thing to let the disease advance to a great size; and yet we are constantly having to deal with instances in which the chief question at the consultation is, whether the mischief has not gone too far to be entirely removed.

The other most common form of cancer—for I have nothing to say about colloid or melanotic cancer in particular—viz., soft cancer—is, as you all know, by far the most hopeless form of this terrible disease. There are a few cases undoubtedly on record in which the disease has been stayed by an operation; but I have never seen any, and yet there are points in which it can never fail to be interesting. The way in which, when occurring internally, it displaces different organs, obstructs the vessels, and presses upon and destroys the functions of nerves, is often very instructive to map out and trace; and, in other cases, great interest attaches to the unusual circumstances of situation in which the disease is developed, as in the following instance, which I shall give somewhat in detail.

I was consulted in January 1862 by a patient who told me that he had something the matter with one of his testicles. Upon examination, I found that both were retained in the groin, and that the right was the seat of an oval tumour, which measured four inches and a half long and three inches and a half broad. It was painless, not tender, and quite free from inflammation. From the first, I suspected that this would turn out to be carcinoma of the undescended testicle; but, as the diagnosis could not be determined at once, and as it was possible that it might only be chronic inflammation, I prescribed iodide of potassium. I continued this until March, when the tumour had increased an inch each way, and looked to the eye much fuller and larger. I now thought it desirable to interfere more actively, and to ascertain the precise nature of the swelling; and, my patient having previously consulted Mr. Paget, who agreed with me upon the propriety of my doing so, I made an exploratory puncture with a hydrocele-trocar, and succeeded in bringing away in the cannula a small piece of cerebriform-looking tumour, which presented the general and microscopical characters of soft cancer.

I recommended the speedy removal of the tumour; and accordingly, three days after, I proceeded to the operation, in which I was ably assisted by my friends Mr. Lansdown, Dr. Marshall, and Mr. Corbould. I made an incision, and freely exposed a large white oval tumour, over which largely dilated veins ramified. The testicle was easily lifted from its bed, and the spermatic cord found just behind the external abdominal ring. It was held by Dr. Marshall with forceps, and I cut it through; it was very thick and enlarged, and covered with large dilated veins. The abdominal cavity was not at all exposed, nor was the peritoneum in any way injured. About nine ligatures were required; and of these, four or five were applied to the vessels of the cord. The wound healed for the most part by first intention, but continued to discharge from its extremities for about six weeks, at the end of which time my patient appeared quite well. His respite, however, was not long; for, in about nine months from the time of the operation, he began to suffer from symptoms which indicated a return of the disease in the lumbar glands. In these there gradually developed a large tumour, which, by its interference with the neighbouring organs, and especially with the stomach, caused a fatal termination in about sixteen months from the time of the operation.

There are three or four cases of cancer of the non-descended testicle recorded; but it is a condition but rarely met with.

I have already said that I have not seen any case in which I could say life had been prolonged by an operation undertaken for the removal of soft cancer; but there are one or two cases recorded in which a cancerous testicle has been removed, and the disease has not returned; and if in any case such a result could be hoped for, it would be in such an organ as the testicle, where the disease remains for a long time enclosed within, and limited by, a dense capsule, and where, as was the case in the instance that I have just detailed, the disease was set up by an injury.

But, in these cases of soft cancer, we can promise our patient but very little. The bare possibility of his being one of the very uncommon instances of perfect recovery, some comfort, and the prospect of his being spared the loathsome ulceration of an external cancer,—this is all. In the other forms of cancer we can do more; because, even if the disease return, its natural duration makes the comfort and relief afforded by the operation better worth having; and this is specially the case in epithelioma. It is remarkable, however, even in this, the slowest of the carcinomatous diseases—so slow in its progress sometimes, and so little malignant, that one wonders whether it should be considered a cancer at all—cases every now and then occur which bring out its relation to the other cancers very clearly. Thus I had not long since a man under my care for a disease of the cheek, which presented all the general characters of epithelioma; but, upon microscopic examination of the tumour after its removal, it presented appearances so like those given by soft cancer, mixed with epithelioma, that I ventured to foretell a very early return of the disease; and, before the incision had healed, it did return, and spread with fearful rapidity.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

CASES OF EMBRYOTOMY.

By James V. Bell, M.D., Rochester.

[*Read at Gravesend, March 30th*, 1865.]

Mrs. F., aged about 30, already the mother of three children, was expecting her fourth confinement in March. About five weeks ago, a soldier in the next house committed suicide by shooting himself; some circumstance connected with his funeral frightened her much. She said she was well up to that time; but far from it after. On January 28th, symptoms of labour commenced. The waters broke while she was getting into bed, but only slight occasional pains followed without any forcing efforts, during the whole of the two following days. On the morning of the 31st, about three o'clock, Mr. Steddy was sent for by the nurse, and tried to turn, but was unable. He regarded evisceration as the alternative, and sent for Mr. Fayle to assist him. Mr. Fayle was himself at a confinement, and sent the note on to me. I went at 10 A.M., and found the right arm of the child protruding through the ostium externum, and quite purple. On making examination, I found that with my right hand I could reach the head, which was situated anteriorly and posteriorly I could reach the angle of the scapula, but the uterine efforts caused by the introduction of the hand prevented anything further. I accordingly gave her three equal doses of tincture of opium amounting in all to half an ounce, at intervals of twenty to twenty-five minutes. Slight drowsiness was produced at the end of forty minutes, which increased in ten minutes after the third dose, and was attended with contrac-

tion of the pupils. I now endeavoured, first with my right hand, and then with my left, to reach the feet, but could not; the cramping influence of the uterus prevented my right hand from reaching beyond the left scapula, though with the left I could reach the buttock, but no further. The head was driven forward over the brim of the pelvis. It was now about half-past eleven; Mr. Fayle came in, and tried to turn, ineffectually.

Whatever might have been gained by waiting, if the child had been presumed to be alive, it could be of no use to delay any measures which could be employed safely for delivering the mother, now that the child was unquestionably dead. Therefore, with the sanction of Messrs. Fayle and Steddy, I resolved to perforate the thorax and eviscerate. This done, I hoped that there would have been room to secure the feet; but the uterus clasped its contents so tightly, that the hand was powerless against it; nor did there appear to be any appreciable advantage from the empty thorax and abdomen. There could be no objection to further spoliation of a dead child, so I took first a hernia-knife, and then a probe-pointed bistoury, and tried successively with these, introduced under shelter of the fingers of the left hand, to decapitate, by bringing the instruments to bear on the interval between two of the cervical vertebræ. As, however, the right hand also had to be introduced within the uterus, its power was rendered null and void; in fact, the bistoury was turned off the child's neck on to my sheltering thumb. I then bethought me of the perforator; and in running it between two vertebræ and separating the blades; the head was severed from the body. The next pain brought the body into the world, and immediately succeeding the feet came the head. The drowsiness produced by the opium lasted more or less with intermissions during the rest of that day and the next; but no bad symptoms of any kind marred her recovery.

Another case which I had on February 26th, illustrates the good effect of not delaying embryotomy when it has to be performed.

Mrs. B., aged about 20, is a very small made woman of a very small made family. . A sister of hers required craniotomy twice, and with her third pregnancy I brought on labour at the seventh month. Another sister, somewhat larger made, had had craniotomy for the first child, and the forcep for one or two after. But this one was the smallest of the three. I went in the afternoon between three and four o'clock, and found the os uteri dilated, or rather quite dilatable; for it was kept from actually dilating by the bony conformation of the pelvis. The waters broke, and a large loop of cord came down under pressure of the head. I was unable to return it, and the questionable pulsation in it was soon without question non-existent. About eleven o'clock I tried the application of the long forceps. I could, with difficulty, introduce the very narrow blades by passing them obliquely into the outlet of the pelvis, but the completion of this application was very difficult, the pelvis being almost horizontally placed. I at last succeeded in locking them, and tried for about an hour exerting traction on the head, without any advance. I then sent for my partner, Mr. Fayle, that I might have the sanction of another for craniotomy, which I thought indispensable. He first tried traction with the forceps, but there was no advance. Accordingly about two oclock A.M., I perforated in the sagital suture, and, having broken up the brain and used the blunt hook, completed the delivery. My patient recovered without a bad symptom, except a slight feverish attack on the tenth day, which was only transitory.

Rebiews and Notices.

LECTURES ON THE PATHOLOGY AND TREATMENT OF LATERAL AND OTHER FORMS OF CURVATURE OF THE SPINE. By WILLIAM ADAMS, F.R.C.S., Surgeon to the Royal Orthopædic and Great Northern Hospitals, etc. Illustrated by Five Lithograph Plates and Sixty-one Wood Engravings. Pp. 334. London: 1865.

THE eleven Lectures, of which this book consists, were delivered by Mr. ADAMS at the Grosvenor Place School of Medicine, in the Session 1860-61; and most of them have been since published in a contemporary.

The first Lecture begins with some Introductory and General Observations; in which the author states his reasons for delivering a course of lectures on Lateral Curvature of the Spine. He complains that there has been, in respect to this affection, a general deficiency of knowledge on the part of medical men, attributable to "the absence of any facilities in the Hospitals of this Metropolis for the clinical study of cases of spinal deformity." Hence our knowledge of the pathology and treatment of the disease is imperfect; and hence, too, the principles of treatment are opposite and antagonistic.

"A continuance of this state of things necessarily leaves open a very wide field to the pretensions of irregular practitioners. It cannot but be admitted, however, that the cause of the evil rests with the medical profession, and it is equally clear that we have the remedy in our own hands; but, so long as the pathology and principles of treatment of lateral curvature of the spine remain undetermined, we must never cease to be surprised that the public, who are never slow to discover the defects and uncertainties in medical practice, should believe—as one of the most able and scientific English authorities on spinal deformity, Mr. John Shaw, has observed—that 'these unprincipled practitioners have secrets for the management of distortions, with which surgeons are not acquainted'; and that the occasional success of the empiric, after failure under the direction of an eminent surgeon, by means diametrically opposite to those previously recommended, should 'confirm a parent's suspicion that the knowledge of the *quack* is superior in such cases, to that of the surgeon'." (Pp. 5-6.)

Mr. Adams then notices very briefly the so-called "systems" of treatment of distortion which have arisen out of empiricism; these being the systems of *complete recumbency*, *muscular exercises* or *gymnastics*, *cutting the spinal muscles*, *mechanical extension*, and *mechanical treatment* by means of spinal instruments. The last, Mr. Adams observes, forms, in conjunction with other means, the basis of modern orthopædic treatment.

He then goes on to refer to the improvement that is now taking place, and to the establishment of special hospitals for the treatment of distortions. On these institutions, Mr. Adams rightly observes, rests much responsibility.

"The profession generally will look to the surgeons of these special hospitals for such an extension of knowledge as careful investigation and practical experience will necessarily lead to, and they have also a right to demand their assistance in dispelling

the fallacies with which special branches of medical knowledge are invariably surrounded."

It is, Mr. Adams observes, the duty of the surgeons of these institutions to make them schools of instruction both to students and to the profession generally, and thus utilise them for the benefit of the poor of the country.

After an explanation of the object of the lectures, the remaining part of the chapter is occupied with a description of the healthy anatomy of the human spinal column. In the course of these remarks, when speaking of the normal—anterior and posterior—curves of the spine, Mr. Adams expresses his agreement with the opinion of Mr. Bishop, that the spine is weaker by being curved than it would be if it were straight; and that, in consequence, curvature in the mesial plane, as Mr. Bishop has observed, most commonly occurs at the sixth and seventh dorsal vertebræ, which are most distant from the vertical axis; and also that the weakness of the spine from curvature explains the prominence of the spinous processes of two or three lower dorsal vertebræ which is frequently observed in growing girls, but which, the author observes, is often a cause of unnecessary alarm.

Many anatomical writers speak of the existence of slight lateral curvature as a normal condition. Mr. Adams, however, founding his opinion mainly on observations made by him as demonstrator of morbid anatomy at St. Thomas's Hospital during twelve years, states any lateral deviation to be extremely rare; and in this opinion he agrees with Dr. Little. He says that he has known the belief that slight lateral curvature is a normal condition to be productive of mischievous consequences.

In the second lecture, the author speaks of the Physiology of the Spine in Relation to the Production of Lateral Curvature. He denies that there is any analogy between the articulations of the human spine and the joints of the limbs—such analogy being destroyed by the presence of the intervertebral cartilages; and consequently, he says, no analogy can be drawn between distortions of the spine and those of the limbs, such as some writers, Dr. Little especially, have endeavoured to trace. Mr. Adams fully discusses the physiological import of the oblique articulating processes, and of the ligaments and muscles of the spine. The theory, that unequal elongation and contraction of the ligaments produces lateral curvature, is denied by Mr. Adams, who adduces Mr. Skey's observations in support of his remarks. The muscles he considers as not being in a state of active tension when the spine is erect, but in a state of "vigilant repose"; and he holds that they do not act, primarily, in causing spinal distortion. But,

"As soon as the equilibrium of the spinal column is disturbed, and the body inclined to one side, the spinal muscles on the convexity of the curve are called into increased action and put violently on the stretch; they become tense and prominent, while the muscles in the concavity of the curve remain soft and flaccid. The latter circumstance appears to me to prove that the *spine is not drawn* into a curved posture by the active contraction of the muscles, in the same way that the arm or the leg is flexed when the biceps and hamstring muscles respectively become prominent and tense; but that the spine bends passively as a flexible column in consequence of disturbance of its equilibrium, the result either of some alteration in the angle of its base of support—some tilting of the pelvis—or of some alteration in the distribution of the weight it has to support above." (P. 55.)

In the next page, he repeats that he has not been able to satisfy himself that morbid lateral curvature is ever produced by muscular action. He admits, however, that there is an apparent exception in wryneck, which is produced by spastic contraction of the sterno-mastoid muscle; but even here, he says, the curvature "is a secondary and late effect of wryneck, and depends as much on mechanical conditions as on physiological causes." The same reasoning, he says, is also applicable to the spinal curvature ultimately resulting from hysterical contraction of the scapular muscles.

In the third lecture, Anterior and Posterior Curvatures of the Spine are spoken of.

The fourth lecture contains an account of the External Characters and Morbid Anatomy of Lateral Curvature. In the fifth, the author continues his remarks on the Morbid Anatomy of Lateral Curvature, and speaks of the Changes undergone by the Bones and Cartilages, of the Deformity of the Chest and Pelvis, etc. In the sixth and seventh lectures, he discusses the General Pathology, Etiology, and Mode of Production, of Lateral Curvature; speaking also, in the seventh lecture, of the Symptoms. In the eighth lecture, he continues his remarks on the Symptoms, and also comments on the Complications and Natural History of the affection. The ninth lecture treats of Diagnosis and Prognosis; the tenth, of the Classification of Cases, and of the Principles and Various Symptoms of Treatment; and in the eleventh, the author describes in detail the Treatment which he believes best suited to the various forms of Lateral Curvature.

On all these points, Mr. Adams writes clearly and instructively. As an enlightened observer, he does not admit that any one class of causes produces spinal distortion, or that any one mode of treatment is equally applicable to all cases: but he points out how the disorder may arise from different sources, and how, accordingly, this or that remedy or combination of remedies is likely to be useful. Frequently, he expresses dissent from the opinions of his colleagues and of other authorities on various orthopædic matters; but there is no more than we must expect until the principles of the pathology and treatment of curvature of the spine are fully established. Towards fulfilling this desirable end, Mr. Adams has endeavoured to contribute his share; and we thank him for what he has done.

Notes for Students in Chemistry; being a Syllabus of Chemistry and Practical Chemistry. By Albert J. Bernays. Fourth Edition. Pp. 92. London: 1865.

This little work contains a complete syllabus of the names, symbols, and properties of every important element and compound, organic and inorganic. The proof of the utility of the volume is shown by the fact that it has reached a fourth edition. Students, when reading for examinations, having no time to look up the larger manuals, are able readily to refresh their memories and find out their weak points by means of these Notes. Being quite unintelli-

gible to the mere tyro, the book does not dispense with handbooks for *learning* the science; and, differing from most of the minor manuals, it embraces the whole science of chemistry. A book which has already found such favour with the student scarcely requires recommendation from us. The merits of such a volume are shown by its success. Dr. BERNAYS' experience as a teacher has enabled him to give the student, in these Notes, just the aid which he requires for advancing or confirming his chemical knowledge.

British Medical Journal.

SATURDAY, MAY 13TH, 1865.

THE BRITISH PHARMACOPŒIA.

IT is disappointing to find that a work promulgated with so much ceremony and at so great expense as the *British Pharmacopœia*, should have proved so unworthy a substitute for the works which it is meant to supersede. As a new edition is said to be forthcoming, we may perhaps usefully give a specimen of one or two of the most important errors in it.

As to the method of prescribing, it appears to us that the general discontent excited by the adoption of the new system of "grains" has a very solid foundation. It seems a somewhat arbitrary measure, that a small committee of physicians, assisted by some chemists and druggists, should alter the method of prescribing which has hitherto been adopted without inconvenience by the whole body of physicians. And all this innovation, causing considerable inconvenience to physicians, is introduced for no better purpose than to save the druggist a small arithmetical calculation in his operations. To this fault in the *British Pharmacopœia* may, we believe, in part be ascribed the neglect it has received at the hands of the great majority of English prescribers.

A more vulnerable point, because attended with greater danger, consists in various anomalies which disfigure its pages.

One of the most striking of these is the mistakes made in regard to the combination of chlorine with mercury, which have been lately especially noticed by Dr. Odling, in his lectures at the Royal College of Physicians.

In the *London Pharmacopœia*, the two combinations of mercury with chlorine were given as follows.

"Hydrargyri Chloridum (Calomelas, Ph. 1788)."

"Hydrargyri Bichloridum (Mercurius Corrosivus Sublimatus, Ph. 1746)."

In the *British Pharmacopœia*, they are given as follows.

"Calomelas.

"Hydrargyrum Corrosivum Sublimatum."

But in the Materia Medica, or first part of the *British Pharmacopœia*, the first of these is called, "Hydrargyri Subchloridum, Hg^2 Cl"; the second, "Chloride of Mercury, Hg Cl." This alteration in the nomenclature of these important preparations, though supported by no less an authority than Gmelin, is now known to be incorrect. The most recent investigations of Dr. Frankland, of the Royal Institution, and of Dr. Odling, one of the most rising chemists of the day in London, gave the first chloride as Hg Cl, and the second as Hg Cl^2.

The verification of this view stands thus, as pointed out by Dr. Odling.

"Equal volumes of the volatile chlorides contain unequal volumes of chlorine.

"Calling the amount of chlorine in a standard volume of hydrochloric acid (I), the amount of chlorine in the same volume of calomel is (I); the amount of chlorine in the same volume of corrosive sublimate is (II) 2; whilst the amount of chlorine in the same amount of antimony is (III) 3, etc.; and so we have

"H Cl	Hg Cl^2 Corrosive	As Cl^3
Hg Cl	Sublimate	Sb Cl^3

"The quantity of mercury which unites with twice 35·5 parts of chlorine to form corrosive sublimate, as with once 35·5 parts of chlorine to form calomel, has the same specific heat as

"An atom of silver, which forms Ag Cl;

"An atom of tellurium, which forms Te Cl^2; and

"An atom of arsenic, which forms As Cl^3.

"In corrosive sublimate, the chlorine is divisible into two parts; in arsenious chloride, it is divisible into three. Thus we have

"Chloramide, Hg Cl As;

"Iodocyamide, Hg Cy I;

"Chlorethide, Hg Et Cl."

Calomel, therefore, as the *British Pharmacopœia* barbarously denominates this preparation, is a true chloride of mercury, and corrosive sublimate is a bichloride.

By this it is clear, that the *British Pharmacopœia* records an error in calling corrosive sublimate a chloride of mercury; but, putting aside the fact of this error, we must remark on the exceeding imprudence of giving a name which, by long custom, belongs to a harmless compound, to one which is as dangerous a poison as arsenic.

The excuse which will be made, that all who prescribe ought to adopt the new nomenclature, and prescribe strictly according to the *British Pharmacopœia*, will be no guarantee against accidents, because it is certain that many physicians will not abandon the custom they have always followed; and, again, many persons keep old prescriptions by them for years, continually getting them dispensed for use.

Hence, the "ignorance" which we observed in the reports of the discussions in the Medical Council to have been attributed to others, must in some degree attach to the authors as well as the critics of the *British Pharmacopœia*.

But, further, we are tempted to inquire how the Committee justify the use of the word "Calomel."

Setting aside the known prejudice of the non-medical public against the remedy, if prescribed under that name, we ask, Whence is the word derived? From the two Greek words, καλος, *good*, μελας, *black*. But, surely, this derivation cannot suit a word which is to designate a *white* powder! True, it has been hinted that the word "calomel" is of Arabic origin; but if such were the case, how is it that calomel in its genitive case, exactly follows that of the Greek word μελας, genitive μελανος.

It is evident, that the word is of Greek origin; and it was, in fact, introduced into medicine about two hundred years ago, and at that time represented the compound of sulphur with mercury, Hg S, Sulphide of Mercury, or Æthiops' Mineral, *which is a black powder*.

More than sixty years ago, the learned Dr. Turton, in his *Medical Glossary*, under the word "calomel", says, "I had hoped that the College of Physicians, in the appropriation of names to medicines, would not have neglected an absurdity like this."

Let us hope that, in the contemplated new edition of the *British Pharmacopœia*, the Committee may see fit to exclude the "absurdity" from the work.

In regard to the expense at which this new boon has been afforded to the medical world, we are at length able to state the authorised version of its cost, as printed by the Treasurers of the Medical Council.

The amount paid for compilation and printing	£6229	6	5
The receipts from sale, etc., to same date	5022	14	0
Leaving a balance against the Council, "due on account of publishing the *British Pharmacopœia*," of	1206	12	5

With a stock in hand of 10,917 copies of the 32mo. edition—a stock not likely to be sold off on the eve of a new edition.

The *London Pharmacopœia* was produced at a cost to the Royal College of Physicians of, for each edition, little more than £200; of which £100 was presented to Mr. Phillips, the chemical authority of the College, and £100 to the editor of the work; and to each of the Committee, a small compliment in the form of a silver inkstand, they having declined other payment.

Every Fellow of the College received a copy of both editions (8vo. and 32mo.); and the funds of the College were increased by the sale of the work, on an average, by £50 annually.

"Look on this picture and on that!"

It is proposed that the new edition shall be of a size medium between 8vo. and 32mo. This form would save expense in paper, as compared with the very costly large edition; but a great want would still be felt by students, who cannot well do without a smaller and more portable, as well as a cheaper edition.

As a proof that smaller editions will be remunerative, we may mention that a large remaining number of unsaleable copies of the 8vo. edition of the *London Pharmacopœia* were rendered saleable by being cut down to a smaller size, for the especial use of students, and were all sold off; the ready sale proving the existence of the demand.

What can legislation, Medical Councils, and the press do for our profession, while it insists on deliberately committing suicide? At another page will be found a short correspondence, which indicates descent, and contains a sad commentary on our professional *esprit*. The British Medical Association, and likewise the medical men of Reading, took active steps to obtain from the Postmaster-General the due remuneration of medical men for examination of lives under the Government Insurances and Annuities Act. That due remuneration would have been given, in accordance with their action, is certain, if members of the profession had not themselves interfered by offering to do the work at something approaching to the wages of a mechanic. The British Medical Association and the Reading gentlemen were met with the unanswerable remark, "We have offers by hundreds and hundreds from medical men, who are ready to do the work at 2*s.* 6*d.* per examination; nay, who beg and pray to be appointed on such terms." "And more than this," said Lord Stanley of Alderley; "here is the *Lancet*, which says 2*s.* 6*d.* is a 'sufficiently liberal' charge under the circumstances." How can we ever hope to see the status of our profession elevated, in the face of such telling facts as these? Nothing can be more manifest than that the Postmaster-General was ready and willing to have given a fitting remuneration, if the profession had demanded it. And who can blame a public official, if, in a free-trade age, he accepts the lowest tender from gentlemen whose fitness for the work to be done is guaranteed to him by the diplomas of Colleges and Halls?

Our attention has been called to the fact—more eloquent than words, as indicative of the condition of the Navy Medical Service—that on the 8th inst. six surgeons were appointed to different ships, in lieu of assistant-surgeons.

"G. Bellamy, surgeon, additional, to the *Cumberland*; J. C. Eastcott, surgeon, additional, to the *Excellent*; W. Anderson, surgeon, additional, to the *Asia*; A. L. Archer, surgeon, additional, to the *Indus*; R. W. Beaumont, surgeon, additional, to the *Fisgard*; C. F. Godfrey, surgeon, additional, to the *Victory*."

These surgeons are appointed to do assistant-surgeons' duty; and for the manifest reason, that assistant-surgeons are not to be had at any price. This very important fact entirely supports the truth of a remark made in the rejected Report of the Com-

mittee appointed by the College of Physicians to inquire into the condition of the army and navy medical officers; viz., that the service, in respect of its supply of medical officers, has arrived at very much the same state which it was in previous to and during the Russian war. If there had been candidates for the navy medical service forthcoming, those surgeons would not have been appointed. Was the Committee wrong which asked the College to take cognisance of a state of things which has brought the service to such a pass? We may add, that we have had it as the undoubted opinion of one of the persons best fitted to know the facts of the matter, that, if another war were to break out to-morrow, the medical service of the army and navy would be found equally as unable to cope with the emergency as it was during the Russian war.

THE *Wien. Med. Woch.* says of the Czarewitch's death:

"Professor Oppolzer has returned from Nice. On his arrival there, he found the imperial patient in a dying state. He remained an hour with him, and, after examination, pronounced his disease miliary tubercular meningitis, the result of chronic disease of the spine. He visited the patient with Karrel, Pirogoff, and Zdekauer. On the following day, and before the *post mortem* examination was made, the diagnosis was written down, and, at Pirogoff's request, witnessed by Princes Schuwaloff and Dolgorucki, and by General Adlerburg. This was done on account of a different diagnosis having been made, and because some of the Court were of a different opinion as to the nature of the disease. Pirogoff performed the *post mortem* examination; Oppolzer dictated; and Karrel wrote down the statement of appearances. On the dura mater, between the first and second lumbar vertebræ, was found a vascular fibrous tumour; and towards the cauda equina, several small tubercular granules. The second and third lumbar vertebræ were carious. A small abscess was found in the right psoas muscle; at the base of the brain, miliary tubercular inflammation and softening of the brain-substance; a large quantity of serum in the ventricles; and two obsolete cavities and several granules were found in the right lung. The left lung was sound. On the following day, after reading their report, the Emperor sent for Oppolzer, Pirogoff, and Zdekauer; and, in the presence of his whole family and of the Court, asked them whether, if they had been called in earlier, they could have saved his son; or whether the organic disease was incurable. To which they replied, that the case was hopeless. Thereupon the Emperor turned to his family and said: 'We must bow with humility and peace to the will of God.' The Emperor then thanked Oppolzer, and bid him remain another day in Nice, in order to examine the other imperial children; which he did, and declared them all to be free from tubercular disease, and in perfect health."

M. VELPEAU, in the name of M. Ollier, has presented to the Academy of Sciences a portion of a humerus twelve *centimètres* long, and comprising the superior articular head of the bone. This piece of bone had been taken from the arm of a young girl whose shoulder had been the seat of suppuration for several years. The periosteum was preserved, and the bone had been reproduced. M. Velpeau showed photographs which proved that the arm could be moved in all directions; that there was no deformity; and that, therefore, the articular head of the bone had been restored. This fact, said M. Velpeau, proves the possibility of the reproduction of the bony epiphyses by the periosteum, and the error of those who maintain that such reproduction can only occur in cases of necrosis.

Professor Gilewsky of Krakau lately related to the Vienna Medical School a case of mucous polypus of the larynx in a young woman, which he had removed by dividing the thyroid cartilage. Very little bleeding followed. Professor Türck said he was convinced that laryngotomy was in many cases the best operation for the removal of laryngeal polypi.

The Belgian Academy of Medicine have proposed the following subjects for their prizes—medals in value from 300 to 1,500 *francs*—for the years 1864 to 1866:—The History of Glycosuria; An Exposition of Scientific Medical Progress in the Learned Societies, etc., of Belgium; The Effects, etc., of Tobacco on Healthy Man; The Characters, etc., of Malignant Pustule, as observed in Animals—its Causes and Treatment; The Chemical History of Digitaline; The History of Van-Helmont's Medical Works, his Doctrines, etc.; The Treatment of Surgical Cancer; The Chemical, etc., Study of *Tenacetum Vulgare;* The Functions of the Parts of the Different Brain, as proved by Experiment, etc. The theses must be written in Latin, French, or Flemish.

In Vienna, during March, sixty-five dead bodies were brought under the inspection of the sanitary police—twenty-five more than in the preceding month. Of these, eleven were cases of suicide, four of accidents, and fifty in which the causes of death were unknown. *Post mortem* examinations of these are made.

Dr. Parkes speaks highly of Mr. Lowne's anemometer, constructed by Mr. Casella of Hatton Garden. It is similar to the instrument of M. Combes, but is much more delicate, is more easily read, and not so difficult of correction. Dr. Parkes thinks the instrument will be of great use in hospitals, mines, etc. By it, in two or three minutes, an observer can learn the amount of air passing into or out of a room; so that the state of ventilation of wards of a hospital may be readily and accurately determined.

M. Pelouze gives the French Academy his observations—the volumetrical analysis of the iron in the blood. Human blood, he finds, contains 51 *milligrammes* of iron in 100 *grammes*. Pig's and ox's blood contains from 48 to 50 *milligrammes*. In birds, the quantity of iron is much less. The blood of the duck contains 34, that of the goose 35, and that of the turkey 36 *milligrammes*.

EXCISION OF THE TONGUE BY MR. SYME.

On the 10th instant, Mr. Syme, in the presence of a very large audience, comprising a large number of practitioners, performed excision of the tongue. The patient, a woman of about 56 years of age, has been affected with malignant disease of the tongue for about two years. The affection implicated nearly the whole of the organ, extending to within a short distance of the hyoid bone. Having made an incision, dividing the skin in the median line from the lip downwards, Mr. Syme sawed through the lower jaw. The two portions being then held apart, he readily and rapidly dissected out the whole tongue. Only a few ligatures were required; and the patient lost but a very small quantity of blood. The wound was brought together by means of silver sutures. The whole operation lasted about twenty minutes. Before its commencement, the patient was kept under chloroform; the administration was, however, purposely not continued during its performance.

After its conclusion, Mr. Syme remarked that the operation for removal of the tongue might be said as yet to be an experiment, as there was uncertainty both as the immediate danger attending it and as to its ultimate success. Mr. Syme remarked that the patient upon whom he had operated six months ago, is still perfectly well, there having been no recurrence of the disease. He alluded to his not having continued the administration of chloroform during the operation, stating that his object was to prevent any passage of blood into the lungs, so as to keep them as free as possible from irritation. The patient, who bore the operation with remarkable fortitude, was able to walk out of the operating theatre, after its conclusion.

EXTRACTUM CARNIS LIEBIG.

At the last meeting of the Royal Medical and Chirurgical Society on Tuesday evening, specimens of this preparation, about which there is so much talk at present, were exhibited, and tasted by the Fellows of the Society. The specimens having been sent direct from Baron von Liebig to Professor Harley, there could be no doubt of their consisting of the genuine article. The substance is of a rich brown colour, and smells very strongly of osmazone—the fragrant principle of cooked meat. In consistence, it resembled very thick treacle; and one pound of it was said to correspond to the soluble matters of thirty pounds of ox-flesh. It was apparently very easily transformed into a savoury article of diet; for several of the gentlemen, after the meeting was over, took a teaspoonful, poured some boiling water over it, added a little pepper and salt, and there and then drank it off, with much apparent satisfaction. There can be little doubt that, if all the specimens are equally good with that exhibited to the Royal Medical and Chirurgical Society, the whole medical profession owe a deep debt of gratitude to Liebig for having put into their hands a means of giving to their patients the nutritive parts of animal food in a remarkably concentrated form. Professor Harley informs us that the preparation is extensively prescribed, both in hospital and private practice, in Germany; and is actually one of the remedies of the Bavarian Pharmacopœia, under the title of Extractum Carnis Liebigii. The specimens Liebig had sent him, however, were those just arrived from Uruguay, where they are prepared by the Société de Fray-Bentos. They were beautifully put up in white porcelain jars, which must have contained at least about a pound each.

THE HUNTERIAN SOCIETY: ADJOURNED DISCUSSION ON SYPHILIS.

The next meeting of this Society is to be devoted to the discussion of a paper read by Mr. Hutchinson at a former one, on the "Medical Aspects of Syphilis." One adjourned meeting has already taken place; but the debate not being concluded, it has been decided to resume it next Wednesday, May 17th. The President invites the attendance of all interested in the subject.

No paper will be read; but the following propositions will be submitted to criticism.

1. Syphilis ought to rank as an exanthematic fever, having its stages of incubation, efflorescence, decline, and sequelæ. 2. The secondary rash (together with iritis, retinitis, condylomata, mucous patches, and superficial inflammations of the mucous membranes) is the exanthem stage. 3. Both primary and secondary stages will, after a certain duration, disappear spontaneously. 4. The evolution of the exanthem cannot be prevented by internal treatment during the period of incubation. 5. The symptoms which constitute the tertiary class are rather sequelæ (more or less accidental) than a true stage. They are irregular as to their time of outbreak, have no tendency to spontaneous cure, and they relapse over and over again after remedial treatment. 6. A very important distinction between the secondary and tertiary symptoms is found in the fact that secondary phenomena are, *as a rule*, symmetrical, and tertiary, *as a rule*, not so. 7. From the symmetry of secondary symptoms, we infer that they depend on a poison circulating in the blood; and from the non-symmetry of the tertiary, that they depend upon defective organisation of the solids rather than upon any free virus still existing in the blood. 8. This statement as to the non-symmetry of tertiary lesions applies only to acquired syphilis. In inherited syphilis some very remarkable differences are noticed. The distinction between the stages is much less marked, and most of the symptoms are symmetrical. 9. Of the symptoms which should be classed as tertiary, the following are the chief: deep or serpiginous ulcerations of the skin and mucous membranes; syphilitic orchitis; nodes, whether of bone, periosteum, cellular tissue, tendon, bursa, or ligament; deposits in the internal viscera, and diseases of the nervous system. 10. The investigations of recent observers have proved that very numerous and important organic diseases are remotely, but directly, consequent upon syphilis, and are to be cured only by proceeding on that supposition.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

Epileptiform Convulsions: Extensive Hæmorrhage into the Right Hemisphere. At a meeting of the Pathological Society of London, on February 21st, 1865, Mr. Jabez Hogg showed the right hemisphere of the brain from a patient who died in epileptiform convulsions of thirty hours' duration. The subject of the case was a gentleman, aged 56, short, of full habit, and plethoric. One morning he was found insensible; his breathing was loud, but not stertorous; his pulse was quick, and a little blood flowed from the mouth. While Mr. Hogg, who had been called, was attending to the treatment of the patient, a violent epileptic convulsion seized him, which lasted quite ten minutes, when it subsided. The left side was paralysed. For from fifteen to twenty minutes, there occurred another seizure, and this was again succeeded by an interval of rest; other fits followed in tolerably regular succession. As near as could be ascertained twenty-five occurred in thirty hours. Towards the end they became weaker, but lasted longer; in the last fit he died. On opening the skull and removing the brain, a great quantity of clotted blood escaped from a wound in the right hemisphere, on a level with the section of the skull. The clots that thus escaped remained in the base of the skull, when the brain was taken; and as far as could be judged amounted to about three ounces of blood. The orifice from which the blood had escaped, communicated with a large cavity in the white substance of the hemisphere, extending from its anterior to its posterior extremity filled with clotted blood. The surface of this cavity was rugged, and both white and grey substance were completely broken down and mingled with blood. In this cavity there must have been two ounces of blood, so that altogether there could not have been less than five ounces. The small arteries of the pia mater were quite granular and in a state of fatty degeneration. This unusual amount of hæmorrhage, Mr. Hogg considered, was probably due to the epileptic convulsions, which succeeded each other rapidly from the time of the first seizure till death (thirty hours after); some of them lasted as long as twenty minutes. The interest of this case hinges on the extensive destruction of brain-substance and the large amount of hæmorrhage. It is a little remarkable in connection with this case, that the patient's relations never heard of his having had a fit at any former period of his life. However, during the summer of 1859, he lost the sight of the right eye by destructive internal inflammation, accompanied by much pain; and at that period he was treated for rheumatism, which extended down the right side of the body. Early in the following year, 1860, he placed himself under Mr. Hogg's care, and finding the sight of the left eye threatened, Mr. Hogg recommended enucleation of the right eyeball. This operation was performed; and the patient made a good recovery; the sight of the left improved, and remained perfect up to the time of the seizure just narrated. It is not improbable that the sight of the right eye was lost during a slight epileptic fit about this time. On examining the left retina, Mr. Hogg found many recent minute apoplectic spots distributed over it, but otherwise the eye was perfectly healthy. The mass which filled up the right orbit was wholly composed of fat and connective tissue; and the optic nerve had become converted into a very thin but strong fibrous cord; not a trace of nerve-structure could be seen. Loss of speech took place simultaneously with the epileptic seizure. Consciousness certainly returned for a few minutes between the first and second fit, for he attempted to say something to Mr. Hogg, but was unable to articulate. This case was associated with hemiplegia of the left side of the body, and destruction of the right side of the brain. The left hemisphere was slightly congested, but nearly normal. The body was not further examined. Upon emptying the bladder with a catheter before death, the urine was found highly albuminous.

Rupture of an Aortic Valve. At a recent meeting of the Pathological Society, Dr. Wilks produced the very rare specimen of rupture of one of the aortic valves from injury. The subject, a young man, fell from a height on his side; he had lacerated his intestines, and died in three days from peritonitis. He had also great difficulty in breathing, but his heart was not examined during life. After death, one of the aortic valves was found torn from its edge to its base towards its side, as if it had been forcibly torn away from its attachment. Dr. Wilks supposed the rupture was caused by the extensive pressure of the blood on the valve produced by a sudden contraction of the aorta—there having been no direct injury to the chest.

SURGERY.

Dislocation of the Cervical Vertebræ. Dr. Schuh of Vienna relates two cases of this accident, from which he deduces the following conclusions. 1. Although dislocation of an articular process produces but a slight twisting of the vertebral canal and contraction of the same, the accident is followed by disturbances of innervation. In both the patients, the upper limb on the side of the dislocation suffered. In one instance, that of a girl, there were pains proceeding along the course of the nerves arising from the cervical plexus. In the other patient, a man, there was congestion of the head and especially of the face; but the symptom was absent in the girl. 2. The results in the two cases appear to show that the functions of the spinal cord are not restored when reduction is effected with much force or only after repeated attempts; while, if replacement be easy, the disturbances of innervation are likely to disappear rapidly. 3. From the small number of cases recorded, it is not known whether, in the event of the dislocation not remaining reduced, the spinal cord and nerves may gradually accustom themselves to the pressure, so that the symptoms disappear; but Dr. Schuh does not think this occurrence probable. (*Wiener Med. Wochenschr.*, 4 Jan., 1865.)

Treatment of Gonorrhœa. Dr. Thomas B. Henderson lately read a paper before the Glasgow Medical Society, on Two New Specific Remedies for Gonorrhœa. The first of the medicines is the oil of yellow sandal wood. It is obtained by distillation from the wood of the tree Sirium myrtifolium, of the genus *Santalum*. It grows in the East Indies. One pound of the wood yields two drachms of the oil. Lindley says: "This oil is said to be used to adulterate the oil of roses." Professor Redwood in his *Supplement to the Pharmacopœia*, on the authority of Dr. O'Shaughnessy, writes: "Sandal wood in powder is given by the native physicians in ardent remitting fevers. With milk it is also prescribed in gonorrhœa." Dr. Henderson has found sandal wood per-

fectly innocuous even in large doses. From twenty to forty minims three times a day, diluted with three parts of rectified spirit, and flavoured with cassia or cinnamon oil, is his ordinary formula. In cases of the disease at the first, second, or third stage, in susceptible persons, he has often seen the most marked suppression of the discharge within forty-eight hours. It is a pleasant medicine, not liable to cause sickness, agreeable to the taste, and grateful to the stomach. In Dr. Henderson's opinion, it is in efficacy equal, and frequently superior, to balsam of copaiba or cubeb pepper. He has used it in many cases during the past five years. The other remedy is the gurjun or gurgina balsam, or wood oil. It is the product of the *Dipterocarpus turbinatus*, an Indian tree. Wood oil is a liquid of the consistence of olive oil, of a dark reddish colour and slight odour. Pereira gives a good account of this medicine when speaking of the adulterations of balsam of copaiba. The description of this medicine which caused Dr. Henderson to try it is contained in Mr. Waring's *Manual of Practical Therapeutics*. It is now several years since Dr. Henderson commenced to experiment with wood oil. He has only used it in cases where copaiba had been fully tried and failed. In every case it was successful within a week. No symptoms of inconvenience in any of the cases were produced. It was given in doses of a teaspoonful two or three times a day, *uncombined*. It is not easily procured in this country. Dr. Henderson is thoroughly convinced that it is an excellent medicine. (*Glasgow Med. Jour.*, April 1865.)

Compression in Aneurism. In a Clinical Lecture on the Combination of Distal with Proximal Compression in Certain Cases of Aneurism. Mr. J. M. O'Ferrall, F.R.C.S., says that he has long since been of opinion that compression of an artery on the distal side of an aneurismal sac should precede or accompany that on the cardiac side of the aneurism. He has often observed arrest of pulsation easily accomplished, attended at the same time with a flaccid state of the sac; but in such cases, the moment the pressure ceased, the sac was filled and throbbed as before. The formation of the coagulum is thus desirable as the first step to consolidation. It therefore appeared advisable to interrupt the current only when the sac was full of blood. These considerations, together with the knowledge of the fact that ligature of the artery on the distal side has sometimes cured an aneurism when the upper or cardiac portion of the vessel could not be reached, led him to try this expedient whenever a fair amount of pressure was not followed by success. He thinks that cessation of pulse in a sac which suddenly diminishes in size and becomes flaccid is less likely to be followed by a permanent cure, whatever time may have been occupied in the compression; and that a sac which retains its volume, and is, moreover, full of coagulum, is less likely to be refilled, however short the duration of the compressing force. When the supply is completely cut off by ligature of the trunk, he believes that the danger of relapse from refilling of the sac by collateral sources is more likely to occur when the sac collapses and becomes flaccid at the moment of deligation, than when its dimensions are unchanged. This firmness of the parietes of the sac is always considered favourable to the success of the operation, as implying the presence of fibrinous deposits, whether we attribute them to stasis of the blood or to inflammatory exudation, as suggested by the researches of the late Dr. Abraham Colles. Mr. O'Ferrall has no doubt, however, that whether a sac be filled by fibrinous deposits of some duration, or by coagulum recently formed, a full sac is very influential in preventing the ingress of blood from a compressed artery above, or collateral branches from below; the compression below the sac need not, in some cases, last more than a few minutes before the current above is stopped. If, on making the pressure above and arresting the pulsation the sac remains full, the object is attained, and time is merely required to allow the blood then liquid to coagulate in the sac. In other cases, it may be prudent to continue both compressions for a longer time. Three cases have already been treated on this plan with success. The first was published by Mr. O'Ferrall in the *Dublin Quarterly Journal* for November 1846. (*Dub. Med. Press*, March 1865.)

MIDWIFERY AND DISEASES OF WOMEN.

Connections of Puerperal Fever. Dr. Barnes thus sums up the connection between puerperal fever and the local and constitutional conditions derived from pregnancy and labour. 1. Pregnancy induces a degraded condition of blood; throws an excessive burden upon the excreting apparatus; impedes the freedom of the circulation; causes hypertrophy of the heart. 2. Labour adds to the condition left by pregnancy; shock; extensive local injury; an enormous waste of nerve and muscle, the consequence of physical exertion; greater degradation of blood from this conversion of nerve and muscle, and also from the proceeds of the involution of the uterine tissues. 3. Hence a greatly exalted stress upon the excretory organs, and a general deterioration of the solids and fluids, inducing feeble physiological action, and therefore tendency to fall into pathological action; that is, to generate what in the strictest sense may be called puerperal fever.

Exostosis of the Sacrum: Cæsarean Operation. Dr. Marchant of Yxelles, relates the following case. J. L., from Vaux, aged 31 years, a tall meagre woman, of a strong constitution, had never been seriously ill before her marriage. She was married at 25, and had been four times pregnant. Her first pregnancy occurred in June 1859. Ten hours after labour had commenced, the head was found arrested in the brim of the pelvis; the os uteri being perfectly dilated. Three physicians declared that the sacro-vertebral protuberance somewhat narrowed the diameter of the antero-posterior portion of the superior passage and would retard the labour, which, however, would be effected by the natural efforts. Fifty hours after the commencement of labour, the woman gave birth to a well-formed child, that gave but feeble signs of life, and died. In 1860 she was again delivered, this time by craniotomy. After the extraction of the fœtus, a hard bony tumour was found, with a broad basis, and united to the superior half of the sacrum. The transverse diameter of the superior passage having its normal width, the vertebral column showed no deviation. The woman again became *enceinte*. The bony tumour had grown, and increased the constriction of the sacro-pubic strait. She was again delivered by cephalotomy. In 1863, a fourth pregnancy occurred. The development of the tumour had reduced the antero-posterior diameter of the pelvis to five *centimètres*. This rendered embryotomy as dangerous as the Cæsarean operation, to which the woman resigned herself. She was subjected to an abundant bleeding, baths, a slender dietary, and purgatives, during the last eight days of her pregnancy. When the neck of the womb was effaced, Dr. Marchant proceeded with the operation. On opening the womb, the placenta was inverted. He disengaged it from the anterior part, and the child appeared at the opening through the breech. Hardly had he been extracted from the womb of his

mother, when he began most vigorously to utter his first screams. Having finished the operation by the extraction of the placenta and its appendages, and having carefully sponged the uterine and abdominal wounds, Dr. Marchant reunited the latter by means of the "uniting bandage." The woman had, twelve hours after the operation, violent acute pains, vomiting, pulsation frequent, and was bled to 250 *grammes*. Twenty-four hours after the operation: the pulse frequent; she had perspiration; the abdomen was painful, slightly swollen. Ten leeches were applied to the vulva; oily ointments were used. From the fourth day the inflammation declined; the abdominal wound began to cicatrise, and the patient recovered her strength. The child also, put out to nurse, was doing well. (*Dub. Med. Press.*)

MEDICINE.

Inflammation and Venesection. Dr. MacCormac of Belfast, says that, at one time, every case of inflammation was treated, without discrimination, by the lancet; and now, and for some time past, an effort is made, he must say equally indiscriminating, to treat every case of inflammation without the lancet. The type or types of inflammation, in his apprehension, are just what they always were. But, inflammatory attacks he does not think now so frequent as they once were. People clothe more warmly, and, thanks to machinery and the various mechanical aids, do not make such violent efforts. There cannot, he says, be any reasonable doubt that violent inflammatory action, in vigorous plethoric subjects, is lessened, often entirely quelled, by three, two, or sometimes even one copious detraction of blood. He who rejects bloodletting entirely, deprives himself of a most potent and often most valuable auxiliary. Some years since Dr. MacCormac was called in to see a gentleman with a feverish attack coupled with an inflammatory affection of the brain. Moved by the clamour against bloodletting, he resolved, most unwisely, to omit venesection. "You would not have done that at one period," said the general practitioner in charge, "you would have taken away thirty or forty ounces of blood from the arm." In due time coma ensued, and finally death. Perhaps the patient might not have recovered under any treatment.—M., a vigorous, robust, plethoric man of 60, was seized with pneumonia. There were great oppression of breathing, a full, hard, rapid pulse, great heat of surface, flushed face, high-coloured cheek bones, and tenacious rusty sputa. Dr. MacCormac leeched, blistered, opened the bowels moderately, gave cooling drinks, and antimonials. The result of this treatment was the loss of the patient.—R., a stout vigorous man, was very largely bled for pneumonia. The countenance, however, continued anxious, the breathing laboured, and the expectoration difficult, while the pulse continued 120. Dr. MacCormac bled no more, but gave mercury and opium every four hours. In twenty-four hours or so the gums were a little sore, profuse sweating came on, the pulse fell to 80, all oppression ceased, and the man did well.—A. was seized with pleurisy, consequent on a blast of cold air from the open hall door on first coming down stairs after her confinement. In the morning she was suffering much, restless, and had been meanwhile plied with hot brandy and water by her mother. Blood was drawn from the arm with much relief, and twelve leeches were applied. In twelve hours there was recrudescence, with great pain and fever. Dr. MacCormac again bled the patient, and then again, for the same reason, six hours later. He now put on a blister, and gave mercury and opium every three hours. In eight-and-forty hours there was copious sweating, the gums were a little tender, the pulse had fallen to 80, there was no pain or uneasiness, and the patient, after a severe, not to say formidable attack, in a short time was perfectly herself again.—B. A. was bled by another practitioner with much relief, for typhoid pneumonia. As the pulse was soft, with sweating and copious characteristic sputa, Dr. MacCormac proposed a grain of opium night and morning, and a bottle of port *per diem*. No case could end more favourably.—A young man was seized with ordinary brisk pleuritis. Dr. MacCormac bled him, put him in a warm bed, opened his bowels, then gave him a grain of opium every six hours. He was very rapidly convalescent.—A vigorous man of 76 was seized with acute pleurisy and fever. Dr. MacCormac bled him, put him to bed, and gave him full opiates night and morning, the bowels having been attended to. He did perfectly well, and was presently about again.—Having been hard worked, and greatly exposed during one of our cholera periods, Dr. MacCormac was seized with violent pleurisy in the left side. He could not breathe without great suffering, nor lie on the side. Growing rapidly worse, he sent for a medical friend, and made him take as much blood from the arm as he could bear. He then had applied locally four-and twenty leeches; and, as soon as it could stick, a large blister, followed by a poultice. As soon as the bowels had been made right, he took full opiates. On the third day he got up after three days fasting. Dr. MacCormac believes that by giving up venesection, we merely tie up our own hands. Judiciously and carefully resorted to, it cuts short, or helps to cut short, inflammation, sparing the patient great suffering, great impairment of strength, loss of time, and the terrible sequelæ which are the very possible, and unhappily, too frequent results of unchecked inflammation. (*Dublin Medical Press*, March 1865.)

Mugwort in the Treatment of Epilepsy. Dr. Joseph Edmundson, Medical Superintendent of the Lunatic Asylum, Clonmel, says that having had his attention called to an article written by Dr. O'Rourke, detailing his experience of mugwort in epilepsy, he selected from thirty-five epileptics three female and two male patients, and put them under treatment. The mugwort was procured from the Apothecaries' Hall, Dublin. The ale used was of the best quality, and the decoction was prepared by the apothecary of the establishment with scrupulous exactness, in conformity with the directions given in the article referred to. The medicine was administered in the prescribed quantities with unerring regularity. From December 10th the fits altogether ceased in one female case, which he hoped was the result of treatment, but they recurred again on January 24th, and have since continued with their accustomed frequency, and uninfluenced by the action of the mugwort. The male cases were selected with equal care, but as they did not, from reluctance on their part, take the medicine regularly, it would be unfair to record the result. Dr. Edmundson continued its use for fourteen weeks without producing the slightest effect. It is an admitted fact that a particular medicine may have a decided effect with one practitioner and fail with another. Dr. Edmundson believes that the recognised remedies for the treatment of epilepsy—zinc, iron, nitrate of silver, valerian, etc.—*generally* produce only *temporary* effects, lessening the violence and frequency of the attacks, or causing intermissions of greater or lesser duration. Hence the necessity of watching our cases to ensure that the mugwort is *curative* and *permanent* in its action, which time and close observation alone can test. (*Dub. Med. Press*, March 22nd.)

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thursday, May 18, 7.15 P.M.
SOUTH MIDLAND. [Annual.]	George Hotel, Northampton.	Tuesday, June 6, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not late than June 17th.

Dinner at 6 P.M.

G. H. PHILIPSON, M.B., *Hon. Secretary.*

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

I HAVE recently seen a well marked example of that various and interesting phenomenon called embolism, so often alluded to and described, but not commonly met with in a form that can be easily recognised during life. A man, aged 40, was admitted into the Northern Hospital, under Dr. Waters, in the advanced stage of phthisis. The right lung was extensively consolidated by tubercular deposition, with cavities; the left was also affected, but to a less extent. About a month after admission, he was seized suddenly in the night, with severe pain in the bend of the elbow extending down the forearm of the right side, with numbness and loss of power of the limb. The next morning, the arm was found to be nearly powerless; the temperature was diminished; and a total absence of pulsation in both radial and ulnar arteries. A small hardened, cord-like substance could be distinctly felt at the bend of the elbow, occupying the brachial artery immediately above its bifurcation; no doubt a plug of fibrine detached from some distant part of the vascular system, and completely obliterating the calibre of the vessel. The pain in the limb gradually diminished; the temperature varied, being sometimes higher and at others lower than the natural standard. Partial paralysis continued; but neither vesication, discoloration, nor any other indication of approaching gangrene appeared. In little more than a week, hemiplegia of the left side came on suddenly, followed by loss of consciousness, convulsions, and death. Unfortunately, a *post mortem* examination was not permitted; but the cause of death was evidently a further development of embolism, the obstruction on the last occasion, in all probability, occurring in one of the vessels of the brain. The patient was, in addition to his tubercular affection, the subject of albuminuria; but careful examination and inquiry failed to elicit any evidence of disease of the heart or blood-vessels; so that the exact source of the embolus can be a matter of speculation only. One condition of which arterial emboli have been observed as a consequence is gangrenous phlebitis of the pulmonary veins or of pulmonary tissue, either or both of which, it may reasonably be inferred, might have existed in this case.

In the same ward, another case arrested my attention. A sailor, 47 years of age, who had lost his right arm eighteen years ago, was now under treatment for thoracic aneurism. The disease was at once apparent; indicated by a small prominent pulsating tumour in the right mammary region, which the patient had noticed for about six months, having complained of pain in the chest for some time previously. He had the peculiar ringing cough characteristic of the disease; but there were no general symptoms of great urgency or distress. He had been in the hospital three months. During that time, Dr. Waters had adopted the mode of treatment advocated by Dr. W. Roberts of Manchester, to which I alluded in a former letter (January 10th, 1863); viz., the continuous administration of iodide of potassium in large doses, commencing with five grains and increasing it to twenty grains three times a day. Under the observation of Dr. Roberts, this has, in some cases, been followed by very striking and beneficial effects upon the aneurismal tumour as well as upon the general symptoms; but, in the present instance, although the medicine had been pushed as far as the system would bear—namely, to doses of fifteen grains—and persevered with it steadily for several weeks, no perceptible benefit whatever seemed to result from its use. Another remedy—the application of ice to the tumour—appeared for a time to diminish the pulsation; but, after a trial of fifteen days, the relief afforded was so slight and so transient, that it was also discontinued, and the case remains much in the same condition as on admission.

In connexion with this subject, I may mention a case of abdominal aneurism in which very decided benefit followed the use of iodide of potassium; whether *propter* as well as *post hoc*, I must leave your readers to determine. A Welsh farmer, about 40 years of age, consulted me in June last for a pulsating tumour in the abdomen, which (he thought) had commenced suddenly a few weeks before, after a day of unusual bodily exertion accompanied by extreme mental anxiety. It was clearly an aneurism of considerable size. He returned home, became much worse, was confined to his bed, the tumour increased in size, the beating became much more perceptible, and, in the opinion of more than one surgeon who saw him, the case was likely to prove rapidly fatal. He was then, I believe by the advice of Dr. Waters of Chester, recommended to take the iodide; and, after persevering with it for many months, he presented himself to me a few days ago very much improved in every respect. He was able to walk a short distance without much difficulty. The sac had be-

come solidified to a considerable extent, and the impulse greatly lessened. I was much struck with the great improvement in his condition, both generally and locally; as I had anticipated a very different result when I first saw the case.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 2ND, 1865.

J. C. LANGMORE, M.B., President, in the Chair.

Alcohol in Fever. Dr. C. DRYSDALE observed that the Society had hoped that this discussion should be opened by Dr. Hare; but, in his absence, he would endeavour to put together his own views on the administration of alcohol in fevers. Was this question to be decided entirely by experience? or was it not rather a question which ought also to be reasoned upon from our knowledge of the physiological effects of alcohol? The main difficulty in the experimental method of deciding this question was common to it with all other questions relating to therapeutics; viz., the extreme difficulty of tracing causation in medical inquiries. The profession were now becoming more and more alive to the little value of experimental statistics for deciding a question such as the value of alcohol in fevers, on account of the innumerable variety of combinations of circumstances which surround each case. This rendered it necessary that each case should stand on its own merits, and that the principles of treatment should be usually derived from a knowledge of the physiological properties of the ingesta and drugs used. With regard, then, to the physiological action of alcohol, the conclusions of Lallemand, Perrin, and Duroy, in Paris, which had been so well corroborated by Dr. Edward Smith, seemed to Dr. Drysdale to have clearly proved that the doctrine asserted by Liebig was untenable; viz., that alcohol was an excellent respiratory food; and that it was burnt in the body, like any other non-nitrogenous food. This account of the action of alcohol had, as was well known, long been accepted by the mass of physiologists, even by the most eminent, with a few exceptions, of which one was Dr. Carpenter, to whom very great credit was due for his maintaining the contradictory opinion against enormous odds. Dr. Parkes, in his work on the *Urine*, had said: "The belief that alcohol is very rapidly transformed into aldehyde in the blood (which, however, rests on no satisfactory analysis), and that this substance is then rapidly oxidised into acetic acid, oxalic acid, and carbonic acid, has obtained among the followers of Liebig general credence, and seemed to warrant the opinion that alcohol is a food, and that its combustion gives out an equivalent portion of heat. Arguments for the use of alcohol in health and disease have been based on this belief; and the late Dr. Todd in particular strongly urged the claims of alcohol to the rank not only of a stimulant, but of a valuable food." MM. Lallemand, Perrin, and Duroy had shown that alcohol is much more easily discoverable in the blood than has been said, and denied altogether its being changed in passing through the body. It was found in largest amount in the lungs, liver, and brain, after death. Dr. Edward Smith says that, "in adducing the necessity of alcohol in diseases to which it is suitable, I presume we are entitled to cite its action in health; for, whilst the *degree* of action in the former may differ from that in the latter, the *direction* is the same." Dr. Smith also tells us that Lallemand, etc., have observed that, when a moderate dose of alcohol has been taken by a man or dog, the alcohol can be found in the expiration, the sweat, and the urine, for at least eight hours afterwards. The conclusions come to by the physiological experiments of Dr. Smith were: 1. Alcohol in moderate quantities excites the brain and raises the spirits. 2. The hands and face are reddened, and the heart's action is increased; the skin is dry and hot. 3. Alcohol yields a pleasant feeling of warmth in the stomach and alimentary canal. 4. It diminishes muscular force. 5. It is *sometimes* a diuretic. 6. It causes the breathing to become laboured and irregular. Such were a few of the data which Dr. Drysdale said he thought it necessary to be acquainted with, in order to enter, with hopes of arriving at any scientific conclusion, on the question of alcohol in fever. The consequences derivable from the experiments of Perrin, Edward Smith, etc., appeared to him to be, that we must abandon the theory that alcohol is a food, and henceforward use it as a valuable drug in certain cases. In passing, he might say that this view would, he had no doubt, greatly modify in future the habits of daily ingestion of considerable quantities of alcoholic fluids in health. His own experience was, that this was among all classes, but especially among the poor, a very grave error, leading to many fatal diseases; and there could be no doubt that medical men had been often deceived by the fascinating theories of Liebig. As to the use of alcohol in fevers, he thought the physician was to be guided by two great ends—1, to use it as a stimulant to the weakened stomach; and 2, as a stimulant to the nervous system, and, through it, to the failing heart. Thus, in the last stages of fever, when the body is much wasted, and is still becoming thinner, pure alcohol was indicated to sustain the heart's action and prevent metamorphosis. Wine, he believed, was a better form to administer alcohol than brandy; and eight or ten ounces of sherry in the twenty-four hours, or more of claret, mingled with the food, should be given frequently, in small quantities at a time. This, with fresh air, and plenty of milk and beef-tea, was, he thought, the best treatment of fever. He could not subscribe to the practice of some, who administered stimulants very largely, as much as twenty-four ounces in the twenty-four hours; and, although it was a matter difficult to be certain of, he thought he had more than once seen death follow this heroic practice, when it would not have supervened if less stimuli had been given. It must be remembered that young people under the age of sixteen did quite well in most cases with nourishment and nursing. Hence he believed the cases must indeed be rare, and he did not understand how we were able to detect them when they occurred, where such large quantities of brandy were at all necessary as he had seen and read of as being administered by certain eminent physicians. Dr. Graves had said that he "fed fevers"; and this was a great advance over the bleeding and mercurialisation plan. But he thought over-stimulation was frequently almost as dangerous a practice as starvation; whilst the most successful plan was, he thought, that of feeding without much stimulants.

Mr. DE MÉRIC said he had not had much experience of his own; but he would mention that recently a little boy, his own son, had been taken with fever with irregular pulse and failing action of the heart and had been treated by Dr. West with large quantities of brandy: and he had been surprised at the large amount which the little patient had been able to take and be benefited by.

Dr. ANSTIE must say he disagreed with every pro

osition advanced by Dr. Drysdale. In the first place, e desired to correct a most erroneous impression hich was prevalent with regard to the views held by he late lamented Dr. Todd. It was commonly be-ieved and said that Dr. Todd, sustained by an ex-reme confidence in the views of Liebig as to the ali-nentary nature of alcohol, imagined that this remedy ight be used to any extent with impunity, and that, ccordingly, he did employ it in acute diseases, and ore especially in fevers, *recklessly*. That last word, hich had been so freely bandied about by the cen-ors of Todd, filled him (Dr. Anstie) with amazement, ot unmixed with a sense of the ludicrous. For his wn part, he had always considered that those prac-itioners were to be considered truly reckless who used ny remedy, whether in large or in small doses, with-ut having an accurate knowledge of the symptoms hich indicated that the agent was producing specific oisonous effects. Dr. Todd's knowledge of these ymptoms was profound; no one ever recognised with uch tact and delicacy the first faint signs of any real ppression of the nervous system, any true alcoholic *oisoning;* and it was the habit of vigilant watchful-ess for these symptoms which taught him the purely heoretical and untrustworthy character of the com-non ideas as to the action of alcohol indirectly in-reasing febrile excitement. At the present time, and ndeed more or less ever since Dr. Todd's death, at-empts had been made to revive the theories. It was ommonly assumed in these arguments that Dr. Todd as indifferent to the production of intoxication in ebrile diseases: and many of the assailants appeared o be ignorant of that extraordinary alteration in the eaction of the nervous system, under considerable oses of alcohol, which takes place in many acute iseases, and which Todd was the first to analyse in really scientific manner. He was sorry to perceive hat even so correct an observer in most respects as)r. Gairdner appeared to be incapable of appreciating he immense importance of this consideration: the onstant tendency of his arguments being to lay own stringent rules, as to the limitation of the uantity of alcohol to be administered in fevers, which n the presence of the real disease with its endless va-iations of type, in persons of about the same age nd apparent strength, would be perfectly nugatory, nd indeed very mischievous. Dr. Gairdner's observ-tion about the less need of alcohol in the treatment f children than in that of adults, was true in a gene-al and rough way; but it was one of those rules to hich the exceptions are so important, that to per-ons of only moderate experience it might easily rove a most dangerous guide. A previous speaker Mr. De Méric) had mentioned one pointed instance f the great value of alcohol in the case of a patient nly 6 years old: and he (Dr. Anstie) must say that e had seen so large a number of such cases, although e admitted they were rather the exception than the ule, that he felt bound to protest strongly against)r. Gairdner's wholesale statement. Another mis-epresentation of Dr. Todd's views which had been equently put forward, was the notice that he neg-ected to administer the substances ordinarily called oods in acute diseases and trusted entirely to the upposed alimentary virtue of alcohol; and that he id this because his whole system rested on Liebig's heory as to the transformation of alcohol. But, in he first place, Todd, so far from neglecting ordinary ourishment, was the most earnest inculcator of the ecessity of constant feeding with beef-tea, milk, and uch kinds of food; but he was accustomed to point ut the fact that sometimes the appetite and the di-estion of the patient will not allow us to make use, o any effective degree, of these aliments: and, that nder these circumstances, the administration of any considerable daily quantities of alcohol had a power to sustain life and nervous power, and to prevent ex-treme emaciation, which entitled it distinctly to the name of an aliment. But it was a great mistake to suppose that Dr. Todd considered Liebig's views as at all necessary to the support of his own. No doubt he inclined to Liebig's views, as did the majority of physiologists till quite recently; but he did not con-sider them of any essential consequence to the proof that his own estimate of alcohol, as an aliment spe-cially suited to conditions of acute disease, was cor-rect. The common idea was, that Dr. Todd believed alcohol necessary in every case of acute disease, espe-cially of fever. Nothing could be more incorrect, as the old pupils of Todd knew full well. He was to the full as sensible of the varying characters of disease as any other observer, and would have repudiated any such generalising. But he had the sense to see also that, with regard to the use of alcohol in fevers, "quantity" is a word which has no meaning except a *relative* one. It matters not whether two ounces or twenty-four be the total quantity given in the twenty-four hours, provided that the rapidity of the pulse is seen to persistently diminish and its force to increase under the administration of successive doses; and at the same time there was an absence of the signs of intoxication. Every case must stand on its own merits. Dr. Drysdale had far too summarily disposed of the question of the present opinion of physiologists as to the action of alcohol. He (Dr. Anstie) had the strongest reason for doubting the justice of these conclusions arrived at by MM. Lallemand Perrin, Dr. Duroy, and Dr. Edward Smith. He had himself repeated with care the French experiments, and had added to them a number of observations of his own; and he was convinced that, so far as any accurate evidence can be obtained, the balance of proof was decidedly in favour of the opinion of M. Baudot, that only a minute surplusage of the alcohol ingested re-appeared in an unchanged form, and that this waste portion amounted to a smaller or a greater part of the whole, just in proportion as intoxicative effects were or were not produced (including among these effects excessive action of excreting glands, which was a consequence of vaso-motor paralysis from the alcohol). And, besides all this, even if elimination, *en totalité et en nature*, had been proved, this would not satisfactorily demonstrate that alcohol was not a food. Water was so eliminated. And other, much more complex alimentary substances, which *were* or-dinarily transformed in the organism, if administered untimely or in excess might be detected unchanged in the excretions. He (Dr. Anstie) considered, and he believed many sound physiologists agreed with him, that so far from this question being definitely settled it was only now commencing to be discussed in an adequate manner.

Dr. Cock thought it most important to define clearly what fevers were spoken of. In scarlet fever, for instance, with great heat and rapid pulse, if al-cohol was given, no benefit was derived. In the active state of continued fever again it was not much indi-cated; but it is low state, and in the period of con-valescence from continued fever that it is so markedly beneficial. He mentioned the case of a patient whom he had seen some time ago who remained in a very prostrate condition for a week, and for this took a bottle of brandy a day, at the end of the week variola broke out.

The President believed that a number of persons were under very foolish impressions with regard to Dr. Todd's practice in administering alcohols. He had heard it said, indeed, by some, that Dr. Todd's me-thod killed more patients than it cured. Dr. Todd, he believed, only administered alcohol in such quan-

ties as each patient required. In diseases of a low type, such as diphtheria, large quantities may be given with great benefit; and he had known a patient in diphtheria do well with a pint of brandy in the twenty-four hours.

Dr. BROADBENT observed that, in the Fever Hospital, it was the custom to commence with alcohol from the earliest period of fever in all cases. The amount was measured by the appearance of the case, not by routine.

Mr. CURGENVEN said that some years ago, when clinical clerk to Dr. Brinton, that gentleman used to give brandy and beef-tea every hour in fevers; and this practice had appeared to him a very successful one. In one case, in a night-nurse, twenty-four ounces were administered in the twenty-four hours; and she recovered. At Scutari, too, the brandy and beef-tea system was found very useful. Six or eight ounces a day were given. Of late he had seen but little fever, as there was not much of it at the West End.

Mr. OWEN agreed with Dr. Drysdale in thinking that statistics were usually of but little importance in therapeutical inquiries. Sometimes, however, in an epidemic, a good deal might be learnt by watching the effects of different methods of treatment. Twenty-five years ago, he was student at Edinburgh; and at that time a grand experiment was going on on the administration of alcohol in fever. Dr. Alison represented, on the one hand, the stimulating school; and Dr. Graham was a partisan of the non-stimulating treatment of fevers. The result, however, of Dr. Alison's and Dr. Graham's cases was, that the same ratio of deaths occurred under both plans. Consequently he (Mr. Owen), on taking up a large Poor-law district in the country, did just nothing at all in fevers; and the consequence of this was, that his statistics were much better than those of either Dr. Alison or Dr. Graham. This he attributed to the better constitution of the country poor, and to the purer air in the country. He seldom gave alcohol, except in the later period of fevers; but he gave plenty of nourishment. In fine, he thought the non-stimulating plan the best for the country; but, in the deteriorated constitution of London residents, he had, from experience, found alcohol to be indicated in such cases occurring in towns.

ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

WEDNESDAY, MARCH 1ST, 1865.

WILLIAM ROBERTS, M.D., in the Chair.

Clinical Thermometers. Dr. BOWMAN and Dr. WM. ROBERTS showed respectively the thermometers of Dr. Aitkin and Celsius for clinical purposes. Dr. Roberts preferred the latter as less fragile, more portable, and lower in price.

Pulverisation of Fluids. Dr. THORBURN showed Luer's instrument for the pulverisation of fluids, and suggested the use of Maw's little apparatus for diffusing scent in a room, as a cheap means of accomplishing the same end.

Bread. Dr. LEDWARD showed a specimen of bread prepared by McDougall's process, with phosphoric acid and carbonate of soda.

Post Partum Hæmorrhage. Dr. THORBURN related a case of *post partum* hæmorrhage from the rupture of an artery in the perinæum. Mrs. D., aged 22, primipara, had a quick and easy labour, except that the external orifice offered considerable resistance, and there was a slight rent of the perinæum. The placenta was expelled in a few minutes, and the uterus contracted well. As the child did not respire freely, Dr. Thorburn's attention was directed to it for a short time; and the nurse, who had been directed to keep the hand on the uterus, came to assist him. After a few minutes, he noticed that the mother was very pale, and had all the symptoms of severe hæmorrhage rapidly coming on. She was almost pulseless, and the bed was a sea of blood. Notwithstanding this syncopal state, the uterus was small and hard. He gave at once a large dose of ergot and brandy, with some laudanum, applied a cold wet cloth to the pubes, and grasped the uterus firmly. A vaginal examination with the other hand elicited nothing. On inspection, in order to ascertain the source of the hæmorrhage, he noticed that it had a pulsatile character. This led to an examination of the perinæum, where a tolerably large vessel was pumping freely. He seized the artery with a pair of forceps and twisted the bleeding end, when the hæmorrhage ceased at once. The patient was a considerable time before she rallied; and Dr. Thorburn never saw a case of uterine hæmorrhage more speedy and severe in its effects. She ultimately made a good recovery. He did not remember to have seen a similar case quoted, as occurring in consequence of parturition.

Pulmonary Consumption. Dr. THORBURN read a paper on the prognosis of pulmonary consumption considered in relation to its etiology. [It will appear as an original article in an early number.]

Correspondence.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ARMY MEDICAL OFFICERS.

SIR,—The medical profession has been surprised and pained by the very extraordinary conduct of the College of Physicians in the matter of the army medical service. On every side we hear astonishment and regret expressed.

I cannot but think that the gentlemen of the committee have just reason to complain of the discourtesy with which the College treated their report; but there is reason to fear that the result may exercise a very injurious effect on the officers whom the committee have laboured to benefit. The military authorities may say, with some amount of justice, "the best men of the profession have decided that the alleged grievances of the medical officers do not justify their interference," and we may fear the worst possible consequences. I see it stated in the JOURNAL, that "one gentleman who entered the army some forty-five years ago," ventured to express an opinion adverse to the committee. That gentleman cannot have a personal acquaintance with the present state of the service, and his opinion can have no real value. I am surprised that the College should have attached any importance to his statement. On looking over the list of Fellows of the College, I see the names of one or more army medical officers intimately connected with the governing bodies of the army. Of course, it would be scarcely reasonable to expect them to have exerted themselves actively in the matter, as personal interest would prevent such gentlemen from condemning the conduct of military authorities; and common decency, I trust, prevented any "military" Fellow from actively opposing a movement for the advantage of the service to which he belongs, although he might not himself be in a position to feel the disadvantages which exist, or to derive any benefit from

stice being accorded. It must be recollected that ıere are few favoured officers who are not brought :to contact with other classes of the army, and such entlemen are not capable of giving a just opinion in ıe matter. Personal interest (if they are selfish en, indifferent to the honour of the profession) ight tempt such to endeavour to earn the good will the ruling powers, at the expense of their less forınate brethren.

Although the College, as a body, have undoubtedly :ted in an unworthy manner, the hearty thanks of ıe profession are due to the members of the comittee who have so nobly exerted themselves for the ɔnour of their brethren in the public services.

I am, etc., "ICHABOD."

THE GOVERNMENT INSURANCE ACT AND MEDICAL FEES.

SIR,—We shall feel obliged if you will give inserɔn to the enclosed correspondence, having reference the remuneration of medical examiners to be apɔinted under the Government Insurances and Anuities Act. We are, etc.,

T. L. WALFORD.
WM. BUTLER YOUNG.
FRANCIS WORKMAN.

Reading, March 11th, 1865.

SIR,—We beg to acknowledge the receipt of your tter, dated March 8th, having reference to the apɔintment of medical men to examine persons preɔnting themselves for examination under the Goɔrnment Insurances and Annuities Act.

In reply, we beg to state that, some time ago, the edical men of Reading resolved not to accept a ·wer fee than half a guinea for the examination of a fe from any insurance office. In the present case, ɔaring in mind the object of the above-mentioned ct, we are disposed to relax this resolution; and are illing to accept the sum of ten shillings as the fee ɔr all examinations where the sum assured exceeds 50, and the sum of five shillings where it does not ɔceed that amount.

We shall feel obliged if you will bring the subject the remuneration of the medical examiners again nder the notice of the Postmaster-General, as we el assured that, on a further consideration, his lordıip will be satisfied that the amount which he proɔses to recommend to the Commissioners of Her Iajesty's Treasury is too small compared with the mount of time and labour required for each examinɔion; the questions in the form which you have enɔsed being more minute than those required by inɯrance offices generally.

We feel a greater confidence in asking for a more beral remuneration, as the security against risk ust depend upon the care with which the medical ɯamination is made. Awaiting your reply,

We are, sir, your obedient servants,

T. L. WALFORD.
WM. BUTLER YOUNG.
FRANCIS WORKMAN.

F. J. Scudamore, Esq., General Post-Office, London.

General Post-Office, April 13th, 1865.

SIR,—In acknowledging the receipt of the letter gned by yourself and Messrs. Young and Workıan, dated the 11th inst., I beg leave to inform you, ıat the subject of the fees to be paid for the exaɯination of persons proposing to insure their lives nder the Government Insurance Act was very fully ɔnsidered by the Postmaster-General before the cirılar-letter, dated the 8th March last, was issued; nd that the replies to that letter, expressing willingness to undertake the duty for the terms proposed, have been so numerous as to render it unnecessary—at all events, for the present—to make any alteration in those terms.

The subject was again brought under the notice of the Postmaster-General by a deputation from the Parliamentary Committee of the British Medical Association on the 15th of March; but even at that early date after the issue of the circular-letter, the terms had been accepted so generally, that his lordship felt bound to inform the deputation that he could hold out no hope that the amount would be increased.

Since that date, the majority of the medical men to whom the circular-letter was addressed have accepted the terms; and applications are made daily to the department by other members of the profession for employment under the Act; in many cases, by more medical men than are required.

Looking, therefore, to all these circumstances, I can only express to you the regret of the Postmaster-General that he cannot entertain the application made in your former letter of the 11th March.

I am, sir, your most obedient servant,

FRANK J. SCUDAMORE.

T. L. Walford, Esq.

THE MYSTERIOUS POISONING CASE AT DAWLISH.

LETTER FROM W. B. HERAPATH, M.D., F.R.S.

SIR,—I have only just succeeded in obtaining samples of Simpson's rat-poison from Messrs. Blackwell and Son of Plymouth, who appear to be the only agents for this article in the West of England, as I have failed in getting it in most of the chief towns, even Exeter and Bristol; most of the druggists of whom I have inquired informing me that it is very seldom found in the trade. I have also analysed it, and find that the packets contain a very irregular quantity of material, varying from seven and a half to thirteen and a half grains. Four packets contained forty-one and a half grains, giving an average of a little more than ten grains for each powder, if all equally well mixed, and properly weighed or divided. The mixture consists of arsenious acid, potato-starch, coloured by smaltz, and flavoured and scented with some essential oil, probably oil of rhodium. I found ten grains of the well mixed powder to contain four grains of arsenious acid. It is, therefore, certain that Mrs. Williams had arsenious acid in her own possession; and that she must have taken from six to eight grains, as two empty packets were found by the police in her bedroom. This is a quantity sufficient to kill; but requiring more time, probably, than she liked. The explanation of the reason why the third packet was made use of has already been given.

I greatly regret that there was no opportunity given me of examining the saliva for strychnia, as that would have determined the question whether that poison had also been taken into the mouth. Mrs. Williams had been buried during the interval of the adjournment of the inquest; and I never saw the handkerchief.

It is probable, therefore, that Mrs. Williams purchased all these rat and vermin poisons at Plymouth, on her way up to Dawlish from Devonport; and the tracing of the arsenic into her own possession is satisfactory to all parties, as the matter is now fully explained, and all other theories must be for ever set at rest. I am, etc.,

W. BIRD HERAPATH.

Bristol, May 10th, 1865.

NATURE AND TREATMENT OF FEVER.

LETTER FROM CHAS. MURCHISON, M.D.

SIR,—The BRITISH MEDICAL JOURNAL for May 6th contains an excellent paper by Mr. A. B. Steele on the Nature and Treatment of Fever, one object of which is "to show that not only is there no specific for fever, but that, as Dr. Corrigan has observed, in the present state of our knowledge, there can be no specific for this disorder."

I am much obliged to Mr. Steele for the flattering way in which he alludes to my work, and also for his criticisms on some of the doctrines enunciated therein. My object at present is not to defend those doctrines, nor to object to Mr. Steele's recommendations for treatment, with most of which I entirely concur. I wish only to correct one or two erroneous impressions of my views, which it appears to me, might be derived from a perusal of Mr. Steele's paper.

First, Mr. Steele remarks: "Like all *doctrinaires*, our author has his answer ready: 'Typhus-poison' (Murchison *On Fever*, p. 116), he tells us, 'is some unknown compound of ammonia'; and, although he adds that it is perhaps premature or rash to hazard a conjecture as to its exact nature (p. 114), yet he founds upon this theory the use of mineral acids as neutralisers of ammonia in the blood. (P. 265.)"

Now, it is perfectly true that I have hazarded the "conjecture" that the typhus-poison may be some unknown compound of ammonia, and it is also true that I have stated that one object of treatment should be to "neutralise the poison and correct the morbid state of the blood"; but I think it will be apparent from the following passage, in which the acid treatment is spoken of, that its recommendation is based not so much upon any theory as to the nature of the typhus-poison, as upon my own experience and that of others.

"If the opinion be correct that the altered condition of the blood in typhus is due to the presence of ammonia, either derived from the original poison, or from the products of the destructive metamophosis of tissue, the first of the above indications (*i. e.*, the neutralisation of the poison, and the correction of the morbid state of the blood) will be most readily fulfilled by the administration of mineral acids. But, whether acids act as antidotes, as alteratives of the blood, or as tonics, their beneficial effects in typhus are, in my opinion, undoubted; and it is curious to observe, that they have been recommended for this disease in all countries since the days of Forestus, Sydenham, Van Swieten, and Boerhaave. They have lately been highly praised by Huss of Stockholm; by Haller of Vienna; and by Drs. F. W. Mackenzie, Chambers, and Richardson, in our own country. . . . I have tried the mineral acids in many hundreds of cases during the last few years, and I believe them superior to any other method of treatment, although I am far from ascribing to them the wonderful virtues which some writers have done. . . . I have often observed marked improvement follow the commencement of the acid treatment, at whatever stage of the fever it was tried, and although no wine or brandy was given with it." (Pp. 265-6.)

Secondly, although "to eliminate the poison and the products of the destructive metamorphosis of tissue" is another object of treatment laid down in my work, I condemn the incautious use of purgatives as strongly as Mr. Steele, as appears from the following passages: "The bad effects of excessive purging were exposed by Graves, Corrigan, and others; and the practice is now obsolete. Although regular action of the bowels is indispensable, I have repeatedly known alarming prostration caused by diarrhœa, following the incautious administrarion of purgatives." (P. 264.) "As already stated, however, active purging is to be avoided; and, in most cases, a small dose of castor oil, or a simple enema, is all that is required." (P. 269.)

Lastly, the following passage from my work will suffice to show that, like Mr. Steele, I repudiate the idea of any specific cure for fever.

"In the treatment of typhus, medicines can do much to relieve symptoms, and to conduct the case to a favourable termination; but, as far as we yet know, they are powerless in arresting its progress, or in shortening its duration. Although many practitioners have at different times proposed to cut short an attack of typhus by such heroic remedies as bloodletting, the cold affusion, emetics, and quinine, we possess as yet no such specific. In an admirable essay, published in 1802, Dr. W. Brown of Edinburgh showed that the power of medicine in arresting or shortening typhus was extremely doubtful. Hildenbrand, in his day, observed: 'No method yet known, whether rational or empirical, can cure the contagious typhus, either in a direct or an indirect manner, nor even abridge its ordinary and natural course, which is about fourteen days.' In our own times, Dr. Stokes speaks equally strongly. 'The treatment of fever,' he says, 'is reduced to a formula. We cannot cure fever. No man ever cured fever. It will cure itself. If you keep the patient till the fourteenth, the eighteenth, or the twenty-first day, he will recover.'" I am, etc.,

CHARLES MURCHISON.

79, Wimpole Street, London, W., May 6th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 28th.

Barraclough, Robert Wooding Sutton, Streatham Hill
Battison, John, Chesterfield
Birtwell, Henry Hargreaves, Blackburn
Clarke, Myrry, Jamaica
Corte, Arthur Armistead, Blackburn
Dod, Harry Davenport, Macclesfield
Ensor, John Arthur, Exeter
Fenn, Edward Liveing, Nayland, Suffolk
Flower, Frederick Isaac, Codford, Wilts
Gooding, Ralph, Ipswich
Hocken, Charles Edward, Chelsea
Humphreys, Frederick William, Trinity Square, Tower Hill
Lattey, Walter, Clapham
Malim, George Warcup, Grantham
Rogerson, John, Bow
Tarleton, John Haigh, Birmingham
Taynton, William, Commercial Road
Wane, William Jeremiah, Lancaster
Watson, Alfred Marchmont, Peterborough

BIRTH.

BEDDOE. On April 26th, at 2, Lansdown Place, Clifton, the wife of *John Beddoe, M.D., of a son.

MARRIAGE.

WALKER—WALKER. On May 9th, at Wood Ditton, Cambridgeshire, by the Rev. Horatio Banks, D.D., *Thomas James Walker, M.D., of Peterborough, to Mary Elizabeth, second daughter of the Rev. J. Walker, vicar of Wood Ditton.

SIR DAVID DAVIES, M.D., died on the 10th inst. He received the honour of knighthood shortly after her Majesty's accession to the throne, was for many years the domestic physician of his late Majesty King William IV and Queen Adelaide.

A Testimonial is to be given to Dr. Jephson of amington by his friends and neighbours. Two ndred pounds have already been subscribed.

A New Infirmary. The Infirmary, called the yal Albert, in course of construction at Bishop's altham, will, it is believed, be finished by the end the summer.

Presentations. Mr. James Lane has been pre-nted with a timepiece, and Mr. E. H. Carter with chronometer, by the patients of St. Mark's Hos-tal.

Bequests. The late Earl of Ilchester has left by ll £100 to the Dorset County Hospital at Dorches-r, and the same sum to the Eye Infirmary at Wey-outh.

Royal College of Surgeons. Professor Fergus-n will deliver six lectures on the progress of sur-ry during the present century, on Mondays, Wed-sdays, and Fridays, at four o'clock, commencing June 5th.

Poisonous Principle of Mushrooms. MM. Sicard d Schoras have examined some poisonous mush-oms, and have succeeded in extracting an extremely isonous substance, which appears to have basic emical properties. The physiological effects seem resemble those of curarine.

Dinner to Dr. Hofmann. On the 28th ult., a mber of gentlemen who have worked with Dr. ofmann at the Royal College of Chemistry at dif-rent periods from its opening in 1845 to the present te, entertained the Professor at a farewell dinner mediately before his departure for Berlin. (*Chem. ws.*)

The Royal Society. The Council of the Royal ciety recommend the following gentlemen for elec-n :—Sir F. L. M'Clintock, Lieutenant-Colonel J. Walker, Dr. G. Harley, Dr. R. M'Donnell, Rev. R. Dawes, and Messrs. H. Christy, J. Cockle, A. eikie, G. Gore, R. Grant, G. R. Gray, W. Huggins, K. Parker, A. Tennyson, and G. H. K. Thwaites.

Attempted Murder of a Medical Man. The ench journals give an account of a murderous tack on Dr. Lediberder by a hypochondriacal pa-nt. The doctor was shot in the side and in the est, but there are hopes of his recovery. The urderer attempted to kill himself, but failed in ing so.

Westminster Hospital. The distribution of izes to the students of the Westminster Hospital ok place on Wednesday, May 10th; Lord Charles ussell in the chair. Mr. Henry Power, the Dean of e School, read a report on the condition of the edical School, in which he spoke in the highest rms of the diligence and attention displayed by the udents in the various classes, and alluded to the eat success with which they had passed the several aminations before the examining boards. Lord harles Russell then presented the several prizes to e following gentlemen. *Summer Session*, 1864. *actical Chemistry* — Mr. W. C. Watson, prize facaulay's History of England); Mr. Joseph Oak-an, certificate; Mr. John C. F. McDonald, certifi-te. *Materia Medica*—Mr. Robert C. Brookes, prize hakespeare's and Milton's Works); Mr. Arthur ill, certificate. *Botany*—Mr. W. C. Watson, prize hakespeare's Works); Mr. Walter Moore, prize larke's Shakespeare); Mr. Thos. J. Quicke, certifi-te. *Forensic Medicine*—Mr. G. P. Bate, prize (sur-cal instruments); Mr. Arthur Hill and Mr. Richard gden, certificates. *Midwifery*—Mr. R. Bugden, ize (surgical instruments).—*Winter Session*, 1864-. *Anatomy*—Mr. J. C. F. McDonald, prize (Macau-y's History of England and Moore's Poems); Mr. W. C. Watson, prize (Milton's Works); Mr. W. Moore and Mr. R. C. Brookes, certificates. *Prosector's Prizes*—Mr. G. P. Bate and Mr. R. C. Brookes. *Chemistry*—Mr. Winckworth, prize (Tennyson's Poems and Scott's Poems); Mr. Charles H. Furnivall, certificate. *Physiology*—Mr. J. C. F. McDonald, prize (Campbell's Poems and Longfellow's Poems); Mr. W. Moore, certificate. *Medicine*—Mr. G. P. Bate, prize (surgical instruments); Mr. R. Bugden (certificate). *Surgery*—Mr. G. P. Bate, prize (surgical instruments); Mr. Arthur Hill, certificate. *Clinical Medicine*—Mr. G. P. Bate, prize (surgical instruments). *Clinical Surgery*—Mr. G. P. Bate, prize (surgical instruments). *Dental Surgery*—Mr. J. Oakman, prize (dental instruments); Mr. R. C. Brookes, certificate. *Chadwick Prize*—Mr. G. P. Bate, prize (microscope); Mr. A. Hill, prize (case of midwifery instruments and surgeon's pocket case).

The Royal Albert Veterinary College. A Company has been formed for the purpose of establishing in London a Veterinary College of the highest class. It is proposed to transfer to London the New Veterinary College of Edinburgh, now presided over by Professor John Gamgee, whose scientific attainments are well known. The Principal, Professor John Gamgee, will be assisted by his present colleagues in the New Veterinary College, Edinburgh—Mr. James Law, Professor of Anatomy; Mr. W. Duguid, Professor of Physiology; Mr. G. Armitage, Professor of Materia Medica; Dr. W. J. Russell, Professor of Chemistry; Mr. Joseph Gamgee, sen., Infirmary Superintendent and Professor of the Art of Farriery; and Mr. John Coleman, late Professor of Agriculture at the Agricultural College, Cirencester. A preliminary contract has been concluded for a site in the West End of London. The number of veterinary surgeons in the United Kingdom is very deficient, being less than in most parts of Europe. In the whole of Her Majesty's possessions there are not 1,500 veterinarians, whilst France has upwards of 3,000. The removal of the New Veterinary College from Edinburgh will be effected with as little delay as possible.

Odontological Society. At the monthly meeting held on Monday, May 1st, the President, Thos. A. Rogers, Esq., referred to the recent death of Mr. Parkinson, the second President of the Society; and said he only echoed the sentiments of the whole profession in publicly recording the sorrow of their Society at the loss they had sustained. The Secretary brought forward a model taken in the practice of Mr. Walkinshaw, representing a case of torsion, in which the lateral on the left side was turned half round. On turning the tooth by means of the forceps, it was found to be of an oval shape transversely, so that it projected considerably beyond the natural arch. Some discussion ensued as to the use of the forceps for turning teeth; Mr. Tomes and Mr. Catlin stating that they had frequently performed the operation with complete success. Models were also brought forward by Mr. Williams, representing cases of double cleft palate with double hare-lip, taken from children at the age of four, seven, and seventeen days. Mr. H. Rogers said he had been making experiments with a view to improve the quality of solders for the mouth. He tried several metals, but ultimately preferred cadmium, making the solder in the proportion of a grain and a quarter of cadmium to a dwt. of gold. That solder flowed easily, held well, and came a good colour out of the hydrochloric acid. Mr. Ramsay then read a paper on the Treatment of Congenital Cleft Palate adopted by Dr. Kingsley and himself. He proceeded to explain the method of producing the artificial velum, noticing the im-

provement which took place in mastication and deglutition after the fissure had been artificially closed. He also took up the subject of articulation, explaining the system he adopted in instructing the patient to articulate; and, lastly, compared Dr. Kingsley's method of mechanical treatment with the surgical operations which hitherto had been considered the most successful method for remedying those congenital deformities. A long and interesting discussion followed; and, at the close, the thanks of the Society were unanimously voted to Mr. Ramsay.

UNIVERSITY COLLEGE, LONDON. The Council has fixed Thursday, May 18th, for the examination for the Atkinson Morley Surgical Scholarship (£45 a year for three years). Mr. Henry Thompson has been appointed examiner in addition to the *ex officio* examiners, Professors Quain, Erichsen, and Wharton Jones; and Dr. Ringer has been named provisional examiner. On the 8th inst., Sir Rutherford Alcock, K.C.B., in the chair, the following prizes were awarded. *Practical Physiology and Histology: Silver Medal:* R. Gowers. *Certificates of Honour:* George V. Poore, Thomas R. Loy, Gysbert H. Maasdorp, R. L. Roberts.—*Anatomy: Senior Class: Gold Medal:* G. H. Maasdorp. *First Silver Medal:* J. Wreford Langmore. *Second Silver Medal:* T. R. Loy. *Certificates of Honour:* Richard M. Pryce, Louis Le Grand, Thomas Lettis.—*Junior Class: Silver Medal:* W. H. Allchin. *Certificates of Honour:* David Havard, Samuel Pidwell, William J. Scott, Tempest Anderson.—*Anatomy and Physiology: Gold Medal:* William R. Gowers. *First Silver Medal:* J. Davis Thomas. *Second Silver Medal:* George V. Poore. *Certificates of Honour:* Louis Le Grand, Thomas Hopgood, J. W. Langmore, R. M. Pryce, Thomas B. Hay, Tempest Anderson, G. H. Maasdorp.—*Chemistry: Gold Medal:* Frederick Toplis. *First Silver Medal:* James John Bowey. *Second Silver Medal:* Tempest Anderson. *Certificates of Honour:* Temple A. Orme, Henry N. Martin, Henry James Benham, R. C. Joy, R. L. Roberts, Henry Cass, J. C. Bruce, Milward Harding, W. W. Houlder, A. Payton Hurlestone, Y. Yamaora.—*Comparative Anatomy: Gold Medal:* William H. Allchin. *Certificates of Honour:* Henry Cass, R. L. Roberts, Tempest Anderson, James C. Bruce.—*Principles and Practice of Medicine: Gold Medal:* J. Wickham Legg. *First Silver Medal:* William Hoffmeister. *Second Silver Medal:* Julian A. M. Evans. *Certificates of Honour:* William A. Stuart, Charles J. Hardy Smith, W. Cunningham Cass.—*Surgery: Gold Medal:* Marcus Beek. *First Silver Medal:* Frederick B. Nunnely. *Second Silver Medal:* Henry Clothier. *Certificates of Honour:* F. J. Grose, B. H. Allen, C. J. Hardy Smith, Joseph Thompson, jun., Stammen Morrison, J. E. Coxwell.—*Special Class of Clinical Medicine: First Prize:* William Andrew Stuart. *Second Prize:* William Hoffmeister. *Third Prize:* Edward De Morgan. *Certificates of Honour:* Henry Clothier, John Williams, John W. Legg, William C. Cass, Charles F. Leshbridge, Robert C. Beck, Thomas F. Hopgood, Charles R. Streton, Joseph Thomson.—*Fellowes' Clinical Medal. Summer*, 1864: *Gold Medal:* George Jackson. *Winter Term*, 1864-5: *Gold Medal:* William Y. Snow.

COMMUNICATIONS have been received from:—Dr. T. SNOW BECK; Mr. R. S. FOWLER; Mr. STONE; Mr. E. B. VISE; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Messrs. WALFORD, W. B. YOUNG, and F. WORKMAN; Dr. JOHN BEDDOE; Mr. JABEZ HOGG; Dr. J. V. BELL; Mr. M. A. ADAMS; Dr. WATERS; Mr. H. LEACH; Mr. R. J. ROGERS; Dr. ROBERT FOWLER; Dr. W. BIRD HERAPATH; Dr. PHILIPSON; SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. J. GAMGEE; and THE SECRETARY OF THE ROYAL MEDICAL BENEVOLENT COLLEGE.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

LIEBIG'S EXTRACT OF FLESH.—A correspondent writes: "You will greatly oblige if you can say where the 'extract of flesh' (as mentioned in last week's JOURNAL) can be had in London. [Perhaps some of our readers can answer the question. EDITOR.]

BRANDE'S DICTIONARY.—A second part of a very useful, and indeed much needed, work has just appeared, of *A Dictionary of Science, Literature, and Art.* By Dr. W. T. Brande, and the Rev. G. W. Cox. This second part takes us about half way through the letter C. We sincerely wish the work may prosper, and come to a successful termination.

MARY GREEN'S CASE.—(F. T.) Our own opinion of the case is, as it stands recorded, that Mr. Butler has been cruelly and shamefully slandered. We should be very glad to see those who circulated the slander called upon to substantiate its truth in a Court of Justice. We regret to add that, as is usual in cases where a medical brother is in distress, other medical brethren were found to come forward and assist in injuring him; and, of course, at the same time publish their own virtues to the world. If there were any real virtue in such displays, we should see its practical fruits in some general provision made by the indignant public and profession, to meet such cases as that of Mary Green. It is very simple to be virtuous in words and to deal out sublime justice in print. The *Daily Telegraph*, who made itself conspicuous by its slanderous attack on Mr. Butler, occasionally gives us striking examples in this way. As our readers may remember, we some time ago alluded to a leader in that journal, wherein the atrocities of advertising quacks were strongly pointed out; and we remarked that the very journal in which the leader appeared, contained a number of the very advertisements which it was so roundly abusing!

THE CHEMISTS AND DRUGGISTS BILL.—SIR: One cannot but approve the motion to introduce the clause in the Chemists and Druggists Bill, to exclude all members of the Pharmaceutical Society from the practice of medicine; but ought not the Medical Council to be equally careful to prevent all medical practitioners from dispensing medicines over their own counters, a practice alike prejudicial to the interests of doctor and druggist? Might it not be made compulsory that no general practitioner dispense his own medicines when residing within three miles of a registered chemist and druggist, except in cases of emergency? Contrary to the opinion of some, I maintain the possibility of enforcing both these regulations, provided a recognised fine be attached to a transgression of the statute. Let every medical man communicate to the Central Council all cases evidencing counter practice that may come to his knowledge, the fact being duly substantiated by witness, and the report made within a month of the transaction. No general practitioner would have to wait long before some deluded patient would come confessing that he had had advice from Chemist So-and-so, had taken so much physic and was no better: this would at once furnish a case in point. No druggist would hold out long against fines rigorously enforced, even if disposed to ignore the requirements of the Bill obtained for the protection of his own class. The case of a medical man continuing his own dispensing, without the necessity arising from distance, would soon become known, and could at once receive due pressure from the executive of our Medical Council.

I am, etc. PERCY LESLIE, M.D.

Eastbourne, April 29th, 1865.

A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,

CHRISTIANIA.

In the British Medical Journal of April 22nd, I see that Mr. Lee has replied to my two letters. My opponent being evidently a person desirous of advancing the cause of truth, I shall feel great pleasure in continuing the discussion opened in the Journal, if space can kindly be given for my remarks.

Mr. Lee goes back to Ricord's theory of unity, and describes briefly the development of the theory of duality. He alludes, also, to the part taken by himself in elucidating this question; and touches subsequently on the method adopted by Dr. Bidenap to make the indurated sore suppurate, thereby producing a positive result by inoculation. But this positive result—the pustules produced by this method—has been represented by Mr. Lee as essentially different from that arrived at by inoculating from a soft chancre. Here it is that my observations and those of Mr. Lee diverge. This is the point from which we are led to such widely different views of the whole system of syphilology, and more especially of the process of syphilisation.

I will now, as briefly as possible, state my experience concerning syphilitic sores. As regards the common soft sores, we are, I believe, pretty nearly agreed. I will, therefore, pass on at once to those which are indurated, the infecting chancres. Of these there are a great number, differing but slightly one from the other. We have, however, two well defined forms.

1. One of these has a perfect resemblance to the soft chancre; but, a few days after its appearance, induration takes place in the base of the sore. It has no period of incubation, or only an incubation of two or three days, and is autoinoculable. This is the form alluded to by Ricord, when he speaks of induration never taking place earlier than the fourth day. It is the Hunterian chancre.

2. The other resembles the everted tarsal cartilage, with a period of incubation of from two to four weeks. It secretes a thinnish pus or only a serous humour, which it is difficult to inoculate upon the patient himself. Auzias Turenne was the first to describe this kind of chancre, and calls it *pseudo-chancre induré*.

This other kind, which most people will, perhaps, be inclined to consider as the only true form of indurated chancre, is that which Mr. Lee has endeavoured to make inoculable by irritation; but he was only once able to produce pustules bearing any resemblance to the soft chancre. Dr. Bidenkap has completed a series of such inoculations, and has arrived at quite a different result from Mr. Lee. He has found that by far the greatest number of indurated chancres, when irritated in different ways, can be readily inoculated in the patient who has them, and that a pustule is formed producing a sore exactly similar to those which follow inoculation from a soft chancre. Dr. Bidenkap has described the results he has arrived at in a paper entitled "On the Syphilitic Virus." Of the different cases described in this pamphlet, you will permit me to bring forward two.

The patients were under treatment in the hospital of Christiania for infecting chancre; and on being inoculated daily in the sides, the secretion seemed at first to be attended with a negative result; but after a period of incubation, lasting from a fortnight to three weeks, papules made their appearance, which, judging from the description given, must have closely resembled those produced by artificial inoculation with matter from tubercula mucosa on healthy persons—with this exception, however, that induration in these cases did not take place. On the other hand, indolent buboes appeared along the edge of the pectoralis major after the formation of papules, precisely as would have been the case if the person had not been suffering from syphilis. After the chancres had been made to suppurate by means of irritation, the inoculations were attended with another result. A characteristic syphilitic pustule made its appearance without any previous incubation, leaving behind it a soft ulceration exactly similar to the non-infecting chancre. I will add that one of these patients was taken to my ward of the hospital, and that I from day to day carefully watched the inoculations.

Whilst Dr. Bidenkap was making his experiments in this city, Dr. Melchior Robert of Marseilles commenced a series of similar experiments, and arrived at precisely the same result as Dr. Bidenkap, neither of these gentlemen having had the slightest knowledge of each other's experiments until after their publication, which took place simultaneously.

After what I have stated, it will be seen that there are indurated chancres which can be inoculated without difficulty; that the result of such an inoculation is a pustule and a sore, having a perfect resemblance to the soft chancre-pustule and sore. Similar pustules and sores can also be generated from the indurated chancres which pass through the long period of incubation, if they have been previously made to suppurate. But, says Mr. Lee, "If this process be necessary in order to obtain an inoculable secretion, it is evident that it is not the natural action alone which is inoculated. It is the adventitious artificial action which is propagated; and we must inquire how far the original disease is modified or altered by this process." This objection of Mr. Lee it is hardly necessary to refute, as I have shown that there are indurated chancres which do not pass through a period of incubation, but can, notwithstanding, be inoculated in a similar manner to soft chancres; but as Mr. Lee's objection stands there, I may as well answer it.

Mr. Lee is quite right in asserting that a sore when irritated, even if it be not a syphilitic one, can secrete an inoculable pus; but he will surely be prepared to admit with me, that the pustule originating in this manner cannot be inoculated again and propagated through a long series of inoculations. Whenever this is the case, it may be considered as an undoubted proof of the sore being syphilitic; and it is, indeed, solely owing to this lasting inoculability of the pus, that I have been able to make use of it for syphilisation.

The case is quite different when matter from a soft chancre is introduced into the surface of an indurated one—an experiment I have frequently tried. By this means, too, the sore becomes irritated; but the pus here introduced is specific, and this cannot, therefore, be compared to the common irritation.

Mr. Lee having alluded to the experiments made by Dr. Danielssen and myself, with matter taken from indurated chancres, on persons who had never suffered from syphilis, I will, in the first place, repeat what I have emphatically stated on other occasions, that syphilisation ought never to be practised on healthy persons; and I quite agree with Mr. Lee, that a high degree of culpability attaches to such an act. I have never practised syphilisation once on persons not suffering from syphilis, excepting in cases which were altogether hopeless. The patient with eczema on whom I tried it, was a girl who had been in the hospital for upwards of ten years, suffering from an universal and most painful eczema. With despair she saw that every remedy employed was of no avail; and was, on the other hand, witness to the fact, that all who underwent the process of syphilisation for syphilis were not only cured of this disease, but enjoyed excellent health. She, therefore, of her own free will, earnestly requested that she might be syphilised. At last, I yielded to her continued solicitations, giving her clearly to understand, that I was by no means sure she would receive any benefit from the treatment.

Though this declaration has nothing to do with the matter in hand, and is consequently out of place here, I am unable to resist the temptation of making it, lest English readers should erroneously suppose I have ever, in a single instance, unjustifiably practised syphilisation.

When the theories of unity and duality had been more clearly defined, I thcught the above mentioned patient, who had been inoculated to immunity with matter from soft chancres, a fit subject on whom to try whether matter originating from an indurated chancre would have the same effect as on persons not previously syphilised, which it must have had if its nature be essentially different to that of the matter in soft chancres. Mr. Lee has shown us the result of the inoculation: the sores did not indurate, and it was not possible to propagate the action by a series of inoculations, there being already immunity; and not, as Mr. Lee seems to imagine, because this matter had not sufficient intensity to produce a stronger effect on any other person.

Mr. Lee then alludes to Dr. Danielssen's case; and it must be confessed that, to persons not familiar with syphilisation, it sounds strange. I do not, however, for a moment intend taking refuge in the supposition that the observations of my colleague are wanting in accuracy; for Dr. Danielssen is a keen observer, and a thoroughly reliable author. I will simply state that Dr. Danielssen was not then, and is not now, a dualist, but a unicist; he has said so himself in the treatise where the history of the above mentioned case will be found. Of this Mr. Lee was not aware; but several persons, who have also alluded to the case, knew it perfectly well, though they have passed it by in silence.

From the continuation of Mr. Lee's remarks, it appears he is of opinion that the matter which I use in syphilising does not produce pustules and ulcerations similar to those which follow inoculation with matter from soft chancres; but as regards this he is quite mistaken, their form, extent, etc., being precisely the same.

I will now pass on to the conclusions which Mr. Lee arrives at, and will cite, for such of your readers who are not so familiar with this subject, Mr. Lee's own words.

"It thus appears that three very different actions have been included under the term syphilisation; and, until these actions are distinguished, the confusion which has hitherto reigned with regard to this subject will continue.

"1. There is the inoculation of real syphilis in a constitution not previously affected.

"2. The inoculation of the secreton of the soft or suppurating sore.

"3. The inoculation of the accidental or artificial suppurative action induced upon an indurated sore."

From what I have already stated, there can be no question whatever about the first of these points. From the very moment I commenced practising syphilisation, I laid it down as an invariable rule never to inoculate healthy subjects, nor those suffering from primary syphilis. But, on the other hand, when every drop of blood in the system has become imbued with the syphilitic dyscrasy, no harm can possibly arise from inoculating the skin with the syphilitic matter.

Now to the second point—inoculation with matter taken from a soft chancre. Mr. Lee adduces here what has been said of the syphilisations practised with this matter in Vienna. To this I am able to give a definite answer, having for several years used indiscriminately matter from soft and from indurated chancres.

After inoculation with matter taken from a soft chancre, immunity invariably results: it is a rule without exception. With regard to the phagedænic sores which are said to follow these inoculations, they will never make their appearance if attention be paid to the rules I have given for selecting the spot to be inoculated. Mr. Lee must not, therefore, judge of this process by its results as practised in Vienna. He, and whoever wishes to form a just opinion of the merits of syphilisation, must be prepared to pay a visit to our little city of Christiania; and I feel confident that Mr. Lee would then no longer say "the anticipated result—complete failure to cure syphilis, as to prevent its recurrence"—was all he had seen of my treatment. Mr. Lee even believes my records to be accurate; but, when I bring forward from seven to eight hundred cases in which syphilisation has been signally successful, and not a single one in which danger resulted in consequence of the treatment, he is still sceptical, and points to a few cases in Vienna in which the treatment failed to have the desired effect. The only logical conclusion to be arrived at here would seem to me to be this, that syphilisation was not practised in Vienna as it should be; for I have before called attention to the fact that it has been considered unnecessary to follow strictly any particular directions, erroneously supposing that syphilisation consisted in inoculating a few times at unfixed intervals; and if the patient—which was not to be wondered at—grew worse instead of better, the whole theory of syphilisation was cried down as a chimera, and its adherents, to use the mildest expression, as enthusiasts. What, may I ask, would be said of a physician who should prescribe quinine in an equally arbitrary manner for intermittent fever, and then exclaim, on seeing his patient grow rapidly worse, "It is mere folly to prescribe quinine for intermittent fever"?

I now arrive at the third point. Mr. Lee is of the opinion that inoculation with matter taken from indurated chancres is not attended with danger; but this is because he imagines the result of these inoculations to be different from that which follows inoculating with matter taken from soft chancres. When Mr. Lee learns that the inoculated matter from indurated chancres produces pustules and sores precisely similar to those generated by matter taken from soft chancres, we shall, I fear, be no longer agreed on the innocuousness in its application. Hundreds of cases have, however, convinced me that these inoculations have no pernicious effect whatever, but are, on the contrary, the best remedy for syphilis.

To be sure, Mr. Lee considers the results of my syphilisations on children suffering from hereditary syphilis beyond all measure bad, asserting that, in England, they are without a parallel. This statement surprises me, familiar as I am with hereditary syphilis in our country. In my work entitled *Recherches sur la Syphilis*, page 504, I have made mention of 104 children, all of whose mothers, with the exception of one, had been treated with mercury for constitutional syphilis. Of these 104 children, sixty-two died, none of them having been syphilised. This is, consequently, a still worse result; and yet I was under the impression that it was not of the worst. My statistics are certainly not based on an imposing array of figures. They have, however, the advantage of including every case of hereditary syphilis in children brought to our hospital in Christiania for this disease; and their accuracy I can vouch for. I should be glad if Mr. Lee would give similar statistics from England. We should then be able to institute a comparison.

In order to throw as much light on this question as lies in my power, I will now cite a part of what has been said by the latest writers on this subject. In Acton's *Practical Treatise on Diseases of the Urinary and Generative Organs*, page 645, we read: "Fatal cases of syphilis in children are much more common in the metropolis than the profession is aware of." He then gives a table of over 203 children who died of hereditary syphilis in London in the years 1846-1848, in order to show at what ages this disease is most fatal to children. Trousseau says, in a clinical lecture delivered in 1858: "If hereditary syphilis make its appearance a few days after birth, it may be considered as incurable; if there are no symptoms before the second or third month, good hopes may be entertained of effecting a cure, provided the wet-nurse be healthy."

This statement of Trousseau is quite correct, and may be transposed thus. In the first-born children, the dyscrasy breaks out at the earliest period of their lives; in those born later, the disease seldom makes its appearance until after the lapse of a couple of months. In those born first, the internal organs are, as a rule, found to be attacked; in those born later, the disease generally breaks out on the skin and mucous membranes. The children I have syphilised have been taken in treatment indiscriminately, as brought to the hospital, without regard to their symptoms, wishing to see how far syphilisation could be carried.

Pottou relates that, according to the statement of Girard, who practised in the Department of Isère, where numbers of children from Lyons are put out to nurse, syphilis was fatal in two-thirds of the children infected with it. (Rosen, *On the Offspring of Syphilitic Parents*, Copenhagen, 1859.) Zeissel says: "As I have already observed when treating of the different forms of syphilis on the skin, I consider congenital syphilis as an invariably fatal disease." I must, however, remark that Zeissel, by the word congenital, means symptoms of syphilis existing at the birth of the child.

This may be as it will: my experience of the treatment of hereditary syphilis justifies me in continuing to practise syphilisation also in this form of the disease.

Mr. Lee returns to our mutual patient, and says: ". . . . but I cannot conceive it possible that in the case in question, seen by so many eminent men, a disease could have been acquired which remained dormant, without giving any signs of its existence, during a period of six years, and then for the first time showed itself with such terrible severity. Such a case, if substantiated, would, I believe, be unique in the annals of medical science." In a former number of the JOURNAL, I have stated the results of my own experience on this point, but prefer, instead of laying stress thereon, to cite what Ricord, in his *Lettres sur la Syphilis*, says on the subject: "Il n'y a pas de practiciens qui n'aient vu des malades qui, après avoir été traités, ont joui pendant dix, quinze, vingt, trente ans, de tous les priviléges d'une excellente santé, et qui ont fini par présenter, soit pour la première fois, soit comme récidive, des accidents caractéristiques de la syphilis. En présence de faits de ce genre, malheureusement si nombreux," etc.

Mr. Lee and I disagree on many points; but, should the proposal made in my last letter be accepted, I should be glad if Mr. Lee were selected to watch my mode of treatment, being convinced from his correspondence that he is a man who has the cause of truth at heart.

AMERICAN ARMY HOSPITALS. One hundred and eighty-two hospitals, with a capacity of 84,472 beds, were in operation at the date of the last annual report. During the summer campaign it was found necessary to establish additional ones, and increase the capacity of those nearest the scenes of active operations, giving a capacity of 125,521 beds in June 1864.

LUNATIC PAUPERS. Dr. Stiff, superintendent of the Nottingham Lunatic Asylum, in his last annual report, calls attention to a matter of some importance in connection with the admission of lunatics into an asylum, which should be more generally known than it appears to be at present. In the case of ordinary paupers, the proceeding is to take the alleged lunatic before a justice or an officiating clergyman, who, after calling in a medical practitioner, may grant the order of admission. A different procedure must be adopted in the case of persons who are not chargeable to a union but who are alleged to be dangerous lunatics, and not under proper care and control. The person deemed to be lunatic must be brought *before two justices*, by whom the case is to be dealt with, after a preliminary examination of one justice with the aid, if necessary, of a medical man, and if the two justices be satisfied, and the physician or surgeon sign a certificate that such person, not being a pauper, is insane, they may direct him to be received into an asylum. It is to be feared that persons not being maintained out of the poor-rate, are sometimes brought before an officiating clergyman of the parish, and committed to the asylum. The inconveniences attending this practice are, that persons, whose circumstances have not been inquired into are thrown upon the county rate without magisterial authority; that no opportunity is given to the friends to come forward and take charge of them, and that in case of any legal inquiry into the settlement of the individual being made, the original order of admission would be quashed. That due care and judgment must be exercised is shown by the Islington case, where an alleged lunatic, not legally chargeable, was removed to the workhouse, under the direction of the relieving officer, against whom an action was brought. The jury found a verdict for the plaintiff, and the damages and costs, on both sides, amounted ultimately to nearly £900. In another case recently tried, £20 damages were obtained against a relieving officer, for causing a person not maintained out of the poor-rate to be placed in a cab and lodged in the lunatic ward of the workhouse. The judge decided that, although the defendant had simply acted as he believed it to be his duty to do, yet he was legally wrong in not observing the statute.

Original Communications.

ENTOPTICS:

OBSERVATIONS ON THE RELATIVELY GREATER FREQUENCY OF MYODESOPIA IN THE MYOPIC EYE.

By Jabez Hogg, Esq., Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital, etc.

On the continent and in this country, entoptical observations have received a considerable share of attention from men of science both in and out of the profession. The increased care with which the internal eye has been studied since the introduction of that invaluable instrument the ophthalmoscope, has led to a far better explanation, and a fuller appreciation of the value of such inquiries.

Myodesopia, whether investigated by the philosopher purely in its relation to optical phenomena, or by the medical man as a symptom of some value in the treatment of certain derangements of vision, is, I venture to say, of sufficient importance to warrant a careful record of such facts as may from time to time fall under the observation of the ophthalmologist.

It is well known to most practitioners, that few symptoms in connection with derangement of vision prove more alarming to persons of a nervous temperament than the constantly recurring muscæ volitantes;* but fortunately it is quite an easy matter to convince the well informed mind, by direct experiment, that the seat of the phenomena is mostly situated in the humours and secretions of the eye, and not in its nervous or sentient structure.

Entoptical phantoms are principally due: 1, to the passage of muco-lacrymal secretions over the surface of the cornea; 2, to corpuscles moving between the cornea and focal centres, or to corpuscles moving between the focal centre and the retina.

The increased occurrence of *visio phantasmatum*, under certain circumstances, offers an extensive field for experiment and research. When the eye is in a normal condition, the lacrymal fluids, as they float across the cornea, may be quite visible in the diffused light of day. Images of the deeper fibres, moving between the cornea and focal centre, may also be seen without the use of a pencil of light, whether convergent or divergent. And the number of apparent separate beads is apt to incline the observer to the opinion that there are loose beads in the vitreous humour. But all other entoptical objects require the aid of small pencils of light, to enable the observer to perceive and accurately describe them. Such aids are of course necessary before we can determine either the situation, extent, or precise nature, of any entoptical phenomenon. But when the eyes, whether from fatigue of the muscles, or any other disturbing cause, assume a morbid condition, the field of vision becomes peopled with images of all kinds; the number and distinctness of which—however painful to the sufferer—renders their investigation comparatively easy.

"To view entoptical apparitions with precision, and to determine their situation and dimensions—or rather to obtain data for determining them—we must view them in a bright light of limited extent." (*Entoptics; with its Uses in Physiology and Medicine.* By J. Jago, M.D.) It is true that images of fibres in the vitreous humour, as well as certain spectra arising from eyelashes and conjunctival fluids, are frequently visible in the diffused light of day. Nay, in a diseased state of the internal eye, other entoptical objects obtrude themselves on the field of vision, as represented in the annexed diagram. (Fig. 1.)



Fig. 1.

These, with numerous other spectra, were always visibly floating in the right eye of a myopic patient, when that organ was weakened, and he was suffering from the effects of overwork. But no exact information can be obtained concerning these spectra, unless we follow certain particular methods of investigation; which I shall endeavour to make clear before proceeding to give the results.

However, first, let me say a word or two about a supposed test of the danger or harmlessness of entoptical apparitions mentioned by Dr. Watson; viz., "the simple and easy criterion is this, those muscæ which are motionless when the eye is at rest, and move with it when in motion, are signs of danger to vision; those which sink gently downward when the eye is fixed are innocent." This supposed test I have found utterly valueless; and mainly so, because patients, having no scientific knowledge of the subject, will content themselves with applying such a test and acting upon the result; frequently permit great mischief to go on in the eyes unchecked and unheeded; and need, again and again, to be reminded of the danger to which they thus expose themselves.

Now, the result of my experience is this, that blind or insensible spots in the retina do appear "to sink gently downward" when the eye is directed steadily towards some bright object. And Dr. Jago accounts for this when he says: "If the eyes be brought to bear, as is commonly done, on the top of some object, so that the suspected image may be viewed against the sky, they have an almost irresistible tendency to drop, and thus to cause the blind spot to drop also." And even if the object toward which the eyes are directed be not high above the level of the organs themselves, they yet have a tendency to sink downward or to move in some direction or other, thus causing the insensible spot to move also. Moreover, the force of imagination is such, that it is easy to fancy we detect a slight motion in an object when we know that such a motion is an assurance of safety; and even the most cool and collected observer can hardly be certain that the result of his observation will be entirely uninfluenced by his feelings and his imagination.

There are other, and more complicated, causes which render this test, supposing it were a true one, difficult of application. The more deeply situated fibres in the vitreous humour frequently cannot be detected to move along the retina; and, in diseases of the nervous system, muscæ occur, which, "like

* Myodesopia (muscæ volitantes), usually defined "as any spectrum or visual appearance, which imposes on the patient, and leads him to think that flies are moving about before him in the air." (Dr. Mackenzie, "On the Vision of Objects on and in the Eye."—*Edinburgh Medical and Surgical Journal*, July 1845.) The symptom has also been very appropriately called *visio phantasmatum;* and, in my opinion, no better designation could be found.

reams, are merely the result of efforts by a suffering rain to realise impressions made upon it."

Having thus premised, that accurate and scientific ıvestigations are necessary to ascertain the nature f entoptical apparitions, the next step will be to deribe some of the methods by which such investigaons may be made. And here let me say, by way of aution, that care should be taken to ascertain that ıe lens we are about to experiment with is perfectly ean and free from dust. By looking at the flame f a steady-burning lamp or candle, and at the same me turning the lens on its axis, any particle of dust dhering to it will be seen to revolve, and must be refully removed. Other imperfections, as scratches, c., may be detected in the same way.

The first point of importance in making observaons will necessarily be, how to obtain such pencils rays, either convergent or divergent, as may coneniently, and without injury, be thrown upon the tina. I have found that light reflected from water, alls, roads, and other such-like objects, is far too azzling to be at all agreeable or convenient; and ould, therefore, recommend light drawn from a ure white cloud or the clear sky, as both convenient nd trustworthy for entoptical experiments. By the id of a convex lens, we may reflect into the eye, om such a clear sky, very fine divergent pencils of ght. "If we look through a convex lens of one ch focal length towards a gas- or lamp-flame situed at the end of a moderately long room (say venty feet), so that the image may be formed at or ear the principal focus of the lens, that there may e produced a rapidly convergent and therefrom di-rgent pencil, the eye may receive.....a divergent convergent pencil at pleasure." (*Entoptics.*)

If we use artificial light, care must be taken at the flame does not flicker—a steady light being dispensable for accuracy. With such pencils as ose just enumerated, all the following experiments ve been made.

A clergyman, of some scientific acquirements, myic, in whose eyes muscæ volitantes have for years een most annoying and distressing, having been quested to furnish me with particulars of his case, ys:

"I have not found any results worth noting in the paritions arising from eyelashes and the movement the lids; indeed, such can scarcely be called 'entical'—*ectoptical* seems a more suitable term for em, since their originating causes are external. In y case, the lubricating fluids do not appear to be equably diffused over the corneæ and conjunctivæ they should be, and probably are not in their rmal condition; hence, numerous tears, both nvex and concave, arise; two of which, as seen rough a divergent pencil, are shown in the annexed gure 2. These are evidently convex tears, since they righten the image, and give shade to the areola'; e, however, has a dark central spot. Figure 3 re-

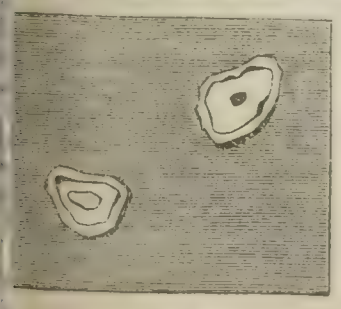


Fig. 2.

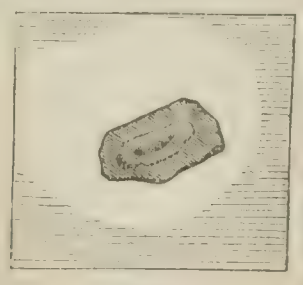


Fig. 3.

esents a concave tear, seen through a divergent ncil, the image dark, the areola surrounding it ghter.

"Throughout the crystalline lens are scattered numerous bodies, opaque or semi-opaque, having a round or oval outline, and always presenting a central brightness. The annexed figure 4 will give you

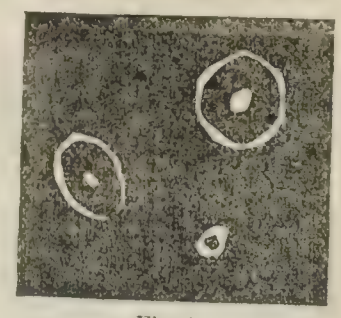


Fig. 4.

some idea of the appearance of these bodies. I am unable, even after careful investigation, absolutely to confirm the statement made regarding similar bodies, 'that the whole wide black ring is constituted of suitable internal fringes.' The shading of the areola around the objects is purposely given roughly, partly to imitate its actual appearance, partly to render the lucid band and central brightness of the opaque bodies more prominent; and, from whatever cause, these bright portions are invariably much more light than the surrounding areola; and they are, also, accompanied with prismatic bands, or circles of colour, which play about them, but which it is impossible to represent in a diagram, inasmuch as they are in constant motion, and present no definite outline. Fig. 5 is intended to represent the irregular outline of



Fig. 6.

coloured bands which surrounded a central spot of brightness upon a ground work of minute grey dots.

"It may, perhaps, not be out of place to detail the peculiarities of focal adjustment in my own eyes, as Dr. Jago has done in his. The power of accommodation, from a distance of only an inch and a half to the horizon itself, is possessed by both eyes when in their normal condition. But when a single horizontal straight line is viewed at a given distance—say twelve inches—and turned round in a plane perpendicular to the optic axis, it is seen more clearly in some positions than in others. A vertical line appears perfectly erect; but one sloping at an angle of 45° appears double. A horizontal line appears double with the left eye; but lately, and when the eyes are suffering from the effects of overstrain, on looking at a distant point, all nearer placed objects appear double, each eye having its own image, and not, as in Dr. Jago's case, one eye possessing two images. Moreover, this gentleman's double images 'become more widely apart as the objects become more remote.' My own case is precisely the converse of this; the nearer the object, supposing the eye to be directed to a distant point, the further apart are the two images.*

* My patient's myopia is probably associated with *astigmatism*, due to some irregularity in the refracting surfaces of the eye, which I have had no opportunity of investigating. That distinguished philosopher, Dr. Thomas Young, first observed this asymmetry of the dioptric system in his own eyes. He was himself myopic; he saw in his optometer double images of the thread intersect one another at seven inches from the eye. "The optician Cary, to whom Dr. Young communicated his discovery, stated to him that he had often found that near-sighted people distinguished objects more accurately, when the glasses suited to them were held in a particular oblique direction before the eye. Now, by this means—at least, when strong

"With regard to the inspection of the fibres in the vitreous humour, I find that while observing intra-vitreous bodies, it is necessary to look downwards; and, indeed, if I fix the eye during such investigations upon an object above, or even parallel to, the axis of vision, I find that the images of intra-ocular bodies move about, so as to render their examination difficult. I have, by careful investigations, arrived at the conclusion, that all the seemingly loose beads in the vitreous humour are, in reality, parts of a series of filaments or fibres. The annexed figure 6



Fig. 6.

represents a portion of the net-work of fibres, and some loose beads visible in the vitreous humour, seen by means of a divergent pencil of light. In place of Dr. Jago's experiment, by which he appears to have arrived at this conclusion, I had an experience of a very different kind, but which led me to exactly the same opinion. When first I commenced these entoptical studies for you, the numerous apparently loose beads in the vitreous humours seemed totally unconnected; and when in motion, it was impossible to detect that they were in the condition of objects connected together, so far as similarity of movement and uniformity of direction were concerned. The annexed diagram (Fig. 7) represents some of these



Fig. 7.

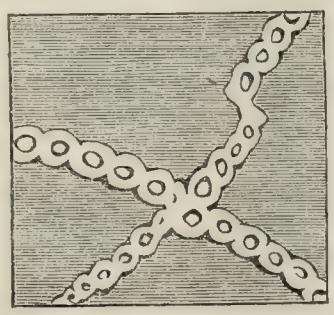


Fig. 8.

loose globules, seen through a divergent pencil, when the eye was in a tolerably healthy condition. But soon after I had noted these, a period of close reading caused rapid deterioration of my sight; and one of the first of my annoying symptoms was the greater visibility of the beads in the vitreous humour. These daily increased, both in number and prominence; and I soon found that several (which, from their larger size or more conspicuous position, I could easily recognise) were becoming united into a series of connecting links. In process of time, a regular network of fibres became visible; and in the diffused light of day, each fibre or filament was converted into a connected chain of beads (shown in fig. 8.) But, after a series of observations and experiments, I have come to the conclusion, that every bead which is visible in the vitreous humour, whether in the diffused light of day or by means of a divergent pencil, is in reality a portion of a fibre. 'I can at once locate in the tissue any thread that comes into view; and any globule that trembles upon the sight, I can restore to its place among the meshes of the web with facility.'

"To proceed to the entoptical investigation of the retina. At each contraction of the left ventricle of the heart, I can discern a corresponding movement in the arteries of the retina. These produce phantoms in the form of greyish elongated bodies, sometimes, though not invariably, phosphorescent. That the sentient surface of the retina lies behind the arteries seems most probable, when we consider in what way these phantoms are produced. But the experiments by which we investigate these phenomena are somewhat uncertain in their results; and consequently the data obtained from them are liable to many sources of error. As the result of careful observation, I may state that I can detect a very subtle black ring round most, if not all, of the capillary dots which fall upon the more sensitive portions of my retina; and I believe that, in some rare instances, I can observe a very slight central brightness. That the capillaries do not actually touch the sentient surface, although they approach it very nearly, appears certain. In my own eyes, as also in those of some other observers, a few excessively minute dots are just perceptible across the whole of the foramen centrale; but so minute as to be barely discernible. These small dots somewhat resemble the capillaries which lie around that region; although, of course, they must be very much smaller. These dots 'should be regarded as undoubted shadows; and, until the microscope shall have discovered another cause, it will be hard for me to persuade myself that they are not vessels.' The result of my investigations has led me to agree entirely with this view; and, consequently, to acquiesce in the presumption that this spot (*i.e.*, the foramen centrale, which many say is without vessels) is really penetrated by excessively fine capillaries.

"With regard to the detection of bloodless portions of the retina, it is not always possible to discover them, or, at least, to distinguish them from mere harmless muscæ volitantes, by the uncertain test of their immobility; for—as I have before stated when the eye is directed towards an elevated object—they will sink gently downwards; and the observer will often rest satisfied with a cursory observation, shrinking from the possible discovery of danger to vision which a more carefully instituted examination might lead to. And when a more accurate series of entoptical experiments shall have been made and recorded, I think there will be little or no difficulty in detecting anæmic portions of the retina. It is true that they sink gently down, or at least appear to do so; but they will be found invariably stationary when the eye is directed to any spot on a level with, or lower, than its own elevation. You also have the ophthalmoscope to aid you in all such investigations; and can detect, by means of this instrument, other, and perhaps more decided, changes, not only in the retina, but throughout the fundus of the internal eye.

"Then, although the common harmless muscæ will still be seen to sink gently downward—occasionally

glasses are necessary—a certain degree of astigmatism may be corrected. Young also studied and delineated the form of the diffused spots. The source of astigmatism he sought in the crystalline lens, because it continued when he plunged his cornea into water, and replaced its action by that of a convex lens. He now assumed an oblique position of the crystalline lens as the cause, and even thought that from the diffusion-images of a point of light it might be deduced, that the two surfaces of his lens were not centred. In a double point of view, therefore, Young's eye, says Donders, 'presented an exception; the refraction was stronger in the horizontal than in the vertical meridian, and the cause lay principally in the lens.'" (*Phil. Trans.*, vol. lxxxiii; Young's *Miscellaneous Works*, edited by Peacock, vol. i, p. 26; Donders, *On the Anomalies of Accommodation and Refraction of the Eye*, p. 426.)

returning and then again descending—the phantoms from the lacrymal fluids move either laterally or longitudinally; at such times, the anæmic portions of the retina remain firmly fixed. And I fancy that I can now detect them by a peculiar colour, or rather shade, by which they are distinguishable from all other entoptical images; namely, a pearly brightness, difficult to depict without the aid of a skilful pencil; but when once seen, not to be forgotten. I need scarcely add that, as they are the most alarming, so they are also the most obtrusive of entoptical objects, being visible with as well as without pencils, and visible alike in daylight and by artificial light. They are more affected than any other spectres by overwork of the eyes; and I have invariably found them disappear after a sufficient period of rest, and return when the eyes were fatigued by much work; and, like all the other appearances I have mentioned, to be by far less annoying in the clear and brilliant sunshine of the South, than in the twilight of an English winter's day.

"It has been quite a source of employment for spare moments, to note the effects of external circumstances upon my muscæ volitantes. In the first place, reading or writing always causes with me some muscular contraction (a spasm of the voluntary muscles of the eye). This renders all apparitions very much more conspicuously visible. I have noticed that painting does not produce the same unpleasant effects, although pencil- or chalk-drawing does, but still in a far less degree than reading or writing. In fact, I have found it to be an invariable rule, one which may prove of use to others similarly affected, or suffering from weak sight (either associated with anæmia or hyperæmia of the retina), that any kind of employment which involves the looking at coloured objects, or the varied landscape, is not only far less trying than when the sight is exercised on black or white objects; but after the fatigue of reading, if I turn to my painting, or walk out for a while, the retina very quickly recovers itself. I may mention, however, that my retina appears to be at all times morbidly sensitive to light; and that any unusual printed characters, such as Hebrew, Greek, or German, are very trying to my sight. Entoptical objects also become most numerous after reading Hebrew. I append a portion of my field of vision, seen by the aid of a divergent pencil of light, after

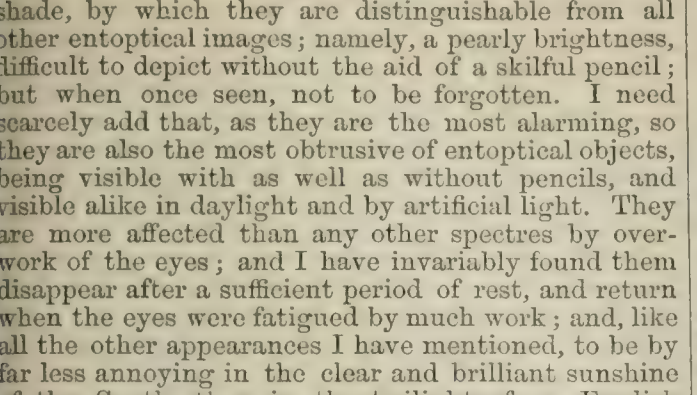


Fig. 9.

an hour's reading. A A, portions of fibre; B B, clusters of spectra, probably beads, in the vitreous humour, forming parts of larger fibres; C C, anæmic portions of the retina; D D, deeper fibres in the vitreous body. The background is shaded merely to give prominence to the spectra; and the oval indicates that the central part of the field is more thickly covered. All the images sink gently downwards when the eye returns to rest."

[*To be continued.*]

ON IMPAIRED NERVOUS POWER, FROM ALTERATIONS IN THE QUANTITY OF THE BLOOD CIRCULATING IN THE BRAIN.

By George Hare Philipson, M.A., M.B.Cantab., M.R.C.P., Physician to the Newcastle-upon-Tyne Dispensary and Fever Hospital, etc.

[*Read before the Northumberland and Durham Medical Society at Newcastle-upon-Tyne, January 12th*, 1865.]

The morbid processes which influence the functions of the brain are various and widely different. Whatever the alteration, the effect is manifested by some loss of power or force, the extent varying, according as the mischief is simple or severe, implicating a portion of the nervous tissue of small consequence or absolutely needful for the continuance of life.

The mental power alone may be diminished. To this there may be superadded a suspension of ideas; the individual halting in a conversation, in the middle of a sentence, or of a word, not from a difficulty in articulation, but from losing the string of ideas owned at the time by his mind. The discoverable effect may be thus constituted; or, in addition, there may be a loss of one or more of the special senses, ordinary sensation or motion, with or without muscular contractions, diminished nutrition, reflex actions, and perverted sensations. Even life itself may be suddenly or more gradually terminated, external impressions previously producing no effect, the semblance being that of death, but with the continuance of the circulation and respiration. How gradual and regular is this progress. The signs are very distinct. Their coexistence is agreeable to order, and guides us to the portion of the nervous centre implicated, and to the nature of the lesion, whether it be due simply to functional disturbance, to alterations in the quantity or quality of the blood circulating, to effusion of this fluid into the substance or cavities of the encephalon, to softening, slowly generated, or to inflammatory or some other condition.

These states are each suggestive, and deserving of distinct notice. Nevertheless, the present inquiry will be limited to the consideration of the various conditions productive of alterations in the quantity of the blood circulating in the brain, the effects arising therefrom being specially referred to.

The quantity of blood may be augmented or diminished.

1. The increase may arise from general or partial hyperæmia. In general hyperæmia or plethora—that bodily condition in which the blood is either in excessive quantity, or not increased, but more rich in fibrine and red corpuscles—the circulation is easily quickened by any sudden excitement. The blood-vessels in every part of the body are over-distended; they contain an excess of blood. Those in the brain are very liable to suffer, and frequently rupture, solely from this cause. In a measure, they are ready prepared for this, from the delicate nature of their structure, and their nearness to the heart. This state may be the forerunner of congestion, or of that variety of partial hyperæmia characterised by sluggishness of the flow, and an increase in the actual amount of blood in the vessels. The veins are principally affected; before long they are over-distended, and finally loaded. Thus the blood accumulates, and by degrees the capillaries dilate, and, by reason of their thin coat, readily yield to the pressure, if the onward current be not re-established.

Any obstacle preventing the return of blood from the brain is the most frequent cause of congestion.

The impediment may be in the heart itself, at the right auriculo-ventricular aperture—more often from regurgitation than from constriction. The internal jugular vein may be compressed by an aneurismal or other tumour. The convulsions in severe cases of pertussis are due to congestion; and in this way, the capacity of the chest is diminished by oft repeated respirations, the lungs in proportion being compressed; the amount of blood transmitted through them is thereby lessened, and its return from the head impeded, where it collects. In congestion, it is not often that consciousness is entirely lost; convulsions and a temporary paralysis may occur; usually all the symptoms pass away before the third day.

The quantity of blood in the brain may be increased, the flow also being quickened. In this example of partial hyperæmia, if the increase be small, the functions of the brain are performed with increased activity. If it be greater, there are restlessness, apprehension of impending danger, inability to fix the attention, feeling of fulness within the head, at times slight stupor and delirium, readily increased by stooping. Most often the circulation after a little time becomes again tranquil, and all the uneasy feelings vanish. More rarely inflammation of the substance of the brain supervenes. At some part the blood stagnates, not from any hindrance to the flow, but from the blood-discs adhering together and to the walls of the capillaries. This is soon followed by an exudation from the vessels, either composed entirely of the liquid portion of the blood, or a blastematous lymph, which coagulates between the nerve-fibres and cells. The symptoms are severe. The carotid arteries pulsate with great force and increased frequency. The whole circulation is excited. The pupils, at first contracted, afterwards dilate, often unequally, any sudden light producing little effect. Vision is impaired. Certain muscles or groups of muscles become rigid. Motion and sensation are lost. Stupor and delirium, intense coma, or sudden collapse, shortly precede death.

2. A decrease in the quantity of blood circulating in the brain may arise from a sudden and large loss of blood, or from an interruption to the current in the arteries that supply or are distributed to the brain.

In acute anæmia, from any sudden and large hæmorrhage, the amount of blood passing through the brain necessarily must suffer diminution, the proportion of the composite elements being in no way changed. The giddiness, loss of consciousness, perhaps dreadfully prolonged, the momentary suspension of respiration, resumed with deep sighing, sufficiently mark the action upon the nervous system.

The blood may coagulate within a healthy or a diseased vessel. When within a healthy vessel, it does so spontaneously and during life. Rheumatism, syphilis, the puerperal state, and debility in any way produced, appear to render the fibrine more liable to separate and form a clot. Such cases are uncommon. The following one is a remarkable example.

T. B., a joiner, aged 43, on the morning of March 2nd, 1861, while at work fell to the ground; when lifted by his fellow-workmen, he was unconscious; two hours afterwards was profoundly insensible. The mouth was drawn to the right; sensation and motion were abolished in the left arm and leg; when raised they fell as dead weights; reflex action could not be excited; the intestinal contents were passed involuntarily. He never regained consciousness, and died twenty-two hours after the seizure.

At the autopsy, the right internal carotid artery within the cranium, together with its branches, were distended with a coagulum, which even extended into the branches of the ophthalmic. The vessels were completely filled. When cut across, the circumference of the clot was firm, the centre soft, most like ordinary clotted blood. It was divided at several parts with the same result. The lining of the vessels was of a natural colour, and quite smooth. The brain was throughout of ordinary consistence. The ventricles contained the usual quantity of serosity. The valves of the heart were healthy.

It was conjectured during life that blood had suddenly become effused into the right hemisphere of the brain. At the examination a different condition was revealed—an explanation of the symptoms. The character of the clot was peculiar, and clearly pointed to its formation some time before death. In all probability the interior of the vessels was first covered with a layer of fibrine, and upon this, according to the rapidity with which the blood-discs became entangled, a coagulum was formed, enlarging until the vessels were ultimately blocked up.

In arteries inflamed, the blood coagulates. The clot is often firmly adherent, and of a uniform colour. The heart is moderately distended; the calibre slightly diminished. The external coat is thickened from exudation into its interstices; the internal softened, and devoid of its natural polish. In some bodily conditions, a lowness of activity naturally exists, joined with general impairment of the nutritive power. In various organs and tissues the proper structure is replaced by oily particles—plates of cholesterine and calcareous particles. In the arteries, this change is not uncommon in the contractile tissue of the middle coat. The vessels then lose their power of contractility, are dilated rather than contracted. The calcareous particles not unfrequently project into the current, sometimes becoming free, from removal of the epithelial layer by absorption, and thus inviting foundations are formed for the raising of a coagulum.

The blood may coagulate upon some substance derived from a distance, composed either of the constituents of the blood, or the products of some morbid process. This condition, with the appellation of "embolon", was described some few years ago near the same time, by Virchow, in Germany, and the much lamented Kirkes, in this country. They stated that fibrinous fragments or vegetations adherent to the interior of the great vessels, the valves or inner surface of the heart, by some sudden excitement of the circulation, become detached, and swept on in the circulation until arrested by a vessel too small for them to move in. The vessel becomes blocked by a clot to the angle of branching, where the circulation is still going on.

The embolus may be formed in various ways. It may be composed simply of a coagulum, formed upon calcareous spiculæ, projecting into the interior of one of the great vessels, or an atheromatous patch, where the epithelial membrane has been removed. It may be formed of fibrinous patches washed off from the masses attached or interwoven among the chordæ tendineæ and columnæ carneæ of the left ventricle of the heart. It may be constituted by a vegetation, detached from one of the valves of the heart, the result of previous endocarditis. The vegetations are usually attached to the free border of the valves, and to those of the left side in preference to the right. They are generally small in size, and pass into the cerebral arteries and their branches; the middle cerebral more often than the anterior or posterior. The fibrinous particles are of good size, and frequently lodge in the internal carotid artery.

The resting place of the embolus is principally determined by its size, the position of the body at the

me the separation has occurred, the velocity of the rculation, and the angles formed by divergent ranches. When an artery so obstructed is examined, it will appear as if distended with artificial jection, the coats being quite healthy. The plug firm, distinctly laminated, like the contents of an neurism; in shape mostly conical, the base directed to the stream; smooth; like an ordinary clot colour; the apex often irregular, lighter in colour, nd possibly identical in structure with fibrinous asses or vegetations, yet undetached.

The changes that ultimately occur are chiefly influenced by the size and position of the artery obtructed. If it be the internal carotid artery, by reason f its numerous inosculations with the branches of its ellow, and of the external carotid and the subclavian, ne circulation is soon restored. If the embolus and ne vessel be not adherent, the force of the circulation ay produce dilatation of the vessel behind the obruction, and the blood may gradually find its way beween the plug and the vessel. In this way, the rculation may be in part restored. If the clot be rmly fixed, the dilatation may increase until the essel ruptures. This is a rare cause of hæmorrhage nto the substance of the brain. The embolus may e arrested at the angle of two divergent branches, osely waving in one, and obstructing the other. his position may be easily altered, and the obstacle ay again pass into the circulation, migrate, and obtruct some other vessel. The embolus may continue xed in position, and gradually become less by a proess of disintegration and absorption, the vessel once gain becoming patent. When the obstruction conines some time, the nutrition of the brain suffers. ts consistence changes; it becomes soft, pulpy, lmost diffluent at places, like cream in density and ppearance; the extent of the alteration correspondng closely to the space within which the branches f the obstructed artery are distributed. In fatal ases, this is the most general *post mortem* apearance, death rarely following the immediate ttack.

The symptoms are distinctive. The attack is most udden, without premonitory warning. Consciousess is lost, after a few hours regained, disclosing artial or complete paralysis of one side. The face ay be distorted, the tongue protruded to one side, he grasp diminished, and the foot trailed. Sensation s abolished, lessened, or perverted. Speech is defectve, in the utterance of words, and even in the expresion of ideas by signs. The paralysis is on the side f the body opposite to that in which the obstruction as occurred, thus agreeing with the distinctive chaacter of cerebral paralysis from other causes. One ide of the body may be completely paralysed, and he arterial pulsations in a part of the other be unble to be felt. Here embolism of the artery going o the part, is associated with a similar condition of n artery supplying the brain. Other internal organs n conjunction with the brain may be similarly affected; the spleen and kidneys more often than the iver. The first attack is often of short duration, succeededby a second more lasting, it may be, of the opposite side of the body. In such the obstruction as become displaced, altered in position, and finally firmly wedged.

This condition may occur at any age. Of seven ases, three were under thirty years of age, while one was sixty-five. Four were males and three females. In every case a history of previous rheumatism was obtained, and the auscultatory evidence was clear of coexistent disease of the valves of the left side of the heart.

The treatment, immediate upon the seizure, must be directed to equalise and restore the circulation. The recumbent posture must be strictly enjoined, and all constricting articles of dress set free. Some diffusible stimulant, as brandy or ammonia, may be administered. Some caution, however, is necessary, lest the circulation be excited in too great degree, and fresh particles of the obstructing matter become washed into the current. After consciousness has been regained, if the paralysis continue, the endeavour should be to hasten the absorption of the obstruction. Upon the supposition that ammonia possesses the property of liquefying the clot of coagulated blood, this alkali may be given. Even out of the body, upon the authority of Dr. B. W. Richardson, blood serum alkalinified with ammonia possesses this property. Dr. Fletcher of Manchester (British Medical Journal, April 30th, 1864) has recorded a case of embolism which recovered, ammonia having been given in frequent and large doses. The symptoms were clear and well marked. The healthy nutrition of the body must be carefully maintained, so that, however small the quantity of blood is that the brain receives, it may be as nutrient as possible. With this view, a generous diet, wine and tonic remedies are indicated. Iron, quinine, alone or in combination with ammonia, or other approved absorbent, as the iodide or bromide of potassium, prove the most beneficial. Laxatives from time to time are necessary, and highly useful. Counterirritation behind the ear, or upon the crown of the head, by means of cantharidine blisters or the ointment of tartarated antimony, should not be omitted.

The foregoing considerations may be embodied in the following propositions.

An increase in the quantity of blood circulating in the brain, is alone adequate to produce impairment of its various functions.

The ulterior effects of the increase are much more serious than those of the increase itself.

A sudden diminution in the amount of blood distributed to the brain, is followed by complete paralysis.

Hemiplegia so produced, closely resembles hæmorrhage into or acute softening of the brain-tissue, not only in symptoms, but in power to destroy life.

CASE OF POISONING BY STRYCHNINE.

By R. J. Rogers, M.R.C.S., late House-Surgeon to the Sussex County Hospital.

A female, aged 25, was admitted into the Sussex County Hospital, having, about an hour and a half previously, swallowed one of "Barber's Magic Vermin Killer" powders with suicidal intent.

When seen, she was stretched across a chair, with her legs rigid and extended, the trunk in a state of opisthotonos, and there were tetanic spasms of the muscles of the arms, neck, and face. With great difficulty, in consequence of the rigid state of the jaws, a tube was passed into the œsophagus; and, by the aid of the stomach-pump, a quantity of warm water was injected, which returned clear and of a pale green colour. She was then placed in bed. The thighs and legs were persistently rigid and widely separated; the muscles of the upper extremities, neck, and face, were in a state of violent spasmodic contraction. There were occasional short intervals of perfect quietude, during which she was quite coherent; and in one of these she stated the cause of her having taken the poison. Any sudden noise or movement caused an accession of the paroxysms. She was very thirsty, and constantly craving for

water. She was ordered the following draught every quarter of an hour for six doses.

℞ Acidi hydrocyanci diluti (P. L.) ♏v; ammoniæ sesquicarb. gr. iij; misturæ acaciæ ʒij; aquæ destill. ad ʒss.

There was very great difficulty in swallowing. The pupils were widely dilated; the countenance was somewhat livid; the heart's action was forcible, but regular in its rhythm. No effect was produced by the medicine; and she died during an attack of more than usual severity about two hours after her admission.

Immediately after death, the following appearances were noted. The face, neck, and upper part of the chest, were of a livid colour; the teeth firmly clenched; the sterno-cleido-mastoid muscles were singularly prominent, hard, and strongly contracted. The arms were straight; the shoulder- and elbow-joints rigid, requiring great force to bend them; the fingers were tightly flexed. The muscles of the thighs and legs were also strongly contracted; and the united efforts of two persons could not bend the knees. The soles of the feet were arched.

About an hour afterwards, the muscles of the upper extremity were relaxing.

Three hours after death, the body was very warm; the lower extremities were relaxing. The knees could be bent; but the muscles were still rather hard.

Nine hours after death, the body was nearly cold; the rigidity of the muscles had nearly all passed off.

On examination of the body, twenty-four hours after death, there was great lividity of the face, neck, chest, and dependent parts. The flexor muscles of the forearms and legs were somewhat contracted; the hands were clenched; the soles of the feet were arched. There was unusual vascularity of the integuments forming the scalp. The surface of the brain was rather congested. The brain itself was quite healthy; there was no fluid in the ventricles. The spinal cord was healthy. There was nothing remarkable about the upper part of it, which only was examined. The lungs were intensely congested; there were a few tubercles in the apex of the right. The blood in the great vessels about the neck and chest was very dark-coloured and fluid. The pericardium contained two or three ounces of serum. The heart was flaccid; its cavities were quite empty; not a clot or drop of blood was to be seen. The blood throughout the body appeared unusually fluid. There were white silvery streaks on the surface of the abdomen, marks of a former pregnancy. The liver, spleen, and kidneys were healthy, but congested. The stomach contained several ounces of pale-coloured fluid; the mucous membrane was pale throughout. The uterus was large, weighing seven ounces and three-quarters. Its interior was lined with a white, flocculent membrane, easily separated, which, on microscopic examination, was proved to be decidua. There was a very large corpus luteum in the left ovary.

Some blood, pieces of liver and kidney, and urine, withdrawn immediately after death, were examined chemically by Mr. Peel, dispenser to the hospital, by Rodgers and Girdwood's process (*Pharmaceutical Journal*, vol. xvi, page 497.) In all these, distinct traces of strychnine were found. One of the powders, weighing 28 grains, was found on analysis to contain 2·8 grains of strychnine.

Testimonial to Mr. W. P. Hoare. A very flattering testimonial, consisting of a piece of plate and a microscope, was presented on the 4th inst. to Mr. W. P. Hoare of Faversham, by his friends. The Mayor presented the testimonial.

Transactions of Branches.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

CASES IN OPHTHALMIC PRACTICE.

By Matthew A. Adams, Esq., Surgeon to the Kent County Ophthalmic Hospital, Maidstone.

[*Read at Gravesend, March 31st*, 1865.]

If in the account of the following cases it should appear to you, that I have neglected to report many important particulars, you will please to understand that it has been my object in arranging these few remarks, to condense the subordinate features of each case, and give particular prominence to those on which I would desire to raise a discussion.

Without further sacrifice of valuable time, allow me to bring before your notice what I believe to have been a case of *Diphtheria of the conjunctiva*.

Mr. Hutchinson describes a similar case in the *Ophthalmic Hospital Reports* for October 1859, which called forth some remarks in the January following, from Dr. Mackenzie of Glasgow, strongly arguing against the existence of such a disease. So it still remains a question, whether there is such a disease. If there is, How is it to be recognised? How should it be treated?

Case i. John Briggs, 9 months old, when first brought to me in May last, had been under Mr. Crook's care about a month for a purulent ophthalmia. In a letter to me on the subject, he says: "I found the child very ill in himself, with the eyes inflamed, and the eyelids lined with a tough whitish membrane, which I could not remove." And from the mother (who had two years previously to this time lost all her children—three in number—from diphtheria) I gained these additional particulars respecting its history. She first noticed that he failed in his health much as the other children did who had died of diphtheria. His appetite fell off; he was feverish and peevish; and after about a week the mother noticed a discharge from the left nostril, not clear like the discharge accompanying catarrh, but from the first thick, yellow, and fluid, precisely like the discharge she had witnessed in each of the three children before alluded to. On two occasions a piece of membrane came away with the discharge, and was shown to the "doctor," who decidedly pronounced it to be diphtheritic. After a time the right nostril became affected in a similar way, but never so severely as the left. By extension the eyes soon became affected, the left first. They were blood-shot, and discharged yellow matter; this was soon followed by a membranous deposit, first showing itself at the inner canthus, and gradually creeping over the front of the eyeball.

When I was consulted, I found the child very pale, the eyelids swollen, and of a livid purple colour, very red at the margin, and the lashes matted together, and a little thin puro-sanious discharge running down each cheek. On separating the lids, the peculiarity of the case at once struck me. From the strong resemblance it bore to what I had seen in the throats of those affected with diphtheria, I was led at once to put the question: "Have you had diphtheria in your house?" This question was not dictated by any preconceived notion on the subject. At that time I was not aware of Mr. Hutchinson's and Dr. Mackenzie's papers on the subject. The ocular conjunctivæ and corneæ were covered with a tough inflammatory exudation, any attempt to remove which

left a raw bleeding surface. In all this the left eye was the worst, the right cornea being in part clear.

I put a drop of a twelve-grain solution of nitrate of silver into each eye, ordered some drops of a solution of sulphate of copper to be used three times a day, and the eyes to be cleansed with an alum lotion every quarter of an hour. I also prescribed an iron mixture, beef-tea, and port wine.

After a time the child quite recovered. The corneæ were only slightly damaged, considering the severity of the disorder; but after the lapse of a month or more, he had another attack as bad as the first. I persuaded the mother to change her residence from a low marshy place at Northfleet; and ultimately the child again pulled through it.

I leave it to you, gentlemen, to say whether you consider this case in any way settles the vexed question. And I hope to elicit some discussion with reference to the diagnosis and proper treatment of a disease which I am inclined to believe by no means very uncommon.

Diabetic Cataract. The next two cases to which I ask your kind attention, possess for me great interest.

Lydia Meopstead, aged 54, and Amy Sage, aged 33, were and are suffering from diabetes; they had a well formed cataract in each eye.

I take it for granted that since the publication of Mr. France's paper in February 1859, On Cataract in Association with Diabetes, and Dr. B. W. Richardson's account of what he terms the "synthesis of cataract," all the profession admit the consequent connection of cataract with diabetes. What is the physical cause of this connection? Why should the connection be so seldom, comparatively, exemplified? Although these are questions of great interest, we cannot now spare time to discuss them; but must confine ourselves to the consideration of the proper treatment of these cases.

Mr. France, in the paper alluded to, concludes with these words: "My experience would lead me strenuously to deprecate any operative interference with them, so long as any useful degree of vision is preserved."

If this advice be well founded, it is almost prohibitive of effectual aid; on the other hand, should future experience modify this opinion, needless suffering may be saved and much good done.

Case II. Lydia Meopstead was admitted into the Kent Ophthalmic Hospital on the 15th of last November. She is a married woman, has had a large family, and had suffered from diabetes more than four years. Two years before admission, her right eye began to fail her, which gradually became worse, so that on her admission she could only just discern light from dark. She was most emaciated and extremely feeble.

She passed in the twenty-four hours three and a half quarts of strongly saccharine urine, of specific gravity 1038. This state of the urine varied very little during the time she was under my care. A less promising case could hardly be imagined, nor could vision so very imperfect be made less useful. Under these circumstances we decided upon an attempt at extraction, which was accomplished in the right eye on November 30th by Schuft's method. On the third day after the operation she was allowed to sit up; the section was quite healed, and the eye free from any adverse symptom. Unfortunately she was attacked by diarrhœa, and some iritis set in. This was soon checked, and on December 5th—that is to say, five days after the first operation—I performed a large iridectomy on the left eye preparatory to extracting the lens by Van Mooren's method. On December 20th the extraction was completed on this eye. All went on well, and in eight days she was discharged cured. At this time she could see distant objects distinctly with + $3\frac{1}{2}$, and with + $2\frac{1}{2}$ read No. 3 type at 10 inches, a result very little short of normal vision.

Case III. Amy Sage, aged 33, was taken into the hospital on February 2nd, having just previously been an inmate of the West Kent General Hospital, under Dr. Woodfall's care, for diabetes. She is a married woman, has had twelve children, and dates the commencement of her disorder from her last confinement a year ago. The blindness began to trouble her last August, and gradually became worse. On admission, she could not distinguish objects, but had good quantitative perception of light and shadow. She passed daily six pints of urine, highly saccharine, of a specific gravity 1038.

On February 24th, I made a small valvular opening in the cornea of the right eye with a broad needle, lacerated the capsule, and inserted the suction curette, and with it drew out a large portion of the lens; still there was a very considerable portion which refused to pass in at the mouth of the curette. Nothing further was done on this occasion.

Ten days later, the anterior chamber was again opened with a broad needle, enough to admit a small Schuft's spoon, with which the remainder of the lens was removed. Ice was applied, and by the 11th, the eye was convalescent.

On the 22nd, eleven days since the last operation, the left eye was treated in a similar manner. On this occasion, however, we succeeded in removing all but a very small portion of the lens by the suction curette; so little, indeed, remained behind, that it was left to disappear by solution. She complained of much pain directly after the operation, which was relieved almost immediately by the application of ice.

I cannot refrain from remarking here, how eminently useful I have found ice under these and similar circumstances for the assuaging of pain. I am not aware that it has been used in ophthalmic practice with this view, and I beg to offer my humble testimony in favour of a very valuable therapeutical agent.

The woman now sees well; I believe as well as it is possible for any person to see after the removal of the crystalline lens; she has excellent vision for distant objects, and with proper convex lenses reads the very smallest type.

One other circumstance, confirmatory of the nature of the disorder, I must allude to. The part of the lens which was removed at the first operation on this last patient by the suction-curette, I subjected to the usual test for sugar, and obtained an abundant reaction characteristic of that substance; and, although one might presume that such would be found to be the case, as far as I know, no record exists of the fact having been demonstrated.

It remains only for me, in a few words, to draw especial attention to the operations employed in these two patients.

Each of the four eyes was treated differently. In the first operation on Mrs. Meopstead, I adopted the method of Schuft, believing, from the age of the patient and the appearance of the cataract, that a hard nucleus existed. This proved to be the fact. As is almost always the case with this operation, some hæmorrhage took place from the iridectomy into the anterior chamber, much obscuring the subsequent steps of the proceeding; so that after lacerating the capsule and extracting the hard nucleus of the lens, I was somewhat in the dark as to how much of the cortical portion was remaining, and was obliged to content myself with scooping out just as much as I felt

I could without risk of rupturing the hyaloid membrane or doing other mischief (for I may be allowed to remark that, I consider this operation an extremely delicate one—far more so than the old flap extraction). This hæmorrhage, then, made it almost impossible to avoid leaving a portion of the cortical structure behind; and to this I chiefly attribute the attack of iritis which set in on the third day. Improving on the experience of this first operation, and finding the cornea so ready to heal, I chose Van Mooren's for the second eye, and secured a better result, as good as that obtained by the other.

With the patient Sage, however, the case was rather different. She was only 33 years old. The lens was very bulky, and by its appearance led one to believe pretty confidently that there was no hard nucleus; and I am convinced the suction curette ought to have removed the whole of the lens. As it was, however, only the more fluid portion came away, and the remainder had to be extracted on a subsequent occasion by a Schuft's spoon.

As the suction operation is quite a new introduction into practice, I had not hitherto had experience enough to detect an imperfection in my instrument. Before operating on the left eye, I corrected the fault, and to my mind, it left nothing to be desired in the operation.

In conclusion, I trust that the history of these two cases will remove some of the gloom which necessarily hung over these unfortunate cases of diabetic cataract, and I hope the discussion which they may call forth will sanction the various operative procedures applied to each of them.

Case iv. *Congenital Absence of the Eyes.* A very few words will despatch the remaining case which I bring before you.

It is that of a poor child, S. A. Doret, born without eyes. This condition, which goes by the name of *anophthalmos*, I believe fortunately to be very rare; and it is chiefly as a curiosity that I have ventured to bring it before you to day. The mother, 20 years old, is a healthy woman, and this is her second child. It appears to have been born at the full time—that is to say, on February 13th, she having last menstruated on the 26th of the previous April.

Whilst she was pregnant, about the fourth week in the third month, her eldest little girl fell down and injured her forehead, which gave rise to an abscess as large as a hen's egg. The inflammatory swelling which accompanied it caused the eyes (as the mother describes it) "to be sunk right into its head." She says it made a strong impression upon her mind, and she could not help talking to her husband about it, and hoping the child to be born would have nothing the matter with its eyes.

The child's eyebrows are perfect, so indeed are the eyelashes, but the lids are to a great extent adherent at their margins. As, however, the little child is here, I will not trespass any longer on your very indulgent attention.

[The child was exhibited to the members present. On careful examination, no trace of eyeball could be detected beneath the lids.]

Scientific Explorations. Professor Agassiz is about starting on a scientific exploring expedition to the tropical regions of South America; first, to test his glacial theory of the changes in the heat of the earth; secondly, to collect specimens for a grand museum of comparative zoölogy. The expense is borne by Mr. Nathaniel Thorpe, who says to the Professor: "Select your men, organise and go forward with the expedition, and send all the bills to me." (*Philadelphia Reporter.*)

Reviews and Notices.

Lectures on Public Health, delivered at the Royal College of Surgeons. By E. D. Mapother, M.D., Professor of Hygiene, Medical Officer of Health, City of Dublin, and Surgeon to St. Vincent's Hospital. Illustrated by Twenty Woodcuts. Pp. 276. Dublin and London: 1864.

These *Lectures* have been reprinted from the pages of the *Dublin Medical Press;* and Dr. Mapother has done well in thus reproducing them in a separate form, for the benefit of all whom it may concern in general, and of the inhabitants of Ireland in particular.

We learn from the opening passage of the introductory lecture, that to the College of Surgeons of Ireland is due to the credit of having, so long ago as 1844, founded a Chair of Hygiene. The functions of its occupier, however—if not his existence—appear to have remained in abeyance until a year or two ago, when the appointment, together with that of Medical Officer of Health to the City of Dublin, was conferred on Dr. Mapother; one of the earliest results being the delivery of the very complete course of lectures now before us.

The greater part of the volume is taken up with remarks on the staple subjects of a hygienic course—air and ventilation, water, food, the skin, bathing, and clothing, mental and physical exercise and occupation, sanitary architecture, etc. In the latter lectures of the book, the author adverts more particularly to Ireland; and in that island he finds (in accordance with what is well known) much room for sanitary improvement, and much room for hope, if such improvement be carried out.

"The physical type of the Irishman, as has been proved on every battle-field in Europe, on the prairies of the West, and in the wild Australian bush, is inferior to that of no other variety of our species. We are blessed with a fertile soil and a genial climate; our coasts swarm with food, a rich harvest for Cornish, Manx, or Scottish industry; and, although no great arsenal or dockyard gives employment to our people, our harbours and estuaries are not surpassed by any in the sister kingdom. There is no reason why our people should not be industrious, cleanly, respectable, and prosperous, if we only resolve that they shall be so, and if we endeavour to undo, by every legitimate effort, the evils which have been gathered on us through indifference or neglect."

Dr. Mapother is working earnestly for the sanitary good of his country. May his success be complete!

The author addresses himself to a mixed audience, professional and lay; and primarily to the inhabitants of Ireland and its capital; but the plain and instructive character of the language, the general applicability of his remarks, and the convenient size of the book, induce us to recommend the perusal of these *Lectures on Public Health* to all whom sanitary matters may concern.

Transactions of the Obstetrical Society of London. Vol. vi, for the Year 1864. Pp. 311. London: 1865.

The reports of the meetings of the Obstetrical Society have already appeared in the pages of the

Journal. It is, therefore, unnecessary to say more of this volume, than that the papers of which we have given abstracts are here published in full, together with the discussions which followed their reading. This volume, like its five predecessors, contains papers highly creditable to British obstetric practice. Among the contributions most specially deserving of notice is a very elaborate paper by Dr. Greenhalgh on the Treatment of Placenta Prævia, enriched by the records of cases, and by carefully prepared and analysed statistical tables.

Thomson's Conspectus of the British Pharmacopœia. Twenty-fifth Edition, corrected and made conformable throughout to the New Pharmacopœia of the General Council of Medical Education. By Edmund Lloyd Birkett, M.D. Cantab., etc. London: 1865.

We are glad to find that our old friend, the *Conspectus* of the three Pharmacopœias, is still to live. Its functions have not ceased, although the three Colleges have amalgamated their Pharmacopœias into one. The *British Pharmacopœia* requires "conspecting", as all of us well know. "It is as necessary as ever," says the editor, "to hold *in conspectu* the prominent points of pharmacy, materia medica, and therapeutics." And this is the chief business which the *Conspectus* now proposes to undertake, and which it has, in our opinion, very well performed. The little volume will be found of as much service in its present form to the student and the practitioner, as it was in its former state.

A Handbook of Obstetric Operations. By W. S. Playfair, M.D., M.R.C.P., Assistant Physician-Accoucheur to King's College Hospital. Pp. 232. London: 1865.

This book is apparently written with the view of bringing together the most trustworthy opinions on the employment of the various obstetric instruments and operations, so as to afford the practitioner a ready guide in time of emergency. In ten chapters, Dr. Playfair gives an account of the Induction of Premature Labour; Version or Turning; the Forceps; the Vectis or Lever; the Fillet and Blunt Hook; the Cæsarean Section and Gastrotomy; Vaginal Hysterotomy, Incisions, etc.; Symphyseotomy and Pubeotomy; Operations Involving the Destruction of the Fœtus; and Transfusion of Blood.

The general plan of each chapter is this: first, an historical account of the operation is given; then the object of the procedure, its indications, the modes of carrying it out, etc., according to the opinions of leading obstetric authorities, are noticed: and finally—except in the case of such operations as symphyseotomy, regarding which, being not employed, no rules can be given—a summary of rules is given in numbered paragraphs. By reference to these, the practitioner will see at once under what circumstances it is considered warrantable to do or to omit this or that operation, or to use this or that instrument, and how, according to the case, the proceeding undertaken should be modified.

The book is apparently well calculated to fulfil its object.

Transactions of the Ethnological Society of London. Vol. III. New Series. London: 1865.

We hail with real pleasure the appearance of this new volume of the *Transactions of the Ethnological Society*, forming, as it does, a valuable repertory of the progress of the science amongst us. As contributors to the present volume, we are glad to see the names of Mr. L. J. Beale and Mr. Dunn, from our ranks. It is delightful to notice the unrestricted freedom which all the authors of the papers exercise and enjoy in the expression of their opinions. Among them, the monogenesis and the polygenesis of man is still a *questio vexata*, and is likely to remain so; although, since the publication of Sir Charles Lyell's work *On the Antiquity of Man*, and the bearing of the geological evidence upon it, many of the difficulties and obstacles which beset the monogenetic hypothesis, and which were once thought to be insuperable, now seem to be surmounted.

Mr. Wallace, in his remarkable paper, "On the Varieties of Man in the Malay Archipelago", while admitting the transition of the Chinese or Tartar into the Malay type, and looking upon the brown New Zealanders, the black Papuans, and the yellowish Alfurics, as varieties of one type, maintains that it is only by the admission of the high antiquity of man that we can possibly escape from the polygenetic theory of his appearance upon earth.

Mr. Christy,* in his valuable paper, "On the Prehistoric Cave-Dwellers of Southern France", advocates the unity of the origin of man. The facts he has brought forward (he says) can only be fairly interpreted in favour of a far higher antiquity for man's existence upon the earth than was once assigned to it; and, further, that "these and kindred researches are, in a degree, doing for the chronology of man, what geology has already done for the earth's crust"; but, at the same time he adds, "I am bound to confess, that hitherto nothing in the investigation of the works of uncivilised or premature man, either of ancient or modern times, appears to necessitate a change in the old cherished idea of the unity of the human race."

On the other hand, the venerable Mr. Crawfurd, the Nestor of the Society, in his paper "On Sir Charles Lyell's Antiquity of Man", and on Professor Huxley's "Evidences as to Man's Place on Nature", boldly and openly avows,

"The conclusion seems to me inevitable, that the earth could not have been peopled throughout from a single tribe or family; and that all the theories founded on this assumption, are but the wild and incoherent dreams of learned and ingenious men, giving full rein to their imagination."

Besides the papers of Mr. Beale and Mr. Dunn, the volume contains many others of great interest and importance.

Mr. Beale's paper, "On the Brain and the Skull in some of the Families of Man", and Mr. Dunn's, "On the Psychological Differences which exist among the Typical Races of Man", have something in common, and are well worthy of being carefully studied. Mr. Beale observes—

* The recent and unexpected death, in France, of this truly worthy and estimable man, at the very time he had been proposed by the Council of the Royal Society for being elected a member, is much and deservedly regretted.

"Unless the measurements of the skull can lead to some practical results, it will be useless to record them; unless they indicate something from which we can draw conclusions useful to science, the inquiry will only be lost time. But, if we are warranted in believing, that the brain is the organ of the mind, and that the skull does to a great extent reveal to us the size and shape of the brain, it is difficult not to hope and to believe that the study of the skull in the various families of man will give us some information as to the functions of the various parts of the organ on which the skull is moulded."

Mr. Dunn, in his paper, says—

"The time has now come, and the opportunities are neither few nor far between, for us not to be content with a mere external survey of the skull. We are called upon to remove the bony covering, and, under the guidance of the chart provided for us by the indefatigable Gratiolet, assiduously to study and carefully to contrast and compare the sizes of the lobes, and the complexity of the developments of the cerebral convolutions, in all the races of man,"

With a view to elucidation and better understanding of the psychological differences which exist among and characterise them. He laments to confess that the cerebral physiology of the typical races is still a *desideratum*. He adds—

"To our shame be it spoken that, notwithstanding our extensive and daily spreading intercourse with all the nations of the earth, hitherto little or next to nothing has been done in furtherance of the investigation of a subject so fraught with interest, and pregnant with consequences of such deep importance."

Mr. Dunn has a definite object in view in his paper; viz., to indicate to physiological ethnologists a field of investigation and inquiry, which (he thinks), if thoroughly explored, cannot fail of throwing light upon the causes of the psychical differences which exist among the typical races of man. Among the different races (he observes), there has often been noticed a marked superiority on the part of the savage over the civilised, in the force of their instincts and in the acuteness of the organs of sense; but that it is in their intellectual manifestations that the widest and most striking differences are seen. So striking and so great indeed is the intellectual inferiority of the Bushman, the Australian, and the Negro, to the Indo-European, that their claims even to our common humanity have been denied to them, and they have been treated as "wild fowl and cattle". Such being the case—to every physiological ethnologist, how important must be the inquiry, and incumbent the duty, to examine, compare, and contrast their cerebral organisation; seeing that it is upon nervous instrumentality—the vesicular matter of the encephalic ganglia as its substratum—that the mind is dependent for manifestation of all its activities, and among all the races of man. He views in contrast the aboriginal races of Africa and North America—the Negro and the Red Indian—with the intent to see what light the differences in their cerebral organisation throw upon their respective characters, mental manifestations, and destinies. The subject is treated in a manner worthy of the author of the papers on Medical Psychology which have appeared in our pages, and will be read with pleasure and profit.

British Medical Journal.

SATURDAY, MAY 20TH, 1865.

HOSPITAL STATISTICS.

DR. F. BUCKLE has published an account of the "Vital and Economical Statistics of the Hospitals, Infirmaries, etc., of England and Wales, for the year 1863." Such a work contains materials of national importance; and we trust that the special attention thus drawn to the subject may induce the authorities of hospitals to adopt some general method of taking their statistics, and more fully to record them. As Dr. Buckle well says, considering that about 2,000,000 patients, at a cost of about £500,000, are annually treated at our hospitals and infirmaries, the supervision of the expenditure deserves careful attention.

Dr. Buckle gives some remarkable statistics showing the enormous, or rather abnormal, annual amount of work done by London and country hospitals. At hospitals during 1861,

In London alone, 1,018,940 patients were treated (41,567 in, and 977,343 out). Taking the population at 2,803,034, as by census of 1861,

The proportion of in-patients to population would be as 1 to 67·43;

The proportion of out-patients to population would be as 1 to 2·86;

The proportion of total number of patients to population would be as 1 to 2·75.

In England and Wales (exclusive of the metropolis), 911,640 patients were treated (80,068 in, and 831,572 out); the population being 17,258,691.

The proportion of in-patients to population would be as 1 to 215·55;

The proportion of out-patients to population would be as 1 to 20·75;

The proportion of total number of patients to population would be 1 to 18·93.

At an average cost of £2 : 15 : 0, the 121,635 in-patients would cost ...	£334,496	5	0
At an average cost of half-a-crown, the 1,808,945 out-patients would cost	226,118	2	6
Making the total cost of the 1,930,580 patients amount to	£560,614	7	6

From this it would appear that about one-third of the population of London receives gratuitous medical advice! But, no doubt, there is a fallacy in these statistics; and the fallacy is well worth recording on account of its cause. It appears that nearly 980,000 of the sick are out-patients; and we will venture to say that London cannot supply anything approaching to such a number of sick persons in one year. It is absurd to suppose that every third person in London is a hospital out-patient during the year! The explanation of the error is, no doubt, to be found in the shamefully puffing and exaggerated sta-

tistics which certain medical institutions, week after week, throw into the eyes of the public. Truth enough, however, remains in the statement to show the outrageous extent to which gratuitous medical advice is carried in London.

As regards nursing, Dr. Buckle remarks that, in those charities where the nursing, etc., is under the control of a lady-superintendent, "a higher moral tone pervades the establishment, than where it is under the management of a matron."

The number of patients allotted to one nurse varies greatly in different hospitals.

"In St. Bartholomew's Hospital there is on an average 1 nurse to every 6 patients (1 sister and 3 nurses to every 26 beds, the nurses taking night duty alternately); King's College, 1 to 7; Westminster, 1 to 8; Bedford, 1 to 7; Aylesbury, 1 to 12; Cardiff, 1 to 13; Reading, 1 to 13·75; Halifax, 1 to 15; Hertford, 1 to 17; Huntingdon, 1 to 17; Bolton, 1 to 20; Lynn, 1 to 21; Newark, 1 to 22; Durham, 1 to 24; and Etruria, 1 to 37."

The cubic space of air allotted to each patient, again, varies greatly, ranging from 350 cubic feet as at Lynn, to 1852 as at Brighton. Diets also vary very widely.

Dr. Buckle, also, seems to have been greatly struck by the differences in the average cost of patients in different hospitals; and well says that a general government inspection would do much good in this respect. As a proof of what may be done, he quotes the Lynn Hospital, "where the average costs have been reduced nearly fifty per cent. as compared with the previous twelve months."

He also very properly points out the abuse made of these charities by patients who are in receipt of relief. "The practice merely burdens the charity with expenses which should properly be met by the unions."

He also alludes to a fact mentioned by Dr. Richardson; viz.,

"That the average cost per week of patients in lunatic asylums, where the medical men are remunerated, is about eight shillings; while a patient in an hospital where the professional staff attend gratuitously costs twelve shillings. Would it not be well to try if having a paid medical staff in a hospital would not really be to the interest, financially, of the institution?"

Dr. Buckle's statistics again show the remarkable differences in the cost of patients in different London hospitals; and will naturally lead economists to inquire into the causes of the differences. In the Westminster Hospital, with 191 beds, each in-patient costs £2:2:8; and in the Metropolitan Free Hospital, with 21 beds, £6:16:0! At the Brompton Consumption Hospital, the patient costs £5:1:11; at St. Bartholomew's, £3:5:0; at St. Mary's, £3:17:0. We remember some time ago pointing out the very remarkable fact, that in one year St. Thomas's Hospital (before it left London Bridge) received exactly the same number of in-patients as St. George's Hospital, and spent very nearly double the sum of money in doing the work—£30,000 as against £16,000. St. George's is governed by an open board, and St. Thomas's by a very close board; can the explanation be sought in this fact?

The thanks of the profession are due to Dr. Buckle for the very laborious work which he has performed. Let us hope that his attempt may induce the medical staff of hospitals throughout the country, and their governing boards, to adopt some general plan so as to enable the statistician still further and more effectually to utilise the materials they can supply.

At another page will be found a letter from Dr. Septimus Gibbon, with a petition which has been presented to the House of Commons from the President and Secretaries of the Metropolitan Counties Branch on the subject of the Chemists and Druggists Bill. The Committee which was last year appointed by the above-named Branch, for the purpose of watching the progress of such Parliamentary proceedings as may affect the medical profession or the practice of medicine, has bestowed much careful attention on the bills to regulate the practice of chemists and druggists; and it is to be hoped that their representations will have due weight with the legislature. No one can question that both the matters referred to in the petition are of the highest importance; and the profession must feel indebted to the Metropolitan Branch Committee, and especially to its energetic Secretary, Dr. Gibbon, for the zeal and judgment with which they have performed the duties entrusted to them.

Our readers will be pleased to learn, that the question of the army and navy medical officers is likely to be again brought under the notice of the College of Physicians. It would appear that the general sympathy of the College is strongly with our army and navy medical brethren; and it is generally understood that the late expression of the College on the Report of its Committee was rather directed against the Report itself, than against the proposals contained in it. We are satisfied that the College, when not misled by the dictum of semi-official and half-speaking voices, will see that it is its duty to take action in the case. We have it on the very best authority, that the intervention of the College, so far from prejudicing, would very greatly assist in removing the grievances of which our army and navy medical brethren complain. And is it not manifestly the duty of a college which is so often consulted by the Government on behalf of the soldier and the sailor, to tell the Government the positive fact—that they regret to find that medical teachers throughout the country advise their students to shun the army

and navy services? Is it not the duty of the College to tell the fact—that our army and navy are not provided with the best medical advice which the profession can supply? Is it not the duty of the College to tell the fact—that the best men do not enter those services, and solely because of the injustices to which they are there subjected? Is it not the duty of the College to ask the authorities to remove the injustice; and in order that the College may sanction and recommend the entrance into the army of our best class of medical students, thereby providing for our army and navy the best medical advice?

Professor Boeck, from whose pen a very interesting paper on the subject of Syphilisation will be found in another page of the Journal, has, we hear, been summoned from Christiania to attend a patient in this country. Probably the Government Syphilitic Commission, which we believe is still carrying on its investigation into the complex and still obscure subject of venereal diseases, may think it well to take advantage of the professor's presence here, and to summon him before them, to learn from his own lips his profession of faith in syphilisation, and his opinions touching the nature of syphilis.

The *Wiener Medicinische Wochenschrift* of the 10th inst. says, speaking of the St. Petersburgh epidemic, that there is nothing new to tell. Foreign physicians there are kept completely in the dark about it. Why do they not, asks the journal, give us a distinct description of the appearances of the disease? Why not give us details of a *post mortem* examination? The reason is, that they are not in a position to do so. They are received most courteously and kindly, but no information is given them. They are *fêted* and dined, but blinded as to the facts of the epidemic.

Mr. Macdonald Stevenson again takes up the subject of hospital carriages in the *Times*. We trust our brethren will use their influence in support of his excellent proposal. And the moment is opportune, for typhus is admittedly on the increase. He states that arrangements are in progress to provide for the removal of the contagious sick from their homes to the hospital. It is proposed to commence at once with the London Fever Hospital and and the Small-Pox Hospital, and to provide suitable carriages, which should be always available. The carriages will be built expressly to facilitate constant cleansing, with extra springs, India-rubber tires to the wheels, and a separate *coupé* in front for those who accompany the patients. The working will be simple and attended with no trouble. As an example of the risks which are incurred yearly, we are told that upwards of 3000 fever cases were admitted last year to the Fever Hospital alone, and that of these many are still conveyed in street cabs. One instance of the result is given.

"A cabman drove a London physician to a house where a patient had been suffering from small-pox. On arrival the patient was dead, and the blinds were drawn down; and, when the physician returned to the cab, the driver inquired if a death had occurred in the house, and what was the cause. The circumstances having been explained to him, the conscientious cabman stated that two or three weeks before he had driven a lady to the door in question immediately after having taken a patient to the Small-pox Hospital. The lady turned out to be the patient now dead; and the period between the occupation of the infected cab and the commencement of her illness corresponded to the time which the disease ordinarily requires to develope itself."

Several parishes have already anticipated the public need, and have provided special conveyances for the workhouse purposes. What is now required, is the support of the public, and subscriptions to the Hospital Carriage Fund can be paid to the London and County Bank, where accounts have been opened in the joint names of Dr. Murchison, Mr. Hills, and Mr. Stevenson, as a working committee to carry out this much needed sanitary measure, and to relieve the public from a fertile source of infection and contagion.

The Poor-law Board have sacrificed another scapegoat, to purge itself, and transfer to the shoulders of others the odium necessarily attaching to the system which it administers. Dr. Craig, as may be seen, his been dismissed from his office of medical officer to the St. Giles's Union, on account of alleged neglect in the case of a pauper named Gibson. Without in any way entering into the merits of the case, we state without hesitation that the fault and blame in cases of this kind attach infinitely more to the system than to the unfortunate doctor who carries it out. The Poor-law Board knows as well as we do that the sick pauper never will or can receive proper medical attention and advice so long as the medical pay is such as it now is. It is very well for this Board, with sanctimonious visage, to exhibit its broad phylactery, and, in well sounding phrases, to publish its pretended anxious care of the pauper to the world; but in its conscience it knows well enough that it is defending a mere sham; and that on the present, as on previous occasions, the dismissal of the doctor is a mere blind.

The fifth number of the *Ophthalmic Review* well sustains its character of a scientific exposer of the doings of ophthalmic surgeons. Mr. Lawson has in it a paper on the Accommodation-power of the Eye; Mr. Vose Solomon gives a case of Annular Synechia and Cataract of the Right Eye; Mr. Laurence gives cases of Retinitis Pigmentosa; then follow a Report of the Proceedings of the Heidelberg Ophthalmological Congress; a Retrospect of British and Foreign

Medical Journals, by Mr. Windsor; and a continuation of a critical abstract of Donders's famous work, lately published by the New Sydenham Society. The number opens with an article on Ophthalmic Surgery at Home and Abroad, wherein are fairly discussed the analogies and differences and idiosyncrasies of English and German ophthalmic students.

In a lecture lately given at Vienna, Hebra says:—

"Pustular diseases of the skin described by authors under the name of impetigo, ecthyma, porrigo, achor, etc., do not exist as essential diseases; they are merely accidental to, or the consequences of, other skin-diseases, which are recognisable by other signs than those of pustular eruptions, and generally, indeed, before the pustular eruption appears. Consequently, in dealing with pustules of the skin, our business is, not to trouble ourselves about the size, form, and number of the pustules, but to learn what that particular disease is which preceded the pustular eruption. We must never forget that a large number of pustular diseases are produced by local irritation, and should, therefore, in the first place, search for traces of scabies, of prurigo, pediculi, etc. Then, again, the diagnostic marks of the real cause of the pustules may have disappeared when the pustules come under our notice; as in scabies, as in the vesicles of eczema, the papules of prurigo, etc. The development and death of pustules usually take place in a similar way. All pustules resemble each other. It is impossible to distinguish the pustule of variola from that of acne, of syphilis, of scabies, etc.; neither do the size, nor the contents, nor the form of the pustules give us any distinctive sign. Even the depression of the pustule, supposed to be diagnostic of small-pox, is observed in all other pustular diseases—that is, as long as the contents of the eruption have not become completely purulent. The mere observation of the pustules, therefore, does not enable us to decide the nature of the disease; we must observe their whole course, their seat, etc. The words impetigo and ecthyma should be either banished from medicine, or they should be used simply as generic terms, to indicate the presence of a large number of pustules. They represent no distinct diseases."

How far the value of statistics of recoveries from pneumonia is disturbed by one single fact—the age of the patient—may be gathered from the results of pneumonia, as lately given in the returns from Salpêtrière. During March, there were 428 recoveries and 40 deaths from bronchitis in all the hospitals of Paris; and pneumonia in adults and the young was of a very benign character. But, amongst the aged women at the Salpêtrière, 12 out of 16 affected with pneumonia died. So also amongst old men at the Incurables. Of 17 patients attacked with pneumonia during the last three months, 10 died. M. Charcot remarks, that pneumonia does not attack those old people who are confined to their beds, but almost exclusively those who are able to go about. His opinion is, that most of the old people at the Invalides catch their pneumonia at the *lieux d'aisances*, which are much exposed. At the Hôpital des Enfants, during March, there were 8 cases of croup, and 26 deaths. Under M. Roger, of 5 cases of croup, 3 were tracheotomised, and all three died; the other 2 recovered. Under M. Simon, there were 5 cases of croup; all were tracheotomised, and of these 3 recovered. At Necker, under M. Vernois, there were 4 cases of croup, all of which died, 3 having been tracheotomised. A woman suffering from phthisis, lying near the cradle of one of these children, contracted general diphtheritis; false membranes were found extending down to the smallest bronchial ramifications. Of acute rheumatism, there were 12 cases under M. Martin, all of whom had endocarditis; 8 under M. Gubler, 7 of whom had endocarditis, and the eighth pleuropneumonia. Erythema nodosum was observed in many of these cases of acute rheumatism. Of typhoid fever, there were in all the hospitals 33 cures and 15 deaths. The very high rate of mortality observed in these instances of acute diseases will strike the English reader. To what is it attributable?

Dr. Viani, of the Island of Réunion, tells us that, of all vermifuges, the best he knows is the juice of the *Larica papaya*. Santonine, he says, is used to an enormous amount in the island; but, for some reason or other, it often fails as a remedy. The milky juice of the papaya is a sure and infallible remedy. Some years ago, the children of every family in the island were wont once a year to take "papaya milk". When properly administered, moreover, it is a perfectly harmless remedy. It is a very ancient remedy, and may well be brought again into favour in all countries where the *Larica papaya* grows. So says Dr. Viani, in the *Répertoire de Pharmacie*.

The ages of the forty *immortals* who at present form the French Academy amount together to 2,611 years. There are amongst them five octo-, ten septua-, thirteen sexa-, eight quinqua-, three quadra-, and one trenta-genarians.

MM. Bergeron and Lemaitre have lately made some observations on the elimination of medical substances with the sweat. (*Arch. Génér.*) The patients were placed in a dry chamber, where the temperature could be raised to 60° and 65° cent. The sweat was then allowed to drain off; and as much as from forty to sixty *grammes* could be collected in this way. They found that the arsenites of potass and soda were eliminated as such. The arsenite of iron was decomposed, the iron passing away with the urine, and the arsenic as an alkaline with the sweat. The protiodide of mercury was eliminated as a bichloride; traces of mercury were found in the sweat; and the iodine was discovered in the saliva and the urine. Bichloride of mercury was also found in the sweat and in the urine. Iodide of potassium was found in the saliva and the urine, but not in the sweat. In two cases of albuminuria, albumen was not found in the sweat. A small quantity of sweat, collected from a diabetic patient, contained a large quantity of sugar.

Scientific Notes.

A NEW SYSTEM OF ELECTRO-MAGNETS WITH UNCOVERED WIRE.

An electro-magnet consists essentially of an iron cylinder covered with a helix of metallic wire, through which passes a current of electricity. Until now it has been supposed necessary to insulate the wire composing the helix by covering it with silk, cotton, gutta-percha, or some other insulator. M. Carlier, in a communication to the Academy of Sciences, states that he finds that the covering is not only unnecessary, but disadvantageous. By using an uncovered wire, but separating the layers of spirals one from the other by paper envelopes, the magnetic effects are twice as strong as when a covered wire is employed. (*Chemical News.*)

PULVERISATION OF PHOSPHORUS.

Blondlot has found that phosphorus may be reduced to a very fine powder by melting it in a hot concentrated solution of any neutral salt, or even of syrup, and shaking continually until cold. It has long been known that phosphorus was brought to a finer powder in urine than in water, and that effect was ascribed to the presence of urea. M. Blondlot shows that it is merely a consequence of the density of the liquid. (*Chemical News.*)

MALT AS FOOD.

The experiments of Mr. Lawes establish that the increase of live weight in animals fed upon malt is less than in those fed upon unmalted barley. In the case of cows, too, less milk was given by the malt-fed than by the barley-fed animals. The experiments of Mr. Lawes were very conclusive, and appear to have been very fairly conducted. (*Chem. News.*)

THE DEAD SEA WATER.

Mr. Simson gives an analysis of the waters of the Dead Sea, obtained by himself from a spot three miles or so west of the mouth of the Jordan. He confirmed from experience the statements of all travellers respecting its great buoyancy. It is impossible for the human body to sink in it. Having submitted it to the highest magnifying power under the microscope, he failed to detect the presence of the most minute infusorial life. The analysis was made by Professor Gardner. 1000 parts contain: Fixed salts, 232·800; water, 767·200. In 100 parts there are: Chloride of sodium, 8·81; chloride of potassium, 1·24; chloride of magnesium, 10·42; chloride of calcium, 2·10; chloride of aluminium (traces); bromide of magnesium, ·29; sulphate of lime, ·42—in all, 23·28 of saline matter; and 76·72 of water.

SPECIFIC GRAVITY OF SOLIDS.

M. Persoz describes the following method. A known weight P of the body, the density of which is desired, is introduced into a flask of known capacity, V, full of air. The volume of the body will be given by that of the air displaced; so fill up the flask with water, or some other proper liquid, and measure carefully the quantity required. The volume required, v, substracted from V, will give the volume of the body; and the density will be the weight P divided by V *minus* v. (*Chemical News.*)

PRESSURE OF ICE THROUGH SMALL APERTURES.

M. Tresca finds that ice issues in exactly the same way as solid bodies (soft metals and ceramic pastes) from a small aperture when submitted to great pressure. The jet is formed of perfectly distinct concentric tubes; which, however, in this case are grooved through their entire length with transverse fissures, which gave to the jet the appearance of being made up of washers arranged one after another. The results support strongly Dr. Tyndall's theory of constitution of glaciers. Some effects resembling *moraines* were, indeed, seen when coloured ice was employed in the experiments. (*Chemical News.*)

CONSTITUTION OF THE SUN.

Further observations with a more perfect spectroscope have confirmed the opinion before published by Father Secchi that the atmospheric lines are due to aqueous vapour. With regard to the constitution of the sun, he observes that, on looking at it through M. De la Rue's eye-piece, the luminous base of the sun is seen as a net-work, over which a great number of white points are visible more or less elongated and separated by darker meshes, the knots of which appear to be small black holes. The white bodies, to which the shadows of the solar spots give a peculiar appearance, the author regards as masses of luminous clouds which certainly cannot be composed of aqueous vapour. (*Chemical News.*)

ACTION OF GYPSUM ON WINES.

M. Chancel has come to the following conclusions. 1. The gypsum takes into the wine in the shape of tartrate of lime half the tartaric acid which would otherwise remain in the marc. 2. It increases the acidity of the wine, brightens the colour, and insures keeping. 3. It introduces to the wine in the state of sulphate the greater part of the potash which would be found in the marc in the state of bitartrate.

RAPID ABSORPTION OF CRYSTALLOID SUBSTANCES.

Dr. Bence Jones has communicated instances of the extraordinarily rapid passage of some substances into the vascular and non-vascular tissues of the body. Lithium administered to a guinea pig eight hours before death was found in the crystalline lens. In another pig killed two hours and a-half after the administration, the presence of lithium in the cartilage of the hip was distinctly shown. In another animal, killed after an hour, it was shown faintly in the hip and knee, but in the aqueous humour of the eye very distinctly. It was also found in the crystalline lens and joint cartilages of human subjects who took lithia within a very few hours of death.

TEST FOR TARTAR EMETIC.

Claus points out that perchloride of iron causes a yellow coloration in a strong solution of tartar emetic; but in a dilute solution occasions a yellow precipitate, which seems to consist of a mixture of basic chlorides of antimony and iron and some tartar emetic. (*Chem. Central Blatt.*)

THE SCORPION.

The Academy of Sciences has received a paper from Dr. Guyon on the mortal effects of the African scorpion's sting. Its scientific name (*Androctonus funestus*) indeed expresses that it is fatal to man, and yet Dr. Guyon states that perhaps out of one hundred persons stung there is scarcely one that dies of it. The ancients, who under the name of scorpion certainly mean the same insect, since it is found represented on Egyptian monuments and even engraved on precious stones, had a much stronger opinion of its deadly effects. Lucan, in his *Pharsalia*, says, "Who would believe, on seeing the scorpion, that it has the power of causing such a sudden death?" Abd-Allatif, an Arabian physician, says, "At Koos abundance of scorpions are found, whose sting is frequently mortal."

Dr. Guyon knows of eight cases in which the sting of the African scorpion was followed by death; three of the sufferers were men, two were women, and three children.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.
President-elect—S. J. JEAFFRESON, M.B.Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

T. WATKIN WILLIAMS, *General Secretary.*
13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual.]	George Hotel, Northampton.	Wednesday, June 7, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.

SOUTH MIDLAND BRANCH.

THE annual meeting of the South Midland Branch will be held at the George Hotel, Northampton, on Wednesday, June 7th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, as soon as possible; or not later than the 23rd instant, to Dr. Bryan, Northampton.

JOHN M. BRYAN, M.D. } *Hon. Secs.*
G. P. GOLDSMITH. }
Northampton, May 15th, 1865.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not late than June 17th.

Dinner at 6 P.M.

G. H. PHILIPSON, M.B., *Hon. Secretary.*

THE YELLOW FEVER IN BERMUDA. By a general order issued from the War Office, Staff-Surgeon Major T. W. Barrow has been promoted to the rank of Deputy Inspector-General, and Surgeon F. Cogan (2nd Foot) to that of Staff-Surgeon, for highly meritorious services during the epidemic of yellow fever in Bermuda; and the conduct of Staff Assistant-Surgeons F. J. Shortt and F. Pennington and of Assistant-Surgeon R. Burland, M.B., Royal Artillery, is spoken of as having been conspicuous and praiseworthy.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 16TH, 1865.

J. C. LANGMORE, M.B., President, in the Chair.

Infantile Paralysis. Mr. WILLIAM ADAMS mentioned that he had frequently had to treat cases of the above complaint, and that in some instances he had been able to restore the power of locomotion, when it had long been supposed to have been irretrievably lost. Infantile paralysis, Mr. Adams observed, came on frequently during teething, at the age of one or two years; both arms or both legs were paralysed suddenly, or within a few hours time, or only one limb might be affected. Sir B. Brodie used to say that, unless this paralysis were naturally recovered from in six months, it was hopeless. In three to six months there was usually the greatest amount of recovery, the rectus muscle of the thigh being often the last to recover. As to the pathology of the disease, Mr. Adams confessed he knew nothing of it. The most recent German authors attributed the affection entirely to the muscles; and Rilliet and Barthez recorded only two *post mortem* examinations. In these, as well as in one made by Mr. Adams, no appearance could be made out to account for the disease. Children did not die of it, and thus the cause of the complaint was not investigated. If practitioners were aware of this fact, they would probably make the necessary examinations. It must be remarked that natural recovery of the muscular power may go on from six months up to three or four years, during which time a series of events takes place; namely, contraction of all the joints. Mr. Wilkinson had lately brought him a child with great contraction of the knee-joints. The muscles around the hip-joint were among the first to recover. A child was lately sent him from Clifton, between six and seven years old, which had never stood. It had contraction of all the joints, arms, legs, and trunk, and Mr. Adams was able to promise the parents that the child should walk in three months. Dr. Brown-Séquard had requested Mr. Adams to see a young lady aged seven, who had been crawling for more than three years, in consequence of paralysis of both legs; in three months this child was able to walk with steel supports. If a child could use the psoas and iliacus muscles, it could be made to walk, and this was the practical test. It should be laid on the floor on its back, and if it can draw up its knees, success is certain. With regard to treatment in the earlier stages of the disease, he had known counterirritation down the spine used, but the chances were that no treatment would do much good. When the child has paralysis with flaccid muscles, rubbing and warm clothing are useful. Galvanism of both legs in warm water is useful, although many physicians and surgeons disparaged the remedy, and said that it had been tried and found valueless. He (Mr. Adams) had two tin boots filled with warm water, in each of which one of the little patients' legs is put, and galvanism applied. Dr. Gull had written some valuable papers on galvanism in the *Guy's Hospital Reports.* The nutrition of the limb must, if possible, be maintained. Dr. Junod's boot for exhausting the air was once in much repute, but is now, perhaps, too much forgotten. A paralytic patient of his could always warm the paralysed leg in ten minutes with this appliance. This apparatus had no bad effects, but was liable to get out of order. It was doubtless a useful remedy in

these and other cases. In many cases of this paralysis the rectus muscle remained paralysed for life, and the leg swings; but this can be compensated for by aid of mechanical means, so as to enable the patient to walk.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 8TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Specimens and Communications. Dr. TYLER SMITH exhibited a portion of a Dermoid Cyst, with teeth attached, passed *per rectum* from a lady who had for a year and a half previously evacuated by the same canal a quantity of hair.

A paper from Mr. ROUSE, of New Zealand, was read, describing peculiar Marks on the Neck of an Infant born before his arrival, and which had not been touched. There was much difficulty in getting the child to respire; and the marks were so similar to those made for the purpose of infanticide that, had not the mother been very anxious for a live child, and it was certain it had not been touched, and had not the thick coating of vernix caseosa been perfect, he should have put these marks down at attempts at strangling.

Mr. HARRIS exhibited a Deciduous Bag, with a small opening at one end, expelled some days before delivery at full term. There was nothing in or after the labour to explain its nature. As there was considerable difference of opinion as to its origin, Dr. Meadows and Dr. Graily Hewitt were asked to examine it and report.

Mr. ROPER read a short paper on Labour in Primiparous Women late in Life, in which he questioned the commonly received opinion that labour after forty-five years of age was necessarily or commonly difficult; and quoted Dr. R. Lee's cases in support. He believed that the soft parts which oppose the head were rather lax and wasted after the age mentioned, besides which the uterus acted with more vigour than in multiparæ at that age.

The PRESIDENT said he had recently read a paper by Dr. Matthews Duncan, in which it was shown that the weight of the child diminished in women who had passed the age of thirty. This circumstance would help to account for the comparative facility of primiparous labour at a late period of life.

The PRESIDENT showed a number of Outlines of Children's Heads, illustrating the changes of form imparted by various modes of delivery. They were made by running a pencil around the head laid on a sheet of paper; and, in some instances, correction was made by measurements of the diameters of the head by means of the callipers. In this way the forms the head assumed in difficult labour, terminated by forceps, craniotomy, and by turning in contracted pelvis, were strikingly manifested.

Dr. MEADOWS exhibited a specimen of Imperforate Bowel, in which the colon ended at about an inch from the anal orifice, to which it was connected by means of an impervious cord, the anus being itself perfect. Attempts were unsuccessfully made during life to reach the bowel by the anal orifice, and the child died on the twenty-second day after birth.

Dr. BATHURST WOODMAN read a description of a fœtus, delivered by Dr. Gayton, in which the anterior parietes of the abdomen were absent, the viscera being covered only by peritoneum; the anus and rectum were absent; the imperfect penis was divided. The bladder had no outlet except the urachus, which was still pervious. The rest of the organs were as usual, except that the foramen ovale was closed by a membranous septum. The fœtus lived a few seconds after birth.

TWO CASES OF FACE-PRESENTATION IN THE MENTO-POSTERIOR POSITION: WITH REMARKS.

BY J. BRAXTON HICKS, M.D., F.R.S.

The author began by pointing out that *à priori* there was no anatomical reason which rendered it absolutely impossible that spontaneous delivery should be effected with the chin posterior in face-presentation, even within the range of normal pelvis and head, as represented by some authors. Quotations from the works of nearly all the English authors were given to show the variety of opinions upon the subject. Smellie's case delivered by the forceps was recited, with his opinions and advice upon the treatment of such cases. Two cases given by Professor Braun were quoted, in one of which the fœtus was delivered by the natural powers, and in the other by the forceps, the chin coming over the perineum first. The author supplied another case in which, after ineffectual efforts to alter the position, he delivered the child alive by the forceps, without any detriment to the mother. The chin appeared first, coming over the perineum. The child was large and the pelvis normal. He also gave another case, where the face descended partly exterior to vulva so readily that, although the chin made the anterior rotation at the last moment, it seemed highly probable that it could have been born by natural power, had rotation been difficult. The state of our knowledge of face-presentation was then summed up as follows:—That although in the majority of cases the chin rotates forward during the descent in face-presentation, whatever was the position it occupied originally, yet in some rare cases the chin passes through the outlet obliquely; while in others the rotation cannot be accomplished at all, either by nature or art. Under these circumstances, in some very rare instances delivery takes place spontaneously, though the greater number of this rare class require the use of the forceps; by means of which either the chin over the perineum, or the vertex beneath the arch of the pubis, might appear first. The author thought, from a consideration of the foregoing cases of Smellie, Braun, and his own, in all of which the children were born alive, that provided the chin could not be brought anteriorly, then the head should be brought down in the most practicable mode, chin or occiput first, and not necessarily with the occiput first, as recommended by Smellie.

The PRESIDENT signalised the value of this memoir as tending to give precision to, and extend our knowledge of, labour with face-presentation. His own experience had proved to him that such labours were not so uniformly favourable as was commonly taught. Difficulty might occur at two stages:—1. At the brim; in this case he deprecated the forceps and craniotomy, and recommended turning as giving the child the best chance. 2. In the pelvis; difficulty might arise here in the way indicated in the paper—viz., from the head retaining the position in which it entered the cavity. The proper rotation depended upon a due relation between the head of *a live child*, or one recently dead, and the pelvis. In Dr. Hicks's case the child was alive; it was, therefore, probable that the pelvis was large in proportion. In such a case he should not despair of turning if art or nature failed to rotate the chin. In cases of due relation of pelvis and child, birth with the chin posteriorly was almost impossible; for in proportion as the face descended, there was a rapidily widening base of a wedge, formed by the occiput bent back upon the child's trunk, which could not pass the pelvis.

Correspondence.

THE CHEMISTS AND DRUGGISTS BILL.

LETTER FROM SEPTIMUS GIBBON, M.B.

SIR,—This Bill is calculated to seriously affect the interests of the profession. Being called into existence by the following resolution of the Medical Council—"That a communication be addressed to the Secretary of State for the Home Department, drawing his attention to the present defective state of the law regarding the practice of pharmacy, under which any person, however ignorant, may undertake it; and expressing the opinion of the General Medical Council that some legislative enactment is urgently called for to ensure competency in persons keeping open shops for dispensing medicines, and for the compounding physicians' and surgeons' prescriptions"—and being strongly supported by the trade, there is every prospect of its passing into law. Some influential members of Parliament admit that they favour it because it will create *a body of men competent to treat "trifling ailments"*.

Now, as this kind of medical practice is probably the most remunerative, the Parliamentary Committee of the Metropolitan Counties Branch have felt it incumbent on them to try and prevent it passing into other than strictly professional hands. They have (through Sir Fitzroy Kelly) presented the subjoined petition to the House of Commons, and propose to try and get clauses giving effect to its prayer inserted in the Bill.

If other Branches and medical bodies take the same view, it would be well for them to petition the House, or make their views known to their representatives.

To meet the views of the Medical Council, I would respectfully suggest that they revert to the old plan of publishing the *Pharmacopœia* in Latin, which would effectually exclude the grossly ignorant and uneducated from compounding prescriptions.

I am, etc.,
SEPTIMUS GIBBON, M.B.Cantab.,
Hon. Sec. to the Parliamentary Committee.

13, Finsbury Square, E.C., May 17, 1865.

The following petition was on the 15th instant presented to Parliament by Sir Fitzroy Kelly.

"*To the Honourable Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.*

"The humble petition of the Metropolitan Counties Branch of the British Medical Association, sheweth—That two Bills, entitled 'Bills to regulate the Qualifications of Chemists and Druggists', are now depending in your honourable House. That chemists and druggists are neither qualified by law nor competent by education to practise medicine. That injury to health, and not unfrequently loss of life, result from chemists and druggists undertaking the duties of medical practitioners. That the sale of patent, quack, and other secret medicines, has an injurious influence on the health of the community, more especially on the infantile portion of it. That the traffic in secret remedies, which is repudiated by the qualified practitioner, enables the unqualified pretender and the uneducated quack to victimise Her Majesty's subjects to an incredible extent, as well in person as in purse. Your petitioners, therefore, humbly pray that in the said Bill adequate provision may be made: 1st. For preventing the registered chemists and druggists from practising medicine and surgery. 2nd. For preventing the sale of any patent, quack, or other medicine, unless a sworn certificate of its composition be lodged with the Registrar appointed under the Bill, or be otherwise made accessible to the public. And your petitioners will ever pray, etc.

"Signed on behalf of the Branch Association,
"CHARLES F. J. LORD, *President.*
"A. P. STEWART, M.D.
"ALEXANDER HENRY, M.D. } *Hon. Secs.*"
"SEPTIMUS GIBBON, A.B. and M.B.

NATURE AND TREATMENT OF FEVER.

LETTER FROM A. B. STEELE, ESQ.

SIR,—The courtesy with which Dr. Murchison has received the criticisms I ventured to make upon some of his views on the subject of fever, encourages me to continue the discussion.

Referring to the use of mineral acids in typhus, Dr. Murchison says that "their beneficial action is undoubted"; and he adduces, as proof of the assertion, that "they have been recommended for this disease in all countries since the days of Forestus, Sydenham, Van Swieten, and Boerhaave. They have lately been highly praised by Huss of Stockholm; by Haller of Vienna; and by Drs. F. W. Mackenzie, Chambers, and Richardson, in our own country. . . . I have (he goes on to say) tried the mineral acids in many hundreds of cases during the last few years, and I believe them superior to any other method of treatment. . . . . I have often observed marked improvement follow the commencement of the acid treatment, at whatever stage of the fever it was tried."

Now I ask, might not the old-fashioned routine plan of treating fever by giving the traditional saline or febrifuge mixture every four hours, be defended on quite as good evidence? Although I would not assert that mineral acids are, under all circumstances, useless in the treatment of fever, yet I think stronger and more satisfactory reasons are required to show that they "are superior to any other mode of treatment."

I have not of late years had the opportunities of careful systematic clinical observation enjoyed by hospital physicians; but my acquaintance with fever has chiefly been formed from the treatment of patients placed under the most unfavourable circumstances; namely, in ill-ventilated cellars and garrets, in over-crowded courts, without systematic nursing, frequently without any nursing at all; and where, from the necessity of the case, treatment has been reduced to as simple a formula as possible; and not a few instances have come under my observation where patients have passed through severe attacks of typhus without any medical treatment whatever—that is to say, without swallowing any drugs.

The mortality under these conditions has not exceeded the average death-rate assigned to typhus; in fact, it has been in some instances exceptionally low. This experience has left an impression on my mind that typhus is a disease which has a strong proclivity to recover; and that its progress and result are very little dependent upon medicaments of any kind, and certainly uninfluenced by specific treatment.

When, therefore, I hear of a remedy for fever, I am sceptical as to its value. When I am told of an agent which, from its ascertained action on the system, is adapted to regulate or control any one of the deranged functions which go to constitute a case of typhus, I can at once recognise the *rationale* of its use, and reasonably anticipate benefit from its employment.

For instance, I know narcotics produce sleep, and I am equally cognisant of a frequent condition of insomnolence in fever. Alcohol excites and sustains vascular action, which is often greatly depressed in typhus. Mercury, as an alterative, is known to be capable of restoring deranged secretion; and so on. But upon what principle are we to consider mineral acids superior to all these? What indication do they fulfil? If it be said that they act by neutralising ammonia, their repute rests upon a mere hypothesis; and leaves unexplained the result of treatment in which the ammonia theory is ignored and yet equal success is obtained.

To place the acid treatment on a sound basis, it appears to me that it is necessary clearly to establish the fact, that the essential cause of fever is an alkali susceptible of decomposition by the exhibition of acids; or, failing this, a careful and extended trial of this particular mode of treatment, under circumstances which would admit of a fair comparison with other methods.

I must disclaim any intention of depreciating the accuracy of Dr. Murchison's observations; neither do I assert that his views may not prove to be correct; but only ask for more convincing testimony before I can subscribe to their validity.

The varying conditions under which different practitioners pursue their observations may have more influence than we suspect in modifying their views of treatment. A most accomplished and experienced physician, Dr. Gairdner, tells us that milk is so essential in the treatment of typhus, that (quoting him from memory) he says that "treating fever with stimulants and without milk is a proceeding which he cannot understand." Now, this is just what I have been doing for some years, and apparently with the most satisfactory results. I am, etc.,

A. B. Steele.

Liverpool, May 13th, 1865.

MEDICAL ETIQUETTE.

Letter from Edward Waters, M.D.

Sir,—In the Journal of May 6th last, you published a communication from Mr. Thelwall of Farndon, headed "Medical Etiquette", in which my professional conduct was assailed. As Mr. Thelwall imagined himself aggrieved, he would, I think, have himself acted more strictly in accordance with "medical etiquette" in applying to me, either directly or through a third party, for an explanation, instead of publishing an *ex parte* statement, and appending to it a hastily scribbled private note from me, without giving me any intimation of his intention so to act. Mr. Thelwall, however, having elected thus to submit the case to the members of the British Medical Association, compels me also to publish a statement of the facts. I could have wished that my rejoinder should have appeared with the original statement, so that the one might not be read without the other. Next, I had hoped to have been in time for last week's Journal; but, not having received an answer from Mr. Eden in time to permit me to do so, I have been obliged to delay until now.

The history of my connexion with the case is as follows.

On Tuesday, March 14th, a servant called at my house with a message from Mr. Thelwall requiring my attendance, as soon as possible, on a case under his care. On arriving at the house where the patient was lying, I met Mr. Thelwall, and ascertained that the patient had been injured the day before by a fall off his horse while hunting, and, in addition to other injuries, had been unable to pass any water since the accident. The bladder was distended, and Mr. Thelwall had attempted to draw the water off; but, owing to the calibre of the urethra being encroached on and much narrowed by an external bruise of the perinæum, which caused swelling of the mucous membrane, it was impossible to introduce the catheter he was using, owing to its being too large for the passage. Finding the case to be a surgical one, I asked Mr. Thelwall if he had sent for me. He distinctly replied in the affirmative; made no allusion to having sent for any one else; and, until I saw his statement to that effect in the Journal, I had no knowledge of his having done so.

Mr. Thelwall states that "Dr. Waters wished to see the patient again the same evening." Had it been otherwise, I should have been wanting in my duty to him. A warm bath had been agreed on as a palliative; but it is manifest I could not leave the patient till the following day with his bladder unrelieved, in addition to his other sufferings. That this might not happen, and feeling, the more I thought of the case, that there was no time to be lost, I, on due reflection, requested Mr. John Harrison, a consulting surgeon to the Chester Infirmary, to accompany me, lest his services might be required, and, at any rate, to bring the necessary instruments with him. I mentioned to Mr. Harrison that the case was mainly a surgical one, and that I wished to transfer it to him.

Mr. Thelwall further states that, "After examining into the case, they" (Mr. John Harrison and myself) "went to the other side of the room, and conversed together *sotto voce*." In thus acting, I was influenced by delicacy to Mr. Thelwall; but I can have no objection to inform him that I was then requesting Mr. Harrison to allow him the use of one of his catheters, which was accordingly done. I was desirous that Mr. Thelwall should thus retain the confidence of his patient, by showing that, when he had the appropriate instrument, he was equally able with another to succeed; and it was only on his failing to introduce it that Mr. Harrison drew off the water.

Mr. Thelwall then states: "They came the following day, and indeed continued their attendance until the death of the poor fellow on the Friday following." Mr. Thelwall himself suggested to me that Mr. Harrison should come out the following morning. The catheter used was then left for Mr. Thelwall to pass in the evening; but he again failed, and it afterwards necessarily devolved on Mr. Harrison to relieve the patient.

I may state for myself that, though acting as a physician, and not a surgeon, I had no alternative but to continue my visits, as the patient specially required me to do so; and, though the case resulted from an accident, it involved important medical features. I also forward you a letter from Mr. Eden the retired surgeon referred to by Mr. Thelwall, who was an uncle of the patient, and who, with his sister the mother, watched him tenderly and unremittingly day and night; by which you will see that Mr. Harrison was the surgeon whose attendance the relatives expressly desired.

As regards the *post mortem* examination, I regret much that Mr. Thelwall did not witness it; but I really thought either his engagements or his possible indifference accounted for his absence. I wrote to him in the first instance, urging the propriety of it. He did not acknowledge my letter; but Mr. Eden called on me the following morning, and said that he had forwarded it to the father, and that, he doubted not, consent would be given. In anticipation of such consent, an arrangement was made to perform it the same evening, the following day being Sunday; and I left all arrangements respecting Mr. Thelwall t

Mr. Eden, who unintentionally omitted to inform Mr. Thelwall when it would take place; but he has declared to Mr. Thelwall that there was no desire to offer any slight to him on the part of any one.

I forward you a letter which I wrote to the coroner, who is a gentleman thoroughly able to enforce the respect due to his ancient and very important office; and I am happy to say he is satisfied no disrespect was intended to him. I am, etc.,

EDWARD WATERS,
Physician to the Chester Infirmary.

Chester, May 17th, 1865.

Mr. Eden writes, in his note to Dr. Waters:

"I can satisfy you, and, if it is desirable, Mr. Thelwall, that you were authorised by Mr. Charles Tomlinson's father to take out Mr. Harrison. I accidentally saw Mr. Thelwall on Monday, and reassured him that, so far as I was concerned, his not being called to the *post mortem* examination was an accidental oversight, for which I was sorry; and that it was not likely that you intended to slight him."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 9th.

Atherstone, Edwin, Grahams Town, Cape of Good Hope
Barton, Frederick, Bedford
Bate, George Paddock, Stone, Staffordshire
Berrell, Charles, Camberwell
Davis, William Frederick Pen, Ardwick, Manchester
Evans, Edward Charles, Cardiff
Gittins, John, Shrewsbury
Helsdon, Charles Victor, North Walsham
Hilliard, Henry Charles, Shefford, Bedfordshire
Howells, Thomas, Kennington
Johnson, Thomas Soars, Wolverhampton
Leale, Josiah, Jersey
Mackinlay, James Grosvenor, Isleworth
Nuttall, William, Bury, Lancashire
Packman, Richard Young Vance, Ebury Street, Pimlico
Rickard, Frederick Martyn, Plymouth
Rowlands, James David, Carmarthen
Stuart, William Andrew Patrick, Barbadoes
Sutcliffe, William Greenwood, Ashton-under-Lyne
Twigge, Thomas Nathaniel Parwick, Derbyshire
Verity, Abraham Robert, Bridgend, Glamorgansaire
White, James Atkin, Chatham Hill, Manchester
Willan, Thomas Henry, Auburn, Lincolnshire

At the same meeting of the Court—

Grigg, Joseph Collings, of Greenwich Hospital, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date April 12th, 1858.

Admitted on May 10th—

Barrett, Howard, Richmond
Bradley, John, Liverpool
Bryant, John Henry, Sussex Square
Colborne, Anthony Charles, Pimlico
Denziloe, William Le Gros, Bridport
Hilder, Nelson Albert, Camberwell
Holmes, Frank, West Gorton, near Manchester
Keall, William Powell, Bristol
King, John, Stratton, Cornwall
Leah, Thomas, Penzance
Leigh, Thomas Drake, Liverpool
Marsh, William Joseph, New Kent Road
Millett, George Bown, Penzance
Nell, Richard Frederick, Cardiff
Pritchard, George Frederick, Highbury
Stone, John Neesam, Dublin
Visick, Clarence, Exeter
Wall, Joseph, London
Welch, John Burges, Taunton
Wilkins, John Canning, Pinner, Middlesex
Worsley, James Henry, Bluepits, near Manchester

APOTHECARIES' HALL. On May 4th, 1865, the following Licentiates were admitted:—

Bott, Charles Glen, Brentford
Fairles, Nicholas Watson, South Shields
Jones, William Griffith, Llanelly, Carmarthenshire
Llewellyn, Rees, Maesgwyn, Breconshire
Strange, William Heath, Streatley, near Reading
Treves, William Knight, Dorchester
Waymouth, Albert, Middlesex Hospital
Weld, Charles Humphrey, Rolvenden, Kent

At the same Court, the following passed the first examination:—

Cooke, George Richards, Charing Cross Hospital

Admitted on May 11th—

Allen, Josiah, Ripley, Derbyshire
Bostock, Edward Ingram, Horsham, Sussex
Covey, Charles Edward, Basingstoke
Evans, John Tasker, jun., Hertford
Fyson, Ernest Last, Exning, near Newmarket
Langley, John Thomas, Ganarew, Monmouthshire
Nuttall, William, Bury, Lancashire
Thomas, David Howell, Swansea
Watson, James B., Havant
Webb, George Fortescue, Dawlish, Devon
Whiting, Henry, Southend, Essex
Wood, Herbert, Ashton-under-Lyne
Wright, Jarvas, Knutsford, Cheshire
Wright, Morden, St. Bartholomew's Hospital

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Affleck, James, Ayr
Affleck, John, Dumfriesshire
Alexander, J., Caithness
Allcock, C., Nottingham
Bates, Tom, March, Cambridge
Braytun, J. G., Cumberland
Campbell, Donald, Perthshire
Clarke, W. H., Birmingham
Cote, W. N., Plattsburgh, N.Y.
Cox, J. W., Annan
Cribbes, H. S., Killin
Farrelle, W. K., Longford
Gilruth, G. R., Edinburgh
Greene, R, Boston, U.S.
Hamilton, A., Dundee
Hunter, W. C. S., Dundee
Jones, E. S., Carnarvonshire
Kane, T. J., Galway
M'Laurence, H., co. Londonderry
M'Rae, John, Ross-shire
Martin, T. F., co. Louth
Naismith, Wm. J., Sultanpore, India
Pattie, R., Dumfriesshire
Porteous, Jas. L. H. H., Haddingtonshire
Reynolds, E. J., Dublin
Robinson, J., Lancashire
Sinclair, G. M., Haddington
Stanley, W. E. S., Cumberland
Unwin, J. B., Sussex
Waring, R. W., Cavendish
Wyllys, W. E., Somersetshire

And the following gentlemen passed their final examinations, and were admitted L.R.C.P.Edinburgh, and L.R.C.S.Edinburgh.

Benson, J., co. Roscommon
Burt, D. A., Fifeshire
Burton, J., Walsall
Fothergill, J., Westmoreland
Godfrey, Frank, Salisbury
Hickinbotham, J., Birmingham
Johnstone, J., Liverpool
Leman, Joseph, Buckingham, Canada
Mackenzie, W. S., Sutherlandshire
Mason, J. L., Montreal
Murray, G. B., Annan
O'Hara, C., co. Fermanagh
Patchett, H., Lancashire
Paterson, T., Mid-Lothian
Raby, John, Cornwall
Shields, R., Edinburgh
Simpson, J., Cumberland
Smith, Henry R., Berwick-on-Tweed
Smyth, Wm., co. Tyrone
Thompson, Wm. G. W., Ballymoney
Wotherspoon, John T. R., Dumfriesshire

ROYAL COLLEGE OF SURGEONS, EDINBURGH. The following gentlemen passed their final examinations, and were admitted Licentiates of the College during the recent sittings of the examiners.

Anderson, J. K., Arbroath
Brakenridge, D. J., Perthshire
Chiene, John, Edinburgh
Denton, T. J., Yorkshire
Doyle, Bernard, co. Down
Duncan, A. J., Bengal
Gibson, J. B., Ayrshire
Glendinning, Douglas, Dumfriesshire
Jameson, Robert, Ayrshire
Knight, A. A. H., Berwickshire
Mackelvie, R. M., Wigtownshire
M'Laren, R., Dumfries
Skae, Frederick Wm. A., Edinburgh
Sydney, Henry, Kent
Taylor, James, co. Antrim
Thornley, J. G., Londonderry

APPOINTMENTS.

SCORESBY-JACKSON, Robert, M.D., appointed Physician to the Edinburgh Infirmary, in the room of Dr. Warburton Begbie.

ARMY.

BARROW, Staff-Surgeon-Major T. W., to be Deputy Inspector-General of Hospitals, for highly meritorious services during the epidemic of yellow fever in Bermuda.

COGAN, Surgeon F., 2nd Foot, to be Surgeon-Major, for highly meritorious services during the epidemic of yellow fever in Bermuda.

CROSSE, Surgeon-Major J. B. St. Croix, to be Staff-Surgeon-Major, *vice* D. Hanley, M.D.

HANLEY, Staff-Surgeon D., M.D., to be Surgeon 11th Hussars, *vice* Surgeon-Major J. B. St. Croix Crosse.
MEE, Surgeon J., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.

ROYAL NAVY.

ANDERSON, William (a), Esq., Surgeon (additional), to the *Asia*.
ARCHER, Archibald L., M.D., Surgeon (additional), to the *Indus*.
ASSHI, William J., Esq., Assistant-Surgeon (additional), to the *Implacable*, for the *Sealark*.
BEAUMONT, Robert W., Esq., Surgeon (additional), to the *Fisgard*.
BELLAMY, George, Esq., Surgeon (additional), to the *Cumberland*.
BREEN, Thomas J., Esq., Surgeon, to the *Caledonia*.
COATES, Matthew, Esq., Assistant-Surgeon, to the *Caledonia*.
COLAHAN, Thomas N. W., Esq., Assistant-Surg., to the *Impregnable*.
EASTCOTT, James C., Esq., Surgeon (additional), to the *Excellent*.
FERGUSON, Robert, M.D., Assistant-Surgeon (additional), to the *St. Vincent*, for the *Martin*.
GODFREY, George H., Esq., Surgeon (additional), to the *Victory*.
HATCH, Jeremiah A., Esq., Assistant-Surgeon, to the *Terrible*.
HILSTON, Duncan, M.D., Assistant-Surgeon (addit.), to the *Victory*.
LAUDER, Henry W., Esq., Assistant-Surgeon, to the *Gleaner*.
MACDONNELL, Henry, Esq., Assistant-Surgeon, to the *Irresistible*.
NOLLOTH, Edward, Esq., Staff-Surgeon, to the *President*.
STEWART, James, Esq., Acting Assistant-Surgeon, to the *Sphinx*.
STEWART, William H., Esq., Acting Assistant-Surgeon, to the *Caledonia*.
SUCANE, R. K., Esq., Assistant-Surgeon, to Haslar Hospital.

MILITIA.

PHILPOTS, H. J., Esq., to be Surgeon Radnor Division of Royal Cardigan, Brecon, and Radnor Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CARMICHAEL, J., M.D., to be Assistant-Surgeon 1st Edinburghshire A.V.
EDKINS, C., Esq., to be Honorary Assistant-Surgeon 24th Somersetshire R.V.
KENDALL, T. M., Esq., to be Honorary Assistant-Surgeon 5th Norfolk R.V.
MACKIE, J., jun., Esq., to be Assistant-Surgeon 7th Forfarshire R.V.
NEWINGTON, A., Esq., to be Hon. Assistant-Surgeon 41st Kent R.V.
NEWMAN, W., M.D., to be Honorary Assistant-Surgeon 5th Lincolnshire R.V.
SANDERSON, A. M., Esq., to be Surgeon 1st Edinburghshire A.V.

BIRTH.

ANDREWS. On May 13th, at 1, Oakley Square, London, the wife of Henry Charles Andrews, M.D., of a son.

DEATHS.

BACOT. On May 16th, aged 7, Edmund Macdonald, eldest surviving son of Surgeon-Major Bacot, 89th Foot.
BRIDGE. On April 22nd, at Bath, aged 56, Mary Were, wife of S. F. Bridge, M.D, of Wellington, Somerset.
CUMMING. On May 8th, at Edinburgh, Jean, widow of Robert S. Cumming, M.D., Surgeon R.A.
DAVIES, Sir David, K.C.H., M.D., at Lucca, aged 72, on May 2.
HAMILTON, Charles T., M.D., at Windsor Terrace, Maida Hill, aged 51, on May 4.
KINSEY, Robert B., Esq., Deputy Inspector-General of Hospitals, at Calcutta, aged 48, on April 1.
KIRKPATRICK. On May 2nd, at Whitchurch, Shropshire, Elizabeth, widow of the late Edward M. Kirkpatrick, Esq., Surgeon.
SMITH, Wm. Henry, Esq., Surgeon, at Southsea, aged 53, on May 5.
STANLEY, John, M.D., at Belle Vue, near Whitehaven, aged 88, on April 28.
THOMPSON. On May 5th, at Biggleswade, aged 19, Rose Nash, second daughter of John Thompson, Esq., Surgeon.
VOSE. On May 15th, at Liverpool, Eliza Sarah, widow of the late James Vose, M.D.

SCARLATINA AT ALDERSHOT. Scarlatina is rife at the present time amongst the children in the camp at Aldershot.

HOSPITAL FOR WOMEN. Her Royal Highness the Duchess of Cambridge has signified her pleasure to become a patroness of the Hospital for Women.

A VACANT CORONERSHIP. Mr. Carr of Newcastle is a candidate for the coronership of South Northumberland now vacant. He has the full support of all his Newcastle brethren.

ROYAL SOUTH HANTS INFIRMARY. A new wing is to be added to the South Hants Infirmary. Mrs. Crabbe subscribes £2,000 for the purpose, in memory of her late husband Colonel Crabbe.

A GOLD MEDAL. At the meeting of the Dublin Pathological Society last week, it was announced that no essay for the medal had been sent in.

OUR CRIMINAL LUNATICS. There are at present 770 criminal lunatics in lunatic asylums, including 500 "patients" at Broadmoor.

A SPLENDID SALARY. The Town Council of Gateshead have appointed an officer of health. His salary is £25 *per annum*—*i.e.*, about nine shillings and sixpence a week!

ROYAL COLLEGE OF SURGEONS. At a meeting of the Council on April 5th, Messrs. Adams, Annandale, and Agnis, received from the hands of the President the Jacksonian Prizes and special honorarium respectively awarded to them for the excellence of their essays.

CONSUMPTIVE PATIENTS IN MADEIRA. Dr. Stone informs the *Times* that a proposal has been made to him by Captain Erskine, Her Majesty's Consul at Madeira, to guarantee the maintenance and medical treatment of twenty consumptive patients during the coming winter, if the authorities of the Brompton Hospital will undertake to provide transport to and from the place.

CEREBRO-SPINAL MENINGITIS. Dr. Tweedie says of the cerebro-spinal meningitis epidemic he is satisfied it is a disease that in modern times, at least, has not been observed in this country. In all his large experience of fever at the London Fever Hospital he never met with suppurative meningitis, which is characteristic of the Dantzic epidemic, as a lesion in genuine typhus as known to us here.

CONVICTION UNDER THE MEDICAL ACT. A Justice of Peace Court at Aberdeen, had last week before them a case in which Frederic Adair, who addressed himself to a certain class of cases, was accused of advertising himself as M.D., F.R.C.S., without a title to do so. A witness said he had given the accused directions as to getting a diploma from Glasgow. One was produced purporting to be from the Metropolitan College, New York, conferring the degree of M.D. on Frederic Adair. After other evidence Adair was fined £5, with costs, £2 : 2, for using the letters F.R.C.S. without warrant.

DIETARY OF METROPOLITAN WORKHOUSES. Mr. Villiers said lately in the House of Commons that the dietaries in workhouses have been prepared by the guardians of the unions or parishes to which the workhouses belong. They are generally framed, according to the experience of the board of guardians, to suit the exigencies of their own union or parish. They are referred to the Poor Law Board, who require the opinion of the medical officer, as to the propriety and sufficiency of the dietary for the particular workhouse. They receive his report, and comparing the dietary with certain principles and rules with which they have been supplied by a very eminent scientific authority, and with the result of their own experience, they either sanction the proposal or suggest alterations. It has not been the practice of the Board to compare dietaries of different unions together, as they have never sought to bring about any uniformity in this matter. But a communication from an experienced and able medical officer in the metropolis has been made to the Board a short time since, directing the attention of the Board to the diversities which prevail in the dietaries of the workhouses of the metropolis, and the Board propose to cause an investigation to be made upon the subject, with the view of ascertaining whether any action can be taken in the matter with a beneficial effect.

Royal College of Surgeons. We are informed that Mr. Arnott is about to resign the seats he holds as a Councillor and Member of the Court of Examiners of the College as well as his chair at the Council of Medical Education and Registration. For his successor as an examiner, Mr. Hilton is mentioned; for his seat in the Council, Mr. Turner, of Manchester, will offer himself; and for the manly and independent enunciation of his views on all college matters on the last festival of the Fellows there is no doubt his claims to a seat in the Council will be recognised. The retiring members of the Council are Messrs. Quain and Shaw, who will offer themselves for re-election. Mr. Arnott's resignation will bring Mr. Wormald in as President.

Defective Rain-Fall. Mr. Symons has drawn up some elaborate tables concerning the fall of rain during past years, and says:—"A careful consideration of this table has led me to the following conclusions—1. That the decreased fall of rain during the last ten years is a general and not local phenomenon. 2. That the decrease amounts to about one-twentieth part of the entire average fall. 3. That in the Eastern and Midland counties of England the decrease has been greater than in any part of the United Kingdom, and amounts to more than a tenth of the whole. I need not say that this falling off in our water supply, at a time when the requirements for it are daily increasing, is a matter of national importance, as well as one of very great interest to water companies and others who are bound to supply a given volume of water, and find their only source gradually failing them. We must hope that it is only a temporary fluctuation, and not the inauguration of a regularly decreasing supply; but it seems to me to warn us of the effect of recent extensive drainage operations to tell us not wantonly to run all our rain instanter into the sea, but to store it against periods such as last year, when the blessings conferred by the rain from Heaven were withheld for a time, and to myself it seems to say, 'Hasten on the collection of old records of rain-fall, and see if 190 years tell the same tale as the last half century.'"

St. Bartholomew's Medical College, 1864-5. The scholarships and foundation prizes have been awarded as follows. *Senior Scholarship in Medicine, Surgery, and Materia Medica*—W. L. Shepard, T. Cuddeford, and J. O. Adams. *Senior Scholarship in Anatomy, Physiology, and Chemistry*—W. J. Garrett, W. Square, and F. H. Haynes. *Wix Prize*—H. Rundle. *Hichens Prize*—E. W. Berridge. *Practical Anatomy, Senior. Foster Prize*—H. C. Upton; F. H. Haynes, R. B. Moore, J. A. J. Timmins, J. Quick, W. B. Burn, F. H. Lovell, W. Square, W. H. Tattersall. *Practical Anatomy, Junior. Treasurer's Prize*—L. Newton; *2nd Prize*—C. Wade; J. Kirkman, E. B. Crowfoot, W. Thurston, E. Angove, H. J. Butlin, L. Clapham.

Royal Medical Benevolent College. The thirteenth annual festival in connexion with this college was held on Saturday last at the Freemasons' Tavern; the Right Hon. Earl Granville, K.G., in the chair. Among those present were Sir Charles Locock, Mr. Scourfield, M.P., Admiral Burney, Mr. Fergusson, Dr. C. Hogg, Dr. Babington, Dr. Billing, Mr. Propert, and about 120 other members of the medical profession. After the usual loyal toasts had been honoured, Dr. Babington proposed "the Army, Navy, and Volunteers." Admiral Burney responded for the Navy, and Mr. J. L. Propert for the Army and Volunteers. In the course of his remarks Mr. Propert alluded to the eminent services which Mr. T. Wakley had rendered in connexion with the Volunteer medical department. The toast of "the Church," proposed by Mr. Scourfield, M.P., was acknowledged by the Rev. G. Pocock. In proposing the toast of the evening the noble chairman dwelt upon the merits which the institution possessed, and the claims which it had upon all who desired to see suffering and affliction alleviated. The institution had been founded by those whose work was exceedingly laborious, and its success might be attributed to the earnestness and zeal which the friends of this excellent charity had displayed. There was, probably, no profession in which accident and chance exercised so large an influence as that of medicine, for while some of its members soon attained distinction and wealth, others, through no fault of their own, would remain in obscurity, still working for the good of their fellow creatures. No profession, therefore, had more claims for sympathy upon every class of the community. The noble lord stated that the trustees of the late Dr. Gilbert had decided upon devoting a considerable portion of his legacy to the benefit of the Medical College. Sir John Bowring and two others of the trustees had informed him that they had decided upon founding three scholarships of £50 each in connexion with the school. In acknowledging the toast of "the Chairman," proposed by Sir Charles Locock, Earl Granville expressed the satisfaction which he experienced at occupying the position of president of an institution which was calculated to confer so many benefits upon the distressed and suffering. The remaining toasts were "the Treasurer," proposed by the Chairman and responded to by Mr. Propert; the "Head Master," proposed by Dr. W. Carr and responded to by the Rev. Dr. Thornton; the "Honorary Local Secretaries," proposed by Mr. Propert and responded to by Dr. Ray; the "Press;" the "Stewards;" and the "Ladies." The subscriptions amounted in the course of the evening to nearly £1000.

The Case of Richard Gibson. The reply of the Poor-law Board to the report of Mr. Farnall on the case of Richard Gibson, goes very minutely into all the facts connected with the alleged ill-treatment of the deceased, and expresses their opinion that Dr. Craig, by failing to ascertain the personal condition of the deceased, and neglecting to order for him such articles of nourishment as he required; and that Mrs. Elson, by omitting to ensure proper attention to his personal comforts and cleanliness, have so gravely neglected their duties, that the Board would not be justified in permitting either of them to continue in the offices which they at present hold. The Board, therefore, request that the directors will communicate this decision to Dr. Craig and Mrs. Elson, and require them at once to resign their respective offices as assistant medical officer and nurse at the workhouse.

University of London. On the 10th inst., the Chancellor held a meeting at Burlington House, for the purpose of admitting to degrees those who had passed the various examinations, and awarding certificates and medals. Earl Granville, who wore his robes as Chancellor, presided. The following graduates who had passed the examination for the degrees in medicine were admitted. M.D.: J. W. Hicks, St. Thomas's Hospital; J. U. Huxley, King's College; H. T. Lanchester, St. Bartholomew's Hospital; J. N. Miller, University College; W. Moxon, P. H. Pye-Smith (medal), and T. Stevenson, Guy's Hospital.—M.B.: P. Best, University College, first in medicine (scholarship and medal); T. Fairbank, St. Bartholomew's Hospital, second in medicine (medal), third in midwifery, and second in forensic medicine (medal); C. A. Hingston, St. Bartholomew's Hospital, fourth (*æq.*) in medicine, fifth in midwifery, and seventh in forensic medicine; H. L. Kempthorne, King's College, fourth (*æq.*) in medicine, fourth in

midwifery, and fifth in forensic medicine; J. H. Hooper, St. Thomas's Hospital, sixth (*æq.*) in medicine, and eighth in midwifery; F. Simms, King's College, sixth (*æq.*) in medicine, and sixth in forensic medicine; J. A. Nunneley, Leeds Medical School and Guy's, tenth in medicine, and tenth in midwifery; E. L. H. Fox, University College, first in midwifery (scholarship and medal), first in forensic medicine (scholarship and medal), and third in medicine; J. J. Phillips, Guy's Hospital, second in midwifery (medal); W. Carter, Charing Cross and St. Thomas's, third in forensic medicine, sixth (*æq.*) in medicine, and seventh in midwifery; E. Casey, King's College, fourth in forensic medicine, sixth (*æq.*) in medicine, and sixth in midwifery; E. Ludlow, St. Bartholomew's Hospital, eighth in forensic medicine, ninth in midwifery, and eleventh in medicine.—M.S.: J. H. Hooper, St. Thomas's Hospital, alone in surgery (medal). After presenting the diplomas, he delivered an interesting address, in the course of which he said that the University had lost Mr. Senior. They had also lost—though, happily, not by death—the services of Sir James Clark; and in mentioning his name he could not help referring to the unceasing exertions which he had made on behalf of the University in perfecting the medical curriculum. He believed that it was not a boast but a mere truism to say that these medical degrees were surpassed by none in the respect paid to them by the profession at large and by all who were competent to judge. He then said that a statement was put into his hands with regard to the appointment of a house-surgeon to an hospital. It appeared that candidates were invited to present themselves with an assurance that they would be chosen according to their recommendation and certificates. Several candidates appeared, and the result was that a gentleman who was most highly recommended as to general qualifications and character, but who had not obtained any honours further than the usual degrees, was elected, while one of our graduates, who had obtained high honours, with all the medical degrees, was rejected. There might have been excellent reasons for it; but on the face of the statement it appeared the distinction was that one was a communicant and the other was not a communicant, both being members of the Church of England and having the highest possible characters. He would ask whether it was to the interests of the poor wounded people in that hospital that such a test should exist?

Treatment of the Insane. Dr. Clouston says in his last report of the Cumberland and Westmoreland Lunatic Asylum: "I last year protested against the system which was prevalent among the relieving officers of sending insane patients to workhouses previous to sending them to asylums. Many patients complained bitterly that they were sent to 'the union' before coming here. One woman says that at a workhouse, because she was sleepless and noisy, the sane inmates beat her severely with sticks. The forms of insanity in this asylum are not usually so acute as in the patients of a large city; but the depressed and suicidal cases are quite as numerous as in most asylums. One of them was a married woman who had the impulse to destroy herself so strong that though she knew what she was doing, and knew how wrong it was, she made many and persistent attempts to obey it. She wished to come to the asylum for her own security, and immediately she came within the building she felt so safe that her thoughts were entirely diverted to other subjects, and she never had a suicidal idea again. In a few months she returned to her home quite well, and has remained so ever since. In another case a man who had tried to hang himself, and had been cut down, was sent in and never again manifested the slightest tendency to destroy his own life."

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Tuesday. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Robert Lee, "On Uterine Polypi"; Mr. Henry Lee, "On Amputation of the Leg by a Long Rectangular Flap"; Mr. C. Hunter, "On the Hypodermic Administration of Certain Medicines"; Dr. Wynn Williams, "On Tuberculosis."—Zoological.—Ethnological (Anniversary).

Wednesday. Royal College of Physicians, 5 P.M. Dr. Hyde Salter, "On the Diagnostic Value of the Various Forms of Dyspnœa."—Geological.—Linnæan (Anniversary).

Thursday. Royal Society.

Friday. Royal College of Physicians, 5 P.M. Dr. Lionel Beale, "An Inquiry into the Nature of the Phenomena which constitute Inflammation."—Royal Institute.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The Members of Council of the Royal College of Surgeons who this year retire are—Mr. Arnott, Mr. Quain, and Mr. Shaw Mr. Arnott retires, it is said, definitely; the others will in all probability offer themselves for re-election. The election comes off in July. If the country Fellows intend once again to bring forward a candidate, they should commence operations at once.

COMMUNICATIONS have been received from:—Dr. George Johnson; Dr. G. H. Philipson; The House-Surgeon of the Royal Portsmouth Hospital; The Secretary of the Royal College of Surgeons, Edinburgh; Mr. R. J. Rogers; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. Lund; Mr. Parker; Dr. E. Waters; Professor Simpson; Mr. C. Hunter; Dr. Thorburn; Mr. Stone; Mr. John Windsor; Dr. H. C. Andrews; Mr. Fred. Mason; Mr. Jabez Hogg; Mr. Callender; Dr. S. Gibbon; and Mr. Hancock.

BOOKS RECEIVED.

1. Small-Pox: how to Annihilate it; or, Observations on the Pernicious Consequences of Imperfect Vaccination, and on the necessity of re-Vaccination. By R. T. Lodge, M.D. Liverpool: 1865.
2. Surgery in Bengal: an Address to the Bengal Branch of the British Medical Association. By Dr. J. Fayrer. Calcutta: 1865.
3. The Ninth Annual Report of the State of the United Asylum for the County and Borough of Nottingham. Southwell: 1865.
4. The Study of Science; and its Undue Neglect as a Branch of Education. By George Padley, L.R.C.P. Swansea: 1865.

Notes
ON
THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY
GEORGE JOHNSON, M.D., F.R.C.P.,
PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[*Continued from p.* 450.]

With reference to the hypothesis that the characteristic symptoms of choleraic collapse are caused by the loss of the watery constituents of the blood, we have next to inquire, *whether the symptoms of collapse are such as an excessive drain of fluid from the blood would be likely to produce.*

Now, what is the condition of a patient who has suffered a profuse drain from the blood, whether of water alone or all the blood-constituents? What is the effect of a copious hæmorrhage, of a profuse and long continued leucorrhœa, of prolonged lactation, of excessive purging, whether the result of disease or of medicine? Is not the condition of a patient who has been exhausted by such means, of the nature of syncope? There are a small and frequent pulse, a pallid skin, dimness of sight, and *tinnitus aurium*: these symptoms being much increased by the erect posture; and, in extreme cases, the head cannot be raised from the pillow, even for a moment, without the occurrence of syncope. For a patient in this condition to walk or stand, or even to sit up, is simply impossible. Now, there is something in the collapse of cholera which is essentially different from the mere exhaustion which leads to syncope. In fact, almost the only symptom which is common to the two conditions is the extreme smallness and feebleness of the pulse.

One great distinction consists in the remarkable blueness, coldness, and other symptoms indicating that during the collapse of cholera the aeration of the blood is greatly interfered with; while no such symptoms of obtructed respiration occur in ordinary cases of exhaustion from excessive purging. Another great and obvious distinction is this: that whereas a patient exhausted by a drain of fluid from the blood, and therefore verging on syncope, is unable to assume the erect posture without losing at once his pulse and his consciousness, a patient in the collapse of cholera, whose skin is blue and icy cold and whose pulse is imperceptible or extremely small and feeble, is often able to stand up without becoming faint, and even to walk a distance which must require a considerable amount of muscular exertion.

This is a fact alluded to by several authors; and no one can have watched cases of the disease without having observed the surprising amount of muscular exertion of which even a cold and pulseless patient is capable. It is scarcely necessary to quote authorities for this statement; but I will refer to one in illustration of what has been advanced.

Scott says (*Report on the Epidemic Cholera*, p. 24): "Instances are not wanting of patients being able to walk, and to perform many of their usual avocations, even after the circulation has been so much arrested that the pulse has not been discernible at the wrist." The same author states, in another place, when speaking of the effects of blood-letting (p. 58), "It is remarkable that, in a disease like cholera, syncope should be so rare a symptom." And, again (p. 28), "During the progress of this disorder, when the nervous energy seems to be almost annihilated, and the functions of the heart and arteries to be abolished, this symptom (syncope) is yet very rarely observed."

Another remarkable difference between the collapse of cholera and the exhaustion caused by an excessive drain of liquid from the blood, consists in the rapidity with which a patient often recovers from the former condition. As an instance of this, I may quote the following from Dr. Gull's *Report* (p. 135): "I have seen" (says Mr. Grainger) "a man stand at his door on Wednesday, who on Monday was in perfect collapse." And this observation, as Dr. Gull observes, is in accordance with the experience of others.

With reference to this remarkable feature of cholera, Twining makes the following statement (*Clinical Illustrations of the more Important Diseases of Bengal*, p. 20): "In cases not fatal, the progress of recovery is often almost as rapid as the accession of cholera; and if the disease be treated at the very onset, it is not uncommon to see a person well on the third day, after an attack of the worst symptoms, which had commenced with coldness and collapse, and who, if left without remedies, would probably have died in six or eight hours. *In these instances recovery seems almost as sudden and complete as in cases of patients who are resuscitated after suspension of animation from submersion in water.*" It is scarcely necessary to insist upon the fact, that no such instances of rapid recovery from extreme prostration consequent on a drain of fluids from the blood are ever known to occur; nor, from the nature of things, is it possible that a great loss of blood-constituents can be restored with such extreme rapidity.

The natural and obvious inference from these facts appears to be, that there is an essential difference between the condition of a patient who has been exhausted by a profuse drain from the blood, and that of one in collapse with cholera. It is, therefore, incumbent on those who maintain that choleraic collapse is due to the loss of fluid by the intestinal canal, to explain, if they can, the remarkable differences which have here been pointed out between the symptoms of collapse and those of ordinary syncope.

Our next inquiry shall be, whether the effect of various modes of treatment in the collapse of cholera affords any support to the theory that a drain of fluid from the blood is the essential or the chief cause of that condition.

[*To be continued.*]

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

CASES OF FRACTURE OF THE BASE OF THE SKULL: WITH REMARKS.

By Thomas P. Pick, Esq., Surgical Registrar.

Formerly fracture of the base of the skull was looked upon as an injury almost inevitably fatal; and it is only within the last few years that it has been shown that these cases, not only sometimes, but often recover. Two of the cases detailed below are given as exemplifying the good results which may follow this class of injuries, in cases where the diagnostic symptoms are sufficiently well marked as to leave no doubt as to the nature of the injury; and to these are added two others, one of which terminated fatally, in which the symptoms were not so well marked, and in which some doubt existed as to the real nature of the lesion.

Case I. Thomas M., aged 18, groom, was admitted September 30th, 1864, under Mr. Hewett.

History. No very satisfactory account of the accident could be obtained, but it appeared that he was thrown out of a cart which he was driving. He himself had no recollection of the accident, and did not know whether he pitched on his head. He was insensible when picked up. He had not been drinking.

On admission, he was in a semi-comatose state, lying on his side and breathing quietly. He could be roused with difficulty; but evidently objected to it, and speedily relapsed into the same stupid state. He would answer questions when roused, though incoherently. There was no paralysis. There was no bruise or wound about the head, but there was bleeding from the left ear. No abrasion could be found about the external meatus. The pupils were natural and acted. Pulse 80, compressible; skin cold.

Oct. 1st. He was much more sensible than last night. He had passed a quiet night, but had been very sick. He now answered questions rationally, and asked for anything he wanted. Oozing of blood from the ear still continued. The pulse was 84, compressible, greatly accelerated when roused. The tongue was clean; the pupils natural. He was ordered three grains of calomel immediately.

Oct. 2nd. Last evening the pulse rose and became rather hard. He was bled to eight ounces. Afterwards he passed a quiet night, and this morning seemed comfortable, though drowsy and stupid. There was no more bleeding from the ear, but some appearance of a clear discharge on the pillow. Pulse 70, quiet, compressible; skin warm and moist; tongue clean. The bowels had acted.

Oct. 4th. He complained of more pain in his head. The tongue was furred and white. Pulse 76, soft and compressible. The discharge from the ear had quite stopped. A large tender swelling had appeared on the left temple. He was ordered to repeat the calomel at night, and to have a senna draught the next morning.

Oct. 6th. He still remained in a drowsy state; he appeared to wander considerably, and was constantly crying out. He could be roused sufficiently to answe questions. Tongue furred: pulse 72. The mouth was drawn slightly to the right side. There wa much œdema and swelling over the left temporal muscles; and the skin was red and acutely painful.

Oct. 7th. He was much more rational, and seemed altogether brighter and better; but he had been very restless all night and in great pain. Tongue furred; pulse 76, compressible. The œdema, swelling, and redness, had extended on to the face and down the side of the neck.

There was an indistinct feeling of fluctuation over the swelling, which was extremely painful. An incision was made into the tumour, and a small quantity of pus and a considerable amount of broken-down blood was discharged. On passing the finger in, the bone was felt to be exposed and roughened. The finger could be introduced to a very considerable extent under the temporal muscle. A poultice was ordered to be applied.

Oct. 8th. He was very much relieved by the incision, and had had a quiet night. There was less swelling and redness down the side of the neck. Tongue cleaner; pulse 80. Fish diet was ordered.

Oct. 9th. He slept well, and seemed quite bright and cheerful; he had quite lost his former drowsy appearance. Pulse 76; tongue still slightly furred. The swelling of the face and down the side of the neck had entirely subsided. The mouth was still slightly drawn to the right side. He complained of being deaf on the injured side.

He went on well till the 16th, when he complained of more pain, after having passed a very restless night. A large swelling was found above the left ear. This was opened, and a large quantity of pus and blood escaped. There was also discharge from the left ear. His tongue was furred; pulse 113; skin hot. He was ordered to repeat the calomel and senna.

The discharge from the ear continued till the 25th when it ceased. The scalp to a great extent again became adherent to the bone; and he was discharged November 18th with one small sinus, which led down to exposed bone.

March 6th, 1865. He showed himself at the hospital. A small piece of necrosed bone had come away and the wound was quite healed. He seemed quite hearty and strong.

Case II. Thomas F., aged 21, butcher, was admitted November 1st, 1864, under Mr. Hewett.

History. A short time before admission, he was cleaning the windows on the second floor of a house and, "missing his hold," he fell into the area below pitching upon his head. He was insensible when picked up, and had no recollection of the accident.

On admission, he was sensible enough to answer questions and state the reason of the accident. When not roused, he lay on his left side, moaning and breathing heavily. He complained of his head "feeling queer." There was no bruise nor wound of the head. There was considerable oozing of blood from the right ear; and there was coagulated blood in the nostril. He was very deaf on the right side, and the mouth was drawn to the left side. The pupils acted naturally. The pulse was 72; the tongue clean.

Nov. 2nd. He was more conscious and rational but drowsy. He complained of pain in the head. There had been continuous and very considerable bleeding from the ear throughout the night, and it still continued in small quantities this morning. Tongue clean; pulse 72, soft. He was ordered to have three grains of calomel at night, and a senna draught the following morning, and to take nothing but beef-tea.

Nov. 4th. The bleeding had now all stopped. He

as still drowsy, but in no pain, complaining only of mbness down the right side of face, and "tingling ises" in the right ear. He was still very deaf on is side, and the face was drawn to the left.

Nov. 5th. He had been very restless all night, and mplained of intense pain in the head. There was wild and vacant stare about the face. Skin hot; lse 84, full; tongue furred. He was ordered to re- at the pill and draught.

Nov. 7th. He still continued to be extremely rest- ss; did not sleep at all, on account of the great pain d singing in the head. The tongue was furred, and as protruded to the left side; pulse 64, full. The wels had acted freely. He was ordered to have e head shaved and ice applied, and to take two ains of calomel twice a day.

Nov. 8th. He had had rather a better night, and as in less pain. Pulse 64; tongue furred; skin ol. The bowels had acted slightly.

Nov. 11th. The pain continued to abate; and to- y he thought he could hear a little better. Tongue ry white; pulse 60, soft. He was ordered to repeat e pill every night.

Nov. 14th. He said that now the pain was only ry trifling. He heard better, and the face was less awn; he could now close the eyelid. Pulse quiet. e was ordered to have fish diet, and to leave off e pill.

Nov. 17th. The pain had entirely left him. There as still something, however, peculiar about his nner; he answered questions abruptly, and there as a vacant expression. Tongue clean; pulse quiet. e was ordered to have ordinary diet.

From this date he gradually improved; the face sumed its natural aspect; the deafness disappeared a certain extent; and he lost his abrupt manner. He was discharged December 3rd.

Case III. Denis M., aged 27, labourer, was admit- l November 28th, under Mr. Hewett.

History. He was discovered by a policeman lying an area in a state of intoxication. He was sup- sed to have fallen down, but it was not known how ng he had been there.

On admission, he was quite insensible and smelt of uor. The surface of the body was warm; the pils were contracted, but sensible; pulse 60, soft. ere was a scalp wound about an inch long over the t parietal eminence, not going down to the bone. on after admission, he vomited a quantity of fluid ongly smelling of rum.

Nov. 29th. He had been constantly sick during e night. This morning he was to a certain extent sible, but being in a drowsy state, and passed his ine and motions unconsciously. He complained ch of his head. Pulse 84, fluttering; skin hot. e pupils were contracted, but acted. He was lered to have three grains of calomel immediately, d broth diet.

Dec. 1st. He still lay in a sleepy state, taking no tice of anything or anybody; but he was more scious; was aware when his bowels were going to , and he answered questions rationally. There s total deafness on the left side, and the mouth s drawn to the right side. Pulse 64, weak and ttering; pupils natural.

Dec. 2nd. He seemed much brighter, and began take notice of surrounding objects. The deafness ll continued. There was effusion of blood under e left optic conjunctiva on the outer side of the be, passing back into the orbit beyond the view; effusion into the eyelid. On telling him to close e nostril and mouth and blow up the Eustachian e, no air entered the left tympanum, nor did any ne out of the external auditory meatus.

On examination of the ear with the speculum, the membrana tympani was found to be unimpaired, but to bulge considerably outwards.

Dec. 4th. He was now quite sensible. He complained of pain down the left side of the face, and giddiness. Pulse 58, very weak. He was ordered to take half a drachm of sal volatile in camphor mixture three times a day.

From this time he gradually improved; permanent deafness, however, continued, though the paralysis of the face disappeared.

He was discharged December 28th.

Case IV. William S., aged 17, plasterer, was admitted January 23rd, 1865, under Mr. Hewett.

History. Half an hour before admission, he fell off a ladder a distance of fourteen feet. He was insensible when picked up, and had no recollection of the accident.

On admission, he was perfectly sensible and answered questions rationally. The skin was cool; pulse 100, full. The pupils were dilated, insensible. There was slight oozing of blood from the left ear. There was no wound or bruise to be felt or seen about the head. He was ordered to have five grains of calomel immediately, and beef-tea for diet.

Jan. 24th. He had passed a quiet night, and was quite sensible. All bleeding from the ear ceased soon after admission, and did not recur. Pulse 96, soft. The pupils were natural and acted. The tongue was clean. The bowels had not acted. He was ordered to have a senna draught.

Jan. 27th. He had gone on well till to-day, when he complained of having been in very great pain all night. The pain was confined to the left ear and left side of the face. This morning there was a little purulent discharge from the ear, and the pain had somewhat abated. Pulse 84, full; tongue white; skin hot. A linseed poultice was applied to the ear.

Jan. 31st. There were still discharges from the ear and pain in the head, though the pain was not so great. He complained of deafness on the affected side.

Feb. 2nd. He had passed a very restless night, and complained of very great pain, not only in the left ear, but across the vault of the skull. The tongue was furred. He had a most anxious expression of countenance. Pulse 102, very weak; skin hot. There was some loss of muscular power on the right side of the face. He was ordered to have a blister applied to the nape of the neck, and to have four ounces of brandy daily, and two grains of calomel to-night.

Feb. 4th. He slept all night and seemed better this morning. Pulse 60, weak. His appearance was less anxious. He still complained of great pain. The discharge from the ear continued.

Feb. 6th. He passed a quiet night. He said the pain was no better, and his expression was rather anxious. There was more discharge from the ear. Pulse 60, weak; tongue clean.

Feb. 7th. He did not seem so well; did not sleep last night. Pulse rather quicker, 72, quite compressible. There was more anxiety of countenance. He was ordered to have the third of a grain of morphia at night.

Feb. 8th. He seemed hardly conscious; was constantly wandering in his talk, and answered questions vaguely. He still complained of intense pain in the head. Pulse very quick and weak. He was ordered to repeat the anodyne draught immediately and at bedtime, and to have another blister.

Feb. 9th. He was quite unconscious. The breathing was laboured; the pulse very quick and running; the pupils were dilated and insensible. He died at 5 P.M.

Post Mortem Examination. There was no sign

of external injury. The surface of the brain was slightly injected, and the convolutions on both sides were flattened. The ventricles were distended with sero-purulent fluid, and the septum lucidum was softened. There was about a tablespoonful of pus in the arachnoid cavity at the base of the skull. A quantity of the same fluid occupied the sub-arachnoid cavity, all about the pons and optic commissure. It also passed up the fissures communicating with the spaces at the base, and lay in considerable quantities in the median fissure of the cerebellum. The lining membrane of the ventricles appeared natural, but pus adhered closely to the choroid plexus. The fourth ventricle contained pus. There was a fracture of the base of the skull commencing on the left side of the cranium, about an inch above the petrous bone; it passed thence across the anterior aspect of that bone, and terminated close to the middle lacerated foramen, which was not penetrated. There was no displacement, nor any injury to the dura mater. The membrana tympani was lacerated. No other parts were examined.

Remarks. The foregoing cases present several points of interest, and worthy of observation.

In the first two cases (Cases I and II), the symptoms were sufficiently well marked to leave no doubt as to the nature of the injury. The bleeding from the ear was both *profuse* and *continuous*; and this, conjoined with rupture of the membrana tympani, is sufficient to establish a diagnosis. On this Mr. Prescott Hewett is very positive. He says: "The bleeding, to be of any value to us as surgeons, must be of a serious nature; but this is not all, it must also, and mark this especially, continue for some time; and if, in addition to these points, you can also ascertain that the membrana tympani has been recently ruptured, you need no longer hesitate; and, let the issue of the case be what it may, you can state with confidence that there is a fracture of the base running through the petrous bone." (*Vide* Lectures on Injuries of the Head, *Medical Times and Gazette*, vol. i, 1858, p. 445.) Hence it will be seen that the first two cases were clearly fractures of the base. Not so the other two; here in one case there was no bleeding, and in the other the bleeding was neither profuse nor continuous. We have then to look for other symptoms; and the symptom which ranks next to that of escape of some of the contents of the skull, is injury done to the nerves as they are emerging from the foramina at the base of the skull; and curiously enough this symptom was present in all four cases. In all of the patients under review, there was deafness and paralysis of the affected side of the face indicating injury to the seventh pair of nerves. It is evident, however, that these nerves may be injured without fracture of the base, or the portion of brain from which they take their origin may have suffered some lesion, and thus their functions may be destroyed; so that this symptom standing alone, does not afford us a certain means of diagnosis, and it behoves us to look further. In Case III the symptoms which, in conjunction with the paralysis, determined the diagnosis, were twofold. First the state of the tympanum, which was proved to be full of something; and from the history of the case, we were justified in asserting this something to be blood; and secondly, the effusion of blood under the ocular conjunctiva, and moreover, this effusion extending back into the cellular tissue of the orbit beyond our sight. This, therefore, must have been a most extensive fracture implicating both anterior and middle fossa; and the only thing required to make it a complete case, was a rupture of the membrana tympani; this remaining entire, threw some obscurity over it.

With regard to the fourth case (Case IV), the symptoms were extremely obscure, and had it not been that the boy died and a *post mortem* examination revealed the state of the injury, the diagnosis must ever have been uncertain. True it is that he had bleeding from the ear, but this bleeding was neither profuse nor continuous; "there was a little oozing which soon stopped," so that this symptom was of little value. In the same way, though he had paralysis of the seventh pair, this symptom by itself was of little value, since it was argued that there might have been some injury done to the external ear, which in the first place had caused the hæmorrhage; that that injury had set up inflammation, which had extended through the bones to the membranes of the brain, causing inflammation of the latter, and on its way implicating the portio dura and portio mollis as they pass through the bone.

Thus there were no certain symptoms to found an opinion; and none was attempted, as it is far better in such cases to find a fracture when not anticipated, than to be reproached with having diagnosed a fracture which never existed. It is remarkable how often the symptom of paralysis of the seventh pair of nerves is present in these cases of fracture of the middle fossa of the base of the skull. On referring to my note-book for the last two years, I find a record of thirteen well marked cases of fracture of the base, and in ten of these this symptom was present. Of these ten, the symptom did not come on for some time after the accident; in eight, the period varying from two to six days; in the remaining two, the symptom was present when the patients first came under observation. The state of the pupil was a symptom formerly much relied on; but, from an examination of the thirteen cases under review, this sign is shown to be most untrustworthy. In six cases, the pupils are reported as natural, and acting under the stimulus of light; in three, the pupils were dilated, but sensible to light; in two, they were dilated and fixed; and in the other two, they were contracted, but acted.

Another point of interest in connection with these cases is the extreme variety of cerebral symptoms which they present in some, symptoms of a severe nature presentiag themselves; in others, a total absence of all cerebral disturbance being observed; so that the presence or otherwise of these signs is not to be depended on. One symptom, however, is pretty constant, and that is the presence of concussion; it was observed in all of the thirteen cases. But it may be said that an injury sufficient to produce a fracture of the bones of the skull, is sufficient to produce a jarring of the brain; and this is undoubtedly true. Hence, we meet with cases in which the most extensive and severe injury has been done to the brain without any fracture of the bones; and, on the other hand, we find cases where the base is fractured without any visible injury to the brain. It has been stated above, that cases of fracture of the base of the skull are not so fatal as was formerly supposed. Of the thirteen cases, embracing all that have been admitted into St. George's Hospital during a period of two years, five proved fatal; in three, death occurred from laceration of the brain; in two, within forty-eight hours of the receipt of the injury, and in the other, on the fourth day; in the remaining two, the fatal result was produced by inflammation of the membranes; so that, provided there be no symptoms to indicate any serious lesion of the brain-substance itself, we are justified in giving a favourable, though of course, a somewhat guarded prognosis.

The treatment in these cases appears to consist in keeping the patient in perfect quietude and on low diet, and carefully waiting and watching for symp

toms of inflammation of the brain or its membranes. Should these symptoms arise, the pulse is the best index for treatment. On reference to Case IV, it will be seen that the patient was treated with stimulants from the first; but it will also be seen that his pulse was weak, and after the first day never over sixty, until just before his decease, when it mounted rapidly. Should, however, the pulse increase in number and volume, as in Case II, small doses of calomel and counterirritation are the remedies; but it appears that these patients bear the administration of mercury less well than cases of the idiopathic form of this disease. The quantity, however, must be regulated by the state of the pulse.

Original Communications.

ENTOPTICS:

OBSERVATIONS ON THE RELATIVELY GREATER FREQUENCY OF MYODESOPIA IN THE MYOPIC EYE.

By Jabez Hogg, Esq., Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital, etc.

[*Concluded from page* 507.]

The pearly and watery spectra are invariably associated with the earliest symptoms in nearly all affections of the conjunctivæ. The student sitting late and long over his books or microscope; the astronomer at his telescope, after long hours of night watching; the barrister and lawyer; are all, sooner or later, warned to desist by various troublesome spectra which confuse and dim the sight. Another class of sufferers from muscæ volitantes are those whose occupations make increasing demands upon the organ of vision. Intently occupied, it may be, in a badly-lighted and ill-ventilated room, and in a bent and constrained position, for many consecutive hours. An example or two of this class will serve to show the kind of annoyance usually experienced by them.

A gentleman, constantly engaged as a draughtsman, suffered for some time from spectra, which increased to such an extent, that after two hours at most he could proceed no longer with his work. A complete blur or black blot settled down over certain portions of the drawing, chiefly taking the form represented in fig. 10. If the day were cloudy, or the

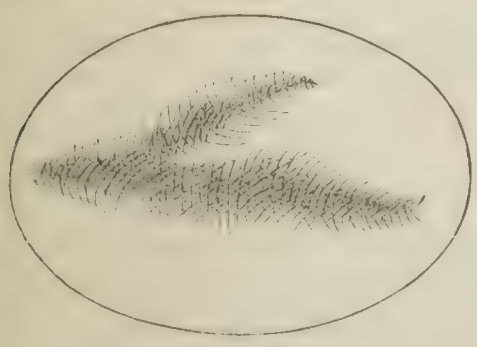


Fig. 10.

general health at all disturbed, they were much more troublesome; and always appeared to move in the horizontal plane. When walking the spectra took other forms; generally some six to ten feet in advance and above the line of vision, and looking like groups of pearly drops. Upon raising the head, they then had all the appearance of a cluster of stars or crystals, represented in fig. 11. Apparitions of the lacrymal fluids were nearly always visible, and espe-

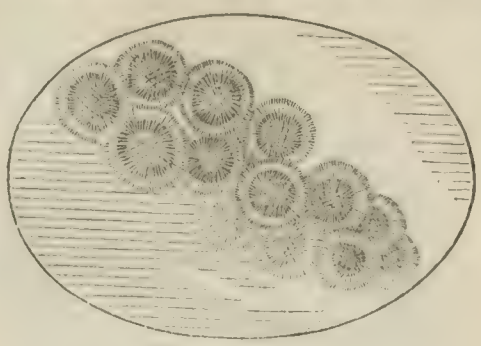


Fig. 11.

cially so after long fasting or fatigue; but much less troublesome when walking in a brilliant sunshine. At times, he thought rain was falling before him, each drop being surrounded by a bright halo of colours; then, again, descending more slowly, gliding, as it were, before the pupil, as represented in fig. 12.

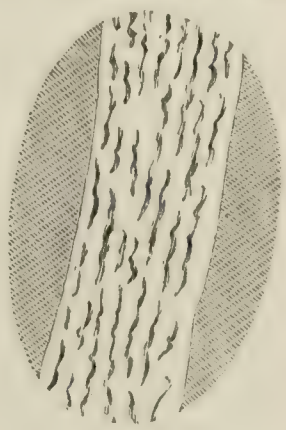


Fig. 12.

As this gentleman required only the occasional use of concave glasses for distant objects, it may be assumed that the spectra most annoying to him were in a great measure due to rays of light falling upon the retina in a state of dissipation.

Another illustrative case was that of a law-writer, also myopic, who, after days and nights of great fatigue, being at the time employed in the preparation of Parliamentary papers, became the subject of most annoying pearly and watery spectra. These were at one time associated with the more alarming symptoms of paralysis of the retina; insensible portions of which caused a partial obliteration of all objects. Letters and words were completely broken up, and occasionally quite blotted out; and when the head was thrown up, watery spectra fell over the sight like jets

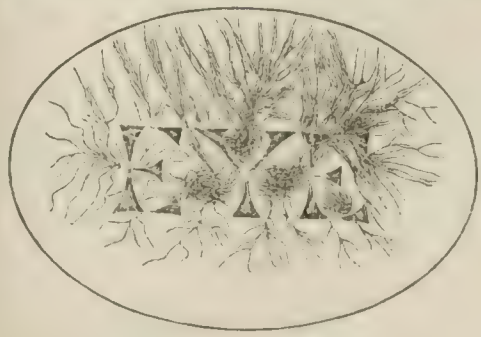


Fig. 13.

of spray from a fountain; or at other times resembling branches of trees covered with snow, as in in fig. 13. Compare this with the good bold Roman

type near, and the defect will be at once understood.*

A tutor, myopic from childhood, after a long and anxious period, arose one morning from his bed to find the sight of his right eye nearly blotted out. A peculiar and dense black cloud appeared to hang over every object, and he could but just perceive a small portion of the window. This cloud is represented at B (Fig. 14). Upon suddenly closing both

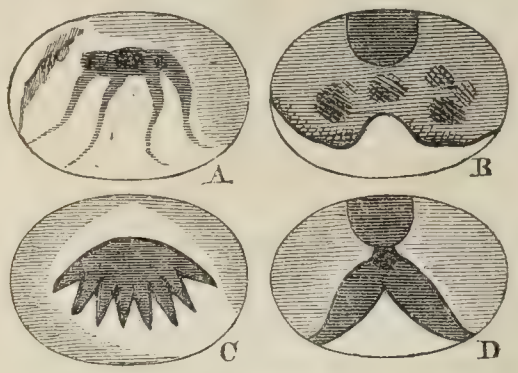


Fig. 14.

eyes, a number of spots darker than the cloud appeared to fall over the centre of vision. In a very strong light, he could just discern his hand, if held very near to the outer or temporal side of the head; but not so if placed directly before the eye. The black cloud partially disappeared when he assumed the upright position; but upon walking, a cloud not quite so dense moved directly before him. In the left eye, at the same time, pearly spectra appeared, which gradually expanded into a spider-like body, seen at A (Fig. 14). This followed the motion of the eyeball from right to left or upwards and downwards; but the densest part was always more in the centre of the pupil than shown at A. After a few weeks of medical treatment and perfect rest, some improvement began to manifest itself. While he was lying on the couch one day, a dark-looking fluid, "as black as ink", appeared to flow from the ovoid body situated at the top of the diagram B. On another occasion, it was all transformed into the jagged figure at C; and on stooping down and rather suddenly raising the head, it expanded into the curious looking body seen at D. The space on each side was always a perfect blank; doubtless insensible portions of the retina. The most marked improvement occurred while out walking in a clear bright atmosphere, when nearly all the spectra somewhat suddenly vanished from before both eyes. The right eye had several relapses, but sight slowly returned; and when last seen, he could read without producing fatigue either Greek or German; he could also see distant objects quite clearly, when he used glasses which neutralised the myopia. It was expected by his medical attendant that the retina had become detached in the right eye; but upon making an examination with the ophthalmoscope, an advanced staphyloma posticum,† a few small, dark, scattered bodies in the vitreous humour, and an anæmic retina, were the changes discovered; so that to insensibility of the retina must we ascribe most of the distressing symptoms in this case.

Sir David Brewster, whose attention was early directed to these phantoms, in consequence (as he tells us) of the annoyance he experienced in his own eyes, observes of them "that, as they exist in all eyes, whether young or old, they are neither the result of disease, nor do they indicate its approach." This opinion Brewster afterwards qualified; and stated that, although some of the phenomena of muscæ may be seen by persons of all ages, and with the best eyes, "those which are *more peculiarly entitled to the name*, are exceedingly common beyond the *middle period of life*."

On the other hand, we know that opinions are still a good deal divided on this question. The older writers, as Pitcairn, Boerhaave, Plenck, and others, regarded all spectra with alarm; and believed that they were always indicative of retinal disease. De la Hire said "that only presbyopics were troubled with muscæ". The Royal Academicians of Paris added, that myopes are not more exempt from them than presbyopes. Wardrop says, "Short-sighted people are least liable to this affection". Donders has satisfied himself, both entoptically and microscopically, that, as age advances, muscæ float about in all eyes; but "that myopes are more troubled with them than others."* Dr. Mackenzie writes of them, "Certain it is, that the pearly spectrum is recognisable by all eyes, when sought for through a pinhole or through the eye-glass of a compound microscope. Yet eyes of normal conformation are seldom subject to muscæ (myodesopia). On the contrary, when a person complains much, he will always be found either myopic or presbyopic, or perhaps one eye will be myopic and the other presbyopic." This passage has been somewhat unfairly assailed; and, therefore, Dr. Mackenzie has endeavoured to make his meaning clearer: stating that (so far as he has been able to judge from a most extended practice) "eyes of normal conformation are *seldom* subject to muscæ; and, when a person complains *much* of muscæ, we always find him either myopic or presbyopic."

I have met with several persons, whose eyes were emmetropic, and possessed unimpaired power of accommodation, who nevertheless complained of myodesopia; and, therefore, I can go thus far with Sir David Brewster and others, in saying that sufferers from "muscæ" are not necessarily myopes or presbyopes. Dr. Mackenzie, however, complains that it should be said that he alleged as a reason why only myopic or presbyopic eyes are subject to muscæ, that "an accurate refocalisation of light issuing from external points upon the retina prevents their being projected thereon." But he denies that he ever said this; and gives the following as his opinion, that "the interception of the rays proceeding from external objects by filaments in front of the retina, or

* "Peculiar phenomena may be produced by these groups of scotomata: thus I have seen cases in which very small print was more easily and more quickly read than a larger one, because of the latter a whole word was never seen at once, and letters still larger were only party visible. The glimmering usually complained of is entirely due to the fact, that in slight movements of the eye the letters form their images alternately on sensitive and insensitive parts, and thus each time come and disappear, sometimes with change of form, according to irregular displacement of the percipient elements." (Donders, *op. cit.*)

† "Ophthalmoscopic investigation has shown that almost without exception, even in moderate degrees of myopia, changes, especially in the choroid, are to be observed; and it has been further found, that these changes are the expression of atrophy of the choroid, which, combined with atrophy of the sclerotic, is, as well as the latter, dependent on a distention of the posterior part of the eyeball. *Myopia* and *staphyloma posticum* have become nearly synonymous." (Donders, *op. cit.*, page 354.)

* "In the circles of diffusion of smaller surfaces of light, they exhibit themselves with extraordinary distinctness; and in general the more diffuse uniform aspect of the objects is a condition under which they appear more distinct. In non-myopes, they are seen indeed, also mostly on uniformly illuminated surfaces, while no other forms are depicted on the retina. Therefore, too, myopes find a diminution of this symptom from the use of concave glasses, which remove the uniform diffuse appearance of objects. But often the complaints continue, especially when the patients are uneasy about the symptom, and have once accustomed themselves to attend to it. I have seen instances in which anxiety about muscæ volitantes amounted to true monomania, against which all reasoning and the most direct demonstrations were in vain. This is especially the case when morbid changes in the vitreous humour have supervened. We must admit the existence of morbid changes as soon as we can with the ophthalmoscope perceive turbidities in the vitreous humour. And to these a real pathological importance is to be attached." (Donders, *op. cit.*, page 394.)

even the formation of magnified shadows by diffraction, produces comparatively little effect when the remainder of those rays are brought accurately to focal points upon that membrane. As I think, almost every one will perceive I mean 'comparatively little effect' upon the percipient organ."

This is certainly a very different statement from that contained in the quotation complained of; the one being the positive assertion of a supposed fact, involving an absurdity in reasoning upon optical effects; the other a modified statement which does not imply absolute contradiction of a well known fact. For the assertion that "comparatively little effect" is produced, does not amount to a denial that any effect is produced; on the contrary, it is an admission that some effect is produced, and that is all that is needed to render Dr. Mackenzie's assertion on this point compatible with the experience of other observers. Accidental circumstances, such as overwork of eyes or brain, as I have already shown, doubtless renders the perception of all muscæ greater and more annoying; and the indistinctness of images of external images in the case of either myopic or presbyopic eyes must, to a certainty, favour these distressing appearances and render them more perceptible.

One other illustration fully establishes the fact that, by neutralising the myopia, a marked diminution of the myodesopia takes place; the muscæ volitantes are (as Dr. Mackenzie says), "to a certain extent, extinguished in perfect vision", *i.e.*, by a brilliant light, or by glasses which neutralise the myopia. Fig. 15 represents the field of vision of the left eye



Fig. 15.

on a dark winter's day when the eye was directed towards a lightish part of the sky. The band A A is a floating portion of lacrymal fluid passing slowly over the cornea. B is a similar band, with pearly globules. From C to C are images of fibres in the vitreous humour. Near D is a group of pearly beads, very indistinctly seen, when compared with those on the band B. Near E is seen an anæmic portion of retina.

Fig. 16 represents the field of vision of the left eye precisely under the same conditions of light as the



Fig. 16.

former fig. 15; but furnished with an appropriate glass to correct the myopia. In this diagram, it will be observed that one of the floating bands of fluid is very faint; the other has quite disappeared from view. The fibres in the vitreous humour and the anæmic portion of retina are still visible; but several of the loose beads are no longer seen, and others become much fainter.

Fig. 17 represents the field once more of the left eye when directed toward the sky illuminated by a



Fig. 17.

brilliant sunlight. In this very bright light, although the sight was quite unprotected, the images became fewer, and almost wholly confined to the anæmic portion of the retina, the deeper fibres in the vitreous humour, and to a very slight and fragmentary portion of the lacrymal fluid, much less distinctly seen than delineated at A.

Fig. 18 again represents the field of vision assisted by a concave glass, and directed to a clear sky under



Fig. 18.

the same conditions as the former figure; namely, a brilliant sunlight.

So much for a good clear light and appropriate spectacle-glasses on the visibility of some muscæ But I have found muscæ liable to be affected to a much greater extent by internal than by external circumstances; by only a slight derangement of health during a period of fatigue or overwork of the brain and eyes. As an instance of this, I give the field of vision of this gentleman after a period of prolonged anxiety and study.

Fig. 19 represents the left eye. The "veils" are very numerous, and merge so much into each other,



Fig. 19.

that it is difficult to say where one breaks off and the other commences. The fibres in the vitreous humour are numerous and very distinctly seen; the anæmic portions of the retina are two in number; the groups of beads larger and more numerous; in short, the

whole field of vision is peopled with entoptical spectra. In this condition, no glasses of any form appeared to diminish the number of spectra, lessen the inconvenience experienced, afford rest, or assist the sight in the least degree more; but when, after a period of rest and sleep, glasses were again tried, then a considerable diminution of the *visio phantasmatum* invariably resulted.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ENUCLEATION OF THE EYE.

By Frederick Mason, Esq., Bath.

[*Read December 1st*, 1864.]

The attention of members of the Association was directed to this subject by a leading article in the Journal of November 5th; and, as the question may arise as to the proper treatment to be adopted in a certain class of cases, I have considered the following may not be uninteresting, and may lead to useful discussion.

Judging from the records of the Bath Eye Infirmary, the operation of enucleation of the eye has not been a frequent one; for, on examining the case-books for the last fourteen years, I can only find an account of two eyes removed for disease arising from traumatic causes, in addition to two which have occurred during the present year.

I have not included those removed on account of malignant disease; but have confined myself to those cases where one eye has begun to suffer—the other having been lost by some wound or injury. The first two are from the case-book of the late Mr. Boult.

Case I. George Best, aged 37, a labourer, was admitted an in-patient of the Infirmary on September 6th, 1859, suffering from low traumatic ophthalmitis. He was dismissed on October 1st much better. On October 25th he was readmitted. As soon as he had been out a few days, all the symptoms returned, and it was determined to remove the eye to save the other, which was beginning to suffer. The eye was removed by Mr. Boult. No difficulty occurred, and he was discharged with the right eye good, on November 7th.

Case II. Samuel L., aged 37, a labourer, was admitted on January 23rd, 1860, suffering from traumatic loss of right eye. He lost his right eye by a blow from a stone two years previously, and the same globe had always been painful and irritable since. The left eye began to suffer, and it seemed necessary that the injured globe should be removed.

Jan. 28th. Mr. Boult extirpated the right eye.

Feb. 4th. He had done remarkably well, the left eye improving daily. He was discharged.

Case III. J. W., aged 47, a shoemaker, was sent to the Infirmary from Frome, on January 28th, 1864. He stated that, five years and a half ago, when chopping wood, a splinter entered the left eye, and destroyed vision. This eye is now shrunk and hard, and the cornea is altogether wanting. In the winter of 1862 and 1863, he found the sight in the right eye failing, but recovered during the summer. Six weeks ago, the sight again began to fail, and became worse so rapidly, that he had no useful or distinct vision, and was unable to distinguish the largest type.

The eye (the right) had a very dull hazy look. On examining it with the ophthalmoscope, the light did not penetrate to the fundus, and the reflection from the choroid was of a dark, reddish-black colour. Believing the remains of the left eye to be the source of all the mischief, I did not hesitate to recommend him to submit to its removal; and, accordingly, on the 30th, he was placed under the influence of chloroform, and the eye was extirpated. Immediately after the operation, severe vomiting came on, but ceased soon after he was in bed.

Jan. 31st. He had passed a good night, and was doing well.

Feb. 3rd. The sight of the right eye was already very much improved, and he could read distinctly without the aid of a glass (he had previously worn spectacles) a text of scripture in large type fixed against the wall of the room.

Feb. 9th. He was discharged.

A fortnight after he left the Infirmary, he wrote to the matron, and said he had that day worked for four hours, repairing shoes; and he had no doubt that he should, in another week, be able to do a full day's (twelve hours) work.

Before bringing this case before you, I was desirous of knowing this man's condition at the present time. I therefore requested the matron to write to him. The following is an extract from his letter, dated November 21st, 1864.

"I did not try to work till a fortnight after I came home; the first day I could work but one hour; the next day about two and a half hours; the next day four hours; and within a fortnight, I could work twelve hours a day; but now I could work twenty hours a day if I wished to. Where there is good light, I can see to read the newspaper without glasses for a short time, but I generally use them for reading, but not in work."

Case IV. John C., aged 37, a labourer, on April 23rd, 1864, was sent from Malmesbury to the Infirmary. He stated that, twenty years ago, the left eye was wounded with a piece of glass, and the sight was lost—probably from traumatic cataract. This eye remained quiet and without pain until two years ago, when he received a blow on the temple. The eye now became inflamed, and there had been constant pain ever since. He was on admission suffering intensely, not only in the eye but over the brow, which prevented him from either working or sleeping. The eye was congested, the cornea semi-opaque, with a large central portion perfectly so, and yellowish in colour, with commencing sloughing. Against this an opaque lens appeared to be resting. The right eye was weak, and constantly suffused with tears; and the tension was much greater than natural.

On April 24th he was placed under the influence of chloroform, and I removed the left eye. On dissection, the anterior chamber was found to be obliterated in consequence of the iris being firmly adherent throughout to the cornea, and to the capsule of the lens. The pupil was somewhat dilated, with the lens pressing forward through the opening. The lens consisted of a soft flocculent mass. The sclerotic, choroid, and retina, were all agglutinated and undistinguishable.

April 25th. Shortly after the operation all pain ceased, and he slept well through the night.

April 28th. He had had no return of pain.

May 5th. He had done well. The right eye continued to feel weak, if exposed to a bright light. He was discharged.

Since this man returned home, I have not seen or heard from him, excepting indirectly through other patients that he was able to keep to his work.

In neither of these cases was there any hæmorrhage or constitutional disturbance after the operation; the after-treatment consisted in simply keeping a piece of lint wet with cold water over the eyelids,

and the men were kept in bed until the middle of the second day, when they were allowed to sit up.

The improvement in J. W. was most rapid and permanent; commencing disease in his right eye was at once arrested, and sight restored. In J. C. the mischief had been of longer duration; and the improvement, with the exception of cessation of all pain, not so well marked; the right eye continued weak and very tense. Yet in this case further mischief was arrested, and the man has since been able to work as a farm-labourer.

In addition to these cases, I may add one in which I have recently had an opportunity of observing in an advanced stage the effect of the destructive changes which arise in one eye after loss of the other by accident.

Case v. Jane W., aged 21, when six years of age, lost the sight of the right eye by a blow from a bill-hook. Two or three years after this, the sight of the left began to fail, and she was then sent to an Asylum for the Blind, no attempt being made to save the left eye. She came to the Bath Eye Infirmary in May 1864. There were the remains of an eye collapsed on the right side. On the left, the central portion of the cornea was clear, but it looked altered in structure round the margin; the iris was changed in appearance, the pupil immovable, with the remains of a degenerated lens, so that she was quite blind.

On the 26th, I drilled through the lens, which was very soft and flocculent. She afterwards said she could perceive shadows and the difference between some bright colours.

In September, she returned to the infirmary, and was desirous that I should make a further attempt to restore some sight. The eye was not altered in appearance since May.

On September 16th, I determined on enlarging the pupil by removing a portion of iris, but in consequence of the firm adhesions which existed between this membrane and the lens, this proved a difficult operation.

She was discharged on October 3rd. She had then a large pupil, which was entirely filled with opaque lens. She said that she could see better.

In these cases the progress of disease may be traced: commencing first in the deeper structures (the vitreous and choroid), and advancing, as in Jane W., to the lens and iris, ending in total destruction of sight.

From these and other recorded cases it would appear that secondary or sympathetic inflammation may arise in a few days or weeks, or one eye may remain quiet for many years after the other has been destroyed by accident. When once sympathetic inflammation has commenced, palliative treatment seems worse than useless; for much valuable time may be lost whilst changes leading to total destruction of sight are progressing, which changes are at once arrested by the removal of the useless and generally shrunk or atrophied eye.

Mr. White Cooper, in his work *On Wounds and Injuries of the Eye*, says: "It will be gathered from what has been said, that sympathetic ophthalmia is but little amenable to treatment; it may be palliated and slumber for a time, but with rare exceptions, it ultimately runs its course. The treatment which is applied with confidence to ordinary inflammations here falls powerless."

In the third volume of the *Ophthalmic Hospital Reports*, there is a paper by Mr. Poland, entitled Medico-Legal Observations in Connection with Lesions of the Eye, in which he says: "Where one eye has been injured, it is well known that it is liable to secondary inflammation, and may set up a sympathetic affection of the sound eye; so that this circumstance must be fully taken into account. Here also our hospital returns afford us no evidence. Mr. Cooper has attempted something of the sort, and records sixty-two cases which he has collected; but these are selected cases, and not so many sympathetic inflammations in so many injuries. What we want to know is the relative proportion of secondary inflammation and sympathetic inflammation in the sound eye, after wounds and injuries of the other eye. As far as our experience goes, it is not so great as is generally imagined; but this must be determined by facts."

Reviews and Notices.

Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh; etc. Fourth Edition. With Five Hundred and Thirty-seven Illustrations on Wood. Pp. 1021. Edinburgh: 1865.

The third edition of this well known work having been for some time out of print, Professor Hughes Bennett has prepared a fourth; and, in doing so, he has subjected the book to a thorough revision, adding to it new matter to the amount of three hundred pages, but without materially increasing its bulk. Our readers—at least, many of them—are probably aware that the ten sections into which Dr. Bennett's lectures are arranged have as titles: 1. Examination of the Patient; 2. Principles of Medicine; 3. General Therapeutics; while the Sections 4—10 (both included) contain respectively the author's remarks on Diseases of the Nervous, Circulatory, Respiratory, Genito-Urinary, and Integumentary Systems, and of the Blood.

In the first section, there is no material alteration.

In the second section, the author has introduced an account of the molecular and cell theories of organisation. He refers to the theory of Schleiden and Schwann as to the formation of animal and vegetable cells, and their importance as the main agents of growth; to that of Goodsir, who held the nuclei rather than the cells to be the centres of nutrition or of germination; and to that of Huxley, according to whom, "a homogeneous plasma first exists, in which spaces (*vacuoles*) are formed, and these contain the cell-wall, contents, and nucleus. The walls of these spaces are called *periplast*, the nucleus *endoplast*"—the latter being unimportant as a nutritive element in comparison with the former. All these theories Dr. Bennett allows to be supported by numerous facts; but at the same time he holds that neither embraces all the facts of organisation; and in lieu of them he has proposed a theory—the "molecular theory"—in which the development and growth of organic tissues is referred to the minute molecules, of which each one is a centre acting by virtue of its physical and vital properties.

"This theory," says Dr. Bennett, "appears to me to comprehend all known facts; to unite the views of Schwann, Goodsir, and Huxley; and to explain the otherwise irreconcilable ideas concerning development sometimes proceeding from the nucleus, at

others from the cell, and at others from the intermediate substance." (P. 118).

The bearings of this theory on physiology and pathology are worked out in the succeeding pages. It is scarcely necessary, however, to dwell longer on the subject, as the views of Dr. Bennett on the action of molecules on growth and nutrition have already been put forth for controversial purposes both by him and by Dr. Beale, in this JOURNAL (vol. I for 1863.)

In the same section, the description of the general laws of nutrition and innervation in health and disease, of inflammation, and of tuberculosis, have been re-written. In speaking of morbid growths, Dr. Bennett holds strongly to the possibility of removing cancer, the microscopic characters of which have been determined beyond doubt, so that the patient shall not have a relapse; and in this he is supported by a letter received in October last from M. Velpeau, who tells him of several patients operated on by him at periods varying from six to twenty-eight years, and in whom there has been no return of the disease. In all these cases, M. Velpeau writes:

"Every precaution, whether clinical or anatomical, was employed, and the diagnosis established by direct observation, careful dissection, and microscopical research."

This view of the curability of cancer by operation has been long held by Dr. Bennett; and, as he observes, it involves an entire change in the meaning commonly attached to the term "malignant".

"Cases are now on record which prove that every kind of morbid growth is malignant, even in the worse sense of those who use that term; and that other growths, which the most experienced surgeons as well as histologists have declared to present the typical characters of malignancy, have been repeatedly excised with the greatest success. The establishment of these facts by the many recorded cases which may now be confidently depended on as having been carefully observed, and especially those of M. Velpeau, prove the impropriety of making this distinction between morbid growths." (P. 237.)

In the third section, Dr. Bennett has introduced remarks under distinct heads on the natural progress of disease; on the knowledge derived from an improved diagnosis and pathology; on the fallacy of the change-of-type theory; on our present means of treatment; and on the proposition that physiology and pathology constitute the true foundations for medical practice. Dr. Bennett insists on the importance of observing the natural progress of disease; viz., how long a disease naturally takes to get well of itself under favourable circumstances; what is its progress under unfavourable circumstances; and how far remedies are capable of shortening its duration.

"If every young practitioner", he says, "would dedicate his life to the careful elucidation of the natural progress of only one disease, he would do more for medical practice than has been accomplished by centuries of empirical trials of remedies." (P. 297.)

Of the change-of-type theory he utterly denies the correctness. Neither the human constitution, nor the human pulse, nor organic diseases, have changed their character. Recoveries from pulmonary tubercular disease occur much more frequently than was formerly the case; but, Dr. Bennett asks, "Are we therefore to believe that those affected with phthisis and scrofula are stronger than they used to be?" Again, with regard to the pulse, Dr. Bennett points out that the experiments of Hales in 1732 on the force of the impulse of the blood produced the same results as those of Poisseuille in 1828 and of Vierordt in 1855.

"It appears to me, therefore, that the theory of change of type, so far from being established on well known facts, is, on the contrary, altogether fallacious, and entirely opposed to all the accurate data which histology, physiology, and pathology, have accumulated in modern times." (P. 302.)

All the remarks which Dr. Bennett makes in this section, as well as elsewhere, are deserving of the most attentive study. What he would have us to understand is expressed in the following words.

"An empirical treatment derived from blind authority, and an expectant treatment originating in an equally blind faith in nature, are both wrong.

"A knowledge of physiology and pathology is the real foundation and necessary introduction to a correct study of therapeutics.

"A true experience can only have for its proper aim the determination of how far the laws evolved during the advance of these sciences (physiology and pathology) can be made available for the cure of disease." (P. 351.)

In the more practical sections which follow, also, sundry additions have been made. In the section on Diseases of the Respiratory System, the author has introduced a carefully prepared table of all the cases of acute pneumonia—129 in number—which have been under his care in the Edinburgh Royal Infirmary from October 1, 1848, to January 1, 1865; following up this table by a summary of the results observed. He concludes, from the fact that 105 uncomplicated cases all recovered, that pneumonia treated by the restorative plan is not a fatal disease; also, that, in general, weakening complications or remedies prolong both the period of disease and of convalescence; that the amount of lung affected, or the presence of pneumonia at the apex of a lung, does not influence the result of the disease nor its duration—at least, to the extent generally supposed. The treatment he recommends is the following.

"For palliating symptoms, and especially pain and dyspnœa, warm fomentations and poultices I believe to be the best and safest remedies. Chloroform has been given by Varentrapp and others with good effect. No doubt, also, small bleedings, to the extent of eight or twelve ounces, give relief; but in debilitated persons they are dangerous, and in all tend, by weakening the strength at a period when the depressed system is struggling to retain its equilibrium, to prolong the convalescence and favour dangerous sequelæ. Still, a small bleeding may be employed as a palliative with caution, to relieve engorgement of the lungs and congestion of the right side of the heart, although it is very rarely required. It should be remembered, in cases of double pneumonia, that there is often great dyspnœa on the sixth or seventh day, which will generally yield to warm poultices locally, and moderate doses of wine.

"As a curative treatment I am satisfied that the best plan is rest in bed, nutritive drinks, especially good beef-tea, *from the first*, arrested by four to eight ounces of port wine if the pulse become weak, and solid nutrients as soon as they can be taken. The elimination of the exudation may be further assisted by salines (acetate of ammonia, and small doses of tartar emetic, one-sixteenth of a grain) and diuretics

(nitric ether); although nature will accomplish this herself if the strength of the body be maintained. All active purgatives, contra-stimulants, depressants, anodynes, and lowering remedies of every description, should be avoided." (Pp. 712-13.)

In other sections, also, Dr. Bennett gives the results of his extended observation. In the tenth section, that on Diseases of the Blood, are some interesting observations on the administration of sugar in diabetes. Dr. Bennett observes that it is a question whether the cutting off of the external supply of sugar really affects the progress of the disease; inasmuch as the excessive formation within the body may continue in excess and exhaust the patient.

"Hence the idea that sugar furnished to the patient, instead of being injurious, might, by supplying him with the material the loss of which is so deleterious, serve to support his strength."

Piorry appears to have been the first to observe the actual diminution of diabetes in a patient under a saccharine diet; and the treatment has also been tried by Drs. Budd, Corfe, Bence Jones, and others, with generally favourable results. Dr. Bennett has carefully observed the effects of sugar in seven cases of diabetes under his care; and the conclusions at which he has arrived are:

"1. We are still ignorant of how to cure diabetes. 2. The advantage to be derived from a purely animal or non-saccharine diet is over-estimated. 3. The giving sugar or employing a mixed diet produces no injury. 4. A non-saccharine diet diminishes the symptoms, controlling the hunger and thirst and diminishing the amount of urine and sugar passed, but does not cure the disease. 5. On this account it should be employed as a palliative when it can be followed without injury to the health, and especially where frequent calls to micturition disturb sleep at night." (P. 918.)

This book, as its title denotes, is eminently practical; the main object throughout being to illustrate the conclusions at which Dr. Bennett has arrived from a long and careful observation of disease. But, besides this, it is philosophical. The author endeavours to carry out the reconciliation of physiological and pathological observation with the practice of medicine; and hence we find, in the earlier sections especially, as well as in various parts of the work, the materials of a complete system of pathology and pathological histology, and also, though less elaborately put forth, of therapeutics. Many who read the book as all books of the kind should be read, with enlightened criticism, will doubtless find reason for differing from many of the opinions expressed by Dr. Bennett; but this must be the case so long as the theories of our science have not the absolute certainty of mathematical axioms. Whatever may be the result in this direction on the mind of the reader, he cannot study the book without deriving instruction from it, or without feeling grateful to the author for having so long and so usefully dedicated his talent and industry to the advancement of medical science.

A Practical Enumeration of Various Diseases of the Human Body of Both Sexes. By W. S. Oke, M.D. Second Edition. Pp. 100. London: 1865.

It is not long since we noticed the appearance of the first edition of this work. A second edition has lately appeared—an evident proof that the book has found favour with the profession.

The Surgeon's Vade-Mecum; a Manual of Modern Surgery. By Robert Druitt. Ninth Edition, much improved, and illustrated by Three Hundred and Sixty highly finished Wood-engravings. Pp. 860. London: 1865.

Our old and valued friend the *Surgeon's Vade-Mecum*, whose name has long since become a "household word" among students and practitioners, now appears for the ninth time, with all the signs of having received from its author a thorough supply of the most sound and healthy material which modern surgical science can furnish.

To adapt and condense from time to time, for the benefit of the profession, the best established and the most newly approved doctrines of medical science and practice in any of its departments, is no small task for any one to undertake; but Dr. Druitt has proved himself capable of performing it, and of keeping pace with the changes which time and thought and experience have produced in men's minds and actions in matters chirurgical. This constant attention which he has bestowed during more than twenty years on the progress of surgical science has culminated in a train of thought of which he gives an exposition in a highly interesting preface, wherein he comments on some of "the changes which have come over our profession in its ideas, theories, phrases, and rules of practice, during the five and twenty years which have passed since the first edition of this book." He remarks, for instance, how, in 1840, the doctrines of Cullen and John Hunter still held sway in pathology, and how

"The doctrines dominant among the great body of practitioners who had taken their tone from the teaching of an earlier generation, were *dynamic*; that is, they related to actions, forces, dispositions, and sympathies, supposed to exist in the animal body, with very little heed to *quantities* or to *composition*."

To deny, at that time, that all secretion and growth, and all organic change, were to be attributed to any other cause than the action of the blood-vessels, or that the absorbents were always on the watch to devour useless and superfluous material, was nothing short of heresy. When, Dr. Druitt says, he ventured in his first edition to say that pus might not only be formed by a process of secretion within the blood-vessels, but also outside them, he was obliged to speak cautiously—apologetically.

"An eminent teacher of surgery, with whom I was then familiar, reproached me almost as if it were a personal offence to suppose that any 'actions' could be done except by the capillaries, just as he considered me also a blind heretic for doubting the doctrine of John Hunter, that ulcers were eaten out by the 'mouths of the absorbents.'"

These errors of the past Dr. Druitt regards, justly, only as illustrations of certain vices inherent in the human mind—imperfect observation; wrong argumentation, in which that which requires to be proved is taken for granted; abuse of the "subjective", in supposing the figures of our imagination to exist in reality; assumption of final causes, whereby a moral purpose or intention was attributed to matter; and *rationalisticism*—"the error of neglecting common-sense humble observation, and of trusting to *à priori* argument, in matters to which that line of argument is quite inapplicable." This rationalisticism—which

is as different from true rational argument "as a ghost from flesh and blood"—is, Dr. Druitt says, specially illustrated by the history of the abuse of blood-letting, which, as he reads its history, prevailed not with the ancients, but in the time from about 1790 to 1840, when practitioners persuaded themselves that they acted according to the scientific principles of John Hunter.

On the historical question we must differ to some extent from Dr. Druitt. No doubt, as he says, abuse of blood-letting did not prevail with the great English physicians of the eighteenth century; but, anterior to that time, there is evidence enough that the practice was carried to a very mischievous extent —perhaps more on the continent than in England. Any one who has read Molière's works, must have observed how pointedly he alludes, in his sarcastic manner, to excessive blood-letting as one of the abuses of the profession in his age. For instance, in one of his comedies, a physician in the course of a long harangue says:

"Premièrement, pour remedier à cette pléthore obturante, et à cette cacochimie luxuriante par tout le corps, je suis d'avis qu'il soit phlebotomisé liberalement; c'est à dire, que les saignées soient fréquentes et plantureuses: en premier lieu de la basilique, puis de la cephalique, et même si le mal est opiniâtre, de lui ouvrir la veine du front, et que l'ouverture soit large, afin que le gros sang puisse sortir, et en même temps de le purger, desopiler, et évacuer par purgatifs propres convenables; c'est à dire, par cholagogues, melanagogues, etc." (Molière, *M. de Pourceaugnac.*)

Returning to Dr. Druitt, we find him thus commenting on the causes of the abuse of blood-letting which prevailed at the time to which he specially refers:

"The hypothesis being that inflammation was an 'action' of the vessels (for they that believed in 'debility' of the inflamed capillaries believed in 'action' of the larger vessels), and the further hypothesis being accepted, that the action of the vessels was kept up by distension from within, it *stood to reason* that the way to diminish action was to empty the blood-vessels. Alas! that so many things which stand to reason (such as it is) should not stand to fact. But, as it was a logical deduction from established 'principles' that bleeding must diminish action, so practitioners went on bleeding in inflammation, consoling themselves for the deaths of their patients by the reflection that they had done their duty. That blood-letting in certain cases of the early stage of inflammation is of enormous service is an ancient and indisputable fact. There are many theories on which its good effects can be explained, among which may be mentioned that of Dr. Markham, that it is beneficial chiefly in inflammations which affect the act of respiration, and acts by diminishing the quantity of blood that need circulate in the lungs. But there is a fact I mention in these pages, which has been little noticed, and which may account for the perseverance with which blood was drawn in maladies where blood should rather have been injected—that is, the delicious sense of languor and ease which follows the abstraction of blood, as it does the Turkish bath..... Bleeding was done to excess, because our fathers had let themselves be led captive by the plausible 'scientific principles' of Cullen and Hunter; and bleeding is not carried to excess now, because homely observation has shown those principles to be but partially true."

In thus pointing out and unsparingly criticising the errors of our forefathers, Dr. Druitt would guard himself from being supposed to condemn them absolutely, and to assert that we of the present age are altogether right. The main difference between the theories of the past and the present age is, that the latter are founded on a wider observation of phenomena than were the former; but it does not follow that the older theories were utterly wrong, or that ours are altogether right. On this point, Dr. Druitt expresses a rationally conservative opinion.

"The great thing to be desired is, that each generation should reverentially consider and adopt such of its predecessor's labours as stand the test of experience, instead of sweeping them contemptuously away and endeavouring to substitute an opposite and antagonistic universal theory. We need not be mere cellular pathologists, any more than mere vasculomotor pathologists or humoralists. Each of these doctrines has some foundation; but to apply any one of them universally, would be to bring back the darkest ages of physic."

This manner of treating the question is beyond doubt the sound one. We can no more reject the whole of the medical doctrines of our ancestors because they contained very much error, than astronomers can reject the entire teachings of the fathers of their science because these teachings were mixed up with imperfect observations and erroneous theories, and overlaid by the absurdities of astrology.

Dr. Druitt alludes to several instances of the changes in medical science. First among these is the revival of the ancient humoral pathology, which prevailed from 1842 to 1862, and has since been modified by the recognition of the action of the tissues as well as of the blood in the genesis of disease. Our knowledge of tumours, again, has undergone a thorough change since the introduction of the microscope into general use. On this subject, Dr. Druitt has bestowed special study, and more than ten years ago expounded his views in a paper read before the Medical Society of London and published in the Association Medical Journal. He now recognises the necessity of a classification founded on the anatomical elements of tumours, but believes that

"The cancers form but one part of a series, of which common inflammatory exudation or cell-growth, chronic inflammation, thickening and induration (the ancient *scirrhus*), cachectic or cacoplastic inflammation, as erysipelas and carbuncle, scrofulous exudation, the fibro-cellular, fibro-plastic, fibro-nucleated, and fibroid tumours, together with the 'exudations' of rheumatism, gout, syphilis, and elephantiasis, are all closely related members..... A real advance will be made when the childish words 'malignant' and 'recurrent' shall be banished, and when all tumours of the kinds I have just enumerated shall be acknowledged to be individual members of one group."

It would be a long task to follow Dr. Druitt through all the instances of improvement in surgical science and practice which he enunciates, and which are illustrated in the body of his work. It must be sufficient for us to say, that he has brought his book well up to the present state of pathological and surgical knowledge; and that in this he has not acted as a mere compiler, but as a man capable of appreciating the relative value of the doctrines placed before him, and, in many instances, of expressing an opinion of his own. He does not, however, always trust to his own judgment; but says that, as for

many years his practice has been confined to surgery and midwifery, he has had the book, "especially all parts that relate to pure or operative surgery, submitted to the revision of an accomplished hospital surgeon."

To recommend this book to the profession would be superfluous; but this we must say, that Dr. Druitt deserves hearty thanks for having given the profession such a thorough epitome of modern surgery. We believe that there is not a single modern improvement in doctrine or practice, which is not here put forward with that conciseness of language and completeness of important detail which have been long known as leading characteristics of Druitt's *Surgeon's Vade-Mecum*.

A Manual of the Practice of Surgery. By William Fairlie Clarke, M.A., F.R.C.S., Surgeon to the St. George's and St. James's Dispensary, etc. Pp. 352. London: 1865.

This book is written with a very good intention. The performance is also generally fair, as far as the actual contents are concerned; but we think the author has attempted an impossible task in seeking to compress the present science and practice of surgery within so small a volume, each page of which has a superficial area of little more than one-fourth of a page of this Journal. We agree thoroughly with the remark of an author, whose long experience in epitomising surgical science gives his opinion special value.

"Surgery," says Dr. Druitt, "can now be condensed within no small space, and at best this work" (the *Vade Mecum*) "can but pretend to be a series of memoranda, sufficient perhaps for most maladies which fall to the lot of the practitioner, but not for those intricate subjects which claim special treatises to themselves."

Mr. Clarke's *Manual* contains no illustrations, which are of the highest importance in works of surgery; and he omits, as far as we can observe, any allusion to the ophthalmoscope or to acupressure. Ovarian disease and ovariotomy, too, are dismissed in little more than one brief page; the directions for the operation occupying but fifteen lines. We can scarcely recommend this work in its present state to the profession; it may, however, sometimes be useful as a remembrancer.

Small-Pox: how to Annihilate it; or, Observations on the Pernicious Consequences of Imperfect Vaccination, and on the Necessity of re-Vaccination. By R. T. Lodge, M.D. Liverpool: 1856.

Dr. Lodge, the public vaccinator for Everton, has published a pamphlet, under the above title, to show the necessity of re-vaccination. He brings together an overwhelming mass of evidence in favour of re-vaccination. He fully believes that, by a properly carried out system of vaccination and re-vaccination, small-pox may be annihilated. He describes minutely the details of a good and of a bad vaccination. He especially dwells on the necessity for many—from four to even twelve—punctures. At fourteen years of age, all children should, in his opinion, be re-vaccinated.

British Medical Journal.

SATURDAY, MAY 27th, 1865.

A PROPOSAL FROM STROUD.

Mr. R. B. Carter has addressed *A Letter to the Members of the British Medical Association on the Subject of their future Journal;* and as he promises, at our next annual meeting, to give the Association an opportunity of expressing their opinions on his proposals, our readers may, perhaps, be curious to know what his proposals are.

The medical profession, he argues, labours under many grievances; and all because the public are not properly made aware of their existence and nature. If, for example, the eloquence of an *Edinburgh Review* had been at hand to enforce on the public the facts and arguments used by Mr. Griffin in behalf of union surgeons, "how different would be the present state of things!" Again, abuses meet us at every turn. "Boards of guardians," Mr. Carter says, "cheat and rob their medical officers, as part of the system on which they cheat and rob the poor." Again, we have "some of our examining boards engaged in an unworthy and degrading struggle for fees, and refusing to require from their candidates such a preliminary and professional education as the present state of medical science renders necessary." Also, "we see teachers of medicine abusing their position as members of the Medical Council, and preventing the adoption of a higher standard of examination, avowedly lest it should for a time diminish the number of pupils at their respective schools, and thus diminish their receipts."

Now, if we only had the means of "teaching patients what is the precise value of a cheap doctor, and what is the nature of the process by which the article is manufactured for the market," we should then have, argues Mr. R. B. Carter, a perfect cure for these and all the other evils which afflict us. True, our medical journals talk continually about these evils; but then they only talk to the profession; they tell the public nothing about them; and what we want above everything is a journal that shall enlighten and influence the public. Such a journal Mr. Carter here offers to the Association and the profession. Its nominal qualities are as follows. It must be of such excellence as to support itself by its own inherent goodness; it must require no subsidising. It must be published quarterly, by a publisher of repute. It must be addressed to the educated public, rather than to the profession. The title must be brief, but *not* medical. The editor must never write in it; all contributions must be anonymous, and paid for at "the highest current rate".

Now, such a journal Mr. Carter promises to put into the hands of the members of the Association for £1,445—"a total which would scarcely exceed one-half of the subscriptions of the members." The advantages are these. "We should obtain considerable power of purse"—*i. e.*, he says, "£1,000 or £1,200 a year," which, of course the Association might dispose of in a variety of benevolent ways, as he says, legal, parliamentary, or scientific; £500 might go to oppressed brethren, and £500 to the Provident Fund. But so many suggestive claims arise for the £1,000 or £1,200, that Mr. Carter becomes wisely cautious, and adds: "I think it would be rash to dispose of our surplus too hastily; and am content to point out that it would form a lever that might be used in various ways." Besides, as he hints, £100 a year will be required for advertising the new journal "outside the profession"; and, again, in some cases, £10 : 10 a sheet must be paid for contributions, which will probably take another £100 from the aforesaid surplus of £1,000 or £1,200. Moreover, our new Review, "like any other new undertaking, would require to be liberally fostered at the outset;" but, after two years, it would float of itself; and then, says the projector, the members shall have the option of paying their guinea and having the journal, or paying half a guinea and having no journal.

But then the Association must not "be left without some record of its public acts;" and this want is to be filled by quarterly or occasional "Proceedings", after the fashion of the *Proceedings of the Royal Medical and Chirurgical Society*—which "Proceedings", we may observe, by the way, the Council of the Royal Medical and Chirurgical Society have been recently discussing the propriety of abandoning.

The scheme, therefore, of Mr. Robert Brudenell Carter, as drawn by himself, seems to stand financially somewhat as follows.

	£	s.	d.
Paper, printing, etc. (rough estimate)	720	0	0
Contributions, at £8 : 8 per sheet	400	0	0
Editor's salary	200	0	0
Delivery by post	125	0	0
Advertising	100	0	0
Extra pay for contributions	100	0	0

To this must be added the expenses of publishing the "Proceedings"—an item which Mr. Carter has forgotten to note, but which we will put at £200. Neither has Mr. Carter considered it necessary to set down anything for the secretarial department of the Association, but which must, nevertheless, cost at least £250 *per annum;* thus making a total of £2,095. Now, we need hardly tell our readers that the patrons, especially the enthusiastic ones, of new schemes, rarely keep their expenses within their estimates; and we might, therefore, have fairly added another £200 for unforeseen expenses. We will, however, keep the publishing scheme as propounded by Mr. Carter himself; and we find that it, together with the necessary business-expenses of the Association—small matters beneath the consideration of Mr. Carter—may fairly be expected to cost upwards of £2,000 *per annum!*

Now, when we turn to our Financial Reports of the four years preceding the last, we find that the average receipts from members of the Association amounted to (in round numbers) £2,080 *per annum.* Let us, however, take last year (1864) alone; in which, with between 2400 and 2500 members, the subscriptions received (including arrears) amounted to £2,500. Even in this case—the most favourable for his argument—Mr. R. B. Carter would be indeed a conjurer of the first water, surpassing Herr Frikell or even the Davenport Brothers, if he could spend very nearly £2,100 a year out of an income of £2,500, and then, at the end of the term, still find £1,000 or £1,200 at the bottom of the bag!

Such are the plan and promises of Mr. Carter, in accordance with which, he says, "it is proposed to submit a motion, embodying the project sketched in this letter, subject to such modifications," etc., at the next Association meeting; and he quite naïvely and innocently adds, to encourage his audience:

"Let me remind you that, if the proposed alteration be carried out, and be found detrimental to the interests of the Association, it will at any time be easy to return to the present state of things."

Mr. Carter, some persons will think, has forgotten the tale of killing the goose to get at the golden eggs; and has also forgotten that proverb which warns us against counting our chickens before they are hatched. Great schemers naturally do not concern themselves about minor details; but still some of our readers would have liked to hear how Mr. Carter has satisfied himself, that he will lose none of his audience—none of the present income of the Association—when the drop scene falls on the last act of the JOURNAL. Of course, the JOURNAL may have had nothing to do with the fact of the late increase of members; but still it is a fact, that when the JOURNAL came into the present editor's hands, the number of members was only about 1800. Under its present management, however, the annual average of withdrawals has not only been diminished, but several hundred new members have been added to the Association. Has the conduct of the JOURNAL, then, had nothing to do with the present prosperity of the Association? is a question which, at all events, evidently required a little examination at Mr. Carter's hands. Mr. Carter should surely, in the face of such facts as these, have devoted, in his twelve pages of pamphlet, twelve lines to show his reasons for assuming (as he does) that the income of the Association will be as great without as it now is with its JOURNAL.

On this head, we may fairly remind Mr. Carter of the opinion of an authority which he will no doubt

respect, of the Committee of Council. The Council, in their Report, spoke as follows in August 1861.

"There is every reason to expect that, if the JOURNAL be carried on with the energy and talent by which it has thus far been distinguished (under its present editorship), the number of associates will ere long be considerably augmented, and the Society at large hold even a higher status than it has previously attained."

Now, the Association since that date has increased greatly in numbers, and, we will venture to say, has attained a far higher status than it then held.

Surely Mr. Carter should, in the face of such facts as these, have given some reasons for his unargued assumption, that members are not kept in the Association by the JOURNAL.

Instead of this, he favours us with an estimate of the worth of the JOURNAL. He admits, that it has been of "great and unquestionable utility." But its work is done; and the Association should commence "a new career of active vitality"! The original contributions in the JOURNAL, Mr. Carter says, "on scientific subjects, are usually highly interesting.....and sometimes of extraordinary merit". But, then, the majority of them "do not at all enter upon the previously unknown"—a region which apparently has great attractions for Mr. Carter; and, besides, these contributions could always find space in other journals; and, in Mr. Carter's opinion, the business of the Association is more to foster social than scientific progress. As to the correspondence of the JOURNAL, it is of "languid interest". Its intelligence is behind hand; and as for its editorial compositions, they are beneath contempt.

"The editorial compositions would not, I venture to think, be missed by any living creature. They are chiefly remarkable for having attained that degree of extreme badness at which no amount of ingenuity could find any means of making them worse."

Rare specimens, indeed, must they exhibit of the "art of sinking." Surely some credit is due to the "ingenuity" of an editor who is able to reach down to such a depth of "badness." There must be a novelty and originality, a specialty, in his work in his way.

The only thing further required is that, at the Leamington meeting, the Associates should decide the question, "whether the Association be strong enough to lay aside leading-strings and enter upon action"—*i. e.*, to start a "first-class quarterly review"; whether, in fact, they should put down their present one-horse (broken-winded and spavined) "shay", start a spick-and-span new four-in-hand, mount Mr. Carter on the box, give him the ribbons and the lash, and commit themselves under his skilful Jehuship to the glorious rush of four fiery real thoroughbred quarterly Pegasi.

Mr. Carter has not the slightest doubt that an experiment would determine this question in the affirmative; and, no doubt, Phæton-like, he is quite ready to undertake the experiment, if the Association will only say, *Fiat experimentum*.

Such is the scheme, long promised, carefully prepared, and elaborately hatched, by Mr. Carter. By means of his quarterly review, he will regenerate, *imprimis*, the British Medical Association, and *secundo*, through it, the social life of British medicine.

THE COMING COLLEGE ELECTION.

WE are happy to be able to state authoritatively, that it is the full intention of Mr. Turner of Manchester to offer himself as a candidate for the Councillorship of the College of Surgeons. His success is, we should hope, certain. As a representative of surgery, and as a Fellow of the College, he is in every way highly qualified for the office; and we would remind our readers, that he has already pledged himself to perform fully the duties of Councillor if elected. We can hardly believe the country Fellows will allow such an occasion as this to pass without asserting their rights in Mr. Turner's, or rather we should say in their own, favour. Mr. Turner will enter the College in the liberal interest; and will assist in the removal of those close borough principles upon which the College is still administered, but which are, we trust, gradually yielding before the force of enlightened professional opinion. If we were again to tell the tale of the misdirection of the College under its present administration, we should have little more to do than repeat the words which for the last three or four years have been annually said in these pages.

We do not blame those who are the agents of the misdirection, because we believe the evils are inherent in the constitution of the College. And for such evils, there is but one remedy, and that is an alteration of the Charter; and, in the meantime, a pledge should be extracted from those who enter the Council that they will vote for such an alteration. We have already had elections of *soi-disant* reforming councillors; but what have they really hitherto done towards carrying out the principles of the Charter of the College? Have they ever fought the battle of the election of Examiners from outside of the Council? Never to this day has the Council elected an Examiner who was not one of themselves; nor elected a President or Vice-President who was not a member of the Court of Examiners; although indirectly told by the Charter of the College to do so. The country Fellows, again, are virtually excluded from voting at the election of Councillors, because they cannot vote by written papers; and why should it not ask for an alteration of its Charter in order to obtain for them such right of voting? Why should

the election of Councillors be really in the hands of the London Fellows?

The truth is, that the present institution of the College is at fault, is radically defective, and naturally conducive to the evils complained of. To produce an effectual reform, the Charter must be altered. The members of the Court of Examiners must cease to be members of Council; or, in other words, the Examiners must cease to elect and re-elect themselves. The whole proceeding is action in a vicious circle, and in this way. The Council is the door of entrance—the only door, as the Court will have it—to the Court of Examiners; and the examinership is the rich prize which the Councillor ever has before his eyes. But to become an Examiner, the Councillor must have favour in the eyes of the Court of Examiners, who rule supreme within the Council. But no Councillor of reforming tendencies has favour in the eyes of the Court. The Councillor, therefore, who lives in hopes of an examinership is discreet, and follows the retrograde tendencies of the Court of Examiners. So long, therefore, as the Examiners are members of Council—*i. e.*, we again repeat it, so long as they reign supreme in the Council, and virtually re-elect themselves—there seems little hope of any real reform being effected in the College.

But Mr. Turner has no intention of becoming an Examiner—as a rule, country members would not seek the examinership—and therefore is especially pointed out as a proper representative of the interests of the Fellows and of the College. It is only by men of his stamp that the first step of real reform—an alteration of the Charter—can be obtained, and so a separation of the present improper and unnatural connexion between the Council and the Court of Examiners effected. And can anything be more unnatural than that the Examiners should form part of the Council which elects them? Can it be right that the Examiners should virtually have the power, and should exercise it, too, year after year, of re-electing themselves to office—to the very lucrative and important office of Examiner? We blame not individuals; but then, unfortunately, individuals must in the meantime necessarily bear the odium of the bad government which they administer. And thus it is that the retiring Councillor who offers himself for re-election must bear the burthen and the penalty of the evil system. It is only through his rejection that the Fellows can speak out their opinions. The Fellows very properly regard him as responsible for the shortcomings of those whom he represents. He is responsible to the country Fellows that they have no power of voting by proxy, and for all the other evils of the present system as now administered. Besides this, it must not be forgotten that re-elections perpetuate one of the mischiefs which the last Charter was especially meant to remove; viz., the holding of office for life. Confidently, therefore, do we trust, for the general good of the College, and for the especial benefit of the country Fellows, that Mr. Turner's election will, at all events, be secured. If the country Fellows on the present occasion fail to carry his election, we shall be forced to the conclusion that they really are apathetic as regards the power of exercising their rights as Fellows.

At another page will be found a note, which exemplifies in a remarkable manner the unfortunate condition of the Poor-law medical officer. A Committee of the House of Commons lately recommended that cod-liver oil and quinine, etc., should be paid for by the union, instead of being supplied by the medical officer. This recommendation was meant as a boon to the medical officer. But how has it been received? The Launceston Union write to their medical officer, and beg him to say what reduction in his salary he will submit to if the Board provide cod-liver oil as a medical extra!—the manifest intention being that the medical officer shall still pay for the cod-liver oil. We shall be anxious to learn how the Poor-law Board and the House of Commons' Committee accept such a shameful evasion of their manifest intentions.

Dr. Fayrer, of the Bengal Army, on February 14th delivered the address at the annual meeting of the Bengal Branch of the British Medical Association. He chose for his subject "Surgery in Bengal". He referred to the immense field for experience which surgeons had in India, and expressed his surprise that surgery in India was so little heeded in "the West".

"I will venture to say that you will have difficulty in adducing even a casual reference, in any of the standard works of Britain professing to treat exhaustively of their respective subjects, to the authority, practice, or opinion of one Indian surgeon. Let us take the operation of lithotomy, for example. Not a word on the subject as it relates to India, where we count our operations by hundreds, I may say, and where some of our graduates have cut as many men successfully for stone as the greatest lithotomists Europe ever saw. I may refer to my friend Baboo Ram Narain's experience, who, within twelve years, in Cawnpore and Budaôn, operated upwards of two hundred times, with a loss of seven cases. Or I might adduce a donation of seventeen large vesical calculi, presented to the College Museum by a graduate whose degree is not a year old, and removed by him. And I might refer to the names of O'Shaughnessy, Brett, Webb, Playfair, Naismith, Aitcheson, Partridge, Cayley, and others, as of surgeons who have had experience in this operation that scarcely the Frère Jaques, Rau, or Cheselden ever exceeded. And as in the case of lithotomy, so it is in other matters surgical; the scrotal tumours, for example, of which the hospitals in Lower Bengal record operations by the score. Tumours of vast magnitude removed with safety and celerity in a few minutes, the important parts involved being preserved and uninjured—a strange contrast to the descriptions still

to be read in standard works on surgery, of protracted and dangerous operations, involving not only loss of parts, but sometimes of life."

Dr. Fayrer then refers to some statistical details for the second half of 1863.

"In Bengal, there were sixty-eight cases of lithotomy with eight deaths, or one death in 8.5 cases; in the North-west and Punjab, five hundred and fifty-five cases with fifty-seven deaths, or one death in 9.9. In Bengal, forty-six cases of scrotal tumour with two deaths; in the North-west and Punjab, one case of ditto, and that recovered."

Dr. Fayrer also points out grievous faults in the construction of some of the hospitals in India; and refers to gangrene, etc., and increased mortality, as the result. He also especially alludes to "one of the frequent causes of death after amputation or other injuries, or operations involving section of bone."

"In illustration of this, I have noted a series of amputations. In the Medical College Hospital, these amputations, thirty-two in number, were all capital operations. They were: one of the hip, three of the thigh, ten of the leg, four of the ankle (Syme's), five at the shoulder-joint, five of the arm, four of the forearm. Of these, thirty-two in all, three were secondary amputations; and of the number, fourteen lived, fifteen died. Of the deaths, nine resulted from pyæmia, the consequence of osteo-myelitis; three from pyæmia not depending on bone-disease. There were six deaths from other causes, such as tetanus, gangrene, exhaustion. This proportion of deaths from pyæmia, depending on bone-disease, is something unusual—something very different to the ordinary death-returns of other hospitals."

Dr. Fayrer then enters fully into the history of osteo-myelitis—a subject which was lately fully discussed at the Medical and Chirurgical Society, and in consequence of the attention of late called to it, especially by Dr. Fayrer. It is gratifying to find a man of Dr. Fayrer's experience recognising so fully as he does the benefits and utility of the Bengal Branch of our Association.

The monster evil, gratuitous medical services, will, we suppose, in the long run, produce its own cure. We fear there is no appearance of cure coming from any other quarter. We perhaps ought, therefore, rather to rejoice at the increase of the evil, than to mourn over it. Village hospitals are springing up over the country—of course, all supplied with gratuitous medical services; and now are rising up a new style of hospitals, where patients are to be admitted who can pay 10*s.* or £1 per week. This is all well. But why should doctors work for them gratuitously? Why should they take away from their humbler brethren their paying patients, and treat them gratuitously? We see a prospectus flying about for a "new wing for paying patients" at the "Hospital for Women"; but nothing of any pay for the doctors who are to attend them. But why not? And why do doctors propose to give to "paying patients" their gratuitous medical services? Is it out of a pure, heaven-born love of doing good? Is it out of pure charity? Is it ———? But perhaps some of our readers can give us a satisfactory reply. We have often asked, and long waited, but never yet received one.

M. Bouchut, of the Children's Hospital, Paris, has called in the ophthalmoscope as a diagnostic agent in chronic hydrocephalus and rachitic state of the cranial bones. In chronic hydrocephalus, the early signs of the disease, he says, are often obscure; but the vessels of the eye always undergo appreciable modifications. In proportion as the serum accumulates in and compresses the brain, we find—1, an increase of vascularity of the retina, with dilatation of the veins; 2, an increase of the number of vessels in the retina; 3, a complete or partial serous infiltration of the retina; 4, atrophy of the retina and its vessels; 5, atrophy, more or less marked, of the optic nerve. These lesions vary with the age of the disease and the amount of serous effusion. They result either from compression of the sinuses preventing the return of blood from the eye, or from compression of the optic nerve within the cranium. But none of these lesions exist in rickets. In twenty-two children between five months and three years of age, examined by M. Bouchut, in whom the body was only slightly deformed, but in whom the head was increased in size and the anterior fontanelle open, and some of whom had, and some of whom had not, had convulsions, the eye preserved its natural appearance. There was neither alteration of the pupil, nor any disorder of the venous circulation of the retina. Hence, he says, by means of the ophthalmoscope, we can distinguish between rickets and chronic hydrocephalus.

The *Gaz. Méd. de Lyon* tells of an English Life Assurance Society which takes the lives of persons treated homœopathically at a lower premium than those treated medically—statistics having shown that the former sort live the longest! Homœopathy, it adds, is sensibly losing ground in Lyons—"following the usual course of all errors".

The illustrious and venerable Professor Bufalini, says *L'Imparziale*, has commenced a course of clinical medicine. "Our great pathologist is still in the full vigour of mind and body." The same journal announces the death of the "illustrious reformer of Italian therapeutics, Dr. Semmola. He was a type of goodness and benevolence, independence and liberality. Loving his Italy with a tender love, he suffered for her in exile and in prison, under the tyranny of the Bourbons. Twice he was elected deputy."

L'Union Méd. tell us that, at Lubeck, the Senator Dittmers and all his family, consisting of seven persons, had been poisoned by eating a smoked uncooked ham, which was filled with trichinæ. Four persons had already died.

A RAMBLE IN THE ENVIRONS OF YOKOHAMA.

By a Medical Officer of the Royal Navy.

In the following notes, I will endeavour to convey to the reader some notion of the peculiar scenic beauties of the country in the neighbourhood of Yokohama,* as it appears during the pleasant month of May (Ya yoi ts'ki, or "development of nature" month, as the Japanese aptly term it), and some little insight into the everyday life of the simple peasantry of Dai Nippon.†

On a sunshiny, breezy afternoon, then, such as are frequent during this the pleasantest season of the year, I crossed one of the solidly constructed wooden bridges that arch over the narrow creek or canal that encompasses and isolates Yokohama, and passing the "kamo", or guard-house, where the squatted green-caped sentinels were whiling away their time of duty over tea and tobacco, I followed for some distance the course of the stream, in which idle Yakunins, girt with immense swords, were peacefully fishing, and ragged urchins (*more universo*) were delightedly dabbling in the mud, and speedily gained the open space at the head of the straggling village of Honmoora, having met with, even in this short walk, evidence enough of the peculiar civilisation of Japan to furnish matter for yet another additional chapter to Mr. Buckle's laborious work. There were several sheds or booths, generally presided over by sharp-eyed old women, and exposing for sale various creature comforts for the delectation of the natives—small masses of rice, bits of queer-looking fish, slices of "tako" (cuttle-fish) for the luxurious, dumplings of indigestible dough skewered on strips of bamboo, and various other comestibles of an appearance more odd than enticing, flanked by minute cups of tea and small bowls of "sake". A nursery-garden, crowded with bright-hued flowers, with delicately leaved shrubs, with cycads and curiously dwarfed trees in pots and tubs, formed a pleasant contrast to the mean and dingy mass of these humble *restaurants*.

Opposite the main street of the village, which lay baking in the sun, with its long, open, central drain festering with unsavoury odours, were the portal and flight of steps of a small temple; a prelude to a much larger one, if I could trust a huge board set up before me, which displayed a carefully executed drawing of a building of very imposing proportions, and which was intended, doubtless, as a hint to the faithful, that "contributions would be thankfully received."

Leaving the village on my right, a few steps brought me to the entrance of the foreign cemetery, which occupied the base, slope, and summit of a tree- and shrub-covered inconsiderable hill. Here the only striking object is a square stone structure, with four supporting pillars, and surmounted by a burnished copper dome. This was erected by the Japanese, at the instance of the Russian Government, to the memory of their sailors murdered in Yokohama in August 1859. The great majority of the graves are those of officers and men of the various ships-of-war that have been or are stationed in the bay; the summit being occupied by the French, the slope by the English, and the base by Russians, Americans, and Dutch. The graves appeared to be kept in tolerable order; but it was still evident that the poor fellows whose last resting-places they were had died far from the loving remembrances of relations and friends.

Pursuing the path that skirted the base of the hill, I passed, a little further on, a small native cemetery,* remarkable only for a row of half-defaced stone images, with bags of pebbles hung round their necks and heaps of the same collected in front of them, as votive offerings, probably from the poorer classes; while, beyond this again, in a pleasant shady nook at the head of the valley, was another and much larger cemetery, through which short flights of steps brought me to a winding path among the trees that led to the summit of the broken range of low hills that forms the southern boundary of the wide alluvial valley in which Yokohama is situated. I paused here a few moments to inhale the fresh breeze that was blowing from the Gulf of Yedo, and to enjoy the extensive view that lay stretched out before me. For, as I looked down the valley, over the white-edged tiled roofs of the houses of the foreign quarter which lay glistening in the sun, over the blue waters of the bay, where rode quietly at their anchors the men-of-war that assured peace and prosperity to the community, over the straggling town of Kanagawa on the further side of the bay, with its frowning fort mounted with guns *en barbette* (as are almost all Japanese forts), over the low wooded hills beyond and the flat lands that stretched far out into the Gulf—my vision was arrested only by a blue line of distant hills, far away beyond the heights that overlook the capital city.

Here a somewhat uneven path led me, now along a comparatively broad and undulating table land, now along a kind of flat ridge, from which the cultivated or shrub-covered ground sloped away gently on either side. I passed through wheat-fields already commencing to change the green tint of youth for the brilliant gold of maturity, through patches of yellowed-flowered rape† redolent with a fragrant perfume, through masses of peas or beans in full flower, or I skirted shady groves of young pines in full blossom, and looking like huge Christmas-trees loaded with unlit tapers, or forced my way through thickets where palms, conifers, and bamboos, were intermingled with the red-flowered camelia, the brilliant *Azalea Indica*, the climbing, prickly *Smilax China*, and were hung with festoons of a curious purple-flowered fragrant twiner.

My route was protected by several of those guard-houses (or "kamo"), that have been erected ostensibly for the benefit of foreigners; but apparently only to harbour a set of idle and very dirty Yakunins, who dawdle away the day in tea-drinking, tobacco-smoking, and not seldom in sake-bibbing. There is nothing to distinguish these "kamos" from an ordinary house, except that they are somewhat larger, and are furnished with the array of hooked, curved, and barb-set spears, characteristic of an official resi-

* Literally, Cross-shore.

† Or Great Japan. Nippon is compounded of two Sinico-Japanese words, meaning "the rising sun" or "the rising day".

* As in China, cemeteries are generally in some shady and retire nook. The gravestones are often simple slabs or columns, some times ornamented with an overhanging carved cornice. In th pedestal on which this slab or column rests, and in front of th latter, three holes are invariably scooped out, which contain some times water, sometimes little bowls of rice, sometimes joints o bamboos, in which joss-sticks are slowly burning. Some care ap pears to be taken of the graves for a certain time; but after tha they seem to be altogether neglected. The coffin, which is nothin but a common square box, contains either the body bent on itself, s as to be held in the smallest possible space, or the ashes of the bod after "kwasoo" or incremation has been performed, which appear to obtain chiefly among the better classes, and especially when person dies far away from his own district. I am informed by th natives that, when a person is moribund, a powder is administered t him, which has the effect of obviating or delaying the *rigor morti* so that the adaptation of the body to the coffin, should "kwasoo" no be performed, may be more easily effected.

† Brassica Chinensis.

dence. The men are sometimes retainers of the Tycoon, sometimes of Daimios subservient to him, and when they are changed, a copy of the "mon", or device, on their clothes is always forwarded to our commanders and consuls. Often the guard-houses are tenanted by the new levy of infantry, a dirty-looking set of rustics, wearing two swords and a green over-garment, whence the common people have given them the nickname of "nappa", or vegetable coats.

These men are drilled in the European mode. They manage the manual exercise very well; but their company drill is a miserable failure, and they seem quite incapable of steady marching in column. I do not think that the British soldier will have much to apprehend from these *quasi-militaires* for many years to come.*

At the last of the guard-houses, I began my descent into the valley, and skirted the base of a grassy bank, sparkling with the blue flowers of *Cynoglossum Japonicum*, with the brilliant carmine petals of a low rosaceous shrub, with purple violets, and rarely with a pretty yellow orchid, and a small arum. Leaving the path, I picked my way along the "nawade", or raised narrow turfy embankments which are the only divisions between the fields, and, gaining the bottom of the valley, crossed the paddy-fields, and reached the banks of the stream, which was pleasantly murmuring beneath the shrub-covered broken ground of the opposite side.

Of such valleys, and their intervening irregular ranges of hills, the whole country appears to consist. They are of all degrees of depth and width; but generally widen as the coast is approached. The bottom is generally converted into paddy-marshes or is left uncultivated, whilst the slopes are planted with cereals, etc., intermingled with patches of forest, of tangled shrub, and groups of sakura (cherry-trees) or brya (mespilus) trees. Often no cultivated ground is visible; and the whole dale then has the appearance of a vast garden or shrubbery run wild in rich profusion, under nature's superintendence only.

The marks of the denudating process by which these valleys have been formed are evident everywhere; and if they were filled up to the level of the top of the enclosing hills, an almost flat surface of many miles extent would be formed. The underlying rock is a greyish sandstone, so far as I have been able to make out, non-fossiliferous, and easily disintegrating, under the combined influence of air and moisture, into a light friable soil, thicker, but not clayey, in the paddy-fields, and becoming on the slopes a dark-brown mould, rich with the often laid on and highly potent manure, and apparently very free from worms and grubs. As in China, human manure is chiefly used; and, as a result, the vegetables and fruits are abundant, but singularly deficient in flavour.

In sections near and along the shore, I have noticed alternating strata of shells, gravel, and sandy soil, the shells being apparently all of recent species and many only imperfectly fossilised: clear evidences of the various upheavals and depressions which might, *à priori*, have been expected to be met with in this vocanic country.

I ascended the valley in following the windings of the stream, whose banks were crowded with shrubs, among which the yellow-flowered prickly *Berberis retica*, a species of wild *morus*, and the *fuji no ki*, a leguminous bush with handsome large racemes of lilac flowers, were prominent. And wherever the stream wound beneath an overhanging broken bank of disintegrating dripping rock, this was sure to be crowded with the large coriaceous fronds of *Woodwardia japonica*, with various *Polysticha* and *Lathreæ*, with the well known *Osmunda regalis*, with a delicate *Davallia*, with the pretty *Grammitis decurrens*, with *Pleopeltis nida*, *Cystomium falcatum*, and many others, which it would be long to catalogue here.

I saw no four-footed animals—no hares, rabbits, nor foxes; but, nevertheless, the animal kingdom was well represented. Various spiders were lazily watching for prey; and one especially caught my attention, a huge bloated fellow, fully three-quarters of an inch long, with yellow spots and bands on his black fat body, and whose "laxi casses" hung on almost every bush. Dragon-flies were skimming over the surface of the water or poising upon the tip of a leaf or twig—dragon-flies of various hues; some with scarlet bodies and emerald green wings; some with bodies of lustrous steel and wings of burnished copper; and many other forerunners of the countless varieties that the approaching summer would show us.

Butterflies and moths there were in plenty; but not so numerous nor so gorgeous as they will be a month hence. The lithe, bright-eyed, brown lizard hurried through the grass, frightened by my approaching footsteps; and now and then a startled snake glided across the paddy-fields, with head erect and protruded tongue, both of us glad to be out of each other's way; whilst the rice-marshes were peopled by innumerable green frogs, that peeped for an instant above the mud as I passed by and quickly retreated again, as if dissatisfied with their inspection of me. Birds did not appear numerous; a pretty kingfisher, a prettier woodpecker, the ubiquitous crow, a kind of wagtail, flights of small birds not much larger than humming-birds, occasional wood-pigeons, and a rare pheasant startling me by its sudden and noisy rise at my feet, were all I noticed.

And as I ascended towards the head of the valley, leaving the rice-marshes behind me, the croaking of the frogs, and the hoarse cry of the ravens amid the pine groves, mingled with the sound of the frequent tap of the woodpecker as he industriously gained his afternoon meal, of the coo of the woodpigeon in the neighbouring copse, and of the twittering of the small birds, so as to blend in a not inharmonious murmur, suggestive of life and activity and enjoyment.

I saw no work doing on the slopes. The crops were half-ripe, and the peasants were waiting for the well-earned reward of their careful and persevering labours. But in the rice-fields was more activity. Men, women, and children, were busily employed in turning over the thick soil—no easy task; and then reducing it to an impalpable mud ready for the seed. I was glad to see that the heaviest work was done by the men, and that that of the women, though heavy enough, was comparatively light. Some few of the fields already showed the emerald green of the young shoots of rice just springing above the ground. When the young plants grow strong enough, they will be removed into the rougher, less elaborately prepared fields, and there will become ripe. The nurseries, as they may be called, are variously protected from the ravages of the crows and pigeons by radiating networks of cords, by bamboos provided with wooden rattles consisting of a loosely attached board against which hang a number of wooden pegs, or by more or less elaborate scarecrows, generally representing a Yakunin with bended bow and arrow, on the point of departure.

Arrived at the head of the valley, a short walk brought me within view of Mississipi Bay; and a

* Their pay is, according to their own report, three rioo a month (about 25s.), for which they find themselves in everything. There are, I believe, about 1500–2000 of them in and around Yokohama.

violet-covered bank, beneath the shade of a tall camelia tree,

"Ingens Fernstrœmia inumbrat,"

invited me to rest awhile, and inhale the breeze that swept up the hill, bringing to me the sweet scent of the yellow rape-fields over which it had passed, and soothing me with the pleasant murmur of its rustling amid the neighbouring copse.

What a splendid scene on every side!

Before me lay undulating masses of green and yellow relieved by dark patches of wood or tangled thicket, and stretching away down to where the weathered cliffs of whitish sandstone barred the further progress of the ocean; on each side, the bold sweep of the bay, defended by a glistening line of pine-crowned precipices, bristling with endless wooded capes and headlands, the guardians of the entrances of endless creeks; while the blue expanse of water, dotted by a thousand white sails, was bounded by the distant blue hills of the province of Kadsusa, and added a charm to the landscape that may be felt but not described.

As the roar of the distant breaking surf ("*Magno misceri murmure pontum*") was borne to me by the breeze, my thoughts flew homewards, and I recalled the exquisite lines, half sad half hopeful, of a modern poet:

"Que dice ese sordo acento
Que de la mar se levanta?
Es un himno ó un lamento?
Es voz que llora ó que canta?"—*Ochoa.*

By the sea had I come so far from home, and by the sea alone could I return home.

Looking to the north-west, a more extensive and more striking view was to be obtained. And to enjoy it more thoroughly, I gained the edge of a thickly wooded slope at some short distance from my former post; at the base of which extended a broad valley at an angle with the valley which I had been traversing. The plain at the bottom was dotted with villages and patches of forest and cultivated clearings; and beyond it rose an irregular range of pine-fringed hills, whose slopes were covered with timber or shrub, excellent but difficult covers for pheasants, and dotted here and there by a single farm-house or by a small hamlet, surrounded by tiny patches of brilliant green and yellow. And beyond was an interminable succession of hill ranges, more or less wild or cultivated, losing more and more their distinctive tints and becoming gradually almost indistinguishable from the grey neutral hue of the extreme northern horizon, or abruptly backed up by a line of purple mountains, at some little interval from which rose high into the sky, in all its solitary grandeur, the glistening snow-covered conical mass of Fusi Yama, full forty miles distant.

A steep path that wound among the trees between overhanging dripping banks, luxuriant with broad-fronded ferns, brought me to a little wayside shrine, a kind of rude penthouse, sheltering a half-defaced stone image of some local deity, which guarded, as it were, the entrance of a small village that lay at the bottom of the hill. Here I was quickly surrounded by a crowd of urchins of both sexes, running about me with cries of "Tempo sinjo" ("Please give me a tempo"), or "Tempo injo", where the voice was the young treble of a child just emerged from babyhood. These young hopefuls were terribly dirty, but fat and rosy withal, and appeared well fed and happy enough. Skin-diseases, however, were prevalent, especially on the head, owing, doubtless, to the various tortures to which the skin of that part is subjected. The houses were of ordinary construction, clean enough as regards the raised and matted portion where the family dwelt, but surrounded by various heaps of immundities, the accumulations of filth and refuse of months. I entered one of the best looking of the houses, and asked for a cup of tea. With this I was civilly supplied, the tea being brought in a small cup on a neat little lacquered tray. The whole family, father, mother, sons, and daughters, crowded round me, abandoning their several occupations, and overwhelming me with questions. Was I Ingirisy (English)? Was I married, and how many wives had I? Why had I come so far from home? Had we such flowers in my country? (as they turned over a portfolio which I carried about with me for the purpose of holding botanical specimens.) Did rice grow there? And numberless others of a similar tendency. They much admired the cloth of my coat, my watch, my knife, etc., and when, by means of a burning-glass, I set some tinder on fire, a simultaneous cry of "Naruhodo" betrayed the extremity of their wonder. They said that the advent of foreigners had caused the prices of provisions and clothing to rise; and that in the more distant districts foreigners were accordingly detested. But, on closer inquiry, it appeared that the elevation of price was very small, though perhaps enough to be of serious import to them. The good man of the house was a farmer possessing about seventy acres of land. I could not get from him—as, indeed, I have never been able to do from others—more information about his tenure and rent than that he held his land under the Kubosama (Tycoon), and that the rent was appraised according to the crop.

The persons of my hosts were far from clean; and their clothes had evidently gone through long and arduous service. They appeared to pay no attention whatever to personal adornment, except the "musme", or girls, and with them it was confined to the arrangement of their plentiful black hair. I cannot say that Japanese women are pretty. The older ones—and they are old at 26—are positively hideous, with their wizened yellow faces, shaved eyebrows, and black teeth. And the younger ones are rarely more than passable; their curious style of dress, loose where it should be close, and tightly drawn round the legs where it ought to be loose, causing their motions to be restrained and ungraceful. In the opinion of some, however, their hesitating and feeble gait is not altogether deficient in a kind of helpless attractiveness. Of course, I only talk here about the lower classes, who are much exposed to the withering influence of the elements. I can say nothing whatever about the wives, daughters, and concubines, of the Daimios, or higher retainers, or Yakunins; for never, to my knowledge, saw a specimen of them. And I ought, in justice, to modify the statement above, and to confine myself to the averment, that I have never seen any really good-looking Japanese women.

These villages ("mura") are under the immediate rule of a head man (Nanoshi), and apparently of a kind of superior policeman or sort of rural judge (Seijei).

But the declining sun warned me to depart homewards; and gratifying my poor but courteous host with a few tempos, I left their dwelling, after a polite interchange of "Sayoo nara", and hastening over the paddy-fields, reached the banks of the canal, a branch of that which encompasses Yokohama.

Among the many pleasing traits in the Japanese character, none is more so, to my mind, than the extreme and very unaffected courtesy which even the lowest classes can, and almost invariably do, show to each other and to foreigners; a somewhat humiliating contrast to the gross incivility, I might say brutality, commonly exhibited in some parts of England, more especially as it would be experienced

y any unfortunate foreigner whose dress should iffer from ours in a far less degree than ours differs om that of the Japanese.

As I trudged homewards, I met numerous Euro- eans enjoying their evening ride, somewhat careless, thought of the foot-passengers on the narrow path, ad with not a few drunken Yakunin and non- akunin. For the day was a Rei-bi, or visiting ay, of which there are three in a month, and no ork was doing, so that the οἱ πολλοι of Yokohama ere amusing themselves much as the οἱ πολλοι of me amuse themselves under like circumstances. is quite an error to suppose that intemperance is ncommon in Japan. And it is as great a mistake, nd a very unjust one, to throw this sin upon the lvent of foreigners. Here, at least, we are guiltless introducing fresh evil; if, indeed, it were possible add anything to the evils already in existence, the cial evil and drunkenness, our two great stumbling ocks at home, being so well represented here; to hich must be joined a third evil, from which we are ppily free in Old England, a feudal despotism, with s accompanying laxity of justice and disregard of man life.* Further, the sale of alcoholic liquors nd of opium to the natives is forbidden by a clause the treaty.

I returned to the settlement some half hour after e sun had disappeared behind Fusi Yama, that was t visible as a dark blue-grey conical mass, standing ut in bold relief against the steel-lustrous zodiacal ght that streamed along the western horizon; ankful that Fortune, who had brought me so far m home, had brought me, in compensation as it re, to so pleasant a land.

* Such oppression is, doubtless, not much felt by the rural peaantry. Their very insignificance in the eyes of the great seigneurs whose lands they live, acts probably as a powerful protection to em. And the immense importance which the Japanese government attaches to a plentiful and regular supply of rice, causes the ass of Hyakshoo, or farmers, to be regarded with considerable favour. Their rank is next after the Bushi, or military class.

Testimonial to Sir John Liddell. A testimonial, consisting of an elegant candelabrum and other pieces of plate, has been given to Sir John Liddell, K.C.B., by many of his brother officers, on the occasion of his retiring from official life. The plate presented bore the following inscription. "To Sir John Liddell, Knight Bachelor of the United Kingdom, Knight Commander of the Most Honourable Order of the Bath, Knight of St. Anne of Russia, Knight of the Redeemer of Greece, late Director-General of the Medical Department of the Navy, and Honorary Physician to the Queen. In token of esteem from medical officers of Her Majesty's fleet, 1865." The testimonial was presented by Dr. Wilson; Dr. Bryson and many other medical officers of the navy being present.

Contagious Diseases among Soldiers. In the House of Commons, on May 19th, Colonel North asked the Under Secretary of State for War what steps had been taken to bring into operation at Aldershot the Contagious Disease Prevention Act. The Marquis of Hartington replied that Dr. Leonard, the inspector under the act, had reported that the local hospitals were not suitable for the purpose. Under those circumstances, temporary arrangements were made to remove cases of this kind to the Lock Hospital in London. The very limited experience they had had in working the act had shown that, unless the provisions of the act were completely carried out, very little or no benefit whatever would result from the act. Dr. Leonard had proposed to carry out the act on a complete scale at Aldershot, and his plans were under consideration.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. Paget, M.D.Cantab.
President-elect—S. J. Jeaffreson, M.B.Cantab.

The Address in Medicine will be delivered by W. Stokes, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by James Syme, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
South Midland. [Annual.]	George Hotel. Northampton.	Wednesday, June 7, 2 P.M.
Lancash. & Cheshire. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
Northern. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.

SOUTH MIDLAND BRANCH.

The annual meeting of the South Midland Branch will be held at the George Hotel, Northampton, on Wednesday, June 7th, at 2 P.M.; George Ashdown, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, as soon as possible; or not later than the 23rd instant, to Dr. Bryan, Northampton.

John M. Bryan, M.D.
G. P. Goldsmith. } *Hon. Secs.*

Northampton, May 15th, 1865.

LANCASHIRE AND CHESHIRE BRANCH.

The Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; Thos. Turner, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

Wm. Roberts, M.D., *Hon. Secretary.*

89, Mosley Street, Manchester.

NORTHERN BRANCH.

The First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. White, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th.

Dinner at 6 P.M.

G. H. Philipson, M.B., *Hon. Secretary.*

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The sixth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, May 18th; R. W. Falconer, M.D., President, in the Chair. There were also present forty members and two visitors.

New Members. The following gentlemen were proposed and unanimously elected members of the Association and of the Branch:—Ebenezer Ludlow, Infirmary, Bristol; Francis Howes, M.D., Eastern Dispensary, Bath.

Papers. The following papers were read and discussed:—

1. Case of Necrosis of Clavicle. By A. Prichard, Esq.
2. Case of Rheumatic Fever followed by Pericarditis and Mortification of the Extremities. By Wm. Davis, Esq.
3. Case of Excision of Upper Maxilla. By H. Marshall, M.D.
4. On the Hypodermic Injection of Morphia. By H. W. Freeman, Esq.

EAST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

The ninth annual meeting of this Branch was held at the Hull Infirmary on Thursday, May 18th, 1865, at 1 o'clock, under the presidency of Robert M. Craven, Esq. There were also present seventeen members and five visitors.

Officers and Council. W. J. Lunn, M.D., was chosen President-elect; J. Fearne Holden, Esq., Honorary Secretary; and J. A. Locking, Esq., Honorary Treasurer. The following gentlemen were appointed the *Committee* for the ensuing year; viz., Sir Henry Cooper, M.D., Owen Daly, M.D., and Messrs. Sleight, Dix, Hardey, and Leppington.

Medical Provident Society. Sir Henry Cooper having resigned the office of representative of this Branch to the Provident Society, it was resolved that for the present no successor to Sir Henry Cooper be appointed.

New Member. Mr. Wm. Stephenson of Beverley was elected a member of the Branch.

President's Address. The President then read some very apposite and valuable observations on the present state of the medical profession, and on some of the more recent inventions in surgery.

Papers. The following papers were read.

1. A Case of Fibro-Cystic Tumour Cured. By John Dix, Esq.
2. Remarks on the Application of Blisters. By Owen Daly, M.D.
3. Mr. R. H. B. Nicholson gave two very interesting cases.

Dinner. The business of the meeting being completed, the members and visitors dined together at Glover's Hotel, where twenty-five gentlemen sat down to dinner, and brought to a most satisfactory close the best attended and most interesting meeting this Branch has perhaps ever held.

Metropolitan Association of Medical Officers of Health. A special meeting of the Association will be held at the Scottish Corporation Hall, Crane Court, Fleet Street, this (Saturday) evening, May 27th, at half-past Seven o'clock. Dr. Clouston, of Carlisle, will read a paper on "The Production of Dysentery by Sewage Irrigation".

Correspondence.

A REASONABLE SUGGESTION.

Letter from Christopher Johnson, Jun., Esq.

Sir,—I perceive in your paper to-day that you refer with approbation to a scheme propounded in the columns of the *Times* by Mr. Macdonald Stevenson, for the removal of fever cases to hospitals.

The evil which he desires to remedy has been met here in Lancaster in a far more simple manner. The authorities kindly presented to the Committee of the Lancaster Infirmary a secondhand roomy Clarence. The cloth lining was removed, and one of American oil-cloth substituted. This is kept at the infirmary, and is lent gratuitously; the patients' friends having merely to send a postboy and horse for it from one of the hotels. We had a sedan; but it was always evaded, on account of the notice it attracted.

Nine-tenths of *first cases* are kept in private houses, because the inhabitants fear the injury to their business that would ensue if it were known that fever was there. They are either kept at all hazards, or smuggled off in street-cabs.

A carriage with extra springs, India-rubber tires, and a *coupé* in front, may be a very ornamental and genteel affair; but it is not precisely the thing a tradesman would like to have standing at his shop-door. Hence I fear that the scheme of Mr. Macdonald Stevenson will not meet the difficulty.

A street-cab answers well every purpose. Why then aim at anything else? Why have a separate *coupé* for the attendant? A seat alongside the driver, or a dickey behind, would accommodate one person; which, with driver and patient, would be quite enough for one horse. A carriage to answer the purpose well may be purchased secondhand of any coachmaker for £10. It is not desirable to keep a horse, as that can always be obtained. I think that, if it were made compulsory to have such a carriage wherever there is a fever hospital, the sort of vehicle might be safely left to the selection of local authority.

I am etc.,

Christopher Johnson, Jun.

Lancaster, May 20th, 1865.

CARICA PAPAYA: A VERMIFUGE.

Letter from Robert Dyce, M.D.

Sir,—In the British Medical Journal for Saturday last (May 20th), there is a short paragraph at page 517 from the *Répertoire de Pharmacie*, respecting the experience of Dr. Viani, of the Island of Réunion, on the vermifuge properties of the juice of the "Papaw fruit". That this is no exaggeration I can bear my testimony, having had many years' experience of its virtues, now a long time ago, in the same island, where I was quartered as an officer on the medical staff of the army. I beg to refer you to a paper of mine on the subject of Lumbrici, published in the *London Medical Gazette*, vol. xiii, for the year 1834, page 866, where, amongst other remedies, I specially alluded to the juice of the fruit of the *Carica papaya* as a specific in that complaint. I then gave the method of procuring it, the dose, etc., and subsequent treatment.

Since that time I have made various attempts to get the juice brought to this country, by having it made into some extract or inspissated form, as at present it is only available in countries where it grows; but I regret to say that hitherto my efforts

have not been successful. A few years ago, I learned that the tree was common in the West Indies; and, through the kindness of Sir W. Jackson Hooker, was brought into communication with an eminent botanist in Jamaica, with whom I corresponded. Through his means and that of a resident chemist, I have had different preparations of the fruit, both ripe and green, the seeds, and latterly an inspissated form of the juice "dried in a steam-pan and sprinkled with alcohol", sent me for trial. Of this latter preparation, which seemed the most promising, I sent a considerable supply to my friend Dr. Murchison of London, requesting him to give it a trial. He writes me, a few weeks ago: "I have tried the papaw-juice in two cases of tapeworm; but so far it seems to be perfectly inert. In each case, three successive doses, of six drachms each, on an empty stomach, were administered, followed by castor-oil; but nothing came away except a few single joints, the same as had been coming away before." I fear, therefore, that the active principle must have been destroyed by the mode of preparation.

I may mention that I never saw it tried in tapeworm, as this variety does not, I believe, exist in the Mauritius; it is only the lumbricus, and occasionally the ascarides, that are there such a pest. I have, however, no doubt but that the fresh juice, could it be procured, would be equally specific in the one case as in the other. I am, etc.,

ROBERT DYCE, M.D., F.R.S.E.,
Professor of Midwifery, University of Aberdeen.
Aberdeen, May 22nd, 1865.

Medical News.

APOTHECARIES' HALL. On May 18th, 1865, the following Licentiates were admitted:—

Fawcett, Thomas Joseph, Newcastle-upon-Tyne
King, John, Stratton, Cornwall
Oakley, John, Shrewsbury
Price, John Lowe, Cheltenham
Quin, John Hogan, North Street, Leeds
Shepard, William Lively, Gray's Inn Road

At the same Court, the following passed the first examination:—

Cremonini, John, Birmingham

APPOINTMENTS.

WATTS, Horace, M.D., appointed, by the Queen, Colonial Surgeon for the Falkland Islands.

ARMY.

COULTON, Staff-Assistant-Surgeon E. J., to be Assistant-Surgeon Royal Artillery.
CAMPBELL, Staff-Assistant-Surgeon G. M'Iver, M.D., to be Assistant-Surgeon 67th Foot, *vice* R. Heard, M.D.
DEVLIN, Assistant-Surgeon H. W., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* J. M. M'Lean, M.D.
HEARD, Assistant-Surgeon R., M.D., 67th Foot, to be Staff-Assistant-Surgeon, *vice* J. H. C. Whipple, M.D.
M'LEAN, Staff-Assistant-Surgeon J. M., M.D., to be Assistant-Surgeon 12th Foot, *vice* T. Walsh.
MARK, Assistant-Surgeon G., M.D., Supernumerary in 52nd Foot, to be Staff-Assistant-Surgeon, *vice* J. Wales.
WALES, Staff-Assistant-Surgeon J., to be Assistant-Surgeon Royal Artillery.
WALSH, Assistant-Surgeon T., 12th Foot, to be Staff-Assistant-Surgeon, *vice* G. M'Iver Campbell, M.D.
WHIPPLE, Staff-Assistant-Surgeon J. H. Connell, M.D., to be Assistant-Surgeon 21st Foot, *vice* H. O. Harvey.

MILITIA.

BARHAM, C., M.D., to be Assistant-Surg. West York Rifle Militia.
TAFFORD, S. F. J., Esq., to be Assistant-Surgeon Norfolk Artillery Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CRAWFORD, J., M.D., to be Assistant-Surgeon 19th Lancashire A.V.
DOUGLAS, M., Esq., to be Assistant-Surgeon 3rd Durham R.V.
FOULKES, F., Esq., to be Surgeon 56th Lancashire R.V.
LOGAN, F. L., Esq., to be Assistant-Surg. 1st Northumberland A.V.
MORRIS, J. E., Esq., to be Surgeon 2nd Administrative Battalion Essex R.V.
OSMOND, T., jun., Esq., to be Honorary Assistant-Surgeon 16th Essex R.V.
SAVILLE, J. J., Esq., to be Assistant-Surgeon 8th Durham R.V.

DEATHS.

BUTT, William B., Esq., Surgeon H.M. Bengal Service, aged 38, on board the *St. Lawrence*, on April 14.
DUNLAP, James, M.D., at Windsor, aged 63, on May 21.
SHEPPARD. On May 23rd, at Neville Street, Brompton, aged 35, Hannah, wife of Walter G. Sheppard, M.D.
SUMNER. On May 14th, at 15, Wellington Terrace, St. John's Wood, aged 2 years, Frank Cecil, youngest child of W. Allen Sumner, Esq., Surgeon.
*WILLIAMS, Thomas, M.D., F.R.S., at Swansea, aged 46, on May 23.

NEW SOCIETIES. An Anthropological and Scientific Professional Society have been started at Madrid.

ETHNOLOGICAL SOCIETY. On the 23rd inst., the anniversary was held at St. Martin's Place; Professor Busk, F.R.S., Vice-President, in the chair.

EXTENSIVE SKIN-DISEASE. Dr. Fischer of Berlin relates in the *Berliner Klinische Wochenschrift* a case of tinea tonsarans affecting the whole body.

DR. JENNER. The Queen has given Dr. Jenner permission to wear the badge of Commander of the Order of Leopold, lately bestowed on him by the King of the Belgians.

A MEDICAL PREACHER. Mr. C. V. Cay, Surgeon of the Coldstream Guards, it is said, has lately preached in a chapel at Sunderland, where his father resides.

SIR CHARLES LOCOCK has issued an address intimating his intention of becoming a candidate for the representation of the Isle of Wight in Parliament. Sir Charles is a conservative in politics.

THE TRIAL OF DR. PRITCHARD is, according to the *Glasgow Morning Journal*, likely to take place in Edinburgh on some day between the 12th and 20th of June.

UNIVERSITY COLLEGE HOSPITAL. The late William Hollins, Esq., of Over Wallop, Southampton, has bequeathed to this hospital £500 for the formation of a fund to be called after the name of the testator.

MELBOURNE UNIVERSITY. At the last annual matriculation, the number of students who had passed the examination was thirty-five, of whom twenty-four were admitted, the rest being absent.

THE SUPERANNUATION BILL. This measure has passed its second reading in the House of Lords. The voice of the profession and its claims for consideration have been completely ignored. In not one sentence of the entire debate is the medical profession even mentioned.

PHARMACY BILLS. Dr. A. S. Taylor and Mr. Simon have been examined before the Select Committee of the House of Commons. The evidence of the former was mainly in support of a clause restricting the sale of the more dangerous poisons. Mr. Simon's evidence was to the same effect.

UNIVERSITY OF EDINBURGH. It is said that the trustees of the fund left by the late Dr. J. B. Gilchrist of Edinburgh for educational purposes, have decided on founding in the University of Edinburgh three scholarships of £100 a year each, to be held for three years by natives of British India, who shall have passed competitive examinations in the presidential colleges. These scholarships will be attached respectively to the medical, law, literary, and scientific classes, religious tests or distinctions being excluded. Similar scholarships, it is reported, are also to be attached to the London University College.

Testimonial to Dr. J. H. Rogers. On his resignation of the honorary secretaryship of the East Grinstead Dispensary, Dr. Rogers has been presented with a testimonial by the friends of the dispensary. The choice of the testimonial having been left to him, he selected an elegant conservatory.

Death of Dr. Valentine Mott. This celebrated American surgeon died on April 26th, in his eightieth year. In early life he was a pupil for some time of Sir Astley Cooper; and subsequently became distinguished as an operative surgeon and as a contributor to the literature of surgical science.

Public Newspapers and Quack Advertisements. It is gratifying to note, that the public journals have many or them lately refused to insert in their pages the filthy productions of the rascally advertising quack tribe. Nearly 250 newspapers in country and town have already thus honourably distinguished themselves.

Medicine in Bavaria. On February 3rd last, the King of Bavaria issued a decree permitting Bavarian doctors to settle where they pleased in his kingdom. It appears that, previously, a doctor after he had taken his degree, was ordered to fix his residence in that part of the country which the government thought most required his services. One could hardly have believed such tyranny had existed in an European kingdom at this time of day.

Society for the Relief of Widows and Orphans of Medical Men. An adjourned general meeting of this Society was held at 53 Berners Street, on Wednesday evening, for the purpose of considering a new code of byelaws, drawn up by the directors since the reception of a Royal Charter by the Society. Several of the laws were carefully discussed and adopted; and the meeting adjourned for their further consideration until Wednesday, June 7th, at 8 P.M.

The Epidemic in Savoy still attracts some attention. General Morin states that there can be no resemblance between this disorder and the Russian fever, for in St. Petersburg they carefully avoid the use of iron stoves. In connection with the same subject, and the notion that the disease results from the presence of carbonic oxide in the air, Mr. C. H. Deville reminded the Academy that his brother had shown that red-hot cast iron allowed gases to pass freely.

The New York New Medical Journal. Memory fails us in endeavouring to enumerate the various attempts to establish a medical journal in the city of New York. We have received the initial number of a periodical entitled *The New York Medical Journal*, It is generally understood that the position of *rédacteur en chef* is held by Dr. Hammond, late Surgeon-General of the United States armies. (*Philadelphia Medical Reporter.*)

Medical Stock-Jobbing. The *Philadelphia Medical Reporter* advises its clients as follows:—"United States 7-30 Loan.—By an advertisement in our columns, the readers of the *Reporter* are invited to invest any surplus cash they may have, in the great United States 7-30 Loan. In our view, this is the safest investment that can be made of capital, and it will be placing money not only in a safe place, but where it will be of advantage to the country and the world, for truly our country with its institutions is a power for good in the earth. We will cheerfully give our readers who cannot conveniently visit cities where there are agencies for this loan, such information as will enable them to make their investments, or we will transact the business for them."

Female Medical Society. This Society, established to form a Medical College in London for Ladies exclusively, and to promote the proper education of female medical practitioners, more especially for the purposes of midwifery, held its first annual meeting at the Ladies' Medical College, Fitzroy Square, on the 23rd inst. The Marquis Townshend presided. It was contended that the employment of superior women in the practice of midwifery and the treatment of the diseases of women and children was called for by the gravest social and domestic considerations; and that those departments in the practice of medicine would not only open up to women a wide field of honourable and lucrative employment, but would also prove valuable as a means of intellectual culture and social usefulness to ladies who may not be dependent upon their own exertions.

Identification of the Dead. The *Alta California* of March 16th, reports that Dr. L. J. Henry, by the consent of the coroner of Alta, brought into use the process of Dr. Richardson of London for restoring the features of a dead man who had undergone such change from decomposition that he could not be identified. The man had been murdered and buried in a very shallow grave; the body was discovered from some animals having partly removed the earth. On the body being brought to the dead-house it was quite unrecognisable. Dr. Henry placed it in a water-tight shell, and then covered it (the body) with water containing twenty pounds of common salt and one pound of hydrochloric acid. After immersion for three hours, the body was removed; the face was washed first with simple water, then with chlorine water, and finally a free current of chlorine gas was passed over the face. After the operation, by which the face was bleached, the friends of the dead man were able positively to recognise him as one Charles T. Hill, and on this identification a man was arrested in whose possession various articles belonging to Hill were found, and who is believed to be the murderer. The restoring process seems in this case to have been entirely satisfactory, and to have served a purpose which a few years ago it would have been considered impossible to carry out.

Irish Lunatics. In the House of Commons, Mr. McEvoy lately observed that, of 16,600 lunatics in Ireland, 8,000 were confined in gaols, workhouses, and lunatic asylums. The management and treatment of lunatics, therefore, became an important question. There were at present in the gaols 669 who had been committed as dangerous lunatics. The retention of lunatics in gaols had been condemned by the inspectors. The health of the lunatics was not sufficiently looked after, and the discipline of the gaol very much impaired. Lunatics should be sent to proper lunatic asylums, where there would be a prospect of a large number recovering their reason. Sir R. Peel said that Government were doing their best to remedy the want of proper lunatic asylums in Ireland. When the six new asylums they were building, in addition to the sixteen already in existence, were completed, there would be no want of accommodation for lunatics. Even under the present arrangement, whenever a lunatic was certified by the proper medical officers of the gaols to be dangerous, he was, if possible, at once removed to a lunatic asylum. The Government were devoting the most anxious attention to that subject; and, in the course of less than three years, every one of the district asylums, with the single exception he had mentioned, would be completed, and there would be every accommodation for all the dangerous lunatics who either now or who might hereafter be committed to gaols.

Sanitation of the Indian Army. In a general ·der issued by Sir W. Mansfield at Poonah we read: His Excellency would further beg the Principal ıspector-General, Dr. Stovell, and Deputy-Inspector-eneral British Troops, Mr. Canning, to accept his arm acknowledgments for the excellent manner in hich they have presided over their respective me-ical departments, and the energy with which they ıve directed the efforts of the medical officers under ıeir orders for the improvement of the health of er Majesty's troops and for the spread of sanitary ·forms."

The American Medical Army Staff. At the eginning of the present strife, there were but 107 ıedical officers in the army of the United States. ow there are 500 commissioned officers of the medi-l staff, 2,000 physicians serving under contract, ıd a vast force of regimental surgeons and assistant-ırgeons. The estimate of the expenses of the me-cal service of the army, for the year ending June)th, 1862, was 115,000 dollars. For the year ending ıne 30th, 1863, the expenditure was 11,594,650 dol-rs. Everything which science, labour, or money ·uld wisely attempt, has been accomplished.

Pauper Nurses in Workhouses. The Poor-law oard has issued a circular to the guardians and rectors of the poor, urging the discontinuance of ıe practice of employing pauper nurses. The cir-ılar says a nurse should be a person of experience the treatment of the sick, of great respectability character, and of diligent and decorous habits. It necessary that nurses should be adequately remu-·rated, and that they should be appointed after a rict investigation of their qualifications for the fice. The Board consider it of the highest import-ıce that the assistants to the nurses should also be ıid persons. Where pauper inmates are directed to ·t as assistant-nurses, there is no stimulus, no test capacity, and no responsibility for negligence.

The late Dr. Gallogly. At a recent meeting of e guardians of the Clogheen Union, it was resolved "That we, the guardians of the Clogheen Union, el we ought not to separate without placing on re-rd our estimate of the long-tried and faithful ser-ces of the late lamented Dr. Gallogly, whose con-·ection with us commenced with the formation of the ıion, and terminated only with his death. During at long period, embracing two visitations of Asiatic olera and the famine, Dr. Gallogly was never known shrink from the performance of his arduous duties, ·t with zeal, Christian gentleness, and benevolence, spensed his valuable services to the poor, justly nning from them gratitude and respect. Gifted th every attribute of a gentleman, as well as with ofessional ability, he was beloved and esteemed by ıumerous circle of friends, who now deeply mourn s loss." (*Clonmel Chronicle.*)

Note-taking. Sir Benjamin Brodie says it was m his friend Jeffreys that he first learned the im-rtance of keeping written notes of cases. All his e he kept notes. At the bedside of his patients he ·ted down a few memoranda, which he afterwards panded in the evening; and his notes of cases thus pt for half a century now form many quarto lumes. He did not find that the habit of commit-ıg his observations to writing weakened his me-ory, but rather that it strengthened it; and in the ·st strenuous terms he insists that no one can be-me thoroughly well acquainted with his profession, her as a physician or as a surgeon, who has not ıdied it in that manner. He has always tried to press this fact on his pupils, and has often la-·nted that only a small proportion of them would low his advice.

Royal College of Surgeons of Ireland. The 5th of June has been fixed for the annual meeting of the Fellows of the Royal College of Surgeons to elect their representative Council; and, as usual, the same day has been named for the yearly assemblies of the Irish Medical Association and the Royal Medical Benevolent Fund Society of Ireland. A seat on the Council of the College will become vacant by the retirement of Dr. Hutton, whose health has become much impaired. A vigorous candidature is anticipated. At the expiration of the President's (Dr. Jacob) tenure of office, Mr. Wilmot will become President, and Mr. Butcher is mentioned as likely to succeed to the Vice-President's chair. The Irish Medical Association will meet for the discussion of topics of interest to the profession, and will dine together in the evening. A large meeting is to be desired, and, we believe, anticipated. The Royal Medical Benevolent Fund Society will hold its annual assembly on the same day, at four o'clock.

Scottish Registrar-General's Return. The returns for the first quarter of the year 1865 show a high birth-rate in Scotland. The return of marriages also is satisfactory. The unsatisfactory thing in the quarter's return is, as in England, the mortality, which was still above the average. The population of Scotland was not healthy during the quarter. The weather was very cold, and proved most deadly to the aged. The notes of rural registrars are, in many instances, extremely remarkable:—"Seven of the eight deaths were of persons above 80." "All but two were above 68." "Of the ten who died half had exceeded their three score and ten years." "The youngest of the persons who died was 84." Both last year and this epidemic diseases have prevailed over all parts of the country, especially fever, and increased the mortality. Work has been plentiful, wages high, and provisions cheap; yet fever has raged as a true pestilence in towns where none need have been idle who were willing to work. It has come after Scotland had been enjoying for more than ten years a notable exemption from epidemics of fever. The present epidemic of fever first appeared in September 1863, and if it follows the course of former epidemics it will probably continue for a period of nearly three years from the date of its origination.

St. Mary's Hospital, Paddington. On the 23rd inst., the ceremony of laying the foundation-stone of the new wing about to be erected to this building was performed by His Royal Highness the Prince of Wales, in the presence of a large number of ladies and gentlemen. All the galleries and seats containing the spectators were profusely decorated with laurels and evergreens, and dressed with flags. His Royal Highness was received on his arrival, shortly after three o'clock, in the Board-room of the hospital, by the Vice-Presidents, Treasurer, Medical Staff, etc. An address was then read to His Royal Highness, which, after referring to the fact that the original foundation-stone of St. Mary's Hospital was laid by the Prince's lamented father, the late Prince Consort, proceeded to observe that, although St. Mary's was the youngest of the general hospitals and medical schools of London, it having been founded in a new and fast growing suburb, the requirements of the neighbourhood had already rendered increased accommodation absolutely necessary. The new wing was to include a chapel; and the Governors ventured to hope that it would be agreeable to the feelings of His Royal Highness if the new wing should be called after himself—the Albert Edward wing, and the two wards receive the names of the Alexandra and Albert Victor wards, the latter to be exclusively devoted to

the reception of children under the age of five years. The purses presented by the ladies and children on the occasion contained £279.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Lionel Beale, "An Inquiry into the Nature of the Phenomena which constitute Inflammation."

THURSDAY. Linnæan.—Chemical.—Royal (Anniversary).

FRIDAY. Royal Institute.—Western Medical and Surgical Society (Anniversary). Secretaries' and Financial Reports to be read; Officers for next Session to be elected; Practical Evening for Cases, etc.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

POOR-LAW MEDICAL REFORM.—SIR: I beg to enclose you a note addressed to each of the medical officers in this union, in order that your readers may see how much we, as a body, may expect to benefit by the recent recommendation of the Committee on Poor Relief. I am, etc., STAMFORD FELCE.

Launceston, May 23rd, 1865.

"Launceston Union, Launceston, 20th May, 1865.

"Sir,—I am directed by this Board to ask the question, What reduction you would be prepared to make in your salary in case the Board provide cod-liver oil as a medical extra?

"I remain, your obedient servant,

"S. Felce, Esq." "JOHN DINGLEY, Clerk.

MEDICAL ETIQUETTE.—A correspondent writes: "While I was attending a mild case of hæmoptysis in this village, the patient, being very nervous, wished a neighbouring practitioner to be called in, much my senior. He ordered a prescription, and called the next day, and examined the medicine. The following day, he brought a small ounce bottle of dark sherry colour (very clear) mixture, and in the presence of the patient produced it, and said: 'This is the kind of mixture it ought to be.' Do you think this etiquette? and a proper thing for a medical friend to do? I saw the case for two days afterwards, and then resigned it altogether, as I could find that my friend would continue to call. This is not the only case I have had."

LIEBIG'S EXTRACT OF FLESH.—SIR: In answer to your question respecting Ext. Carnis (Liebig.), in the JOURNAL of the 13th inst., I beg to say that I have always a supply on hand.

I am, etc., FREDERICK ANDREWS.

23, Leinster Terrace, Hyde Park, W., May 23rd, 1865.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—Dr. W. W. Miller (Eye), 10s. 6d.

Amount previously announced, £124:1:3. Received at the *Lancet* office, £9:9.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, May 25th, 1865.

TREATMENT OF CATARACT.—SIR: The accompanying letters on cataract and its successful treatment, induce me to request their insertion in your valuable columns; especially as three different surgeons have practised in three very similar modes for this ailment, with most satisfactory result: and, when it is remembered that the hazard of one operation—viz., extraction of the crystalline lens now usually adopted by oculists—is so frequently entirely destructive to the eye, whereas the operation of drilling the lens and "evacuating the aqueous humour", can be repeated a dozen times in hard cataract (if needful), with comparative little, or no pain or danger, and with perfect success. Furthermore, the patient is not required to undergo the present necessary confinement in a dark room after the extraction of the lens, or the skill of a few operators in an especial light room; but every surgeon, who can bleed, could perform the new plan in any room near a window. Thereby thousands of sufferers, who are now too nervous to submit to the confinement and pain, or have not the means to pay for the extraction of the lens, would be happily cured by a well established principle.

I am, etc., WILLIAM PARKER, M.R.C.S.,

27, Daniel Street, Bath, May 15th, 1865.

[COPY.]

To Sir David Brewster, Knight, Allerly, Melrose, Scotland.

Sir,—Having read account of your communication upon the cause and cure of cataract, at the last meeting of the Royal Society of Edinburgh, you will please to pardon my addressing you on such an important subject (by tapping the aqueous chamber), and forwarding herewith by same post statements of Mr. Jeffreson, who has practised successfully on upwards of 7,000 cases, and myself on many, by drilling a hole in the crystalline lens.

I am, sir, faithfully yours,
WILLIAM PARKER, M.R.C.S.

27, Daniel Street, Bath, February 17th, 1865.

To Wm. Parker, Esq., M.R.C.S., Bath.

Sir,—I beg to thank you for your Lecture on Physiology. The operation which you have performed, by drilling a hole in the crystalline lens, is very interesting. M. Sperino has cured many cases of cataract at Turin, by my process of simply evacuating the aqueous humour, which I published many years ago. He has given an account of these cases in a volume published last year.

I am, sir, ever most truly yours,
Allerly, Melrose, May 6th, 1865. D. BREWSTER.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Dr. C. H. ALLFREY; Mr. R. S. FOWLER; Mr. STONE; Mr. A. B. STEELE; Dr. W. P. STIFF; Mr. J. Z. LAURENCE; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Mr. C. JOHNSON, JUN.; Dr. BUCHANAN and Mr. J. N. VINEN; Dr. B. W. FOSTER; Mr. EVANS; Dr. S. FELCE; Dr. JOHN THOMPSON; Dr. R. FOWLER; Dr. DYCE; Mr. HOLDEN; Dr. WM. ROBERTS; and Dr. MARSHALL.

BOOKS RECEIVED.

1. The Radical Cure of Extreme Divergent Strabismus. By James Vose Solomon. London: 1864.
2. Transactions of the Epidemiological Society of London. Vol. II. Part I. London: 1865.
3. The Book of Prescriptions. By Henry Beasley. Third Edition. London: 1865.
4. On Diseases of the Throat; their New Treatment by the Aid of the Laryngoscope. By Thomas Dixon, M.D. London: 1865.
5. Sixth Annual Report of the Sussex Lunatic Asylum. Lewes: 1865.
6. Suggestions on Town Sewage, and its Application to Land by Gravitation. By Lucius H. Spooner. London: 1865.
7. Report of the Wye House Lunatic Asylum, Buxton. 1865.
8. Notes for Students in Chemistry. By A. J. Bernays. London: 1865.
9. Consumption, as engendered by Rebreathed Air and Consequent Arrest of the Unconsumed Carbonaceous Waste; its Prevention and Possible Cure. By H. MacCormac, M.D. Second Edition. London: 1865.
10. The Food of Man in Relation to his Useful Work. By Lyon Playfair, C.B., LL.D., F.R.S. Edinburgh: 1865.
11. Report on the Cheap Wines from France, Italy, Austria, Greece, and Hungary: etc. By R. Druitt, M.R.C.P.L. London: 1865.
12. Surgical Experiences; the Substance of Clinical Lectures. By Samuel Solly, F.R.S. London: 1865.
13. The Food of the People. A Letter to H. Fenwick, Esq., M.P. With a Postscript on the Diet of Old Age. By Joseph Brown, M.D. London: 1865.

A Lecture

ON THE

REATMENT OF GASTRIC ULCER.

DELIVERED IN

Queen's College, Birmingham.

BY

BALTHAZAR W. FOSTER, M.D., F.L.S.,

ENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS; PHYSICIAN TO THE QUEEN'S HOSPITAL, AND PROFESSOR IN QUEEN'S COLLEGE, BIRMINGHAM.

NTLEMEN,—In to-day's lecture we have to con- r the treatment of ulcer of the stomach; but, ore doing so, it may be well for us briefly to iew the condition of the diseased viscus. In all es of gastric ulcer we have an ulceration of the ng membrane of the stomach of greater or less th and superficial area, and with this in many es we have more or less congestion of the mucous nbrane in the neighbourhood of the ulcer, accom- ied often by a state of catarrh. We have also tability of the stomach; so great in some cases, t all food is rejected almost as soon as received; le in others, the ingestion of food causes intense a, which, instead of being relieved by vomiting, y pass away only when the ingesta are transmitted the duodenum. The viscus is thus either par- ly or almost completely disabled; and, as the per performance of its functions is of vital im- tance to our patient, so the treatment that we adopt ecessarily of the highest moment. The existing ditions point out to us two grand principles to be owed; viz.:

. To promote the healing process by removing local impediments to the cicatrisation of the ulcer, by aiding the constitutional powers.

. To alleviate, as far as possible, the distressing ptoms of the disease. (*Vide* Dr. Brinton, *On eases of the Stomach*, p. 165. Second edition.)

Now, if we consider for a moment the offices which stomach is commonly called upon to perform in er to support life, we must at once perceive how ficult it necessarily is to fulfil the first of the two at indications afforded us. And if we further nk of the process of digestion, the chief symptoms the disease—the pain, the vomiting, the hæmor- ge, the cachexia—cease to be only alarming, and ome to the eye of the physician the almost neces- consequences of overtaxing a damaged organ. cannot wonder that the stomach cries out in its rest and most unmistakeable manner whenever surface is irritated by food, and refuses with all energy to perform functions which, in their very cess, irritate the disease that frets it.

f we analyse for a moment the digestive act, we once recognise several circumstances interfering the healing of the ulcer, which we may arrange s:

The movement and great changes in volume of stomach necessitated by the ingestion of food.

2. The mechanical and chemical irritation to the surface of the ulcer produced by the food.* (*Vide* Dr. Budd, *On the Organic Diseases and Functional Disorders of the Stomach*, p. 138.)

The very functions, then, which it is the duty of the stomach to perform, and which are essential to life, are opposed to a great extent to the healing process which we have to promote. Do not understand me to say that no ulcer can heal so long as the stomach is called upon to act, for such an assertion on my part would be opposed to clinical and experimental facts; but rather that the process of digestion interferes much, in cases of gastric ulcer, with the efforts made to repair the lesion. Consider how, in the case of a cutaneous ulcer, similar irritation would act; and how quickly the surgeon would set about removing all such obstacles to healthy action. In the pain caused by the irritating substances and the movements of the part would be discerned the voice of Nature calling for rest; and, on rest being obtained by the removal of all causes of disturbance, the healing of the surface-ulcer would quickly progress. Rest is as essential to repair as it is to growth; for repair is growth, directed, not to development, but to restoration. (*Vide* Mr. Hilton's *Lectures on Rest and Pain.*)

Let us bear in mind this great fact, then, in our treatment of internal ulcers; for we shall find that, in all cases of gastric ulcer, our measures must be chiefly directed to procure rest for the organ—rest from all mechanical irritation—rest from all physiological action.

Every attempt to digest food in severe cases of this disease sweeps away, more or less completely, the results of that curative process which has been going on during the previous state of rest, and leaves the ulcer, if no farther, still often as far from being healed as ever. Our great therapeutical agent in the treatment of this affection is, I am convinced, "mechanical and physiological rest" (*vide* Mr. Hilton's *op. cit.*); and as this is more or less perfectly obtained, so we may divide our remedial measures into those which obtain *partial rest*, and those which obtain the most *complete rest* at our command for the organ. The milder cases of this malady we may treat by *partial rest;* and this we may obtain by regulating the diet of our patient.

We must rule, however, both the quality as well as the quantity of the food, and prevent any distension of the organ, while we guard against any irritation of the diseased surface. Simple and well ascertained physiological laws must guide us in our selection of food. We must recollect that certain forms of nutriment are more easily digested than others; and also that some substances—*e. g.*, protein compounds—specially require gastric digestion. Experience teaches that all food which takes much time and energy to be digested, or which is chiefly transformed in the stomach, proves most irritating to our patients. Animal foods, substances likely to irritate the viscus, hot ingesta, and particularly full meals, must be carefully avoided, as they all aggravate the patient's sufferings, and are frequently expelled. On the other hand, as we naturally might expect, bland food of an easily digestible form, of a

* I have not mentioned the action of the gastric juice as an impediment to the healing process, because I believe Dr. Pavy's experiments have proved that, under ordinary conditions, it has no corroding action on the surface of the stomach.

cool temperature, and in small quantities, is easily borne. (*Vide* Dr. Brinton, *op. cit.*, p. 183, 2nd edit.) In milk we have a fluid meeting all the requirements of the system, and at the same time possessing the qualifications above mentioned—at once the most easily digested and the most elaborately composed food. Sometimes, however, when taken alone, it is rejected; and in such cases it is often retained, if diluted with half its bulk of lime-water. This addition prevents more or less the action of the gastric juice upon it; and thus the milk is often passed into the duodenum, to be there digested. By regulating the quantity, however, we can usually ensure its favourable reception; and in many cases we find that the addition of the purer forms of starch, so as to increase its consistence, renders it much more grateful to the stomach. Arrowroot is the best form of starch to use at first. As the patient improves, corn-flour, sago, tapioca, and rice may be substituted; and thus the advance to more solid food most zealously guarded. The more easily digested forms of fish may be next allowed; and from these a most gradual return to the more ordinary forms of nutriment may be made. The greatest nicety of judgment, as well as the firmest control over your patient, must now be exercised; for a single excess will often produce a most serious aggravation of the symptoms. For some weeks after apparent convalescence must you guard your case; and the necessity of this is very evident, when you consider how easily the newly formed tissue covering the ulcer may be irritated.

Such is a brief statement of the treatment by *partial rest*, aided, of course, by such drugs as the urgency of any of the symptoms may require. I shall speak of these drugs in the latter part of the lecture, as their use is only occasionally called for. This treatment is what you may rely upon in the milder cases of the disease, such as we constantly see among the out-patients at the hospital; and you will generally have to adopt it in private practice. By it the stomach is favoured by partial rest; and the healing process gradually advances—slowly, however, on account of the frequency of the admission of food. In the severer cases of the disease, where the intense pain and tenderness point to probable perforation, where the irritability of the stomach causes all food to be rejected, or where hæmorrhage in large or moderate quantities indicates quickly advancing ulceration, I would rather have you obey the great principles which I have laid down more completely. I would have you obey as far as possible the indications which Nature shows you, and cease to irritate the organ by forcing it to receive food of which it as plainly as possible expresses its fear. The most rational and most successful treatment in such cases is to give the *most complete rest possible to the affected viscus by stopping the supply of all nutriment by the mouth, and supporting the patient for several days by nutritive enemata.* Perfect quietude in the recumbent posture must be observed; the lips and tongue moistened from time to time with a little water; and everything likely to excite the patient avoided. The body, thus placed in a position requiring the least expenditure of material, is easily supported for several days by enemata alone, even when the weakness of the patient makes the treatment seem hazardous. For eight or nine days the patient may be kept, if desirable, on enemata—even longer, if necessary; and during this time the pain, the irritability of the stomach, and of the system, cease; and the sufferer enjoys ease to which he or she has long previously been a stranger. Far from becoming weaker, patients in general rally somewhat while under this system. When I first determined to try this method of treatment, I expected that great difficulty would occur in obtaining the cooperation of the patients; but I have found in all cases, with scarcely an exception, not only a willingness to submit to it, but scarcely a complaint during its continuance. The pain is generally so intense, and the patient, if hæmorrhage has occurred, so alarmed, that any treatment is willingly obeyed, especially one the *rationale* of which is so easily understood.

The substances which I have found most useful for enemata are milk, strong unsalted beef-tea, raw eggs beaten up in milk, occasionally a little brandy, and generally, in two enemata daily, ten to twenty minims of tincture of opium.* Feeding the sufferer thus, you gain for the stomach a few days' rest (generally six or seven); and then the symptoms have so much abated, that the treatment by *partial rest* can be adopted with success.

This interval of *complete rest* from all irritation—from all action—I consider of the greatest importance; and I have found it so beneficial in its results, that I would recommend you to treat all severe cases of this disease, whenever possible, by this plan. The ordinary method only partly fulfils the indications that present themselves; and in my opinion, and in my experience, renders the time occupied in the repair of the ulcer much longer. In the treatment by *complete rest* for a time, the patients rapidly advance towards health, and only remain under observation for about three or four weeks. A fortnight of restricted diet, after a week of perfect rest, is usually sufficient to restore the subject to comparative health. In all cases, however, it is essential to ensure, as far as in your power, a favourable form of diet for some short time longer.

I may here mention to you a case which, although not one of gastric ulcer in the ordinary acceptation of the term, nevertheless called for much the same line of treatment. I allude to a case of poisoning from a corrosive fluid (acid solution of chloride of zinc), now in No. 1 Ward of the Queen's Hospital. Gastritis and ulceration arising from causes like this you will often meet with; and, as I have in a previous lecture told you, they can be best treated by *complete rest.* This man had marked symptoms of gastric injury after he had recovered from the immediate effects of the poison. He was treated for some time on the restricted diet plan. The symptoms varied from time to time; but at last, after rather too full a meal, a severe attack of hæmatemesis occurred. Now thoroughly alarmed, he was glad to assist in any treatment that might prove beneficial, and for six days was fed by nutritive enemata given every two hours. From day to day he improved: the pain, the tenderness on pressure, disappeared; no hæmorrhage recurred; and when, after his long fast, he began his slight milk diet, no unpleasant symptoms followed. Ever since, the patient has done well, and advanced steadily towards health.

Cases of this kind, gentlemen, and the cases of gastric ulcer which you have seen treated in the hospital, speak more strongly and effectually than any

* The enemata should be as small as possible, from two to three ounces.

ords of mine can in favour of a method of treatent which, by its simplicity and rational character, eds little argument to recommend it.

I have avoided as far as possible mentioning the ugs that are used for certain purposes in this dise, because I believe none of them are essential to in promoting the first great object of our desire: I ean the healing of the ulcer. Certain symptoms, wever, arise in the course of the malady; and, as other diseases, the treatment of these symptoms rms often a great portion of our work. Rest for e organ has the effect of quickly diminishing the in and allaying all irritability; and, if the rest be mplete, these symptoms rapidly disappear. Perration is best prevented by the treatment I have ommended; but, when it has occurred, the attenn ceases to be occupied by the gastric lesion, and concentrated on the resulting peritonitis. The matemesis is, however, the symptom that we usuy have to combat; and here, when it is copious, we en find drugs of great assistance. As we have ually time given us to check this hæmorrhage—for is seldom immediately fatal—we can take a variety measures to prevent its recurrence. When it ocrs in small quantities, the recumbent posture, and t as perfect as possible for the viscus, usually sufe to stop it. In most cases, ice in small rounded ces may be swallowed. When the hæmorrhage is pious, I have usually found a mixture containing uted sulphuric acid and gallic acid (ten minims of e former and five grains of the latter) in water, ten every two or three hours, the best remedy. l of turpentine—ten to twenty minim doses—s been strongly recommended. Acetate of lead th opium, alum, and tannin, may also prove eful.

As long as rest is observed strictly, the bleeding s not often recur; and this perfect rest, obtained I have recommended, will usually be sufficient to vent the return of this bad symptom. In treating ients, then, by the plan of *complete rest*, we not y place them in the most favourable position for cicatrisation of the ulcer, but we also, for the most t, fulfil our second great indication—the alleviaı of the symptoms. Certain medicines are, howr, useful to us in this disease, not so much as ative agents as auxiliaries to our great therapeutic nt—rest. Opium has deservedly the highest posiı on the list, and you will find it in this affection st valuable. Not only in allaying pain, in soothe general irritability of the patient, but also by action as a stimulant, and by checking the waste the tissues, do we find it most beneficial. Mr. y's observations as to its efficacy in the treatment cutaneous ulcers are equalled almost by the geal praise which it receives from all authors who e written on gastric ulcer. I have usually given ı the enemata to my patients, as thus we, in addiı to its constitutional action, gain its soothing ct on the rectum, and prevent that irritability of gut which sometimes interferes much with the ıtment by *complete rest*. In some of the milder ns of hæmatemesis, if you cannot altogether stop stion of food, you will find good effect from this g combined with kino, as in powder of kino with ım.

onics are needed during the period of conscence, to remedy the cachexia; though this ptom, for the most part, begins to disappear as the healthy condition of the stomach is restored. You will find the milder preparations of iron and quinine the best. I usually prescribe five-grain doses of citrate of iron and quinine, in infusion of calumba. This latter is probably the most useful vegetable tonic infusion at our command. In the anæmic state, often so marked in our younger female patients, the ammonio-citrate and the potassio-tartrate of iron may be prescribed with benefit.

Bismuth, since its introduction by Odier, has enjoyed a considerable repute in the treatment of stomach-diseases. In this affection, you will often find it useful as an auxiliary to your after-treatment, allaying as it does the irritability of the stomach, and checking the pyrosis. (*Vide* Dr. Budd *On the Organic Diseases and Functional Disorders of the Stomach*, p. 332.)

With regard to the use of *aperients*, I must warn you that they are only necessary, as a rule, in the after part of your treatment. Occasionally they are required in the earlier stages, but at all times should be of the mildest kind. Castor oil is probably the best, and may be given in enema, in which form all purgatives are best exhibited. Mercurial preparations prescribed to this end have, as Dr. Brinton has well observed, a most injurious effect.

You will find many authors vaunting the use of nitrate of silver. Let me remind you, as I have often done before, how useless the administration of a drug must be whose composition, if not changed long before its arrival in the stomach, is converted into an insoluble chloride immediately it reaches that viscus. Its stimulant action on the ulcer itself cannot be insured till we can directly apply the unchanged nitrate. "The careful system of diet, which is usually adopted in conjunction with the remedy, is itself sufficient to account for all the benefits observed." (*Vide* Dr. Brinton, *op. cit.*, p. 182.)

Prurient Exhibitions. We hope that the case heard a few days ago at the Marlborough Street Police Court will have the effect of putting an end to the dirty and prurient exhibitions which are set up in London under the pretence of affording anatomical instruction. A gentleman went into one of these places in town and found it full of "disgusting models," so disgusting that the reporter states his description of them "is unfit for publication." A creature stands at the door of this den inviting the passers-by to walk in, and almost laying hands on them to compel them, while the immediate neighbourhood is infested by men who thrust loathsome bills upon everyone they can get near. There is a part of the Strand, and thence to Temple Bar, which is a disgrace to London during the day, and at night it is hardly safe to pass along it. It is thick with the scum of the town. Sir Richard Mayne would be doing a public service by ordering more vigilance to be used in this part; and as for the detestable exhibition which pollutes the thoroughfare, if it cannot altogether be removed, surely the pavement can be kept clear of the vagabonds who are touting for the spirits, more evil than themselves, inside. Thousands of poor creatures are being driven about from hole to corner in order to make our streets respectable, while indecency is thus openly advertised and proclaimed. If the police did their duty, the nuisance could at any rate be so reduced that it should not be an insult and an offence to every one who walks by the doors. (*Pall Mall Gazette.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ROYAL PORTSMOUTH HOSPITAL.

DISLOCATION OF THE KNEE-JOINT.

Under the care of E. K. Parson, Esq.

J. B., aged 74, a strong muscular old man, was admitted on March 2nd, with dislocation of the knee-joint. The accident occurred as follows. The patient was descending a step-ladder; his foot slipped, and, catching between the steps, the knee-joint was twisted with considerable violence; the head of the tibia was thrown outwards; the internal condyle of the femur pressed inwards against the skin, threatening momentary protrusion. There was considerable deformity, making the nature of the accident easy of recognition at a glance. Reduction was effected in the following manner. Two assistants, grasping the leg near the ankle, made extension; another steadied the femur; while the house-surgeon, passing both hands round the head of the tibia, pulled it strongly inwards. It slipped into its place with a jerk. There was some swelling afterwards; and an evaporating lotion was applied. The patient was discharged twelve days from admission, with perfect use of the joint.

As this is a rare accident, it may be of some interest to note it. The reduction of the dislocation is not easily effected. Contrary to what we read in surgical works, considerable force must be used in extension to bring the bones into their natural position.

AMPUTATION OF THE THIGH.

Under the care of H. B. Norman, Esq.

W. M., aged 22, was admitted March 24th last, with disease of the knee-joint of nine years' standing. Amputation of the thigh was performed two days after the patient's admission; and, as is usual in such cases where the cause of constitutional irritation is removed, his improvement was immediate; and he was discharged in thirty-eight days from admission, vastly improved in health, with the wound completely cicatrised.

The operation was of the flap kind. Silk ligature was used to tie the femoral artery; thread for the smaller vessels. The flaps were brought together with iron wire; and a piece of wet lint was applied to the wound. This is the usual and only dressing applied after amputation in this hospital; no roller is used; but the stump is placed on a carefully arranged pad or pillow, which affords an uniform support, and serves every useful purpose.

Amputation of thigh was performed by Mr. Fergusson at King's College Hospital on May 6th; and, as there are some interesting and novel points in the mode of operating, they are reported here for the consideration of the profession. The patient was a woman who had been some time afflicted with a large tumour springing from the inner condyle of the right tibia; and, as she was suffering from intense pain and considerable constitutional disturbance, it was deemed that amputation was the only sure means of giving her relief. The operation was performed as follows. The patient being chloroformed, an assistant compressed the femoral artery as it passed out under Poupart's ligament, no tourniquet being used. Mr. Fergusson raised the diseased limb nearly at a right angle with the patient's body for about two minutes; he then transfixed the thigh directly in front of and close to the femur, about three inches from the patella, bringing the knife out obliquely downwards. He proceeded in a similar manner at the back of the thigh, making as it were two short flaps. He then divided the tissues close to the bone, while an assistant made retraction. The bone was sawn off about three inches higher than where the knife first passed in; the vessels were then secured, and the flaps brought together with silk ligatures. The wound made but one line, as in the circular operation; and very little blood was lost. Strips of wet lint were then applied to the stump, and a roller over all.

Mr. Fergusson made the following remarks. He said that, after a large experience, he thought it better, in amputation of thigh, to depend on compression of the main artery by the finger of an assistant, than to trust to a tourniquet. It might have been also observed that he raised the limb for a short time, so as to unload the vessels, as it was of importance that as little blood as possible should be lost by the patient in her weak condition. The consequence of this proceeding was satisfactory; no more than an ounce of blood was lost. There were two modes of operation for amputation of the thigh usually styled the flap and the circular; and he was of opinion for some time that a modification of each could be used, as in the present case, with very great advantage. It may have been observed that he transfixed the limb as in the flap operation, bringing the knife out obliquely downwards; and that he divided the tissues adherent to the bone, as in the circular operation; while retraction was made by an assistant. The consequence was apparent when the flaps were brought together. We had a wound in one straight line, getting rid of the side wounds, which very often extended three inches up the stump in the ordinary flap operation. He thought that this mode of operating would be found to be a great improvement on the old methods.

Ventilation in Fever. Dr. MacCormac of Belfast thus writes on this subject to the *Dublin Medical Press*. "If Dr. Kennedy will come to Belfast, I will show him hundreds, if not thousands, of persons, of both sexes too, myself inclusive, who keep their windows open all night through, in all seasons, and with every possible advantage. I kept the windows entirely out during the treatment of cholera, and with the utmost benefit. I never treat a case of fever, at whatever period of the year, without opening the window and keeping it open day and night—a degree of exposure which Dr. Henry Kennedy affirms to be impossible. Persons in fever do not commonly labour under cold and livid feet, with cool breath and pulseless wrists. The hot stage is of a certain duration. There are also hot months in the year, during which the absence of ventilation entails, if possible, yet greater evils than during the cold. I never found the least difficulty in maintaining warmth along with open windows in fever. It is a perfect matter of notoriety, that fever cases by the roadside recover oftener and better than in hospitals with the close windows. Dr. Kennedy says he does not see how wards are to be kept dry. To which I reply, it is simply by not wetting them."

Original Communications.

ON AZOTURIA.

By Edward H. Sieveking, M.D., Physician to
H.R.H. the Prince of Wales, and to
St. Mary's Hospital, etc.

ate years it has become the fashion to deny the ence of such a malady as the one to which Dr. is gave the name of azoturia. But, if the prominof a particular symptom may determine the enclature of disease, it appears to me that the in question may readily be justified. I have in conversation discussed the matter with mefriends, and have stated my opinions; but have ed any publication of them, because, though satisn my own mind, I felt that the evidence I had to was not as complete as the bio-chemist of the preday demands. I may at once state that the evi- I have to offer is defective in this way: modern sis requires that, in order to determine the real s of urea, the urine of twenty-four hours should llected and measured; without which proceedis affirmed that the absolute quantity of urea l cannot be fixed. I have no desire to set any to accuracy and minuteness of analysis, and sured that perfect correctness can only be at- in the way indicated. At the same time, the tioner, in dealing with cases in private pracnd especially with cases that are only seen ocally and at long intervals, is compelled to use ratively coarse modes of estimating; and, if his ents are made with the necessary reservation, hope to advance the truth, though in a less manner than is in the power of those capable ting a more perfect method.

ough I do not doubt that many cases of azotcur among the poorer classes, their maladies lly assume a more tangible character; and ne out-patient system of hospitals and dispens revised, it will be impossible for the physio devote that care to their investigation s necessary for the present purpose. Dyspepanæmia are terms that cover a multitude of , which a greater refinement of diagnosis eadily reduce to some other denomination. admitting the imperfection of my analyses, I but think that, if we find a patient habitually urine of a high specific gravity, averaging d not due to the presence of sugar, nor assoith albumen, and proved to contain a very ount of urea, we are justified in terming his of azoturia; the more so, if on close inquiry, ible disease can be detected to which the acing symptoms are referrible.

been my lot to have met with numerous protracted indisposition, accompanied by depowers of assimilation, irregular digestion, general and indefinable *malaise* and more or ciation, though this not always, in which I excessive waste of the nitrogenous tissues, ted by the increase of urea in the urine, to dequate explanation of all the phenomena. nosis was, in part, attained *par voie d'exclut* after satisfying myself of the absence of sources of the morbid feelings of the patient, it appeared that a persistent and palpable feature, such as the one alluded to, would justify the application of Willis's term. Dr. Prout (*On the Nature and Treatment of Stomach Diseases*, 1848, p. 94), who gives a description that in most points tallies with my own observations, distinguishes between two forms of the disease; in one of which there is diuresis; while in the other there is an excess of urea without diuresis; and he regards the affection as analogous to diabetes. He considers that he has the strongest presumptive evidence, both from observation and analogy, that, if permitted to proceed unchecked, or if injudiciously treated, it passes into diabetes or some other formidable disease, though he has no positive proof of such termination.

I have at present under observation the case of a gentleman, in whom there is an alternation of azoturia and glycosuria; though, in neither case, is there a secretion of urine justifying the term diabetes. The amount passed rarely exceeds three pints in the twenty-four hours; but, while at times the urine is almost solidified by the addition of equal parts of nitric acid, owing to the formation of nitrate of urea, at others it is found to contain a palpable amount of sugar, as confirmed by the examination of my friend, Dr. Matthiessen, the lecturer on Chemistry at St. Mary's Hospital.

I have shown elsewhere, that an excess of urea is, as was already shown by Dr. Prout, a frequent accompaniment of epilepsy—an exhaustive condition which might have been predicated *à priori*, if *à priori* reasoning were of any value in determining natural phenomena. The occurrence, however, is not uniform; in fact, it fails with sufficient frequency to have induced one writer to assert that the characteristic feature of the urine in epilepsy was an absence of urea. Dr. Parkes, in his admirable work on urine, states that he has never met with a case of genuine azoturia, though he admits the possibility of its occurrence, as he quotes a case examined by Dr. Ringer, in which a man who was not febrile, and only appeared feeble, passed no less than 1130 grains of urea in each twenty-four hours, or about three times the average secreted by an adult male. It is of such cases, and not of the coincident occurrence of an excess of urea in other diseases, as in epilepsy, that I am now speaking; and I cannot but think that, were a special series of volumetric analyses undertaken to determine the point, the view originated by Prout would receive more positive support than it yet has, and azoturia would be definitively accepted as a member of the nosological fraternity. It is possible that Golding Bird, who laid what I should regard as an undue stress upon the presence of oxalates in the urine, because they come and go like will-o'-the-wisps, often spoke of cases of azoturia when he discussed his hobby oxaluria. He admits that, in oxalic urine, the density increases with the quantity of urea, which is often present in large excess. Indeed, he continues, "I regard the presence of a greater or less excess of urea almost as characteristic of the morbid state of the urine for which I am contending, as the oxalate of lime itself." (*Urinary Deposits*, 1857, p. 241.) Without controverting Dr. Bird's statement, I may state that, in the cases of azoturia as I have observed them, this balance between oxalates and urea has not presented itself; and, in fact, I may say, that the oxalates have but rarely occurred with the excess of the latter substance.

The following is a case to which I should apply the term, azoturia.

A gentleman, aged 53, but looking much older, consulted me in January 1861. He had always been very temperate, and had enjoyed good health till after an affray with poachers ten years previously,

when he had an attack of jaundice. He recovered from this, and remained well till, four years ago, he became subject to bilious attacks accompanied by irregular action of the bowels. Three years ago, after much annoyance and mental excitement, he suffered from carbuncles on his back. Since that time he had been in bad health; suffering from a feeling of numbness in the left leg, and occasional severe attacks of diarrhœa. He complained of occasional neuralgic pains, and at times entire absence of sensation in the left foot. He walked into my room like a man debilitated by disease, but in no way resembling a paralytic. He complained of having been affected with seminal emissions. I examined him very carefully afterwards in bed, and could find no trace of loss of parallelism or loss of motor power. I could not satisfy myself, by the æsthesiometer, of any material impairment of tactile sensibility; no tenderness of the spine and no abdominal derangement were traceable; nor was there any disease of the rectum or prostate. I commenced the treatment with steel, and the application of an anodyne liniment; and ordered wine, beer, and nutritious food. The patient, being a teetotaller, was with great difficulty persuaded to take any fermented liquors. I obtained a specimen of the morning and evening urine before my next interview, when I had a consultation with a leading physician on the case. Both specimens had a specific gravity of 1035, were strongly acid, exhibited no increase of phosphates, and contained neither sugar nor albumen. There were no crystalline forms in either, and specifically no oxalates; but both specimens almost solidified on the addition of equal volumes of nitric acid, by the formation of nitrate of urea. The joint examination elicited no proof of any organic disease; and it was agreed that the case was one of azoturia. The quantity of urine never was large that was passed in the twenty-four hours; it rarely attained to three pints. I find that on one occasion I had the advantage of obtaining a volumetric analysis from Dr. Ringer; and the estimate was seven drachms and a half in the twenty-four hours—an amount considerably above what Dr. Parkes considers the average in the healthy adult. The gentleman remained under my treatment for three weeks; and improved materially under the administration of mineral acids, opiates, and tonics of various kinds. It was not till after twelve days' observation that I discovered a few oxalates in his urine. In a medical report which I gave the patient at his request, on leaving town, I stated that I regarded the azoturia as the source of debility; and that the drain caused by a persistent waste of tissue, indicated by an excess of urea is the urine, sufficiently accounted for the anomalous nerve-symptoms to which he was liable.

I saw the same gentleman again at the end of 1862, when he was passing through London after he had, without medical advice, been taking the waters of Kissingen, and thereby brought on severe diarrhœa. He was naturally weak in consequence; but the urine presented a specific gravity of 1025—lower than I had ever seen it formerly, and I have a memorandum that it contained but little urea.

There are many insidious morbid conditions for which we may find an adequate explanation in the urinary secretion, with important hints as to treatment and *regime*. The insidiousness of degenerative renal disease as indicated by albumen, is a point that can scarcely be too often mooted; and it is surprising how often and how long patients continue ailing and complaining of feebleness and want of power without presenting any very tangible symptoms, when an examination of the urine reveals the cause of the anæmia, the weakness, and the apnœa, and at once suggests the proper indication. Although albuminuria is a much more frequent cause of these insidious symptoms than azoturia, still I am satisfied that there are numerous cases of chronic disease going through a weary life, for which the undue waste of the nitrogenous tissues indicated by a high specific gravity of the urine and an excessive proportion of its urea affords a satisfactory explanation.

ON SYPHILITIC ULCERATION OF THE PALPEBRAL CONJUNCTIVA.

By John Windsor, Esq., Consulting Surgeon of the Manchester Eye Hospital.

Of the secondary symptoms of syphilis, there is one which appears to have been rarely observed by writers on this subject, or, if observed at all, to have scarcely attracted particular notice or description: I allude to an ulcerated state, evidently, from its history, of syphilitic origin, appearing on the palpebral conjunctiva, and generally involving the adjoining tarsal cartilage. It is certainly an affection, when compared with other secondary symptoms, of rather rare occurrence; and in my own practice, of now long duration, I do not remember (excluding, perhaps, two or three instances of it in congenital syphilis) to have met with more than about seven or eight cases; and of these, two of which occurred recently I am enabled to add a brief report. Before doing this, however, I wish to premise a few remarks.

The subject of syphilis has for a long time, but more especially at a comparatively recent period, attracted considerable attention and research, both in this country and abroad; from which, I believe, a more correct knowledge of the specific distinctions of the disease has been acquired than was previously possessed.

At the present time, the conclusion arrived at seems to be, that there are two forms of primary syphilitic ulceration. One is the soft suppurating sore, sometimes accompanied, or soon succeeded, by enlargement, and not unfrequently suppuration, of the adjoining inguinal glands, but not contaminating the system, although communicable to others, and capable of reproducing repeatedly, by inoculation, similar sores in the same or in a different individual. It may be observed that occasionally, from some inflammation being excited, a degree of hardness is produced even in this form, but still distinct from the circumscribed and generally characteristic induration of the other.

The second form is the indurated sore, sometimes called the Hunterian chancre, the character of which is, in the first place, the secretion of an adhesive material, fibrine instead of pus (which latter occurs in the other form); thus appearing at first often rather as a pimple or hard tubercle, than a pustule. In this second form there is also not unfrequently some indurated enlargement of the adjoining inguinal glands, but it is not apt to undergo a suppurative process. This second form is the one which infects the blood; enters into the patient's system, and producing secondary symptoms; and, although communicable to others, is not autoinoculable, except in the earliest period, before the adhesive effusion takes place. It, as a rule, occurs only once during life, whilst the first form may occur many times.

The first form I would compare to the porrigo (impetigo) larvalis (Willan), which, by contact, is often conveyed from one part of a child to other parts, or to those of its nurse. The second form I would rather compare, as infecting the general constitution, and mostly occurring once only during life, to small-pox, although

ring by the virus of the latter being in a great ree speedily eliminated from the system. Like ll-pox, also, it has a period of three to seven weeks, ıore (according to Mr. Henry Lee), of incubation, re the characteristic circumscribed hardness ap- rs in the original fissure, abrasion, or pimple; we know that another period intervenes before appearance of secondary symptoms.

seems possible that these two forms of syphilitic ration may coexist in the same person, and thus communicated simultaneously to another; and s, probably, the appearance of a pustule, not nded by a period of incubation, may sometimes ede the development of the true incubated ncre.

he first, or soft suppurating sore, is curable with- the use of mercury, and its specific character may generally effaced by the early application of caus- . The second, or indurated infecting sore, along h its secondary constitutional symptoms, or, as unfrequently occurs, in its congenital hereditary m, yields to the action of this valuable medicine, ninistered seasonably, moderately, and cautiously, ording to the circumstances or peculiarities of h case. For our present more precise knowledge syphilis, we are especially indebted to the re- rches, experimental and practical, of Mr. Henry e, as shown in his recent work on *Syphilis*; al- ugh, doubtless, there have been other able coad- ors, both domestic and foreign, in the investiga- n of this important subject.

With regard to the more immediate subject of this per, it seems, as far as I know, that Mr. Lawrence s the first to give an accurate description of it, as blished in his work on *Diseases of the Eye*, as also his work on the venereal disease of that organ. It s been since mentioned in the works of Mackenzie, d also of Middlemore, on the eye; and in the nual of Wharton Jones; perhaps, also by others; t I do not see it mentioned in Travers's excellent *nopsis*, nor in Morgan's *Lectures on the Eye*. Nei- er have I seen any account of it in Scarpa's or eller's works on the diseases of the eye. It is ad- rted to in Desmarres's, and also in Déval's, *Traités s Maladies des Yeux*; but not in the earlier works Demours or Desmonceux; nor is it noticed, I ink, except very slightly, by Carmichael of Dublin, Sir Charles Bell; nor in the comprehensive work Langston Parker (third edition) on *Syphilitic Dis- ses*; yet Mr. Parker notices particularly the fre- ent occurrence, in secondary syphilis, of inflamma- on and ulceration of the mucous membrane invest- g the nares.

Some of the first examples of the affection which had an opportunity of seeing occurred in persons nose cases I have recorded as instances of the pha- dænic form of syphilitic ulceration; and the sores pearing on the palpebral conjunctiva are noticed cidentally, as seen in a subsequent period of the ogress of the disease. Indeed, at that time (1821) y attention had not been particularly directed to ıe subject; and the first edition of Mr. Lawrence's ork, containing his remarks on it, was not pub- shed until 1833.

Case I. I was called on May 16th, 1825, to a gen- eman named R. Allen, on account of a rheumatic fection. At the same time, a hard tumour, of bout the size of a pea, presented itself near the ænum penis, which gradually became more in- amed, and afterwards ulcerated; the ulceration soon xtending much over the part between the prepuce nd the glans, forming a very large irritable sore, ith hard ulcerating edges. In this state it pro- eeded for a few weeks; and then, after the conti- ued use of decoction of sarsaparilla, aperients, and milk diet, with rest, it began to assume a healing aspect, and was nearly well, when he irritated it by exposing himself to a fresh infection; but, by per- severing in the same treatment, it again presented a healthy healing appearance, under the application of poultices and mildly stimulating mercurial oint- ments. On August 12th, it was nearly well; and an eruption on the forehead, which had troubled him for about six weeks, had also disappeared, excepting the marks, under the same treatment. Recently, how- ever, the disease had reappeared in the form of five or six blotches on the forehead, of a circular form, of about the size of a sixpence, or smaller, flat in the centre and elevated at their margins, all of a cop- pery red colour; one on the head, amongst the hair, discharged matter occasionally from under a crust; and one on his forehead was nearly in the same state. There were two or three smaller eruptions on his face, in the form of acne or ecthyma. He conti- nued to take decoction of sarsaparilla; and a solution of hydrargyrum corrosivum sublimatum was applied.

Oct. 1st. The eruption on the head and face was nearly well. For the last fortnight he had com- plained of his throat, which, on inspection, looked rather red, but was not ulcerated. The sore on the inferior part of the glans, or rather on the corpus spongiosum behind it, continued open, but had a clean healthy appearance.

Nov. 12th. He called upon me. Having gone out much during wet cold weather, and also living rather irregularly, he was not so well; his throat had be- come ulcerated on both tonsils, and on the posterior part of the pharynx, with hoarseness and some cough. The eruption on the skin continued better; the sore on the penis about the same. His pulse was acce- lerated; his appetite and general health indifferent. I directed him to stay at home, and to live much on milk diet; prescribing him pills twice a day of ex- tract of conium and rhubarb (sing. gr. iij); and decoc- tion of sarsaparilla with dilute nitric acid after each dose; also to use frequently a gargle of oxymuriate of mercury with tincture of myrrh and rose-water.

Nov. 19th. A sore (serpiginous), which he had had on his forearm, was now healing from the centre, whilst its margin was yet rather ulcerating. The sore on the penis was healing in some parts from its edges, but in others was rather ulcerating. His throat was about the same. A very large abscess, formed in the perinæum in consequence of a blow on the part, discharged freely. A few scattered spots appeared on the trunk, but were scarcely ulcerating.

Nov. 27th. He was in nearly the same state. The phagedænic or serpiginous sores were still rather extending. The tonsils and posterior part of the pharynx were almost covered with ulcers. *One also, for the last ten days, had formed under the superior palpebra of the left eye.* That on the penis was ex- tending at the margin, although healing at its middle. That on the arm was cicatrised, but was red, hard, and elevated. There were several sores on his body, but there was scarcely any discharge from them. The sore from the blow *in perineo* seemed healthy, but was still large. The sores on his body were dressed with resin cerate, and those in the throat were touched once or twice a day with oxymel æruginis. The other medicines were conti- nued.

Dec. 18th. The oxymel æruginis, with an equal quantity of water, the parts being washed immedi- ately afterwards, seemed to have had a good effect on the sores of the throat, penis, forearm, and con- junctiva palpebræ; and all of them appeared healing, as was also slowly that of the perinæum. The pulse was still frequent, and the appetite indifferent.

Dec. 28th. The sore on the penis, after being open

nine months, was now just healed. The throat and other parts were also rather better, and his general health was a little improved.

Jan. 1st, 1822. About a dozen scabbed sores existed on the back and right side of the trunk, varying in size from that of a sixpence to a shilling. I prescribed him hydrargyrum cum cretâ and rhubarb (sing. gr. iij) three times a day, with an antimonial demulcent mixture.

Jan. 30th. He was nearly in the same state. Another small ulcer, which had appeared under the same palpebra, but rather nearer the external canthus, was touched with the oxymel æruginis.

Feb. 18th. The conjunctival lining of the superior palpebra was nearly healed, but appeared of an unequal white and red colour, and was not perfectly smooth. The throat also appeared rough and ulcerated in points. Small ulcers on the penis alternately healed and broke out again. The incrustations on the trunk were in general falling off, but some formed again. His general health seemed rather improved.

April 20th. The state of the throat, conjunctiva, penis, and perinæum was about the same; and the cutaneous incrustations continued in the same state. He had some cough, and a little œdema of the lower extremities towards night.

June 4th. The palpebral conjunctiva continued a little red and rugose, but not ulcerated; the other parts were much the same. The cutaneous scabs had in a great measure fallen off. The cough and œdema of legs were nearly gone. Pulse frequent; appetite and sleep moderate. He walked out now a little almost daily.

June 21st. The palpebral conjunctiva of the left eye was again ulcerated; that of the right one had also latterly become affected, first by a few enlarged vessels appearing, which soon increased so as to produce a dense red spot, the precursor, probably, of ulceration. Numerous scattered spots of acne or ecthyma, with a yellowish suppurating point, had appeared nearly all over the body, producing much soreness. The throat was also in the same ulcerated state as it had been occasionally before. For the last four or five weeks he had been using, by his own desire, a mild mercurial course; but during this time there had been rather an aggravation of his complaint.

July 15th. The eruption was rather worse than better, affecting the face (especially the nose, which was almost covered with scabs and ulcers), the head, back, arms, and indeed the whole surface of the body. Some of the ulcers were covered with large crusts; others were discharging, and requiring to be dressed. The throat, palpebral conjunctiva, perinæum, and penis were much in the same state as before. I desired the mercury, which had been taken lately in very minute doses, to be entirely omitted; and ordered him to take only a mild aperient pill, and the decoction with acid as before.

Oct. 30th. Since last report, he had been staying in Liverpool; and during that time had been chiefly under the care of Dr. Macartney, who prescribed for him compound decoction of sarsaparilla, with an addition of extract of sarsaparilla, three tablespoonfuls three times a day; one-eighth of a grain of bichloride of mercury three times a day; and six minims of liquor arsenicalis three times a day; also antimonial powder, with extract of conium and opium, each night; and black oxide of mercury for fumigation. He also took twice a day a pill of two-thirds of a grain of black oxide of mercury, with ten grains of compound chalk powder and a grain of opium. The warm sea-bath was tried, but it seemed rather to increase the eruption. At present he was much better. The scabs had in a great measure fallen off, leaving the parts healed. The ulcers of the conjunctiva w healed; the penis also. The throat was better, a the perinæum was healing. His general health w improved. Pulse natural; appetite moderate.

Dec. 6th. The pills and arsenical drops had be continued; but, some diarrhœa having come on, desired him to discontinue them for a short time. spot of ulceration, of about the size of a split p had appeared on the velum pendulum palati. was prescribed half a pint of compound decoction sarsaparilla twice daily, and to use the gargle as fore for his mouth and throat.

Feb. 20th, 1823. About three weeks since, whi there was a very severe frost, he continued to go daily. Calling upon him at this time, I found t throat, tonsils, uvula, and pharynx presenting sloughy appearance. Two sores upon the front his leg had also a nearly similar aspect. His pu was frequent, but his appetite tolerable. I desi him to keep the house, to live pretty well, to use gargle warm, and to apply to his leg a linseed po tice. In about a week, the throat became cleane the greater portion of the uvula, sloughing off, ca away. The ulcers on his leg had a sloughy a ulcerating appearance. I desired the linseed po tice to be exchanged for a bread and milk one, whi immediately effected a favourable change, the so assuming a granulating state, and soon beginning cicatrise. His general health again improved. T conjunctival sores healed; those of the penis a perinæum nearly so. His skin was pretty free fr tuberculous or ecthymatous eruption, but almo covered with large cicatrices.

March 27th. He continued better as to the e ternal complaints, these being confined to a f small clean ulcers on his legs; but he had now b come decidedly the subject of ascites, with œdema the lower extremities.

Having already related this case so much at lengt I will refrain from further details, only stating th by the means adopted, the dropsical symptoms we removed.

March 1825. After the last report, he had a r turn of tuberculous or acne-like eruption all over b body, with much headache and some sore-throa but he had now for some time been in tolerab health, only he was considerably altered in his a pearance by the very long duration of his illness a the numerous cicatrices on his face.

Since reading the work of Langston Parker, I a inclined to think that the disease would probab have had its course arrested by larger use of son mercurial fumigation.

Having dwelt so long on the recital of the abov as I consider, very interesting case, I will endeavo to be more brief in what has to follow.

Case II. In October 1827, I saw a gentlema named Daniels, affected much in the same way Allen was. He had ulcers on the palpebral conjun tiva and tarsal or ciliary margin; also an enlarg ment of the left testis, or what has been called syph litic arcocele. Under the use of decoct. sarzæ an liquor arsenicalis, he soon improved, and in about tw months was almost well, the sores being all healed except one on the left arm, now also healing. Th testis also was much reduced in size, under the appl cation of ol. palmæ camphor. I saw him occasio ally for a while; and on April 5th, 1828, I found h had been well for some time. I should add, that h had been under good medical advice for some tim before I saw him.

Case III. September 1841. I attended a Mrs. B affected with an eruption of rupia and the phag dænic form of secondary syphilis. The throat wa ulcerated, and there was *ulceration of the palpebr*

junctiva near the ciliary margin. There was a ge prominent crust in the hairy scalp, near the ehead; and a smaller one behind it. There was ulcer on one thigh, succeeded by a few others on foot. She had a good deal of pain, with some elling and tenderness of the knees.

She was soon relieved by the use of anodynes and iodide of potassium. The throat healed over y soon; and also the ulcer on the thigh, which s dressed with resin cerate and a small addition of l precipitate. The ulceration of her palpebræ con-ued for some time; and the crusts on the head re very slow in falling off and healing, the larger es especially.

Case iv. Ann Barlow, aged 23, married about rteen months, came under my care as an out-tient of the Manchester Eye Hospital October th, 1847. The ciliary margin of the superior pal-bra of the right eye was ulcerated away, except a all portion towards the external canthus. There s also an ulcerated state in the middle portion of e ciliary margin of the lower palpebra, which was re especially covered with a puriform fluid. The be itself was unaffected, only it had been a little l occasionally. There was an enlarged gland, her sore when touched, in front of the right ear; d a similar one just below the angle of the inferior axilla on the right side. She complained of much in, of a burning, throbbing, and lancinating kind, the palpebræ and surrounding parts. That side of r face was hotter and redder generally than the her. About fourteen weeks previously, a small ulcer peared under the upper eyelid. Her medical at-ndant at Ashton-under-Lyne applied to it stimu-nts and escharotics; but the ulceration extended to e tarsal margin, and had extended during the last tnight. Pulse 96; tongue pretty clean; bowels nfined; appetite indifferent; she complained of adache; the catamenia had not appeared since her e was affected; and she thought she might be egnant. She had had one child born at seven nths—on May 3rd. It died of convulsions, when e weeks old. It had no particular eruption on the in. About seven months after marriage, she be-me affected with sore places about the pudenda; d, some time before that, she had much vaginal reness. Some months afterwards, her throat be-me sore and ulcerated; it was about two months in aling. Afterwards, her eye became affected; and, thin the last fortnight, red hard spots had ap-ared on her legs; they were very sore to the touch, d apparently intermediate between nodes and ery-ema nodosum. There were several of them on the ht leg, and a few on the left; they were not all on e periosteum. There were about three also on the t thigh, quite cutaneous. She could ascribe no use for the complaint, except infection from her sband, who appeared to have had syphilis. Pre-usly to her marriage, she was very healthy.

A colleague of mine, who accidentally saw the case, s, at first view of the palpebræ, impressed with the a that it was a malignant and intractable affec-n; but, judging from its history and my former perience, I was inclined to entertain a more favour-le opinion. I prescribed ten grains of blue pill ree times a day; and with each dose two table-oonfuls of an iodide of potassium mixture, and ne ointment to the tarsi.

℞ Potass. iodid. ℈ij; syrup. pap. f. ʒiv; aquæ ad f. ʒij.

Nov. 1st. The ulceration of the palpebræ looked eaner, more kindly, and was attended with less in.

Dec. 1st. The ulcerated parts were now nearly aled, the improvement having progressed regularly since last report. The tarsal margins were again nearly even, being only slightly indented in one or two points. She had continued her medicines regularly. Sulphate of copper had been occasionally applied to the ciliary margin.

Jan. 10th, 1848. She continued pretty well, and scarcely any difference was observable in the two eyes.

September. She called again to express her thanks, and to show that her eyes remained well.

Case v. July 29th, 1840. Jane Beresford, aged 21, married, came under my care as an out-patient of the Manchester Eye Hospital. She said that, about twelve months since, she became infected with syphilis by her husband. After suffering from secondary symptoms, in a few weeks she became affected with sore-throat, followed by ulcerating blotches on her legs and back, not more than two or three on the former, and one or two on the latter, all now nearly healed. Latterly the palpebræ had become affected, presenting a reddish swollen appearance, along with some ulceration of the ciliary margin, extending a little inwards upon the conjunctiva. I prescribed for her the same treatment as mentioned in the preceding case.

Aug. 3rd. The palpebræ were still reddish, and a little swollen; but the ulceration was already almost healed, and her general health was improving.

Nov. 12th. She had been for some time pretty well, and discontinued her medicines soon after last report.

Case vi. On December 30th, 1863, I was consulted by Mr. N., a middle-aged man, unmarried, on account of an affection of his eyes and throat, which had been coming on for a week or more. The ciliary margins appeared red and somewhat swollen; and, on everting the superior palpebræ, two small ulcers were visible on one of them, and one only on the other. Each ulcer was a little excavated, presenting a yellowish base, and was about the size of a split pea. They were all on the palpebral conjunctiva, quite within the ciliary margin, and, therefore, not observable until the palpebræ were everted. On examining the throat, a rather large yellowish ulcer was seen on the left tonsil. I prescribed him the same medicines as in the preceding cases, and a lotion for his eyes.

Jan. 3rd, 1864. The ulcers on the palpebral conjunctiva and left tonsil had lost their yellowish coating, and seemed healing.

Jan. 9th. The ulcers were now scarcely visible either on the palpebræ or tonsil. The medicines were continued.

Jan. 15th. The ulcers were now healed, and his general health was improved. He had, however, still some ulcers on his legs—a frequent, if not general, concomitant of this form of syphilis; the ulceration being often of a sloughy, phagedænic, or serpiginous character, at least in one period of its progress.

Case vii. October 29th, 1864. I was consulted by a Mr. B., aged about 30, married, residing until recently at New York. He had an ulcer occupying the tarsal margin of the left superior palpebra, and extending somewhat within the conjunctival surface. The surrounding textures appeared reddish and thickened. He first noticed the affection about three weeks ago, and it had gradually become a little worse. He had not hitherto used any particular treatment for it. About eighteen months since, he became affected with a cutaneous eruption in large spots (ecthyma?) on his legs and shoulders, and also with ulcerated sore-throat; but these were now all healed, leaving rather large cicatrices on the skin. He said that he had gonorrhœa about the commencement of

his complaint, but was not certain as to the existence of primary sores. I prescribed for him nearly the same medicines as in the preceding cases; the blue pill being united with an equal quantity of extract of conium and mixture of iodide of potassium. The affected lid to be brushed occasionally with tepid water, and anointed afterwards with the milder mercurial ointment.

Nov. 2nd. The ulceration of the ciliary margin and adjoining palpebral conjunctiva, as well as the accompanying redness and swelling, were diminished. The cicatrices on his legs, etc., varied in size from that of a sixpence to about that of a shilling.

Nov. 7th. The external ulceration of the tarsus was now healed; that of the conjunctiva internally was contracting, and presented a healthy granulating surface. The swelling and redness of the margin had disappeared.

Nov. 19th. The ulceration was quite healed, leaving a slight, scarcely perceptible depression in the site of the lately ulcerated ciliary margin; and the cilia corresponding to that part had quite disappeared.

Reviews and Notices.

REPORT ON THE CHEAP WINES FROM FRANCE, ITALY, AUSTRIA, GREECE, AND HUNGARY, ETC. By ROBERT DRUITT, M.R.C.P., etc. Pp. 179. London: 1865.

THE writer advocates the largely increased use of wine in diet and in medicine, and the use of greater variety. His is not a formal treatise on wine; but he takes the various cheap wines actually on sale in London at the present moment, and describes their qualities and uses. First, he discusses the difference between pure wine and fortified wine, observing that the English differ from every other civilised people on the face of the earth by their predilection for wine which has been dosed with about 20 per cent. of proof spirit. He shows that common spirit is more or less contaminated with fusel oil and other irritating substances, and is made out of the cheapest and commonest grain; and that this common spirit is largely exported to Portugal, and returns in the shape of port wine! He shows that pure wine, of natural strength and unfortified, has about 20 per cent. of natural spirit, derived from the fermentation of its saccharine element. He teaches us how to judge of wine, laying especial stress on the *body* of wine—*i. e.*, the totality of its sapid and aromatic ingredients, as contradistinguished from mere alcoholic *strength*. A mixture of spirit and water, he says, however strong, has no body. The question of acidity is also treated of, and a table is given with new determinations of the acidity of twenty-four kinds of wine. The headaches, heartburn, gout, etc., which follow the use of wine, he attributes to the wine being imperfectly fermented, or to the admixture with it of ardent spirits; and, let the wine only be pure, and there is no fear in drinking of it plentifully. Taking half-a-crown per bottle as a definition of cheapness, he gives a description of more than a hundred samples of cheap wine of all sorts which he has purchased and drank in London within the last two or three years; beginning with the Bordeaux and Burgundy; then taking the less known Greek, Hungarian, Austrian, and Italian wines, of which he details the names, prices, taste, alcoholic strength, etc. Amongst the Hungarian and Austrian, he describes *all*, whether cheap or dear. There are also remarks on cider, mead, champagne and sparkling wines, and on cheap port and sherry, etc. The whole is interspersed with constant eulogies of that mode of philosophising which the writer calls "empirical", and which consists in arguing from the results of experience, and not from *à priori* considerations. Some space is devoted to an examination of hypotheses on which certain wines have been recommended by well known chemists and physicians, as, for example, Liebig. He and some of his disciples have asserted that good wine is "rich in phosphorus"; and have asserted of some wines, that they are good because rich in phosphorus, which is a very different thing. Our readers must often have noticed a wine advertisement in which the words "NO LIFE WITHOUT PHOSPHORUS" appeared in staring letters. It seems to give the writer a peculiar satisfaction to tear these hypotheses to rags and tatters, and to decry all systems of medicine and diet which do not rest upon experience.

The subject is naturally an attractive one even to teetotallers, and our author has certainly treated it in a practical and attractive manner. The British consumer of wine will derive both pleasure and profit from its perusal; but that he will be seduced from his strong and old-fashioned glass of port and sherry to the lighter draughts of Rhenish and Austrian, etc., produce, we will not venture to prophesy. Nevertheless, the author deserves our thanks for throwing his stone at the system of brandying natural wines and poisoning them with bad spirits.

A MANUAL OF THE DOMESTIC PRACTICE OF MEDICINE. By W. B. KESTEVEN, F.R.C.S. Pp. 339. London: 1865.

"IT is not," says the author, "the intention of this Manual to supersede the office of the professional attendant." But many persons are themselves obliged to practise medicine, because they cannot procure the benefits of medical skill; and it is for the benefit of such that this book is written. Mr. KESTEVEN says that he has reason to know that the first edition of his Manual has been of service both at home and in the colonies. We have no doubt it has been so; but then, unfortunately, books of this kind are apt to be a source of error to the well-intentioned. A few distinct practical rules, comprehensible to ordinary non-professional understandings, are no doubt very serviceable to all persons, as well to those who can as to those who cannot obtain professional assistance; but works which enter too minutely into the subject are likely to be the source of mischief in the hands of the good-natured busybodies who generally undertake the duties of doctor in village and outlying districts, where doctors' aid is not readily procured. How, for example, can my Lady Bountiful, even with the help of this manual, make a diagnosis of "Brain, Inflammation of; Acute Water on the Brain; Acute Hydrocephalus"? Is it safe to tell that good lady that, in cases of this kind, she must give "an adult ten grains of calomel" and a senna purge; and, after action of the bowels, "calomel in doses of two grains every four or six hours" until the gums become inflamed; and also to tell her that, "when this

ase occurs in infants or children, the same line of atment must be adopted, but the doses very much uced"? The example we here give illustrates at seems to us the error to be avoided in books of s nature. They attempt too much. Those to om they are addressed will, we may be very sure, nk themselves equal to the occasion of any sick- s described in it, and will operate accordingly; l no doubt, therefore, erroneously and very much the injury of the patient. Works, therefore, on nestic medicine should, in our opinion, contain y matter of the most elementary character. To empt therein a description of symptoms and the atment of all diseases is, we fear, infallibly to lead public into error, and into the doing of mischief ier to themselves or to others.

THE METHOD OF THE STUDY OF MIND; an ntroductory Chapter to a Physiology and Patho- ogy of the Mind. By H. MAUDSLEY, M.D. London: 1865.

. MAUDSLEY is a thoughtful writer, and has well died the special subject of which he treats; and , therefore, a good right to unfold his views on s very difficult subject.

E STUDY OF SCIENCE, AND ITS UNDUE NEGLECT AS A BRANCH OF EDUCATION. Delivered (in part) s a Lecture at the Royal Institution of South Wales. By GEORGE PADLEY, M.D., Physician o the Swansea Infirmary. Pamphlet. Swansea: 865.

IS is a very sensible lecture, showing in well set ms the advantages of scientific studies as an ordi- y part of education.

Progress of Medical Science.

MEDICINE.

POISONING BY ATROPIA: RECOVERY. Emilie M., ed 25, had for some time been using, by direction of ophthalmic surgeon (Dr Förster of Breslau), an ap- cation of atropia to the eye. On March 6th, she ocured from an apothecary a bottle of the prepara- n, containing one grain of sulphate of atropia in drachms of water; and, at about half-past one lock on the same day, having had a quarrel with mother, she drank the whole—at least, the bottle s found by the mother to be empty. Soon after ring the poison, she asked for milk, of which she nk nearly a pint; and, in half an hour, she had irely lost consciousness and had occasional twitch- gs. At three o'clock Dr. Körner saw her. She s lying in bed on the left side, entirely unconsci- s and incapable of being aroused by loud calling by pinching the most sensitive parts of the skin. intervals of two or three minutes there were ivulsive movements, of short duration, in the face l limbs, the arms being moved forward on the est. The skin was warm everywhere; the face s undoubtedly red; the eyes were closed. Both pils were so much dilated that the iris could not distinguished, and were quite insensible to light. e pulse was 130, very small, and compressible; the eathing was 16-18, stertorous. A solution of four ains of sulphate of copper in four ounces of water s ordered to be given in half-ounce doses every ten minutes as an emetic. The first dose was administered with some difficulty, on account of the firm closure of the teeth. It was followed in five minutes by violent and copious vomiting of a greenish white milky fluid, mixed with much granular matter. Ice was applied to the head, and an enema of cold water and vinegar was given; this produced a motion in a quarter of an hour. Strong coffee was also given in teaspoonful doses. At a quarter before five, Dr. Cohn, the assistant of Dr. Förster (who had been sent for), saw the patient. She now lay with her face downwards, and it was with great difficulty that several persons could make her lie on her back. Consciousness and sensation were still entirely lost; the convulsions continued; no delirium was observed. The pulse was 140, very small. After she had taken five doses of the emetic mixture, she again vomited, the ejected matter being similar in quantity and character to that already mentioned. At five minutes before 5 P.M., half a grain of acetate of morphia in water was injected about half an inch above the exit of the right supraorbital nerve. In five minutes the pulse had sunk to 100; the countenance began to assume a lively red colour, and to become very hot; and the extremities were cold. At ten minutes past five, the patient was more easily kept lying on her back than before. The pulse was 120, but somewhat fuller; the respirations 15, still laboured, but not more stertorous. The convulsive movements continued; and there was a peculiar perpetual vibration of nearly all the muscular fibres, which could be especially felt in the masseter and pectoral muscles. The face was very warm; the hands cold. On being loudly called to, the patient shrank and opened her eyes, but was quite unconscious; she felt sharp pinching slightly. She had much difficulty in swallowing the coffee which was put by teaspoonfuls into her mouth. The left pupil seemed already somewhat smaller than the right. A little more than eight ounces of urine was drawn off by a catheter and retained for examination; and about the same quantity escaped into the bed. In addition to the ice to the head and the coffee, carbonate of ammonia was now ordered to be given every hour in ten grain doses. The hands were well wrapped in cloths wrung out of hot vinegar. At a quarter past six the patient for the first time answered a question. The answer was rational; but when she attempted to speak spontaneously, her speech was unconnected. At half-past six she was able to recognise the persons around her. She now talked much, and had rapidly alternating paroxysms of laughter and crying. At ten minutes before seven, a small piece of Calabar bean paper was laid on the lower conjunctival sac of the right eye. The pulse was 120; the breathing quiet and normal; the convulsions recurred less frequently. The medicines were continued. At 9 o'clock P.M., the patient was perfectly conscious, gave correct answers to questions, and complained only of weight in the head and difficulty in swallowing. Convulsive twitchings still occurred, but was very slight. The pupil of the right eye was decidedly wider than that of the left. The patient slept tolerably well through the night, and was out of bed at nine the next morning. She felt cheerful, but had some sensation of weight in the head and trouble in swallowing. Slight twitchings occasionally occurred in the feet, rendering her gait unsteady. The pulse was 60; the right pupil was $3\frac{1}{3}$, the left $2\frac{1}{2}$ lines in diameter; the pulse 60. The patient now confessed to having drank the entire bottle of atropia solution. At 7 P.M., the pulse was 80; her condition in other respects was the same. Three days after she had taken the poison, she still complained of difficulty in swallowing; the convulsive twitchings had entirely ceased; the head was free;

the pulse 80; the right pupil 3, and the left 2 lines in diameter. She was now convalescent. The urine was yellow, of specific gravity 1008, and free from albumen and sugar. A small quantity was concentrated by evaporation, and a few drops placed in the right eyes of three rabbits, with the effect, in each case, of producing a remarkable enlargement of the right pupil. (*Berliner Klin. Wochenschr.*, 17 April, 1865.)

Uræmic Convulsions. Dr. D. R. Haldane lays down and supports the following propositions. 1. In the present state of our knowledge, we seem justified in believing that the retention of urea is the chief cause of uræmic convulsions; though the effect of this agent is probably aided by individual peculiarities, and by deficient nutrition and consequent irritability of the brain, the result of the hydræmic condition of the blood. 2. It seems probable that the mass of the blood may be increased when deficiency of the urine is not compensated for by augmentation of other secretions, or by the occurrence of dropsy, and that this condition predisposes to apoplectic symptoms. 3. In cases where symptoms of cerebral congestion are present, especially where well marked contraction of the pupil exists, bloodletting is likely to do good. 4. In cases where symptoms of cerebral congestion are absent or all masked, and where dilatation of the pupil exists, bloodletting is likely to be injurious. 5. Chloroform is valuable as a palliative, especially in cases of puerperal convulsions; but when symptoms of cerebral congestion are present, it should not alone be depended on. (*Edinburgh Medical Journal*, April 1865.)

The Therapeutical Uses of Ox-Gall. Professor Wolff wishes to direct the attention of the medical public to a renewed trial of ox-gall, so that it may again effect the purposes for which it was formerly recommended. The ox-gall acts as a tonic, laxative, and nervine. As a tonic it is especially useful in dyspeptic cases dependent on atony of the gastro-intestinal canal; as a laxative when a powerful stimulation of the intestine is at the same time required, and in cases of deficient and morbid secretion of bile with attendant constipation. In such cases ox-gall is more useful than any other medicine recommended for the same conditions, and a patient who was treated by Dr. Wolff for symptoms of cirrhosis of the liver, jaundiced skin, obstinate constipation, and increasing emaciation, was completely cured by the use of this agent. Dr. Wolff also found this remedy very beneficial in two cases of spasm of the stomach in an especially severe form. In order to produce a laxative effect he ordered a tablespoonful of a solution of from four to six drachms of inspissated ox-gall in six ounces of aromatic fluid, to be taken four times a day; but to produce a tonic effect smaller doses are sufficient. (*Brit. and For. Med.-Chir. Review.*)

SURGERY.

Extensive Injury of the Legs by Machinery: Amputation: Recovery. August W., aged 17, was admitted into the Charité Hospital at Berlin on March 14th, 1864. On the morning of that day, he had been injured by the iron work of a threshing machine. The patient was a very weakly youth, of small size and strength and weak in intellect. On his admission, there was found to be considerable deformity of the left knee. The tibia was broken close below the joint, and the lower fragment was displaced backwards and upwards; and an angular projection ending in a sharp point could be felt behind the joint. When the leg was fully extended, this part formed a sharp projecting swelling, which disappeared when the joint was bent. Moderate but decided crepitation was perceived during these movements. The upper fragment of the bone formed a small projection anteriorly. The external malleolus and the lower end of the fibula were also broken on the left side; there was, however, no displacement of the fragments, but some crepitation and abnormal mobility. The joints of the knee and foot appeared to be uninjured. The right thigh was broken close above the knee. The upper fragment projected somewhat forwards; the lower, although very small, had undergone partial rotation on its axis, so that the internal condyle was directed somewhat forwards, and the external condyle backwards. There was distinct but slight crepitation, and slight abnormal mobility. It could not be ascertained whether there was a fracture between the condyles; the knee-joint was apparently unhurt. There were some contusions and slight bruises on the face and other parts. Chloroform having been given, the displacements of the left leg were reduced, and the limb was put up in a plaster of Paris bandage, over which a bladder of ice was applied. The right thigh was laid on a double inclined plane, and ice was applied to it also; and, after some days, a plaster of Paris bandage was used. The progress of the case was tedious, in spite of the greatest care; and it was only at the end of April that a tolerably good union of the fractured parts appeared to have taken place. At this time there set in painful swelling over the end of the fibula and external malleolus; this was in vain treated with antiphlogistics, and at last burst and discharged a thin pus. Examination with a probe detected separation and necrosis of the fibula. In May the joints of the left knee and foot became diseased; and, as the patient's constitution was thereby seriously affected, the left thigh was amputated at the lower third on May 30th, by the circular incision. On examination of the removed limb, the following appearances were found: 1. There was a removal of the epiphysis of the upper end of the tibia, and an attempt had been made at firm union. The upper fragment was dislocated forwards, so that the two fragments did not lie in apposition; the free parts presented some new formation of bone. There was no necrosis. 2. Both epiphyses of the fibula were displaced. The surfaces were tolerably smooth. The upper epiphysis was necrosed on the outer side, the lower one entirely. 3. The joint of the left foot was destroyed, and there was commencing suppuration in the knee-joint. The amputation wound healed slowly, but without any untoward symptoms. In the meantime, the fracture of the right thigh became united; the fragments, however, not having regained their normal position. The patient was discharged, able to use the limb well. (*Berliner Klin. Wochen.*, 10 May, 1865.)

Dislocation of the Hip-Joint into the Sciatic Notch: Reduction after Five Weeks. On August 7th, 1864, Dr. Zimmer of Fulda was called by a woman to prescribe an embrocation for her brother. On inquiry, he found that, five weeks previously, the man had been thrown from a waggon of hay and had thereby dislocated the hip-joint. He was treated during four weeks by cold applications and embrocations; but, from the description given by the woman, Dr. Zimmer concluded that reduction had not been effected, although he had been under the care of two medical men. The next day, he saw the patient. The right foot was strongly inverted, the buttock turned to the right and outwards, and the thigh shortened by at least six *centimètres*. The patient

is entirely unable to raise the thigh. On examination, the head of the bone was found in the sciatic tch. On the 9th, Dr. Zimmer, with two assistants, tempted to reduce the limb. The patient was ced under the influence of chloroform, and the nt was moved in various directions as it had be-me nearly fixed. An assistant then fixed the pelvis th his hands; another knelt at the side of the dis-ated bone with his right arm in the popliteal space d his left embracing the limb at the same part and king extension. This manœuvre was unsuccess-. Dr. Zimmer then bent the dislocated limb to a ht angle and performed adduction, so that the ee approached the hip of the other side; this was ended with a crackling sound, as if some bands had en torn through. The dislocated limb was then led outwards, and at the same time an assistant oduced strong extension; wherein the head of the ne returned audibly into its normal position. The t and buttock now resumed their proper direction e patient's recovery was rapid; and he was well le to walk a long distance, with some support, on gust 29th. (*Berliner Klin. Wochenschr.*, 6 May, 5.)

IDWIFERY AND DISEASES OF WOMEN.

Ligature of the Pedicle in Ovariotomy. A cussion took place lately at the Pathological So-ty, relative to the use of silver wire as a ligature the pedicle in ovarian operations. The silver re is left on the pedicle, as recommended by Dr. arion Sims, and excellent results follow. The liga-e buries itself in the pedicle, but produces tem-rary pressure sufficient to arrest the hæmorrhage. hen, however, it has buried itself in the pedicle, e pressure is diminished, and so enough vitality t in the stump to enable it to adhere to the peri-neal surface, and to prevent its sloughing. Dr. arion Sims had observed, when operating with ver wire on a nævus on the face, that the wire, ich at first completely strangulated the nævus, d on the next day buried itself in the skin which d healed over it; and that it no longer completely structed the circulation. He therefore recommended use in the removal of ovarian tumours. It was ted that the silk suture was also used in a similar y by Dr. Tyler Smith, who returned and left it in abdomen attached to the pedicle; and had found bad consequences result.

Puerperal Fever. Dr. D. Miller, of Chicago, as airman of the Committee on Puerperal Fever, has sented a report upon this affection. With the most dern pathologists it is considered due to a new ment not found in ordinary inflammation, which ders its nature essentially different from peritoni-, phlebitis, metritis, etc. The new element, we led to believe, is a poison in the blood, pro-cing a septic influence there—and through this dium producing changes sometimes in the tissues important organs. That the disease is truly zy-tic. Its history observes the laws of all poisons. It is an uniform disease; the description given of an hundred years ago, describes the disease of to-y equally well. It selects a tissue for its seat, viz., serous membranes and tissues analogous to them. The definite action is in the blood; the quantity fibrine is increased, its quality is deteriorated. 4. e action of the poison is modified by the quantity roduced into the circulation. When it is in excess patient may die suddenly without leaving any al manifestations of its presence. When the poi-ing is in less quantity, its course is less rapid, and is followed by local changes. Without attempting to trace this poison to its source, or detail its mode of propagation, he concludes that: 1. It may originate within the system, from the decomposition of organic matter; 2. It may be introduced from without, by exposure to diseases characterised by ichoræmia; or, 3. It may be communicated by the attendant, who is the vehicle of transportation from a distant case. Dr. Miller arranges the treatment under three propositions; 1. Neutralise the *materies morbi* in the system, in the uterus, and in the vagina. 2. Eliminate the disintegrating and effete materials from the system. 3. Support the vital forces of the system. He believes the first can be fulfilled by *chlorine* and *bromine* as injections into the vagina and uterus; while the second indication is carried out by such articles as are known to arrest the septic influence of the poison already circulating with the blood; such as the mineral acids, chlorine salts, the bromides and sulphides. The third object is accomplished in the usual manner by nutritious food and judicious use of alcoholic preparations. (*Phil. Med. Journal.*)

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

Cysticercus in the Capsule of the Lens. At the meeting of the Berlin Medical Society on February 8th, Dr. Von Gräfe mentioned a case in which, on an operation being performed for cataract, a cysticercus cellulosæ was found within the capsule of the lens. This is the first instance in which the cysticercus has been found in this situation. (*Berliner Med. Wochen.*, 27 Marz, 1865.)

The Præpatellar Bursæ. Dr. S. H. Scheiber of Bukarest has published the results of examinations made by himself and Dr. Quiquerez on one hundred bodies, with regard to the presence and anatomical relations of the synovial bursæ in front of the patella. He finds the following results. 1. The bursæ lying in front of the patella, between this bone and the integument of the knee, are either (*a*) situated superficially or subcutaneously between the skin and the fascia lata; (*b*) between the fascia lata and the tendon of the extensor quadriceps; or (*c*) between the last named tendon and the patella. 2. Of these three bursæ, one, two, or all three may be present in the same individual. 3. They are to be found at all ages, from 13 to 82. 4. In 100 subjects examined, 22 presented no præpatellar bursæ; in 15 there was a bursa on each side only; in 63 on both sides. 5. In 10 cases all three kinds were met with; but one subject only had the three bursæ on each side. 6. The proportion of their occurrence on the right and left sides is nearly the same. 7. The presence or absence of the præpatellar bursa is of nearly the same frequency in both sexes. 8. These bursæ were mostly found in men aged from 40 to 50, and in women from 20 to 30. 9. In 13 cases there was a communication between the two bursæ; those so connected being always the superficial and middle sacs. (*Wiener Medizin. Wochenschr.*, 15 May, 1865.)

The Turkish Bath. We learn that the promoter of the Turkish bath at Geneva, Mr. David Urquhart, formerly a member of the English parliament, after having passed the winter at Geneva, has quitted us to establish himself on Mount Prarion (near St. Gervais). Mr. Urquhart is building, 6,000 feet above the level of the sea, a Turkish bath, to try its efficacy for the cure of cretinism. (*Journal de Geneve*, May 16th, 1865.)

British Medical Journal.

SATURDAY, JUNE 3RD, 1865.

THE PUBLIC ESTIMATE OF MEDICAL SCIENCE.

ALTHOUGH the medical profession was but sparingly included in the hospitality lately afforded by the Lord Mayor to the notables of the scientific world, and though no notice was taken of them in the programme, we cannot but congratulate our readers on the occasion.

A banquet given to the President and Council of the Royal Society, as the representatives of science, was a fitting compliment, paid at an appropriate time. It is the function of the Royal Society to gather in all contributions towards further discovery of the laws of Nature, whether communicated by professional men or by amateur philosophers, it sifts these contributions, and judges their merits; and it is becoming, as it ought to be, more and more the practical authority of the State for the due application of the knowledge thus accredited. As an instance of prudent deference to the best authority, we may observe that the Government, awakened to the difficulties and perils attending the large introduction of iron into shipbuilding, tardily convinced that many losses of property and life are to be attributed to a consequent deviation of the compass, and finding also that, in consequence of the large amount of iron, Professor Barlow's system of correction has become inapplicable, have referred to the Royal Society, and that Society has furnished valuable assistance. And when it is remembered that the safety, not only of the navy, but of the mercantile marine, is compromised by this deviation, as well as probably by other causes which come within the province of scientific investigation, we must all acknowledge the importance of the body of learned men who form the recognised organ of philosophical discovery for the benefit of the nation.

We must, however, contend that there is another large class of philosophers who are equally labouring for the public good—the medical profession; and it is not without a certain sense of injustice that we observe so little account to have been taken of them in the recent honour paid to science.

The City functionaries are probably not aware of the intimate connexion between the Royal Society and the Royal College of Physicians at the first formation of the former. The nucleus of the Royal Society was formed in Gresham College, in the days when the Royal College of Physicians was a City corporation, under a separate Royal Charter; and a large proportion of those who attended the meetings whence the Society emanated were the leading physicians of the day.

It would be superfluous to contend that medical philosophy has the widest bearing on the good of society, and that it includes all branches of natural science; the fact, therefore, that it is forgotten, suggests some significant reflections. It almost seems as if the scientific pursuits of medical men and the profession itself are declining in general estimation; and, should this be true, does it not become us to regard it as a call to set our house in order, and to inquire whence is the falling off in its condition?

Can the fault lie with the heads of the profession? Are they making no advance in medical and natural philosophy; forgetting true science in the race for practice; seeking a reputation which bears no fruit but the emolument—a mere fleeting popularity, which leaves no traces of original thought, and bequeaths no fund of discoveries for the benefit of succeeding generations? And further, should there really be this debasement in the aims of men whose predecessors strove to throw new light upon disease, laboured with noble philanthropy to afford relief, and pushed their discoveries into every branch of natural science as Harvey, revealing the circulation of the blood Baillie, demonstrating morbid change; and Young developing the undulatory theory of light. How has this been brought about? Is it to be looked for partly in the democratic spirit which has invaded all professions, discouraging preliminary mental training, equalising education in all the branches, which tends not so much to raise the useful workers to higher efficiency, as to obliterate the class from which deep study, new views, keen apt opinions were to be looked for? or must we seek the deteriorating influence without the pale? Is it to be found in that materialistic tendency which affords no encouragement but to professions which minister to the accumulation of wealth and the invention of new luxuries? or is it in that waywardness and love of quackeries and silly novelties—that want of faith in knowledge as opposed to ignorance—which pervade the general public, which have crushed out too much of the energy which once made our profession famous?

POOR-LAW MEDICAL INSPECTORS.

A REPORT of the proceedings of a deputation which waited on Mr. Villiers at the Poor-law Offices on the 29th ultimo, is given at another page. The main object of the deputation was to ask the Poor-law Board to take into consideration the propriety of appointing medical inspectors under the Poor-law for the purpose of visiting, investigating, and reporting upon the treatment of sick paupers. The deputation was very courteously received by Mr

Villiers; but not much hope was held out by him for the appointing of such Commissioners; although the necessity for their appointment was clearly enough made out, and must be, indeed, apparent to every medical man.

Mr. Villiers said, the thing most needed at present was that greater powers should be given to the Poor-law Board, whose best efforts were often paralysed through the effectual opposition of Boards of Guardians. At present, the Poor-law Board issue their orders and recommendations to the Boards of Guardians; but, in many instances, they have no power at all to enforce the carrying out of those orders. Boards of Guardians, in fact, constantly set them at defiance. The Poor-law Board have even tried to enforce their orders through courts of law; but even then they have also failed.

Now, it seems to us, that the answer to Mr. Villiers should be this: Nothing more plainly shows the necessity for the appointment of Medical Poor-law Inspectors than this very statement. The orders set at nought by the Boards of Guardians, in the main, are orders affecting sanitary arrangements. Now, it is clear that, if the Poor-law Board could issue reports, on the high authority of Medical Inspectors, showing the absolute necessity for the carrying out of the orders issued by the Board, Parliament would at once give the Board the powers necessary for the purpose. At present, the Poor-law Board have not any such authoritative documents to lay before Parliament, and Parliament, therefore, does not give them the powers required.

The only objection stated by Mr. Villiers against the appointment of Medical Inspectors was that the country would object to the expense. But if this is all that can be urged against the proposal, there is evidently nothing to be said against it. It is not necessary for us to argue to medical men, that no class of persons can be so well fitted as medical men to superintend the hospitals, etc., of the sick paupers of the country. Why, have we not again and again had the proofs of it demonstrated to us—first, in facts which have shown the disgraceful treatment of sick paupers; and secondly, in the other fact that when inquiries have been instituted into these disgraceful disclosures, the Poor-law Inspector is obliged to call in some non-official medical man to assist him? Who can doubt, if medical Inspectors were appointed, that their well experienced eyes would enable them, at this moment and in all parts of the country, to detect abuses in the treatment of the sick which have naturally escaped the eye of the non-medical Inspector? In Mr. Villiers's own statement, therefore, that Boards of Guardians defy the Poor-law Board, we find the very strongest argument in favour of the appointment of Poor-law Medical Inspectors. We sincerely trust that this question will not be allowed to drop. We verily believe that such appointments would be the first step to the doing of some effectual justice to the sick; and would inevitably tend to the amelioration of the Poor-law medical officers' present cruel position.

Since the above lines were written, we read, to our surprise, in the *Times* of the 1st inst., that

"The President of the Poor-law Board has appointed Edward Smith, M.D., author of *Practical Dietary for Families, Schools, and Labouring Classes,* and also of a Report on the Dietary of Lancashire Operatives and Low-fed Populations, and other works affecting the health and well-being of the poor, as Inspector of Poor-law."

We most sincerely congratulate the President on his good sense in doing this plain act of justice. We trust the appointment is a permanent one. It can, however, only be regarded as an instalment of the proper thing; for it is manifest that one medical inspector is quite unequal to cope with the work which ought to be done.

Some remarks lately made in this Journal, respecting the uses and abuses of beef-tea as an article of diet in our hospitals, have, we hear, already found an echo in one of our large London hospitals. Our remarks have, in fact, led to an inquiry there into the cost and quantity of the beef used for the purpose of making beef-tea, and of its value as a nutriment. Some very striking facts have already been elicited. We believe it is true that the beef used for making beef-tea in the hospital referred to costs something over £1,400 *per annum;* that about 50,000 pounds of beef—*i.e.*, about 1,000 pounds a week—are used in its manufacture; and that, in fact, the beef-tea of each patient costs about one-half of the whole sum expended on his diet. The *bouilli*—that is, the solid material from which the beef-tea is made—is, of course, all thrown away, or partially wasted. The fat is skimmed off, and probably also goes into the hog-tub; and the muscular fibre, which forms the great bulk of the meat, passes into the same receptacle. Thus, in fact, the very greatest portion of the meat is absolutely wasted. We leave our readers to decide how much solid matter there is contained in a pint of beef-tea. But small it must be; and assuredly it is all the representative of a pound of flesh which finds its way into the stomach of the patient. If physiologists tell us truly, the whole of the muscular fibre of meat is capable of being dissolved and absorbed in its passage through the digestive organs. Why, then, should the enormous bulk of muscular fibre—nutritive matter—left after the manufacture of beef-tea, be thrown away into the pig-bucket? If, for example, we suppose that a pint of beef-tea contains one ounce of solid materials derived from the sixteen ounces of meat from which it is extracted, then the fifteen ounces of flesh are thrown away; so that, of the

50,000 pounds of meat used at the hospital in question for making beef-tea, upwards of 45,000 pounds are thrown away. Besides this, all the fat is carefully removed from the meat, and carefully skimmed from the beef-tea, and, no doubt, in great part lost as an article of nutriment. Hence, it appears that each patient, who has a pint of beef-tea *per diem*, consumes $6\frac{1}{2}d.$ worth of meat; whilst the meat in his ordinary diet costs only $2\frac{1}{2}d.$ We sincerely hope that the attention of our hospital medical officers will be called to this question in hospital economics; for it is certain, when we consider the immense consumption of beef-tea throughout the country, that it is one of serious importance. Without at all touching the question of the value of beef-tea as an article of sick-diet, we may very reasonably affirm that the rejection of the meat from which the beef-tea is made is pure waste of highly nutritive flesh-forming matter. The rejected matter consists wholly of fibrinous and albuminous tissues, every particle of which is capable of being dissolved and absorbed into the system. And especially ought attention to be called to this subject, at a time when meat has become an exceedingly expensive article of food.

Sir Charles Locock has issued his address to the electors of the Isle of Wight. He offers himself as a moderate conservative candidate. We must express a hope that he will receive the earnest support of the medical profession in the island. His presence in the House would be a very great boon to the profession at large. Sir Charles Locock has always shown himself to be an earnest supporter of the best interests of the profession; and would, we are satisfied, gladly give his aid, were he in Parliament, to the promotion of its welfare. One of the greatest misfortunes to medicine is, as we have all so often lamented, that we have no proper spokesman in the House of Commons. Here there is assuredly an occasion for us to lay hold upon. Sir Charles Locock, by his high position, would be naturally regarded as an authoritative exponent of medicine in the House; and we may be very sure, from his well known business habits, that he would always be ready energetically to support our interests there.

Captain Grosvenor, one of the candidates for the representation of Westminster in Parliament, and Mr. Hughes, a candidate for Lambeth, are both of them, we believe, staunch homœopaths. The latter gentleman, as our readers may remember, lately held a prominent position as defender of that creed at the annual dinner of the Homœopathic Hospital. Our own idea is, that, independently of all professional antipathy to the spreaders of that fallacy, no man who believes in it can be possessed of that plain matter-of-fact sense and judgment which should be required of a legislator. A man who is a quack in one thing is, in our opinion, likely to be a quack in all things; that is, he is possessed of an intelligence which takes contracted views of things. He may be good and clever, and even a genius; but he is wanting in bottom and soundness and common sense.

The remarks made by the *Wiener Med. Woch.* to the effect that the Government at St. Petersburg would not allow the foreign physicians who visited that capital to study with their own eyes the epidemic then raging, seem confirmed by the silence of our own Board of Health. Dr. Whitley was, as our readers will remember, many weeks ago, despatched in hot haste to St. Petersburg; but nothing in the way of information upon the subject of his special visit there has as yet found its way, either directly or indirectly, into print. The Vienna journal says, that the foreign doctors have been received by the Russian doctors with open arms and extreme politeness; that they have been *fêted* and champagned; but have been carefully admitted only into those hospitals and localities where no epidemic fever existed. This might have been expected. Publicity is not the order of the day in Russia.

Mr. Spencer Wells objects to the operation of incision of the mouth and neck of the womb, as performed by Dr. Marion Sims. In his opinion, the use of the speculum is neither necessary nor desirable in the performance of the operation. "The operation can be much better done with a proper instrument in a second or two by the touch alone, than it can by a complex process of speculum, assistant, hook, scissors, knife, and plugs, as advised by Dr. Sims." Further, he says that there is no necessity to do more than cut through the mucous membrane and the innermost layer of muscular fibres. Mr. Wells holds it "to be not only unnecessary, but dangerous and injurious, to cut into the thick middle layer of muscular fibres." Mr. Wells says he has seen two fatal cases of periuterine abscess after free incision in the practice of others. He is confident that very "free incisions are as unnecessary as they are dangerous."

Dr. Simas, of La Miséricorde at Lisbon, gives the following as the results of 216 cases of hereditary syphilis observed by him between January 1858 and February last. Of these, in 27 cases the disease appeared during the first month, in 49 cases during the second, in 56 cases during the third, in 30 cases during the fourth, in 14 cases during the fifth, in 16 during the sixth, in 7 during the seventh, in 2 during the eighth, in 7 during the ninth, in 4 during the eleventh, in 1 during the thirteenth, in 1 during the fourteenth, and in 2 during the eighteenth. These statistics show that the disease may appear at a much later date than is usually supposed.

INSPECTION OF WORKHOUSE HOSPITALS.

On Tuesday last, a deputation from the Workhouse Visiting Society had an interview with the Right Hon. C. P. Villiers, M.P., President of the Poor-law Board, on the subject of the constant inspection of workhouse hospitals by medical men. The deputation was introduced by the Earl of Devon; and was accompanied by C. Buxton, Esq., M.P., E. Warner, Esq., M.P., G. Lyall, Esq., M.P., A. Smith, Esq., M.P., Sir J. K. Shuttleworth, Bart., Dr. Watson, Dr. Burrows, Dr. Goodfellow, Dr. Sieveking, Dr. Markham, and Dr. Stallard.

The Earl of Devon, whilst not committing himself to the particular recommendation of the deputation, thought that the question ought to be ventilated; and believed the Poor-law Board anxious to assist in any improvement which might be really necessary.

Mr. Buxton, M.P., said that there could be no doubt that improvement in workhouse hospitals was urgently required. The deputation believed that the appointment of medical inspectors would secure for the sick poor proper attention, advice, medicines, and other comforts. The many evils of the present system would be removed by degrees; the nursing would improve; and all might be done at a moderate expense.

The President of the Poor-law Board inquired as to the particular defects which, in the opinion of the Visiting Society, rendered necessary the appointment of medical commissioners.

Dr. Stallard said that the following defects had been observed.

1. That, compared with other hospitals, the medical staff is insufficient and underpaid.

2. That the united service of advice and medicines is not calculated to secure the best of either that can be obtained.

3. That the medical officers are subject to no medical inspection or control, so that the public have no guarantee that the duties are well performed.

4. That the construction of workhouse hospitals is generally defective; the wards being small, ill-ventilated, over-crowded, and unprovided with the furniture and comforts supplied at other hospitals.

5. That the nursing is most inefficient, the paupers being morally and physically unfit for the duties too often imposed upon them.

The Society, therefore, urged the appointment of two physicians and one surgeon as additional commissioners, to organise and inspect the administration of workhouse hospitals, and to advise the Poor-law Board in all sanitary and medical questions.

Mr. Lyall, M.P., stated that a new infirmary had been built for the Reigate Union some years ago; that the plans had been approved of by the Poor-law Board; but, not having been submitted to medical inspection, they have been found inefficient in many respects. He thought that medical inspectors should be employed to supervise the construction of workhouse hospitals and the details of their management.

Dr. Goodfellow said that no one could be satisfied with the present state of the workhouse hospitals. The medical treatment of lunatics and criminals was far better than that of the poor. The qualification for the office of union surgeon was lower than that for the gaol or lunatic asylum; and the salaries were in many cases such as to prevent the best class of medical men holding the appointment. If the election of surgeon could not be taken out of the hands of the Guardians, he would recommend payment *pro ratâ*, according to a scale to be fixed upon by the Poor-law Board.

Mr. Warner, M.P., stated that it was clear that there were many subjects upon which medical inspectors could alone decide; as, for instance, the dietary of the sick, which ought to be regulated by medical authority. They were alone gauges as to the adequacy of the hospital accommodation, the character of the nursing, the quality of the drugs supplied, and many other matters equally important. In his opinion, the inspection must be persistent and at short intervals.

Dr. Sieveking stated that, at least in one particular, the Poor-law Board had signally failed; it was in the matter of nursing. Guardians had not regarded a circular of the Board issued some years ago. He believed that the Board would be greatly strengthened by the appointment of eminent medical men as additional commissioners. They would act as *amici curiæ*, and assist in carrying out the improvements required. The persons so appointed must not be expected to work in a desultory manner; but must give their whole time and energies to the duty before them. A mere knowledge of medicine or surgery would not suffice, without special acquaintance with the workhouse hospitals.

Mr. Villiers observed that the Poor-law Board had undoubtedly effected great improvements, and he was anxious to receive any new suggestions. He agreed as to the propriety of at least occasional inspections by physicians of eminence; but the main difficulty he had to contend with was the existence of local acts, which enabled the guardians to resist the authority of the Poor-law Board. He hoped to bring in a Bill for remedying this defect; and he would give the question of medical inspection his serious attention.

The Earl of Devon having thanked Mr. Villiers for his courtesy and attention, the deputation withdrew.

LAST HOURS OF ABRAHAM LINCOLN.

Mr. C. S. Taft, Acting Assistant-Surgeon, United States army, furnishes the following account of the progress of the case of President Lincoln, and of the *post mortem* examination.

While sitting in an orchestra chair at Ford's Theatre, on the 14th inst., about 10.30 p.m., I heard the sharp report of a pistol in the direction of the State box, and turning my head in that direction, saw a wild-looking man jump from the box to the stage, heard him shout "*Sic semper tyrannis*," as he brandished a glittering knife in his right hand for an instant, and dart across the stage from sight. A few moments of utterly indescribable confusion followed, amid which I heard a call for a surgeon. I leaped upon the stage, and was instantly lifted by a dozen hands up to the President's box, a distance of twelve feet from the stage.

When I entered the box, the President was lying upon the floor. The respiration was inaudible and scarcely perceptible, and he was totally insensible. Assistant-Surgeon Charles A. Leale, United States Volunteers, was in the box, and had caused the coat and vest to be cut off, in searching for the wound. The wound in the head was soon found, but at that time there was no oozing from it. The President was removed to a house opposite, and laid upon a bed in fifteen minutes from the time the shot was fired. The finger being used as a probe, the ball was found to have

passed beyond the reach of the finger into the brain. A teaspoonful of diluted brandy was swallowed with much difficulty; a half-teaspoonful administered ten minutes afterwards, was retained in the throat, without any effort being made to swallow it. The respiration now became laboured; pulse 44, feeble; eyes entirely closed; the left pupil much contracted, the right widely dilated; total insensibility to light in both.

Surgeon-General Barnes and K. Stone, M.D., the family physician, arrived. The left upper eyelid was swollen and dark from effused blood; this was observed a few minutes after his removal from the theatre. About thirty minutes after he was placed upon the bed, discoloration from effusion began in the internal canthus of the right eye, which became rapidly discoloured and swollen with great protrusion of the eye.

About 11.30 P.M., twitching of the facial muscles of the left side set in and continued some fifteen or twenty minutes, and the mouth was drawn slightly to the same side. Sinapisms over the entire anterior surface of the body were ordered, together with artificial heat to the extremities.

The wound began to ooze very soon after the patient was placed upon the bed, and continued to discharge blood and brain-tissue until 5.30 A.M., when it ceased entirely; the head, in the meantime, being supported in such a position as to facilitate the discharge.

Colonel Crane, surgeon, had charge of the head during a great part of the time. While the wound was discharging freely, the respiration was easy; but the moment the discharge was arrested from any cause, it became at once laboured. It was also remarkable to observe the great difference in the character of the pulse whenever the orifice of the wound was freed from coagulum, and discharged freely; thus relieving, in a measure, the compression. This fact will account for the fluctuations in the pulse.

About 2 A.M., an ordinary silver probe was introduced into the wound by the Surgeon-General. It met an obstruction about three inches from the external orifice, which was decided to be the plug of bone driven in from the skull and lodged in the track of the ball. The probe passed by this obstruction, but was too short to follow the track the whole length. A long Nélaton probe was then procured and passed into the track of the wound for a distance of two inches beyond the plug of bone, when the ball was distinctly felt; passing beyond this, the fragments of the orbital plate of the left orbit were felt. The ball made no mark upon the porcelain tip, and was afterwards found to be of exceedingly hard lead. No further attempt was made to explore the wound.

After the cessation of the bleeding from the wound, the respiration was stertorous up to the last breath, which was drawn at twenty-one minutes and fifty-five seconds past seven; the heart did not cease to beat until twenty-two minutes and ten seconds past seven. My hand was upon the heart, and my eye on the watch of the Surgeon-General, who was standing by my side, with his finger on the carotid.

The decubitus during the whole time was dorsal, and the position on the bed diagonal, the length of the bedstead not admitting of any other position.

The respiration during the last thirty minutes was characterised by occasional intermissions, no respiration being made for nearly a minute; but by a convulsive effort air would gain admission to the lungs, when regular, though stertorous, respiration would go on for some seconds, to be followed by another period of perfect repose.

At these times the death-like stillness and suspense were thrilling. The cabinet ministers, and others surrounding the death-bed, watching, with suspended breath, the last feeble inspiration, and as the unbroken quiet would seem to prove that life had fled, turn their eyes to their watches; then as the struggling life within would force another fluttering respiration, heave deep sighs of relief, and fix their eyes once more upon the face of the dying chief.

The wonderful vitality exhibited by the late President, was one of the most interesting and remarkable circumstances connected with the case. Mr. Lincoln lived from 10.30 P.M., until 7.22 A.M.

About 1 P.M., spasmodic contractions of the muscles came on, causing pronation of the forearms; the pectoral muscles seemed to be fixed, the breath was held during the spasm, and a sudden and forcible expiration immediately succeeded it. At about the same time both pupils became wildly dilated, and remained so until death.

During the night Drs. Hall, May, Liebermann, and nearly all the leading men of the profession in the city, tendered their services.

Autopsy, Five Hours After Death. The calvaria was removed, the brain exposed, and sliced down to the track of the ball, which was plainly indicated by a line of coagulated blood, extending from the external wound in the occipital bone, obliquely across from the left to right through the brain to the anterior lobe of the cerebrum, immediately behind the right orbit. The surface of the right hemisphere was covered with coagulated blood. After removing the brain from the cranium, the ball dropped from its lodgment in the anterior lobe. A small piece of the ball, evidently cut off in its passage through the occipital bone, was previously taken out of the track of the ball, about four inches from the external wound. The hole made through the occipital bone was as cleanly cut as if done with a punch.

The point of entrance was one inch to the left of the longitudinal sinus, and opening into the lateral sinus. The ball was flattened, convex on both sides, and evidently moulded by hand in a Derringer pistol-mould, as indicated by the ridged surface left by the nippers in clipping off the neck.

The orbital plates of *both* orbits were the seats of comminuted fracture, the fragments being forced inward, and the dura mater covering them remaining uninjured. The double fracture was decided to have been caused by *contrecoup*. The plug of bone driven in from the occipital bone, was found in the track of the ball, about three inches from the external wound, proving the correctness of the opinion advanced by the Surgeon-General and Dr. Stone as to its nature, at the exploration of the wound before death.

The ball and fragments, together with the fragments of the orbital plates and plug from the occipital bone, were placed in the possession of Dr. Stone, the family physician, who marked and delivered them, pursuant to instructions, to the Secretary of State, who sealed them up with his private seal. The Nélaton probe used was also marked by me, and sealed up in like manner. (*Phil. Med. Reporter.*)

MEDICAL LOGIC. The nomadic tribes who inhabit the steppes of Russia are said to be completely exempt from pulmonary consumption. They also indulge in *Kumis*—an intoxicating liquid made by fermenting mare's milk. Here are two facts for a medical logician, Dr. Schnepp, who argues from them that Kumis is prophylactic against consumption. But mare's milk is not easy to get; the Doctor therefore contents himself with asses' milk—from which he prepares an intoxicating drink called *galazyme*, with which, he says, he treats most successfully all catarrhal affections and consumptions in general.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. Paget, M.D.Cantab.

President-elect—S. J. Jeaffreson, M.B.Cantab.

The Address in Medicine will be delivered by W. Stokes, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by James Syme, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
South Midland. [Annual.]	George Hotel, Northampton.	Wednesday, June 7, 2 P.M.
Birmingham and Midland Counties. [Annual.]	Hen and Chickens Hotel, New Street, Birmingham.	Friday, June 16th, 3.30 P.M.
Lancash. & Cheshire. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
Northern. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.
Metropol. Counties. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.

SOUTH MIDLAND BRANCH.

The annual meeting of the South Midland Branch will be held at the George Hotel, Northampton, on Wednesday, June 7th, at 2 P.M.; George Ashdown, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, as soon as possible; or not later than the 23rd instant, to Dr. Bryan, Northampton.

John M. Bryan, M.D. } *Hon. Secs.*
G. P. Goldsmith. }

Northampton, May 15th, 1865.

LANCASHIRE AND CHESHIRE BRANCH.

The Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; Thos. Turner, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

Wm. Roberts, M.D., *Hon. Secretary.*

89, Mosley Street, Manchester.

NORTHERN BRANCH.

The First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. White, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th.

Dinner at 6 P.M.

G. H. Philipson, M.B., *Hon. Secretary.*

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

Thursday, April 20th, 1865.

J. C. Langmore, M.B., President, in the Chair.

Medullary Cancer. Dr. Royston exhibited a specimen of medullary cancer of the upper part of the right femur. The patient was a widow, aged 48 years, who had ricked her thigh whilst walking in the park in July 1862. Besides the disease in the right femur, there was a corresponding cancerous affection in the last lumbar vertebræ and in the sacrum. A small scirrhous tumour had existed in the left breast for the last five or six years. After death, both thigh-bones were found to be fractured at the junction of the upper and middle thirds. The left thigh-bone had been broken in moving the body after death.

Mr. Sedgwick remarked that there had been some difference of opinion respecting the diagnosis of the disease in this case. He had seen the patient several times during life; and as there was family history of cancer, a sister having previously died of scirrhus of the breast, and as the patient herself also had a scirrhous tumour in her left breast, he had come to the conclusion that she was suffering from secondary cancer in the femur. He was glad to find that the examination after death had confirmed his diagnosis of the case.

Dr. Boyd Mushet referred to a case of cancer which had come under his observation, in which fracture of both thigh-bones had occurred during life.

The Etiology of Pulmonary Apoplexy. By W. Boyd Mushet, M.B. The author had hitherto associated the causation of pulmonary apoplexy with an impaired condition of the valvular apparatus on the left side of the heart. Whilst, however, he was engaged in arranging his autoptical records, he encountered two cases of the affection which directly militated against this view. He was fully impressed that these, from their paucity, were insufficient to support any practical or scientific position; but he thought that they fairly entitled the subject to reconsideration and more special scrutiny.

In Case I, a man, aged 34, long the subject of bronchitis and dilatation of the pulmonary tubes, death occurred after an aggravated attack, in which urgent dyspnœa was the most prominent symptom. During its progress, there was not any hæmoptysis. After death, nodular effusions of coagulated blood were detected in the lungs, and there was unusual patency of the tricuspid orifice. In Case II, a woman of 75 years of age, there were symptoms chiefly referrible to the stomach, with ejection of dark coagulated blood a few days previous to the fatal issue. On examination, circumscribed hæmorrhagic effusions were presented in the pulmonary substance; and in this case also, the right auriculo-ventricular orifice was dilated. In neither instance, was there any trace of tubercular deposit in the lung.

Dr. Mushet proceeded to comment on the assertion of Andral, that pulmonary apoplexy was first described by Laennec; and stated, that Hohnbaum previously drew attention to it, and Haller also, sixty years before, in his *Opuscula Pathologica* (obs. 14, hist. I et II), which were quoted. He next alluded to the meaning attached to the term "peripneumonia" by the older writers, as Boerhaave, Ettmüller, Willis, Sydenham, Sauvages, and Cullen. In referring to the etiology of (so-called) apoplexy of the lung, he

quoted Dr. Townsend, Laennec, Watson, Burrows, Walshe, Sieveking, and Fuller; and adverted to the omission of the disease from the recent works of Dr. W. Aitken and Dr. Maclachlan. He spoke of the occurrence of the attack at any age; and glanced at its connexion with tubercle and ordinary hæmoptysis.

Considering the discrepancy of views in reference to the proximate origin of pulmonary apoplexy, he ventured to observe that, in the cases he had adduced, the only common lesion was enlargement of the tricuspid orifice. Without endeavouring to establish a physiological explanation of the influence of this condition—if it exerted any—on the production of effusion of blood into the lung, he merely mentioned the pathological facts; adding that Bertin, Chomel, Bouillaud, and other French investigators, ascribed the affection to hypertrophous disease of the right heart—a change which ultimately entails dilatation and tricuspid incompetency.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, MAY 5TH, 1865.

G. POLLOCK, Esq., President, in the Chair.

ON THE PROGRESS OF THE HYPODERMIC TREATMENT. BY CHARLES HUNTER, ESQ.

THE author wished, in historically reviewing the subject, to show how extended in practice this treatment of disease had become of late years. The treatment of local affections by subcutaneous injection dated as far back as 1843,* when Dr. Alexander Wood proposed it in Edinburgh for neuralgia. Mr. Rynd of Dublin seems independently to have originated the same idea in 1844. For fifteen years—viz., from 1843 to 1858—these injections were only employed with narcotics for pain, and injected locally.

The author wished the difference between "the hypodermic treatment of disease" and "the narcotic injection of Wood" to be understood by the Society. The plans differed theoretically and practically. The method of Wood consists in localising the injection to the neuralgic site; and it was always theoretically considered beneficial through the localisation. The author's method, proposed in 1858, differed theoretically and practically. He did not consider it necessary to inject the narcotic locally to cure neuralgia. He believed that the great effect gained was rather due to the mode of the medicinal introduction—the injection of the loose cellular tissue of the body. Six years ago he read the result of his experiments upon animals, showing how much more quickly and effectually the symptoms of the alkaloids injected were made manifest upon those parts of the system which they more especially influenced, than when introduced into the stomach. Practically, the author rarely injected the tender spot or neuralgic site (thought so essential by Dr. Wood), not deeming it necessary, and thinking it also more painful for the patient, and apt to engender local irritations if locally repeated. Cases of tic douloureux and of sciatica were given; in which the cure was effected by the distant injection—namely, into the arm. The cases have now remained permanent some years.

Thus, upon the theory of general rapid absorption, the door was thrown open for the treatment of diseases beyond the reach of local injection. The first and most important cases that Mr. HUNTER thus treated were cerebral affections. From the effects observed upon some well marked cases of mania and delirium tremens, the author deduced that, by the introduction of narcotics into the cellular tissue of the body, we have a mode of attacking and subduing cerebral excitability more rapid, more certain, and more sure in action, than by stomachic doses." (*Med. Times and Gaz.*, 1859.)

Mr. Hunter had had well marked instances, in which this conclusion had been verified in the treatment of cerebral affections—the cases chiefly being insomnia; melancholia; mania; puerperal mania; delirium; delirium *à potu;* delirium tremens; chorea; hysteria; etc. In all these diseases, the full beneficial effect of the alkaloid, whether morphia, codeia, or any other, had been obtained, without producing the constipation, the deranged tongue, the anorexia, the sickness, etc., which so often follow the stomachic administration. Sickness by the hypodermic dose was quite the exception, and had usually occurred from the injection of too large a dose.

The special advantages of the treatment in delirium tremens were—1, that the effect of the alkaloid could be at once enforced, although the patient refused to swallow; or 2, the stomach to absorb or digest, if he would swallow; and 3, that restraint, and the consequent cerebral congestion, were avoided.

In *spinal affections*, this treatment was indicated to remove pain; to arrest excessive, and to increase diminished, muscular action. The insomnia was an induced evil in these cases, but was not the one requiring the first attention.

In painful *spasmodic affections*, the spasm could often be relieved in a few minutes; as in retention of urine and in colic, etc. In tetanus, which disease the author was the first to treat by this plan, the hypodermic injection might both palliate and cure. Morphia would give sleep and ease the pain without really arresting the spasms; but atropia, wourali, and other agents, had relieved or cured patients in the hands of Vella, Briquet, Courty, Bernard, Follin, Spencer Wells, Benoit, Fournier, etc.

To arrest increased vascular action and inflammation, the author pointed out the value of hypodermic injections. He drew attention to the different effect produced upon the pulse with different alkaloids. These effects begun almost the instant the alkaloid was injected. Morphia would bring down a quick pulse to the normal standard, or below it, in ten or fifteen minutes; atropine almost invariably increased the pulse twenty to forty pulsations a minute in the same space of time.

To the value of this treatment for inflammations of the eye, of which the author gave an instance (*Medical Times and Gazette*, 1859), Dr. A. von Gräfe has amply testified (*Brit. and For. Med.-Chir. Review*, 1864.)

In peritonitis, the object with which calomel and opium are often long repeated, was gained at once by a full morphia injection; and so with other serous inflammations.

Of the use of this plan in the *various forms of uterine pain*, more especially of *dysmenorrhœa*, for which the author has used it with great advantage, Dr. Henry Bennet has testified in the *Lancet* (1864.)

In *fever and ague*, it had been shown by Drs. McCraill, Moore, Devigne, and others, that the same advantages attended the injection of quinine, as the author had originally shown to attend the injection of anodynes, narcotics, and nerve-tonics—namely, the greater rapidity of effect; an equal effect with a smaller injected dose than when given by the stomach, and the avoidance of the *desagréments* which sometimes attend stomachic doses.

Mr. Hunter objected to the way these medical men injected the quinine; namely, with a common syringe

* The subcutaneous injection of nævi, hæmorrhoids, etc., with caustics, dates a few years further back.

and a lancet to divide the skin! He exhibited various syringes; and showed the disadvantages and dangers that might arise from using a syringe not regulated carefully with a screw piston.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 9TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ON THE SURGICAL TREATMENT OF CERTAIN CASES OF ACUTE INFLAMMATION OF THE VEINS.

BY HENRY LEE, ESQ., F.R.C.S.

THE author stated that in Mr. Arnott's admirable paper on "Inflammation of the Veins", published in the fifteenth volume of the *Medico-Chirurgical Transactions*, he had drawn the inference that the dangerous consequences of phlebitis bear no direct relation to the extent of the vein which is inflamed. He had there proved by an excellent collection of cases, and by his observations on those cases, that death in cases of phlebitis does not take place from the inflammation extending to the heart, but from the entrance of some morbid product into the general circulation (pp. 44 and 61). In a paper by Mr. LEE, published in the thirty-fifth volume of the Society's *Transactions*, he had endeavoured to show that the material which obstructs the cavities of veins in cases of phlebitis is derived from the blood itself, and is not in the early stages of the disease a secretion from the lining membrane of the vessels; that the veins become extensively inflamed only in cases where coagula have previously formed; and that the purulent-looking fluid often found in the cavities of inflamed veins is derived from the changes which under the circumstances take place in the fibrine of the blood. The distinction which he wished to establish between the process by means of which fibrine is deposited from the blood, and that by which lymph is secreted from the lining membrane of a vein, was of primary importance, not only with regard to the pathology of this class of diseases, but also with regard to their surgical treatment; for it must be obvious that if the material which occupies the cavities of the vessels in cases of phlebitis were secreted by the inner coats of the veins, it would adhere firmly to that membrane, and would be found lining equally the whole circumference. It would not be displaced by the force of the circulation, nor by any other mechanical means likely to be employed. Moreover, the morbid process would extend by continuity of action, and would not be arrested by any surgical interference. If, on the other hand, the material found in the veins were derived from the blood, it might be expected to adhere slightly only to the walls of the vessels, to be attached to one part only of those walls, and to be removed easily by any mechanical force. It would be deposited in uncertain quantity and at irregular intervals, leaving portions of the lining membrane between those intervals free from deposit, and of its natural appearance. The deposit would often, as had actually occurred in some of the cases related by Mr. Arnott, terminate abruptly at the entrance of a fresh vessel; the reason of this abrupt termination being, as it appeared to Mr. Lee, the greater velocity and force of the circulation in the common trunk than in that which is partially obstructed.

Now the appearances actually observed on *post mortem* examinations in cases of phlebitis, all belonged to the latter and not to the former class; and the conclusion necessarily followed that the disease extends, as far as its severer symptoms are concerned, not by continuity of action in the lining membrane of the vessels, but by means of their contents, often in a more or less perfectly coagulated state. If that were the true course of the fatal symptoms in phlebitis, it appeared surprising that more attempts had not been made to arrest the progress of the disease by surgical treatment. Such attempts, however, had not been entirely wanting. Hunter remarked that when inflammation takes place beyond the orifice (of a vein), so as to alarm the surgeon, he should immediately make a compress upon the vein at the inflamed part, to make the two sides adhere together; or, if suppuration have taken place, then the compress must be put upon that part of the vein just above the suppuration. (*Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge*, p. 29.) Now, as lymph was not effused in the early stages of phlebitis from the lining membrane as a secretion from its inner surface, the adhesion produced by Hunter's method of treatment could be formed by coagulum of blood only. This would not, under ordinary circumstances, become organised; it would adhere to one side only of the vessel, and it would constantly be liable to become displaced. Such a bond of union, although it might for a time prevent the morbid contents of a vein from entering the general circulation, could scarcely be looked upon as affording a permanent bond of union between the sides of the vessel.

In cases where the affected vein is seated superficially, a much more certain and effectual way of closing its canal and of barring the entrance of its contents from the general circulation might be adopted. This method, which when properly performed, Mr. H. Lee believed to be free from danger, was adopted in three out of four of the following cases. The fourth case was given as an illustration of Mr. Hunter's method of treatment. It would, the author thought, be obvious that, although Mr. Hunter's method might perhaps have been successfully adopted in the first case, it could not have been used with any reasonable chance of success in the second and third.

Four cases were then read in which, in severe cases of phlebitis, the current of blood was artificially arrested between the inflamed vein and the centre of the circulation. In one instance a pad was placed over the upper extremity of the basilic vein, and retained in its position by a bandage. In two cases a needle was passed under a healthy and unaffected portion of the vein, and pressure was made by means of a figure-of-8 ligature; and in one case the vein above the seat of the inflammation was divided subcutaneously, the two divided extremities being secured by acupressure. Of these different plans of effecting the same object, Mr. Lee preferred decidedly the latter. In any future similar case it was that to which he should have recourse. By the operation of subcutaneous section a permanent union was effected, because that union took place between the opposed portions of cellular tissue on the outside of the vessel. Such a union was vascular, and therefore not liable to be broken down. By it no suppuration need be excited, and the needles used for the purpose of acupressure might be removed at the expiration of two, three, or four days, when the union would be complete. Union could not be ensured within the same period by the pressure of a needle placed under the vein. If the needle be removed at that time, the current of blood would be liable to be re-established through the vein; if it be left, suppuration might be excited on the outside of the vessel; this might lead to the coagulation of the blood both above and below the part where the vessel was compressed, and the coagula

thus formed might undergo the very changes which produced the serious symptoms for which the operation was undertaken. In one of the recorded cases this appeared in some measure actually to have happened, for although the current of blood through the vein was arrested, yet suppuration took place both above and below the needle last introduced. In another case, on the contrary, where the vein was divided, no trace of inflammation extended beyond the divided part. In both these cases the products of the diseased actions were expelled from the interior of the veins by the process of suppuration; but had the flow of blood through the vessels been allowed to continue, some of these same morbid products would have been carried in the course of the circulation, and would have produced their effects in other and distant organs.

Correspondence.

THE PHARMACOPŒIA OF 1788.

LETTER FROM THOMAS MARTIN, ESQ.

SIR,—As there has been of late a good deal of discussion respecting the last edition of the *Pharmacopœia*, our friends of the Association may have no objection to be informed of some particulars respecting the preparation and compilation of the edition of 1788, which I am able to supply.

At that time Sir George Baker was President of the College of Physicians. He and the rector of the parish of Pulborough, where I was born, and where my father was a general practitioner, were contemporaries at the university, and were intimate friends. Visiting at the Pulborough Rectory, my father had opportunities of seeing Sir George, who gave my father a copy of the new edition before it was issued to the profession and the public.

Sir George Baker, with the great Dr. Heberden and other heads of the College, were men of prodigious learning, so as to be very eminent at the universities and in the world of letters, as well as able physicians; but, as respected pharmaceutical knowledge, they felt conscious of their own deficiencies, and, knowing Dr. Fordyce's superior knowledge as a pharmaceutical as well as scientific chemist, they very wisely made him a Fellow of the College, of which he was previously a Licentiate only, and induced him to take charge of the new edition of the *Pharmacopœia*. The result was manifested in a reform of the nomenclature, as intended to denote the chief ingredient in each formula; and the formulæ were much simplified in their composition. In fact, the codex became a perfect pattern of pharmaceutical reform.

In the accomplishment of this task, Dr. Fordyce called to his aid various sources of information, and was assisted by able men in that department; and, as he afterwards told me, he made various experiments on his own person as to the effects of *medicines*—not drugs, observe. I have already said that dyers and drysalters deal in *drugs*: we deal in the *materia medica*.

I know nothing as to the cost or expense of bringing out this edition of 1788; but I dare say that it was very moderate. It was highly approved by the profession; and Dr. Powell published a translation of it, in an octavo volume.

I would now ask why the new medicines of inestimable value, adopted since the time I have mentioned, could not be comprised in a new codex without so much controversy, and at a moderate expense. Previously to the time indicated, physicians' prescriptions were apt to be complicated; and their component parts were not always in accordance with each other; and I have no doubt that the new *Pharmacopœia* led to a simplification of prescription.

In the early part of my professional career, it happened that I came into contact and correspondence with Dr. Baillie, of whom highly honourable mention is made in Sir Benjamin Brodie's *Autobiography*, as being preeminent for his knowledge of morbid anatomy, his pathology, diagnosis, and treatment of disease. He highly approved of the *Pharmacopœia* of 1788, and was remarkable for the simplicity as well as efficacy of his prescriptions. Dr. Baillie's superiority in the treatment of disease became so manifest to all the world, that he was quite overdone with business; and he is said to have exclaimed, "What an unfortunate man I am! Everybody must have Baillie! No one can die without Baillie!" As he left his house to step into his carriage, at twelve o'clock, he would observe to persons desirous of seeing him, "I can see no more patients at home today." He was often waylaid, and his carriage stopped in the street. He was obliged to adopt several restrictions as to his practice. He would not go into the country, nor east of Temple Bar, nor up to Islington. In the City he was not wanted, as there was Dr. Babington, equally esteemed as a physician, and beloved for his virtues and excellent qualities. At the West End, the Sir Felix Fascinate of the day yielded to the superiority of Dr. Baillie, who worked the whole of every day and the half of every night. In his correspondence with myself, he never answered a letter by return of post, but invariably the next day. He could not afford to allow his correspondence to fall into arrear. When London went out of town, Dr. Baillie allowed himself a little repose in Gloucestershire. Such a case of the preeminence of one individual in the metropolis can never happen again. There are now many equally gifted, and with equal professional talents and attainments.

The same in the country. When I was young, the stars of the first magnitude out of town were, Hey of Leeds, Kerr of Northampton, Rigby of Norwich, and perhaps Cheston of Gloucester. Now there are hundreds of country practitioners equal to any emergency, medical or surgical.

These few recollections of an old practitioner may not be unacceptable to the readers of our JOURNAL.

I am, etc., THOMAS MARTIN.

Reigate, May 20th, 1865.

MINERAL ACIDS IN FEVER.

LETTER FROM F. C. HOWARD, ESQ.

SIR,—As Mr. Steele thinks that additional testimony to the value of mineral acids in typhus fever is needed, after that of such men as Murchison, Chambers, Richardson, etc., I beg to say that, for my part, I am quite satisfied that no other plan of treatment in fever will bear any comparison with it. During a period of thirty years, I have had a great many cases under my care, and have tried various plans of management; but the death-rate under the acid treatment has wonderfully improved; and of 120 cases of low fever recently treated after Dr. Chambers's plan, not a single patient who took the acid died. Wine was used, but not largely. The acid was felt to be, both by patients and by myself, of greater value than even wine or brandy. If the acid were omitted, and the case left to proceed under wine alone, an aggravation of symptoms invariably

resulted; whereas, the loss of the wine during the use of the acid seemed to be less, if at all, felt.

My experience, then, would seem to corroborate the opinion of Dr. Murchison, who considers the acid treatment superior to any other in fever, and also that of Dr. Chambers, who tells us in his Lectures, that during several years he has never lost a case of fever in which the acid had been exhibited for thirty-six hours.

As to the *rationale* of its action, Dr. Richardson's hypothesis, as founded on facts, seems to me sufficiently satisfactory; but who would cast aside bark in ague, or acids in purpura and scurvy, because they were used empirically?

If Mr. Steele would kindly put the cases of fever which he may meet with during the next few months, under the acid treatment, and give us the result, I am sure that his testimony would be valued as that of an observer unbiassed in its favour; but I would beg of him to use the acids according to the plan of Dr. Chambers, whose success in the treatment of fever is so well known.

I am, sir, etc.,
F. C. HOWARD.

Linton, May 25th, 1865.

LETTER FROM PERCY LESLIE, ESQ.

SIR,—Drs. Murchison and Steele, in their late communications on continued fever, speak of it, and certain theories connected with the nature and treatment of the same, as might at first sight lead one to suppose that these were not equally true of nine-tenths of all other diseases. For, after removing the cause, our operations are mostly confined to aiding nature in the combat against disease: first, by preventing everything that would hinder, and secondly, by promoting everything that would assist, a restoration of that dynamical equilibrium we call health. In other words, we look upon the body as a self-adjusting machine and treat it accordingly—equally so in all its ailments, fevers included. True, there are a few antidotes and specifics put providentially into our hands, which enable us to say of some complaints that a cure is effected. To these it is always our ambition to add; and from time to time it will be permitted us to do so, when fevers, from their having for the most part a specific origin, will, without doubt, have a better chance of being introduced into that category, than the vast variety of disease produced by more ordinary and universal operations of nature.

Dr. Murchison mentions Mr. Steele's paper to have for its object, "to show that not only is there no specific for fever, but that, as Dr. Corrigan has observed, in the present state of our knowledge, there can be no specific for this disorder." This means, either that our present state of knowledge gives us no specific for fever, which may be true; or else, that our present knowledge of the nature of fever precludes the possibility of such being discovered; but such a statement does not by any means prove that the wisdom gestating in the womb of the future should be equally debarred from making so desirable a discovery.

I am, etc.,
PERCY LESLIE.

Eastbourne, May 30th, 1865.

THE FEVER EPIDEMIC IN ST. PETERSBURG. The *Russian Correspondence* of May 9th says:—The number of sick, which had considerably diminished in April, has again increased during the second Easter week. This arises principally from the affluence of the workmen in the building trade, who began to arrive about this period. Notwithstanding the recrudescence there is no want of room in the hospital."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 11th.

Bell, Anthony, Newcastle-on-Tyne
Broughton, Robert David, Ruyton, near Shrewsbury
Bugden, Richard, Tenterden, Kent
Cremonini, John, Bilston, Staffordshire
Fawcitt, Thomas Joseph, Newcastle-on-Tyne
Harrison, Henry Edward, Great Ormond Street
Powne, Benjamin Lamb, Billingborough, Lincolnshire
Pratt, Thomas Gray, March, Cambridgeshire
Ruttledge, Edward Butler, Ingatestone, Essex
Shepard, William Lively, Gray's Inn Road
Shoolbraid, David, Duff Town, Banffshire
Spilsbury, Thomas Hamilton, Sierra Leone
Thomas, Oliver Dillon, Pontypool

Admitted on May 23rd—

Aveling, Charles Taylor, Shacklewell
Boult, Edmund Farrington, Bath
Cass, William Cunningham, Cowes, Isle of Wight
Conry, Thomas, Dublin
Dawson, William Baines, Brentwood
Dunn, John Roberts, Warbleton, Sussex
Fennell, Theodore, Rain Hill, Lancashire
Hawett, William, Wigan, Lancashire
Hughes, John Pearson, Llandovery, South Wales
Lyle, Henry Bowden, Ashburton, Devon
Martin, William Young, Little Hulton, Lancashire
Milward, James, Bristol
Nearne, Thomas Albert, Hungerford, Berks
Owen, David Charles Lloyd, Smethwick, Birmingham
Percy, George, Dublin
Roper, Robert Gear, City Road
Spooner, Charles Henry, Newington, Surrey
Whiting, James David Charles, Upper Ebury Street
Worthington, James Copland, Lowestoft
Yeats, George, Aberdeen

Admitted on May 24th—

Lethbridge, Charles Frederick, Torquay, Devon
Noel, Vincent Edmund, Devonport
Powell, John, Chichester
Reeves, Henry Albert, Newbury, Berkshire
Tilton, John Edward, Stonehouse, Gloucester
Walls, Albert William, Bayswater

At the same meeting of the Court—

Mitchell, John Frederick, H.M.S. *Lizard*, Sheerness, passed his examination for Naval Surgeon, his diploma of membership being dated March 14th, 1856.

APOTHECARIES' HALL. On May 25th, 1865, the following Licentiates were admitted:—

Elliot, David, Newcastle-on-Tyne
Hickman, Richard Murhall, Seaton, near Salisbury
Ward, Frederic Henry, Finchley Road, Walworth
Wilby, John Burdett, Leicester

BIRTH.

WILLIAMS. On May 25th, at 13, Newhall Street, Birmingham, the wife of *T. Watkin Williams, Esq., General Secretary of the British Medical Association, of a daughter.

DEATH OF MR. WATERTON. The papers announce the death of the well-known traveller and naturalist, Mr. Waterton, in his eighty-third year.

MR. THOMAS MARTIN. Our respected associate, Mr. Thomas Martin, on the 24th ult. presided at the annual meeting of a society in Surrey founded by Mr. Martin himself fifty-three years ago!

DEATH UNDER CHLOROFORM. A lad, aged 13 years, died on the 19th of May, at the Ophthalmic Hospital, Bloomfield Street, City, from syncope, while under the influence of chloroform.

SOCIAL SCIENCE ASSOCIATION. The ninth annual meeting of the National Association for the Promotion of Social Science will be held at Sheffield from the 4th to the 11th of October next.

Non-Combatants (?). Dr. Ungar, a surgeon in the Austro-Mexican army, lately died in the hospital at Vera Cruz, of wounds received in combat with guerillas. The Belgian papers, amongst the number of killed of a Belgian regiment in the Mexican army, give the name of Surgeon Lejeune.

The Rate of Mortality last week was 22 per 1,000 in London, 24 in Edinburgh, and 20 in Dublin; 29 in Liverpool, 29 in Manchester, 20 in Salford, 18 in Birmingham, 27 in Leeds, 22 in Bristol, 19 in Hull, and 29 in Glasgow. The rate in Vienna was 42 per 1,000 during the week ending the 13th ult.

The Alkali Act. The first Report of Dr. Angus Smith, the chief inspector under this Act, has been lately presented to Parliament. Lord Derby, in commenting on it, congratulated himself on the perfect success of the measure, and paid a deserved compliment to Dr. Smith.

The Army and Navy Medical Officers. In consequence of a requisition signed by upwards of twenty Fellows, the President of the Royal College of Physicians of London has called an extra-ordinary general meeting of the College for the 5th inst., for the purpose of reconsidering the question of the army and navy medical officers.

The Order of the Bath. The Queen has appointed Surgeon-Major William Munro, M.D., 93rd Regiment, and Surgeon-Major Henry Bruges Buckle, 1st Punjaub Regiment of Infantry, to be Ordinary Members of the Military Division of the Third Class, or Companions of the Most Honourable Order of the Bath.

Carriage Accidents. The following fatal carriage accidents were registered during the past week in London. A widow, aged 80 years, was run over by a van in the Farringdon Road. A corkcutter, aged 72 years, was run over by a cart. A gardener, aged 73 years, was run over by a vehicle. A labourer, aged 25 years, was run over by a cart in the Dover Road. A carter, aged 34 years, was run over by a waggon at New Cross.

The Royal Society of England. Only fifteen candidates can be elected annually. Of these, only three are ever put in for chemistry, and three for astronomy; whilst medicine and natural history also occasionally have three fellowships given to them. This year chemistry and geology have each only one fellowship; natural history has three; astronomy three; medicine and engineering have each two; mathematics, literature, and Arctic discovery have each one. In all there are 675 Fellows.

Greenwich Hospital. In a discussion in the House of Commons on Tuesday last, Sir John Pakington said that he was informed that it was intended to place this magnificent establishment on the footing of Haslar or Netley, and convert it into a mere hospital in the ordinary sense of the word. He wished to know why the engineers and surgeons of the navy had been excluded from the list of those who were to receive pensions. Mr. Hennessy said that the Commissioners in their report stated that there was one branch of the establishment in which no reformation was required—the medical branch. He would ask, therefore, how it was that medical officers in the navy were excluded from participation in good service pensions. Mr. Childers replied, that the honourable member for King's County had truly stated that the doctors had been favourably reported upon by the Commissioners, and the Admiralty were not going to take away any part of their employment. On the contrary, they would probably be more fully occupied than at present.

Apothecaries' Hall. The next "examination in arts" will be held on the last Friday and Saturday in September. The subjects will be the same as at the April examination, except that, in Latin, Virgil's *Æneid*, Book VI, will be substituted for Cæsar *De Bello Civili*, Books I and II. The examination for the society's annual prizes for proficiency in the knowledge of botany (systematic, descriptive, and physiological) will be held on the second Wednesday in August. The examinations for the prizes in materia medica and pharmaceutical chemistry will be held on the third Wednesday and following Friday in October.

Medical Candidates for Coronerships. Mr. Wilson, the medical candidate for the coronership of Leeds, has been defeated by Mr. Emsley an attorney. The causes of Mr. Wilson's failure we know not; but we trust that the lukewarmness of his medical brethren is not accountable for it. Mr. Carr, whom we announced as a candidate for the coronership of South Northumberland, has retired from the contest, and left it in the hands of the lawyers. We regret to hear that in this case medical gentlemen were actively engaged canvassing in behalf of the lawyer as against their own medical brother. *Sic semper!* alas!

A Homœopathic Challenge. Mr. Clifton, a homœopathic practitioner, has addressed a proposal to the governors of the Northamptom Infirmary. "As the expenditure of the Northampton Infirmary," he says, "exceeds its income by the annual amount of £200, I will guarantee to provide that sum annually, on the condition, that the governors will appropriate the fourteen beds in the Convalescent Hospital, or an equal number in the Infirmary, for the reception of medical cases, to be treated homœopathically; and for such cases, I will undertake to provide the necessary medicines, and a dispenser, free of cost to the institution." He asks this, 1. As a matter of justice to those governors who adopt homœopathy, and to the poor who prefer being treated according to that system; 2. Because homœopathy has been proved to be much more successful than the older system; and 3. That cases considered incurable by allopathy may have the benefit of trying homœopathy and *vice versa*. During the past year several cases pronounced incurable have left the Infirmary, and have been cured at the homœopathic dispensary."

Too Many Lectures. On the defects of the modern method of study, Sir Benjamin Brodie held strong opinions, which may be summed up in the statement that students now-a-days are made to attend too many lectures. He used to congratulate himself on the fact that his professional education belonged to the past and not to present times; that, in short, he lived under a system which permitted him to educate himself. He got the greatest benefit in the way of instruction from a diligent attendance in the dissecting-room and in the wards of the hospital; and he glories in the remembrance that he did not attend "one-fourth of the number of lectures which the unfortunate students are now required to listen to under the direction of the constituted authorities." He points out that he was not alone in his dislike of lectures. Abernethy used to complain that Brodie's distinguished contemporary, Mr. Lawrence, now the chief surgeon at St. Bartholomew's, would not attend his lectures. "I can easily conceive", adds Sir Benjamin, "that if I had been compelled to sit on the benches of a theatre four or five hours daily, or tempted to compete for prizes as students are, and to get crammed for various examinations, my position in life afterwards would have been very different from what it has been in reality."

Coroner's Inquests. Dr. Lankester, the coroner for Central Middlesex, has sent in a second annual report from August 1st, 1863, to July 31st, 1864. It appears that there were held in his district 1,271 inquests in the year, making 191 inquests more in the last than in the former year. This increase is due to the increase of population, and the increased vigilance of the summoning officers. One of the most noticeable features in the returns, says Dr. Lankester, is the increase of inquests under the head of accidental deaths, which amount to the large number of 70 cases. He attributes the increase of accidental deaths to the increased traffic in the streets of London; and to the enormous development of building industry in the centre of London. The increase of verdicts under the head of suicide and homicide is not greater than may be accounted for by the increase of population. The diminution of verdicts of "death from unknown causes, may be accounted for by juries more frequently returning verdicts of "wilful murder" in the case of newly born children found dead in the streets. A table gives the number of inquests held in hospitals, prisons, and lunatic asylums in the central district of Middlesex. This table shows that while the number of inquests held in St. Mary's Middlesex, and University College Hospitals have been nearly the same, there has been a large increase at the Royal Free. The Great Northern, which during the previous year had been removed from King's Cross to the Caledonian Road, Islington, and received no in-patients, has reopened its doors, and gives for the past year five cases. The increase of cases in the prisons is remarkable. In these places an inquest is held on every death, from whatever cause. The inquiries in workhouses are, perhaps, fewer in proportion to their inhabitants than in asylums; and this may be accounted for by the fact that no notice of death occurring in workhouses is required to be given to the coroner. As the coroner's inquiry is, no doubt, a great protection to those who die in prisons and lunatic asylums, Dr. Lankester thinks it a question well worthy of consideration, in view of the helpless condition of the great majority of the inhabitants of workhouses, as to whether the coroner's inquest should not be held in all cases on persons dying in workhouses, or, at least, that all certificates of death should be referred to the coroner. There is one class of accidents which presents a decrease; and that is the class which occurs on railways. The difference between the number of deaths from suicide in the two years is so slight as to indicate on the whole that the causes which lead to this disastrous occurrence have been the same in the two years. The methods of self-destruction employed have differed very considerably in the two years. Thus, in the years 1862-3 there were 19 cases of poisoning, while in 1863-4 there were but nine. There was but one instance of poisoning by opium in the latter year, against four in the previous year, and two cases of poisoning by oxalic acid in the second year against five in the first year. The only poison employed in the second year which was not used in the first is corrosive sublimate, while strychnine, sulphuric acid, prussic acid, and potash which were answerable for six deaths in the first year do not appear in the list of the second. Our legislation was at one time ferocious with regard to the destruction of human life. A reaction took place, which has placed us in our present position, in which upwards of 150 dead children are annually found in the streets of London. It is not too much to suppose that where one child is found another is successfully hidden for ever. In cases where the mothers have been discovered their ages have averaged about 20 years; as it is not to be supposed the same woman commits this crime a second time, and as the expectancy of a woman's life at 20 is 40 years, this would give the large number of 12,000 women living in London alone who have thus secretly destroyed their offspring." In conclusion, the coroner draws attention to the general want in London of better and more convenient houses for the dead, those attached to workhouses and for parochial use being generally inconvenient and deficient in light, ventilation, and the requisites for making *post mortem* examinations. He thinks it would be most desirable to erect deadhouses in every parish, so that the poor who have but little room in their residences might be able to deposit their dead until the time has arrived for the corpse to be buried, thus avoiding the production of disease, and the tendency to demoralisation produced by the presence of the living and the dead in the same room.

Alcohol. Dr. Munroe, F.L.S., lately gave a lecture to the Hull Band of Hope Union. Numerous chemical experiments were performed by the lecturer to show that alcohol was not assimilated in the tissues, and could not, therefore, afford the slightest nourishment, being eliminated as alcohol just the same as it entered. He did not wish his paper to partake of the character of a teetotal lecture, but rather that of a scientific inquiry into the mode of action of alcohol when introduced into the tissues of the body. The all-important question to be answered was, What was alcohol? Was it food, or poison, or medicine, or a luxury? The researches of physiology and modern medical science proved that perfect health could only be preserved by total abstinence from all intoxicating drinks; because alcohol, for the time being, had the peculiar power of disarranging the natural functions of the body, and producing a morbid condition of the tissues with which it came in contact. Every writer on the subject of toxicology had classified alcohol as a narcotico-irritant poison. Having traced the career of alcohol from the mouth and stomach, and found that it was not nutritious, nor yet even friendly to the functions of digestion or nutrition, the lecturer drew attention to the microscopic appearances of the blood, showing how speedily elements of diet, medicinal substances, and poisons were found in the liquor sanguinis, and how the corpuscles of the blood became affected by these various agents, especially by alcoholic drinks. Alcohol deteriorated the liquor sanguinis, and also stimulated the blood-discs to an unnatural contraction, which induced their premature death. The colouring matter was dissolved out of them, and the pale discs lost their vitality, whence less oxygen could be absorbed, and less carbon carried out. Particular reference was made to a very frequent cause of disease from the habitual presence of alcohol in the circulating medium; viz., fatty degeneration. Three-quarters of the chronic illnesses medical men had to treat were occasioned, Dr. Chambers said, by this disease; arising, no doubt, from the universal practice of daily stimulation. The lecturer referred to the effects of alcohol on the cerebrum, showing that the brain was more liable to disease from alcohol from the fact that alcohol selected that organ on which to spend its chief action. Lallemand and Perrin proved that alcohol produced in all persons an intoxication which was marked by a progressive series of functional disturbances and alterations, the intensity of which corresponded with the quantity of alcohol taken. The lecturer had come to the conclusion—1. That where the body was free from disease, and the brain in a healthy condition, the psychical or moral portion would have full power to keep in check or overbalance the passions for evil; 2. That when the brain had become poisoned with alcohol, which, by a peculiar

elective affinity, selected certain special ganglia of the brain, whose functions it deranged, the resisting power of the will for the time being became impaired or weakened, and the man became powerless against the temptations which beset him; 3. That if the brain were continually under the influence of alcohol, the power of the will became lost, and the patient relapsed into a confirmed dipsomaniac—a pitiable spectacle of drunken insanity.

Greenwich Hospital. A writer in the *Times* makes the following remarks:—The Seamen's Hospital Society have decided to abandon their floating hospital, the *Dreadnought*, and have purchased from the Greenwich Hospital Commissioners, for £5,500, a site adjacent to Greenwich Hospital, and are about to spend the greater part of forty-four years' savings and benefactions, at least £60,000, in erecting, within a stonethrow of the ancient and now half-vacant Greenwich Hospital, a new hospital to hold three hundred beds. This Seamen's Hospital Society, which has purchased a site, and is about to build at the very doors of Greenwich Hospital, was instituted in 1821, and incorporated by Act of Parliament in 1833. It is a hospital where the wounded are healed and the sick are cured. It is open to every comer. It is aided by Royalty and by our principal shipowners, and has for forty-four years been most popular. The legacies and donations given to it amount to more than £100,000. The Admiralty provides it with a ship. It seems to be a model of economy. But the Seamen's Hospital Society could not relieve all the cases of distress occurring in that class. Nine of the London hospitals relieved in 1863, three hundred and ninety-one sailors as in-patients. If the four other general hospitals were included in this return, we should have to add about one hundred and fifty more. It is stated by the officers of the Floating Hospital that sailors now prefer to be cured on shore. On shore they find ampler space and increased comfort, and "they have had enough of ship", they say at sea. Is it necessary to say more on behalf of the claim of the Seamen's Hospital Society, to occupy a portion of Greenwich Hospital. The present Infirmary of Greenwich Hospital contains room for nearly three hundred beds. In King Charles's and King William's quarters, which form the two western divisions of the main building, there is room for about five hundred and fifty more beds. Why should not the eastern moiety of the Hospital, composed of Queen Anne's and Queen Mary's quarters, be assigned at once to the use of the Seamen's Hospital Society, for the benefit of the mercantile marine? The report of the visiting surgeon to the society, framed with exclusive reference to the contemplated scheme of a new hospital to be built on shore, contains the following passage:—'A hospital establishment consisting of isolated buildings at some distance apart from each other, in a quiet, airy situation, would represent perhaps the best type of hospital; but it is clear that a hospital erected in such a situation would for most purposes be next to useless, and would be enormously costly.' Greenwich Hospital is built precisely on this principle of isolation; it is quiet, and very airy; it is composed of five entirely separate portions: two, if not three, of these piles of building will soon be absolutely vacant. They can be had without cost; let us try their utility.

BOOKS RECEIVED.

1. The Why and the Wherefore of Cattle Diseases. By William Reid. Edinburgh and London: 1865.
2. Selection of Documents and Autograph Letters in testimony of the Cures effected by the Electro-Chemical Bath of J. F. I. Caplin, M.D. Translated from the French Edition. With an Appendix. London: 1865.

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Epidemiological Society, 8 P.M. Deputy Inspector-General Smart, M.D., R.N., "On the Dengué (Break-bone Fever of Hot Climates—the Scarlatina Rheumatica of Dr. Copland)."—Entomological.

Tuesday. Anthropological Society of London, 8 P.M.

Wednesday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., Adjourned Discussion on Dr. Barnes's paper on Dysmenorrhœa due from a Peculiar Form of Conical Cervix; also, a Supplement to the same, by Dr. Barnes. Case of Extrauterine Fœtation, by Dr. J. Braxton Hicks. Cases of Hydatidiform Degeneration of Placenta with Albuminuria, by Dr. B. Woodman.—Geological.

Friday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Astronomical.—Royal Institute.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

A Correspondent reminds us that the gentleman alluded to in the Journal of May 20th, in connection with Hospital Conveyances for the Sick, is not Mr., but *Sir* Macdonald Stephenson, the well known engineer.

Number IV of the Archives of Dentistry, edited by Mr. E. Truman, contains a paper by Mr. Bate on Filling Teeth with Gold. Mr. Truman continues his series on Mechanical Dentistry in England. Dr. Richardson has a Chapter on the Teeth and Mouth in Idiots. There is also an interesting account of the Replantation and Transplantation of Teeth, translated from the German of Dr. Mitscherlich.

Fees for Vaccination.—It would appear from the following directions, issued some years ago by the Poor-Law Board, that medical men can claim fees for re-vaccinations; in fact, for all successful cases of vaccination. The Assistant Secretary writes:

"The Poor-Law Board direct me to state that, in accordance with the contracts entered into by the guardians in pursuance of the statute 16 and 17 Vict., cap. 100, the public vaccinators are entitled to be paid for the successful vaccination of any person resident in the union whose name is entered in the register provided by the guardians, in accordance with the contract. There is no *limitation* as to *age*, nor is it *material* that the *persons* had been *previously* successfully vaccinated."

An Address

DELIVERED AT THE

DISTRIBUTION OF PRIZES AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

On Monday, May 29th, 1865.

BY

RICHARD OWEN, D.C.L., F.R.S.,

ETC.

HAVE been honoured by the request, through the Dean of your School of Medicine, to deliver to the successful competitors the prizes which they have gained by excellence and proficiency in the studies of this school; and here, at the outset, I am led to note the sound judgment which has governed the definition of the field of competition. With a few exceptions, prizes are not awarded for single courses; but classes are grouped in accordance with the curriculum laid down for students of the first and subsequent years; the object being to ensure the general proficiency of the students of each year in their respective subjects of study. I am happy in being permitted to take part in an assemblage and on an occasion that have for their essential cause and condition the increase and diffusion of knowledge. I am favoured in being the instrument of manifesting the satisfaction which the teachers of science in this school feel in the success which proficiency testifies to their endeavours to impart such science. I am glad also to meet fellow-learners of every grade, whose main aim and labour profess to be to gain those steps in science which may lead them to a height whence, in their turn, perhaps, they may discern the signs by which our view of the field of knowledge may be expanded.

In every race, one wins, or a few gain prizes; but every competitor has earned in the course what far transcends in value the mark of some small relative superiority. In the training or preparation for mere physical excellence, the muscular fibre is strung, the capacity of respiration developed, the vigour of circulation increased, the whole bodily health improved; the organism is a better organism, can do greater things, can receive higher enjoyments. But these perfections subside with the cessation of the exercises that educed them. Yours has been a competition of a higher kind; not of the powers of the animal, but of those of the man; not of the body, but of the mind; and the gain in the training and very act of competition must have been proportionate. Moreover, in the friendly endeavours to excel in which you have been engaged, you have done more for your own advantage and that of mankind than merely improve the working of your own intellects. The very exercises by which the acquisitivity of ideas, retentivity of facts and principles, power of comparison of grounds for this or that conclusion—in short, any of the faculties of apprehending truth, have been improved or educed; have left you in possession—permanent possession, let us hope—of the elements of anatomy, physiology, chemistry, zoology, botany, and other definite kinds or sums of natural science, which go to endow you with the faculty of comprehending the nature of injuries and symptoms of disease, and of applying that power in behoof of your suffering fellow-men.

Now, the lowest amount of this intellectual wealth which may have been gained and garnered by the student is to him a prize far exceeding in value the signs and tokens of honour which I have had this day to distribute. Let not, then, any of the so-called "unsuccessful" repine or feel discontent at the issue of the competitions. He has gained a better possession, in whatever measure he may have mastered the sciences which he has had the opportunity of learning; he has succeeded in a far higher matter, if his conscience tells him he has done his best, and has neither wantonly nor wilfully thrown away his opportunities. As our great poet sings:

> "Fame is no plant that grows on mortal soil,
> Nor in the glistering foil set off to the world, nor in broad rumour lies;
> But lives and spreads aloft in those pure eyes and perfect witness of th' all-judging Jove:
> As he pronounces, lastly, on each deed,
> Of so much praise in heaven expect thy meed."

But, to descend from these heights to things of less empyreal concern: let me congratulate you on your being students of St. Mary's Hospital and School of Medicine, and show cause of congratulation by reference to the opportunities, arrangements, and conditions which it affords for a sound and thorough scientific and practical medical education.

[The chief characteristics of these were then defined and commented on.]

It is sometimes asked, Is medicine a science? This question, like many others, is hardly reasonable or fair, the two terms being so unequal in degrees of complexity. So far as medicine knows the cause and condition of a curable disease, and the one infallible cure, to that extent it is "science". If medicine has mastered the nature of a specific malady, if there be a specific malady, and has discovered the specific remedy, if there be such a thing as a specific, it may claim to be a science. I leave to the experienced practitioner to determine what may be the proportion of the field of observation and practice commonly called "medical science" which is in the above defined condition; and what the proportion of that field in which the cultivators differ in their views as to the cause, the nature, and the remedy of disease.

Your excellent professor of chemistry will tell you that, having a special aim in view, he adds a certain reagent to a given solution or mixture, knowing that it will produce such desired result; viz., a certain infallible decomposition and recomposition. The prevision and its fulfilment prove that he possesses a science. But, were other chemists to affirm that a different reagent would produce the same result, or that the solution, if left to itself, would produce it by spontaneous decomposition or recomposition; and if there were really grounds for such affirmations or diverse views of the case,—you would then conclude that chemistry had not reached the scientific stage, and would hardly expect it to enjoy public confidence.

In fact, we see at the present day that the public confide not so much in medicine as a science as in the particular practitioner. It is characteristic also of the present phase in the growth of medicine, that the public are liable to be deluded and led astray by its shams; and not until medicine becomes a science can such simulacra be expected to vanish, and quacks and quackery to become extinct. Time was when disasters were deemed, in the literal sense of the term, to be the effect of malign influence of stars. Two or three centuries ago, the horoscope was cast, and believed to indicate the future destinies of the heir, by the same classes as now accept, in like faith,

the infinitesimal globule. The astrologer then had leave to move in the same social scale, and to sit at the same tables, as now the homœopathist. Astronomy had not risen to its full development as a science. It is interesting, indeed, to consider how a public, ignorant of and careless about the grounds and proofs of an established science, does in time come to believe in and trust it, to the exclusion of its simulacra, and the utter deposition and extinction of the quack professors of the same. I believe the public gain this faith by what the true science effects, and what it predicts.

By means of the data of astronomy, the seas are navigated, and remote parts of the earth reached with marvellous exactitude. Astronomy foretells phenomena to the day, hour, minute, even second of time: the interval—it may be years—after the prediction passes; and at the very hour, and fractional part of the hour, the event foretold comes off.

The palæontologist, from a fossil fragment, infers that such a form of animal, strange, it may be, or gigantic, has existed in such an island; and commits himself a prophetic sketch of the same. Other parts are afterwards found; at length, perhaps, the entire skeleton. The public knows nothing of the laws of correlation by which the prevision of a form of life long passed away, and never seen by human eye, was gained; but it is struck by the fulfilment, and accepts or believes in the science.

Medicine is occasionally called upon to prophesy in public: the rank of the patient requires a bulletin. Reference to some of these series of predictions and the actual results may partly account for the degree in which medicine still halts, as a science, in public estimation. And so it comes to pass that the question continues to be asked, "Is medicine a science?"

The great question for you, however, is—Can medicine become a science? From every analogy of the progress of human intellectual endeavours to raise, by observation and experiment, a body of facts and phenomena to the status of true science, the reply to the latter question would be emphatically, Yes!

Anatomy, physiology, pathology, or a knowledge of deterioration of structures, to the minutest degree in which the microscope can show such changes for the worse, in the fluids and elementary tissues of organs; chemistry, especially organic; the nature and powers of medicines—in short, all those bodies of doctrine worthy of the name of science, and which bear upon the problem of life, must be cultivated—if possible mastered—as the indispensable basis on which a lasting superstructure of a true science of medicine can be raised. Medicine can only become science by and through the subservient bodies of doctrine that have become science—the unknown must be reached by the known.

In every age, the individual who has effected most to raise medicine and surgery to the rank of sciences, has been the practitioner who was most distinguished for his knowledge of science.

John Hunter, besides being the greatest surgeon of his time, was the best physiologist, the greatest comparative anatomist, and, what was then little if at all known to his compatriots, he held the most advanced views of zoological classification, and was the most experienced palæontologist.

In considering the obstacles that impede the progress of medicine to the scientific status, I have been led to regard in that light, among other opposing influences, "fees" and "examinations".

Taking poor human nature as it is, I suppose that, if the palæontologist were to receive his *honorarium* for every fossil he gave an opinion on, the number of mistaken determinations would be enormously increased. Were the chemist to make his analysis with a view to the fee, he would be diverted and led far astray from the track of discovery. If the zoologist might claim and receive pecuniary reward for every new insect, shell, or worm, he might characterise, the number of "nominal species" would be vastly on the increase. Nature will not be bribed to reveal her secrets; hardly will she, and rarely, reveal them under the torture of vivisectional experiment. She demands the full and entire devotion of her suitor in long years of subservient observance; and only to such single-minded worshippers of truth will she whisper a particle of it.

The physician who, in our day, has, perhaps, done most towards rendering medicine a science, is Rokitansky, through the very great proportion of his time devoted to the study of eleemosynary cases.

The same condition of advancement exists in the relations between the patients in hospitals and the medical officers. But for the entire range of maladies in the various classes of society, one is disposed, in reference to the advance of medical science, to indulge in the Utopian desire of the devotion of some one adequately gifted in mental power and material wealth to the study of disease, exclusively with a scientific aim; able to select his cases; not necessarily diverted from a given and promising line of observation by the calls of remunerative practice.

Thus, in the same malady affecting different individuals under similar conditions of age, sex, temperament, or constitution, the effects might be compared, of the customary or accepted remedies in one case, of the remedies of an opposite kind—conditions of practice which in some instances now divide the medical mind—and of the withholding all medicines: just as the chemist, in quest of discovery alone, perseveres in the pursuance of the analyses of a particular class of compounds, his faculty of insight being sharpened in relation to them, by exclusive study and progressive familiarity with their specialties.

In reference to the second of the obstacles which it has occurred to me to specify, I do not mean "examinations" in the abstract; but the kind and conditions of those tests which more immediately affect the sciences—as taught, *e.g.*, in a school of medicine like St. Mary's—and the ultimate aim which the teachers have in view.

Examinations differ widely, in the work and qualifications of the examiners, in the views and motives of aspirants to the office, in the main end and aim of the test itself. In regard to the latter, the difference is such that it may be expressed by saying that some examinations are conducted to find how much, and others how little, a man knows. In the first category, those examined are ranked in the order of their acquirements; in the second, all alike receive a diploma, signifying qualification. And, as the weakest link in a chain gives the strength of the whole, so the scantiest measure of knowledge that enables the candidate to pass, becomes that of the amount sought for by the examiners, and at the same time a test of their own qualifications for the office, and of the responsibility and trouble which they undertake in its performance.

To exemplify the first kind of examinations, I would refer to the well-known arrangements at our old universities, in principle so pure, so effective in arrangements, as to gain for him in whom the highest amount of knowledge has been found the unhesitating applause of the less successful, which is echoed, without the slightest misgiving, by the country at large.

In the composition of the examining body, old experience is combined with young vigour, soundest nowledge of settled principles, with minds fresh om the latest discoveries and amended views of ience. The senior wrangler of one year may be ssociated with his teachers as an examiner in the ext.

The machinery is effective without being cumrous. There is no inducement to make it so. our is the usual number of examiners. The adinistrative authorities of the university, responble for the well working of the examination, imressed also by its supreme importance, have no her notion than to make it work well. They do not ropose to themselves any personal advantage, in urse or dignity, by taking part in the work. They mply elect the best men for it. These, likewise, e moved by considerations far higher than the noluments of the office; and, indeed, there are none. uch fee as may be offered and received simply nullies the sense of obligation, on the part of the auorities, for the time and labour devoted by the xaminers to the duties confided to them.

The annual lists of the results of the B.A. examintions at Oxford and Cambridge exemplify the operaon of this system of examination, in discovering ie relative amounts of knowledge in the candidates. he teachers of the required subjects are stimulated ereby to impart the newest discoveries, and to set ntelligibly before their pupils the latest phase of eir respective sciences. "Examinations" of this ature are helps, not hindrances, to science.

A board of examiners composed exclusively of old achers or practitioners, and to whose diploma or ass-certificate the bulk of medical students look as main aim of their metropolitan studies, becomes an nfluential element in the consideration of the way n which, *e. g.*, anatomical and physiological science is o be presented by the teacher to his class. I believe nat I do not err in supposing that, if the examinaons in human anatomy and physiology by the board ranting the diploma were conducted by a combinaon of young cultivators of those sciences with the xperienced practitioner for the surgical department; nat if one or more men of justly merited public epute for their advancement of anatomy and phyology, and in the vigour of their intellectual work imparting and expanding those sciences, were laced on the board or "court" of examiners—achers would be stimulated to prepare their pupils o be tested in relation to more advanced conditions those sciences, than there is any call for under ie present state of the "pass-examinations".

The obstacles to such improvement in the examing board may be exemplified in the conditions of its istence at the Royal College of Surgeons of Engnd. The administrative authorities of that College e concerned, both in purse and dignity, in themlves performing the work of examination. In purse, y the way and degree in which they remunerate iemselves for such work; in dignity, because no ember of the Council is eligible to the offices of ce-president and president of the College until he as been an examiner. As such, his remuneration eing in the ratio of the number of persons examined, ust now be of material importance.* Accordingly, ie Council, twenty-four in number, elect out of their own body ten to be examiners, reserving to themselves the testing in all the required sciences and subjects, save midwifery, dentistry, and classics.

I note this, therefore, as one of the impediments to the progress of medicine and surgery as sciences: an evil which will be abated in proportion as those to whom the profession confide administrative power may approach in singleness of purpose and motive to the administrative bodies of our universities, in regard to the business of examination for degrees and diplomas.

The Royal Society of Arts has recently given an example which the Royal College of Surgeons would do well to follow. On undertaking responsibilities connected with examinations of candidates, the Council of the Royal Society of Arts at once passed the self-denying ordinance that no member of the Council should be eligible to the post of examiner. Yet the Council always includes men well qualified for the office, but not every man so qualified, and seldom those who are best qualified.

[Professor Owen finally congratulated the students on the choice of their profession; comparing medicine with law, and with divinity as distinguished from religion; pointing out in this comparison the advantages of medicine in the opportunities it gave of acquiring and advancing knowledge of the various forms of the power of the Creator, in the greater freedom allowed in the use of the intellectual instrument, in the exclusively beneficent application of medical science, and the freedom from any calls of its professors to punish or persecute their fellow men.]

* In the year 1817, the Council determined by bye-law, sect. xxii, at "Every member of the Court of Examiners, who shall be present at the opening of any stated Court of Examiners, shall be entled to half-a-guinea; every member, who shall be present at the journment thereof, shall also be entitled to half-a-guinea. And, every examination for the diploma, the examiners, who shall ve been present from the commencement until the termination reof, shall be entitled to the division of nine guineas, whether the rson examined be approved or referred."

Metropolitan Association of Medical Officers of Health. At a meeting of this Society held on May 20th, Dr. Druitt in the chair, Mr. Haynes Walton read a paper on "The Contagious Affections of the Eye." He said that by the term used he expressed the communication of ocular disease from one individual to another; and he considered that, while the direct effect of contagion on the eye appeared only in conjunctival affections, more injury and loss of sight was produced from this cause than from any other diseases of the organ. He referred to the prevalence of catarrhal ophthalmia in the Central London District Schools; and recommended the following measures to be employed in all such instances. Absolute separation of the diseased persons from the healthy; classification, if severer cases occurred among the diseased; the institution of a rigid convalescent system of probation, to prevent relapsing cases from doing mischief; a morning and evening inspection of the whole establishment, so that there might be the most timely removal of diseased individuals; the strictest attention to the withdrawal of any known or supposed exciting cause of the diseases; and the adoption of the highest hygienic measures among those under surgical treatment. He then went on to speak of infantile purulent ophthalmia; and, after alluding to its frequent origin from the contact of leucorrhœal discharge and sometimes from gonorrhœal matter or other sources, he strongly advocated the necessity of early treatment of the eyes of infants thus affected. They should be cleansed early and frequently; and remedies, when required, should be applied without delay. He concluded with some remarks on granular conjunctiva, speaking of it as a frequent source of contagion, even when, from the absence of purulent secretion, it might be supposed that no danger of contaminatian existed. After the reading of the paper, a discussion followed, which was shared in by the President, Dr. Mapother of Dublin, Mr. Liddell, and Dr. Rendle.

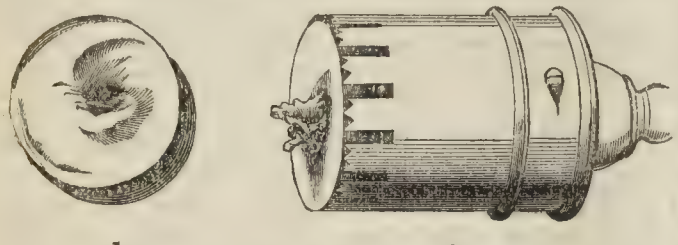
Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

TREPHINING FOR THE RELIEF OF EPILEPTIFORM ATTACKS, OCCURRING AFTER INJURY TO THE HEAD.

By JAMES RUSSELL, M.D., Physician to the Hospital.

THE case which has suggested the following remarks, and will be detailed presently, was under the joint care of my colleague, Mr. Bolton, and myself; it was one in which fits, in all respects resembling true epilepsy, came on five years after a blow inflicted upon the head with a pointed instrument. At the time of the patient's admission into the hospital, the fits were increasing in frequency, and the mind was rapidly deteriorating; trephining was therefore performed as a last resource. A bunch of short spicula, represented in fig. 2 of the



1 2

Fig. 1.—External view; shewing depression of skull.
Fig. 2.—Internal view; shewing spicula.

accompanying sketch, for which I am indebted to my friend, Mr. C. J. Bracey, projected from the interior of the skull. The patient died of acute meningitis.

I have examined the records of as many cases of a similar description as were accessible to me, with reference especially to the success of operative proceedings; first, as regards immediate recovery from trephining; secondly, as respects the removal of the disease for the relief of which the operation was undertaken; and I propose to state the result in the course of this paper.

Convulsive movement of different degrees of severity, and involving various extent of the body, are among the nervous phenomena liable to ensue after injuries to the head, happening sometimes among the primary, sometimes among the secondary consequences; being either the direct effect of the injury, or occurring at various periods afterwards. Of this latter class of cases of convulsions, a certain proportion result from inflammatory change; but many, constituting the group to which this paper has special reference, are the result of a perverted state of innervation, gradually engendered as a more or less remote result of the injury experienced, or induced, as in my present case, by continued irritation operating upon the membranes or upon the superficial tissue of the brain. In what I have further to say upon the subject, I desire to be understood as excluding altogether the convulsions which may attend inflammation or active cerebral disease induced by the injury.

The convulsive attacks after injury to the head may be general and severe, affecting the enti body; or, as is more generally the case, they m be comparatively slight and partial, consisting mere of convulsive twitches, affecting, it may be, the upp limbs alone; or, again, they may present that pec liar sequence of phenomena, and that purely pa oxysmal character which we usually associate wi the idea of epilepsy. This latter class of convulsion the epileptiform, viewed symptomatically, stands di tinguished from the former by the union of sudd insensibility with the convulsion, implying there that an additional set of nerves is involved in t convulsive effort; viz., the vaso-motor nerves suppli to the blood-vessels of the brain.

It is stated, however, by some excellent observe that in this form of paroxysmal convulsion, when c casioned by injury to the cranium or by disease co nected with the brain itself, coma is often entire absent. Such has been the case in some of the i stances which will be referred to in the following r marks; but in the majority, it is either announc directly, or is left to be inferred, that consciousne was lost. It need hardly be added, that no speci pathological difference can at present be establish by the presence or absence of coma, nor between t class of epileptiform convulsions and other form though it is important for our present subject to ad that the convulsive attacks with which I am at pr sent concerned as requiring the operation of the tr phine, generally approach more or less exactly to t type of true epilepsy.

In my present case, from the small size of t spicula which projected from the skull, it is probab that the irritation which caused the fits was appli directly to the membranes—at least, without woun ing the substance of the brain. In this particula the case resembles many others on record, in whi the cause of the nervous phenomena seems to ha operated primarily on the membranes, and consist merely of thickening and roughening of a portion the cranium, the membranes being alone involved i the direct irritation which resulted; but in ma other examples the matter of the convolutions its suffers irritation through the entrance into the su stance of the brain of spicula after injury, or throug the presence of outgrowths from the inner surfa of the skull indenting the cerebral tissue; or, agai in a small number of cases, by a recent or ancie coagulum lying upon the surface of the hemispheres

An interesting observation by Dr. Marshall Ha (*Med.-Chir. Trans*, xxiv, 122) illustrates those cases convulsions in which the membranes alone are prim rily concerned. He says: "In one important exper ment.... I found that, although every kind of irritatio puncture, laceration, etc., of the cerebrum and cer bellum was entirely inoperative, yet laceratio or pinching of the dura mater immediately induce peculiar spasmodic movements of the eyeballs, th eyelids, the head, etc." Dr. Hall refers the phen mena to the trifacial nerve, which, "as in the recu rent of Arnold, is well known to impart branches t the dura mater, and which may do so to the oth membranes within the cranium." This liability the membranes to take on morbid action of a purel nervous character affords a parallel to the well know tendency of the same tissues to assume inflammato action when involved in any injury, thereby const tuting an important source of danger in compound depressed fractures of the skull. Thus, in speakin of the danger of inflammation after injuries to th head involving the brain and its membranes, M Bryant (*Guy's Hospital Reports*, 1859, p. 49) pointed observes "how powerfully nature resents any scrat or injury to the dura mater."

As regards the production of convulsions by dire

cy to the substance of the brain itself, it is most able that, in a large proportion of instances, ing all those in which the injury is inflicted upon hemispheric lobes, the mechanism by which the ements are effected involves precisely the same ciple as in the case of the membranes. It would ar that the convulsive centres, the portions of brain which, when irritated, *directly* give rise to ulsive action, are quite separate from the hemiric portion, and are probably connected with the ncephale and the medulla oblongata. Such ap-s to be the opinion of Schrœder van der Kolk, ded upon his own observations and upon those of ger, in a passage to be quoted presently; and to same effect is a remark by Kussmaul and Tenner, ed by Dr. H. Jones (*Functional Nervous Disorders*,), that in cerebral anæmia epileptic convulsions manifest themselves in man, when, together the cerebrum, some or all parts of the encephalic lying behind the thalami optici are suddenly de-ed of blood to a sufficient amount. Hence, when ulsive movements result from irritation applied ıe hemispheres of the cerebrum, the convulsions produced by reflex action; the irritation being veyed by the white substance to the convulsive res.

aus, Dr. Todd (*Lumleian Lectures*, 1849) ob-es that "it is not the office of these fibres (of cerebral hemispheres) to propagate the nervous e to muscles, but to other nervous centres. Their tion is to establish communications between the t sheet of vesicular or grey matter which covers convolutions of the brain, and the corpora striata, c thalami, and mesocephale; so that changes in of these centres may be propagated from any to any other or to all the rest." Hence, he con-es, that "we must not deny to these lobes (the ispheres) a certain power of exciting motion, er directly or indirectly through their influence, a other ganglia of the brain." He then relates ain experiments of his own, which confirm the clusion formed by other observers, that convulsive on is produced *directly* only by irritating those ions of the cerebral mass seated at the base, ch I have already named; viz., the medulla ob-gata, the mesocephale, and the corpora quadri-ina.

ne observation made by Dr. Todd in this connec-is nearly related to the subject of this paper; the power possessed by the hemispheres of the n to excite convulsions through reflex action is t manifest when the lesion of the brain is super-l—*i. e.*, when it affects the grey matter of the volutions. This statement is brought into still er connection with the nervous derangement pro-ed by injuries to the skull, by the result of Dr. ght's experience in epileptiform disease (*Med.* II, part II), which is to the effect that cases of epsy connected immediately with organic changes he brain, more frequently depend on disease ting the surface than on such as is deeply ed; and, subsequently, in summing up his cases pileptiform diseases, he observes that, of eleven s in which there was evidence of a direct morbid lition of the brain or its membranes, or of the l, in none had the organic disease extended into medullary substance, and in most it had pene-ed little deeper than the membranes themselves. its of convulsions, in all respects resembling a fit pilepsy, may occur during the process of reac-after concussion; but those which happen ng the primary consequences of injury to the l, are regarded by Sir B. Brodie (*Med.-Chir.* s., vol. xiv, p. 367; and Cooper's *Surg. Dict.*) as ably dependent upon direct injury to the sub-stance of the brain, and not upon compression merely. Sir B. Brodie states that, whenever he has noticed these convulsions as attendant upon depression of the skull or upon extravasated blood, and has afterwards had an opportunity of ascertaining the exact nature of the injury, the pressure has always been found complicated with wound or laceration of the substance of the brain.

This observation of Sir B. Brodie, which is echoed by other authors, receives an interesting illustration from a group of seven cases by Mr. Banner, surgeon to the Liverpool Northern Hospital, related in an able paper contained in the ninth volume of the *Transactions* of our Association. In all the seven cases there was laceration of the substance of the brain. The laceration was extensive in five; but was confined to the substance of the hemispheres in all. In one only were the central ganglia, the corpora striata, or thalami, involved. Convulsive movement was present in all the cases; but the convulsions were violent in one only. They are generally described as convulsive twitchings of the limbs, and occurred in paroxysms, reminding one very much of fits of the milder forms of epilepsy *minus* the coma.

A case which appears to have attracted considerable attention at the time, as it occurred in the person of Lord Brougham's nephew, and was copied into the *Medical Gazette*, vol. x, p. 797—a case of extensive injury to the skull—proves that in a certain peculiar conformation of brain the convulsive action may be most violent; but it has also drawn from Mr. Guthrie the observation that the case is exceptional in this particular, as manifesting convulsive action so general and so violent among the early consequences of this particular injury. It is related in this case that Mr. Crampton had scarcely touched with the forceps a large fragment of bone bedded in the brain, than the whole body was shaken with violent convulsive movements; Mr. Crampton then tried merely to cleanse the wound; but scarcely had three drops of water fallen on the raw surface, than the patient cried out in a voice more expressive of terror than of pain, complaining that the sensation was dreadful. As a consequence, all attempts to extract the bone were abandoned, and the wound was not so much as washed for twenty-two days. Perfect recovery resulted. The great wound healed in two months; but small spicules were discharged for a year. The patient was seen in perfect health six or eight years afterwards.

Convulsive action, however, is far from being a necessary attendant upon laceration of the cerebral hemispheres; and this fact affords confirmation to the opinion expressed by Dr. Todd. How wide, indeed, is the interval between the extreme degrees of sensitiveness to irritation on the part of the brain, is well shewn by a case under the care of Mr. Birkett, quoted by Mr. Bryant in the paper in *Guy's Hospital Reports* already referred to. The patient, a woman, lost seven square inches of skull in consequence of injury, without presenting any serious symptoms during the course of her protracted cure.

From the observations just made, it appears that epileptiform fits produced by injury to the head fall under the category of reflex irritation together with the numerous cases of so-called symptomatic epilepsy resulting from irritation seated in some part of the limbs or trunk; and have a special analogy to the instances in which a foreign body irritating a nerve, a cicatrix producing a like effect, or a tumour situated upon a nervous trunk, proves the exciting cause of the fits. It would also appear that much the same may be said, with certain limitations, of the other forms of convulsions which occur after laceration of

the brain. There are, however, certain specialties connected with a large number of those epileptiform attacks more particularly referred to in this communication, which impart to them a distinctive peculiarity. They often do not occur until a certain interval of days, even of months, has elapsed from the receipt of the injury (in the case which has suggested the present remarks five years had intervened); but when once established, they generally continue to recur, in separate paroxysms, perhaps through the whole remainder of the patient's life—it may be even after the cause of the irritation has been taken away by operation. The convulsive movements are also more severe and general than is often the case under the other circumstances; and, in course of time, they may be attended by deterioration of the health of the brain. The irritation by which the convulsions are excited in such cases appears often unequal to produce an immediate effect; but, being permanent in its operation, exerts a reflex influence upon the nervous centres, by which, in process of time, some nutritive change is effected in those centres, disposing them at last to take on disordered action. Hence the tendency in the disease to permanence; and hence we may perceive a source of uncertainty as to the final success of the operation of trephining—an uncertainty which becomes greater in proportion to the length of the period of incubation of the fits, in proportion also to the duration of the subsequent disease. Of course, the same remarks apply equally to the epilepsy which is occasioned by organic disease of the brain.

I may note, in passing, that if these remarks be founded on fact, they exclude the cases of what have been termed centric epilepsy from constituting a distinct class, and associate them closely with those in which the irritation starts from some other region of the body. In truth, it would appear that centric epilepsy, if existing at all as a distinct form of disease, should rather refer to those numerous cases of the malady, chiefly observed in young persons, in which the attacks develope themselves without apparent cause, in consequence of congenital tendency or of nutritive changes effected in the nervous centres, either in the few first years of life or at the period of puberty. They also suggest certain difficulties as to recent suggestions on the subject of the application of the term epilepsy, to which I may take a future opportunity of referring.

Among the cases of epileptiform disease induced by injury to the head, there are, however, not a few which differ somewhat from the class of which my present case is a type, but, from the interest which attaches to them, require separate notice. I refer to those cases in which the consequences of the injury are limited entirely to changes in the tissue of the skull, without any depression or fracture having occurred. The records of cases in which trephining has been performed for the relief of nervous disorder, afford many instances in which the lesion of the bone has consisted in change of structure gradually induced; such alteration of structure being still connected with the nervous symptoms, by the success which has attended the operation. Thus, the following alterations may be noted as having been present under such circumstances: extensive ostitis, with great thickening of the bone and the presence of points or granulations on its inner surface; more or less thickening and induration of the bone, without any outgrowth; exfoliation of the bone, confined to the outer table, or penetrating through its entire thickness; complete perforation of the three tables by openings of different diameters, probably from previously existing caries, the surrounding portion of bone being healthy, or thickened, spongy, and vascular; disease of the nature of caries confined the inner table of the skull.

An interesting case of this character is detailed the *London Medical and Physical Journal*, 1855, p. 1 in which urgent nervous symptoms, including hen plegia, and followed by paroxysms of epileptifor convulsions, presented themselves after a blow with fist, severe pain remaining in the part. From t moment the circle of bone was removed by the t phine, the paroxysms of convulsion became conside ably mitigated, and ceased altogether in the cour of a few hours. The hemiplegia was removed in month. The trephined portion of skull was found be very thick.

A similar case is quoted by Mr. Guthrie (*Injur to the Head*, 1842, p. 80). A more remarkable exam is afforded by a case reported in the *Medical Gazet* vol. xvii, p. 221, probably of syphilitic origin. Seve fixed pain, and subsequently epileptic convulsions, c curred. Both were temporarily relieved by incisio made over the affected part; and, also, by entire r moval of a portion of the covering integument, a by seton; each measure being employed separatel but they returned in every instance. Tempora hemiplegia then occurred; and, finally, the increasi urgency of the symptoms, especially of the conv sions, rendered trepining necessary. A considerab portion of greatly hypertrophied bone, more th twice the normal thickness, was removed with p fect relief to the symptoms.

Natural analogy carries us on from these cases others, in which the bone is spared, and the morb action excited by the injury is limited to the peric teum; and from these, again, the transition is n difficult to other cases of a singular character, ma of which have been reported, wherein the change, wha ever it was, seems to have been entirely confined the integuments of a particular part of the scalp, t seat of the blow which originated the disease. T existence of an abnormal condition in this particul spot is evidenced by severe persistent pain, and som times by extreme sensitiveness—touching the pa causing exquisite pain, and often paroxysms of s rious disorder, especially of insensibility or convu sion; or, again, by a well marked aura startin from the same place. In some cases, the abnormi has also been declared by alteration of external a pearance.

Dr. Abercrombie has specially drawn attention these cases in the appendix to Part I of his w known work, under the title of Certain Affections the Pericranium, founding his remarks more imm diately upon reports by Sir E. Home and Mr. Cram ton. In many cases, the symptoms were removed l free incision through the affected part, and the enco ragement of free suppuration; in some, by keepin the wound open by the insertion of issue-peas. Oth cases of a similar kind are mentioned by John B (*Surgery*, vol. ii, p. 303). In many of these case the disease lay manifestly in the pericranium, whi had been inflamed and become thickened; and i some the bone was finally involved; but in others appears to have consisted in some change either nutrition or of innervation, remarkably limited to particular portion of the cranial integument.

In one instance quoted from Pouteau by Dr. Abe crombie, intense headache, often causing insensib lity, persisted in the spot for sixteen years; the in teguments being slightly red and a little swolle and the hair in the affected part being coarse an standing out like bristles. Complete success followe incision. In the *Medical Gazette* (vol. xxxiii, p. 37 is detailed a case in which insensibility and convu sion ensued almost immediately on the receipt of blow of no great severity. The symptoms, whic

re violent, remitted in a few days, but returned in ght months. Free incision through the tender ot, the wound being kept open with peas, effected mplete cure.

More recently (*Medical Times and Gazette*, 1862, p. 43), Mr. Downie has related a somewhat similar se, convulsive fits setting in six months after a fall ich produced concussion. Here the reflex irritaon appeared to be propagated through the branches the fifth pair. The symptoms were removed by al medication.

The analogy which exists between these cases and hers in which the irritation starts from a remote rt of the body or limbs, is completed by an exaple in the *Dictionnaire des Sciences Médicales, Epiosie*, p. 518, in which epileptic fits repeatedly ceased ter a cicatrix on the scalp had been opened by ustic, but returned as often as it was permitted to al.

There can be little doubt that, in many cases of is description, a highly abnormal condition of the rvous system generally, or of the nerves of the parular part, had existed previously. This is to be ferred from the extremely slight cause stated by r. Abercrombie to be able sometimes to produce such rious consequences; as, *e. g.*, the fall of a small ece of plaster upon the head. But there is reason so to believe that, in some instances, the diseased tion had extended from the superficial parts to the embranes of the brain. Thus, in a case by Mr. rampton (*Dublin Hospital Reports*, i, 343), considerble thickening of the pericranium, resulting from a ow received six months previously, was accomanied by severe local pain, wasting paralysis of one m with rigidity, feebleness of both lower extremies, indistinct speech, and epileptiform attacks. On perating, the bone beneath was found carious, and e dura mater was very vascular and rather thickned; it sloughed in the course of the cure. Perfect covery was effected in a fortnight, even of the aralytic symptoms.

It is necessary that I should add, for the complete lucidation of this part of my subject, that epileptiorm attacks are by no means the only symptoms hich may result, independently of the effects usully referred to compression of the brain, from the inries or other affections which have formed the subct of the preceding remarks, as will have been bserved in some of the cases already quoted, articularly in the last. Thus not only severe xed pain, but hemiplegia, apoplectiform attacks, ertigo, defective vision, incoherence, delirium, mania, ave been mentioned by authors, and especially by Ir. Guthrie, as occurring after injury to the cranium; nd, in the instance of the convulsive affections hemselves, other symptoms are often superadded, uch as mental excitement, muscular paralysis, imairment of special sense. In many such cases, we btain clear evidence of a reflex origin of the sympoms, by their being removed through the same gency which relieves the convulsions when they are resent.

Thus Sir A. Cooper (*Lectures*, i, 309) mentions a atient who became quite insane and hemiplegic fter injury to the head. A depressed portion of one was removed by the trephine; the insanity was nuch relieved on the following day; the hemiplegia vas gone in a fortnight. A still more striking illusration is afforded by Mr. Guthrie (page 84), in which heavy blow on the head was followed by fixed pain n the part struck, and by impaired power in the pposite arm, ending, in eleven months, in complete eft hemiplegia, and in impairment of vision, hearing, nd memory. The patient was trephined; the bone vas quite healthy; and nothing occurred in connexion with the operation which could promise an alteration in the condition of the patient, except free bleeding from the vessels of the diploë. Nevertheless, she raised the previously paralysed arm several inches an hour after the operation; and sensation had returned to it. The paralysis and the affection of the senses had quite gone in three days.*

[*To be continued.*]

Original Communications.

ON VITAL FORCES:

THEIR PHYSIOLOGICAL AND PATHOLOGICAL APPLICATIONS.

By James Rhodes, Esq., Glossop.

In a previous paper, inserted in the British Medical Journal for February 4th, 1865, I ventured to bring forward certain views on the origin of nerve or vital forces. Since then I have read with pleasure the opinions of Dr. Richardson, which he kindly pointed out in the number of this Journal for February 25th, 1865. Our opinions are to some extent alike; yet, as we proceed, it will appear that some difference exists.

Physiologists have, with a few exceptions, hitherto considered the nerve-centres to be the true origin whence the forces or energies of the system are derived. I beg to direct attention to Dr. Richardson's "Physics of Disease" for January 7th, 1865, and to what I have already stated; and consider it necessary to introduce a few more facts which will help to convince any who cling to the old creed of the truth of our opinions.

In addition to the experiment of Grove before quoted, I think the following facts, which I here introduce, will prove the unity of forces. If we take three equal pieces of zinc, we may obtain light and heat from one piece; heat alone from the second piece; and electricity, with some heat, from the third piece. Again, the different forces thus produced from the same equivalent pieces of zinc, acted upon by oxidation, would, if collected, be equivalent one with the other; neither more nor less.

I submit that the process is alike in all three instances, and produced by oxidation. A piece of sheet-zinc will give out a bright light when burnt in a current of oxygen, or in a bright fire by blowing it; another piece, acted upon by dilute sulphuric acid, will give out considerable heat; whereas, when another piece is acted upon by diluted sulphuric acid, and connected with a copper plate or carburetted iron bar with its nitric acid bath, each of these provided with copper wires, and connected, in fact, to make a battery,—the force in this case is converted into electricity, which can be again disposed of at pleasure into simple motion, heat, and light, by varying the conditions.

With these important facts before us, we are prepared to understand the vital processes. These facts, by comparison, indicate strongly that afferent nerve-force is not generated from heat, any more than electricity is generated from heat; but that it is generated from that which, under other conditions, would generate heat.

Although the exact conditions for the generation of nerve-force in the living apparatus are not present

* My present case may be adduced as a further example; hemiplegia occurred in the course of the meningeal inflammation, the corpus striatum and thalamus being found perfectly healthy after death by microscopic examination.

as in a galvanic battery, still we have what amounts to the same thing—*the same results by oxidation.* By experiment we produce, from the same source, heat and electricity, just as heat and nerve-force are generated in the capillaries of the system and brain. Ganglionic nerve-fibre, and cells, accompany these minute vessels; and the oxidation of the carbon and hydrogen of fatty matters, and of albumen into fibrine, effected in contact with the walls of these vessels and the nerve-fibres, eliminates this nerve-force, to be conducted to the nerve-centres and ganglia.

Let us return to C. Bernard's experiment showing the "calorific" effect of section of the sympathetic. He considered the increased temperature to be owing to some specific action effected by the nerve when divided; but how produced he has not stated. Is it supposed that heat issues from the divided nerve? If so, the heat would be greatest at the divided part; but it is not so; the temperature of the limb is uniformly increased.

I do not intend to follow this force to the seat of volition or consciousness, or to enter upon the subject of paralysis; yet the remarks here presented seem to offer an explanation of some of the phenomena in lesions of the nerve-centres. I may be excused the suggestion, that when any of this force or energy is required in involuntary acts of the system—as, for instance, vaso-motor function, the action of the heart, etc.—the nerve-force is simply conveyed to the ganglia, and, without any change being effected there, returns by efferent nerve-fibre to these parts, to produce motor effects. From the free communication which takes place in ganglia and nerve-centres between the nerve-fibres and cells, we may readily understand how the "sympathy" of one part with another is effected through increase or decrease of current and conducting power of nerve. Dr. L. Beale thus speaks upon this subject; and, as his opinion closely approaches Dr. Richardson's and mine, a brief allusion will be given.

"It may now be nearly regarded as proven that the nerve-fibres do not terminate in the parts to which they are distributed, but, after travelling from some particular centre to an extremity, then take a backward course, and finally arrive at the point from which they started. Admitting this view, we then have another fact in support of the hypothesis that nerve-force, as it is called, is nothing more than electricity acting under peculiar conditions. Dr. Beale, though he by no means claims for this doctrine an universal assent, still conceives it to be at least probable. In speaking of the two sets of cells, *caudate* and *rounded*, which are connected with the nervous filaments, he attributes to the latter the power of originating currents, while the other is concerned more particularly with the distribution of these, and of secondary currents induced by them, in very many different directions. A current, originating in a *ganglion-cell*, would possibly give rise to many induced currents as it traversed a *caudate nerve-cell*. It seems probable that nerve-currents, emanating from the rounded ganglion-cells, may be constantly traversing the innumerable circuits in every part of the nervous system; and that nervous actions are due to a disturbance, perhaps a variation in the intensity of the currents, which must irremediably result from the slightest change occurring in any part of the nerve-fibre, as well as from any physical or chemical alteration taking place in the nerve-centres, or in any of the peripheral nervous organs."

How Dr. Beale accounts for the origin of nerve-force *from* the rounded ganglionic cells themselves, I cannot see. It cannot originate of itself; nor can the cells generate force; this alone must come from something which has previously existed as motion force in some form or other, and thus become appropriated through nerve-ganglia, cells, and fibre, to the requirements of the system. Dr. Richardson conceived the idea of the origin of the energies of the system from the oxidation of carbon, etc., acting upon nerve-fibre, wherever found. We agree together so far as the origination of nerve-energies in the capillaries by oxidation; and it is here our views differ. M. C. Bernard has given one experiment which proves that nerve-force is not generated at the peripheral extremity of sensitive nerves of the cerebro-spinal system, but rather that the nerves of this system receive their force or energy from the sympathetic nerve-cells at their periphery.

"Having opened the spinal canal in dogs, I divided, as they left the chord, all the origins of the sacro-lumbar plexus (sometimes on one side, and the other), which supplies sensation and motion to the hinder extremity. The limb became completely paralysed, but no calorification or vascularisation was observed; the temperature on this side often, indeed diminishing. When only the posterior and anterior roots were divided, corresponding abolition of sensation or of motion occurred; but in neither case were there any vascular or caloric effects in the limb. In a dog, in which complete paralysis of the left hind leg was produced by division of the origins of the sacro-lumbar plexus, the *sciatic nerve* (and thus the sympathetic) was afterwards divided. Vascular and calorific phenomena immediately followed; the temperature of the limb steadily rising until it was from 11° to 15° Fahr. higher than that of the opposite one, and so continued until the death of the animal the next day."

It is obvious from this experiment that, if nerve-force originated at the periphery of the nerves of the cerebro-spinal system, we should have "calorific" effects when these nerves are divided at their root, since the current to the centres would be arrested, and, instead of a nerve-current, increased heat would be generated in the limb, as occurs when the sympathetic is divided. Therefore we can readily understand how nerve-force generated by oxidation in the capillaries takes two courses; one—the chief—along the sympathetic nerve-fibre to ganglia, and thence to nerve-centres; the other through a connexion with ganglionic cells with the peripheral extremities of sensitive nerves—all nerves of sense—in such amount as is necessary to supply these with their special functions. It therefore follows that increased temperature of the limb in this experiment does not take place as where the sympathetic is divided; for the nerve-force, which is prevented passing along the divided sensitive nerve, will pass along the undivided sympathetic nerve-fibre, together with the rest.

It is not necessary to discuss the question whether nerve-energy is generated at the peripheral extremity of motor nerves, since these receive their energy from the nerve-centres. In addition to what I have stated in the British Medical Journal for February 4th, I beg to refer to three cases of embolism of the arteria centralis retinæ, recorded in the *Ophthalmic Review*. At page 113, Dr. Liebreich says he has met with eight cases of this affection, and gives notes of an interesting case of loss of vision by this means. Two cases will be found at pages 163 and 190. The loss of vision comes on suddenly, and there accompanies them dilatation of the left ventricle with diastolic *bruit*. Von Gräfe gave the first detailed account of these cases; and, a year and a half after the attack, the patient died; and, on a *post mortem* examination, the diagnosis was fully confirmed by finding occlusion of artery. The evidence afforded by these examples of suspended and de-

oyed function of vision proves indisputably the mediate necessity of the arterial blood supplied to organ for the performance of its functional acti-y, be it in the eye or any other part. Here we see ndness coming on; and, if we consider the loss of nsation in a limb when the main artery is liga-red, the two cases are seen to be strictly parallel in sult; viz., loss of function or sensation. This effect not the result of suspended nutrition of the nerve cutting off the supply of its nutritive fluid, as is oved by the instantaneous effect. It is alone the spended oxidation which supplies all organic, and, rough these, sensitive nerves, at their periphery, th nerve-force. Thus, when heat, light, sound, or y mechanical stimulus, is received by an afferent rve, force is necessary to convey it to the nervous ntre.

Dr. Richardson denies, although I believe, that ien "an impression is made upon the skin, eye, r, etc., this is conveyed in a current to the ain;" he holds "that the impression disturbs the lance of nerve-fluid throughout its universality." though the picture of an object falling upon the ina is not conveyed along the optic nerve, yet the citant or stimulus—light—acts upon the different rts of nerve-expanse, and the impression of the cture made upon the retina is conveyed to the brain, d there produces the same pleasurable sensation—fact, a picture or *sensation of one in the brain*, just *we perceive pictures in our dreams*, of all colours d vividness, when the eyes are closed in sleep, and impression upon the retina is received.

I have attempted to give an idea how all forces are rrelated both in the animate and inanimate world; d the contemplation of the subject inspires one th wonder and reverence—with the simplicity and gnificence of creation. However inclined, the bject is too vast to dwell upon longer. We will deavour to apply our knowledge of this subject to e phenomena of diseased action in the human sys-n; and, however imperfectly this may be accom-shed, my efforts may serve as indications for others ore able to effect. As yet there is one matter which s not been alluded to, and which is concerned in e circulation of blood in the capillaries; viz., en-smosis, etc.

"In endosmosis, when one current exceeds the ner, the difference is called the endosmotic equiva-nt; and what is observed out of the body, the me does take place within it. When, for instance, uids are poured into the intestinal tube, and ab-bed by its villosities, no exchange whatever is served from the villosities, owing to the more rapid rrent in these. This difference between the phe-mena which take place in living animals, and ose observed in organic matter, is due to the rapid otion of the fluids contained in the absorbent ves-s; the torrent of circulation carries off the liquids ich bathe this outer surface, without restoring an uivalent, according to the ordinary laws of en-smosis, because, in the normal state, the flow of od is continuous. But, if we arrest its progress placing a ligature on the vessels, the results tained are strictly similar to those obtained in the dosmometer; the exosmotic current is then pro-ced as usual (albumen and the salts of the blood ude), the fluids being placed in a state of rest. If e *motion of the blood* be somewhat *arrested*, by struction from pressure or tumefaction (as in in-mmation), the endosmotic action is modified, and usion will take place. When it is accelerated ally, the absorption continues with still greater tivity than before. The activity of this function tirely depends, therefore, upon the rate at which e blood passes through the capillaries."

The absorption of the nutritive fluids in the stomach and intestines, and of oxygen in the air-cells of the lungs, *is produced chiefly by the motion and free current* of blood through the capillaries of these parts. This is called the *endosmotic current;* and from this known fact of the action of fluids *in motion*, we may suppose the motion of blood along the capillaries and veins produces the absorption of most of the fluids in the body and extremities. We observe the opposite effect, however, when the current of blood in capillaries is greatly arrested; as in inflammations we have *exosmosis*, owing to the expanded state of the capillaries, and the *arrested* or *lessened* circulation through them. Hence we have solidification of lung in pneumonia, exudation of tough mucus in bronchitis, fibrinous membrane in croup, diarrhœa in enteritis, plastic fibrine in peritonitis and pleuritis, etc. These effusions are increased by too depressing treatment and abstinence from food, especially late on in the disease. M. Bernard has shown that, when the sympathetic in the neck is divided, and the animal well fed, all goes on well, except the increased heat and vascularisation; but, when it is poorly fed, purulent formations are the result in the parts supplied by the nerve on that side. M. Cl. Bernard says: "When the cervico-cephalic branch of the sympathetic has been cut, the conjunctiva, the pituitary membranes, and other mucous surfaces, enter at once into suppuration, when the animal is momentarily deprived of food; so, when the splanchnic nerves are divided, the internal organs of the chest and abdomen suffer in like manner." This result will be owing to weakened action of the heart and defective nutrition; hence diminished endosmosis of oxygen in the lungs from weakened blood-current; and, from the same cause, the formation and deposition of pus will be increased. In cases where this tendency was remote, under favourable conditions, as by lowering the heart's action or depressing treatment, this result would be fulfilled.

We will here consider the leading phenomena of inflammatory action. On what do the heat, redness, and swelling of inflammation depend? There can be no doubt that the organic nerve of a part inflamed has received some lesion, either by mechanical injury, or by depraved nutrition of the nerve affecting its conducting powers to and from its centre or ganglion. In fevers and idiopathic inflammations, it is very probable the whole of the organic system has been undergoing some changes prior to the advent of the disease or the unequivocal symptoms, and which being influenced by meteorological and other influences, the body has been prepared for any further cause which we are inclined to attribute as the sole cause of the disease. Here we perceive three conditions, which, by their presence or absence, preserve health or produce diseased action: 1. Healthy and well prepared material or blood; 2. Proper oxygenation (producing heat and nerve-force), and the due conducting or healthy condition of organic nerves; 3. The free and full action of the heart. The first of these general causes comprehends to some extent those causes which lead to defective nutrition of nerve; viz., good digestion of food, pure air and exercise, with buoyancy of spirit or mind. The effects are the same as occur when the sympathetic has been divided in the neck; viz., dilatation of the vessels, heat, excited sensibility, redness and effusion of various kinds, according to the part or organ affected. In the second condition, the transmission of nerve-force being stopped along the organic nerves, we have increased sensibility, partly owing to the excitant or irritant nature of effused products, but chiefly to the increased temperature of the part inflamed. It has before been shown that this

increased heat is wasted nerve-force, so to speak; or what ought and would be nerve-force, if the nerves possessed their healthy conducting quality. Hence the absence of vaso-motor power, and an expanded state of capillaries. The effusion which ensues in a superficial inflammation is analogous to that in all organs: the phenomena which are presented in all depend upon their peculiar functions, and their disturbance. The capillaries most pressed upon by the tumefaction pour out their contents, or exosmosis takes place; others of these, nearer the surface, will be more expanded than natural; hence absorption by the greater current of circulation through these capillaries, or endosmosis. These changes, progressing, lead to the absorption of tissues and the discharge of abscesses.

In passing, it may not be amiss to allude to alcohol. How does it act? It is apparent that saccharine, fatty, and probably alcoholic matters, produce nerve-force as well as heat; whilst albuminous matters supply the structures by which the body is moved—viz., the muscles and connective tissues. Alcohol may act in the *healthy body* upon the inner surface of the heart and capillaries and the nerves of sense as an excitant only, and the chief amount taken into the system be carried away without undergoing combustion; and thus, after serving this end only, will leave the system enfeebled to the extent to which it has called forth its powers. But what concerns the profession to know is, what are its effects in the enfeebled states of the body, or in low states of disease, as in typhoid fevers, etc. It will act here also as an excitant; but I am persuaded that it does more than this; that it is oxidised, since it does not intoxicate even when given in large quantities, but rouses up the energies of life. The mind resumes its wonted calmness and power, when properly administered, to a much greater extent than can be accounted for by its excitant effect; yet the excitant effect in these cases will be greatly diminished here, since the sensibility and power of the system are greatly reduced; hence the marked effect in these cases is from oxidation. And no smell of alcohol is perceived in the breath and urine of such. It would be desirable to examine the tissues of the body and brain where it has been largely given in these low states of body, to settle this vexed question.

M. Cl. Bernard has shown that, after section of the sympathetic nerve, the blood contains a larger amount of fibrine than usual, and is more easily coagulated, as in ordinary inflammation. This teaches us that, after the relief of congestion of a part or organ by local or general depletion, we may in many cases prevent the too great effusion of fibrine by the cautious use of alcohol; for it is evident that the oxidation of alcohol will, so far as it becomes oxidised, prevent the oxidation of albumen into fibrine; for that which will unite with alcohol would otherwise unite with albuminous matters. Again, alcohol will, according to Dr. L. Beale, produce an excitant or contracting effect upon the capillaries, and thus reduce effusions by keeping down tension. The good effects of alcohol, however, are seen in low cases of fever, and inflammations attending these, in which no fibrine is effused, and also where little of fibrine exists in the blood of these cases. Here we perceive the mind rouses up from lethargy; or, if rambling, it becomes calm and conscious; the pulse becomes full and steady; and a marked improvement takes place, from the heat and nerve-force which it is capable of giving to the system by oxidation. By its excitant action upon the heart, the blood will flow through the capillaries of the lungs with more vigour, and thus produce (by endosmotic current) a greater amount of oxygen. It may not be amiss to point out the hea capable of being produced by the heart's action.

The amount of mechanical work performed by th heart has been computed by the Rev. Samuel Haugh ton, M.D., etc., to be equal to 124 foot-tons per day A near approximation of this may be arrived at b considering the height to which the column of bloo is sent from the aorta, and its weight. From th above, we may consider the left ventricle expend force equal to 100 foot-tons per day, at least. This reduced to pounds, is 224,000 foot-pounds, which divided by 772, the mechanical equivalent for hea (for 772 foot-pounds equal the amount of heat neces sary to raise one pound of water 1° Fahr.), ther will be produced about 289° as the quotient—a amount of heat which, divided by 145, the averag weight in pounds of a man's body, will give th actual amount of heat which is capable of being pro duced by the arrest of mechanical force of 100 foot tons per day; viz., 2° Fahr. for each pound of matte which constitutes the body. When we come to con sider this amount divided over the space of twenty four hours, we shall see how inappreciable this woul be at any one of the twenty-four hours; for the hea generated by this means would be inapplicable to us But we are not certain that all this force is converte into heat. Part is, no doubt, converted into fric tional electricity, if we may use the term; owing t the heterogeneous nature of the blood and the coat of the vessels. Friction of homogeneous bodies pro duces heat alone; of heterogeneous bodies, heat an electricity.

The application of the facts here contained, an their relations in diseased actions, are almost uni versal. One symptom observable in mechanical in jury of the spinal cord is great elevation of tempera ture in one or both of the lower extremities, owing t injury of the sympathetic, and the arrest of nerve force to the centres; and hence the same effects a when this nerve is divided in experiments. As Dr Brown-Séquard has lately said in a lecture, "th circulation in these cases is not more rapid, but fuller and (more energetic"?), than in the corre sponding limb. Hence the heated condition of th blood and limb could not be greater than in th other or healthy limb; for, although the arteries may be more expanded on the injured side, from the defi cient power of vaso-motor nerves which cause con traction of these vessels, there cannot be more—pro bably less—of the heart's force arrested and converted into heat.

It will be evident that "determination of blood" to a locality or organ cannot exist, but that it de pends upon lesion, disease, or malnutrition of the vaso-motor nerves, which allows the capillaries to become congested and inflammation to result. The importance of this question and of allied conditions known to exist in the phthisical constitution, will enable us to understand the deposition of tubercle in the lungs, etc., and heat in the axillary region.

NOTES ON HERNIA.

By John Thompson, M.D., F.R.C.S., Bideford.

[*Concluded from page* 371.]

The necessity for care in the after-treatment of cases of herniotomy is amply shown by clinical observation. After bringing the edges of the wound together, and retaining them in apposition by sutures and plaster, a difficulty may arise in keeping the intestine quietly reduced. Where a hernia has had for its immediate cause some violent but temporary muscular effort, the call for which passed at the time, there will be no further unnatural compression of the

iscera after the operation; but, in case the hernia as been produced by severe muscular efforts conerned in coughing or micturition, arising from disase in the system, the circumstances of the case are aterially altered, and it will require corresponding ncrease of attention.

A compress of lint is usually laid over the course of he hernia, and supported by a bandage made to decribe the figure of eight in its gyrations over the high and pelvis. To such, it is presumed, no exception can be taken. The suggestion is, however, ffered, that this simple process should be performed ith just the same studied discretion that marks the xecution of the cutting operation. Protrusion of he intestine is no imaginary danger; it occurs frequently under favouring circumstances, sometimes nerely disturbing the process of healing; but it may e far more serious, and peril the life of the patient.

I was many years ago called to an old woman with trangulated femoral hernia, produced by the coughng of bronchitis, from which she was suffering. Her sual medical attendant met me in consultation; nd, reduction being found impracticable, he perormed herniotomy in a very neat manner, and to he complete relief of the patient. After this operaion, he brought the edges of the wound together ith sutures and a few strips of plaster, and suported the whole by a compress of lint and a bandage. On parting, he requested me, as my residence was earer to the patient than his own, to pay her a visit n case of any urgent necessity; and to this I cordilly assented. Two days after, I was sent for in aste; and, on my arrival, they informed me that the atient's bowels were coming out on her thigh; and, ndeed, this was about the truth. There was, in act, a protrusion of intestine which in mass repreented the size of a man's fist; it had been forced out etween the ligatures, and found its way under the int and bandage to the surface. Every coughing inreased the protrusion, which projected readily hrough the conical wound, but met with insurmountable obstruction to its return. I was obliged t once to remove the dressings and sutures, and hen had no difficulty in replacing the bowels; but he poor patient, who had before been apparently oing well, experienced such a shock that life was s it were snuffed out, and she died in a few hours.

This accident, it may be said, might have been revented by inserting more sutures, and keeping he parts more firmly supported by the lint and andage; and probably this is true; but there is a onsideration concerned also in the matter of a tight ompress.

Some time after this untoward case, I was called o a man with strangulated femoral hernia, produced, s in the former case, by coughing. Here I was the perator. After dividing the stricture and returning he intestine, I inserted a goodly number of sutures, nd placed strips of plaster between them as suports; and finished the appliance with two comresses of lint, crossed over the wound, and kept n position by a bandage. This answered very ell in preventing protrusion; but, instead of the ound healing nicely, sloughing of the hernial sac ook place; and, though the man made a good recoery, it was protracted.

Mr. Erichsen mentions that he has twice witnessed loughing of the sac, in both instances the paients doing well. He does not suggest the cause of he sloughing, nor will I take the liberty of doing so ith his patients; but I have always strongly susected that, in the instance of my patient, the rather irm compress bore some causative relation to the loughing sac. Since then, instead of using lint as ompress, I have taken a round wad of raw cotton and placed it along the course of the wound, and bandaged it over. The cotton guards the canal even better than the lint; and, being far more soft and elastic, exercises efficient pressure, with less risk to the infirm tissues surrounding the hernial passage.

Mr. James of Exeter has suggested that the patient should lie on the side opposite to that which has been cut; and the advice appears to be very sensible. This position of the patient would certainly cause the bowels to fall somewhat to the sound side, and moderate tension on the side of the wound.

It has seemed to me correct practice to close the wound completely for the first few days, the period of union by adhesion; and not to allow a communication between the abdominal cavity and the atmosphere. The discharge coming from the wound during the first four days is probably fluid draining from the abdominal cavity, and which there is no necessity for evacuating by the wound, as peritoneal absorption would be quite sufficient for its removal.

Herniotomy sometimes serves as a tapping to the abdomen; and the quantity of fluid gushing out when stricture and sac are both divided may be, as I have known, very considerable. In such cases, effusion has arisen in the abdominal cavity as the result of congestion, or most probably peritoneal inflammation; but that a drain should be left between the abdominal cavity and the surface seems to me even then contrary to modern views of practice, where tapping is resorted to for idiopathic dropsy.

It is most important that the bandage should not be made to compress the abdomen, because it would thus favour protrusion, or might occasion pain, and increase the tendency to peritonitis. But if its course, after passing round the thigh, is along the truss line of the pelvis, it will be just in place, and the patient will feel no inconvenience.

I had occasion, some time since, to operate for femoral hernia on a woman who had passed the middle period of life, and where strangulation had existed six days. After the operation, a friend of mine who was present undertook, at my request, to apply the bandage; and I left it to him. Two hours after the operation, we returned to see our patient, and found her in great distress. She had vomiting of fæculent matter, like as before the operation; and said she was in an agony of pain. I was led at once to examine the bandage, and found that it was around the abdomen, above the crest of the ilium, and made unnecessary pressure. We altered the position, and placed it around the pelvis: vomiting ceased, the pain left, and the patient passed a good night. Had we not kept watch, the consequences would, in all probability, have been fatal to recovery. The same case gave evidence of the propriety of using great care in the dieting. The patient was visited by her medical attendant every two or three hours, day and night, for the first sixty-eight hours; and both the quantity and quality of the food were regulated by him. She took opium in full doses at first; after forty-eight hours, had an enema of warm water; next took a dose of castor-oil; and all with excellent effect. She was free from pain or tenderness; had no vomiting; could relish arrowroot, beef-tea, and such sorts of nourishment; and her bowels had acted nicely by the oil and the enema. However, on the fourth day, the female friends thought fit to supplement the patient's allowance with some sherry; and the result was, that vomiting, stercoraceous in character, came on, and the woman's safety seemed perilled. A strict adherence to the former plan of diet set matters right, and there was no other relapse. She is now quite restored, and enjoys vigorous health; but, I believe, mainly owes her recovery to the great care

taken in the management of her case after the operation.

When, notwithstanding every care, death takes place, its most common cause seems to be peritonitis. I have only had the opportunity of getting a *post mortem* examination in two cases, and in each this was the cause of death; which accords with the experience of other observers. It is very curious how much greater evidence of this affection is given in some cases than in others, the part of the membrane involved seeming to influence the amount and the character of the pain. In a few cases of very old people, life has seemed to ebb from the time of the performance of the operation, as if the constitutional shock were overpowering to the system.

As to results, so much depends on the time that has elapsed from the time of the strangulation to the performance of the operation, and also on the age of the patient, that it seems necessary, in order to make statistics reliable, that records of cases should always detail the age of the patient, and the period during which strangulation has existed. A run of good cases will make the experience of an individual operator look very favourable for a time, till an equally unaccountable succession of bad ones depresses his average to perhaps even a low figure. I have operated on five cases in succession, four femoral and one inguinal, recovery taking place in each; and, again, have been concerned in two or three unsuccessful ones in quick succession. Then, in very old people, vitality being very feeble, recovery is hardly to be expected; though in one case an old woman considerably over seventy, to whom I was called, lived for years after the operation.

As it is necessary that a truss should be worn after recovery from the operation for strangulated hernia, it may not be out of place to remark that some considerable difficulty is occasionally found in managing this for old people, who are commonly the subjects of hernia. They very often complain that the spring of the instrument is too powerful in the first instance; and, after a time, find it hardly powerful enough to support the hernia. This feebleness of action is usually caused more by the chemical action of fluids and air on the metal of the instrument, than by loss of elasticity from use. If the springs of all these instruments were japanned, or covered with some material to prevent erosion, it would be an improvement.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

FUNGUS HÆMATODES OF THE EYEBALL.

By Frederick Mason, Esq., Bath.

[*Read January 25th*, 1865.]

H. B., aged 14 months, the child of a farm labourer, a fine well developed infant, was brought to the Eye Infirmary on December 27th, 1864. The child is the youngest of eight, all the others of which are healthy. The parents are healthy; but the child's maternal grandmother is said to have been scrofulous; or, in the mother's words, to have suffered from "evil". The exact character of this disease is doubtful, as some operation was performed for its removal from the face when she was young.

The mother gave the following history. When the child was born, a white spot was observed behind the pupil of the left eye; and five weeks later, the child was discovered to be blind in that eye, vision being perfect in the right. The iris at this time was of proper colour, and perfect. The disease advanced, and at the end of six months the pupil must have been dilated to an extreme extent (from pressure from behind), for the eye is described as having then been entirely white. The brilliant reflection of light from the bottom of the eye, when it was exposed to the direct rays of the sun, candle, etc., was especially noticed. It now slowly turned red, and abscess appeared to form, the eye appearing larger and more prominent than the other. In three months—that is, when the child was nine months old—the eye burst, and a portion (probably the diseased and opaque lens) fell on the floor. The diseased mass now grew rapidly, frequently bleeding profusely, but continued partially (about half) covered by the lids, until Thursday, December 21st.

Dec. 27th. There was now a large fungus-looking mass protruding from the orbit and tightly encircled by the lids, which had become œdematous. The growth appeared to be sloughing in the centre, and apparently growing and extending at the circumference, and bleeding freely on the slightest touch. The child was restless, sleeping very little, and evidently suffering much pain.

Dec. 29th. The child was placed under the influence of chloroform, and the contents of the orbit were removed. The growth had no attachment, excepting at its entrance into the orbit. The bleeding during the operation was slight, and there was no hæmorrhage afterwards. After the operation, the child slept well, and there was no bad symptom. The eyelids continued much swollen for four or five days; this then subsided, and the child appeared free from pain.

On the 7th, the child was so much improved that, the mother being anxious to return to her family, it was discharged, promising to attend with it as an out-patient.

The disease appears to have commenced during intrauterine life in the optic nerve, probably within the cranium. Where this nerve emerged from the optic foramen, it was greatly enlarged. The disease must then have passed through the eye, implicating the internal structures; and, after escaping by the ulcerated opening of the cornea, involved to a great extent the anterior portion of the sclerotic, a small portion only of which membrane still appears white and shining.

January 17th. The child was brought to the Infirmary, improved in appearance, and free from pain; and the orbit appeared healthy.

[The child did not return to the Infirmary; but six weeks after the operation, the mother wrote, saying, the disease had returned, and was extending rapidly over the face. The child died on April 19th, 1865. A *post mortem* examination could not be obtained.]

CASE OF RHEUMATIC FEVER, FOLLOWED BY PERICARDITIS AND MORTIFICATION OF THE EXTREMITIES.

By W. G. Davis, Esq., Heytesbury.

[*Read May* 18, 1865.]

Henry Francis, aged 17, a fine young man, an agricultural labourer, of rather spare habit, the youngest of ten living children, capable of carrying (according to his own report) a sack of beans, was attacked with rheumatic fever in the autumn of 1864. Being sent home to his own parish for change and recovery of strength, he came under my care.

I found him fearfully weak, with great difficulty of breathing, etc. I could not define the *bruits* or murmurs about the region of the heart on account of

its tumultuous action. I sent him by rail as soon as I thought him capable of bearing the journey of twenty miles, to the Salisbury Infirmary, where he remained five weeks, and returned home on March 4th, being made out-patient. A week after his return, he took to his bed, suffering considerable pain, more especially in his extremities, great difficulty of breathing, with a quick, weakish, but at this time regular, pulse. Almost immediately, a superficial gangrene of the feet, and legs to within a few inches of the knee-joints, set in, having a livid appearance, accompanied with vesications and extreme coldness of surface. The hands, and forearms, to within an inch or two of the elbow-joints, soon put on the same appearance; and the nose and cheeks were similarly affected, but these looked as if they had been strongly and rudely painted with caustic, and gave the idea that the nose might be rubbed off with the slight touch of a cloth.

The mortification continued to increase. The pain was excessive; the pulse became irregular; but he remained sensible to within two days of his death, which took place on March 27th, 1865.

He was occasionally troubled with hiccough; his water was high coloured, with a red deposit; his stools were very dark.

On the application of warmth, and threatened supply of carded wool, he prayed that cold might be substituted; and said he derived most relief from a lotion containing bichloride of mercury, which was sent for threatened bed-sores.

Post Mortem Examination on March 28th, in the presence of my friend Mr. Bleeck. On elevating the sternum with the cartilages of the ribs, etc., I found very great difficulty from the extensive adhesions of the pleuræ, the reflected layers of which were glued together with the pericardium; and the pericardium itself, without containing the least secretion, was so intimately connected with the heart, that it was a work of labour to disincarcerate the heart itself. Amid the adhesions there were fibrinous layers which had become partially organised, very like what Dr. Markham has described under the head of "Pathology of Pericarditis", in his second edition of *Diseases of the Heart*, even to the purulent exudations. On examining the heart, we found it hypertrophied with dilatation, with a peculiar yellowness of lining membrane of both auricles and ventricles. The valves were but little thickened; but in the auriculo-ventricular openings of both sides, in the columnæ carneæ, etc., were numerous deposits of a cheesy substance, much like that in the pericardium, though more organised. The lungs were sound. No other parts were examined.

Of course, the examination of arteries going to the gangrenous parts would have been interesting; but when I say that I went to the cottage where the body was lying, with the conviction that I should be refused a *post mortem* examination, from the antipathy of friends, little accommodation, etc., I would ask those attached to hospitals to make some allowance for this imperfect dissection.

[When this case was read, there was a discussion upon it; the majority believing the obstruction of the heart's action quite sufficient cause for the result.

I would merely hint, might it not have been a case of "embolism"—the carrying on with the current of blood of such particles of the cheesy matter I have described by which the small vessels were blocked up? I would call attention to the age of the patient, and the extreme sensitiveness to the touch of the sphacelated parts.]

British Medical Journal.

SATURDAY, JUNE 10TH, 1865.

SYPHILISATION.

Professor Boeck has been invited to give the Venereal Commission the benefit of his views touching the nature and cure of syphilis. We may, therefore, usefully seize the opportunity of telling our readers once again what syphilisation is. (See British Medical Journal, Jan. 5th, 1861.) We will take our account of it from a work of Professor Boeck, entitled *Recherches sur la Syphilis*, published in Christiania in 1862. The operation is there thus described.

"I take the virus of an indurated chancre, or of a pustule or ulcer artificially produced. I make three inoculations with it on each side of the chest. Three days later, I make three more on each side, taking the matter from the pustules produced by the previous inoculation. I continue the inoculations on the sides in this way every three days until I obtain negative results; then I inoculate the arms, and continue as on the sides until no further pustules are produced. At this stage, I take the virus from another person, and inoculate it on the sides and arms, or on both; and then continue with this new matter as before. When this new matter can no longer be inoculated on the sides or the arms, I inoculate the thighs, and in the same way. I then, with other virus, again inoculate the sides, the arms, and the thighs, until I find the individual is no longer inoculable with any kind of virus."

Professor Boeck prefers, in his first operations, the virus which has already passed through several individuals, as it is less violent, and less likely to produce phagedæna. Then, as the syphilisation proceeds, more virulent virus may be employed. He commences inoculation on the sides, because experience shows that there the effects produced are milder than on the arms or on the thighs, and consequently the cicatrices produced are smaller. Care must be taken not to make the punctures too close to each other, in order to prevent erysipelas, etc. The first three punctures, for example, he makes on the upper part, and the three succeeding punctures on the lower part of the chest. One puncture, it is true, is as good a three, if it be successful. The professor, however makes the three, because one of the punctures often fails to produce a pustule. The essential point in the operation is the length of time during which the inoculation is continued, and the interval between the inoculations. The number of punctures made is of no consequence. At the end of three days, a pustule yielding good virus is formed. Three days, therefore, are the proper interval. As regards the period of inoculation, Dr. Boeck says that the process must be continued as long as a pustule can be produced in the individual operated on.

Great cleanliness should be observed during the process. The crusts formed on the ulcers should be softened, and the ulcers covered with water fomentations. The ordinary diet may be given, but spirituous drinks and excesses in food should be avoided.

It is found that, in inoculating infants for the cure of hereditary syphilis, the first inoculations generally fail. In such case, Professor Boeck repeats the inoculation every day until the virus takes; and then it is often observed that the whole series of previously made inoculations produce pustules. When once the virus takes, the inoculation is continued every three days, as in adults. But it is often found that in these cases the hereditary syphilis, in syphilisation, does not follow the regular course which it observes in ordinary syphilis. Negative results may follow after a few inoculations, and then positive results again be obtained in the course of a few weeks later.

Professor Boeck warns his readers that the operation of syphilisation requires great care in its performance. Medical men, he says, from time to time publish their experience of syphilisation; but, in most cases, their operations are not syphilisation at all.

"The inoculations have not been carried on until immunity from the action of the virus has been produced. The times and localities of the inoculations have not been duly attended to. The previous mercurial or non-mercurial treatment has not been noted; or mercury has been given during the syphilisation. And then, instead of attributing the failure of the treatment to their own erroneous method of operating, they discard syphilisation as being ineffectual; although my experience shows that there is no remedy which more surely cures a disease than syphilisation cures syphilis."

Professor Boeck, in this large quarto volume—published, by the way, at the expense of the Government—gives a tabular history of some 3,500 cases of syphilis which had been treated in the hospital of Christiania with mercury, etc.; and he deduces, from a comparison of these with cases treated by syphilisation, results greatly in favour of the latter remedy. Thus he tells us that the average duration of treatment of 3,200 persons who were treated with mercury was 125 days; that of the 3,200 cases, 1,036, or 32 per cent., had a recurrence of the disease; that of 316 persons treated without mercury, the duration of the treatment was 101 days; and 82, or 25 per cent. of them, had recurrence of the disease.

Now, since 1854, Professor Boeck has employed no other treatment in constitutional syphilis besides syphilisation—*i. e.*, in those cases where mercury has not been previously given; and the results of his experience are as follows. Of 252 persons thus treated, the mean time of cure was 134 days. Of these, twenty returned to the hospital with recurring symptoms of the disease, and nine of them were again syphilised; one was thrice syphilised; one was treated with iodine; ten were treated with external remedies only; and three with iodide of potassium. Hence we have about 11 per cent. of cases of relapse. Then we have the results of treatment by *derivation*; and of this treatment we must say a few words. It was suggested, as an objection, that the benefits of syphilisation—its mode of cure—probably depended upon some derivative action induced by the number of ulcerations made on the body, and independently of any specific action. To answer this objection, Dr. Hjort undertook a series of experiments, forming a constant succession of small ulcers on different parts of the body by means of tartar emetic. In this way, 157 syphilitic persons were treated; the mean duration of their treatment was 178 days, and 19 per cent. had recurrence of the disease.

Thus it appears that the comparative statistical value of these different methods of cure of constitutional syphilis stands as follows, according to Professor Boeck. Of cases treated with mercury, 32 per cent. relapse; of cases treated without mercury, 25 per cent. relapse; of cases treated by derivation, 24 per cent. relapse; of cases treated by syphilisation, 11 per cent. relapse.

Really, it is time that a system of cure which promises so much statistically, and which has so long been evidently practised in *bonâ fides* by a man of Professor Boeck's scientific bearing, should receive some fuller consideration at the hands of the profession than it has hitherto done. We might, in reference to this subject, repeat very much the same words we used in this JOURNAL now more than four years ago; only that now those words apply with greater force than they then did.

"Through much evil report and some little encouragement, Professor Boeck still maintains his position as the leading *syphilisateur* of the day. His facts and reasonings have been fiercely attacked; but he still nails his colours to the mast. Dr. Boeck is amazed that men will not use this healing boon. They regard and judge of it, he says, falsely and illogically. Moreover, they will not use it aright; and, from their own consequent failures, absurdly condemn syphilisation. 'I have often,' he says, 'described the right method; but it seems that I must again repeat the *a*, *b*, *c* of syphilisation, for people cannot yet spell the alphabet of it.' And he appeals to facts. 'People object, because they cannot understand its mode of action! In modern medicine, facts are always sought for; but, in the case of syphilisation, phrases, and not facts, are what men ask for.' Now, we naturally feel inclined to side with the objections to this treatment; but at the same time we admit that Dr. Boeck's conscientious and carefully performed experiments are worthy of the fullest consideration, and may eventually be corroborated; but he must not be surprised that they should be sifted and canvassed. He must expect men to be very sceptical about a treatment which thus scarifies both their persons and their pockets. Many patients will think the remedy worse than the disease. To undergo about sixty operations of punc-

tures—*i. e.*, to have three ulcers made every third day for six months on his body—is both a very unpleasant as well as expensive proceeding."

We then went on to observe as follows.

"Let us, however, be just. We have, as yet, found no specific cure for syphilis—it may be doubted whether we have any cure at all. There are authorities who never give mercury for it; and there are authorities who regard constitutional syphilis as a life-companion—as a thing to be discharged by no medicinal agent from its fixed seat in the body. There are authorities who let nature treat the disease. In fact, we have not yet cleared away our own ignorance and wrong-doing in this matter, as in so many others. We ought, therefore, to be very careful in rebuking Dr. Boeck because he has a strong conviction; and in justice are bound to weigh the value of his 300 cases. Let his position be eventually proved correct (and sooner or later its strength or weakness will be made apparent); then, indeed, we shall be driven to say that here, at all events, is a real remedy for syphilis. And then we shall have to see if such a practice is viable—whether the people will put up with it—whether they will consent to carry some 200 or 300 scars on their body as *remanets* of cure."

THE COLLEGE OF SURGEONS ELECTION.

We have much pleasure in announcing, that Mr. Charles Hawkins is one of the candidates for the office of Councillor to the Royal College of Surgeons. We speak advisedly when we say, that we believe London could not produce a Fellow who would more faithfully, disinterestedly, and honestly, further the best interests of the College than Mr. Charles Hawkins. Mr. Charles Hawkins's opinions on the subject of College reforms are well known to the profession as well as within the Council, for he has never scrupled to express them openly. His opinions are those liberal ones which Sir B. Brodie tried to enforce upon the Council, and to which he was sacrificed by the Council.* He is pledged by his convictions to the carrying out of the reforms so much needed in Lincoln's-inn Fields; and all who know him, know that he is not one of those who forget in office the promises which they so freely make before they obtain it.

The entrance of Mr. Turner and Mr. Charles Hawkins into the Council would be a sure sign of coming reform. It is impossible that the ignoring of the very spirit of the Charter, under which the Council hold office, will be much longer permitted by the profession. Indeed, the sentiments which are gradually rising within the Council Chamber itself are antagonistic to the false position which the Council and the Court of Examiners at present occupy in relation to each other and to the important Corporation which they govern.

We have already stated it as our conviction, founded on some years of experience of the passivity of the Council, and of that improper position of temptation in which the Council is placed, that an alteration in the Charter of the College is absolutely necessary to place the College authority on a healthy basis. By the Charter, the Council was enjoined to do certain acts of liberality, but it was not compelled to do them; and as it did not square with its interest to do them, the Council, ignoring the spirit whilst keeping within the letter of the Charter, has left them undone.

Our conviction is, and has long been, that the interests of the College require that the unnatural connection of the Court of Examiners with the Council should cease; that, in fact, the Examiners should not form part, and the most powerful part, of the Council, so as, in fact, to elect themselves into office; that the Examiners should not overshadow and rule the Council, by whom they are nominally elected, and by whom they ought to be governed; that Councillors should not be forced to make themselves agreeable to, and to fall into the obsolete ways of, the Examiners, in order to secure for themselves admission to the high, much sought after, and, in fact, lucrative office of an Examiner.

It is high time that this manifestly most false position of things was put an end to; and it is very clear that this can only be done by separating the Court of Examiners from the Council, by making it impossible for an Examiner to have a seat at the Council, and so to assist in his own election. That this will eventually be done, we have no more doubt than we have that we are penning these lines. The absurdity and contradiction and unfitness of the present state of things are too manifest for the present age. There was nothing worse ever existed in the old close-borough days of our civic corporations. The sooner reform comes, the happier will it be for the peace and well being of the College; and therefore is it that we sincerely advise the Fellows to elect into the Council men like Mr. Turner and Mr. Charles Hawkins, whose presence there will most assuredly hasten the event.

With regard to Mr. C. Hawkins's aptitude to business, we would refer to the excellent manner in which he has performed the delicate duties of Inspector of Anatomy. Our readers may remember that he was appointed to that post at the unanimous request of the London teachers of anatomy; and we might also add that he was lately unanimously appointed treasurer to St. George's Hospital—an honour never before conferred upon a medical man, and bestowed upon him mainly on account of the straightforward and business-like way in which he has acted as a governor of that hospital.

* Sir B. Brodie carried out the spirit of the Charter. He gave up his examinership to make way for younger men. The result was, that at the next election of President of Council, he was passed over—*i. e.*, was not elected President; and simply, because he had honourably retired from the Court of Examiners. Had he, like others, disobeyed the spirit of the Charter, and stuck to his examinership, he would undoubtedly have been elected President. This is what we mean by his being sacrificed to his principles.

Mr. Barnard Holt is also in the field as candidate for a Councillorship; and he deserves the full support of the Fellows. He comes forward, as we understand, pledged to the furtherance of liberal measures within the College; pledged, also, to the giving of votes by written papers to country Fellows.

THE LAST NEW THING IN GRATUITOUS MEDICINE.

Some benevolent gentlemen, it appears, are engaged in establishing hospital wards for the cure of ladies who are able to pay everybody except their doctor. We are glad to find that for once the united voice of the medical press has been brought to bear against the exercise of this last effort of gratuitous medical benevolence. We need not tell our readers how long we have fought against the amazing folly of gratuitous medical services in all its various characters; but now that others are beginning to recognise the folly of the thing, perhaps we may be able to put such a stress upon those practising it as to obtain from them a reason—a justification—of their practice. In regard, therefore, to this last remarkable development of gratuitous medical folly—wards for ladies in a woman's hospital—we should like to ask of those who foment the scheme the grounds on which they justify their act in the face of the profession. Of course, they have their reasons for action; then let them candidly tell us what those reasons are. We denounce the project in the name of the profession, because, in our opinion, first, the profession at large is deeply degraded by gratuitous medical services; and, secondly, because the general practitioner is seriously injured by schemes of this nature. His very clients are taken away from him—the bread taken out of his mouth. And why, and by whom, is all this done? These are the questions which the promoters of such schemes are bound to answer to the profession. These are the questions of which we have so often demanded the answer in these pages; and, in the meantime, are obliged to interpret after our own way of seeing them.

We affirm, that true charity does not demand these personal gifts of gratuitous medical services; that such services are injurious, both to the public at large, to the recipients of them, and, above all, deeply injurious to our own profession; that they do not win for us either the esteem or the gratitude of the public; but rather lower us in public estimation, and so weaken our influence in, and impress on, society at large. We affirm, that charity—the highest Heaven-born gift of humanity—is not the parent of these personal gratuitous labours. We affirm, that real charity begins at home; and that the true virtue — charity towards our own professional brethren—is totally negatived by gratuitous medical services.

Professor Boeck was to give evidence before the Venereal Commission on the 9th instant. We have reason to believe that our northern friend, by his honest and straightforward and unassuming manners, has won for himself the esteem of all with whom he has come into contact. We have no doubt whatever that his appearance in person here will obtain for syphilisation a fair trial in this country. Indeed, it is impossible that the remedy—if such it really be—can longer remain unnoticed in England and in France. Dr. Boeck's scientific and searching labours have placed the matter in such a position as to demand for the subject the consideration of scientific men of medicine. It will be really something approaching to criminal apathy, if some competent member of the profession do not now proceed to Christiania, and study the question in that large field where it is laid open in all its fulness for our consideration. The Venereal Commission would really do a very great work for us, if it would send an unbiassed observer to investigate syphilisation as practised in Christiania. Indeed, we do not see how the Venereal Commission can reasonably report on the special subject of its inquiry—the nature and treatment of venereal diseases—without having previously made itself master of the history of syphilisation. To ignore syphilisation, would be to render their report most incomplete, if not worthless.

Our readers will be pleased to learn that, at a large and very influential meeting of the College of Physicians on the 6th inst., it was decided (it might be said, almost unanimously) to take action on behalf of our army and navy medical brethren. The existence of grievances suffered by those gentlemen was denied by no one; and on this occasion almost general was the feeling that the College might advantageously interfere in their behalf. The only hesitation felt by the College was as to how it might best move in the matter, in accordance with its own dignity, and to the benefit of the army and navy medical officers. It was eventually decided that the President and Censors should consider the question, and instruct the College as to the most advisable course to pursue in furtherance of the object desired; *i. e.*, whether it should memorialise or petition; and to whom it should address its memorial or petition. The cause of our army and navy medical brethren was warmly and unflinchingly, and we might even say eloquently, sustained by Dr. Owen Rees, Dr. Sieveking, Dr. Meryon, Dr. Jenner, Dr. Brinton, Dr. Gavin Milroy, Dr. Sibson, and Dr. Markham. The opposition was of a very pale and feeble character, and indeed was rather directed to matters of detail than to principle. We sincerely congratulate the College on the wisdom of its action in this matter. We are satisfied that it will thereby do a great service to the country—*i. e.*, to our soldiers and sailors—by assisting in raising the social and professional position of our brethren in the army and navy. That it will gain in the estimation of the whole profession by holding out a generous hand to a class of brethren especially requiring its aid, is self-evident.

THE MARROW OF BONES, IN THE HEALTHY AND MORBID STATES.

In the *Gazette Médicale* of the present year, M. Charles Robin, who has for many years made the medulla of bones the subject of histological investigation, has published the result of his researches. We give an abridged translation.

I.—General Remarks on the Constitution of Marrow.

The medullary tissue of bones is composed of: 1, medullary cells, which are the fundamental element; 2, certain accessory elements called *myeloplaxes*;* 3, a certain quantity of amorphous, homogeneous, semi-transparent substance, which is a second accessory element; 4, capillary vessels; 5, the nerves which accompany the vessels; 6, in certain parts only, fibres of laminar tissue and adipose vessels are found. The presence of these is not constant, and they are not found in all portions of the tissue.

Marrow is found in all the bones of the body; and it extends through the vascular canals as far as the periosteum; so that, on tearing away one of the vessels from a vascular canal, it is seen to be surrounded by a small quantity of marrow, represented by medullary cells, a little amorphous matter, and nearly always some myeloplaxes.

This tissue is also found in the vascular canals of the cartilages of ossification; and has been called the marrow of cartilage. Medullary tissue is even found in the ribs in aged subjects, in whom these organs are hollowed into cavities.

Marrow is remarkably soft, doughy, and in some parts nearly semifluid. But this tissue is not a liquid nor a serosity, as has often been written; its consistence varies a little in different subjects, at different ages, and in different parts of the skeleton.

The colour of this tissue varies notably; and hence three varieties of marrow may be distinguished.

The first variety bears the name of *vascular* or *red marrow*, because it is of a strongly marked red colour; it is also called *fœtal* marrow, because it is the only marrow which is met with in the bones of the fœtus.

A second variety of marrow is the *gelatiniform*. In this variety the marrow, in the long bones as well as the short, presents a peculiar semi-transparency, with a grey or yellow colour, and gelatinous consistence. In some animals, it preserves during life the gelatiniform disposition, which is only temporary in man. It is found accidentally, in certain pathological or senile conditions, in some bones, following morbid alterations of the periosteum.

The third variety of marrow is that which is almost exclusively described under the names of *marrow* (properly so-called) or *fatty marrow*. It is opaque, yellow, and has sometimes been compared to adipose tissue. But it differs notably in texture, in consistence, and in delicacy.

Marrow is one of the tissues, and is composed of elements which have the configuration of cells, with a certain quantity of amorphous matter interposed, varying in proportion according to the varieties of marrow. Capillary vessels are present, arranged in meshes having nearly three or four times the diameter of the capillary vessels themselves. The meshes are nearly of equal dimension in all directions; and are polygonal, with rounded angles. They are most readily seen in injected specimens, by washing away the marrow by a current of water, when they are found lying against the bony tissue. This has caused it to be said that the meshes are much more numerous in contact with the bone than elsewhere. The most delicate capillaries found in the marrow are larger than the ultimate capillaries of the periosteum and of the bony tissue. In the spongy tissue especially, and even where they lie against the bone, they are not distinctly cylindrical like those of the periosteum, and resemble sinuses moulded on the neighbouring parts.

In the medullary tissue are certain accessory elements called myeloplaxes. They are always found on the surface of the marrow; that is to say, in some degree, between the marrow and the bony tissue. They are more abundant in the spongy tissue than in the medullary canal of the long bones; they are also more abundant in the fœtal marrow, and in young subjects than in adults. In the adult, they are mostly found in the spongy tissue, and especially in the neighbourhood of the cartilages which adhere to the bone. Their relatively greater abundance in the bones of young subjects, depends either on the fact that their quantity diminishes in adults, or rather that the myeloplaxes have not multiplied proportionally to the other elements. Myeloplaxes are met with in the marrow which accompany the vessels in the vascular canals as far as under the periosteum; so that, when the periosteum is torn away, and the vessels entering the vascular canals are removed, myeloplaxes are also drawn away.

Another accessory element consists of fibres of laminar tissue found in certain portions of the marrow. There is, however, no internal periosteum; no layer of fibrous tissue on the interior of the bones, enveloping the marrow, and designed to separate the bony substance from the marrow. The marrow is in immediate contact with the bony substance. For a long time it was believed that this membrane existed only in the canals of the long bones, and was wanting in the spongy tissue. But, in the gelatiniform variety of the marrow, in the amorphous substance which takes a notable part in the constitution of this variety, there is a network of fine laminar fibres crossed in all directions, and in close contact sometimes with the vessels and the trabeculæ of the bone. It is only in the shafts of the long bones, and in the largest medullary spaces of the spongy tissue, that this fibrillary network is found. It is wanting in the marrow which fills the smaller cavities of the spongy tissue of the extremities of the bones, of the vertebræ, sternum, etc.

In this network, the fibres are generally isolated, crossed or not. Around the bony trabeculæ which traverse certain points of the medullary canal of the long bones, these fibres lie closer to each other than elsewhere, without, however, forming layers or bundles.

Here and there, in the marrow itself, these fibres are disposed in wavy bundles, slightly pressed against each other. From these bundles radiate, in a varied and very elegant arrangement, isolated fine wavy fibres, sometimes crossed; and between them lie the medullary cells, the amorphous matter (which may exist alone), capillaries, and adipose vesicles. These peculiarities of texture are developed about the middle or the end of the second year. Before this, only a few completely developed laminar fibres are found; they are yet in the state of fibro-plastic bodies, both fusiform and stellate, free or lying together in an order which it is then difficult to deter-

* *Myeloplaxes* are defined by M. Robin as consisting of large patches or flattened lamellæ, sometimes polygonal, sometimes irregularly spherical. They are finely granular, and contain in their thickness from six to ten ovoid nuclei, each of which contains one or two nucleoli and molecular granules. The lamellæ have a diameter of from 1-50th to 3-100ths of an inch; and the nuclei are about 3000th of an inch long by 1-5000th of an inch broad.

mine. Amongst the fibres, whether isolated or arranged in loose bundles, there always remain some of the fusiform or stellate fibro-plastic bodies; and in some parts, these are the centres of fibrils which radiate from their periphery. In the fatty, or partly fatty, marrow, fibro-plastic bodies are found, which have already passed into the state of adipose vesicles, and are either filled with oil or contain only a few drops. It is by the transformation of these fibro-plastic bodies into adipose vesicles that the marrow assumes the adipose state. While this transition is taking place, or in marrow which retains the gelatiniform state, fibro-plastic bodies are often seen which have passed into the state of adipose vesicles, and at the same time serve as centres of radiation to two or more laminar fibres; or they seem as if joined to some fibres of the fibrillary network. In the transparent marrow of emaciated subjects, these facts are equally well seen; but the vesicles contain towards their centre only one or two large drops of oil of a deep yellow colour, strongly refracting the light, together with smaller ones, of the same or a paler tint, surrounding them.

II.—Varieties of Colour and Texture presented by Marrow.

Let us now see what are the peculiarities of texture which give, in certain cases, a red aspect to the marrow; while, in others, it presents a gelatiniform appearance; and again, in other circumstances, it assumes the adipose state, which has nearly always been taken as the type of description of marrow.

The fœtal, or red marrow, owes its colour to being composed chiefly of medullary cells, with some vessels and a small quantity of amorphous matter. The medullary cells, which seem to form with the vessels about eight-tenths of the whole of the tissue, do not appear to contain any drops of fat in their interior. The marrow thus constituted is gradually, in the course of its development, replaced by a semi-transparent, grey, gelatiniform tissue. This change of colour, this passage of the first variety to the second, is owing to the fact, that the amorphous substance interposed between the medullary cells increases, in certain conditions, more than the cells themselves; so that the medullary cells in gelatiniform marrow are separated one from another by a large quantity of semi-transparent homogeneous substance, having a gelatiniform aspect.

This gelatiniform marrow is sometimes grey; sometimes it has a nearly semi-transparent yellow colour. Its grey colour depends on the absence of adipose cells between the other elements; and the yellowish appearance depends on the separation of the medullary cells and the presence of adipose vesicles.

It has already been seen that it is by the transformation into adipose vesicles of the fusiform or stellate fibro-plastic elements of the laminar fibres that the fatty marrow is formed. Here the amorphous matter disappears, and the fibres of the network, as well as the medullary cells, are compressed between the adipose vesicles. But when the marrow passes into the gelatiniform state in consequence of emaciation, or when it returns to the red state in consequence of inflammation, or of the presence of a tumour on the bone or in the medullary canal, the amorphous matter reappears, and the medullary cells again become visible in even greater number than before.

There is a great difference between marrow rich in fatty vesicles, and adipose tissue. In the marrow, the cells are simply placed in juxtaposition; the medullary cells being interposed, and the amorphous matter remaining in some parts. The adipose cells are not disposed here in lobules, separated one from another by partitions formed by laminar fibres, as in the adipose tissue. Farther, the size and the form of the capillary meshes are different. Hence, the medullary tissue is more soft; the fatty vesicles are more easily ruptured than in adipose tissue.

The passage of marrow into the adipose state takes place more in certain bones than in others. Very frequently, the long bones are filled with yellow or adipose marrow; while the bodies of the vertebræ, the sacrum, and the sternum, still contain the red variety. The flat bones sometimes contain reddish marrow in their diploe, while the long bones are filled with yellow fatty marrow. Fatty marrow is relatively less vascular than gelatiniform marrow or yellow marrow. These differences of the marrow of one bone from another in the same subject deserve careful study.

The red, gelatiniform, and fatty varieties of marrow, are found, with analogous peculiarities of texture, in most mammalia, varying with the species as well as with the age in the same species. Amongst ruminants, especially those which are fattened, the marrow passes at an early period into the adipose state. In the hog, it remains much longer of a reddish-grey colour, poor in adipose vesicles, and, on the contrary, richer, at least relatively, in medullary cells and amorphous matter.

In the dog, as soon as the animal has attained about its full size, the marrow in the canals of the long bones is of a yellowish-red colour, and a soft and pulpy consistence. It is then about one-half or two-thirds composed of medullary cells, with free nuclei and complete cells in nearly equal proportions. These elements are contiguous, or are separated one from another by a small quantity of amorphous matter. Here and there, large adipose cells, breaking down under the least pressure, are found either separate or collected into small masses of two, three, or more, thus giving a yellowish colour to the tissue. In the extremities of these bones, and in the short and flat bones, the marrow is red, and contains no adipose vesicles, or only very few. Small myeloplaxes, possessing two or three nuclei only, are still seen.

The marrow possesses only the vegetative properties—nutrition, development, and reproduction. But the nerves which accompany its nutritive vessels are sensible to pricking and tearing, as Duverney pointed out.

The marrow is formed after the bony tissue; the latter is compact at first, even in long bones; and it is only when the central parts of the bone are absorbed, that cavities are formed which become filled with marrow. Hence, it is impossible to admit that the medullary tissue arises from embryonic cells, as some authors suppose, who would directly connect the generation of all anatomical elements with the cells proceeding from the segmentation of the yolk.

III.—Morbid Modifications of Marrow.

The morbid modifications which may be presented by the marrow are sometimes direct; that is to say, the marrow may, without change of volume or quantity, present certain alterations, as in inflammation. When the marrow, which has presented a yellow colour, becomes inflamed, it takes an intense red colour, owing to the multiplication of the medullary cells, and to the disappearance of the fat from the adipose vesicles. In proceeding from the inflamed towards the sound parts, more and more medullary cells are gradually met with; or, *vice versâ*, in a contrary direction, the fat in the adipose vesicles diminishes in proportion as the red parts are approached.

In some conditions, the inflammation becomes so

intense that the medullary cells cease to receive materials fit for their continuous molecular renovation. The marrow then softens and becomes liquid, and flows from the extremity of the fractured or amputated bone. When this liquid is examined, there are found in it only molecular granules in suspension, sometimes nucleated medullary cells, and always drops of oil; for the liquefaction melts down the walls of the fatty vesicles, and sets free the oil. This is always a grave fact, as has been demonstrated in the study of fractures, especially those of long bones, and in certain other pathological conditions, as amputations followed by so-called purulent infection.

Very frequently the marrow passes from the fatty state, or the red state found in the short bones and in the fœtus, to the gelatiniform state, in consequence of the presence of a tumour in the neighbourhood of the bone. When an ulcer exists on the anterior aspect of the tibia, or when a tumour is adherent to the bone, the marrow at this level very frequently presents a gelatiniform aspect, although preserving the fatty state in the rest of the bone. Commonly, also, in cases of white swelling the marrow is gelatiniform in a part of the bone. In these circumstances, amorphous matter is produced in a considerable quantity in that marrow which has assumed the gelatiniform state; and it is this which gives to the tissue its peculiar semi-transparency. Sometimes, but especially in white swellings, small yellowish masses in the centre become gelatiniform, because the change does not take place equally through the whole extent of the marrow. These small fatty masses give a peculiar aspect to the diseased part. It has often been believed that these small yellowish masses are new productions; but they are simply small masses of cells in which the fat is not absorbed.

The name of myeloid tumours has been generally applied to tumours originating in the marrow. This expression may be accepted; but it is bad in this sense—that these tumours have no analogy in exterior aspect or in texture with the marrow of bones.

Some tumours are due to an excessive production of medullary cells or fundamental elements of the medullary tissue. These tumours are the most rare; and they nearly always contain many more free nuclei than completely formed medullary cells. These tumours are more frequently met in the spongy portions of the bones and in the flat bones, than in the shafts of the long bones. The cells and nuclei, multiplying without measure, form a more or less considerable mass which always presents a reddish grey colour, and is remarkably friable. This is due to the fact, that the medullary cells and nuclei are accompanied by a much smaller quantity of vessels and of interposed amorphous matter, than exist in normal marrow. When these tumours increase in size, they frequently assume an encephaloid appearance. This encephaloid aspect, however, does not indicate the character of the tumour; for several kinds of tumours may, at various periods of their evolution, present a greyish or whitish colour, and a softness comparable to that of the substance of the encephalon. This state is generally owing to the production of fatty granules, either in the constituent elements or between them. In the particular case of tumours formed by medullary cells, the encephaloid aspect results from the production of granules, mostly fatty, principally interposed between the medullary cells, a few only being formed within them. In these tumours, adipose vesicles are not produced, notwithstanding the presence of a certain amount of fibro-plastic laminar fibres, as in healthy marrow. This interposed fat is not yellowish fat, like that which exists in normal marrow; it is a fat which reflects a white light, and has a very powerful refractive power. These tumours may encroach upon the bones and neighbouring tissues, producing atrophy in them. They are very commonly produced in the thickness of long bones or of the spongy tissue, and, after producing absorption of the bone, encroach upon the neighbouring parts.

The second species of tumour which is developed at the expense of the medullary tissue, comprises the tumours resulting from the excessive production of myeloplaxes, accessory elements of the marrow. These tumours may be produced everywhere where there are myeloplaxes; for the myeloplaxes accompany the vessels as far as the periosteum. These are the most common tumours which are derived from the medullary tissue. Their tissue has no exterior analogy with that of the healthy marrow; it resembles muscular tissue in colour and consistence.

These tumours may attain very variable dimensions in different parts. Their consistence varies according to the periods of their evolution. Not unfrequently they undergo softening after having attained a large size; and this softening nearly always coincides with certain modifications of texture. The myeloplaxes forming the fundamental element of these tumours are mixed generally with laminar fibres, either completely developed or in the state of fusiform bodies; but medullary cells are scarcely ever found.

When these tumours acquire a certain size, they are seen to consist in some parts exclusively of myeloplaxes; while, in others, fatty granules are deposited here and there, so that some portions of the tumour have a yellowish or orange-yellow tint, while others preserve the ordinary red colour; producing a remarkable marbled aspect. At the same time, fatty granules are deposited between the myeloplaxes. Then, in all these parts, the tissue loses its consistence, which has been compared to that of muscular tissue, and which has obtained the name of osteosarcoma for it. It is very common in these cases to see softening of the morbid product; and the name of encephaloid tumour has been given to it, because there is some resemblance in consistence and colour to the encephalon. It is but moderately vascular—much less so than many other morbid products.

These tumours are generally developed in the spongy tissue, rather than in the shafts of the long bones. Wherever these tumours are developed, the vessels, arterial as well as venous, become enlarged; so that pulsation may often be perceived, whence the name of aneurismal tumours, or aneurism of bone, has sometimes been given to them. The vessels, however, which produce the pulsations, are situated on the surface of the tumours, or in the partitions which divide them into several lobules. They always arise in the network itself formed by the myeloplaxes, in which the capillary vessels are relatively scanty.

These tumours differ much in texture and in form from those which arise from medullary cells; and they also differ notably from many other tumours with which they have been confounded under the name of cancer, osteosarcoma, etc. Heterotopic generation of the constituent elements of the marrow has not yet been observed, notwithstanding that heterotopic generation of epithelial, glandular, and other tissues, has been noticed. In certain fibrous tumours, sometimes developed in contact with the periosteum, but sometimes at a distance from it, myeloplaxes may be met with. In the case of heterotopic production of cartilage—that is to say, in vascular enchondromata—marrow analogous to that of the bones may be found. It is the abnormal production of the cartilage which determines this generation of marrow.

THE AMENDMENT OF THE MEDICAL ACT.

Dr. Robert Hunter—a name which the public prints have lately made very familiar to the eyes of all of us—has addressed a letter to Sir George Grey, complaining of the oppressiveness of the Medical Act. He demands that the 46th Clause of the Act be expunged, and that the words "before the day of October 1858" be omitted "from the eleventh qualification entitling to registration in Schedule A." This would, he says, enable every medical man properly educated, and who duly received his degree as Doctor of Medicine after examination to register his qualifications, whether these were received in the mother country, in the colonies, or abroad. It would save them from outrage and wrong."

Dr. Hunter's letter was forwarded to the President of the Medical Council with a request that the General Council would favour Sir G. Grey with observations thereon. The following is the reply of the President to the Under Secretary of the Home Department.

General Council of Medical Education and Registration
of the United Kingdom,
32, Soho Square, London, W., May 19th, 1865.

Sir,—I have the honour to acknowledge the receipt of your letter of the 4th inst., enclosing a copy of a letter from Dr. Hunter, on which you ask, by desire of Secretary Sir George Grey, the observations of the General Medical Council.

I have laid that letter before the Executive Committee of the General Medical Council, to which the duty has been delegated by the Council of communicating with the government respecting the amendment of the Medical Act; and am desired by the Committee respectfully to submit to Sir G. Grey the following observations on the subjects to which Dr. Hunter's letter relates. The admission of foreign and colonial degrees and diplomas to registration in the United Kingdom, in the manner demanded by Dr. Hunter, would be wholly opposed to the principles of the Medical Act of 1858, which Act, it is to be observed, deprived the holders of such degrees and diplomas of no legal privileges whatsoever; for they possessed none, as medical practitioners, in this country, before the passing of that Act.

Many of them, indeed, were practising here without legal sanction; some of them in direct contravention of the rights, then existing, of the College of Physicians and of the Society of Apothecaries.

It is notorious that, prior to 1858, the number was yearly increasing of persons who came to practise in this country with diplomas obtained from certain universities in Germany, and, more largely still, from societies or colleges, as they were called, in America, such diplomas having been obtained with a facility fatal to their respectability, and hence subversive of the credit of the profession to which the holders of them claimed to belong, as likewise of the safety of the public.

Under such circumstances it was not intended, by the Act of 1858, to legalise foreign and colonial degrees and diplomas any further than was requisite to prevent the Act from having a harsh and retrospective effect on those holders of them who had already succeeded in establishing themselves in practice in this country.

But no such diplomas were to be registered which should be obtained subsequently to the passing of the Act in 1858.

The main objects of the Medical Act were, first, the formation of a register to enable the public to ascertain who are qualified to practise medicine or surgery; and, secondly, the establishment of a Council of Medical Education for the purpose, among others, of preventing thenceforth the intrusion on the register of incompetent, or, at least, uneducated persons.

The latter object was to be obtained by empowering the Council to supervise the education of medical students, and the examinations instituted by the bodies authorised to grant medical and surgical qualifications; and, if necessary, to enforce, with the aid of the Privy Council, the amendment of defects in education or examination.

It is evident that, as regards foreign, and even colonial qualifications, the same powers could not be granted to the Medical Council, nor could they be exercised by the Council with the same facility.

It remains that, in order to carry into effect the purposes of the Medical Act, the holder of a foreign or colonial qualification, must, if he desires to be registered in the United Kingdom, obtain a British qualification also; which, if he be a competent person, he may readily do, from one or other of the nineteen bodies enumerated in Schedule A to the Medical Act. For these bodies have, with the encouragement of the Medical Council, made liberal arrangements for the reception of foreign and colonial licentiates and graduates, whose competence to practise has been or can be sufficiently ascertained.

It is, on the one hand, the interest of these bodies to receive and license such persons; whilst, on the other hand, it is the duty of the Council, in the interest of the public, to guard against their reception with too great facility.

The Medical Council has accepted the regulations of the licensing bodies to this effect, and has on no occasion objected to them. The Royal College of Surgeons of England has, indeed, in its list of recognised institutions, the following foreign and colonial institutions:—

Foreign.—Paris, Montpellier, Strasburg, Berlin, Vienna, Heidelberg, Bonn, Göttingen, Würzburg, Leyden, Liège, Pisa, Pavia, Royal Caroline Institute, Stockholm; Copenhagen, New York, Philadelphia, Harvard University, Boston.

Colonial.—The Medical College of Bengal; the Medical College of Madras; the Grant Medical College at Bombay; Canada—the University of Toronto; the University of McGill College, Montreal; the University of Queen's College, Kingston; Australia—Melbourne Hospital.

The regulations of the College of Physicians of London afford at least equal facility in this respect with those of the College of Surgeons of England.

The Medical Act would fail in its purpose if it did not require that possessors of foreign and colonial diplomas, who desire to be placed on the British Register, should furnish some guarantee of fitness to practise equal to that required from students in British schools.

With respect to the letter said to have been addressed by a registered practitioner to the General Medical Council, during its late sitting, and never to have been acknowledged, if such an omission occurred it could only have been accidental, and must be a subject of regret to the Council. But though it is impossible to affirm that no such letter may have been addressed to an individual member of the Council, it has been ascertained by strict inquiry that no letter, sent regularly for submission to the Council, and duly delivered, has been suffered to remain without acknowledgment.

I have the honour to be, Sir,
Your obedient servant,
George Burrows, M.D., *President.*

H. Waddington, Esq., Under Secretary of State
for the Home Department.

THE CHEMISTS AND DRUGGISTS BILLS.

The following petition has been presented from the Manchester Medico-Ethical Association.

To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled.

The petition of the undersigned, on behalf of the Manchester Medico-Ethical Association, humbly sheweth—

That the interests of the public require careful, qualified, and authorised dispensers of drugs and chemicals, throughout the United Kingdom.

That the sale of poisons, notwithstanding recent legislation, is in a very unsatisfactory position.

That the rapidly increasing tendency of the registered medical practitioner to write prescriptions instead of furnishing medicines, calls for an intelligent class of druggists, who shall have given guarantees of fitness for their duties by having passed an authorised and definite examination.

That, for the above and other reasons which will occur to your honourable House, an Act for the regulation of the education and practice of druggists is imperatively called for.

That a Bill lately introduced by Sir Fitzroy Kelly, with such amendments as your honourable House will see necessary, appears to the undersigned to be well fitted to carry out the views of your petitioners.

Your petitioners, therefore, humbly pray—

That your honourable House will, in this present session of Parliament, pass such a measure as will beneficially regulate the sale of poisons, and ensure the dispensing of pure and unadulterated drugs; but which, at the same time, will not confer, actually or by implication, any right or claim on the chartered or authorised druggists to practise medicine or surgery in contravention of the Medical Act of 21 and 22 Victoria, cap. xc; or in extension of the privileges mentioned in the charter of the Pharmaceutical Society.

And your petitioners will ever pray.

Signed on behalf of the members of the Manchester Medico-Ethical Association.

J. L. Bardsley, M.D., Kt., *President.*
Jonathan Wilson, M.R.C.S. } *Hon.*
J. Thorburn, M.D. } *Secs.*

Manchester, May 9th, 1865.

Bequests. Mr. William Hollins, of Over-Wallop, Hants, has bequeathed the bulk of his property to charitable institutions, of which the following are the most prominent. £2000 to Winchester Hospital, £2000 to Salisbury Infirmary; these two institutions will also take any surplus residue. £1000 to each of the thirteen following institutions—Brompton Hospital, Bethlehem, St. Luke's, Westminster Ophthalmic Hospital, Refuge for the Destitute at Dalston, London National Benevolent Institution, Deaf and Dumb Children's Asylum, Infant Orphan, Church Missionary, Bible Society, Strangers' Friend Society, Accident Relief Society, and Indigent Blind Visiting Society. £700 to the Royal Free Hospital. £500 to each of the following—The London Hospital, Middlesex Hospital, Seamen's Hospital (*Dreadnought*), Irish Society of London, King's College Hospital, Queen Adelaide's Fund, Colonial Church and School Society, St. Mark's Hospital, Royal Infirmary for Children, St. Mary's Hospital, London Fever Hospital, Small-pox Hospital, St. George's Hospital, London Ophthalmic Hospital, Indigent Blind School, Great Northern Hospital, Westminster Hospital, University College Hospital.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. Paget, M.D.Cantab.
President-elect—S. J. Jeaffreson, M.B.Cantab.

The Address in Medicine will be delivered by W. Stokes, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by James Syme, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 16th, 1865.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Thursday, June 22nd, at Three o'clock *precisely.*

Business. To receive communications from the President.

To consider the Programme for the Annual Meeting.

To prepare the Report to be presented at the Annual Meeting.

To consider a Communication from Mr. Gamgee; and a correspondence between that gentleman and the Editor of the Journal.

Any other business which may be brought forward.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, June 6th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Birmingham and Midland Counties. [Annual.]	Hen and Chickens Hotel, New Street, Birmingham.	Friday, June 16th, 3.30 P.M.
Lancash. & Cheshire. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
South-Eastern. [Annual.]	Crystal Palace, Sydenham.	Thursday, June 22, 1 P.M.
Midland. [Annual.]	Town Library, Town Hall, Leicester.	Wednesday, June 28th, 2 P.M.
Northern. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.
Metropol. Counties. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
North Wales. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
West Somerset. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.

LANCASHIRE AND CHESHIRE BRANCH.

The Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; Thos. Turner, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

Wm. Roberts, M.D., *Hon. Secretary.*

89, Mosley Street, Manchester.

SOUTH-EASTERN BRANCH.

The Annual Meeting of the South-Eastern Branch will be held at the Crystal Palace, on Thursday, June 22nd, at 1 P.M.; Edward Westall, M.D., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Secretary, on or before Saturday, June 17th.

C. Holman, M.D., *Secretary.*

Reigate, June 7th, 1865.

NORTHERN BRANCH.

The First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. White, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th.

Dinner at 6 P.M.

G. H. Philipson, M.B., *Hon. Secretary.*

MIDLAND BRANCH.

The Annual Meeting of the Midland Branch will be held on Wednesday, June 28th, at 2 P.M., in the Town Library, Town Hall, Leicester; John Barclay, M.D., President.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, without delay, to the Honorary Secretary.

John Sloane, *Hon. Secretary.*

Welford Place, Leicester, June 1865.

WEST SOMERSET BRANCH.

The Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; Hugh Norris, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. Kelly, M.D., *Honorary Secretary.*

Taunton, June 1865.

Rather Cool. The druggists and pharmaceutists say, We do not object to an Act of Parliament which shall prohibit us from prescribing; but we have a right to ask, in return, that medical men shall not be allowed to dispense their own medicines.

Lunacy Commissioners. In the Committee of Supply last week in the House of Commons, a vote of £7635 was proposed for the Lunacy Commission. Sir J. Trollope complained that there were six commissioners in England, but only two in Scotland; and that great delays took place in the transaction of business, and the most absurd regulations had been issued from time to time. He spoke now with respect to the pauper lunatic asylums. Sir G. Grey said there had been frequent discussions between the commissioners and magistrates of counties on the subject of want of ground in connection with the asylums. He thought the former were right in requiring that there should be ground sufficient to allow of the patients being exercised. Sir J. Trollope observed that in the case to which he had referred, there had already been thirty or forty acres of ground attached to the asylum. Sir G. Grey said he meant by exercise, employment at agricultural pursuits. Colonel Sykes expressed his opinion that the public as well as the patients were much indebted to the commissioners.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 9th, 1865.

James Alderson, M.D., F.R.S., President, in the Chair.

NOTES OF TWO CASES OF INTERMITTENT HÆMATURIA: WITH REMARKS UPON THEIR PATHOLOGY AND TREATMENT. BY GEORGE HARLEY, M.D.

The chief peculiarity presented in the cases described in this communication was that the urine passed at one period of the day varied from a chocolate colour to an almost purple blackness, whereas at all other times the secretion was to all intents and purposes normal. One of the patients was a medical gentleman who had for many years been resident in a warm climate, where he had contracted malarial fever; the other was a Londoner who had never suffered from any true aguish attack, but in whose case the bloody urine was passed whenever he was exposed to cold. Indeed, according to the patient's own statement, during the last two winters his urine invariably became bloody about an hour after his suffering from cold hands or feet. Both patients appeared to suffer from hepatic derangement, the one whose attack could be traced to malaria being slightly jaundiced at the time the urinary symptom manifested itself. The other, although not suffering from true jaundice, had an exceedingly sallow, bilious appearance.

As regards the pathology of these specimens of urine, the author remarked that, had the morning's urine only been brought under the notice of the physician, he could never have dreamt of the existence of any urinary affection; whereas had the midday specimen alone been subjected to his inspection, he could not have failed to suspect the existence of grave organic changes in the renal organs. Neither of these opinions could possibly be correct; the varying condition of the renal secretion clearly pointing to intense congestion of the chylopoietic viscera of a transient and periodic character.

Dr. Harley further pointed out the difference between the affection here described and the other form of disease with which it is apt to be confounded—namely, ordinary hæmaturia. The easiest way of establishing a correct differential diagnosis was, he said, that in ordinary hæmaturia the urine is not only coagulable by heat and nitric acid, but contains blood-corpuscles, which gradually become deposited on standing, and leave a clear, pale-coloured supernatant liquid. In this form of intermittent hæmaturia, as also in some cases of the non-intermittent variety, the urine, although coagulable by heat and nitric acid, contains few or no blood-corpuscles, and the colouring matter is not deposited on standing, but remains uniformly distributed throughout the liquid. Besides this, the urine contains numerous granular tube-casts, and has an increased percentage of urea.

While the usual remedies employed in the treatment of hæmaturia failed to make the slightest impression on this form of disease, the employment of mercurials and quinine caused it rapidly to disappear.

NOTES OF FOUR CASES OF INTERMITTENT HÆMATURIA. BY WM. H. DICKINSON, M.D.CANTAB.

The case most fully reported was that of a man who had frequently been in St. George's Hospital. In the autumn of 1859 he was first attacked with his present complaint. One morning he was seized with

shivering, nausea, and pain in the loins; and when he passed urine, he found it was black and apparently bloody. From that time to the present he had often been under observation at St. George's Hospital, and he had been in the hands of all the physicians of that establishment, latterly under the care of Dr. Fuller. He had no constant ailment, but his health was broken by short attacks of hæmaturia. From the beginning of the disorder these had always been of the same character. They owned no other cause but exposure to cold. He usually got up and went to his work apparently well. In cold weather he was liable to be attacked with shivering, retching, and dull pain in the loins; at the same time yawning and feeling disposed to stretch himself. The testicles were retracted, and he had pain passing down the thighs. When he passed urine, it was black and turbid, and was found to be highly albuminous, of great specific gravity, and containing an excess of urea; the microscope showed numbers of dark granular casts, and a dark molecular deposit; no blood-globules had ever been found. The urine retained these characters for two or three urinations. When he got warm it recovered its natural characters; and next day he was well, excepting that he was somewhat reduced by the attack. In continuous cold weather these attacks had come on for several successive days, but they had never lasted through the night. He had never had an attack in the summer; though once, in comparatively warm weather, it was brought on by his washing windows with cold water. Movement had no tendency to produce it; he was always better when taking exercise, as it kept him warm. The man had an anæmic and cachectic appearance. No organic disease could be discovered. While in the hospital many plans of treatment had been tried, but none had appeared to prevent the recurrence of the complaint. Quinine proved inefficacious; mercurials were apparently injurious. While taking blue-pill, he had, for the first time in his life, an attack while in-doors. During the time he was under this treatment he had an attack of pneumonia, which was followed by peculiar symptoms of prostration, which it was thought must have proved fatal, but from which he eventually recovered.

Three similar cases were briefly reported, two of which had occurred in the practice of Dr. George Johnson, and one in that of Dr. F. Cock, which gentleman had communicated the facts to the author.

In conclusion, Dr. Dickinson maintained that the disorder was essentially due to an alteration in the blood, a similar state of urine having been found during typhus, and also in man and animals after the inhalation of arseniuretted hydrogen. The points which the disorder has in common with ague were adverted to, but the absence of any periodical tendency and the inefficacy of quinine as a remedy were cited as essential differences. As to treatment, it was considered that as yet the disorder was beyond our reach; the most we could do was to palliate the effects of the loss of blood. Quinine was believed to be useless except in this respect; while the administration of mercurials, both on general principles and on the experience afforded by the above case, was believed to be detrimental.

The Hunterian Museum. Mr. W. L. Crowther of Hobart Town has just sent over to this museum, the complete skeleton of a fine sperm whale, about sixty feet in length, which was taken last year off the south coast of Tasmania, and prepared at some considerable trouble and expense by the above gentleman, who had previously made several valuable contributions to the museum.

Correspondence.

POOR-LAW MEDICAL RELIEF.

Letter from Richard Griffin, Esq.

Sir,—If you can find space for the following letter, I shall feel obliged, as it may be of interest to the Poor-law medical officers. I am pleased to hear that the Workhouse Visiting Society have been so far successful in their deputation to the Poor-law Board as to have induced the President to appoint a medical inspector. I sincerely trust Dr. Edward Smith's appointment may be of a permanent character, and that the Medical Department of the Poor-law Board may yet be presided over by a medical man; for, until that be the case, it will be in vain to expect a perfect system of Poor-law medical relief.

I am etc., Richard Griffin.

12, Royal Terrace, Weymouth, June 3rd, 1865.

Mr. Griffin to the Poor-law Board.

12, Royal Terrace, Weymouth, June 3rd, 1865.

My Lords and Gentlemen,—On Tuesday last, in consequence, I believe, of the printed letter sent by me to each of the guardians of this Union, the subject of your circular letter respecting cod-liver oil, quinine, and other expensive medicines, was again brought under the consideration of the Board. Mr. Gulson, your inspector, was present, and informed the Board that the resolution of the Select Committee of the House of Commons on this question was only carried by a majority of one, and that the President of your honourable Board voted against it; but, as there was a majority in favour of it, your honourable Board was bound to issue the circular letter, etc. After this statement, no surprise need be evinced that the guardians decided on leaving things as they are.

My lords and gentlemen, I deeply regret that Mr. Gulson should have made this statement, as it will convey the impression to the public that your circular letter was never intended to be carried out, and thus bring into disrepute your honourable Board.

Mr. Gulson made inquiry as to whether I was permanently appointed; and, on being answered in the affirmative, said that, if I had not been, the guardians could have given me notice to determine my appointment. He also said I had given your honourable Board a great deal of trouble. I need not tell your honourable Board that a statement of this kind must convey the impression that the guardians have only to look out for a charge against me, and your honourable Board will not be slow in acting upon it. This may be a mistaken idea on my part; but I can assure you that a medical friend said to me, "Under the circumstances, I should say you had better resign." My lords and gentlemen, I fully admit I have given your honourable Board a vast amount of trouble; but I beg you will recollect, as my excuse, that I am advocating the cause of the million and a quarter of sick poor annually under treatment, and also that of the 3,100 medical officers to whom you pay a stipend so small that it averages not more than three shillings per patient. Pray bear in mind that the Select Committee on Poor Relief have by their resolution recommended "that cod-liver oil, quinine, and other expensive medicines, shall be supplied by the guardians;" thereby confirming the impression that the poor have not those medicines at present in such quantities as may be requisite. Mr. Alderman Sydney, on May 22nd, stated in the House of Commons that, "although the State paid one-half the salaries of the medical officers, those salaries

were so small that, the medical officers being required to provide their own drugs, where stimulating prescriptions were required, the people only got counterfeit prescriptions." (*Times*, May 23.) Surely, my lords and gentlemen, after this statement, made as it was by a member of the late Select Committee on Poor Relief, and in the House of Commons too, you will not allow your circular letter to become a dead letter. For the sake of the poor, I earnestly entreat you to insist upon your recommendation being at once complied with; and, in part at least, carry out the wish expressed by Alderman Sydney, "that another Parliament would not bring its labours to a close without reducing our Poor-law legislation to an useful and well-digested code."

In your circular letter, you "request the guardians, however, to be good enough to consider whether an alteration in those arrangements, as regards the supply of the medicines referred to, cannot be effected whenever a new appointment of a medical officer is made, or, with the consent of the present medical officers, during the continuance of their existing contracts." What are our contracts? Section XLVI of the Act 4 and 5 William IV directs guardians to appoint paid officers; and it empowers Commissioners to determine the continuance in office; which you have done by an order. It also declares "that when the said Commissioners may see occasion to regulate the amount of salaries payable to such officers respectively, and the time and mode of payment thereof." From this quotation it appears to me that, although a majority of your officers are permanently appointed by order, still you have the power at any time "to regulate" the amount of our salaries. That need not, therefore, prevent your directing the guardians to carry out the instructions conveyed in your circular letter. But, my lords and gentlemen, allow me to observe that you cannot, in fairness, call upon your present medical officers, out of their scanty salaries, to contribute towards the supply of that which the Select Committee believe is not now found to any great extent. If it be desirable that the poor should be furnished on a more liberal scale than at present with cod-liver oil, etc. (and I unhesitatingly say they ought to be), then call upon the guardians to consider the supply of these articles as extras, and independent of the salaries of the present medical officers, and thus at once remove the stain cast upon the medical relief of the poor both by the resolution of the Select Committee and the speech of Mr. Alderman Sydney.

I have the honour to be, my Lords and Gentlemen,
Your obedient servant,
The Poor-law Board. RICHARD GRIFFIN.

MINERAL ACIDS IN FEVER.

LETTER FROM A. B. STEELE, ESQ.

SIR,—The testimony which Mr. Howard offers in favour of the acid treatment in fever appears, unfortunately, to prove too much. Any system which can so powerfully control the ordinary course of typhus as to give the exceptional, and, I believe, unprecedented result of one hundred and twenty cases without one death, certainly will be beyond all comparison with any other method hitherto published on good authority. I believe it exceeds anything that Dr. Murchison himself would claim for the remedy he so strongly recommends, and of which he has had so much experience.

As to the corroborative opinion of Dr. Chambers, I find, on referring to his lectures published in the *Lancet* in 1858 (the only reference to his name in the copious bibliography of Dr. Murchison), that the cases upon which he founds his views are just twenty-one in number; and of these, only twelve were subjected to the acid treatment. I must confess that a careful perusal of the statement of that popular and accomplished physician have not convinced me that he has established the superiority of the plan, which he borrowed from Dr. Mackenzie, and of which his own opportunity of observation appears to have been so limited. Besides, at the time Dr. Chambers wrote, he had not recognised the distinction (now so thoroughly established) between the different forms of fever; and this want of discrimination renders his conclusions inapplicable to a discussion of the remedy suggested for a particular form of fever only—viz., typhus.

Bearing in mind that the records of typhus, collected from all sources during many years, give five or six per cent. as a minimum death-rate; when we hear that, of "one hundred and twenty cases of low fever recently treated by Dr. Chambers's plan, not a single patient who took the acid died;" and that "during several years he has never lost a case of fever in which the acid had been exhibited for thirty-six hours,"—we are, I think, driven to these alternatives; viz., either that the "low fever" of Chambers and Howard cannot be identical with the typhus of Graves, Stokes, Corrigan, Christison, Tweedie, Murchison, or Watson, nor a disease so fatal as that which, in this town alone, caused nearly two thousand deaths in a single year (1864); or that the cases selected for the acid treatment must have been those which probably would have recovered under any circumstances.

I may, perhaps, be excused for referring to a return of the results of my own practice in fever, published in this JOURNAL (Jan. 28th, 1865, p. 103), and which has been accepted as authentic by the medical officer of health of this borough, and by the Inspector of the Privy Council; from which it will be seen that, so far as the death-rate is concerned, my treatment compares favourably with the authentic records published by authorities on fever. I am, therefore, indisposed to abandon views founded on somewhat extensive experience, in favour of what I must be pardoned for designating somewhat vague and hasty generalisations upon insufficient data.

I am, etc., A. B. STEELE.

Liverpool, June 1865.

DISEASE IN INDIA. A painful sensation has been caused by cholera breaking out with fearfully fatal results in Battery B of the Royal Artillery during its march from Mhow to Nargaum. In five days, it lost thirty-four Europeans (men, women, and children) and twenty-five natives. There has been a great mortality from a description of fever in Gwalior. The Maharajah has ordered the perpetual performance of various religious ceremonies with the view of checking the epidemic.

THE NOMENCLATURE OF DISEASE. The Council of the Epidemiological Society has, by means of circulars, endeavoured to obtain from nosologists their opinions touching the classification of diseases adopted by the Registrar-General. The answers received are for the most part condemnatory of the aforesaid classification. A Committee of the College of Physicians has long been engaged in an inquiry into the nomenclature, etc., of disease; and we may expect from their report something like a satisfactory reply to the questions proposed by the Epidemiological Society. Our readers may remember that many faults in the present classification of diseases were pointed out by Dr. Christison in his Social Science address.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations for the Fellowship at meetings of the Court, on May 30th and 31st, and on June 1st, were reported to have done so to the satisfaction of the Court of Examiners, and at a meeting of the Council on June 8th, were admitted Fellows of the College.

Barnes, John Wickham, Rutland Park, Sydenham; diploma of membership dated February 18, 1853
Barter, Clement S., Paragon, Bath; April 18th, 1859
Barton, Alfred B, The Green, Hampton Court; Dec. 17, 1847
Holland, Edmund, Emsworth; April 19, 1860
Hooper, John Harward, Tenby, South Wales; April 17, 1861
Langton, John, Bloomsbury Square; April 10, 1861
Monckton, David H., Rugeley; December 18, 1849
Powell, William, Tower Hamlets Dispensary; April 11, 1861
Smith, Thomas Starkey, Warrington; April 17, 1861
Stone, William Domett, 42, Lincoln's Inn Fields; April 10, 1861
Teale, John William, Leeds; May 9, 1862
Vallance, Thomas J., Stratford, Essex; June 3, 1851
Wilkinson, John S., Davies Street; May 8, 1857

APOTHECARIES' HALL. On June 1st, 1865, the following Licentiate was admitted:—

Leigh, Thomas Drake, Shaw Street, Liverpool

At the same Court, the following passed the first examination:—

Birch, George, Guy's Hospital

APPOINTMENTS.

WINTER, John, M.D., appointed, by the Queen, Member of the Legislative Council of the Island of Newfoundland.

ARMY.

PENNINGTON, Staff-Assistant-Surgeon F., to be Assistant-Surgeon, *vice* H. W. Devlin.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

FRITH, T. F., Esq., to be Assistant-Surgeon 23rd Surrey R.V.

DEATHS.

BROWN. On May 24th, at 16, Finsbury Circus, aged 14 months, Dora Isabella, youngest daughter of Thomas Brown, Esq., Surgeon.
BURY. On May 30th, at Whetstone, Cornelia T., wife of *George Bury, Esq.
CLARK. On June 1st, Henry Drummond, third surviving son of *F. Le Gros Clark, Esq., St. Thomas's Street, Southwark.
DOWN. On June 4, at Earlswood, Redhill, aged 2, Lilian L., only daughter of J. Langdon H. Down, M.D.
GRIFFITH. On June 2, at Camberwell, John, infant son of John T. Griffith, M.D.
LUCAS, Rudd, Esq., late of Long Ashton, Somerset, at Clifton, on May 28th.
MAGRATH, Ffolliott Charles, Esq., Assistant-Surgeon R.N., on board H.M.S. *Sovereign*, on April 9.
OGLE. On June 1, at Brighton, aged 4, William J. F., son of *William Ogle, M.D., of Derby.
PALFREY. On May 28th, at 12, Wellington Street, London Bridge, aged 2, Ellen Mary Lever, daughter of James Palfrey, M.D.
PETTIGREW. On May 26th, at Onslow Crescent, Kensington, aged 47, the Rev. Augustus F. Pettigrew, M.A., third son of T. J. Pettigrew, Esq., F.R.S., F.S.A.
SKINNER, William, M.B., of Oxford Road, Manchester, aged 37, on May 27th.
SNOOK. On May 19th, in London, aged 20, Edith Mary, second daughter of *John S. Snook, Esq., of Colyton, Devon.
SYKES. On May 23rd, at Dalston, aged 9 months, Herbert G. C., son of George Sykes, M.D., Surgeon to the Queen's Own Regiment.
*VACHELL, Charles R., M.D., at Cardiff, on May 26.

LUNATIC ASYLUMS. Mr. Scourfield has brought in a bill to explain and amend the Lunatic Asylum Act, 1853, and the Lunacy Act Amendment Act, 1862.

MR. SMEE, the Conservative candidate for Rochester, lately addressed the electors of that city. Resolutions favourable to him were put and carried unanimously.

ST. BARTHOLOMEW'S HOSPITAL. The following gentlemen have been appointed tutors in this hospital—Dr. Duckworth, Mr. W. Morant Baker, and Mr. W. L. Shepard.

MEDICAL CANDIDATES FOR PARLIAMENT. The members of the medical profession who are now in the field as candidates for seats in Parliament, are Sir Charles Locock for the Isle of Wight, Mr. Mitchell Henry for Woodstock, and Mr. Smee for Rochester.

THE BRITISH ASSOCIATION. At a meeting held at Nottingham, it was resolved to invite the British Association for the Advancement of Science to hold their annual meeting for the year 1866 in that town. Nearly £2000 have already been subscribed towards meeting the expenses.

THE MORGUE IN PARIS. The old Morgue, which used to stand on the Quai du Marché-Neuf, has now been completely demolished. It was built in 1804, and during its sixty years of existence received 23,000 bodies; that is, on an average, more than 340 annually.

PUBLIC GRANTS. In Committee of Supply of the House of Commons, the following grants have been made. £3007 for Inspection of Lunatic Asylums (Ireland); £6773 for the University of London; £14,485 for Universities, etc., of Scotland; £2372 for the Queen's University (Ireland); £3150 for Queen's Colleges (Ireland).

UNIVERSITY OF LONDON. In the House of Commons, on June 2nd, Mr. Grant Duff called attention to the claims of the University of London to be provided, at the national expense, with a building suitable for its purposes, and worthy of the position which it occupied among the educational institutions of the country. Mr. Cowper admitted the usefulness of the University, observing that there was every desire on the part of the Government to give to it an adequate accommodation; but he doubted the expediency of incurring the expenditure requisite to provide a special building.

A CAUTION TO ETHNOLOGISTS. An incident at a meeting of the Academy of Sciences recalls to mind the archæological discovery of the immortal Pickwick. There was mention made some time ago of a great find of flint implements at Pressigny-le-Grand, in the vast antiquity of which MM. Quatrefages and Mortillet expressed their firm belief. M. Decaisne, however, went to the spot, and questioned people living near, who told him that in past times tramps came every year and made gun-flints on the spot, and departed, leaving, of course, their chippings behind, veritable relics of an almost forgotten age—the age of flint locks. (*Chem. News.*)

ST. MARY'S HOSPITAL MEDICAL SCHOOL. The prizes and certificates of honour were distributed on Monday, May 29th, by Professor Owen, F.R.S., as follows. *Winter Session*, 1864-65: *Scholarship in Anatomy, value* £25, Mr. Theodore Thomas Taylor. *Prize for Students of the First Year, value* £20, Mr. William H. Wood; *Certificates of Honour*, Mr. J. Wyatt Pratt and Mr. C. H. Joubert de la Ferlé. *Prize for Students of the Second Year*, Mr. Henry Franklin Parsons; *Certificate of Honour*, Mr. James Robert Hill. *Summer Session*, 1864. *Prize for Students of the First Year*, Mr. H. F. Parsons; *Certificates of Honour*, Mr. John Ockenden and Mr. John George Randall. *Prize for Students of the Second Year*, Mr. N. Birdle Major; *Certificate of Honour*, Mr. T. T. Taylor. *Comparative Anatomy*, 1864. *Prize*, Mr. H. F. Parsons. *Natural Philosophy*, 1864. *Prize*, Mr. H. F. Parsons; *Certificate of Honour*, Mr. J. G. Rundall. *Practical Anatomy*, 1864-65. *Prize*, Mr. Richard Samuel Parnell Griffiths.

Supply of Medicines for Paupers. A return made by the Poor-law Board shows that in the following metropolitan workhouses, the drugs required for the sick are not supplied by the guardians, but have to be provided by the medical officer. Greenwich, Lewisham, St. Giles, Camberwell; Bermondsey, Rotherhithe, St. George, Southwark; St. Saviour, Richmond (except cod-liver oil); St. Luke, Chelsea; St. Mary Abbott's, Kensington; St. Margaret and St. John, Westminster (in part); St. James, Westminster; St. Martin-in-the Fields, St. George, Hanover Square; St. Marylebone, St. John, Hampstead; Hackney, Holborn, St. James, Clerkenwell; East London and West London.

The Pritchard Case. The indictment served upon Dr. Pritchard bears that Dr. Pritchard is cited to appear at the bar of the High Court of Justiciary, to be holden at Edinburgh, on Monday, the 3rd of July next, to answer to two charges—the one of having murdered his mother-in-law, Mrs. Taylor, by administering to her doses of antimony or other poison or poisons; and the other of having murdered his wife by similar means. There are about eighty witnesses for the prosecution, and one hundred and fifty productions. These consist of articles of clothing worn by the deceased ladies, those organs or parts of organs of the bodies which had been subjected to chemical examination, reports (medical and otherwise), letters, the prisoner's declaration, bottles of medicine, etc.

The late Dr. A. B. Buchanan. At the last annual meeting of the Glasgow Dispensary for Diseases of the Skin, Dr. M'Call Anderson said: "It is my painful duty, sir, to record the death of my amiable colleague, Dr. A. B. Buchanan. A short time since, Dr. Buchanan was appointed one of the physicians to the Dispensary of the Infirmary. He entered by rotation upon his duties in the fever wards on the 1st of March; and had only been a very few days in attendance, when he was seized with typhus fever, to which he fell a victim on the 4th of April, after an illness of three weeks; thus adding one more to the names of those who, in the conscientious discharge of duty, have fallen victims to this remorseless enemy. His contributions to medical and general literature are numerous and varied. It is sad, indeed, to reflect that his last contribution to medical literature appeared in the columns of the *Glasgow Medical Journal*, when he was lying on his sick bed, within three days of his death; and that his greatest effort, one in which, for the last two years, he was engaged, the translation from the German of Kölliker's great work on Embryology, still remains unpublished. It is to be hoped, however, that ere long these volumes will be given to the profession, under the able editorship of Professor Allen Thomson, with whom he was associated in the undertaking. His mind was of a very high order. He threw himself, heart and soul, into whatever he made the subject of his studies. He loved more the pursuit of science than the monotony of practice. He was esteemed by all with whom he came in contact, loved by those who had the privilege of his friendship, and his loss is now mourned by a large circle of friends."

Diminished Mortality in Paris. Recent official reports show that the mortality is decreasing in Paris, according as large sewers are constructed and wide streets run through the narrow overcrowded quarters of the old city. From the year 1709 to 1719, the mortality was 1 in 28; and from 1752 to 1762, it was still 1 in 30. From 1836 to 1841, it was 1 in 36; in 1846, 1 in 37; in 1851, 1 in 38; in 1856, 1 in 39; and at the present time, it is 1 in 40 inhabitants. The result is that at present there are 4762 fewer deaths in Paris than there were in the year 1841. Of 8260 houses taken down, 6000 were situate in parishes where, in consequence of the overcrowding of the inhabitants, contagious diseases committed great ravages. These 8260 houses, moreover, have been replaced by 24,947 new buildings, more spacious, and well calculated to diminish mortality. Numbers of public gardens have also been opened within a few years. On Dec. 31st, 1853, there were only 540 acres of boulevards and public gardens, planted with 69,125 trees. In 1863, there were 770 acres open to the public, planted with 158,460 trees. Moreover, in 1840, there were only 86,230 yards of sewerage; at present, there are 350,000 yards. In 1840, there were only 65,000 cubic *mètres* of pure water distributed every twenty-four hours. At present, there are 136,834 distributed, which are to be increased to 300,000 cubic *mètres*.

The Black Death. The Black Death, like many other plagues of its class, can be traced far back into the remote East; and there is no doubt but that it was the same disease which ravaged China and Tartary in 1333. There had been a great famine in China, preceded by floods and earthquakes, which alone destroyed 400,000 persons, and in the following year no fewer than 5,000,000 died there of this plague. From the remote East it made its way into Europe some years later. It did not arrive in Europe until 1347, fifteen years after its outbreak in China. "From China," says Hecker, "the routes of the caravans lay to the north of the Caspian Sea, through Central Asia, to Tauris. Here ships were ready to take the produce of the East to Constantinople, the capital of commerce and the medium of communication between Asia, Europe, and Africa." Contagion made its way along these channels, and Constantinople and the seaports of Asia Minor where the foci whence the disease was carried to every country of Europe. Making its way across the European continent, it committed its greatest ravages—save, perhaps, in England—in Italy, raging terribly at Florence, where it was observed and described by the poet Boccaccio. Passing along the shores of the Mediterranean, it invaded France by way of Avignon, spreading thence to England on the one hand, and to Germany on the other; whence, like the cholera of the present day, it doubled back, two years later, to Russia, and so back to the East. The Black Death was of the same nature as the Oriental plague—viz., a putrid typhus only of greater malignity. The boils and bubos of the latter disease were found in the former whenever the patient lived long enough to permit their development. The inhabitants of Europe at that time have been computed at 105,000,000—a high estimate. Of these 25,000,000, or one-fourth of the whole, perished! In England it was still more fatal, owing probably, to the ruder habits of the people. During the term of one year—viz., from August 1348, to August 1349, three-fourths of the whole population perished! This terrible scourge, having swept over the then known world, committing such destruction of life, and leaving behind it such misery and poverty as the world never saw before nor since, at length died out. It spared neither age, sex, nor condition; the rich and the poor alike succumbed. There died in Venice the aristocratic, no less than 100,000 persons; in Florence the refined, 60,000; in Paris the gay, 50,000; and in London the wealthy, 100,000; while in busy, rich, industrious Norwich, there died the almost incredible number of 50,000 persons—nearly the whole, one would suppose, of its inhabitants! At Avignon the deaths occurred with such frightful rapidity as wholly to baffle the attempts of the living to inter their friends and relatives; and the Pope was obliged to consecrate the Rhone

allow of the dead bodies finding a hallowed resting place upon its bosom, until it finally committed them to the great deep. (*Cornhill Magazine.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot; 8.30 P.M., Dr. Wynn Williams, "On Tuberculosis"; Dr. B. Sanderson and Mr. Hulke, "Case of a Sixpence in the Larynx for Ten Weeks"; Mr. W. M. Baker, "On the Hæmorrhagic Diathesis"; Mr. Spencer Wells, "On Ovariotomy".—Zoological.—Ethnological.

WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Microscopical.

THURSDAY. Zoological.—Royal.—Linnæan.—Chemical.

FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

EMO.—As both parties have had their say in the JOURNAL, and are contented to leave the matter as it now stands, we do not think it would be advisable to reopen the matter.

THE PROPOSED QUARTERLY JOURNAL.—SIR: Your allusion to Phaeton, in the article on Mr. Carter's "four-in-hand Quarterly", caused me to look into Lemprière, and there I read that which perhaps may be an useful warning at this time.

"No sooner had Phaeton received the reins from his father, than he betrayed his ignorance and incapacity to guide the chariot. The flying horses became sensible of the confusion of their driver, and immediately departed from the usual track. Phaeton repented too late of his rashness."

Ovid (*Metamorphoses*) informs us that, having set the world on fire, he was struck from his chariot by a thunderbolt thrown by Jupiter; that he fell into the river Eridanus or Po, and was buried by the Naïades, who placed the following epitaph on his tombstone:

"Hic situs est Phaëton, currûs Auriga paterni,
Quem si non tenuit, magnis tamen excidit ausis."

I am, etc., AN ASSOCIATE.

MR. CARTER'S LETTER TO THE MEMBERS OF THE ASSOCIATION.—SIR: In a recent number of your JOURNAL, you have given an account, which seems to me not to be in all respects an accurate one, of my recent letter to the members of the Association. I think you would act most fairly towards the Association on the one hand, and towards myself on the other, if you were to reprint my letter in the JOURNAL; as the edition published is not sufficient to supply the members. In order that you may do so, I send you herewith a copy of the "Letter", in which an error of the press is marked for correction.

Perhaps you will have the goodness to acknowledge this communication in the next number of the JOURNAL; and to state whether my request will be complied with.

I am, etc., ROBERT B. CARTER.

Stroud, June 2nd, 1865.

[We have already given what we believe to be a very accurate summary of Mr. Carter's project; and, in doing so, have thereby called the especial attention of the members of the Association to the fact, that Mr. R. B. Carter has published a pamphlet on the subject of the JOURNAL, addressed to them. Our advertising columns inform our members that the pamphlet may be purchased for threepence. Assuredly, therefore, it may be reasonably expected that every member who is anxious on the subject, will not grudge a few pence to make himself master of Mr. Carter's words in full. Mr. Carter has, no doubt, a high opinion of the value of his proposal; but everyone whom we have heard speak of it, regards it as wild and impracticable; and therefore we feel we should not be "acting fairly towards the Association" if we occupied valuable space in the JOURNAL by giving it admission. ED.]

THE PROPOSED ALTERATIONS IN THE "BRITISH PHARMACOPŒIA."—SIR: As by your leading article of May 13th, it appears certain that a new edition of the *British Pharmacopœia* is in preparation, I think it would tend to bring the present volumes (8vo. and 32mo.) of the first edition into use, *if the alterations which it is intended to make were printed in sheets 8vo. and 32mo. size, so as to be capable of being bound up with the volumes which the profession has already purchased.* Unless something of this kind be done to prevent our first edition copies being made useless and obsolete by the second edition, I fear the result in practice will be, the profession generally will not purchase the second edition; and, as a consequence, a tacit neglect of both editions of the *British Pharmacopœia* will result, and the *London Pharmacopœia* of 1851 will long continue to be our guide.

If you think with me on this subject, pray urge the Medical Council to consider its adoption before proceeding to print.

I am, etc., ASHBY G. OSBORN.

Dover, May 31st, 1865.

A CORRESPONDENT writes:—"A young woman who wishes to be trained, on Miss Nightingale's plan, as a nurse, wants to know where she must apply for an account of terms, conditions, etc."

[All information necessary may be obtained on application to the Lady Superior, St. John's House, 7, Norfolk Street, Strand.]

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THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, June 1865.

COMMUNICATIONS have been received from:—Dr. GEORGE JOHNSON; Mr. ALLISON; Mr. R. B. CARTER; Mr. A. B. STEELE; Dr. THORBURN; Mr. STONE; Dr. T. K. HORNIDGE; Mr. RICHARD GRIFFIN; Dr. J. SLOANE; Dr. W. KING; Mr. W. J. COULSON; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. W. M. KELLY; Mr. D. KENT JONES; Dr. JAMES RUSSELL; Mr. W. G. DAVIS; Mr. CALLENDER; Dr. HOLMAN; and Dr. JOHN THOMPSON.

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JAMES CHIDWICK, Secretary

Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[*Continued from page* 527.]

We have shown in previous communications (pp. 449 and 527) that two classes of facts stand in bold opposition to the theory that the collapse of cholera is due to a drain of liquid from the blood. We have seen that there is no such direct relation between the degree of collapse and the amount of liquid discharged from the blood as must exist if the hypothesis in question were true. We have also seen that the symptoms of collapse differ essentially from those which an excessive drain of fluid from the blood is known to produce. We have now to inquire *whether the effect of various and opposite modes of treatment upon the symptoms of collapse affords support to the theory that a drain of liquid from the blood is the essential or the chief cause of that condition.*

The Effect of Alcoholic Stimulants. The condition of a patient in collapse—cold and pulseless, and apparently exhausted—is one which naturally suggests the use of stimulants. Any one who has witnessed the speedy improvement in the pulse and other symptoms, which usually follows the administration of wine or brandy to a patient who is fainting from loss of blood or exhausted by excessive purging, might reasonably expect to obtain similar results from the same means in the collapse of cholera. Accordingly, stimulants have been given, and given freely and boldly; and the result has been a very general conviction that in the stage of collapse they are not only useless, but positively injurious. Again and again have I seen a patient grow colder, and his pulse diminish in volume and power, after a dose of brandy, and apparently as a direct result of the brandy. Dr. Gull (*Report on the Morbid Anatomy and Pathology of Cholera*, p. 185) states that, "although opium and diffusible stimuli—brandy, camphor, and ammonia—were useful at an early stage of the disease, as collapse set in, they not only failed to produce any favourable result, but often aggravated the symptoms."

Dr. Paine, who has given an admirable description of cholera and its treatment in 1832, writes thus of stimulants (*Letters on Cholera Asphyxia as it has appeared in New York*, p. 42): "We have seen no benefit from their liberal use, and it is even doubtful whether they contribute much in any quantities. It requires the conviction of experience, however, to enable us to abstain from their use, and to resist the impulse to apply them to the dying spark."

The very general conviction as to the worse than uselessness of alcoholic stimulants in the collapse of cholera is the more to be relied upon, inasmuch as it has been forced upon men's minds in opposition to preconceived notions and prevailing theories. The action of stimulants in the collapse of cholera being obviously very different from their influence upon patients who have been exhausted by the loss of blood-constituents, we infer that syncope and choleraic collapse are pathological conditions essentially different; and this conclusion is confirmed in a most striking manner by the effect of other modes of treatment.

The Effect of Venesection on the Symptoms of Collapse. It is scarcely necessary to assert that no sane practitioner would think of abstracting blood from a patient who has been reduced to a state bordering on syncope by any of the common sources of exhaustion which have before been referred to (p. 527). It is obvious that the loss of blood in such cases might be attended with perilous and even fatal results. But what has been the effect of venesection in not one or two, but in a large number of cases of cholera, and in the hands of many different practitioners? Has the effect of this treatment been such as to afford support to the theory that collapse results from loss of liquid? or has it been to add to the cumulative evidence which stands opposed to that theory? We will endeavour now to answer these questions.

It is in the writings of the Indian practitioners that the largest amount of evidence is to be obtained as to the influence of blood-letting in cholera. Scot makes the following remarks on this subject (*Report on Epidemic Cholera*, p. lviii). "The abstraction of blood, unless as an antispasmodic, is a remedy so little indicated by the usual symptoms of cholera, that its employment in the cure of this fatal disease has afforded a signal triumph to the medical art. It requires no common effort of reasoning or reflection to arrive at the conclusion that, when the powers of life appear to be depressed to the lowest degree, the pulsation of the heart all but extinct, the natural heat of the body gone, and the functions of the system suspended, and incapable of being revived by the strongest stimulants, the abstraction of blood might yet prove a remedy against a train of symptoms so desperate." "Few remedies," he says, "on a fair trial, have been more generally and unequivocally advocated than free blood-letting; and the most that has been urged against it is, that it is not always successful." He then quotes reports from medical officers furnishing very striking testimony as to the benefit of bleeding in cases of extreme collapse.

Annesley states (quoted by Scot, p. lx):—"In place of syncope being produced by bleeding, in the cases which I have treated, the pulse has invariably improved, and the feelings of faintness and debility disappeared."

Bell makes the following statement (*Treatise on Cholera Asphyxia*, p. 118): "The effect of blood-letting would indeed sometimes appear almost miraculous. A patient will be brought in in a cot, unable to move a limb, and, but that he can speak and breathe, having the character, both to touch and sight, of a corpse, yet will he, by free venesection alone, be rendered, in the course of half an hour, able to walk home with his friends."

Rogers gives the following description of the effects of venesection by a medical man who was himself the patient (*Reports on Asiatic Cholera in Regiments of the Madras Army*, by Samuel Rogers, p. 259). "There was a sensation which I am at a loss to describe, as if my heart was ceasing to beat, and a dread of suffocation; this sensation was instantly relieved by bleeding, and I recovered immediately."

The following striking case is recorded by Sir Ranald Martin (*The Influence of Tropical Climates on European Constitutions*, 6th ed., p. 349). "On visiting my hospital in the morning, the European farrier-major was reported to be dying of cholera. I

found that during the night he had been drained of all the fluid portion of his blood. His appearance was surprisingly altered; his respiration was oppressed; the countenance sunk and livid; the circulation flagging in the extremities. I opened a vein in each arm, but it was long ere I could obtain anything but trickling of dark treacly matter. At length the blood flowed; and by degrees its darkness was exchanged for more of the hue of nature. The farrier was not of robust health; but I bled him largely, when he, whom but a moment before I thought a dying man, stood up and exclaimed, 'Sir, you have made a new man of me.' He is still alive and well."

Now, let me ask, is it possible to reconcile facts of this kind with the theory that the collapse of cholera results from a loss of the liquid constituents of the blood? If Sir R. Martin's hypothetical statement, that his patient "had been drained of all the fluid portion of his blood," were an accurate expression of facts, can we conceive it possible that he could have "made a new man" of him by abstracting largely the blood which remained in the vessels? I maintain that the numerous well authenticated instances of great and immediate and permanent relief by means of venesection in the collapse stage of cholera, are utterly and hopelessly irreconcilable with the hypothesis in question.

[*To be continued.*]

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

TREPHINING FOR THE RELIEF OF EPILEPTIFORM ATTACKS, OCCURRING AFTER INJURY TO THE HEAD.

By James Russell, M.D., Physician to the Hospital.

[*Concluded from p.* 585.]

I have now briefly to analyse the illustrations of the subject of this paper which I have been able to collect.

For obvious reasons, I exclude those cases in which convulsive attacks have occurred among the *primary* consequences of injury to the head, generally presenting themselves in union with other symptoms of concussion or compression, and being speedily removed by treatment, or issuing in early death. I may, however, note, in passing, the nature of the injury in certain cases of this description which I have preserved.

Of six cases, three were instances of more or less extensive compound fracture of the skull; two of simple fracture, or of fissure; one was without fracture. Trephining was performed in four of the cases, of which three were fatal with acute meningitis. So far as the injury which probably caused the convulsive attacks goes, it was as follows. In three, fragments of bone or a portion of skull depressed upon the surface of the brain, accompanied by laceration of the dura mater, and by superficial bruising of the hemispheres in two of the cases; in three, coagula of various extent, with superficial bruise of the brain in one case. One of the six cases may be particularised as being somewhat remarkable. There was depression of a portion of skull an inch in length, together with a wound, from a kick by a horse. Little complaint was made until forty-eight hours afterwards, when a sudden attack of prolonged epileptiform convulsion occurred, and lasted for two hours, after which recovery went on rapidly and completely, all symptoms ceasing entirely.

Excluding, then, these cases of *primary* and *temporary* convulsive attacks, I have seventy-two other cases in which the paroxysms of convulsions must be regarded as a *secondary* consequence of the injury. I have included among them, from analogy, three cases of epileptiform insensibility merely, without convulsive action.

The period at which the attacks first manifested themselves presents the widest diversities. In some cases, the attacks have commenced immediately after the receipt of the injury, and can only be ranked among secondary consequences by their subsequent continuance; in others, on the contrary, several years have intervened. In some cases, the duration of liability to the paroxysms has been very brief, the liability being terminated by the intervention of remedial measures or of death; in others, the attacks have continued to recur through varying periods of time. In their mode of recurring, the fits have presented the same diversity as is observed in the true form of the malady. Sometimes they happen in a continuous series, though with very different degrees of rapidity; a single fit occurring at long intervals; or, as in the majority, the intervals being short, and the fits numerous. Sometimes, on the other hand, the fits return in a few widely separated but severe and protracted batches.

The period which has elapsed between the receipt of the injury and the outbreak of the convulsive fits has been as follows. On the same day in six; "early" in eleven; under five weeks in four; from five weeks to one year in twenty-one; from one year to four years in six; from four years to eight years in seven; unknown in seventeen. This wide diversity in the period which a given irritation occupies in producing a certain effect upon the nervous centres, of course admits of explanation in great measure by varying susceptibility of nervous constitution in different individuals. It is, however, a highly important fact, to be noted in passing, in relation to the natural history of epilepsy, and, indeed, of most other forms of nervous disease.

As may be supposed, when once established, there is a tendency in the fits to recur, the cause of irritation being permanent. Thus, *e. g.*, among the six cases in which the commencement of the fits was coincident with the receipt of the injury, they had continued in four for a term varying from ten to twenty years, occurring in two cases of the four with considerable frequency.

This fact also possesses considerable interest in connexion with the whole subject of epilepsy. In the cases now under consideration, the cause of the irritation is very obvious, and acts directly. We observe a cause of irritation which is in constant operation, producing, nevertheless, a distinctly paroxysmal disease; the paroxysms being instantaneous in their explosion, and complete in their cessation—in many cases even separated by a period of complete immunity, it may be of years' duration.

It is of interest to note, in relation to the same subject, that although in some instances the convulsive affections have been observed to be unilateral, yet that in the great majority, although the irritation affects only one hemisphere of the brain, it appears that the convulsions were general, and affected both sides of the body. This fact agrees with the law of reflex and convulsive action, which refers the production of the convulsions to the medulla ob-

ngata. The very abundant commissural apparatus xisting in that centre, which has been enlarged upon specially by Schrœder Van der Kolk, would render it irectly subservient to the production of bilateral ather than of unilateral spasm.

"The laws of reflex action, which have been deuced as general results from a great number of bservations by E. Pfluger, are very important. In nem this author shows that reflex action is at first trictly unilateral; furthermore that, if reflex action rises from a stimulus in the brain or cerebral nerves, ne reflex movements, in their further progress, exend to the nerves situated inferiorly, and thus to ne medulla oblongata; and that, on the contrary, if eflex action arises from a spinal nerve, it extends, in s further progress, from below upwards towards the edulla oblongata, and not *vice versâ;* but that, if ne affection has reached the medulla oblongata, the eflex movements may again extend in an inverse der to the lower parts, or pass into general convulons; that, lastly, if a reflex movement arises in otor nerves which are very remote from the inseron of the sensitive nerve primarily affected, these mote motor nerves are always such as arise from e medulla oblongata. Hence it appears that the edulla oblongata is the principal centre, whence e more general reflex movements and convulsions ke their origin." (*On the Spinal Cord and Medulla blongata*, Syd. Soc., p. 80.)

Another particular, in which a resemblance may be aced between these cases and many other forms of ileptic attack, lies in the circumstance that the gree of severity of the injury does not seem to inuence the period of incubation of the fits; and, fur-er, that incubation is not attended, in the majority cases at least, with any nervous symptoms—such mptoms, when present, having been severe only in few cases. Of the cases in my list in which parulars are sufficiently full, in 68 per cent. no mptoms preceded the fits beyond those resulting *rectly* from the injury; in only 9 per cent. were e preceding symptoms severe.

Turning now to note the character of the lesion on ich the convulsive attacks appear immediately to pend, we gain the following information.

In thirteen, *no sufficient knowledge* on the subject s attainable, or is imparted in the description, yond the receipt of an injury, save that in one e the lesion mainly involved the trunk of the h pair, and in another had occasioned loss of smell l taste.

In eighteen, there was *depression* of a portion of skull, including in the number two cases in ich the depressed portion consisted of loose fragnts after compound fracture. To this group I may l three more cases, in which a compound fracture the skull is the only injury described, excepting t in one of the number some hair had become engled in a fissure, and projected upon the memnes. Of the twenty-one cases which we thus ain, ten of compound fracture are particularised; in these ten instances the severity of the injury s not seem to have exerted a general influence in reviating the period of incubation of the convul- attacks. Thus, in two of the cases, seven and it years respectively had intervened; yet in one fracture was extensive, and in the other the nd had remained open. In only two of the cases ompound fracture was the period of incubation so t as nine days.*

There are thirteen cases of *spicula*, of various dimensions, projecting from the inner surface of the skull. In six, the projecting portion must have been of considerable magnitude; in one, indeed, it is stated to have been half an inch, in another one inch, in length. In four, it was small; yet in one of these certainly it projected into the substance of the brain. In one case, the large projecting process was contained in a cavity in the brain of the size of a blackbird's egg, lined by a cartilaginous membrane.

An *old blood-cyst*, of three years' duration, had deeply impressed the surface of the brain in one case, and seemed to be the cause of the fits; and I may add that, in one of the next group, the fits seemed to have been the consequence of meningeal effusion of blood, which had taken place three months before death.

There are twenty cases in which *the skull was diseased*, in consequence of the original injury. The disease consisted in *hypertrophy* in six cases, in two of which the portion of skull was nearly three times its normal thickness; in one, the hypertrophy was accompanied by exfoliation, the whole disease being the result of trephining performed during the primary stage of the injury; in one, it was accompanied by absorption of a portion of the skull. In two cases, the disease consisted of *induration;* in five, of various degrees of *caries;* in five, of *exfoliation;* and in two, disease of bone was not evident, but is inferred from exquisite sensitiveness or from persistent pain.

To this group I may add five other cases which I have met with incidentally in the course of the present inquiry, in which disease of the cranial bones was induced *by other causes than by injury;* three of the cases being of syphilitic origin—in one with nodes from the internal surface of the skull. I may state that trephining was performed in three of the cases, and that in all three the patient recovered from the immediate effects of the operation; in one, the nervous disease was completely cured; in one, no report is given later than the close of the third week; in one, the patient died two months afterwards.

I would here advert to a conclusion which seems deducible from this group of cases of diseased bone: that disease seated in the bones of the skull is attended with greater danger of inducing epileptiform disease than when seated in other bones of the body, from causes to which allusion has been already made. The remark may, indeed, be extended with almost equal propriety to the entire class of injuries of the skull.

One group of cases yet remains to be mentioned—the cases, namely, to which Dr. Abercrombie has called attention, wherein the effects of the original injury had not penetrated more deeply than the pericranium, in some instances probably not beyond the scalp. Five cases are included in this group.

To complete the subject, it must be added that, in six cases not included in the preceding enumeration, other symptoms than convulsions resulted: insanity in two, accompanied by hemiplegia in one; hemiplegia in one, with impairment of sight, hearing, and memory; in three, fixed pain of great severity.

As the cause which produced the irritation in the cases under consideration is a permanent one, so the affection it induces is permanent also. This, which appears almost a matter of course, is amply sup-

*Since these remarks were written, my friend Mr. Yates, of this , has furnished me with the following case, under his own care. n, aged 49, fell sixteen years ago, and had depression of the without wound in the occipital region. He was insensible for weeks, and recovered with some temporary mental impairment, and with pain in the region of the injury. This pain has never fully subsided, and its recurrence has been especially associated with the fits. He began to have fits of epileptic vertigo twelve months after the accident, having shortly before suffered from mania. Fully formed fits did not occur till eight years afterwards, and have returned at short intervals since. Twice or thrice he has had some mania. His mental powers have not suffered much permanent deterioration.

ported by the cases on which my remarks are based. In *one case only of the entire number* had liability to the convulsive attacks or other nervous disorders subsided spontaneously, and in this case the immunity is not known to have extended beyond nine months. It gives force to this statement, that in only two of the entire collection is the report defective in this particular. In twelve cases, the attacks were continuing at the date of the report; and in sixty-seven they continued either up to death or to the time when some change was effected in the condition of the cranium (or of its coverings in a few cases), either by natural processes or by operative procedure.

Out of the eighty cases, there are nine wherein death occurred irrespective of the primary effects of the injury, or of ulterior operative proceedings. The proportion of deaths has an important bearing upon the question of trephining; it is, therefore, proper to state that, of the nine deaths, four occurred in the fits, or in the subsequent coma; in two of these, no important disease was met with in the brain; in one, extensive disease, but of quite recent origin; and in the fourth, only the remains of the damage to the substance of the brain which had been inflicted by the accident. Of the other five cases, two deaths took place from causes quite unconnected with the brain; in a third, the cause was unknown; the other two deaths were occasioned respectively by diseased cerebral vessels and by meningeal apoplexy.

Of course, in estimating the force of any argument drawn from this proportion of deaths, as respects the fatal tendency of this particular form of nervous disease, it has to be borne in mind that, of the eighty cases, in sixty-six curative proceedings, natural or artificial, have interrupted the natural course of the malady. Hence it follows that, although the numbers are, of course, too few to form the foundation of any theory, they certainly justify a suspicion that the class of epileptiform disease now under our consideration has a much greater tendency to death than true epilepsy; and this suspicion is strengthened by the greater comparative frequency with which other evidences of nervous derangement attend the fits—*e. g.*, paralytic affections, mental impairment, etc. In fact, these cases closely approximate to the form of epileptic disease which is dependent upon alcoholism, or upon other influences operating immediately upon the nervous tissue.

A strong argument then in favour of trephining is afforded by the fact, that in sixty-seven cases the attacks continued up to the time when some change was effected, naturally or artificially, in the condition of the cranium or of its coverings. This change consisted in local medication in one case—ultimate result unknown; of division of the soft parts, as described by Dr. Abercrombie, in five, in all of which perfect success is stated to have followed the operation, though no data are supplied. In five, exfoliation of diseased bone took place spontaneously; in one, only partially, and with partial relief; in the remaining four, completely, and, as stated, with curative results, though again no particulars of time are afforded. These last mentioned cases, few though they be, suggest an argument from experience in favour of trephining, independently of *à priori* considerations; and we have now to learn what the experience of the operation itself teaches us.

The testimony of authors upon the subject, so far as my present examination has extended, is of a doubtful character, but appears, upon the whole, to be in favour of the operation. Mr. Syme (*Lancet*, Feb. 3rd, 1855) states decidedly that the result of his experience is opposed to it; and Mr. Solly (*ib.*, Jan. 5th, 1850), in commenting upon a case under his own notice, gives a very qualified opinion in favour of it alluding to the extreme severity of the operation M. Velpeau (*ib.*, Aug. 16th, 1834) pronounces a favour able opinion, but only as regards cases in which th cicatrix is sensitive, or œdema or crepitation is con nected with it. Mr. Cooper, on the other hand (*Dic tionary*, art. Trephine), quotes several successfu cases from a paper by Professor Dudley; Dr. Cop land (*Dictionary*, art. Epilepsy) cites a considerabl number of authorities who have furnished successfu results, and adds other successful cases from a pape by Dr. Guild; and the writer of the article Trepan tion (*Dictionnaire des Sciences Médicales*) states h opinion that the result of the operation, as performe in many instances, has justified the experimen Finally, Mr. Van Buren (Syd. Soc. *Year Book*, 186 regards trephining for epilepsy in a very favourab light, explaining the prevalent opinion of an opposit character by cases being selected for the operati which are fatal from their nature.

In the *American Journal of Medical Science*, Ju 1861, is a table by Dr. Billings of seventy-two cas in which trephining was performed for the relief epilepsy. Sixteen proved fatal; forty-two were cure four remained unchanged; and the remainder we improved, but were not entirely relieved. The bare statements are all which can be obtained fro the record. The paper which originally accompani the table was published originally in the *Cincinn Lancet*, and is not here added. The table may al be found in Ranking's *Retrospect*, vol. xxxiv.

The instances of trephining amongst the precedi cases amount in all to fifty; those cases alone bei included in which the operation was performed *secondary* nervous disease, all instances of *primo* trephining being excluded.

Of the fifty cases, in forty-two the derangeme originated in injury; in five, the disorders were connexion with disease of the bone; in three, the i mediate cause was uncertain. The age of the tients is given in thirty-one cases: one was ei months old; six were under puberty; twenty-f were over puberty.

Of the fifty patients, five died from the immedi effects, and one from the secondary effects, of operation. In two of these, the operation was p formed in less than three weeks from the injury; two, in from ten to twenty months; in one, in years after.

Forty-four patients recovered from the operat In these cases, the interval between the injury the operation was as follows. Under seven we five cases; from seven weeks to one year, ele cases; from one to two years, five cases; from tw fourteen years, fourteen cases; unknown, nine ca

The result just stated seems so much oppose the general opinion of the danger of trephining, t it is necessary to make the following additional servations.

The total recoveries were, as just stated, forty- out of fifty cases. In two of the forty-four, dange symptoms resulted from the operation, but were dued by treatment. In five other cases, a woun sinus communicating with a fracture of the s remained open—a circumstance specially name Mr. Syme as justifying the operation; and, ind one of these cases is given by that gentlema illustration of the principle just quoted. In others, there had been a considerable loss of from severe compound fracture. In one, the w had remained open for a period of nine mo though it had closed long before the perform of the operation. In ten cases, no particular given.

Thus there will remain twenty-five cases of

cessful trephining, in which the injury had not been extensive, and in which there was no wound. Of these, eleven were cases of caries or other disease of the skull, and fourteen were instances of simple depression or of projecting spicula. In these twenty-five cases, the dura mater was healthy in nine; it sloughed in two, was perforated in five, was vascular or had pus upon it in two; its state is not described in seven.

One highly important question in relation to the operation remains—its ultimate result upon the nervous disease, for the relief of which it was chiefly undertaken. As I have already intimated, the mere removal of the source of irritation does not necessitate the cessation of the derangement, since such derangement in many cases probably involves an altered state of nutrition in the ganglion-corpuscles. For very obvious reasons, the reply to this question is very incomplete, and, unfortunately, is rendered even less satisfactory than it might have been made by the neglect of stating the length of time during which the patient remained under observation.

In nearly all the cases, the immediate consequence of the operation was to effect for a time material amendment in the patient's condition. I have given some remarkable illustrations of this statement in a former part of this paper. I add one more, as it is not only noteworthy in itself, but serves to exemplify the share which the membranes may take in generating nervous disease. The case is recorded by Dr. Hayward (*American Journal of Medical Science*, 1838, 517). After prolonged nervous derangement, continuing through thirteen years, the trephine was employed. A short delicate bony projection advanced from the interior of the skull; the dura mater adhered to it, but was separated by a probe without much difficulty. The membrane was quite healthy. Instantaneous and complete relief followed to the sense of pressure which the patient had felt. He declared, whilst on the table, that he had not felt so well for thirteen years; and he afterwards wrote to the operator: "The peculiar sense of relief which I expressed in the moment when the operation was over has become a part of my common consciousness."

Of the forty-four cases in which the patients recovered from the operation of trephining, in five little or no benefit resulted. One is even declared by Mr. Travers to have been worse for the operation. Satisfactory recoveries, as tested by a sufficiently protracted term of observation specially stated, amount to six. Progressive amendment had been going on through a considerable length of time in three others. Slight returns of the disease had occurred in two. In eighteen cases, cure of the disease is reported to have been effected; the terms "complete", "perfect", "permanent", being also frequently applied; but no information is given as to the duration of the observation. Finally, in ten cases the period through which the patient was watched after the operation, being stated, it is obviously too short to permit any conclusion to be drawn as to permanent results. In two cases only had the term of observation extended to three months; in all the others it was much shorter.

I may just note in passing, though doubtless the circumstance is explained by the comparative employment of the sexes, that in the cases I have been collecting, whilst eleven patients are of the female sex, thirty-six are of the male sex. The sex of the remainder is not stated.

In conclusion, I subjoin a brief account of the case which has suggested the foregoing communication.

Fanny G., aged 16, dressmaker, received a blow on the head with a coal-pick when five or six years of age, but no symptoms of importance presented themselves in connexion with the injury. Nevertheless, the patient's mental power evidently became somewhat deteriorated in the course of time. She could not go on an errand, unless the commission was written, when it comprised more than one item. Her temper became irritable; and she was less able to apply herself than she had been. She also remained subject to severe frontal headache, but not to pain in the region of the blow.

Her first fit occurred five or six years after the accident mentioned above. In three months afterwards, the second took place; and the fits continued to recur with gradually increasing frequency since that time. They were also more numerous about the catamenial periods.

The fits were not of the most severe character, seldom passing into the fully formed asphyxial stage, though attended with general tonic and clonic spasm, and with unconsciousness; but her mental powers suffered increased deterioration since the establishing of the fits, to such an extent that I found it impossible to obtain any trustworthy information as to her history from the patient herself. Her health was good; menstruation nearly normal.

On the left side of her head, almost an inch and a half from the sagittal suture, and exactly in a line with the auditory orifice, a cicatrix existed in the scalp; and beneath it was a limited but distinct depression.

Medical treatment having been of no avail, trephining was performed by Mr. Bolton on January 9th. The portion of bone was removed without the least difficulty, and presented the small bunch of spicula figured at the commencement of this paper. The bunch corresponded to a very small opening in the dura mater.

Symptoms of acute meningitis set in decidedly on the morning of the second day, and proved fatal in three days. Right hemiplegia came on, but again diminished before death. She had repeated recurrence of severe epileptiform convulsions. From the situation of the meningitis, involving as it did the "convolution of articulate language" of Broca, it may be of interest to note that the patient never spoke from the time of the setting in of the acute symptoms; but that, shortly before her death, the nurse, thinking that she seemed more conscious, asked her if she wished to see her mother, desiring her to signify assent by squeezing her hand, she directly made the required signal; and, afterwards, a patient made the same experiment with a like result.

My friend Mr. Bolton has been good enough to furnish me with the following notes of the *post mortem* examination, as I was not able to be present.

On removing the scalp, a slight effusion of blood was observed beneath the integuments around the opening made by the trephine; and a thin coagulum also existed over the dura mater, around the puncture which corresponded to the spicula. This puncture had a jagged and sloughy appearance, from the inflammation which had followed the operation. A quantity of thin pus was found between the dura mater and the bone, extending towards the base of the skull as far as the petrous bone. The perforation of the dura mater had extended through both layers of the arachnoid membrane, and a small nipple of brain-substance projected through the opening. The arachnoid was extensively inflamed over the left hemisphere, and some sero-pus was found in the arachnoid sac. The convolutions of the left hemisphere were covered by a thin layer of the same kind of pus; but the signs of the inflammation had not extended beyond the convex portion of the hemi-

sphere. The entire substance of the brain was perfectly healthy.

I have only to add to this description, that I very carefully examined the left corpus striatum and thalamus by the microscope, comparing them throughout with the corresponding organs on the right side. I could not find the faintest traces of disease either in the tissue or in the minute vessels.

The medulla oblongata and pons were quite healthy to the naked eye. I could not trust my power of investigating their minute condition with reference to the epileptic phenomena, and therefore did not employ the microscope in their examination.

Original Communications.

REMARKS ON LITHOTRITY: WITH RECORD OF TEN CASES OF STONE.

By Walter Coulson, F.R.C.S., Surgeon to the Lock Hospital.

Last year I read before the Medical Society of London a paper on Lithotrity (*Medical Mirror* for April and May 1864), containing a history of fifteen cases of stone, and such practical observations as were suggested by their treatment. It is my intention in this communication to follow the same method—to give, first, the history of all the cases of stone that have since been made under my care, and from them to draw such practical deductions as appeared to me important while the patients were under treatment. At the same time, I think this paper will be of more value in a statistical point of view, if I add two cases of calculus in children, on whom I performed lithotomy, and so complete the history of all the cases of stone that I have had under my sole charge.

Case I. *Phosphatic Calculus: Unusually Long Urethra, with Enlargement of Prostate: Irritable Bladder: Cured after Four Sittings.* Jan. 20th, 1864. A clergyman, from near Bury St. Edmunds, aged 70, had suffered from pain and difficulty in passing urine for the last two years. The urine was muco-purulent, and after exercise was slightly tinged with blood. He had been sounded, but no stone was detected. In accordance with my usual practice, I determined to examine him with the lithotrite on the following day; but the bladder was so irritable that he could not retain the urine during the introduction of the instrument, although he had passed water only an hour and a half before. I ordered him to keep in bed and to take a mixture containing morphia.

Jan. 23rd. Having directed that he should retain urine for two hours, I went to his house, intending to operate upon him under the influence of chloroform. In this I was disappointed, as there was reason to suppose that he was not a good subject for its administration. I selected my longest lithotrite, but found it would barely enter the bladder, and I was obliged to push the handle almost on to the pubis to allow of my opening the instrument. A calculus was then seized without further difficulty and crushed. No bad symptoms followed, and a few fragments of the triple phosphate passed. I operated again January 29th and February 1st, and finally examined him on February 16th. After this, he was relieved from all symptoms of stone, but was detained in town two or three weeks by an acute attack of rheumatic gout, consequently I had an opportunity of seeing him when all symptoms of irritation had disappeared. He continues perfectly well.

Case II. *Phosphatic Calculus: Paralysis of Bladder: Removal of Stone in Two Operations: Symptoms Unrelieved.* Nov. 16th, 1863. Mr. H. D., aged 40, had suffered from bladder irritation for the last eighteen months. The urine contained pus, mucus, and blood, and there was incontinence at night. When he first consulted me, the least motion induced an uncontrollable desire to pass urine. His sufferings at times were most acute, and he never went longer than an hour without passing water. He had suffered from congenital weakness on one side, and the introduction of the instruments induced involuntary action of the leg on the affected side. The bladder never quite emptied itself, about two ounces always remaining after micturition.

Nov. 17th. I crushed a stone of the size of a hazel nut, and the next day he was better. There was less pain in passing urine, and less blood. On November 20th, I operated a second time, and crushed two or three soft fragments. A good deal of *débris* passed subsequently. The symptoms were not so much relieved as after the first operation.

I examined him frequently afterwards, but was never able to find any portion of stone, although, to make these examinations more certain, the patient was under the influence of chloroform. All the symptoms continued the same as before the operation, with this exception, that great relief was always experienced for about two hours by thoroughly washing out the bladder with lukewarm water; and this was to me an additional proof of the absence of a foreign body. At my request he consulted another surgeon and selected Mr. Henry Thompson, who examined him four times, but with no result. He also consulted Mr. Syme, who pronounced him free from all fragments of stone.

April 3rd, 1865. I was called this afternoon to see this gentleman. All the symptoms remained precisely as they were before the operation; with the single exception to which I have alluded, the only relief he ever had from his sufferings had been for an hour or two after injecting the bladder. The urine contained blood, mucus, pus, and numberless crystals of the triple phosphate.

Case III. *Two Uric Acid Calculi: Retention Consequent on Operation: Cured after Five Sittings.* March 21st, 1864. Mr. W., aged 69, had suffered for some time from symptoms of stone. He first noticed blood in the urine after walking six months before. I operated March 22nd and 26th, and April 2nd and 15th, and lastly on the 23rd. The first time I found a calculus and crushed it at once. The prostate was large, and the instrument had to be considerably depressed to allow it to enter the bladder. This occasioned much pain, and at his request all the subsequent operations were performed under the influence of chloroform. There was no inconvenience experienced after the first sitting; but subsequently there was great difficulty in passing urine, almost amounting to complete retention, a few drops only coming away after minutes of painful and continuous straining. To relieve this I passed an ordinary catheter two or three times after the second and third operations. This only affording temporary relief after each of the last two I retained a French elastic catheter in the bladder from fourteen to twenty hours, and this gave the greatest ease. This retention was, I believe, due to a little temporary swelling about the neck of the bladder and the prostate, which, in addition to the enlarged state of the gland before the operation, rendered micturition all but impossible, and also interfered considerably with the passage of fragments. He was consequently much in the same position as a patient

with paralysis of the bladder. This condition induced me to deviate from my ordinary rule, and after the two last operations, I thoroughly injected the bladder by means of a large steel catheter, which brought away a considerable quantity of *débris*. This instrument, shaped much like a lithotrite, had been made some years before by Messrs. Blaise, at the suggestion of Sir Benjamin Brodie. Mr. W. has been free from all bladder-irritation since the last operation.

Case iv. *Multiple Calculi: Frequent Operations: Discontinuance of Treatment: Uncured.* April 15th, 1864. Mr. H. E., aged 74, had suffered for the last eighteen months from bladder-irritation. The urine was bloody and muco-purulent. He was compelled to pass a catheter (gum-elastic) four times a day in consequence of paralysis of the bladder. He had for some time past voided small calculi—as many as fourteen at a time. He stated that he had passed a thousand in addition to those now in my possession. When the calculi first came away, he had much more power in the bladder than when I saw him.

April 15th. I introduced a lithotrite, and found the bladder like a gravel-pit, literally full of calculi. It was impossible to open and close the instrument without including a fair-sized stone. The first operations afforded relief. There was great difficulty experienced in passing a lithotrite, in consequence of the engorgement of the prostate and the displacement of the urethra from a large hydrocele. I tapped the hydrocele April 26th; but the fluid reaccumulating very rapidly, I injected the sac with equal parts of tincture of iodine and water. I performed lithotrity May 14th and 23rd, June 1st, July 12th and 23rd, October 5th, and for the last time October 28th. I was prevented from operating more frequently in consequence of the general health of the patient being very low. In little more than a fortnight after the last operation, he was seized with an attack of apoplexy. He rallied from the effects of this, but was never well enough to permit of lithotrity being repeated, and he died in the beginning of this year. I regret that no *post mortem* examination was made. Had this been done, I have no doubt that a very large quantity of stone would have been discovered in the bladder.

Case v. *Large Calculus: Lithotrity Attempted: Lithotomy Performed: Death from Shock.* Feb. 20th, 1864. Mr. N., aged 67, from Northamptonshire, had suffered from stone for the last four years. I introduced a lithotrite, and attempted to crush the calculus, but found this impossible, as the bladder could not retain sufficient urine for the instrument to be opened wide enough to admit so large a stone. Although the patient was kept quiet in bed and the attempt was repeated, it was unsuccessful. I performed lithotomy on March 1st in the presence of Dr. Broadbent, Mr. Armstrong Todd, Mr. Evans, etc., and removed a stone weighing ℥viii ℈iiss. The patient died on March 3rd from the shock.

Case vi. *Large Calculus: Lithotrity Impossible: Lithotomy Performed: Death from Secondary Hæmorrhage.* Mr. H. W., aged 30, from Ramsgate, consulted me July 7th, 1864. His symptoms were those of stone; but he had been recently sounded, and none had been detected. I directed the patient to keep quietly in bed, and to retain the urine an hour and three quarters before my visit. On introducing the lithotrite, it at once came into contact with a large stone, which I found it impossible to seize. In my first attempt to do so, the urine escaped with a rush along the urethra. After keeping him in bed for a few days I made a second attempt, but with the same result. Accordingly I determined to perform lithotomy; and, on July 20th, in the presence of Mr. Coulson, Mr. Evans, Mr. Cooper, Mr. Scott, and Mr. Peacock, I removed without difficulty a large stone weighing 19 drachms. He passed a good night, and the next day was remarkably well. There was some hæmorrhage in the afternoon that the nurse arrested without difficulty. The bleeding recurred in the night, when I was unfortunately from town. A physician of large experience saw the patient; and, the bleeding having apparently ceased, he did not think it necessary to plug the wound, but contented himself with ordering a pill containing a grain of opium. An hour afterwards the bleeding returned, and Mr. Cooper saw him and plugged the wound. He ordered stimulants, but the bladder was filled with clots of blood, and the patient died early on the morning of July 22nd, from secondary hæmorrhage.

Case vii. *Small Uric Acid Calculus: Two Sittings: Cured.* Mr. F. T., aged 57, noticed blood in the urine the beginning of October 1863, after a day's shooting. He was sounded twice in Aberdeen and once in Edinburgh, but no stone was detected. Driving or railway travelling induced pain along the urethra. I first saw him October 31st, 1864. On November 1st, I examined him with a lithotrite, and crushed a small stone with no unfavourable result. On November 7th, at his own request, I performed the second operation under chloroform, as he was anxious, if possible, to have all fragments removed. To accomplish this, I used the scoop, introducing it twice, and each time bringing away débris. The patient passed some fragments after each operation. Ten days after the last sitting, he left town perfectly well.

Case viii. *Small Uric Acid Calculus: Lithotrity: Two Sittings: Kidney-Disease: Death.* Feb. 25th, 1865. W. W., aged 54, market-gardener, had passed several small calculi during the last twenty years. These appear to have descended from the left kidney, as before passing them the urine was bloody, and he suffered acute pain along the course of the left ureter. For several weeks past he felt sure there was a stone in the bladder, too large to come away. On February 25th, I crushed a small stone, and no bad symptoms followed. On March 1st, I crushed the remaining fragments in the presence of Mr. Cooper. The next day some few fragments passed, the urine was scanty, and there was increased bladder-irritation. On March 3rd, he had passed a bad night, and had no appetite. Pulse 100 and weak; tongue dry. He had had no shivering fit, but there was a general tremor, as if he were suffering from extreme nervousness. He also complained of difficulty in passing water, pain in the back and over the region of the bladder. The urine continued scanty, was much clouded, and of a deep saffron colour. On examining the urine under the microscope, there were a large number of epithelial casts with blood corpuscles entangled in them. Dry cupping over the region of the kidney and all other treatment proved equally powerless in arresting the disease. The patient died March 9th, of acute nephritis, nine days after the last operation.

The following are the histories of the cases of the two children, to which I have alluded.

Case ix. In the early part of 1861, I performed lithotomy on a child aged 2, and removed a small mulberry calculus. The child was cured.

Case x. Oct. 16th, 1861. Charles Davy, aged 11, had been suffering for the last two years and a half from pain and difficulty in passing water. Not unfrequently the bowels acted involuntarily in his effort to pass water. On October 17th, I performed lithotomy, and removed a fair sized stone. The boy was cured.

The following is a brief *résumé* of all my cases of stone.

	Total.	Cured.	Uncured.	Died.
Lithotomy.....	6	3	—	3
Lithotrity.....	19	16	2	1

In my paper of last year, I entered into the relative value of some of the symptoms of stone, hæmorrhage, pain, the mechanical effects of a foreign body, and the secondary consequences of its presence; viz., inflammation with muco-purulent urine, etc. After describing the operation of lithotrity, and stating that I examined with a lithotrite as the most certain means of detecting stone, the following were my conclusions on some points in connection with the operation:—That preliminary injection was rarely necessary; that the quantity of fluid in the bladder offering the greatest facility for manipulation was about four ounces, but that less would suffice if the larger quantity was a source of uneasiness; that at the first sitting it was not prudent to crush the stone more than once or twice; that no rule could be laid down as to when the next operation should be performed, as this must depend entirely on the symptoms of the patient; that the first operation and its results formed a guide to the after-treatment, and that at subsequent sittings the instrument might be kept in the bladder five or six minutes, and in that time many fragments might be crushed; that the forcible removal of fragments through the urethra was not only inexpedient, but always a source of danger.

The following is among the questions which have since occurred to me as worthy of consideration.

Is it advisable to operate at once without first preparing the patient by the preliminary introduction of instruments?

M. Civiale, in his *Traité Pratique et Historique de la Lithotrité*, devotes several pages to the *préparation locale* and the *traitement préalable* in lithotrity. No doubt the urethra does, in most cases, become less sensitive by the preparatory introduction of instruments; but in my opinion, what is gained in one way is lost in another. The only point, therefore, which I care to ascertain, is whether the calibre of the urethra is sufficient to admit the introduction of an instrument. There is not absolutely any great difference in the degree of pain occasioned by an ordinary sound and by a lithotrite. Believing, as I do, that no instrument, save a lithotrite, will infallibly detect the presence of a stone, I invariably employ it at my first examination in preference to an ordinary sound. And I am sure that most persons would infinitely prefer suffering a little more pain in the first instance, to enduring the nervous anxiety attendant on the repeated introduction of instruments, together with the dread of an operation, which they imagine more dangerous and painful than it really is. By adopting preliminary treatment, the aggregate amount of pain is materially increased; besides which it is always a great source of comfort to the patient to know that the disease has been treated as soon as discovered, and the calculus crushed at the first examination. The plan I adopt enables him to look forward to successive operations without unnecessary dread.

In Case No. 3, in consequence of the enlarged condition of the prostate and the irritation produced by the introduction of the lithotrite, the patient suffered all the agonies of repeated retention. He experienced the greatest relief from retaining an elastic French catheter in the bladder after the operation. The great merit of this instrument, which is far superior to those made in this country, consists in its smoothness and pliability, which enables it to be kept for hours in a bladder loaded with débris without exciting the least irritation. The presence of a silver catheter would confine the patient to one position in bed, and its retention in the bladder would cause increased pain. Should I ever be so unfortunate as to lacerate the urethra either in introducing the scoop, or withdrawing it when too full of débris, I should in that case retain this kind of catheter, so as to enable the inflammation about such a wound to subside before the urine and fragments were allowed to pass over the lacerated surface; for it is in these cases of laceration and these alone, as far as my experience goes, that there is any trouble from the impaction of fragments in the urethra.

In the discussion which followed the reading of the paper, alluded to at the Medical Society last year, the question was raised whether lithotrity, as performed by M. Civiale, is applicable to cases where there is so-called paralysis of the bladder. For such cases, one of the highest authorities in this country has recommended the removal of small calculi or the fragments of large ones *en masse*. This practice is not only directly opposed to that of M. Civiale and the late Sir B. Brodie, but occasions considerable and unnecessary suffering, and is also attended with great risk from extravasation. I prefer prolonging each sitting, introducing the scoop or non-fenestrated lithotrite more than once, and on each occasion pulverising the fragments as much as possible, and removing a little débris. Subsequently, but only in cases of paralysis, I should introduce the steel catheter, to which I have alluded, and should wash the bladder thoroughly out after each operation.

IMPERVIOUS STRICTURE OF THE URETHRA, AND ITS TREATMENT.

By William Alfred Elliston, M.D., Surgeon to the Workhouse Infirmary, etc., Ipswich.

At a time when stricture of the male urethra, in its different stages, is the subject of considerable discussion in the columns of the various medical journals, I venture to hope that the records of the subjoined cases may be interesting to the profession, as illustrating a course of treatment from which I have seen the best results in my own practice, and in the wards of Guy's Hospital; and which, moreover, I believe to be superior to any operation yet suggested for the relief of impervious strictures in or anterior to the membranous portion of the canal.

The operation is in great favour with Mr. Cock. I do not think, however, that he has published the results of his cases; but I believe they have been most favourable.

It is performed thus. The patient being tied in the lithotomy position, and brought to the edge of the table, the left forefinger of the operator is introduced into the rectum, and the anterior edge of the prostate felt for. A long and narrow scalpel should then be plunged into the perinæum by the right hand of the operator, about half an inch in front of the anus, care being taken not to wound the rectum; the knife may be carried upwards from the prostate in the median raphè of the perinæum. In this way the urethra may usually be punctured without much difficulty, owing to the distension of the canal posterior to the stricture by the retention of the urine. As soon as the urethra is punctured, a female silver catheter, with the tapes applied, should be as quickly as possible passed into the bladder and secured. No staff is required. Mr. Cock thinks a staff is apt to mislead the operator; he thinks it best to trust to one's anatomical knowledge to hit the urethra, which, with the introduction of the catheter, are the main points of the operation. In a deep pe

inæum, these may both be matters of considerable ifficulty.

The object of the operation is two-fold: to eva-uate the bladder, and to promote the absorption of he stricture itself. It is a matter of experience, hat almost all strictures will relax if the bladder an be evacuated by any artificial means. This oper-tion is, therefore, an admirable illustration of the nfluence of rest in the treatment of disease as in-tanced in Case II, reported below.

The greatest care and attention are required in the fter-treatment. The female catheter should be re-ained at least three or four days; attempts being ade daily, or rather at the discretion of the surgeon, o introduce a catheter—not too small a one—hrough the stricture. Usually this will be accom-lished in four or five days; the time required may, owever, be much longer, as in Case II. It is essen-ial to keep the artificial opening in the perinæum uite patent by the daily introduction of a female atheter, until a catheter can be introduced through he stricture into the bladder.

This operation, therefore, is comparable in its daptation to practice, to the older and more gene-ally preferred operations of puncturing the bladder *er rectum* or *supra pubem*. Excepting in those ases where the obstruction is in the prostatic por-ion of the canal, I think that this operation has this reat advantage over puncture of the bladder, that, n the event of the stricture proving impermeable, *n artificial urethra is established, and the patient as perfect control over his urine,* instead of a fistu-ous opening into the bowel or through the abdominal alls.

It differs considerably from the operation of peri-æal section suggested by Mr. Syme; as he passes a taff down to, and if possible through, the stricture, nd divides it. In this operation, no staff is required, nd the stricture is not divided. I will not presume o say that, in all cases, this operation will supersede he necessity for the division of the stricture (which must regard as a more dangerous operation); but I elieve that there are few cases indeed which might ot be made amenable to treatment without the divi-on of the stricture, at any rate from the outside. think, however, there can be no question that, ssuming that the urethra may be dilated to its riginal size and kept so by mere puncture, we get a astly superior urethra to what we do in those cases here it has been deemed necessary to resort to the vision of the stricture.

Case I. *Old-standing Stricture and Fistulous Open-gs, with Occlusion of the Natural Urethra. Establish-ent of Artificial Passage.* David Cook, aged 57, was dmitted into the Infirmary of the Ipswich Work-ouse, Nov. 7th, 1864.

The history of the case was briefly this. About xteen years since, he first had symptoms of reten-on of urine, for which he consulted a surgeon in the ountry, who failed to introduce a catheter. Infiltra-on followed, and the surgeon made an artificial pening towards the distal end of the penis into the rethra; since which the meatus urinarius had been cluded. He seemed to have passed urine tolerably ell through this artificial opening for some years. uring the past three or four, however, micturition ad been both difficult and painful. He consulted veral medical men, and was for some time out-pa-ent at a county hospital. But, inasmuch as cathe-rism was impossible, matters became gradually orse. About fourteen days previously to admission, e urethra gave way. Infiltration occurred; and tulous openings broke out in the penis, scrotum, ighs, and above the pubes. Suppuration super-ned.

Upon admission, he was much emaciated and collapsed. He complained of shivering fits, and seemed likely to sink rapidly. The urine was dribbling away unconsciously, mixed with pus, from the fistulous opening. The penis and scrotum were infiltrated and swollen to an enormous size. Both the original meatus and the artificial one were impermeable to catheters. He was at once ordered a generous diet; but no alcoholic stimulants were allowed.

Nov. 30th. He had somewhat revived; and I suggested to him the propriety of submitting to an operation. To this he willingly agreed; and to-day, after consultation with Dr. J. H. Bartlet, and with his kind assistance, I incised the perinæum, punctured the membranous part of the urethra, and introduced into the bladder a female silver catheter, which was properly secured and left for three days. Free incisions were at the same time made in the penis and scrotum. He was ordered brandy and egg mixture, in addition to a full generous diet.

In a week's time, he was very much better. The wounds were granulating; and the penis and scrotum were much reduced in size. He could control his urine for half an hour at a time, and expressed himself as much relieved by the operation. Albumen was present in the urine in small quantities; but it was thought to be due probably to the admixture of pus. The female catheter was regularly introduced every day through the new urethra for some weeks, in order to establish a permanent passage. His bladder being in a state of chronic cystitis, he experienced much relief from the injection of warm water and morphia. He continued to convalesce for nine or ten weeks. The fistulous openings discharged but little. He had perfect control over his urine, which he could then hold for two or three hours. He was able to sit up, enjoyed his food, and seemed fast recovering.

About the end of February, he had some unfavourable symptoms; he vomited occasionally, fell off his appetite, and became much emaciated. The fistulæ again discharged profusely. He became gradually weaker; and I imagined him to be sinking from disorganisation of the kidney.

March 28th. He was becoming weaker daily and more emaciated. The fistulæ discharged pus profusely. It was satisfactory to remark, that he had perfect control over the evacuation of his bladder, and could hold his urine two or three hours at a time. A permanent artificial urethra was established in the perinæum, through which I easily, this day, passed a female catheter.

April 7th. He died yesterday.

Autopsy. At the autopsy this day, kindly performed by Dr. Moore, we found the bladder very small, and the coats much thickened. A capital and capacious passage had been established between the bladder and the perinæum through the membranous part of the original urethra, now a mere *cul-de-sac*. To our great astonishment, we found the kidneys and ureters perfectly healthy. The heart and other important organs were equally normal. There is little doubt, therefore, that, had this operation been done earlier, the man's life might have been spared for some years. The large amount of sloughing in the different fistulæ was too much for even an unusually good constitution; and, in the absence of any pathological change in any of the important organs, it may, I think, be fairly presumed that exhaustion was the sole cause of his death.

Case II. *Impermeable Stricture of the Urethra: Puncture of the Urethra behind the Stricture: Successful Result.* William Farthing, aged 42, was admitted into the infirmary of the Ipswich Workhouse, the latter part of December 1864.

His previous history was that he had been troubled on micturition for fourteen months past, which occurred three months after, and was probably consequent upon, a somewhat severe gonorrhœa, concerning the treatment of which it would be well to remark, *en passant*, that no injections were used. Catheterism was attempted by the medical officers of Her Majesty's ship *Nile;* subsequently in hospital, by Deputy-Inspector-General Salmon; it was found, however, to be impossible to introduce a catheter of any shape or form; and, in consequence of the impermeable nature of the stricture, he was discharged from the navy on March 18th, 1864.

On admission, he could pass no stream. His urine dribbled away by drops, causing great pain. I found a tight stricture in the bulbous portion of the urethra, which was pervious to a No. 4 silver catheter; and another in the membranous portion of the canal, quite impermeable. Here the instrument diverged into false passages, and gave rise to some little hæmorrhage. He was ordered alkaline medicine with large doses of tincture of henbane. Attempts were repeatedly made by myself and some medical friends, to introduce a catheter under the influence of large doses of opium, the warm bath, and chloroform; but all to no purpose. I accordingly suggested to him the necessity of an operation, to which he willingly assented.

Jan. 15th. After consultation with and with the kind assistance of Drs. Bartlet, senior, and H. G. Moore, he was placed under chloroform. I punctured the membranous portion of the urethra (which was considerably distended with urine) and introduced a female silver catheter through the wound, inwards into the bladder. A large quantity of urine was thus drawn off, and the catheter was firmly secured. He was ordered to have a generous diet, and to take two grains of opium at bedtime.

Jan. 16th. He was very comfortable. The urine had passed freely through the catheter. Attempts to pass a catheter by the natural passage failed.

Jan. 17. I again endeavoured to pass a No. 6 silver catheter, but this instrument diverged into a false passage, and induced such profuse hæmorrhage, that I determined to try no more for some days to come.

Jan. 18th. The female catheter was removed.

Jan. 19th. Urine had passed freely through the opening in the perineum. The female catheter was introduced and removed.

Jan. 20th. I again attempted to pass a good sized catheter through the stricture, and again induced profuse hæmorrhage, which saturated the bed. I introduced the female catheter through the wound in the perineum, and, having some difficulty in passing it, let it remain.

Jan. 22nd. The female catheter was removed.

Jan. 23rd. The female catheter was introduced and removed.

Jan. 26th. This was the eleventh day since the operation. He was passing his urine freely, and with control, through the perineal opening. To-day, I introduced a No. 8 silver catheter slowly and steadily through the first stricture, and after about ten minutes of gentle but firm pressure upon the hitherto impermeable stricture in the membranous part of the canal, I had the satisfaction to feel the stricture gradually giving way. The catheter slowly glided into the bladder, and was there retained.

Jan. 29th. The catheter was removed.

From this time an instrument was introduced daily. By February 10th, the wound in the perineum had healed, and he passed his water freely and without difficulty by the natural passage. Warm baths were used twice daily.

March 22nd. He could now pass as good a stream as ever. For the last fortnight he had been able to introduce a No. 8 instrument for himself, which he had done every other day. To-day I passed a No. 10 catheter without any difficulty; and, being anxious to return to Woolwich, he was discharged cured.

Reviews and Notices.

OPTICAL DEFECTS OF THE EYE, AND THEIR CONSEQUENCES, ASTHENOPIA AND STRABISMUS. By JOHN ZACHARIAH LAURENCE, F.R.C.S., M.B. Univ. Lond., Surgeon to the Ophthalmic Hospital, Southwark; etc. Pp. 109. London: 1865.

THE term "Optical Defects of the Eye" may to many appear tautological; inasmuch as it may be said that all defects of the organ of vision are necessarily optical. Mr. ZACHARIAH LAURENCE, however, uses the term to denote the defects of vision which depend on irregularities in structure or function of the parts of the eye concerned in vision (ὀψις), in contradistinction to injuries and other pathological lesions of the eye itself (ὀφθαλμος), which come within the province of ophthalmic medicine and surgery. The optical defects of the eye are, in short, those which require for their comprehension and treatment an acquaintance with the physical laws of vision, and with the manner in which such knowledge may be applied to the artificial correction of these defects. Such is the instruction which Mr. Laurence here endeavours to impart in as simple a form as the subject will admit, and at the same time with sufficient detail to give the student of optical defects a good starting point for observation.

The remarks here offered by Mr. Laurence are, as he states in the preface, founded on the information which he has derived from a study of the writings and labours of the distinguished ophthalmologists, Donders, Snellen, Mackenzie, Giraud-Teulon, Von Gräfe, etc., as well from his own experience. They were originally imparted in the form of lectures at the Southwark Ophthalmic Hospital; but are here arranged in ten chapters, as follows. 1. Optical Considerations; 2. Physiological Optics; 3. Pathological Optics; 4. Myopia; 5. Hypermetropia; 6. Astigmatism; 7. Presbyopia; 8. Paralysis of Accommodation; 9. Asthenopia; 10. The Connection between Convergent Strabismus and Hypermetropia.

In the first chapter, Mr. Laurence gives such an outline of pure optics as is necessary for the understanding of the optical construction and defects of the eye.

In the second, the author treats of the optical structures of the eye in their physiological relations. The phenomena of accommodation is explained, and the different theories of its mechanism are given. Mr. Laurence states that the chief instrument of accommodation is the ciliary muscle; but that the iris acts as a supplementary organ. It contracts when we view near objects; dilates when we look at distant ones. He believes that

"The contraction of the pupil is intended as a corrective supplement to our accommodation, properly so called" (increase of convexity of the crystalline) "by diminishing any slight circles of diffusion in the

external image that might possibly arise from inaccurate contraction of the ciliary muscle."

But the action of the iris in accommodation is, as we understand the author, unimportant in comparison with the action of the ciliary muscle; as may be shown by placing before the eye a thin plate of metal or a card perforated with an aperture equal to the smallest size of the natural pupil.

The chapter is concluded with some remarks on binocular vision and the phenomena of the stereoscope.

The third chapter, on Pathological Optics, is merely a short one introductory to the study of optical defects. Its object is to introduce to the reader a system of classification adopted from Professor Donders, and founded on the refractive condition of the eye in the state of rest. The system is shewn in a table.

In the fourth chapter, the author commences by discussing a subject which he purposely omitted in the first—that of concave lenses. He then goes on to speak of myopia, commenting on the characteristics of this defect given in the preceding table. The far point—the farthest point which can be focussed again on the retina by the refractive power of the eye—he has found to vary from (in extreme cases) $1\frac{7}{8}$ English inch to 80 inches from the cornea.

Having given directions for ascertaining the presence of myopia and determining its degree, Mr. Laurence shews that the distance of the farthest point of distant vision cannot always be taken as the focal length of the concave glass with which he should be supplied; *e.g.*, in practice it is found that a maximum far point of six inches requires, not a $5\frac{1}{2}$-inch or 6-inch glass, but a 7- or an 8-inch one. This arises in part from the fact that, in viewing the test-subject at six inches, the eye had undergone accommodation, so that the increased convergence of the crystalline lens requires to be neutralised by the concave lens.

At page 44, Mr. Laurence refers to a "dazzling" appearance on objects of which persons having a high degree of myopia complain when fitted with glasses. He states that he has found this remediable by simply tinting the glass.

"This appears to me to prove that the sensation alluded to has its origin in some hyperæsthetic condition of the retina to light. The only direct evidence I have to advance in favour of this hypothesis is, that I have never seen any of the highest degrees of myopia unaccompanied by morbid alterations of the fundus oculi (staphyloma posticum) but once; and in this instance—a myopia of $\frac{1}{12}$—the patient wore a 2-inch uncoloured concave glass without any inconvenience."

On the other hand, Mr. Laurence has met with high degrees of myopia with extensive staphyloma posticum in which dazzling was not produced; hence some further explanation than that which he has offered appears to be required.

Having given formulæ for the determination of the far point, Mr. Laurence cautions against supplying a myopic patient with glasses that will oblige him to use the entire accommodating power of the eye, and thus exhaust the ciliary muscle. Clinical experience, he says, must here correct our calculations; but, as far as rules can be laid down, the following should be attended to.

"1. If *little or no* accommodation exists, give a glass which entirely supplants any slight retinal accommodation still present. 2. If a *moderate* amount of accommodation exist, give a glass which partially supplants this natural accommodation. 3. If *perfect* accommodation exist, the same glass that does for distant will do for near objects." (P. 48.)

He then goes on to describe two diagnostic signs of myopia; viz., great length of the antero-posterior axis of the eye; and the detection by the ophthalmoscope of myopic refraction and staphyloma posticum.

In the fifth chapter, the author discusses Hypermetropia, commenting in order on the characteristics of this affection, and adducing cases and giving directions as to the use of glasses.

In the sixth chapter, Astigmatism is described; and in the seventh, Presbyopia.

The eighth chapter is a reprint of a paper on Paralysis of Accommodation, published in the first number of the *Ophthalmic Review* by Mr. R. C. Moon, under Mr. Laurence's superintendence. The chapter contains some interesting observations of the effects of the Calabar bean on cases of the class alluded to.

In the ninth chapter, the author speaks of Asthenopia; and in the last, of the connection between Divergent Strabismus and Hypermetropia.

Mr. Laurence is well known to have carefully studied the pathology of vision according to the light which the most recent researches have thrown on it. He is therefore thoroughly qualified to give instruction to others; and, moreover, shews in this book that he possesses the power of placing his knowledge of the subject before the profession in well condensed and easily comprehensible language.

THE WARD MANUAL; OR, INDEX OF SURGICAL DISEASES AND INJURIES. Arranged by THOMAS W. NUNN, Surgeon to the Middlesex Hospital. London: 1865.

THIS is a tabulated catalogue of the various forms of disease and injury which may come under the notice of the surgeon, arranged according to regions. Its purpose, Mr. NUNN tells us, is to afford the clinical student a means of constantly testing his acquirements; of enabling him to learn at a glance what he has seen, and how much still remains for him to see. The *Manual* is intended to be used by the student in the hospital ward, where he is to note down in it any example of injury or disease that may occur to him, and on returning home write out the particulars in his note-book.

The author has also appended a chapter on Inflammation, Cancer, Syphilis, and other diseases with which the surgeon has to deal.

Mr. Nunn's plan may be fairly considered as one of those which students may find of use to them in their clinical studies.

STAMMERING AND STUTTERING: THEIR NATURE AND TREATMENT. By JAMES HUNT, Ph.D., F.S.A., etc. Sixth Edition. Pp. 273. London: 1865.

THIS new edition of a well known work requires no introduction beyond the announcement of its appearance. The author, in the preface, specially urges on the public the importance of early treatment of all cases of defective speech, especially in children.

British Medical Journal.

SATURDAY, JUNE 17TH, 1865.

THE COMING ELECTION OF COUNCILLORS.

NOTHING could more plainly demonstrate the false position held by the Council of the Royal College of Surgeons as now constituted, than the nature of the forthcoming election of Councillors. An ordinary spectator would suppose, that the main object of all those gentlemen who are candidates for a seat in the Council must be to become Councillors. But it is nothing of the sort. Their main object is to become Examiners. *Hic labor, hoc opus est.*

If, indeed, Examiners were excluded from a seat in the Council, and were elected according to merit from the whole body of Fellows, in accordance with the terms and the spirit of the College Charter, how many, we might ask, of the present candidates would appear in the field, seeking entrance into the Council?

The truth is, that very few Fellows enter the Council as Mr. Paget of Leicester did, and as Mr. Turner and Mr. Charles Hawkins will, if elected, solely for the purpose of assisting in the management and direction of the affairs of the Corporation.

We appeal to the conscience of Fellows—candidates for office themselves—if it be not literally true, that most of those who come forward for seats in Council, do so against their own wishes, and to their personal inconvenience; and solely because they are forced to pass through the Council Chamber in order to obtain the prize to which they may be justly entitled, and which is the object of their desires and ambition—an Examinership.

Then, again, the qualifications for a good Councillor and the qualifications for a good Examiner are very different. A man may make an excellent Councillor, and yet be a very indifferent Examiner; and *vice versâ*. Indeed, the very qualifications which render a man a perfect Examiner may make him less fit for the duties of governing the Corporation. Age, too, which may make a man a good Councillor, as a rule, must render him less apt as an Examiner. Be this as it may, however, it is evident enough, that going through a course of Councillorship can in no way improve a man's powers as an Examiner.

The election now before us illustrates in a remarkable manner the truth of all this. Mr. Paget and Mr. Prescott Hewett, at the last moment, and with evident reluctance, have come forward as candidates for the Council. Both their names stand a few months before Mr. Charles Hawkins's on the College list of Fellows; and, in accordance with what we conceive to be a very mistaken rule of seniority, Mr. Hawkins, before coming forward, ascertained that they did not mean to offer themselves as candidates. Why, then, have they both so suddenly altered their minds? Well, we suppose, the only possible explanation of the fact is to be found in the suggestion made above. The anomalous and absurd system adopted by the College authorities has satisfied them that they will never gain admittance into the Court of Examiners unless they previously serve the office of Councillor, for which, as we suppose, they have little inclination or vocation. But why, it may be asked, were not Mr. Paget and Mr. Hewett long ago elected (as they ought to have been) Examiners of the College? Indeed, some years since, as some of our readers may remember, we especially instanced Mr. Paget as a Fellow signally fitted to be an Examiner, and spoke of his non-election as a fact condemnatory of the Council. Now why should these two Fellows, for example, be forced into a situation for which they have, as we suppose, no inclination; and so (possibly) prevent the entrance into the Council of Mr. Charles Hawkins, who has not only a decided inclination to undertake the duties of Councillor, but who would (in the opinion of all who know him) make a most admirable Councillor? Why, in the name of common sense, should the services of a notoriously independent and excellent man of business, of one who is thoroughly master of the whole College system, and who views, and has ever viewed, it from the most liberal aspect, who is no new convert to the strongly rising and urgent spirit of the times, but who has always advocated reform principles—why should such a man's services be lost to the College, or rather to the whole profession, merely because the Council insist on evading the spirit of their Charter, and will not elect excellent Examiners merely because they are not members of the Council?

Now, the truth is, that the Charter is evaded; and that men like Mr. Paget and Mr. Hewett (not being of the Council) are not elected Examiners, simply because men of the independent stamp of Mr. Charles Hawkins and Mr. Turner are not on the Council; and therefore it is that we still urge on the Fellows the election of Messrs. Turner and Hawkins. We will venture to say that their election would be a declaration of immediate reform in the Council—would be very soon followed by the admission into the Court of Examiners of men like Mr. Paget and Mr. Hewett, though not members of Council.

The plea that Mr. Hawkins should give way to Mr. Paget and Mr. Hewett as candidate for the Council, because he happens to be junior on the College-list, is one to which we take a very strong objection. It is high time that the College-list position of seniority, and the fact of a man being a hospital surgeon, should cease to be deemed neces

sary qualifications in a candidate for the Council. The wise thing for the Fellows to do is to take the best man who offers himself; to accept the man who, it is certain, will fulfil his promises when in office, and who has not suddenly become a liberal on the eve of his office-seeking. It is quite time the notion that Fellows have a sort of right to entrance into the Council, according as their names stand on the list, should be done away with. The Council was not made for the benefit of a few senior Fellows; but the Fellows are elected to the Council for the benefit of the College.

As regards the coming election, we may observe, that the profession seems to have determined that neither of the retiring-by-rotation Councillors—Mr. Quain and Mr. Shaw—shall be re-elected; and that there is a third vacancy, resulting from the retirement of Mr. Arnott. And for these three vacancies there are the following candidates, given in chronological order, according to the dates of their admission as members:—Mr. Turner, May 3, 1816, and Mr. Ransome, of Manchester, October 5, 1827.—Mr. Quain, January 18, 1828; Mr. Shaw, September 12, 1828; Mr. Erasmus Wilson, November 25, 1831; Mr. Ure, November 7, 1834; Mr. Paget, May 13, 1836; Mr. Hewett, July 15, 1836; Mr. Charles Hawkins, March 3, 1837. All these gentlemen were admitted Fellows on the same day, December 11th, 1843, with the exception of Mr. Ransome, who was admitted on August 26th, 1844. It will thus be seen that Mr. Holt has retired. We shall not play the part of *Vates* or *Argus*, by pretending to guess who, out of so many runners, will be the successful winners; but we shall content ourselves with recommending the election of Mr. Turner, because he is a country Fellow, and a most proper representative of the country Fellows; and the election of Mr. Charles Hawkins, because we believe there is not a man on the list of the College Fellows whose election would be of greater service to the best interests of the Royal College of Surgeons of England; and we sincerely trust that Mr. Hawkins will not be induced to withdraw his name through any (as we think) erroneous idea of punctilio in reference to seniority.

TYPHUS AND SMALL-POX IN LIVERPOOL.

THE Annual Report of the Health of Liverpool for 1864, recently issued by Dr. Trench, is a valuable contribution to the records of sanitary science, containing an accumulation of facts and figures bearing upon the health of towns which are of more than local interest. The history of the typhus epidemic naturally occupies the most prominent position in it. The direct effect of an epidemic in augmenting the ordinary mortality of a community is clearly brought out in this Report. We find, for instance, that the total number of deaths from all causes in Liverpool during the year 1864 was 16,836, or 1,626 above the average of the preceding ten years; and that, during the same period, typhus accounted for 1,740 deaths, or very nearly the exact excess of mortality for the year.

The varying influence of typhus on the death-rate in epidemic and non-epidemic times is exemplified thus. In 1860—a non-epidemic year—the typhus death-rate was, it appears, about 3 per cent.; in 1862, when the epidemic commenced, it was 5.2; in 1863, 7.6; and in 1864, when at its height, 10.5 per cent. of deaths from all causes.

The ratio in which typhus contributed to the mortality, as compared with other zymotics, was as follows. The total zymotic deaths for the year were 4,870 (or 28.9 per cent. of deaths from all causes), of which typhus accounted for 1,740, or nearly one-third; diarrhœa caused 847, small-pox 482, hooping-cough 370, scarlatina 349, and measles 368.

The Report goes into the alleged causes of epidemic typhus. Assigning a certain subordinate value to contagion modified by atmospheric influences, to overcrowding, filth, and drunkenness, Dr. Trench appears to have arrived at the conclusion that the essential cause of this epidemic was "indigence"—*i. e.*, an increased amount of privation amongst that class of the community upon whom the chief incidence of typhus fell. In this respect his conclusions differ from those of Dr. Buchanan, the Government Inspector, who could not trace that close connexion between typhus and destitution essential to constitute the relation of cause and effect. The different results arrived at by two independent inquirers may be to some extent explained by the different data upon which each proceeded in determining the amount of destitution existing in the town. Dr. Buchanan adopts, as a standard of the extent of poverty, the returns of parochial relief for the parish; and, taking these as a test, we certainly, in general terms, arrive at this result—namely, that when distress was at a maximum, fever was at a minimum; and *vice versâ*. It is also worthy of note that the Registrar-General, in his Report for the third quarter of 1864, shows that throughout the country, when pauperism had declined and provisions were cheap, the epidemic had attained its greatest activity; and that the general mortality of the country was at the same time much above the average, indicating that epidemic disease is ruled by some cause apart from destitution. Again, it is remarkable that, during this entire epidemic, relapsing or so-called famine-fever has not made its appearance. Dr. Trench, however, does not accept parochial relief as the chief and only test of indigence, but bases his calculations to a considerable extent upon the records of charitable institutions, and also takes into account the effects of prevailing sickness as necessarily productive of much distress

which does not make itself apparent in the parish registers; and he, therefore, hesitates to accept an opinion very generally entertained, "that there is no more reliable test of the prevailing destitution than the fluctuations of the out-door relief-list."

During the present epidemic in Liverpool, besides other persons who have contracted the disease in the discharge of their duties, six medical men have fallen victims to the fever, among whom were two district medical officers and two house-surgeons.

The parochial authorities of Liverpool have, we are glad to hear, built a new Fever Hospital, consisting of eight wards, in four stories. Each ward contains twenty beds, is ventilated by opposite windows, and gives 1,100 cubic feet to each patient. The wards communicate at each end with a shaft extending from the top to the bottom of the building, containing the staircase, and thus affording ready means of exit in case of fire. There has been no extension of fever in the neighbourhood of the hospital, no cases of typhus having occurred in the closely inhabited adjacent workhouse, except such as could be traced to direct communication with the fever-wards.

The importance of isolation and efficient ventilation is made strikingly apparent by comparing the arrangements just described with the state of matters in one of the out-township workhouses. In the West Derby Union, typhus cases, at the time of Dr. Buchanan's inspection, were treated in buildings attached to the workhouse, insufficiently isolated and imperfectly ventilated, with 700 feet as a maximum, and 500 as a minimum, of cubic space to each patient. In these wards, typhus and small-pox were treated together, with the result that the fever convalescents often took small-pox, and the small-pox convalescents fever; in addition to which, cases of typhus occurred in the workhouse in such numbers as to lead to the inference that the extension of the disease was the result of overcrowding and deficient isolation. In connexion with this part of the subject, an important point has been illustrated in numerous well attested instances during this epidemic; namely, that the risk of the extension of typhus by contagion is certainly as great, and apparently much greater, in the convalescent stage, than at an earlier period of the attack; the obvious practical deduction from which is, the necessity for isolating typhus convalescents, and for deferring their discharge from hospital for a much longer period than would, under other circumstances, be thought necessary.

Besides the accommodation provided by the different parochial boards, there is a private hospital in Liverpool for the reception of contagious diseases, supported partly by voluntary contributions, and partly by a weekly payment from the patients. It contains twenty-four beds, affords sufficient cubic space, and is well ventilated.

The subject of most importance in Dr. Trench's Report, next to typhus, is small-pox, which, after having been almost absent from the death-registry during the years 1860, 1861, and 1862, accounted in 1863 for 100 deaths, and in 1864 for 482; being 359 above the corrected average of the preceding ten years. Of these deaths from small-pox, 96 were registered as "vaccinated", and at the following ages; viz., one year and under, 15 deaths; between one and two years, 10; between two and five, 32; between five and ten, 12; between ten and twenty, 8; between twenty and thirty, 11; above thirty, 8.

Upon this statement, the medical officer of health observes: "On the subject of vaccination, its failure in 96 cases, supposing the statements to be approximately correct, shows, firstly, a want of care in its employment; and, secondly, the necessity of the process being repeated at stated intervals." Whether, upon so wide and important a question as the protective power of vaccination in reference to its duration, and the necessity of its repetition, it is safe to generalise from such limited statistics as 96 cases afford, is doubtful. Certainly, no satisfactory conclusion can be drawn from the two propositions, thus stated conjointly. If, for example, it be assumed that there is a want of care in the employment of primary vaccination, the necessity for repeating the operation, even if it do occur, proves nothing as to the duration of the protective influence of vaccination when properly and efficiently performed; and, therefore, cannot be urged as an argument in favour of re-vaccination, except as a precaution against the defects of the original operation.

No attempt is made to assign a cause for this epidemic of variola; and, indeed, the solution of this question presents much the same difficulties as exist in the case of fever. It appears that the disease prevailed most in the worst and poorest localities, though we must hesitate to pronounce destitution as the promoting cause of this zymotic. As to vaccination, it is probable that the practice is as efficient and universal in Liverpool as in any other of our large towns. No doubt, the system there is characterised by the same defects as those which obtain throughout this country. England gave birth to the immortal Jenner, but nevertheless is behind many other nations in providing for its people the fullest advantages of his invaluable discovery. It is, however, some consolation and encouragement to know that the medical department of the Privy Council are alive to the necessity of improvement in this important section of their functions.

We are glad to find that another member of our profession is in the election-field; viz., Mr. Clement of Shrewsbury. Mr. Clement appeals to his professional brethren for assistance in electing one

themselves. He says with truth, that the "army and navy, the law and the Church, are well represented in Parliament; but the medical profession has only one advocate in the present House of Commons. If some medical men had been in Parliament, they would not have seen such unsatisfactory and useless legislation on that very important subject, the public health." We sincerely hope that, in the excellent work of assisting a medical man into Parliament, our professional brethren will for once join heartily hand in hand, and give Mr. Clement their earnest support. Medical men of all shades of politics are assuredly, for such an end as this, bound to pledge to him their best support. Mr. Clement's local position and local influence are very great; and we can well believe that, with the energetic help of his professional brethren, he has a very good chance of being returned for Shrewsbury. We should really have a representative of the medical profession in the House, if Mr. Clement happily find his way into it.

VIRCHOW continues to hold a most remarkable—we might say unique—position as a leader in scientific medicine and a leader in politics. Our readers will have read the account of the threatened duel between him and the imperious and impertinent Bismark. Last year, Bismark told Virchow that he had better stick to his anatomy, which was more in his way than politics. This year, he sends Virchow a challenge, having, doubtless, by this time learnt that Virchow is something more than a mere anatomist. The question of duel or no duel is still *sub judice*. In the *Times* we read:

"The Lower House has held a meeting on the challenge given to Dr. Virchow by Herr von Bismark. Herr von Bismark, as a major in the Militia, is legally obliged to resent insult by calling out the insulter; while Herr Virchow, being no member of the army, would be liable to some months of imprisonment, at the least, were he to accept the challenge. Notwithstanding, few speakers thought it compatible with the creed of a Prussian gentleman to call upon Herr Virchow to refuse the duel on legal and moral grounds; the only reason of their objections being, that frankness in parliamentary debates would be rendered impossible were the decision as to insult to be referred by the President to the pistol. Herr Virchow offered to make reparation, provided Herr von Bismark would declare that he meant no offence in likening him to Hannibal Fischer—the man who fifteen years ago, at the end of the revolutionary period, was commissioned to put to the hammer the incipient fleet of the Germanic Parliament, and whose name has since been a byword in the mouth of the people. As a remarkable and rather amusing circumstance, it deserves to be mentioned that the police have had their misgivings as to the acceptance of the challenge by Herr Virchow. Ever since the Premier called out the Professor of Pathology, the Premier's colleague, who presides over the Ministry of Internal Affairs, has had the Professor dogged and watched by his myrmidons. When he attends hospitals, a *commissaire de police* will take up his station in front of the operating-hall; when he leaves for the House of Deputies, a couple of alert detectives will track him thither, and wait patiently for his coming out."

A PETITION, signed by Messieurs les Ouvriers, has been presented to the Senate of France, asking that homœopathy may be introduced into French hospitals. To M. Dumas and a Committee has been committed by his brother senators the drawing up of a report on the subject. Before issuing a report, however, the Committee have applied to the Director of Public Assistance for his opinion; and M. Husson has, it is said, sent in a complete treatise on the subject. This incident has, as our readers may suppose, excited much the attention of the medical profession in France; and the report to the Senate of M. Dumas is looked forward to with anxiety. It is argued, that a petition of the kind alluded to from the very class who seek the benefits of the hospital cannot be lightly ignored; that those who go to the hospitals have a right to be treated by any system they please. The public pays for the hospitals, and therefore the public has a right to have all kinds of doctors there. And, if this be admitted, then will follow the soldier and sailor, etc., who will also demand the same right of choice in their medical treatment. And what can the Government oppose to this? All that can be done, it is argued, is, that the Government insist on the medical man being duly qualified to practise. How he practises, is a business which concerns himself.

A VERY interesting paper was lately read by Dr. Clouston, Medical Superintendent of the Cumberland and Westmoreland Asylum, before the Metropolitan Association of Medical Officers of Health. In this paper, he gives an account of an outbreak in the asylum of dysentery, which he asserts, and apparently on very logical grounds, was connected with the effluvia arising from the distribution of the sewage of the Asylum over land in the immediate neighbourhood. His paper deserves very serious consideration on account of the great care, precision, and circumstantiality, with which all the facts of the case are detailed. But, at the same time, the conclusions, however plainly they seem to flow from the premises, must not be accepted without grave consideration; and for this reason, that they seem so plainly contradicted by the facts attending the distribution of sewage elsewhere—as in the neighbourhood of Edinburgh, for example. Perhaps, it may be shown that the sewage in one case is in a different stage of decomposition from what it is in the other; that decomposing animal exuviæ in sewers may at one period give off effluvia which are much more injurious to the human body than those given off at another—perhaps later—stage of its decomposition. In the present instance, Dr. Clouston ascribes the

effects of the sewage to the fact, that the sewage did not flow over a sandy and absorbing substratum of soil; but was retained on the surface by impervious beds of clay; and consequently was not fully subjected to the purifying influence of the soil.

The friends of the Medical Provident Society will be glad to learn that it is now fairly in operation. A meeting of the Executive Subcommittee was held in London on the 9th instant—Dr. Richardson, and afterwards T. Heckstall Smith, Esq., in the Chair—when a number of contributing members were elected, after due examination of their certificates of health; and all the donors of ten guineas and upwards to the Auxiliary Fund were ordered to be placed on the list of honorary members. The contributors then elected were ordered to be enrolled from June 15th, and will be entitled to be aided by the sick-fund after the end of a year from that date. The Chairman and Secretary, with Mr. Clay, were directed to prepare the draft of a report of the Society before the next meeting of the Committee; and various other business was transacted. There is every reason to hope that the first report of the Directors, to be presented when the Association meets at Leamington, will contain much that is encouraging.

Dr. van der Corput, delegated by the Belgian Government to study the febrile epidemic at St. Petersburg, writes to the *St. Petersburg Journal* to express his indignation at the report spread by the *Wiener Medizin. Wochenschrift*, to the effect that the nature of the epidemic was concealed from the observation of foreign physicians. Dr. van der Corput says he has been received with open arms by all the Russian physicians and in all St. Petersburg hospitals. The epidemic, he says, is simply recurrent fever with typhus. Dr. van der Corput's letter is inserted in *L'Union Médicale*, at the request of Dr. Pelikan of St. Petersburg; and it appears also (suspiciously) in a St. Petersburg journal. For ourselves, we consider the report of secresy confirmed by the significant fact already stated by us, that Dr. Whitley, who was sent to St. Petersburg by the British Government to study and report upon the nature of the epidemic, has up to this time given no notice whatever of it. If he saw and was satisfied, why is he silent?

One Morel and his wife were lately fined, at Niort, in France, 3260 *francs* for illegally practising medicine by means of animal magnetism—326 operations at 10 *francs* each! And, besides this, 1000 *francs* each for roguery and deceit, with a year's imprisonment. The two Morels appealed to the Court of Poictiers, who maintained the decision of the judges; but diminished the fine from 1000 to 300 *francs*, and the term of imprisonment to three months.

M. Demarquay lately presented to the Paris Surgical Society a man forty-eight years old, who had suffered great difficulty of speech, of mastication, deglutition, and respiration, in consequence of a tumour of the tongue. His general health had also suffered greatly. The soft palate could only be seen when the tongue was forcibly compressed. The patient could only eat with much difficulty; and M. Demarquay was on the point of tracheotomising him to relieve the respiration, when it occurred to him that he might usefully tie the two lingual arteries, which he did. On the day after the operation, the tumour began to diminish, and the atrophy was still going on. Although the patient was not completely cured, he could now talk, eat, and swallow; and his general health had become excellent. M. Broca hereupon remarked, that to the great Harvey belonged the priority of the idea of such an operation. Harvey tied the spermatic artery in a person who had a large tumour of the testicle, and thereby brought about its atrophy and absorption.

A national recompense has been demanded by the Belgian Academy of Medicine for Dr. Wilhems, on account of his discovery of the inoculation of epizootic peripneumonia.

MM. Manoury and Salmon, Surgeons of the Chartres Hospital, give an account, in the *Gaz. Méd. de Paris*, of an epidemic of colica pictonum which existed in the neighbourhood of Chartres. The cause of it was traced to lead which had been improperly used in mending the wheels of the mill, and had become mixed with the flour. Lead was found in the flour; and no further cases of colic were observed when it was no longer used for the purpose of stopping up holes in the wheel of the mill.

M. Chauveau of Lyons has made a very extensive and valuable series of experiments concerning the relation between small-pox and cow-pox. His conclusions are as follows.

Human small-pox can be inoculated on the ox and the horse with as much certainty as cow-pox. The effects resulting from the inoculation of the two virus differ completely. In the ox, small-pox virus produces only an eruption of very minute papillæ; but cow-pox virus produces a typical vaccinal eruption, with large and characteristic pustules. In the horse, small-pox virus also produces a papular eruption. Vaccine matter, as a rule, preserves the ox and the horse from variola; and variolous matter inoculated on these animals oppose the subsequent development of vaccinia. The variolous matter, when passed from animal to animal, never approaches in character to vaccinia. It remains in the last animal what it was in the first. When this variolous matter from the animal is inoculated in man it produces variola. Taken again from man and inoculated in the horse and the ox, it does not produce either cow-pox or horse-pox. Hence, therefore, notwithstanding the evident links of connexion between variola and vaccinia, in animals as in man, these two affections are yet perfectly independent, and cannot be transformed one into the other. And, consequently, in vaccinating after the method of Thielé or Ceely, we

practise the old inoculation, almost always rendered benign through the precaution which is taken to inoculate only the primitive accident, but certainly preserving all its dangers in respect of contagion.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.

President-elect—S. J. JEAFFRESON, M.B.Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, May 16th, 1865.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, June 22nd, at Three o'clock *precisely*.

Business. To receive communications from the President.

To consider the Programme for the Annual Meeting.

To prepare the Report to be presented at the Annual Meeting.

To consider a Communication from Mr. Gamgee; and a correspondence between that gentleman and the Editor of the JOURNAL.

Any other business which may be brought forward.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, June 6th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
LANCASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
SOUTH-EASTERN. [Annual.]	Crystal Palace, Sydenham.	Thursday, June 22, 1 P.M.
SOUTH-WESTERN. [Annual.]	Westward-Ho Hotel, Northam Burrows.	Thursday, June 22nd, 2 P.M.
CAMBRIDGE AND HUNTINGDON. [Annual.]	Ely.	Tuesday, June 27th, 11 A.M.
MIDLAND. [Annual.]	Town Library, Town Hall, Leicester.	Wednesday, June 28th, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
WEST SOMERSET. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.
EAST ANGLIAN. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

LANCASHIRE AND CHESHIRE BRANCH.

THE Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; THOS. TURNER, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

WM. ROBERTS, M.D., *Hon. Secretary.*

89, Mosley Street, Manchester.

SOUTH-EASTERN BRANCH.

THE Annual Meeting of the South-Eastern Branch will be held at the Crystal Palace, on Thursday, June 22nd, at 1 P.M.; EDWARD WESTALL, M.D., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Secretary, on or before Saturday, June 17th.

C. HOLMAN, M.D., *Secretary.*

Reigate, June 7th, 1865.

SOUTH WESTERN BRANCH.

THE Annual Meeting of the South-Western Branch will be held on Thursday, June 22nd, at the Westward-Ho Hotel, Northam Burrows, at 2 P.M.; T. L. PRIDHAM, Esq., in the Chair. The chair to be taken at half-past Two o'clock precisely.

The dinner will be held at the Westward-Ho Hotel, at half-past Four o'clock precisely.

C. H. ROPER, *Secretary.*

Exeter, June 1865.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE Annual Meeting of the Cambridge and Huntingdon Branch will he held at Ely, on Tuesday, June 27th, at 11 A.M.; J. MURIEL, Esq., President, in the Chair.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

P. W. LATHAM, M.D., *Hon. Secretary.*

15, Sidney Street, Cambridge, June 1865.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

Gentlemen intending to read papers and cases, are requested to forward the titles of the same to the Secretary, without delay.

G. H. PHILIPSON, M.B., *Hon. Secretary.*

Newcastle-upon-Tyne, June 1865.

MIDLAND BRANCH.

THE Annual Meeting of the Midland Branch will be held on Wednesday, June 28th, at 2 P.M., in the Town Library, Town Hall, Leicester; JOHN BARCLAY, M.D., President.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, without delay, to the Honorary Secretary.

JOHN SLOANE, *Hon. Secretary.*

Welford Place, Leicester, June 1865.

WEST SOMERSET BRANCH.

THE Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; HUGH NORRIS, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, June 1865.

EAST ANGLIAN BRANCH.

THE Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. BARTLET, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. CHEVALLIER, M.D., *Hon. Secretary.*

Ipswich, June 14th, 1865.

SOUTH MIDLAND BRANCH: ANNUAL MEETING.

THE ninth annual meeting of this Branch was held at the Infirmary, Northampton, on Wednesday, June 7th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair. There were also present—Drs. J. M. Bryan, D. J. T. Francis, C. C. Hicks, E. Lawford, A. D. Mackay, W. Paley, and O. B. Shore; F. Buszard, M.B.; Jabez Carter, Esq.; R. Ceely, Esq.; R. Death, Esq.; C. J. Evans, Esq.; G. P. Goldsmith, Esq.; H. Hailey, Esq.; J. H. Hemming, Esq.; T. N. Heygate, Esq.; C. Hooper, Esq.; J. P. Knott, Esq.; J. G. Leete, Esq.; F. H. Marshall, Esq.; J. Mash, Esq.; W. Moxon, Esq.; E. Olive, Esq.; F. Southam, Esq.; T. J. Starling, Esq.; H. Terry, Esq.; H. Terry, jun., Esq.; W. H. Walker, Esq.; and R. W. Watkins, Esq.; and as visitors—Dr. Ramsey; J. M. Bryan, jun., Esq.; J. Green, Esq.; J. C. Green, Esq.; W. J. Kite and J. Manley, Esqrs. (West Bromwich); and T. Watkin Williams, Esq. (Birmingham); etc.

In the absence of H. VEASEY, Esq., the retiring President, the President-elect, G. ASHDOWN, Esq., took the Chair, and made a short speech, in which he alluded to the circumstance that a prize of Ten Guineas had been offered by Dr. Lawford of Leighton Buzzard to the members of the Branch, for the best essay "On the Constitutional Changes in the Human Frame resulting from Inebriety."

The minutes of the last meeting were read and confirmed. The Honorary Secretary, Dr. BRYAN, in reading them, remarked that the Branch was in a most flourishing state, there being eighty-five members (with four new ones to be proposed). The funds in hand amounted to £7 : 5.

Officers and Council. The following gentlemen were unanimously elected as the officers and Council for the year 1865-6. *President:* G. Ashdown, Esq., Northampton. *President-elect:* E. Lawford, M.D., Leighton Buzzard. *Committee of Management:* T. H. Barker, M.D., Bedford; Jabez Carter, Esq., Bedford; R. Death, Esq., Buckingham; D. J. T. Francis, M.D., Northampton; J. Francis, Esq., Market Harborough; H. Hailey, Esq., Newport Pagnell; W. Moxon, Esq., Northampton; and H. Terry, jun., Esq., Northampton. *Representatives in the General Council:* E. Daniell, Esq., Stony Stratford; W. Paley, M.D., Peterborough; H. Veasey, Esq., Woburn; R. W. Watkins, Esq., Towcester. *Treasurer:* J. M. Bryan, M.D., Northampton. *Honorary Secretaries:* J. M. Bryan, M.D.; and G. P. Goldsmith, Esq., Bedford.

Medical Provident Society. E. Daniell, Esq., and J. M. Bryan, M.D., were elected to represent the Branch on the Board of Directors of the Medical Provident Society.

Autumnal Meeting. It was resolved that the next autumnal meeting be held at Market Harborough, in September.

New Members. The following gentlemen were admitted as members of the British Medical Association and of the South Midland Branch: E. Bishop, Esq., Culworth; C. J. Evans, Esq., Northampton; J. Q. Costin, Esq., Market Harborough. O. B. Shore, M.D., Stamford Baron, a member of the Association, was admitted a member of the Branch.

The BRITISH MEDICAL JOURNAL. A discussion on the JOURNAL, adjourned from the last meeting of the Branch, was resumed.

Mr. DEATH (Buckingham) proposed—

"That it is the opinion of this Branch that the Association do not publish a separate JOURNAL."

This motion, apparently, was not seconded.

Several members having made remarks,

Mr. R. W. WATKINS (Towcester) proposed the following resolution:

"That this meeting acknowledges the earnest endeavours of Dr. Markham to improve the character of the JOURNAL; and hopes that the members of the Association, more especially those who are connected with the public medical institutions, will support his efforts by contributing the results of their practice to the JOURNAL."

Mr. WATKINS said that the JOURNAL was much better now than at any previous period. Dr. Markham had conducted it with great ability; and, under his management, the Association had increased by several hundred members. He had some time since great reason for objecting to the *Lancet*, as it was constantly filled with anonymous attacks on individuals, and its articles manifested too much personal feeling. He had discontinued it for some years. With respect to the JOURNAL, if there were one point deficient, it was in communications from the physicians and surgeons of provincial hospitals. He hoped they would communicate more, and thus support the editor and improve the character of the JOURNAL. It only wanted their assistance to make it a first-class journal.

The motion was seconded by Mr. HAILEY (Newport Pagnell), and carried unanimously. In the discussion on it,

Mr. TERRY, sen. (Northampton), said he could not feel satisfied with giving a silent vote on the question, but must express the high opinion he entertained of the JOURNAL and of the able manner in which it was conducted. He had always entertained the idea, that it was mainly by the JOURNAL that the Association was kept together. He believed that not one-twelfth of the members of the Association attended the meetings; but that the members generally felt interested in the Society, and in reading about the doings of their medical brethren. There were other journals, but not, strictly speaking, journals of the profession. The BRITISH MEDICAL JOURNAL was for the profession and the Association; and, if it were given up, the Association would at once dwindle. He thought that the plan proposed by Mr. Carter was visionary. The Association had already done much good; and the way to do more good was to keep it together. He concluded by expressing his strong feeling in favour of the JOURNAL.

Mr. MASH (Northampton) agreed with every remark made by Mr. Terry. The editor had fought manfully for the profession, and the members of the

Association ought to stick to the JOURNAL. He hoped that it might be gradually still more improved; but his motto was, "Keep to the good old JOURNAL."

Mr. GOLDSMITH (Bedford) said that at the last meeting he had been commissioned by Dr. Barker to move the approval of Dr. Markham's management. The discussion, however, had been adjourned.

Mr. WATKIN WILLIAMS, the General Secretary of the Association, who was present as a visitor, made a very able and energetic speech, which was received by the meeting with much approbation and applause.

Papers. The following papers were then read.

1. Case of Elephantiasis of the Lower Extremities; with an Illustration. By Hammett Hailey, Esq., Newport Pagnell.

2. Case of Monstrosity in the Fœtus. By J. Carter, Esq., Bedford.

3. Case of Tying the Subclavian Artery for Aneurism. By Robert Ceely, Esq., Aylesbury. The subject was brought for inspection. It was a most interesting case; the cure being complete.

4. Case of Puerperal Convulsions passing into Mania. By A. D. Mackay, M.B., Stony Stratford.

5. Case in Midwifery: Hæmorrhage after the Ninth Day (fatal). By G. P. Goldsmith, Esq., Bedford.

7. A few Remarks in the Treatment of Delirium Tremens. By D. J. T. Francis, M.D., Northampton. Several instances were related where large doses of opium had been given without good effect; and although some patients had recovered under this plan, yet he (Dr. Francis) had tried simple treatment, giving merely a *placebo*, such as small doses of hyoscyamus and bismuth, with diminished quantity of stimulus, and the disease had subsided sooner than in previous attacks. He instanced a case occurring the fifth time in the same patient, who was exceedingly violent. From the first, he gave no opium, but something simple; and the patient recovered more quickly than at former times. Some months ago, he saw a severe case with Dr. Bryan, which was treated by small doses of tincture of digitalis (ten to twenty minims every four hours) and a moderate supply of stimulus. The patient recovered quickly. He thought that the disease had a natural tendency to expand itself, if not kept up by a large supply of stimulus. There were facts known of bad cases recovering without the use of any opium at all.

Mr. MASH related an extraordinary case to which he was called. It was stated to be quite hopeless. He gave thirty minims of tincture of opium every hour or two, with a good result.

Mr. HAILEY had never found opium to fail.

Mr. HEMMING (Kimbolton) generally gave opium.

Mr. CEELY had seen opium given in large doses, and the complaint yielded under this treatment. He thought there were two kinds of cases; one where the patient had just drank to excess, and was in a very excited state, where he would give tartar emetic and effervescing draughts; and another where drinking had been left off for a little time, leaving prostration to a certain extent. Here he would give small doses of opium, and porter.

Votes of Thanks. A vote of thanks was passed to the gentlemen who had read papers, with a request that they would allow them to be published in the JOURNAL.

A vote of thanks was also given to the President for his able conduct in the chair.

Dinner. The meeting was then adjourned to the George Hotel, where the members and visitors, to the number of twenty-four, sat down to a good dinner there provided.

The members and visitors, to the number of forty or more, had been previously sumptuously entertained at a luncheon provided by George Ashdown, Esq., President, at 1 P.M., at the same place.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 5TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Specimens. Dr. J. BRAXTON HICKS exhibited an improvement on the mode of fastening the rope in his *Ecraseur*, which will allow any length of rope to be used, thus doing away with the addition of the endless drum of Weiss. Instead of using one hook or button on which to fasten the moving end, two hooks are now employed back to back, whereby two figure-of-eight hitches can be made, sufficient to keep the rope from slipping. Should, during an operation, the hooks come down to the end of the screw without having brought all the noose through the eye or severed the growth, the hitch can be undone, the hooks run up to the top of the screw, the ropes refastened, and brought down again as at the commencement. The hooks should be made as neatly as possible, but deep enough to hold two turns of rope.

Dr. MARION SIMS exhibited a new form of Curette for the removal of uterine fungoid granulations.

Dr. GREENHALGH showed a new form of Uterine Tent made from the stem of the laminaria spiralis; the peculiarity being that it is a hollow tube instead of the solid stick heretofore used. He also showed a new Pelvimeter, in which the index-finger is made available for the purpose of measurement, the size of the pelvic brim being determined by a little contrivance fixed upon the examining hand.

The PRESIDENT exhibited an instrument which he had used for some time past for the purpose of Dividing the Cervix Uteri in certain cases of Dysmenorrhœa, Metrorrhagia, and Sterility. It resembled the scissors used for the same purpose by Dr. Marion Sims.

Mr. R. KING PEIRCE showed a Fœtus, born at full time, and exhibiting at birth two lacerations: one extending through the integuments transversely across the abdomen, about the level of the scrobiculus cordis; a second one across the throat, exposing all the vessels and muscles of the neck. The two lacerations had all the appearance of incised wounds; but the evidence was clear that they had not been produced by any act of violence other than that of rapid delivery.

Dr. TANNER exhibited a Fœtus, the subject of Hernia Cerebri and Hernia Umbilicalis. A portion of the membranes were also adherent to the cranium. He also exhibited a photograph of an Anencephalous Fœtus.

On a Case of Œdema after a Fall on the Gravid Uterus; Premature Labour; Recovery. By A. RASCH, M.D. The woman, at the end of the seventh month of her second pregnancy, fell down a steep flight of steps on her abdomen, and soon afterwards found herself swollen all over the lower half of the body. The œdema increased to such an extent, that her medical attendant considered her case hopeless. Dr. Rasch saw her eight days after the accident. She had enormous œdema of the belly from the navel downwards; the labia were distended into huge water bladders; both legs swollen; right hypogastric region painful on pressure; a good deal of albumen in the urine, but no casts; pulse quiet; tongue clean.

She never had the slightest œdema before the accident. After a few days, Dr. Rasch induced premature labour, and the albumen and œdema then perfectly disappeared. Dr. Rasch considered the case interesting in point of diagnosis; and held that the œdema was produced by the pressure of the uterus on the vena cava inferior, which would also account for the albuminuria. The author then specially directed the attention of the fellows to Breslau's mode of inducing premature labour, by simply introducing and keeping in the uterus an elastic catheter.

Dr. Tyler Smith remarked that this operation was much practised by Professor Simpson in Edinburgh.

In reply to Dr. Graily Hewitt, Dr. Rasch remarked that a distended bladder could not have been the cause of the œdema, as there were no symptoms of retention. He also differed from Dr. Hewitt as to the possibility of coagula in the vena cava having caused the œdema, as they could not have disappeared so rapidly without symptoms of embolism. He (Dr. Rasch) could not explain the case otherwise than by pressure of the uterus on the vena cava, which was very favourably situated for that condition where it passes over the right side of the sacral promontory.

Remarks on the Influence of Mental Impressions as a Cause of Bodily Deformity. By A. Meadows, M.D. Dr. Meadows read the particulars of a Case of Monstrosity. Having first expressed his conviction in favour of the proposition, that the mind can and does act in this way, he reviewed and combated the various objections urged against it; the principal one being the absence of any direct connection between the nervous system of the mother and that of the fœtus through the umbilical cord. He, however, endeavoured to prove—or rather suggested the possibility, as it was not a matter admitting of any distinct proof—that mind, or the mental force, was not and could not be thus bound down, as it were, by the anatomical limits of the nervous structures; that it must have a power of action, if it has any action at all, throughout the entire organism, and in every part of it, whether it possessed nerves or not: in other words, that its sphere of action was only limited by the configuration of the body. Hence it was inferred that in those tissues where the existence of nervous elements could not be demonstrated, the mental or nerve force might, as it were, pass across the intervening matter between any two parts where nerves did exist, just as electricity traversed space between any two conductors. The author then applied this reasoning to the case of the fœtus *in utero*, and offered an explanation of the mode by which mind thus acts upon matter by supposing a kind of correlation between mental and nerve force analogous to the correlation of other physico-vital forces; the nerve force being here the active agent in those nutritive processes upon the changes of which deformities depend.

Dr. Rasch said he had listened with great pleasure to Dr. Meadows's paper, which boldly took up what was generally left to women, but which certainly deserved scientific investigation. The belief in the influence of mental emotion on the formation of the fœtus was as old as it was general amongst women. The great difficulty was to establish facts, as the mothers always recollected something from their pregnancy *after* they found something abnormal in their children. Dr. Rasch had seen two cases which had somewhat struck him, and of which he had taken notes. Two boys, from different parts of Germany, were brought to him with scarcely any foreskin, looking exactly like circumcised little Jews, but without any cicatrices. Both women narrated, with great emotion, how they had seen during their pregnancies little Jews so cruelly treated that they could not forget it! They both had been present at the well-known Jewish rite. He ought to mention, however, that he had observed the same state in other little boys where no such story was volunteered, and where the mothers *did not know that this state was abnormal.* He considered this influence on the fœtus an open question, which he had made up his mind to help in solving whenever there was an opportunity of doing so.

The President observed that the instances most strongly bearing upon the question were those in which pregnant women stated explicitly the emotions supposed to influence the form of the fœtus *in utero* which they had undergone. One such case had been placed in his hands by Dr. Hassall, of Richmond. Certainly, the facts of this were very remarkable, inasmuch as the event singularly confirmed the statement of the woman made before her child was born. Dr. Barnes remarked that malformations were common amongst birds as well as quadrupeds; and that in birds it must be concluded that any mental impression must be imparted in the earliest stage of development—*i. e.*, before the ovum was invested with the shell. He cited an anecdote from Captain Speke, which showed that in some tribes in Africa the belief prevailed that emotion in the *father* might produce monstrous births. The traveller had ordered his native huntsman to expose the embryo in a pregnant doe. He shrank from the task, fearing lest the kid striking his mind should metamorphose his wife's future progeny to the likeness of a fawn.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 23rd, 1865.

James Alderson, M.D., F.R.S., President, in the Chair.

ON AMPUTATION OF THE LEG BY A LONG RECTANGULAR FLAP FROM THE CALF.

BY HENRY LEE, ESQ., F.R.C.S.

The author called attention to Mr. Hey's mode of operating by means of a long flap from the back of the leg, and to Mr. Teale's plan by a long rectangular flap from the front. The advantages of both these plans might be combined by making a rectangular flap from the back instead of from the front of the leg; a thick soft cushion might thus be provided for the ends of the bones, and no large nerve need be left in the flap. The operation described was performed according to Mr. Teale's plan as far as the external incisions were concerned, but the long flap was made from the back instead of from the front of the limb. Two parallel incisions were made along the sides of the leg; these were met by a third transverse incision behind, which joined the lower extremities of the first two. These incisions, which formed the three sides of a square, extended through the skin and cellular tissue only. A fourth incision was made transversely through the skin in front of the leg, so as to form a flap in this situation, one-fourth only of the length of the posterior flap. When the skin had somewhat retracted by its natural elasticity, an incision was made through the parts situated in front of the bones, which were reflected upward to a level with the upper extremities of the first longitudinal incisions. The deeper structures at the back of the leg were then freely divided in the situation of the lower transverse incision. The conjoined gastrocnemius and soleus muscles were separated from the subjacent parts and reflected as high as the anterior

flap. This part of the operation was performed with the greatest facility on account of the loose attachments of these muscles, especially at the lower parts of the leg. The deeper layer of muscles, together with the large vessels and nerves, were divided as high as the incisions would permit, and the bones sawn through in the usual way. The flaps were then adjusted in the manner recommended by Mr. Teale. The long flap thus formed was much thicker than when taken from the front of the leg. It was consequently less liable to slough. It afforded a much more efficient protection to the ends of the bones, and a thicker and softer pad upon which to rest a part of the weight of the body when an artificial limb was applied.

Three cases were detailed in which this mode of operating had been adopted, and drawings were given of the stumps after they had healed.

Two other cases were mentioned. In one of these, which was performed after great loss of blood from ulceration of the anterior tibial artery, in a case of very severe compound fracture, the patient died. In the other case, the patient made a rapid and good recovery. These were, the author believed, all the instances in which this particular operation had been performed.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, APRIL 7TH, 1865.

GEORGE FINCHAM, M.D., President, in the Chair.

Fracture of the Skull. Dr. MARTYN gave the particulars of a case of fracture of the skull from *contre-coup*. This occurred to a gentleman who was found dying in his bed in the morning, having left his home the previous evening in good health. When seen by the author, he was already dead. A *post mortem* examination showed a scalp-wound over the right parietal protuberance; and, upon dissecting off the scalp and sawing through the skull, a large clot of blood was found beneath the dura mater, on the left side of the base, chiefly occupying the middle fossa. This had proceeded from the middle meningeal artery, which had been ruptured by a fracture which traversed it. The fracture extended downwards and forwards and upwards and backwards to the extent of three or four inches, just in a direction corresponding to the line of the wound of the scalp. It did not reach the foramen magnum. There was no trace of bruise or wound on this side of the head. The author justified his idea of this fracture occurring by *contre-coup*, from the absence of any evidence of a blow or fall injuring the left side of the head directly. The injury was supposed to have been caused by a blow from some heavy body, as a poker; and, from the patient's history, there was reason to believe he had been subjected to some violence.

Strangulated Femoral Hernia. Miss F., aged 42, had suffered from this rupture for about fifteen years. On the morning of February 22nd, she first had "twisting pain" of the belly; and, although she took purgatives and used injections, could not get a passage through the bowels. She was seen on the evening of that day by Dr. MARTYN, who found her vomiting, in much pain, and in great distress. He at once discovered the nature of the case. The attempt made to reduce the tumour by the taxis failed; therefore her hips were raised, and ice applied, and she was advised to be put under chloroform for the purpose of again attempting its reduction; failing which, the usual operation for her relief was recommended. The patient strenuously opposing these proceedings, opium in grain doses every hour was ordered. The next day, the patient was found to be much relieved by the opium, and would submit to no further treatment. On the following day (Monday), at 11 P.M., the author's attendance was again requested, the patient's symptoms being greatly aggravated. The abdomen was greatly distended; the vomiting was incessant; and her appearance indicated great prostration. She would now submit to anything for relief. As no assistance could be obtained at that time, and the case being urgent, with the help of his own assistant, he proceeded to operate, first placing the patient under chloroform. A knuckle of intestine, of the size of a small walnut, occupied the sac, which was strictured at the crural arch. This was divided, and speedy relief obtained. The bowels acted spontaneously three or four times in the night; and she afterwards went on well, without a bad symptom. The author considered the above case of some practical importance, from the length of time that had elapsed, with all the active symptoms of strangulated hernia going on for six whole days, and the operation eventually proving successful. Dr. Martyn thought that the long duration of the rupture (fifteen years) favoured the result from the bowels having become more tolerant of the injury.

Transfusion of Blood. Dr. GRAILY HEWITT exhibited an instrument for the transfusion of blood, which, from its simplicity, would greatly assist in effecting the perfect performance of the operation. Its exhibition was accompanied by some remarks upon the nature of the cases requiring the operation, and of the mode of performing it.

Correspondence.

BEEF-TEA.

LETTER FROM WILLIAM KING, M.D.

SIR,—Your remarks on the waste of muscular food, in the number for June 3, have induced me to send you the following method of preparing food for delicate invalids, and those who are recovering from serious illness. It has a French origin, and was called *bœuf-pourré*.

Take one pound of beef, picked clean, pound it in a marble mortar into a pulp, add to it half a French roll sopped in gravy, and pound them well together; add to them the white and yolk of one egg, and pound all well together, adding a little spice to flavour it; puddle them through a hair sieve, scraping it off on the underside with a spoon as it oozes through; the whole will pass through if properly done; tie it up in a cloth, and boil for an hour. This preparation I used for many years when I was in practice, with great benefit.

The waste which you describe in muscular fibre in making beef-tea, is so enormous as to be well nigh incredible. While I was physician to the Sussex County Hospital, we had our broth-days two or three days in the week. Many of the patients disliked the broth, though well made with meat in it. We were allowed to order things, under the general name of fancy diet, which some of the economic governors thought extravagant; the hospital itself was always liberal.

I always thought the broth a poor innutritious diet, and I think the stomach has an aversion to fluids as a diet, and can digest solids, properly prepared, better. I am sorry to say that I did not inquire what became of the muscular fibre left from beef-tea; but I think

the waste of our broth, with meat in it, was not so great as you describe it. A physician ought to be a cook as well as a pharmacologist; for a good and pleasant diet is the basis of health, in a hospital as out of it.

Surely, that muscular fibre, which you mention as wasted, might, if pounded with bread, and a proper quantity of spice to flavour it, be made into a nutritious diet, either in the hospital or out of it, to thousands who seldom taste meat in any shape. We know that it is the muscular fibre, which we eat, which alone nourishes the muscle. Certainly, the physician is not a cook, and the cook is a jealous person, and does not like to be dictated to, even by the physician. But this waste is either incredible, or a great crime. I am, etc.

WILLIAM KING, M.D.Cantab.

23, Montpellier Road, Brighton, 6th June, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations at a meeting of the Board on June 7th, received the Licence in Midwifery.

Acey, Thomas, Hull; diploma of membership dated July 16, 1858
Ayres, Philip Burnard Chenery, Bedford; November 15, 1864
Bugden, Richard, Tachbrook Street, Pimlico; May 11, 1865
Cass, William Cunningham, Cowes, Isle of Wight; May 23, 1865
Collier, Thomas, Bridgend, Glamorganshire; July 26, 1864
Evans, John Tasker, Hertford; April 12, 1864
Fry, Augustin Barber, Kibworth, Leicestershire; May 24, 1864
Gourley, Samuel, West Hartlepool (not a member)
Knipe, William Melville, Rotherhithe; May 24, 1864
Rains, Samuel, Manchester; January 21, 1863
Roche, John, Fermoy, Ireland; April 8, 1856
Strange, William Heath, Streatley, near Reading; May 24, 1864

Admitted as Fellows of the College.

Beaumont, Thomas Mills, Knaresborough; diploma of membership dated April 11, 1834
Berney, Edward, Croydon; May 3, 1841
Donald, Joseph Rickerby, Holloway; November 1, 1839
Fereday, Samuel Day, Dudley; November 11, 1836

UNIVERSITY OF CAMBRIDGE. Degree of M.D. conferred at a Congregation held on June 8.

Philipson, George Hare, Caius College

Degree of Master in Surgery.

Balls, Walter, St. Peter's College

First M.B. Examination. Easter Term, 1865. Examined and approved.

Bell, W. A., B.A., Trinity Hall
Dalby, W. B., B.A., Sidney College
Lestourgeon, Charles, M.A.

Second M.B. Examination. Easter Term, 1865. Examined and approved.

Lee, R. J., B.A., Caius College

APOTHECARIES' HALL. On June 8th, 1865, the following Licentiates were admitted:—

Andrews, Richard James, Trinity Square, Tower Hill
Birch, George, Enfield Road, De Beauvoir Square
Fuller, James Mortimer, Park Road, St. John's Wood
Gourley, Samuel, West Hartlepool, Durham

At the same Court, the following passed the first examination:—

Hopgood, Thomas Frederick, University College Hospital
Spratt, William, Guy's Hospital

APPOINTMENTS.

ARMY.

ARDEN, Surgeon-Major W., 14th Hussars, to be Staff-Surgeon-Major, *vice* O. B. Miller.
BOILEAU, Staff-Assistant-Surgeon J. P. H., M.B., to be Assistant-Surgeon 29th Foot, *vice* W. L. Farmer.
CARPENTER, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon 26th Foot.
CORBAN, Staff-Assistant-Surgeon L., M.D., to be Assistant-Surgeon 49th Foot.
DAVIS, Assistant-Surgeon J. N., 44th Foot, to be Staff-Assistant-Surgeon, *vice* W. Carpenter, M.D.
FARMER, Assistant-Surgeon W. L., 29th Foot, to be Assistant-Surgeon 16th Lancers.
GREENHILL, Assistant-Surgeon J. R., 72nd Foot, to be Staff-Assistant-Surgeon, *vice* L. Corban, M.D.
JAMESON, Staff-Assistant-Surgeon W. H., to be Assistant-Surgeon 41st Foot.
KEIR, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon 16th Foot, *vice* R. W. Saunders, M.D.
MAUNSELL, Assistant-Surgeon T., 48th Foot, to be Staff-Assistant-Surgeon, *vice* E. O'Sullivan.
MILLER, Staff-Surgeon O. B., to be Surgeon 14th Hussars, *vice* Surgeon-Major W. Arden.
O'SULLIVAN, Staff-Assistant-Surgeon E., to be Assistant-Surgeon 96th Foot.
TROUP, Assistant-Surgeon R. W., 54th Foot, to be Staff-Assistant-Surgeon, *vice* W. H. Jameson.

ROYAL NAVY.

ANDERSON, James R., Esq., Surgeon, to the *Fisgard*, for Greenwich Hospital.
BROWNE, Francis H., Esq., Assistant-Surgeon, to the *Achilles*.
CLOSE, Henry A., Esq., Assistant-Surgeon, to the *Arethusa*.
COLLINS, A., Esq., Surgeon (additional), to the *Edgar*.
GRAHAM, William, Esq., Assistant-Surgeon, to the *Octavia*.
KYNSEY, Josiah F., Esq., Assistant-Surgeon, to the *Orontes*.
MARTIN, James J., Esq., Surgeon, to the *Arethusa*.
NASON, C. H., Esq., Assistant-Surgeon, to the *Prince Consort*.
RICHARDSON, William, Esq., Surgeon, to the *Octavia*.
SECCOMBE, Thomas, Esq., Surgeon, to the *Constance*.
SEDGWICK, Henry N. M., Esq., Assistant-Surgeon, to the *Octavia*.
SWEETMAN, Stephen, Esq., Assistant-Surgeon, to the *Constance*.
TREVAN, Matthew, Esq., Assistant-Surgeon, to the *Constance*.
WADE, Seaton, Esq., Surgeon, to the *Asia*.
WRIGHT, George V., Esq., Assistant-Surgeon, to the *Arethusa*.

MILITIA.

SMITH, T. S., Esq., to be Assistant-Surgeon 4th Lancashire Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

ANDREW, Edwyn, Esq., to be Assistant-Surgeon 1st Administrative Battalion Shropshire R.V.
ANNINGSON, J., Esq., to be Assistant-Surgeon 1st Yorkshire R.V.
BASS, H., M.D., to be Surgeon 1st Administrative Battalion Tower Hamlets R.V.
HOWSIN, E. A., M.D., to be Honorary Assistant-Surgeon 28th Yorkshire R.V.
PADLEY, G., Esq., to be Assistant-Surgeon 1st Glamorganshire A.V.
PRIOR, C. E., Esq., to be Honorary Surgeon 1st Huntingdonshire Light Horse Volunteer Cavalry.

DEATHS.

BEATSON. On May 7th, at Calcutta, Mary Augusta, wife of *W. B. Beatson, M.D.
*FOREMAN, Robert C., M.D., at Brighton, aged 42, on June 11.
KING, Gilbert L., Esq., Surgeon R.N., at Plymouth, aged 32, on June 9.
*MACY, Henry J., Esq., of Westown, near Bristol, at Gosport, on June 9.
SOUTHEY, Henry H., M.D., F.R.S., D.C.L., at 1, Harley Street, aged 81, on June 13.

PROFESSOR OPPOLZER has received an autograph letter of thanks from the Emperor of Russia, and the second class of the order of St. Anna.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE. Dr. Wood is the President-elect of this Association. The annual meeting will be held at the College of Physicians on July 6th.

TESTIMONIAL TO MR. EDGELOW. The students of St. George's Hospital have presented their late Demonstrator of Anatomy, Mr. Edgelow, with a testimonial—a lathe and a case of dental instruments.

ARMY SANITATION. Dr. Haurowitz, the private physician of the Grand Duke Constantine, has been sent by the Russian Government to North America, to investigate and report upon the sanitary arrangements of the army made in connexion with the war.

SOCIETY OF SWISS NATURALISTS. The annual meeting of this Society will this year be held at Geneva, August 21st to 23rd, under the presidency of Professor de la Rive. This Society has been established fifty years.

The Death-rate in Vienna was 40 per 1000 during the week ending the 27th ult., when the temperature was 4.1° Fahrenheit higher than in the same week in London, where the rate was 22 per 1000.

Royal College of Surgeons. The President and Council of the Royal College of Surgeons have invited the Fellows and Members of the College to a *soirée*, to be held at the College on the 28th inst.

Dr. Edwin Lee has been nominated a corresponding member of the Royal Academy of Medicine of Belgium, and of the Society of Medical and Natural Sciences of Brussels.

Surgeon to the Queen. The office of surgeon in ordinary to the Queen in Scotland has become vacant by the death of Dr. David Maclagan. The post is not a very onerous one, the health of her Majesty and her family happily not requiring much medical aid during her Scottish residences, but it is esteemed one of great honour.

Poor-law Medical Relief. In a debate in the House of Commons on Monday last, on the Poor-law Board Continuance Bill, Mr. Neate said that the medical profession ought to have an opportunity to bring the grievances which, rightly or wrongly, they held themselves to suffer before the house, and which, if the present opportunity was refused them, could not be afforded them. Mr. Villiers, in reply, said the Committee had come to the conclusion that there was no sufficient ground for changing the present system of medical relief.

The Order of the Bath. The Queen has been graciously pleased to give orders for the appointment of Alexander Bryson, M.D., Director-General of the Medical Department of the Navy, to be an ordinary member of the Civil Division of the third class or companions of the Order of the Bath. On the 8th inst., Sir J. B. Gibson, Director-General of the Army Medical Department, and Inspector-General Sir William Linton, were invested with the Riband and Badge and Star of the Military Division of the second class of the Order.

Parliamentary Votes. The following sums have been voted by the House of Commons: £1,600 for the Westmoreland Lock Hospital, Dublin; £700 for the Rotunda Lying-in Hospital, Dublin; £200 for the Combe Lying-in Hospital, Dublin; £5,600 to complete the vote for the House of Industry Hospital, Dublin; £1,500 to complete the sum for Cork Street Fever Hospital, Dublin; £600 for the Meath Hospital; £100 for St. Mark's Ophthalmic Hospital, Dublin; £300 to complete the sum for Dr. Steevens's Hospital, Dublin; £245 for the board of superintendence of the hospitals in Dublin.

Hydrophobia. An inquest was held last week at Westminster Hospital, on a lad, aged 17, who died of hydrophobia, having been bitten by a dog nine weeks since. He patted the dog, when it turned round and bit him on the hand, and then ran off. Shortly afterwards a violent pain in the hand ensued, and a woman washed the wound with warm water. He then went home to bed, and a doctor was called in. He continued very ill until the 2nd instant, when he was brought to the hospital. Mr. C. Hawkins, senior house-surgeon, saw two cicatrices on the left hand about an inch apart. The deceased was suffering from symptoms of hydrophobia. He had cramps, a flow of saliva from the mouth, and an intense desire to drink. When water was offered him, he clutched the vessel, but was unable to drink. His face became black and turbid, and his eyeballs protruded. Opium and soothing medicine were administered. The cause of death unquestionably was hydrophobia.

The Rate of Mortality last week was 22 per 1000 in London, 28 in Edinburgh, and 25 in Dublin; 34 in Liverpool, 25 in Manchester, 26 in Salford, 15 in Birmingham, 24 in Leeds, 21 in Bristol, 23 in Hull, and 31 in Glasgow.

Westminster Hospital. At a special general meeting of the governors of the hospital, held on the 6th instant, the Marquis of Westminster, K.G., was unanimously elected president, in the room of the late Duke of Northumberland, K.G.

Death of Dr. Southey. This eminent physician, brother of the poet, expired on Monday, at his residence in Harley Street, in the 82nd year of his age. He attained the title of M.D. at Edinburgh in 1806, and was chosen a Fellow of the Royal College of Physicians in 1812; he was also a Fellow of the Royal Society, and a D.C.L. of Oxford. His professional studies and reputation, however, were chiefly in connection with lunacy, in which he was one of the highest medical authorities, being for many years Examiner of Lunatics to the Court of Chancery. The deceased gentleman was physician in ordinary to George IV, and physician to the London Hospital; holding, also, the appointment for many years of Graham Professor of Medicine, which is now vacant by his death. Dr. Southey was the author of various medical works, of which one of the most important was on *Pulmonary Consumption*.

Greenwich Hospital Fund. In the discussion in the House of Commons on this subject, on the 8th instant, Mr. Hennessy said, in reference to a clause providing that pensions should be granted to "officers," that it appeared that the term "officers" did not include medical officers or chaplains. Chaplains were dealt with by a subsequent clause, and therefore medical officers were the only class of officers who were excluded from the benefits of this bill. This was the more unjust because the commissioners who inquired into the state of Greenwich Hospital reported that the only part of the establishment which required no reform was that which was under the control of the medical staff. The hon. member moved that after the word "officers" the words "medical officers" be inserted. Mr. Childers could not consent to the proposed amendment, as in the first place the words proposed to be inserted were superfluous, the word "officers" including medical officers; and, in the second place, because the medical officers not being deprived of any advantage by the scheme, were not entitled to any benefit from it. Sir J. Pakington thought that engineers as well as medical officers were entitled to participate in the benefits of the scheme. Mr. Moore inquired whether the medical officers were to be excluded from sharing in the advantages of the hospital. Mr. Childers said they were to be included in the general word "officers." Sir F. Kelly said the Marine officers were expressly included in that list, while the medical officers were as expressly excluded from it. Notwithstanding the assurance the hon. gentleman had given them that medical officers were included in the general word "officers," some hon. gentlemen had doubts on the subject which might easily be removed by the two or three words necessary being inserted in the interpretation clause. Mr. Childers would take care that the wishes of the hon. and learned member should receive attention. Mr. Hennessy said that after the assurance of the junior lord of the Admiralty that the medical officers were included in the word "officers," he would withdraw his amendment. Lord A. Paget would be sorry if the hon. member withdrew his amendment, on the supposition that medical officers were intended to participate in the benefits of the scheme. Medical officers held appointments in the hospital at present,

and those appointments they would not be deprived of, so that, as they lost nothing by the scheme, they could not fairly hope to derive benefit from it.

Homœopathic Candidates. Dr. Tweedie's name was published as a member of the Committee appointed to further the election of Captain Grosvenor for Westminster. Thereupon he writes to the captain, wishing to learn whether or not the captain is a supporter of homœopathy. To his letter the captain returns the following curt and equivocal answer:—"Sir: Whenever I am ill—which, by the blessing of Providence, does not happen very often—I apply for advice and assistance to the doctor of my regiment, who is, to the best of my belief, a very orthodox practitioner. I am, etc., J. S. W. Grosvenor." To this note Dr. Tweedie rejoins by requesting that his name be withdrawn from the captain's Commitee.

Vaccination a Failure and Delusion! The Annual Conference of the British Medical Reform Association will be held at the Ram Inn, Sheep Street, Northampton, on June 8th, 1865. A public tea will be provided; tickets ninepence each. After which, a public meeting will be held at the Mechanics' Lecture Hall, when a lecture will be delivered by Thos. Stowell, M.D. (Brighton), Member of the Royal College of Surgeons, England; subject, "Small-pox, its History and supposed Antidote; Vaccination, its Origin and positive Failure; Vaccination superseded." Chair to be taken by John Skelton, jun., M.D. M.R.C.S.England. The meeting will also be addressed by Drs. Payne, Wortley, near Leeds; White, Leeds; Thomas, Newcastle-upon-Tyne; Hodgkins, Wolverhampton; Turnbull, L.R.C.S.Edin., L.R.C.P., Aberavon; S. Colmer, M.R.C.S.E., Yovil; and other friends. Admission free. Dr. Stowell has kindly consented to be consulted upon small-pox and other cases, on Friday morning, June 9th, at the Botanic Institute, 110, Bridge Street.

The Woorali Poison. The Woorali or *curare* poison forms the subject of an interesting paper by Dr. Claude Bernard, in a late number of the *Revue des Deux Mondes*. This poison, though harmless when introduced into the stomach, causes paralysis when thrown into the circulation. So certain is the deadly effect of this poison known to be, that when an Indian happens accidentally to wound himself with one of his own arrows, he simply lays himself down to die without making the slightest attempt to save himself; and, as death comes on without any visible struggle, it is universally believed that the victim suffers no pain. This notion, however, Dr. Claude Bernard shows to be erroneous. Paralysis creeps gradually on from limb to limb, depriving the animal of motion, but does not in the slightest degree affect the intellectual faculties or power of volition. Now this he considers to be one of the greatest tortures to which an intelligent being can be subjected. Dr. Claude Bernard shows that the proximate cause of the animal's death by woorali is by the gradual extension of paralysis to the respiratory organs; and shows also that the poisoned animal may be restored to life by artificial respiration. By this process time is given to the organs to eliminate the poison by the ordinary functions, so that in the course of a few hours the animal will recover. Another means of cure is a ligature effected above the wound, so as to prevent the poison from being carried to the heart by the circulation of the blood. The ligature may be alternately slackened and tightened, so as to allow small portions of the poison to penetrate into the bloodvessels by degrees, allowing time for each portion to be eliminated before another is admitted, and thus, in the course of about twelve hours, the whole of the poison is eliminated.

Death of Sir John Richardson. Sir John Richardson was born in 1787, and was educated at the Grammar School of Dumfries, his native town. At fourteen years of age, he entered the University of Edinburgh, and applied himself assiduously to the study of medicine. In due course he entered the army as assistant-surgeon, and served at the siege of Copenhagen in 1807. In consequence of the great ability he displayed on that occasion, and "for having served in the boats during a night attack upon a French brig in the Tagus," he was promoted in 1808 to be acting surgeon of the *Hercules*, a 74-gun ship. During the war with the United States in Canada and Georgia, he served as surgeon to the 1st battalion of the Marines; and in 1819 accompanied Sir John Franklin's Arctic expedition as surgeon and naturalist. He also accompanied Sir John Franklin's second expedition in 1825, when he commanded two boats, in which he discovered the passage between the mouths of the Mackenzie and Coppermine Rivers. In 1838 he was appointed Physician to the Fleet, and Inspector of Hospitals in 1840. The deceased knight, who was a Fellow of the Royal Society, was the author of the *Fauna Borealis Americana*, the *Zoological Appendix* to Sir Edward Parry's second voyage, the *Ichthyology of the Voyage of the Erebus, the Terror, and the Sulphur*, and several reports and scientific papers. He received the honour of knighthood in 1846.

Odontological Society. An ordinary monthly meeting of this Society was held on Monday, the 5th instant, at the Hospital, Soho Square; the President (Thomas Rogers, Esq.) in the chair. Mr. Coleman called the attention of the Society to a case in which torsion had been unsuccessful, owing to the spiral shape of the fang causing the tooth, when turned, to come out of the socket. Mr. Woodhouse said that his plan had been, never to attempt torsion after the tooth had been through more than a year. Dr. L. Levison read a paper on a few Human Skulls, as furnishing data in proof of the brain being under similar laws (organic) as induce the development or wasting of the muscular system. He said that, as most of these skulls were abnormal specimens, they furnished some suggestive explanations of certain forms of disease in the dental organs. Mr. Woodhouse read a paper, on the Use of Carbolic Acid in Dentistry. He stated that carbolic acid, in the operation of excavating a tooth for stopping, from its cauterising property, was exceedingly useful in rendering a fresh prepared surface of the cavity less sensitive before filling it. The acid was most useful in cases where the pulp was exposed, and where, without its aid, the general practice would be to destroy it. After describing the mode of treatment, Mr. Woodhouse read notes of cases prepared by Mr. Gibbons, in which the acid had been successfully applied to the treatment of sensitive dentine, exposed pulp, and alveolar abscess. A long and animated discussion followed, various members of Society narrating cases where the application of carbolic acid had been most successful.

A Sensible Jury. Dr. Herapath has received the following flattering testimonial and an address in reference to his investigation of the Dawlish poisoning case. "Dawlish, June 7, 1865. My dear Sir,—On behalf of the foreman and ten of the remaining eleven gentlemen who sat on the late inquest, and twenty-seven other subscribers among the gentry and tradesmen of this little town, I have the pleasure of sending you a cheque for £5 as an earnest and testimony of your valuable and kindly volunteered services, together with the accompanying public address to you on the occasion, from the *Daw-*

lish Times. I am, dear sir, yours faithfully, J. G. HARDING. Dr. Bird Herapath, F.R.S." *The Address.* "We, the undersigned, foreman of the jury and jurymen, considering, as we do, that our coroner, although legally was scarcely morally justified in disallowing Dr. Bird Herapath's expenses, have hereby agreed to raise among our resident inhabitants a small sum as a testimonial, by way of thanks, to that gentleman. Dr. Bird Herapath was prepared with and showed the jury the result of a very elaborate analysis. Without his or other competent chemical assistance, the jury could not, and would not, have arrived at any result whatever. We are of opinion, that it is a bad precedent in the county of Devon to throw the entire onus of a *post mortem* scrutiny on any professional gentleman not chemically qualified as an expert in poisons. The 'labourer is certainly worthy of his hire'; and it is clear that, in many cases (if professional men are not to be paid), shortcomings and failures of justice will arise. We, the undersigned, issue therefore our protest—conceived in no offensive spirit—but as a matter of what seems to us justice and equity—feeling, as part of the community of Dawlish, that it is a reflection on our town, not to say the county, that an eminent toxicologist should have, of necessity, been referred to, and yet dismissed without any remuneration whatever."

DR. MACLAGAN. This good old man—who never made an enemy and never lost a friend—the valued family doctor and friend—the public-hearted citizen—the genial companion of our best men for fifty years—died on Tuesday evening—gathered into the garner of the great husbandman like a shock of corn fully ripe. His well-known person, his hearty smile and kindly greeting, have been missed from our streets for more than a year, and for some weeks he has been gently dying—*felix opportunitate mortis,* with his unfailing life-companion and her seven sons, an unbroken family, around his bed. Dr. Maclagan was born in Edinburgh, in February 1785. He took his degree in 1805; and, having resolved to join the medical service of the army, he went to London, studied at St. George's Hospital, and became a member of the Royal College of Surgeons of England in 1807. His first service was with the 91st Regiment. With the 91st he went, in 1809, to Walcheren, and had the mortification of seeing the splendid battalion to which he belonged reduced by death and sickness in a few weeks from a thousand men to something less than one effective company. In November 1811, he sailed for Lisbon, to join the army under Lord Wellington. He was appointed staff-surgeon to the 9th Portuguese Brigade, which he joined in the investing-ground before Badajoz. He continued to serve with the Fourth Division till September 1814. He was present at the storming of Badajoz, and at the battles of Salamanca, Vittoria, Pyrenees, Nivelle, and Nive; and, therefore, in due time received the Peninsular medal, with six clasps. His professional skill and ceaseless activity in the discharge of duty secured for him the most flattering expressions from all those under whom he served, including, among others, a special notice in an order of the day by Marshal Beresford, who praised him "for the promptitude and zeal displayed by him in the care of all the wounded, in having them accommodated and attended to, and their cases treated on the spot." The result of these distinguished services was his promotion to be Physician to the Forces, which rank he held when the Portuguese army went home from the campaign in France; and his return to England *vid* Lisbon, instead of a more direct route, was owing to his detention by Sir Benjamin d'Urban, Quartermaster-General of the Portuguese army, who stated that he valued Dr. Maclagan's services so highly "as to be obliged to make a point of retaining him to superintend the hospital arrangements of the Portuguese army." In 1816, having gone on half-pay, he settled in Edinburgh. From this period to his death, Dr. Maclagan is identified with his native city. He was elected President of the Royal College of Surgeons in 1826. In 1848 he became a Fellow of the Royal College of Physicians, and President in 1856. He thus had the unique honour of having been President of both the great medical incorporations of Edinburgh. Dr. Maclagan leaves seven sons. His eldest is our excellent Professor of Medical Jurisprudence; another, Colonel Robert, is a distinguished officer of Engineers. (*Scotsman.*)

UNIVERSITY OF CAMBRIDGE. The following were the questions proposed at the recent examination for the degree of Master in Surgery. *Surgical Anatomy:* 1. Describe the clavicle and its articulations. 2. Describe the shoulder-joint. In what direction is luxation most likely to happen? What parts are most liable to injury in this accident? 3. Name the bones of the tarsus. State the nature of their articulations; and describe briefly the ligaments of this part. 4. Describe the course and relations of the external carotid artery. When this vessel is to be tied near its origin, how is the incision to be made, and what parts are divided by it in succession? 5. Give the relations of the superficial veins and nerves at the bend of the elbow. How is the brachial artery placed at this part? 6. Define externally the position of the femoral artery where it passes under the superior border of the sartorius. In making the incision for applying a ligature to the artery a little above this point, what parts are successively divided? Point out the position of any veins or nerves that lie near the artery at this place. 7. Describe the spermatic canal. In the operation for strangulated hernia lying within the canal, what parts have to be divided? How may the spermatic cord and epigastric artery be placed with regard to the hernial sac? 8. Describe the nasal fossæ, and the arteries and nerves within them.—*Pathology, and the Principles and Practice of Surgery:* 1. What changes take place in a vein when it becomes varicose? Where does this most frequently occur? What ill consequences are likely to result from the varicose condition of a vein? 2. Describe the appearances which distinguish the various dislocations of the hip-joint, and state accurately the treatment suited to each. 3. The pathology of simple stricture. In what parts of the alimentary and urinary tracts does it most frequently occur? and in what parts does it not occur? 4. A man receives a severe injury to his head, what symptoms would be likely to follow it, and how would you treat the case? 5. In what respects does a cancerous tubercle of the skin differ from a scrofulous? 6. A woman has a tumour in the breast; by what symptoms would you be led to judge of its nature, and under what circumstances would you advise your patient to undergo an operation? 7. What are the sources of hæmaturia in the male? How would you discriminate between them? and what would be your treatment in each case? 8. Describe minutely the operation for inguinal herniæ. What dangers have you to guard against? How would you avoid them?—*Midwifery:* 1. Describe the formation, structure, and functions of the placenta. 2. Describe any case you may have treated yourself of placenta prævia, stating the steps you adopted for the relief of your patient. 3. What symptoms would lead you to suspect that a woman was in the third month of pregnancy? 4. In head presentations give the various positions

relatively to the pelvis in which the head can be placed, and state the mode of rectifying a malposition where necessary. 5. In a case of protracted labour under what circumstances would you interfere, and how?—There were also examinations *viva voce* in surgery, anatomy, and midwifery, and by the bedside of the patients in the hospital, operations on the dead subject and specimens shown of healthy and morbid anatomy.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Statistical Society.
WEDNESDAY. Geological.—Meteorological (Anniversary).
THURSDAY. Zoological.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

S. J.—The correctness of the account of syphilisation given by us in the last number of the JOURNAL, is guaranteed by the fact, that it was perused and corrected by Professor Boeck himself.

RAILWAY ACCIDENTS.—Is there any reason given for the fact that, in the late railway accident on the South-Eastern Railway, eight of the ten persons killed were of the female sex? T. F.

THE FORMATION OF ETHICAL COMMITTEES.—SIR: In my communication to the JOURNAL (inserted on the 8th of April), respecting the formation of Ethical Committees by the Branches, it was implied, and it is believed, that the few independent Ethical Societies which now exist would not object to merge themselves in the Branches, were these Committees appointed. It is well known that several of these associations have admirably fulfilled the intention for which they were originally formed, and have rendered essential services to the profession.

Many of their members are also members of the British Medical Association; and the Branches would do well to secure the services and experience of some of these, by electing them on the Committees. I have no doubt many of them are prepared to hail with gratification the opening for a more extended field of action, whereby ethical principles and usages will be practically recognised and embraced by a great body of the profession.

The annual meeting of the Association being near at hand, it is hoped the members will be prepared to form an opinion whether the reasons adduced in this and my previous letter are not sufficiently strong to induce the Association to adopt the course I have recommended. I am, etc.

Manchester, June 8th, 1865. AN OLD MEMBER.

[Why should not our respected correspondent himself bring forward a resolution on the subject at our annual meeting?]

EXAMINATIONS IN ARTS.—It may be interesting to students to know that there will be a preliminary examination at the Royal College of Surgeons on Tuesday next; and that gentlemen passing this ordeal, or a similar examination at the College of Physicians or Apothecaries' Hall, can enter on their hospital studies in October next.

SYPHILISATION.—The patient lately visited by Dr. Boeck, and operated on by him in Ireland, is, we believe, a very unfavourable case for the operation of syphilisation. The process is being carried out by Dr. Bidenkap, Dr. Boeck having returned to Christiania. Dr. Boeck gave evidence before the Venereal Commission on Friday, the 9th instant. His evidence was, we understand, taken in English, which he speaks imperfectly. Possibly, therefore, he may not have fully expressed his exact meaning on all the points touched on by him.

POOR-LAW MEDICAL REFORM.—SIR: I am sorry so frequently to trouble you, but events have transpired so unexpectedly during the last few weeks, that it has been unavoidable, and I must again crave your permission for space to inform all the Poor-law Medical Officers that a Poor-law Continuance Bill has been introduced into the House of Commons; and as I considered it would be a good opportunity to make a final attempt this session to amend the Medical Relief of the Poor, I have forwarded a pamphlet on the subject to each member of the House of Commons, urging them to insist on clauses being introduced into the Bill now before the House.

I should have sent a copy of the pamphlet to each Poor-law medical officer; but, as I am already in debt about £20, I do not feel justified in incurring further expense; but I have directed the printer to keep the type standing for a few days, to enable any gentleman to have a copy on forwarding six postage stamps to Mr. Sherren, printer, Weymouth, or to myself.

I sincerely trust that success will attend our efforts, and that the present Parliament will yet do us and the poor that justice for which we have so long toiled.

I trust every medical man in the kingdom, but especially the Poor-law medical officers, will, *without delay*, urge upon his member the necessity of Poor-law Medical Reform.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, June 10th, 1865.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, June 1865.

COMMUNICATIONS have been received from:—Dr. HENRY MARSHALL; Dr. P. W. LATHAM; Mr. T. M. STONE; Mr. J. Z. LAURENCE; Mr. R. FLINT; Dr. MACKESY; Dr. FALCONER; Dr. BRYAN; Dr. WATERS; Dr. WILLIAMS; Dr. J. R. WARDELL; Mr. RICHARD GRIFFIN; Mr. STEELE; Dr. PHILIPSON; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Dr. HERAPATH; A MEMBER: Mr. W. J. COULSON; Dr. CHEVALLIER; and Mr. C. H. ROPER.

BOOKS RECEIVED.

1. Sea-Air and Sea-Bathing for Children and Invalids; their Properties, Uses, and Mode of Employment. By Dr. Brochard. Translated and Edited by Wm. Strange, M.D. London: 1865.
2. Der Croup. Von Dr. F. Pauli. Würzburg: 1865.
3. The Fourth Annual Report of the Glasgow Dispensary for Skin Diseases. Glasgow: 1865.
4. Chloroform; its Action and Administration. A Handbook. By Arthur Ernest Sansom, M.B.Lond. London: 1865.
5. The Student's Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F.R.S. London: 1865.
6. Tension of the Eyeball; Glaucoma; etc. By James Vose Solomon. London: 1865.

Original Communications.

ON CATARRHAL OPHTHALMIA.

By Henry Hancock, F.R.C.S.E., Senior Surgeon to the Charing Cross and Royal Westminster Ophthalmic Hospitals.

Most writers upon ophthalmic diseases describe catarrhal ophthalmia as a purely local affection, depending upon atmospheric changes, especially upon exposure to cold and wet, and essentially requiring local applications for its cure. I believe that this opinion is incorrect; that some other cause is requisite to produce this particular affection of the eyes, beyond those here mentioned; that there must, in fact, be a peculiar condition of system predisposing to this particular affection.

Were atmospheric changes, or exposure to wet and cold, alone sufficient, every inflammation of the eye depending upon these causes would necessarily be catarrhal. This, however, is by no means the case. In one, there may be simple conjunctivitis; in another, rheumatic sclerotitis; in a third, the inflammation will assume a gouty character; whilst, in the class of cases under consideration, it is catarrhal.

The patients most predisposed to catarrhal and its sister though more formidable diseases, purulent and gonorrhœal ophthalmia, are essentially those in a low and depressed condition of the system generally, analogous to that met with in erysipelas; and it is in this class of patients that we find catarrhal ophthalmia most prevalent. It is a perfect pest to the children confined in our large pauper establishments; it is a common companion or successor to the epidemics of low typhoid or typhus fevers which rage among distressed pauper populations. Indeed, it would seem that whatever tends to depress the nervous system, and to vitiate the blood, is a predisposing cause to this form of ophthalmia; and that, although the physical signs may be most apparent in the eyes, they are, in truth, local manifestations of general wrong, against which the treatment should be directed, rather than against the local manifestations themselves. Under these circumstances, I cannot agree with Mackenzie (4th edition, page 441) that, if catarrhal ophthalmia be treated only by general remedies, it will continue for many weeks, becoming the cause of much febrile excitement and constitutional illness, as well as of local distress and danger; or that the conjunctiva will become sarcomatous and rough (granular), and by rubbing, in this state, against the cornea, render it (especially the upper half of it) vascular and nebulous, or even densely opaque.

That the lids become granular after catarrhal ophthalmia, and that they in this condition affect the cornea as thus described, is unfortunately a fact of too frequent occurrence to be disputed; but I cannot admit either that treatment by general remedies solely will cause these lamentable results, or that "special remedies in this disease are inferior in importance to local ones." From many years' experience in the treatment of catarrhal ophthalmia by local astringents, such as nitrate of silver, sulphate of zinc, etc., I am convinced more frequently than otherwise, that their employment prolongs the complaint, and causes granulation of the lids. Freely admitting that bleeding, local or general, frequent doses of calomel, or any violent depleting remedies, do harm and should be avoided, as in erysipelas, I have for some years past entirely restricted my treatment of catarrhal ophthalmia to constitutional remedies, for the most part of an attractive, a stimulating, and tonic character, merely directing the eyes to be fomented frequently with warm water, as much for the purpose of cleanliness as of comfort. I now very seldom see granular lids follow catarrhal inflammation; whilst the cure has certainly not been more protracted than when local applications were most successfully employed. The cases in which this treatment is most beneficial are those described by Mackenzie as "pure mucous or blenorrhœal inflammation of the conjunctiva;" in other words, in simple catarrhal inflammation—ophthalmia, *unaccompanied by supra- or circum-orbital pain*, and for the most part confined, at all events in its early stages, to the conjunctiva and the Meibomian follicles. In these, the disease mostly comes on suddenly, commencing with a sensation of itching and stiffness, speedily converted into a feeling as though grit or sand were in the eye. Upon examination, the eyelashes are found loaded with thickened glutinous mucus. The eyelashes are swollen, their lining conjunctiva being of a darkish red colour and flabby; whilst that of the eyeball, in the milder forms of the disease, is traversed by a network of vessels of the same dark red colour, which can readily be moved by pressing the lower lid against the eyeball, which in most instances is marked, especially at its lower half, by patches of extravasated blood, distinguishing this disease from the more acute and phlegmonous inflammation of the conjunctiva.

In its most simple form, the disease will be restricted to the angles of the lids and adjacent conjunctiva. When more severe, it will extend over the whole surface of the lids and eyeball; whilst, in still more severe and serious cases, the subconjunctival cellular tissue is infiltrated and raised, forming a distinct elevated fleshy ridge around the cornea, which appears sunken in, and at times partly obscured by irregular masses of swelling investing its surface, and constituting that condition termed chemosis. At the same time, the conjunctiva of the eyelids becoming in like manner infiltrated, the latter are puffed and swollen, creating difficulty of opening the lids, and in this way impeding vision.

Even when the amount of chemosis is considerable, the cornea for a time remains clear; but, if this condition exist for two or three days, it will become hazy, opaque, yellowish, and ultimately slough and give way, allowing the iris to protrude, resulting in more or less destruction of vision.

Lacrymation is always increased, the secretion being sometimes quite clear, at other times thick, yellowish, or muco-purulent. The symptoms towards night increase in severity; the intolerance of light is greater; the patient is feverish, and complains of pain and weight in the head, principally in the region of the frontal sinuses, and in the course of the lacrymal sac and ducts. These symptoms usually subside after the patient is quiet in bed; but they are sometimes so severe as entirely to prevent rest or sleep. In such cases, the Dover's powder or opium is of the greatest service, and will frequently cut short the attack. In ordinary cases, I give bark and ammonia; but, when the patient resides in a low damp locality, it may be necessary to give the sulphate of quinine in full doses, with or without opium, according to the intensity of the pain and the irritability of the patient; whilst the local applications should be restricted to warm water, or at most a poppy-head fomentation, to the exclusion of all local remedies of a stimulating or astringent character.

So long as the tongue is coated, and the breath foul and offensive, mild alterative aperients, such as

pilula hydrargyri, with hyoscyamus and extract of colocynth, are of great service, especially where there are chemosis of the conjunctiva, and tendency to opacity or sloughing of the cornea. In such cases, bleeding, whether local or general, violent purging, and local applications of a stimulating and astringent character, do considerable mischief; whilst, on the other hand, I have commonly seen the happiest results from mild alterative aperients—bark and ammonia or quinine, with or without opium, according to the amount of pain; with warm and soothing local applications.

That the disease, even in its most severe form, will yield, and yield rapidly, to constitutional remedies alone, is amply proved by the cases here subjoined.

Case I. J. E. F., aged 8 months, was brought on October 10th, 1864, to the Royal Westminster Ophthalmic Hospital, suffering from catarrhal ophthalmia of both eyes, of one week's duration. The conjunctivæ were chemosed, and discharged profusely; and the eyelids were so much swollen that the child could not open his eyes.

℞ Ammoniæ sesquicarb. gr. v; tincturæ cinchonæ ʒi; decocti ejusdem ad ʒij. M. Sumat ʒij ter quotidie.

The eyes and forehead over the frontal sinus were ordered to be frequently fomented with warm water.

Oct. 12th. He was very much improved. There was less discharge; and the swelling of the lids was so much reduced that he could now partially open his eyes.

℞ Hydrargyri cum cretâ gr. iij; pulveris rhei gr. v. M. Fiat pulvis horâ somni sumendus.

The mixture was repeated, and the warm water continued.

Oct. 14th. The patient was going on well. The medicine was repeated.

Oct. 21st. He was now cured.

Case II. J. M., aged 3, was brought in October 10th, 1864, with catarrhal ophthalmia of both eyes, of one week's duration. The symptoms were similar to those of the last case. Three drachms of the mixture of ammonia and cinchona (as in Case I) were given three times a day, and an alterative powder at bedtime; and warm water was applied as in the former case.

Oct. 12th. The child was much better. The mixture and warm water were continued.

Oct. 17th. All pain and discharge were gone. The chemosis of the conjunctiva and swelling of the eyelids had entirely disappeared. The patient was ordered to continue the treatment for two or three days longer. The child was finally dismissed cured.

Case III. B. H., aged 16, applied October 12th, 1864, with catarrhal ophthalmia of both eyes, of four days' duration. She said she caught the complaint from a little brother. There was considerable congestion of the conjunctiva of both eyes, with the characteristic patches of extravasated blood. The discharge was but scanty. She stated that the attack came on suddenly; that she became worse towards night; and she complained of pain and weight in her head and forehead, especially over the frontal sinus, accompanied with some intolerance of light. The tongue was foul.

℞ Pilulæ hydrargyri, extracti hyoscyami, extracti coloc. comp., sing. gr. iij. M. Fiat pilula horâ somni sumenda.

She was ordered to take an ounce of the ammonia and cinchona mixture three times a day, and to apply warm water frequently to the eyes and forehead.

Oct. 14th. She was better. There was less congestion, little or no discharge, and less pain and intolerance of light. The mixture was repeated.

This patient did not apply again.

Case IV. H. B., aged 38, applied to Mr. Hancock October 17th, 1864, with catarrhal inflammation of both eyes, of five days' duration. The patient complained of great pain at night, and said that the attack came on suddenly. There was slight chemosis; profuse discharge; and the eyelids were much swollen. The ammonia and cinchona mixture was ordered to be taken in ounce doses three times a day.

Oct. 19th. There was no improvement. The mixture was repeated.

Oct. 21st. The patient was better. The eyes were less swollen; the pain and discharge much less. The mixture was repeated.

The patient continued to improve, and on the 28th was dismissed cured.

Case V. J. C., aged 43, applied to Mr. Hancock October 24th, 1864, with a very severe attack of catarrhal inflammation of both eyes, of a week's duration, which he attributed to exposure to cold. He stated that the attack came on suddenly, with a feeling as of grit in the eyes. There was now profuse discharge, with severe pain at times. The conjunctiva was of a deep red colour; and the chemosis was so great that the cornea appeared sunken and overlapped at its circumference by the irregular surrounding swelling. The lids were also so much swollen that he could not open his eyes. He was ordered to take an ounce of the cinchona and ammonia mixture, also five grains of compound ipecacuanha powder, three times a day.

Oct. 26th. He was much better in every respect. The bowels were confined. He was ordered to take two cathartic pills at bedtime; and to repeat the mixture and omit the powder.

Oct. 28th. He was still improving. The treatment was continued.

Nov. 7th. He had gone on well to this day, and was now dismissed cured.

ON CERTAIN FUNCTIONAL DISEASES OF THE RETINA.*

By J. Z. Laurence, F.R.C.S., M.B.Univ. Lond., Surgeon to the Ophthalmic Hospital, Southwark.

Before commencing the immediate subject of this communication, it will be well to define, as clearly as we can, what we are to understand by the term "functional disease."

All disease is, in a certain point of view, functional in its manifestation. For, where no disturbance of function exists, either to the patient's or to the physician's senses, disease can hardly be said to exist, if we except what is understood by the term "latent disease"—disease so subtle in its character, so impervious to either the patient's or the physician's observation, as to elude all outward detection. But the term "functional disease" has, by a kind of common assent for a considerable period, been construed in a limited sense to mean a perversion of vital action, manifesting itself in subjective or objective symptoms, inconsistent with health, but unaccompanied by any change of structure in the constituents of the body—so that, when this is subjected to the analysis of our senses, we are unable to detect in it any departure from those conditions which we are accustomed to meet with in the normal organism. This—so to say—vital etiology of disease played, in days gone by, an important part in the doctrines of the age; so much so, as to have even originated a distinct school of medicine—Van Helmont's school of Vitalism—a principle supposed to preside over

* Strictly, for the word "retina", I should have substituted all the nervous structures concerned in vision.

he body, and directly opposed to the influence of nechanical and chemical agents. But as our means of physically investigating disease have become multiplied and perfected, so has the number of the so-called diseases of function progressively decreased. Morbid changes, inappreciable to our unaided senses, have disclosed themselves to the analysis of instrumental appliances. The stethoscope, the ophthalmoscope, the laryngoscope, the microscope, and chemistry, have each taken an important share in detecting material changes in the organism in diseases, which had previously, from the want of such artificial assistance to our senses, been ranked amongst those of a functional nature.

There are, however, certain morbid states which we can hardly suppose to have any other than a purely functional origin. I may, for example, instance that of syncope. It would be an improbable ultra-speculation to suppose that the nervous centres undergo any material change of structure during a short faint, to as readily again acquire their original normal condition on recovery; although, even here, it is true, we are met by our certain knowledge of the extreme rapidity with which physiological processes of an undoubtedly material character —such as the oxygenation of the blood—take place under our very eyes; and, if a physiological process, why not a pathological? If we, then, take a broad view of the entire subject, we are irresistibly impelled to the conclusion that, sooner or later, when our present methods of research have arrived at greater perfection, or have become supplemented by others of increased refinement, the term "functional disease" will altogether vanish from the realms of medical science. However, it is in the nature of things that such a state of science is, at any rate as regards our generation, but an Utopian aspiration.

At present, then, we must remain satisfied by understanding, under the term "functional disease", a disease which we, in our existing state of knowledge, have no means of connecting with any observed material change in the organism obvious to our unaided or aided senses; and it is in this limited signification that I employ the term functional, as applied to those conditions of the eye of which I am about to speak. Before, however, proceeding to the immediate subject of our investigation, let me draw attention to another important preliminary reflection.

In studying pathology, we must, I think, clearly separate two factors; viz., what we observe during life and what after death, using the word death in its limited sense to mean the extinction of life, whether it affect the whole or part of the body.

To illustrate what I mean, I may take a disease of the chest. During life we perceive a peculiar sound distinguished as fine crepitation, accompanied by dulness of percussion, and all the other concomitant physical and rational symptoms of pneumonia. I say "pneumonia", because we have gained the right to this designation, not from the symptoms observed during life, but from inspection of the lungs after death. A certain set of symptoms has been observed in thousands of cases to accompany certain morbid changes in the lung-substance. We have, therefore, a perfect right to call that disease in which we observe this set of symptoms "pneumonia", although we may never have had an opportunity, by the patient's death, of actually verifying our diagnosis by submitting the affected lungs to physical inspection. In the pathology of the eye, however, it will, as far as we can at present see, be ages before we can ever arrive at such a positive diagnosis; and the reason is obvious. It is because, out of the hundreds of eyes we examine with the ophthalmoscope, we very rarely indeed ever have an opportunity of examining the organic changes that accompany the ophthalmoscopic appearances. It is all very well for authors to assign certain material morbid conditions to certain aspects of the fundus oculi; to say, *e.g.*, that whenever the optic nerve presents a dead-white, tendinous appearance, that then there exists atrophy of that nerve. I regard such names as names only—till ophthalmoscopic appearances have, by numerous dissections, been absolutely proved in an overwhelming number of cases to be connected with certain respective, material, anatomical changes. We may, however, with perfect justice, connect symptoms with ophthalmoscopic appearances. We may even go further, and very reasonably conceive the two to depend on certain morbid conditions; but we have no right to authoritatively and dogmatically lay down any inseparable connection between the two.

To recapitulate: in the following observations I shall designate by the term functional disease, a perversion of normal action, partially or wholly directly inexplicable by any organic changes in the eye, in our present state of knowledge, appreciable to our senses.

One of the most remarkable functional diseases of the retina is its paralysis. I have observed this taking place suddenly after a blow on or near the eye; the patient there and then, as far as I could ascertain, becoming partially or wholly blind, and, what is more, never recovering any further vision. These cases are so interesting, that I may be permitted to give the details of some that I have observed.

Case I. A man was struck on the eye by a rocket-ball in 1854. Violent inflammation ensued at the time. I saw him about nine years after the accident. I then found he had simple perception of light. After a careful comparative ophthalmoscopic examination of both eyes, I could find nothing but a small black pigmentary deposit in the macula lutea of the blind eye.

Case II. A young woman was struck by the cork of a ginger-beer bottle on the left eye. This set up inflammation in the eye, which lasted for about a week. I saw her about two months after the accident. She had never been able to distinguish even light from darkness since the accident. The pupil was somewhat dilated, but contracted slightly to light. A comparative ophthalmoscopic examination showed that, to all outward appearances, the fundi of both eyes were precisely similar and normal.

In the following case we have an instance of acute paralysis of the retina occurring idiopathically.

Case III. Robert K., aged 32, an engineer, whilst in South America three years ago, had a paralytic stroke, from which he lost the use of the left side of his body, whilst the left side of his jaw "was locked", and the tongue deviated to the left side. The right eye became totally blind and turned completely in; the left eye was not at all affected. He used galvanism; and, applying it for six months to the right temple, recovered the movements of the right eye. He is gradually recovering the use of his left side. Now the right globe is slightly divergent for distance; its movements perfect excepting inwards, he not being able to invert the corneal margin nearer than to about a line from the caruncle. He is stone-blind of this eye. Both optic entrances, vessels, etc., were perfectly alike in the two eyes, and apparently perfectly normal.

This case, however, is not one quite at point; for there was probably some deep central cause for the blindness.

In the above cases, then, we have sudden and complete abolition of useful sight, unaccompanied by any

appreciable organic changes in the retina or optic nerve entrance sufficient to account for the blindness.

A very remarkable series of cases are those in which a blow on a position corresponding to one of the branches of the fifth nerve has been followed by amaurosis.

Mackenzie, in his *Practical Treatise* (pp. 115-118), alludes to several such cases. "Petit submitted to the French Academy of Surgery the case of an officer who became completely amaurotic in consequence of a sword-wound in the eyebrow." Vicq d'Azyr had recourse to experiment. He laid bare, in a variety of animals, the frontal and superciliary branches of the fifth pair; he bruised and tore the exposed nerves; and convinced himself that this was speedily followed by blindness."

The following very striking instance occurred in my own practice.

Case iv. A man, 38 years of age, was, eight days before I saw him, thrown forcibly against a broad piece of iron projecting from a mantel-shelf. He went at once to St. Bartholomew's Hospital. Much bleeding ensued; and for six days the lids were so swollen, as to prevent him from opening them. When he could do so, he found that he was quite blind of the eye. On examination, I observed half an inch below the left lower eyelid, and parallel with it a wound of the skin measuring three-quarters of an inch across. He said that it was here that the piece of iron struck him. The parts around the wound were red and thickened. The eye on the injured side stood about a line higher than the left eye, and was also slightly divergent. He had no perception of light with the eye. A comparative ophthalmoscopic examination of each eye disclosed not the slightest difference in either eye. In both the fundus was somewhat pale. A second such examination, twenty days afterwards, yielded the same results. On a third examination, a week later, I found signs of commencing atrophy of the optic nerve; it was paler in colour, and its contour more abrupt than that of the right eye. He had not recovered the slightest perception of light.

A case somewhat of the same kind came under my notice in the autumn of 1863. But, in this case, the eye of the opposite side to the injury of the face became amaurotic; in addition, changes of nutrition also set up in the eye.

Case v. Ann B., aged 43, was, whilst walking along, struck by a brick falling from some buildings on the right side of her face. When I saw her a fortnight after this accident, there was a linear scar running pretty nearly in a line with the outer border of the right nasal bone. There was also a short scar down the dorsum of the nose below the bridge. She was stunned for an hour or so; and her nostrils, she said, bled. Two days after the accident, she noticed she could no longer read with the left eye, and subsequently the sight became much worse as if "a skin were before the eye." On examination, I found both eyeballs very prominent; the left eyeball as soft as a bag of water, the right one softish only; the left iris green and tremulous, the right one blue and not tremulous; both pupils acted well and independently to light; the corneæ were both equally sensitive; the optic entrance in the right eye appeared from some irregular refraction, distorted, and "floated" with each movement of the eye; the fundus oculi of the left eye was normal. She complained of a sensation of cold in the left eye. With the left eye she could not read c c (Snellen) at twenty feet; with an 11-inch concave lens, she read it at twenty-six inches. Her acuity of vision (S) with this eye was thus 1-100th; with the right eye, she read No. 23 (Jäger) at twenty feet with a 6-inch concave lens; and s therefore equalled 1-10th. I saw this patient again on Jan. 31st, 1865. She had now lost all perception of light with the left eye; the lens had become opaque; the iris was bulged forwards; the pupil undilatable, even to atropine, its edge irregular. The eyeball was very tender, and "felt always cold" to her; the cornea was markedly less sensitive than in the other eye. She told me she had had a black eye from the injury.

There is one weak point in both the above cases that we have no right to disregard. In both, the patients had swelling and ecchymosis of the lids after the accident. I regard this, however, as not the direct result of the injury; but of the same nature as that which so frequently occurs at a distance from fractures of bones, or after the application of leeches in the proximity of loose integument. Under any circumstances, the absence of ophthalmoscopic signs in the blind eyes is a circumstance of great interest.

It is a remarkable fact that, in paralysis of the motor nerves of the extrinsic muscles of the eye, vision is rarely much, if at all, impaired. The very fact of the constant occurrence of double vision in these cases is sufficient to prove the general truth of this assertion. But minutely exact observations on this interesting subject, especially with reference to the state of the pupil and of vision, remain to be made.

How are we to interpret such cases as the above? For want of a better explanation, I at present call the blindness a reflex phenomenon. I conceive the blow on the branches of the fifth nerve to be conducted by them to the cerebrum, and hence reflected in a centrifugal direction by the optic nerve to the retina. In our present state of knowledge, I think we are justified in thus explaining such cases. In the action of the pupil to light, we have a physiological phenomenon of a similar nature, only that the conducting and reflecting nerves act here in a reversed order. The light stimulates the retina; this stimulus is transmitted to the sensorium by the optic nerve, and is hence reflected to the nerves of the iris.*

Such cases as those I have been recording are instances of what might be termed acute paralysis of the retina. They are not very common, but still occur every now and then. The following very interesting case may perhaps be considered an instance of a subacute form of paralysis of the retina; whether from pressure on the retina itself, or on its conductor to the sensorium, the optic nerve, I am not in a position to say.

Case vi. Elizabeth P., aged 11, a very intelligent girl, stated that a fortnight before I saw her, she felt what she described as a "pinching" pain in the right eye and the right side of the forehead, and, on closing the left eye, she discovered that the sight of the right was dim. The pain had continued ever since; and the sight became progressively less and less, till she could barely distinguish light from darkness with the affected eye. To still further fix this point, I, by the prism test, convinced myself of the absence of all simulation of blindness. On her regarding a distant object, I observed the right eye was drawn somewhat outwards and upwards, and its power of inversion diminished; facts pointing to partial paralysis of the internal and inferior recti muscles. The right eye was also more prominent than the left one. On examining the two eyes ophthalmoscopically, I found them normal, and absolutely identical. She had suffered from periodic attacks of violent headache for three years, the last one being two months ago. The headaches would

* Fontana and De Ruiter have shown that the pupil does not contract, when a jet of light is thrown in the iris alone, without it entering the pupil.

st about four hours at a time, and were so violent
to make her cry. She had never had any fits.
he subsequently had an attack of what her general
edical attendant, Dr. Jeffree of Kennington, con-
dered meningitis; and after this she completely
covered the vision of the affected eye. I, at the
set, diagnosed the amaurosis as depending on
me effusion within the orbit pressing on the optic
rve or retina; and I consider the ultimate pro-
ess of the case justifies me in adhering to this
agnosis.

[*To be continued.*]

CARCINOMA OF THE STOMACH.

y John Richard Wardell, M.D., M.R.C.P., Physician to the Tunbridge Wells Infirmary.

HE following cases are not given as presenting any
ry peculiar characteristics of the above named dis-
se; but rather as a fair illustration of its examples
hich are ordinarily met with in practice.

Case I. I was requested, by Dr. Johnson of this
lace, to see with him, January 28th, 1863, Mr. S.,
ho had for some weeks previously been under his
re. The patient was head gardener to a gentle-
an residing in the neighbourhood; and he had re-
ularly pursued his occupation up to the time of the
ore urgent symptoms of his illness. He was now,
nd had been for some days, confined to his bed. He
as 51 years of age, and had always been a healthy
an until about two years prior to the above date,
hen he first began to experience what he conceived
be merely impaired digestion, for which the or-
inary remedies had been employed. During the
mmer of 1862, he had been slightly jaundiced.
ubsequent to that affection, he had abscess of the
ver, which opened externally; and for some months
sinus remained, from which a small quantity of
rulent matter continued to escape.

At my first visit, he had a cachectic look, was much
maciated, and then laboured under persistent sick-
ss and vomiting; the ejections being sour, and a
iliary mucous fluid. The respirations were not ac-
lerated; percussion over the thorax generally
icited the clear pulmonic notes; and auscultation
oclaimed no abnormal sounds. The pulse was 92,
nall, compressible, and regular; the cardiac impulse
eak, not diffused; there was no valvular disease.
n carefully percussing the hepatic region, dulness
anifestly extended over a less space than natural;
ie abdomen was so distended with flatus that now
lpation could detect no abnormities of the viscera.
ressure at the epigastrium gave acute pain; and he
escribed this pain as "sharp and shooting". The
owels were regular; and, when they were moved,
ly small amounts of fæcal matter were voided. The
ine was of specific gravity 1020; no morbid pro-
ucts were detected on the application of ordinary
sts. He had had a variety of tonic and stomachic
edicines without any material benefit. He had
ken the bitter infusions, mineral acids, bismuth,
inine, oxide of silver, prussic acid, aloes, and bella-
nna, and other remedies of a similar kind. On a
neral review of the case, and when the tympany
isted, the diagnosis could be but a doubtful one.
he solution of morphia, with hydrocyanic acid, were
greed upon, to be taken at short intervals; and con-
ntrated beef-tea, with port wine, every two hours.
nder this treatment, the sickness was for a time re-
ved.

I saw him with Dr. Johnson again in the course of
nother week. The tympanitis had now subsided;
d, on again examining the abdomen, we could feel
irregular hard lump, of about the size of a small orange, at the right epigastric region, corresponding with the situation of the pyloric orifice. It was now abundantly clear, from this fact, the history, and the whole of the accompanying symptoms, that this was a case of carcinoma. He continued to waste and decline in strength; the sickness, vomiting, and epigastric pain, being to the last persistent and predominant symptoms.

He died February 14th, 1864. No inspection was made.

Case II. The next example of this disease was in the person of Mrs. D. who, Oct. 16, 1863, came from a distance to consult me. Her case was reported as being one of stricture of the œsophagus. She was 49 years of age, married; her countenance was dusky, yellowish, anæmic-looking; the volume of flesh was considerably reduced. About two years before, she had first began to experience pain at the epigastrium immediately after taking food. Her affection had been regarded by an hospital physician as dyspepsia, and by a general practitioner as mere indigestion; for which a great variety of remedies had been tried, yet with little real benefit. The loss of flesh and strength, anorexia, with occasional vomiting, becoming more and more pronounced, and the opinion having been given that the disease was stricture of the œsophagus, herself and friends became alarmed, and my advice was requested. Three months prior to my seeing her, she had had, from time to time, attacks of vomiting almost immediately after a meal, and the ejected matters were invariably sour.

When I saw her, she said the swallowed morsel always produced pain, and it "felt as if it stuck very low down", on which account she had been compelled to live on fluid or on semi-fluid diet. The tongue was clean, smooth, and red; and the papillæ, even at the V-shaped circumvallate lines, were almost indistinct. Her bowels were regular; pulse small and weak, 92. Percussion and auscultation gave no indication of thoracic disease. The abdomen, on palpation, gave no evidence of lesion, except at a circumscribed place at the epigastric region between the mesian line and the anterior border of the left false ribs. Over this space even moderate pressure gave great increase of pain. Pressure could be borne at the right side of the epigastrium. She said the pain was always in one place; that she could cover it with the palm of the hand; that it was a "sharp, pricking, wringing, sometimes a burning, pain." Her husband and daughter, who drove over with her, were much concerned at her inability to swallow solids, and were afraid of death by starvation. I softened an œsophagus bougie in hot water, oiled it well, and very cautiously introduced it. Not the slightest resistance was felt until its end reached the cardiac orifice, where there was slight obstruction; but excessive pain was produced, which was felt through into her back. The instrument was at once withdrawn, the object not being dilatation, but a mere help to diagnosis. From the history, symptoms, and all the circumstances, I did not hesitate to pronounce the case as being a fatal one. On careful manipulation, some thickening of the cardiac end of the stomach could be felt through the attenuated parietes. It was a plain case of carcinoma. I ordered pills, with extract of belladonna, aqueous extract of aloes, and quina; and a belladonna and opium plaster to the epigastrium. I also directed her to have new milk, thickened with some farinaceous article of diet; concentrated beef-tea, with isinglass, tapioca, and port wine. The pain increased in intensity; her flesh and strength decreased; sour vomiting became more frequent; and the desire for food less and less; the difficulty of taking it greater;

and she gradually sank on December 16th, about two years and three months from the commencement of her illness.

Case III. I was desired by Dr. Johnson, May 16th, 1863, to see a patient who for three months previously had been under his care. He was a tall, powerful man, 55 years of age, of florid complexion, who, twelve months before this date, had enjoyed good health. He then began to labour under a sense of pain and fulness at the epigastrium, but he did not for some time subsequently seek advice. In Feb. 1863, he consulted Dr. Johnson, who treated his case in the ordinary manner when such symptoms are exemplified. He had given to him, from time to time, a variety of stomachic medicines, which were followed by some temporary improvement. But he did not make progress, and my own opinion was asked. When I first saw him, the pulse was 78, volume good, and regular. The physical signs of the thoracic organs were natural. The tongue was covered with a thin creamy coat; his appetite was impaired; the bowels were inclined to be confined, necessitating the occasional use of some aperient. On examining the abdomen, the epigastrium was full, rounded, and preternaturally resonant on percussion. Pressure over this region, at the mesial line and towards the left hypochondrium, gave pain which extended into the left back. He placed his fingers on the precise spot, which "felt tender." No tumour, nor well defined hardness, could be detected. The kidneys acted normally. The urine was of specific gravity 1020; no morbid products were found, except excess of triple-phosphates. He had latterly become desponding, and was easily fatigued. It was now impossible to say, whether it was or was not malignant disease. There was yet no great wasting; nor had he the cachectic expression. He had hydrocyanic acid, strychnine, aloes, extract of opium, extract of belladonna, belladonna plaster to the epigastrium, and like remedies, with a carefully regulated diet. He improved for a time; but the pain, which was of the stabbing kind, never entirely removed. He made no real progress; and he was recommended to go to Brighton, where he remained a month. On his return, he was thinner; and the face began to wear a haggard, sharper expression. Nitrate of silver, extract of conium, decoction of cinchona, and dilute nitric acid, were given; and morphia at bed-time. He had more pain after meals; the vomiting matters ejected were always sour. He was ordered to have a liniment of camphor, extract of belladonna, tincture of opium, and chloroform, to be applied to the epigastrium.

Now (Sept. 20th), we believed in the existence of malignant disease. The loss of flesh was rapid; the pain sharp and lancinating; the vomitings more frequent. He was recommended to consult Dr. Brinton; and, at Dr. Johnson's request, I wrote a short account of the case. That gentleman's reply was as follows.

"I have examined Mr. —— very carefully; and, on the whole, fear your opinion is only too correct. At least, I find considerable thickening of the stomach near its cardiac end; and surmise that a certain degree of softening and abrasion of the mucous membrane, if not some downright ulceration, is present here. At the same time, it is quite *possible* that these symptoms and appearances may be due to mere ulceration without a markedly cancerous deposit. Even in the latter case, I should hope much may be done (as I have certainly found in cases with peculiarities analogous to this) to relieve his sufferings and defer the result. The prescription and diet concur in essentials with the plan already pursued." (The prescription was for pills, with extract of colocynth and extract of belladonna, and quina; strong soups and farinaceous food for diet.)

During the next three months, all the symptoms were more pronounced. Emaciation went on; strength rapidly declined; he had pain without intermission; the sour vomitings soon after meals became more frequent; and the nature of the malady was only too obvious. At the epigastric region, to the left of the mesian line and towards the hypochondrium, there was resistive hardness, and even moderate pressure increased the pain. Morphia was given every night. The bowels were opened on alternate days by enemata. Lime-water or milk were given to relieve excessive acidity. Having to go to London on Jan. 24th, 1864, he wished to consult Dr. Budd. Again, at Dr. Johnson's request, I wrote a concise detail of the case. Dr. Budd replied as follows.

"I agree with you and Dr. Johnson that the disease under which Mr. —— is suffering is malignant. The gastric symptoms and the loss of flesh are such as usually betoken malignant disease; and in the left epigastric region (to which you directed my attention) an irregular lump can be felt. I would recommend a light diet, some soothing medicines, such as chloric ether, hydrocyanic acid, and tincture of calumba, bicarbonate of potash, or Vichy water; a belladonna plaster over the epigastrium; morphia every night; and occasionally a colocynth or aloetic pill."

In the course of another month, he became confined to the house. The opiates required to be very considerably increased. The emaciation became at length extreme. Port wine, brandy, iced champagne, concentrated beef-tea, for a short time extended his existence; and he died March 12th.

Case IV. J. T., aged 64, a thin anæmic-looking man, for many years had been in declining health. This gentleman told me that five years previously he began to experience much disorder in the stomach and bowels; the former frequently giving considerable pain; the latter being irregular in their action, with much tendency to be confined. He placed himself under my care March 25th, 1864. He had been treated by several practitioners, yet without deriving more than temporary benefit. He looked languid and haggard, the countenance always being expressive of suffering. The physical signs of the heart and lungs were normal. Pulse 76, soft, regular. He had pain at the right iliac fossa, described as lancinating and shooting up into the right back; also some pain on pressure at the epigastrium. He could lie on either side, but was most free from pain when standing. When he sat down or went to bed, the epigastric pain increased. Hence, at my visits, I generally found him walking about the room; and he would say, "I am tolerably easy when erect." When pressed at the right hypogastrium, pain was experienced; and percussion gave dulness, which, however, from time to time differed in extent and intensity. He was much troubled with flatus; and the bowels were rarely moved, except by artificial means. There was no disease of the bladder; the urine was normal both in quantity and characteristics. His appetite was impaired and capricious; he had now no sickness or vomiting. I ordered him nitrate of bismuth with infusion of calumba and tincture of henbane. The mineral acids, morphia, extract of belladonna, aqueous extract of aloes, quinine, were given; and epithems, with belladonna, opium, and chloroform; and a diet selected of the most digestible and nourishing articles, as pounded meat, new milk, eggs, concentrated soups, jellies, and the like; wine and brandy in small quantities. Under this treatment, he for a time seemed to rally; his appetite was better; he slept longer; and he had more hope; yet

ae cachectic look was still present. There was a ontinuous loss of flesh, and the epigastric pain never ntirely ceased. On November 5th, persistent sickess and vomiting supervened; the ejections were a our muco-biliary fluid, accompanied with much pain t epigastrium, extending down into the right hypoastrium. I ordered hydrocyanic acid and solution f morphia, anodyne fomentations, and opiate eneata. Iced champagne and concentrated soups ere given in small quantities and at frequent interals, as soon as they could be retained. He had a epetition of these distressing attacks, some of which ontinued for many hours. He gradually but surely st ground. The appetite declined; he became more nd more feeble and attenuated; pain, sickness, and omiting being the predominant symptoms to the st. He died December 5th.

Sectio Cadaveris, December 7th, twenty-four ours after death. Dr. Davy, house-surgeon to the nfirmary, kindly made the autopsy. The body was reatly emaciated. On opening the abdomen, the mentum was found reddish, vascular, and divested f its ordinary amount of fat. There was no excess f serum; no traces of inflammation in any organs nspected *in situ*. The peritoneum was quite healthy. he liver was small, yellowish, fawn-coloured, and ofter than normal to the touch. On making reeated sections of its parenchyma, a nutmeg appearnce was exhibited, more especially towards the borers; and this condition was associated with the atty change. Microscopic examination showed the epatic cells to be engorged with oil-drops; and the atter, of smaller size, were seen crowded together in rape-like clusters. Both kidneys were lobulated; he capsules could be stripped off without preternatural adhesions. Longitudinal sections of each idney showed the pelvis and calyces to be filled vith fat. The cones in some places had lost their ormal configurations; and in some parts the cortical ubstance had become thin and diminished. The ancreas, duodenum, jejunum, ileum, colon, and rectum were healthy. There was no trace of disease at he ileo-cæcal junction, as anticipated during life. The bladder was healthy. The stomach, when manipulated before its removal, gave abundant evidence f lesion. A hard, irregular, resisting substance was elt at the lesser curvature. The organ being removed and laid open, some dark biliary grumous luid was discovered in its cavity. Attached to the ine of the smaller curvature was a large, irregular, odulated, jelly-like mass, which extended between he cardiac and pyloric orifices; but both these orices were quite exempt from disease. On making ections of this tumour, it presented a whity-greyish nottled appearance, with distinct fibroid striations ertical to the axis of the canal; and this fibroid subtance contained variously sized loculi which were illed with transparent and semi-transparent gelainiform exudations. The base of this growth was ard and dense, its density increasing in a ratio with ts approach to the peritoneum; it was confounded nd incorporated with the filamentous and muscular issues proper to the organ; and, when regarded at ts peritoneal aspect in certain places, its irregularies had a rough tuberculated appearance. Reviewed s a whole, it formed an apt example of scirrhocolloid cancer, so often discovered in its favourite *habitat*, the stomach. Juice expressed from a thin slice, and placed under the microscope, contained very numerously nucleated, non-nucleated, caudate, nd fusiform cells; and interspersed were resplendent fat-molecules, all of which constitute the characteristic products of an heterologous or malignant growth.

[*To be continued.*]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE HYPODERMIC INJECTION OF MORPHIA.

By H. W. Freeman, Esq., Resident Medical Officer to the Bath United Hospital.

[*Read May 18th*, 1865.]

I beg to submit, briefly, to your kind consideration, a few remarks on the action, use, and mode of administration of morphia when given subcutaneously.

I do not aspire to lay anything markedly original before you, but merely to give in the abstract a few observations of the hypodermic method in certain forms of disease in comparison with the usual effects of the drug when taken by the stomach.

It is just ten years ago since Dr. Alexander Wood of Edinburgh first introduced the injection of morphia into the cellular tissue of a part affected with neuralgia. Since that period it has been used extensively on the continent and in our own country, not only locally, but generally; the injection of the drug at a remote part of the body has not been found to materially alter its properties.

The endowed cancer ward of the Middlesex Hospital has, perhaps, afforded as large a field for the observation of its effect as most metropolitan institutions of its kind; and in, perhaps, but few hospitals has the hypodermic method of morphia received so fair and impartial a trial in all varieties of cases, both medical and surgical. Long since it has stood alone as the great remedy for pain in those malignant forms of disease, no other class of remedies seeming so efficacious.

The most convenient form of injection is that by a syringe made by Coxeter, which is graduated into six minims. The standard solution used at University College and the Middlesex Hospital is a neutral one, and prepared so that six minims contain a grain of morphia. Sufficient acetic acid is used to dissolve the salt, and afterwards neutralised with liquor potassæ. The physiological action is the same essentially, although not quite identically, as when the morphia is taken by the stomach. Its effects, however, are more marked and increased in intensity when used hypodermically, one-third of a grain acting as powerfully as one grain taken by the mouth, and much more rapidly. Much as with opium, the action appears to be modified by age, habit, temperament, and idiosyncracy, the tendency always being to rapid alleviation of suffering, to stupor and to sleep. The stimulating stage, although brief, is marked, the patient first experiencing a sensation of slight vertigo and of approaching intoxication—then follow its calmative effects, and something approaching insensibility.

In illustration of the general phenomena, let me draw your attention for a moment to a case now under observation at the United Hospital, under the care of Dr. Falconer.

Louisa M., a middle-aged woman, is suffering from carcinoma of the pylorus, with intense pain, vomiting, and its usual accompanying symptoms. After giving her an injection into the outer side of her arm with a third of a grain, a minute and a half to two minutes elapse before its effects are first felt. She complains of a tipsy feel, slight giddiness, and warmth of body, with other pleasurable sensations. The calmative feeling gradually passes over her in from ten to twelve minutes, proceeding from above downwards,

and usually in fifteen minutes she is found sleeping. She remains in a state approaching torpor, and free from pain for a period averaging six to eight hours. Her pupils never markedly contract, and ten or twelve minutes elapse before any effect is produced on the irides. Her temperature rises 1° to 1½° for the first hour after the injection, generally declining as the effects of the drug pass off. This patient has now been under this mode of treatment for upwards of three months; and, although the disease gradually creeps on, and the effects of the drug are transient, yet it remains clear that pain is relieved, her existence rendered less miserable, and her life has been prolonged.

In this case, as usually happens, forty to fifty minims of the solution of acetate of morphia have been given, and repeated at intervals without relieving pain or producing sleep. Since adopting the subcutaneous mode, her appetite, before much impaired, has much improved; the nausea and vomiting have been considerably relieved; and, after the narcotic action of the morphia, she rarely, if ever, complains of headache, constipation, nausea, sweating, or dryness of fauces. This is only one of a number of similar cases accompanied by the same phenomena, in which we notice the absence of the usual after-effects of opium and morphia when taken into the stomach, where becoming mixed with the various ingesta, they find their way slowly into the veins, and are probably in part decomposed in the stomach by its secretion, and are carried out of the system without having entered the circulation; while, if given subcutaneously, the full dose becomes absorbed, and produces its narcotic effects almost at once.

As a remedy in *neuralgia*, much has been written for and against subcutaneous injection. It has been urged that its action is transient, its power non-curative, generating nausea, and sickness, and producing a deplorable state of system, worse than the original mischief. A portion of this might hold true in some individual cases; the same exception might be taken to the general class of narcotics; but, in taking the majority of cases, I do not think we can fairly assume that such always occurs practically. Two brief cases, shewing its value in some cases of neuralgia, may prove interesting.

Case I. Jane T., aged 24, was admitted into the United Hospital, under the care of Dr. Falconer, with subacute rheumatism of the lower extremities. The blister mode of treatment was adopted. She drew rapidly to convalescence, but got a relapse, with intense neuralgia affecting the intermuscular fibrous septa of the deep muscles of the thigh. A third of a grain of morphia was injected into the affected region. The usual phenomena were displayed, and within an hour she felt free from pain, and remained easy for three days. Symptoms of the same kind of pain were then experienced in the other thigh; a fourth of a grain was injected. She got rapidly well, pain disappeared, and within a week after the first injection she left the hospital. No other drug was administered during the treatment.

Case II. Selina W., a hospital nurse, aged 20, also under the care of Dr. Falconer, was taken with rigors, pain in the limbs, and acute febricula with intense lumbar neuralgia. The prodromata of variola were predicted. The febrile symptoms, however, gradually subsided, but the neuralgia remained persistent. A fourth of a grain of morphia was injected into the outer side of the arm. The calmative effects of the narcotic were well developed for some time, and existed over many hours; she became very drowsy, and inclined to sleep. She recovered without a return of the neuralgic pain.

Both those patients were nervous, hysterical girls, the latter stout and plethoric. Nausea was slightly complained of by one; no headache by either; no dryness of throat, or anorexia; and no subsequent return of the disorder. In those two cases we might observe that the pain was in each purely neuralgic, *unconnected* with any organic disease, or with any known irritation in any distant parts of the body; the effect of the drug being the same on each, although in one applied to the affected spot, the other at a distance in the arm.

Within the province of ophthalmic surgery, subcutaneous injections of morphia have been found of the most signal use.

Some papers of Professor von Gräfe, which appeared in the Journal of the Association a half year since, went to show the individual merit of atropine and morphine injected about the orbit for wounds of the cornea, ciliary neuroses, iritic or glaucomatous, and for various forms of neuralgia and reflex spasms, due to corneitis occurring traumatically or idiopathically. He said that the use of atropine by injection was very limited; to relieve pain, and to produce its mydriatic effect, it is preferable to drop it on the conjunctiva, unless the eye will not tolerate its presence. In neuralgia of the eye, atropine injected appears quite inert. Morphine I have seen repeatedly prove invaluable. A case in point occurred under my own observation whilst ophthalmic assistant to Mr. Soelberg Wells at the Middlesex Hospital.

Fanny B., a markedly strumous girl of 16, was admitted with granular lids, which had produced corneitis and pannus, accompanied with intense photophobia, lacrymation, and ciliary neurosis with excessive spasm of the orbicularis palpebrarum. It was impossible to get a glimpse of the eyeball unless chloroform were used. Atropine and belladonna were subsequently applied to the conjunctivæ for six weeks. No progress took place; spasm and the hyperæsthesia remained intense. It was found, however, on making pressure over each supraorbital nerve as it escaped from its notch, that the lids could be slightly separated; and as the supraorbital nerve gives off some few filaments to the upper lid, and the spasm being thought to be reflex, it was suggested to divide the nerve externally to the notch. Happily the injection of morphia over the brow was adopted; and within forty-eight hours, two injections, each one-sixth of a grain, having been given, the girl could partially open her lids without much distress, the hyperæsthesia daily became less with a nightly injection, and in a week or ten days she could see to read No. 8 of Jäger's test-types.

To further enhance the value of the hypodermic injection of morphia in a surgical point of view, it has been but recently discovered how marked are its effects in prolonging the anæsthesia of chloroform, by injecting from a *third* to *half* a grain of the narcotic before the patient becomes quite sensible to external impressions.

It is just a year ago since the *Versailles Medical Society* first published their interesting researches on this subject of prolongation of anæsthesia. 1. Their conclusions went to show that five to ten *centigrammes* of morphia injected alone without chloroform produced a kind of intoxication, going on to torpor, but not giving rise to insensibility, properly so called. 2. Salt of morphia injected during the anæsthesia of chloroform prolonged its duration in proportion to the quantity employed. 3. Although the experiments were performed on dogs, yet it might be used without danger on man, more especially when the duration of an operation gives rise to fears in continuing the anæsthesia by means of chloroform. Three months ago, a second series of experiments, made on dogs, went to support the sur-

rical view, which was quite correct, and to show that njection might be employed without risk.

For upwards of two years past, all capital operaions at the Middlesex Hospital have been treated in his way. All the amputations, ovariotomies, herniotomies, for the most part, have received from a third o half a grain of morphia subcutaneously immediately after the operation, and in the majority with good effect; and modern surgery knows how valuable t is in a practical point of view, to calm the nervous agitation of patients after operation, to lessen shock, o procure sleep, and, more especially in ovariotomies and herniotomies, to keep the stomach in a state of physiological rest for some hours afterwards. In those latter two classes of operation, nothing seems to do so well. Nausea might be induced; but whether from shock, chloroform, or morphia, is, perhaps, not quite clear; but, judging from the usual phenomena, it would be fair therapeutically to assume that most probably it arose from the effects of the chloroform, seeing that the after-injection of morphia entailed no such symptoms. Allow me to mention two cases, recently under observation, to bear out this fact.

Case I. Sarah S., aged 40, was operated on by Mr. De Morgan for ovariotomy; the operation lasted twenty-eight minutes. Half a grain of morphia was subcutaneously given when the chloroform anæsthesia was subsiding. Some spasm occurred during the operation, and continued for an hour or so subsequently. At the end of three hours, a third of a grain was repeated, and again four hours after. After the second dose, no tendency to sickness supervened; the patient became placid, and remained in a state of stupor. Some good sleep followed, and she awoke refreshed.

Case II. Caroline C. had amputation of thigh performed by Mr. Charles Moore; the operation lasted sixteen to seventeen minutes. Half a grain of morphia was given subcutaneously. She became quiet; dozed for six hours; and had no sickness for twenty-four hours. The morphia was repeated with good effect; and the patient made a good recovery.

The opportunity will not allow me to trespass further in detail upon the valuable time of the Society; but the numerous cases treated in almost every metropolitan hospital by subcutaneous injection of morphia where opium is indicated would be too long to enter upon here. The great obstetrician Scanzoni lauds it in the puerperal stage, and more particularly in puerperal convulsion. From personal observation in cases of tetanus, delirium tremens, and mania, more especially in cases of carcinoma of uterus and stomach, to relieve pain instantly—although, perhaps, it must be acknowledged, but temporarily—it stands alone. And hospital experience goes to show that, although it has to be administered frequently and in gradually increasing doses in those chronic malignant states, yet we seem to possess no drug better suited for those peculiar cases; and no drug, when given subcutaneously for a lengthened period, perhaps of many months' duration, produces seemingly so little after ill-effect upon the human economy.

To compare the narcotic action of atropine hypodermically, with the like administration of morphia, is but to compare the therapeutical value of opium and belladonna as narcotics. The effect of atropine might be much more lasting, less transient, than morphia; yet the latter exerts its influence almost instantaneously. The use of belladonna must consequently be more limited in daily practice; and if its use be persisted in for any length of time, the probable atropial phenomenon, its liability to frantic excitement and gay delirium, with its own peculiar effects on the human system, would contra-indicate its continuance.

Atropine, as belladonna, relieves *par excellence* superficial pain. Morphia, as opium, relieves internal deep seated pain. Yet, in this mode of administering morphia, it cannot be looked upon with impunity, knowing how great and powerful are its effects; and consequently great caution and a certain amount of discrimination are demanded in its administration.

Opium, inadmissible in some varied forms of disease, would be doubly inadmissible as morphia given subcutaneously. Opium is inadmissible in advanced stages of phthisis, in old standing cases of chronic bronchitis, or where the air-passages, loaded with profuse secretion, can scarcely be evacuated; and here morphia given subcutaneously, in a moderately large dose, would kill very rapidly; the tendency not being only to diminish the secretion, but to paralyse the action of the mucous passages in eliminating the secretion. The wheezing dyspnœa of dry asthma would scarcely come within the category.

Habit, it appears, modifies the effects of morphia given subcutaneously; the dose requiring to be gradually increased, yet not so quickly as if taken by the stomach. Many a cancer patient in the wards of the Middlesex Hospital takes from two to three grains daily hypodermically, equalling six to nine grains of crude morphia taken by the stomach. Yet no other remedy seems to answer so well.

It might seem probable, that the frequent introduction of the perforating tube of the syringe into the cellular tissue would cause abscess or erysipelas; but, cautiously applied, it rarely does so. Most of the long standing cases of carcinoma present areas covered with traces of the perforating nozzle, so as not to allow space for its repetition; and although the surface be tender, yet I have never seen either abscess or inflammation supervening. I have never seen or heard of harm being produced by this powerful remedy; yet I have witnessed results which, when it has been cautiously administered, have been as much satisfactory and astounding to the observer, as they have afforded comfort and alleviation of suffering to the observed.

CASE OF EXCISION OF THE UPPER JAW.

By Henry Marshall, M.D., F.R.C.S.Ed., Clifton.

[*Read May* 18, 1865.]

The subject of the following case, M. B., aged 59, is a single woman, a native of Monmouthshire, and resident there. She was recommended to my care by Mr. Morgan of Newport, on account of a tumour of the left maxillary bone.

I saw her for the first time on April 12th; and found the cheek on the affected side to be fuller and larger than the other, produced by a firm tumour, which was tender on pressure. On looking into the mouth, I found all the teeth in the upper jaw absent, and a swelling of the gum on the left side, extending over part of the hard palate, as far as, but not beyond, the mesial line. An ulcerated opening existed in the gum, through which a probe might be passed into the antrum; but not without producing an inconvenient amount of hæmorrhage.

She stated that she first became aware of a small lump "like a gum-boil" in the left upper gum, about the beginning of last year (1864). It gave her no trouble or inconvenience, and was supposed to arise from the stump of a decayed tooth, until September of the same year, when it suddenly became very painful and increased in size, ulcerated, and emitted a very offensive discharge. This swelling gradually, but steadily, increased; and in December she consulted Mr. Morgan.

By this time, the tumour had encroached upon the palate; while there was a discharge of offensive matter from the nose, and the left nostril had become stuffed.

Mr. Morgan made an incision into the tumour, which was followed by rather free hæmorrhage; and up to the time of my seeing her, she frequently suffered from its spontaneous recurrence.

Being of opinion, that the excision of the superior maxillary bone offered the only hope of relief from the disease, and having obtained her consent to undergo the operation, I advised her entering the Bristol General Hospital, to which course she agreed, and was admitted under my care on April 20th.

Two days after (April 22nd), having put her fully under the influence of chloroform, I made an incision through the cheek from the zygomatic process of the malar bone downwards in a slightly curved direction to the angle of the mouth, the convexity of the curve looking downwards and backwards. Then raising upwards and inwards the flaps of soft parts from the bone, and detaching the ala of the nose from the maxillary and nasal bones, I divided with cutting pliers the superior maxillary bone at its junction with the malar; then placing one blade of the pliers in the orbit and the other in the nose, divided the nasal process of the maxillary bone. I cut through the hard palate a little to the right of the mesial line by similar means, and then wrenched out the bone from its remaining connections. Not a single vessel required to be tied.

Having placed some pieces of folded lint into the cavity, I brought the edges of the wound together by means of a hare-lip pin at the angle of the mouth, and of a few silver wire sutures.

On examination of the bone which had been removed, the antrum was found distended by a grey gelatinous tumour, of an obviously malignant character.

The patient hardly suffered any constitutional disturbance, and passed a good night without the assistance of a sedative.

All the sutures were removed by the end of the fourth day, the wound having united throughout by first intention. She rapidly recovered her strength; and was able to sit up ten days after the operation, and to leave the hospital on May 11th, just nineteen days after the operation. There is now scarcely any difference externally between the two sides of the face.

In performing the operation, I followed the directions laid down by Mr. Syme, to whom the credit is due of having been the first to put a case on record of complete extirpation of the upper jaw, as well as of having introduced the most simple rules for its performance. Most surgical works in this country attribute the first performance of the operation to the late Mr. Lizars. Although, in his *Anatomical Plates* published in 1826, this surgeon suggested the operation, the first case in which he performed it was in August 1829; while Mr. Syme had removed the entire superior maxillary bone two or three months previously, in a case which was published in the *Edinburgh Medical and Surgical Journal* of the same year. In the following year, M. Gensoul of Lyons published a treatise on removal of the upper jaw, from which it appeared that he had performed the operation as early as 1827, although he did not make it public until 1830.

Dr. Percy's Metallurgy has been translated into French by two engineers, MM. Petigand and Rouna, who have added special information from French sources.

Reviews and Notices.

Manual of the Turkish Bath. Heat a Mode of Cure and a Source of Strength for Men and Animals. From Writings of Mr. Urquhart, edited by Sir John Fife, M.D., F.R.C.S., Senior Surgeon to the Newcastle Infirmary. Pp. 419. London: 1865.

In the preface to this work, Sir John Fife informs us that the Turkish Bath has been, since 1859, used in the Newcastle Infirmary with great success in the treatment of various diseases; the average number of cases treated each day being fifteen. It is the conviction of the utility of this agent, confirmed by the benefits he has observed to follow its use, that has induced him to father this miscellaneous collection, mainly consisting of writings of the gentleman who has been the chief advocate of the introduction of the bath. In doing this, he observes that

"It is necessary, in the first instance, to guard against any hasty conclusions on the one hand, or, on the other hand, the rejection of statements that may seem at variance with the therapeutic science of men experienced in the value, and justly confident in the indications, that therapeutics afford.

"The same persevering confidence which enabled the author to effect the restoration to us of this Greek and Roman luxury may be well excused in regarding the Turkish Bath as a panacea; because without such a faith in its powers no one could have laboured so long, or have made the sacrifices required to revive this institution, buried for nearly a thousand years."

We infer from these remarks, that Sir John Fife does not pledge himself to the adoption of all the opinions expressed by Mr. Urquhart, but that he is desirous of placing before the profession the views held by that gentleman, in order that they may be tested by experience and judicious reasoning.

The contents of the book are various. First, we find the *verbatim* report of a Dialogue held on July 27th, 1860, on the subject of "Heat; how useful for Man, and how used by him." There are said to have been present "between thirty and forty medical and professional gentlemen and others;" and among the speakers were, besides Mr. Urquhart, Mr. Witt, Mr. E. Wilson, and Dr. Sibson. The principal *dramatis personæ* are Mr. Urquhart and Mr. Wilson, well known as a zealous advocate of the Turkish bath; and the points discussed are, the importance of "bringing the skin into action, and so evoking its latent powers as the means of reinvigorating the constitution and throwing off disease;" the action of heat independently of that of the skin; endosmose and exosmose; electricity; and actinism.

After this follows a Second Dialogue, headed "The Medical Society at Riversdale." In February 1861, Dr. Thudichum, at that time an out-and-out advocate of the Turkish bath, read a paper on the subject before the Medical Society of London. The reading of the paper was followed by a discussion, in which, while the value of the bath as a remedial agent was not denied, considerable scepticism was expressed as to the advantage of using it to the extent advocated by Dr. Thudichum. Mr. Urquhart, who was present, invited the members of the Society to visit him at his country residence; and, on February

5th, the invitation was accepted by, *inter alios*, Dr. Druitt, Dr. Thudichum, Dr. Leared, and Dr. Rogers. A very interesting discussion—interrupted by a visit to Mr. Urquhart's bath—took place. In the *verbatim* record of it which is here given, the reader will find a full account of Mr. Urquhart's views—often of a very extraordinary nature—on heat, clothing, diet, etc.; the sum and substance, as usual, being that the Turkish bath is a panacea for "all the ills to which flesh is heir"—provided that it be properly used. It is rather curious to observe that he claims, as an example of the good effects of the Turkish bath, Mr. Banting, "the type of obesity"; who, in a letter written to Mr. Urquhart in 1861, says:

"I have striven against obesity for near twenty years unsuccessfully. Through the baths alone (thirty-seven in three months) I am reduced in girth many inches, and in weight 5 lbs."

Mr. Urquhart thinks the "5 lbs." must be a mistake for "35 lbs."—why, we know not. But, if the bath were so efficacious in 1861, what had become of its effect on Mr. Banting's obesity when he last year proclaimed to the world the *dietetic system* by which he had been happily able to reduce his inconvenient bulk? Appended to this dialogue are the following notes: Description of the Bath of Riverside (Mr. Urquhart's residence), by Mr. E. Wilson; the Bath of the Finns, from *Travels of Acerbi in* 1798-9; Waste of Fuel in England; Clothing not requisite in our Climate; Dyspepsia treated by one Meal a Day; and Medical Treatment of Rheumatism.

We find next a paper on the Art of Constructing a Turkish Bath, and its Economy as a Means of Cleanliness, read before the Society of Arts in February 1862. Then follows a Lecture delivered at Newcastle-on-Tyne in 1861, on the question, Why does Man Perspire? The next chapter is headed, Consumption produced by Habits, not by Climate. Next there is a paper by Dr. Leared on the Treatment of Phthisis by the Turkish Bath, reprinted from the *Lancet;* a letter by Dr. Thudichum on the Contents of Perspiration as Discharging the Matter of Disease; observations on Cancer, Leprosy, Hydrophobia, and Apoplexy, with notes of various special cases; a correspondence between Mr. Urquhart and Sir John Fife on the Construction of a Bath; a chapter on the Introduction of the Bath into the Lunatic Asylums and the Naval and Military Hospitals; and remarks on Heat-Rays, Sun-Rays, Electricity, and Vital Power.

The book is concluded with some remarks on the application of the Turkish Bath to Animals.

This outline of the contents will show that the materials of which the book consists are very varied; and, indeed, the reader will find in it a most interesting collection of what can be said about the Turkish bath, from the vagaries, mingled with some sound sense and important suggestions, of Mr. Urquhart, to the rational observations of Dr. Lockhart Robertson and other men of his stamp. Sir John Fife has acted with the best intentions in allowing himself to appear as the sponsor of this book. He has had ample evidence in the Newcastle Infirmary of the benefit derivable from the use of the Turkish bath—or rather, to adopt the words of the title and Mr. Urquhart's ideas, of heat in the cure of disease; and, so far, we understand him to be desirous of bearing testimony to the value of the remedial agent whose use Mr. Urquhart has been so active in persuading his countrymen to adopt. In his preface, as has been seen, Sir John Fife attempts to excuse the extravagant expectations of Mr. Urquhart; and from this it is to be inferred that he does not endorse them. Nor can we suppose that he endorses the erroneous ideas which Mr. Urquhart expresses here and there as to the manner in which the Turkish bath has been received by the medical profession. Let us give an example or two.

On page 120, at the end of the Dialogue between Mr. Urquhart and the members of the Medical Society of London (1861), we find the following footnote.

"About this time a fierce war was waged against the bath by the medical journals. In replying to one of these, Dr. Thudichum wrote as follows:—'The public in this matter is far in advance of the medical profession. Our duty, as doctors of the healing art, simply is, to make ourselves acquainted with the use of this therapeutic instrument.'"

The letter of Dr. Thudichum, from which the foregoing extract was taken, was sent to the BRITISH MEDICAL JOURNAL, and was published in the number for March 16, 1861, page 291. The leading article—the declaration of "fierce war"—to which it was intended as a reply, appeared at page 231 of the number for March 2; and in it occurred the following expressions.

"As a therapeutic agent the bath is, undoubtedly, worthy of much praise; and, certainly, we needed not this Turkish sudatory to tell us of the virtues of hot air, as applied to the external surface of the body in disease. We may, nevertheless, gladly avail ourselves of it as an extended and ready means of applying the agent. Gladly would we see the bath taken up by our hospitals. . . . What is now wanting, is a series of careful observations upon the effects of hot air in the cure of individuals suffering from different diseases; and there is abundance of evidence of the value of the bath as a powerful remedial agent to justify, or rather to oblige, our large medical institutions to make the Turkish bath an important item of their instruments of cure."

This is from an article which, according to Mr. Urquhart, breathes "fierce war" against the use of the Turkish bath!

Again, at page 251 of the book, Mr. Urquhart, in speaking of the discussion in the Medical Society of London and the subsequent visit of several Fellows of that Society to his establishment, says that at the Society

"Twelve medical men, not one of whom had ever been in a bath or knew anything about it, spoke successively, giving utterance to opinions and asserting them with a confidence which could only be the result of the reverse of knowledge."

And, a few lines further on, he says that not one of them appeared among his visitors; although, as he has learnt, "the most eloquent on that occasion—Dr. Richardson—has since become a convert."

On referring to the notes of the discussion given in this JOURNAL (February 2nd, 1861, page 127), we find that several of the speakers brought forward instances of ill effects which they had observed to follow the use of the Turkish bath; while one—the late Dr. James Bird—stated that he had himself used the bath, and had derived great benefit from it.

Others, too, had seen it used. As to Dr. Richardson's "conversion", on turning to his paper published in the JOURNAL of the same date (page 114), we find that his "conversion" must have preceded the time at which Mr. Urquhart supposes it to have taken place. Here is an extract from his paper.

"Practically, in my own hands, I have seen benefit follow the use of heated air. I have known, for example, a hot-air bath improvised in cases of scarlatina, and I believe that in all cases where sweating was produced much good was done; but this is by no means a new remedy in this country.

"*Since Turkish baths have been erected, I have sent to them cases* of every kind that were likely, in my opinion, to be relieved by diaphoresis; and, in the main, the results have been good."

Mr. Urquhart must be more accurate in his statement of simple matters of fact, if he wishes his expressions of doctrine on more philosophical subjects to be accepted. It is not by misinterpreting the opinions of medical men in the manner to which we have referred, that he will impress on the profession a sense of the benefits derivable from the Turkish bath.

We sincerely trust that the very injudicious remarks sometimes made by Mr. Urquhart will not have the effect of deterring the medical profession from instituting an extended and a fair trial of the therapeutic value of the Turkish bath. To him is undoubtedly due the merit of having forced the subject on public attention; and, as far as scientific observation has gone, there is no question that in the Turkish bath, properly applied to proper cases, medicine has in its hands a most valuable remedy. What is wanted, we said four years ago, is a careful study of its effects. Since that time, it has been tried in several large institutions, but still not so extensively as it deserves. To the medical staff of the Newcastle-on-Tyne Infirmary especial praise is due for what they have done in this direction; and, if they (in conjunction with the staff of other hospitals and of lunatic asylums) would lay before the profession the results of the experiments which have been carried on by them during the last five or six years, they would—notwithstanding the very interesting character of the volume before us—produce a *Manual of the Turkish Bath* which would be a trustworthy guide to the use of this agent, and would produce far more conversions to the recognition of its value than volumes of extravagant laudation.

LECTURES ON NURSING: Short Notes addressed to Nurses. By J. C. LORY MARSH, M.D. Second Edition. London: 1865.

THIS unassuming little volume contains much information valuable for the purposes of those who are engaged in nursing. The necessity of an improvement in our nursing system has been of late years felt all over the kingdom. The ignorance of those to whom we have been contented to commit the care of our patients is very often not only destructive of their comfort, but even fatally prejudicial to their recovery. Unfortunately, we are as yet only on the threshold of this most needed reform in the management of the sick, as any one will readily see who reads the requirements of a proper nurse here given in Dr. LORY MARSH'S lectures. The importance of the nurse has practically not yet been fully appreciated; and yet we doctors well know that the life of the patient is often far more in the hands of the nurse than it is in the hands of the doctor. For example, in cases of fever, what avail all the minute directions of the physician, if there be not an intelligent and *honest* nurse at hand to carry them out? We are glad to see an experienced physician like Dr Marsh aiding in this good work by giving, in plain language, plain and useful directions on nursing.

THE WORKS OF SIR BENJAMIN COLLINS BRODIE Bart., D.C.L., Sergeant-Surgeon to the Queen President of the Royal Society, etc.; with an AUTOBIOGRAPHY. Collated or arranged by CHAS HAWKINS, F.R.C.S.Eng. In Three Volumes London: 1865.

MR. CHARLES HAWKINS modestly declines to call himself the editor of these volumes. He does not consider that the works of Sir B. BRODIE "require editing; his language needs no explanations or elucidations." And, he adds, that his long and intimate acquaintance with Sir B. Brodie "renders him unfit to make a juridical estimate of his character." In a preface, therefore, he prefers recording what was thought of Sir B. Brodie by others.

We cannot, of course, pretend to give any review of these volumes; but shall content ourselves with pointing out their main contents.

The first volume contains an Autobiography, of which we shall give our readers extracts from time to time; Psychological Inquiries, in two parts the same having been published just before the author's death; Lectures given by him at the Royal College of Surgeons, when Professor there; the Hunterian Oration; Introductory Addresses delivered at St. George's Hospital; Addresses as President of the Medical Societies, of the Ethnological Society, of the Society for Promoting Social Science and of the Royal Society; Articles on Quackery from the *Quarterly Review*, on Homœopathy from *Fraser's Magazine*, on Tobacco from the *Times*; and a Letter on Special Hospitals.

The second volume contains all papers of Sir B. Brodie's printed in the *Philosophical Transactions* and a Croonian Lecture, which by the author's request was not printed at the time, and is now first published by Mr. Hawkins; the Works on Diseases of the Joints and on Diseases of the Urinary Organs to which is added the paper on Lithotrity from the *Medico-Chirurgical Transactions.*

The third volume contains papers published by Sir B. Brodie in the *Medico-Chirurgical Transactions* and other journals; Lectures given at St. George's Hospital on Pathology and Surgery, including those on Local Nervous Affections; and, lastly, Pathological and Surgical Observations on forty different subjects, which were dictated by the author during the last winter of his life, when he had his early notes of cases read over to him, his sight then not allowing him to read or write.

CHLOROFORM: ITS ACTION AND ADMINISTRATION. A Handbook. By ARTHUR E. SANSOM, M.B. Lond. Pp. 192. London: 1865.

THIS volume contains a very good and sensible summary of the history of chloroform, of its discovery, action, and application. The author appears to us

have fully mastered his subject, and to have produced, in a very convenient form, a volume wherein e practitioner of medicine may obtain at once information on all the various details required to be known by those who undertake the administration of loroform.

British Medical Journal.

SATURDAY, JUNE 24TH, 1865.

THE COLLEGE OF SURGEONS.

HAT the position assumed by this JOURNAL, in reference to the management of the College of Surons, should not be to the taste of all members of e Council, we can readily believe. One kind of jection, however, which has been thrown at us, we ost distinctly demur to. It has been stated that e are interfering with matters which do not conrn us, and which are the proper business of the ouncil only. Also, it has been said that we have correctly stated the case against the College anagement. Ever since this JOURNAL undertook inquiry into the doings of the College, these ings have been said. But the fact is, that no ngle one of the statements made by us has ever en disproved; and we believe that no one of them capable of being disproved.

This JOURNAL, it must be remembered, was the st to investigate seriously the management of the ollege, to show its unsuitableness, and to demand its formation; and we think we may fairly claim from e profession no small amount of thanks for having w for several years consistently and persistently osecuted the question—not making it a matter of rrow personal interests, but arguing it on the broad d general basis of the rights and interests of the ofession at large. From the very first, we pointed t the evils and demanded the reform, which we w point out and still demand; but with this difference, that at the present moment the reform is manistly near at hand. When we first demanded a vote written papers for country Fellows, we were laughed When we first demanded that Examiners should ve no seat in the Council, we were laughed at. hen we demanded that Examiners should be ected by merit out of the whole body of Fellows, were also laughed at. But now all this is alred. Now candidates for the Council appear on the atform, pledged to support all these innovations! ould any greater illustration of the correctness of e views adopted and steadily pursued by us in this ry important matter be given? We beg to tender is fact—the fact that candidates of the highest sition in the profession, who now offer themselves r a seat in Council, actually, as a passport to the seat, pledge themselves to carry out in Council the very reforms which we have for several years past been urging and enforcing upon the attention of the profession—we beg, we say, to tender this fact as our answer to gentlemen who assert that we have unfairly and untruly dealt with the Council. And it is in support of these principles, that we strongly urge the election of Mr. Turner and of Mr. Charles Hawkins. Both these gentlemen have but one sole object in view—viz., as Councillors, to do the work of the Council. Neither of them has any aspiring for an Examinership. Both have long conscientiously supported the principles which we here maintain, and are not converts by compulsion on the eve of an election.

Next week, we will give a general summary of the actual state of the College management, and inquire if it be a management which is suitable to the age in which we live, and just to the profession whose interests are so deeply mixed up with it.

ELECTION OF FELLOWS OF THE ROYAL SOCIETY.

A NOTE from a correspondent, concerning the election of Fellows of the Royal Society, published at another page, is suggestive of much that regards the interests of the medical profession, and therefore deserves our best attention. The allegation of favouritism in the elections of the Royal Society does not, however, seem to be fully justified. There may be some slight reform desirable in the mode of nominating the officers of the Society; but we venture to state, from information on which we can rely, that nothing can be fairer than the selection of the candidates. There is always a very grave and even anxious investigation into the scientific attainments of every one of them; and a fair selection is made, so as to represent every branch of science. Our correspondent has probably not taken into account the new scientific professions which have sprung up within a very short period. The naval and military professions, to begin with, which were once merely defenders of their country in active service, have now been obliged to become conversant with all the scientific topics of the day, so as to apply all new discoveries to the purposes of war. Even more than this, they are employed by the Government in scientific pursuits. Engineer officers are taking observations to ascertain the figure of the earth; meteorologists are working to develope principles which may lead to the establishment of one of the most practical of sciences; and naval architecture and nautical magnetism are being energetically pushed forward. Another newly created class of scientific men is to be found in the civil engineers; and there is still another class who make pure philosophy

their profession. All these make a large influx of new candidates to compete for admission with the medical profession, who were once almost exclusively engaged in inquiries into the laws of Nature. Regrets, therefore, as to the diminished proportion of medical men in the elections of the Royal Society, when only fifteen new Fellows are annually selected by the Council, are hardly called for. The apprehension hinted at, not only by our correspondent, but also in other quarters, that there is a general depreciation of our profession, whether in the general estimate of its scientific character, or as to its social position, is a topic to which we may refer hereafter, when we shall not deny that, whatever may be the wider bearings of the question, a certain amount of injustice is meted to us at the present moment. We must rest in the meantime in the trite but true reflection, that it is useless as well as unwise to complain of an injustice which belongs to human character and attaches to all human institutions; while we venture to remind our readers that it becomes all truly and highly educated men, especially those trained in the ancient universities, who most feel the pressure of a political and German partiality, to trust more to their own industry and pure love of science, and to value more the estimation of the scientific world than those preferments which are bestowed through foreign courtly influence. This influence, together with new experiments in education, though they will probably prevail during the present generation, must in time give place to justice and common sense.

NAVAL SURGEONS.

Beyond the ordinary dangers to men who are dependent on the will of irresponsible boards, in pointing out the errors of administration that oppress themselves, our brethren of the army and navy labour under most un-English restrictions, intended to prevent appeal to public opinion, and to prohibit combination for the purpose of making joint remonstrance against injustice to individuals or of improving the position of a class.

This pernicious system can only be justified in war times. During peace, it is certain, that the more the weak point of our systems of defence and offence are examined, the more probability there is that they will be strengthened.

This policy of suppression of opinion and truth is a very short-sighted one, when applied to the medical profession employed by the Crown; and is, indeed, powerless to effect the desired object: for it is impossible to prevent our independent medical press from making known the grievances and vexations suffered by the army and navy medical officers. In fact, we think that much less of acrimony and dislike would creep out if open discussion were allowed, and officers could, in safety, avow their productions.

At the time when the Royal College of Physicians of London has decided on taking action in behalf of these services, happily for the Royal Navy medical officers, a former colleague of theirs, and a highly respected member of our Association,* has stepped into the field to do for the navy what it cannot do for itself; *i. e.*, to ventilate the ground of complaint, and to explain what he believes to be necessary for the restoration of the navy to that popularity it once enjoyed with our profession.

Dr. Brown has shewn that, in very many particulars of emoluments, and notably in that of honorary distinctions, the Medical Service of the Navy is very far in the rear of the Army Medical Service; and he then very justly claims for the navy an equalisation on all points.

The real cause of this special injury to the Naval Service, Dr. Brown ascribes to the paramount influence of one class of officers at the Board of Admiralty, where every question of medical interest is received through the medium of an officer of the executive class—the Medical Director-General having no direct relationship with the Board. This fact alone will account for the *mala fides* that, Dr. Brown states, has been persevered in towards our profession through this century.

As the result of this antagonism of sections, it has come to pass that the Naval Service is without candidates, even of an inferior class; so that the Medical Service is so far virtually at a stand-still. To remedy this state of things, Dr. Brown demands for the navy medical officers that equality with the army medical officers which was granted, at the instigation of Lord Nelson, by Order in Council, 1805, and again by Order in Council, 1859; neither of which has been carried into effect. Discouraged by this continued and successful opposition to authorised claims of equality, Dr. Brown considers that the naval medical profession can look to Parliament alone for redress of wrongs so long endured.

We sincerely recommend Dr. Brown's admirable and forcible exposition to the consideration of the profession; trusting that, in the coming elections they will lose no opportunity of impressing on candidates for Parliamentary honours, the necessity for the exertion of the authority of Parliament once more, in order to establish the State Medical Service on a satisfactory footing; so that there may be no necessity to remedy such an evil under the pressure of impending war.

One word more of advice let us give to those junior members of the profession who may be thinking of entering the Navy or Army Services; and it will be the advice which *Punch* once gave to people about to marry—"Don't do it." If our profession would only for a short time join in a resolution to obtain their rights, how easily they would be gained. I

* *Requisitions of the Naval Medical Officers.* By F. J. Brown M.D., etc., formerly Assistant-Surgeon in the Royal Navy.

men would only abstain a very short time from entering the Army and Navy Medical Services, all their grievances would at once vanish.

WHAT IS THE NUTRITIVE VALUE OF BEEF-TEA?

We dare say some of our readers may remember an anecdote told of a famous *chef de cuisine*. When asked by his noble master how he managed to use so many hams—some thirty or forty—for a single dinner, he gave the unanswerable reply: "Milor, I shall put them all into no bigger as my thumb!" What really went with the hams we can only guess; but we may safely affirm that the whole of the nutritive matter of the thirty hams was not employed for his lordship's benefit. And the anecdote recurs to us in considering the subject of M. Liebig's *Extractum Carnis*. Can the scientific chemist, any more than the accomplished *chef de cuisine*, concentrate in his extract all the most highly nutritive matter of the meat? We cannot but think that the profession is labouring under some very grievous error in reference to the use of beef-tea and extract of flesh. We would, indeed, like to suggest for the consideration of our brethren a few plain questions on the subject. Are there before us any plain and satisfactory data from which we may obtain an idea of the real value of these extracts of flesh? Do we really know what amount of nutritive material we are administering to our patients, when we give them ordinary beef-tea? May we not be deluding ourselves in this respect? Is it possible to substitute effectively *Extractum Carnis Liebigii* for the *caro* itself? What is the real amount of nutritive material extracted from a pound of flesh? What is the relative value, as nutritive materials, of a pound of beef, and of a pint of beef-tea extracted from that pound? Is it not (so far as we have any proof to the contrary) just possible that a dog fed solely on beef-tea would perish as rapidly as if he were fed only on water? Have we, as physicians, really any scientific knowledge at all concerning the actual nutritive power of this beef-tea, in the fabrication of which, as we have said, in one hospital alone in London, some 52,000 pounds of meat are annually consumed? Can any one give us anything approaching to a correct answer of such a question as the following? What is the relative nutritive value of 52,000 pints of beef-tea, and of the remains of the 52,000 pounds of meat out of which they were made? We venture to say, *à priori*, on the strength of the most patent scientific facts, that these remains, forming the great bulk of the beef, and consisting wholly of fibrinous and albuminous matters, contain almost all the nutritive material of the beef. Yet this solid nutritive matter we throw away as waste, and at the same time flatter ourselves that in the pint of beef-tea we have all the virtue and excellence of the pound of beef! A pint of beef-tea, made from a pound of beef after Liebig's prescription, yields, on evaporation, something less than half an ounce of solid matter! This half-ounce of solid matter, therefore, be it what it may, represents the return in nutritive matter of the pound of beef.

We are satisfied that every one who calmly considers the questions here proposed will agree with us, that the whole matter is one which urgently demands a very careful and scientific inquiry, from two points of view—1. To ascertain what is the actual value as a nutriment of the beef-tea which is so universally given by us to our patients; and 2. To ascertain whether there does not exist in all our hospitals at the present moment an enormous waste of nutritive materials, in the shape of meat—the *bouilli*—which is thrown away or sold as refuse, after it has been used in the making of beef-tea—the *bouillon*. We believe that a competent commission, appointed to answer these questions, would do a very great service to our beef-tea fed patients, and would effect an immense saving in the consumption of meat in our hospitals; and, we may add, that we really do not know any source from whence authoritative information on the subject can be obtained.

Since writing these lines, we read in the *Dublin Medical Press* of June 14th, the following remarks, by a no less authority than Dr. Henry Kennedy. In a paper "On the Use of Barm and other Agents in the Treatment of Fever", he says:

"As it would not be possible to consider here all the class of agents known as stimulants, I shall confine myself to two or three. And first amongst these may be placed wine and beef-tea, though the latter be not, strictly speaking, a stimulant, but which I constantly hear spoken of as if they were the same, and that where the one was used the other ought to be given with it. In a large number of cases of fever, however, they cannot be given together with advantage; and, paradoxical as it may seem, wine, in my experience, causes infinitely less risk than beef-tea, and here it is the principle I wish to elucidate is clearly seen, for the composition of these two fluids, it need scarcely be observed, is very different. In beef-tea, the quantity of fibrine, gelatine, etc., is considerable, and in proportion with the strength of the fluid. In wine, on the contrary, it is in very minute quantity; and besides, the latter has in addition most, if not all, the elements which enter into the formation of our frames. Of these, I might mention the alkalies and alkaline earths, fatty matter, sugar, albumen, traces of iron, malic, citric, and tannic acids, and all these again combined with more or less of a direct stimulant, in the shape of alcohol. Really, if with a knowledge of the component parts of our bodies, we then set about making a fluid suitable to a wasting sickness, it must necessarily have a composition like that of wine, which, it may be almost said, Nature has given us freely. Besides, too, all experience has proved its sustaining powers, for there can be no doubt that life will be supported by it for an almost unlimited period, and it is a positive fact that it will be taken often when all other kinds of food will be refused."

We quote this passage, not so much for the purpose of giving Dr. Kennedy's opinion as to the value of wine, etc., in fever, but to illustrate the truth of the statement above made; viz., how little even hospital physicians know of the actual constitution and nutritive qualities of beef-tea. Dr. Kennedy here tells us, and assumes as one of the bases of his argument, that the "quantity of fibrine in beef-tea is considerable": whereas, beef-tea does not contain a particle of fibrine, inasmuch as fibrine is completely insoluble in water!

We have been made aware, by prospectuses we have lately received, of an attempt that is now being made to revive, in a modified form, a practice which not very long ago aroused a tempest of indignation, without a parallel (so far as we know) in the social history of British medicine. It is but eleven years, as any one may see by a reference to our columns for 1854, since the medical brotherhood throughout the country was protesting with vehemence against the continuance of what was succinctly and very descriptively termed "the puff biographical." The profession was then startled—not to say scandalised—by the weekly appearance of the autobiographies of living men, many of whom took credit to themselves for qualities and public services which had not previously been heard of; while men of mark who refused their countenance to so disreputable a system, were either "damned with faint praise", or dismissed with a contemptuous snarl. How odious the transparent device was to the great mass of the medical community, was proved by the unanimity with which the second resolution of the Liverpool meeting was echoed from every quarter of the country:—"That this meeting disapproves of, and will discountenance by every means in its power, the publication of the biographies of living members of the profession." This resolution seems to us to place the question in its true light. It objects, not to the way in which the thing is done, but to the thing itself. It is quite true, that the present project is free from the most obnoxious features of the "puffs biographical" of 1854; and if it were possible to divest the proposed sketches of eminent medical men of everything objectionable, the able and accomplished editor is as likely as any one we know to accomplish the task. But that even he has his misgivings, is very plain from an apologetic paragraph which he has introduced in a second edition of his prospectus, by way of meeting the objections which some, we doubt not, have already urged, and of anticipating those which many others have yet in store for him. After so unequivocal a *pronunciamento* as that of 1854, we cannot imagine that the profession will accept any apology for "Contemporary Biography", even under the "proper limitations" and "necessary restrictions" contemplated by the editor, who, we trust, with his wonted sagacity, will pause before he plunges into "a sea of troubles", from which it would be no easy matter to extricate himself.

If we may judge from a letter which has been forwarded to us, something like an active canvass must be going on in behalf of candidates for the councillorship of the College of Surgeons. We do not for a moment accuse the gentleman on whose behalf the letter was written of being any party to the injudicious proceedings of his officious friend the writer; but we think it our duty to remonstrate against a practice which has always been condemned by the sentiment of the profession. The idea has, we believe, always been this: that those gentlemen-Fellows who are worthy of a seat in the Council must be sufficiently well known and appreciated in the profession, and cannot, therefore, require any of the dubious or fictitious aid which is often obtained by the canvasser's art. The letter we refer to is addressed to a Fellow, and is written by a Fellow, of the College. As regards the claims to consideration put forward by the writer in behalf of his friend, as the advocate in Council of certain liberal measures, we may remark that Fellows are now beginning to ask, How comes it that none of the things mentioned in this letter (and, by the way, we do not see among them voting by proxy) have been carried out? They do not stop to inquire with whom the obstruction rests. They reason only on the fact that nothing has been done, and they reason rightly; and, in accordance therewith, have, it would seem, determined, *pour encourager les autres*, to turn out every Councillor in rotation, until the spirit of the Charter has been carried into action. The Fellows have at last discovered their power, and are learning to exercise it. But what a victory is all this to us—that even Councillors should now be actually apologising for the *not* doing of those things which we have for years been demanding, and which we were once ridiculed for even suggesting!

The idea of a "doctor" finding his way into Parliament could not be alluded to by the *Times* without a sneer.

"We observe that Mr. Clement, a medical candidate for Shrewsbury, rests his claims on somewhat analogous grounds. He urges, with some reason, that every profession but his own is duly represented in the House of Commons, whereas only one member of Parliament is a doctor. Perhaps the practical exclusion of physicians and surgeons may be justified sufficiently by the nature of their engagements; certainly it is not due to any jealousy on the part of their patients. If Sir Charles Locock and Mr. Clement shall find their way into the House of Commons, they may do good service in the discussion of sanitary measures; but they must first approve themselves as politicians to the electors of the Isle of Wight and Shrewsbury."

It is generally understood, that Mr. Ransome has no idea of going to the poll on the present occasion of election of Councillors at the College of Surgeons. Indeed, if we are rightly informed, Mr. Southam signed his paper on condition that he retired before the day of election.

Three cases of cerebro-spinal meningitis have lately presented in Oppolzer's clinical wards, and a few cases have been also observed in private practice in Vienna.

M. Payen, in his work on alimentary substances, speaks sensibly of the actual value of horse-flesh as an article of food. Animals (he says) which are destroyed on account of injuries received by them when vigorous and healthy, yield flesh of excellent edible quality. But accidents of the kind are rare; and most horses, when arrived at the full stop of their existence, are wasted and exhausted by work and disease; their flesh is tough and distasteful. Of course, feeding horses for the meat market is out of the question.

CEREBRO-SPINAL MENINGITIS.

Dr. Niemeyer gives the following as results of fifteen autopsies of cases of the epidemic cerebro-spinal meningitis, made at Karlsruhe, Rastalt, and Freiburg.

The bodies were but little wasted. Rigidity lasted a long time. Herpetic vesicles were often seen on the face and other parts, and in a few cases petechiæ. The dura mater was congested. The large vessels of the pia mater, and often also the smaller vessels, were distended with blood. In the subarachnoid space there was serous or purulent effusion. In most cases, the effusion was observed on the convexity of the hemispheres. The base of the brain and the upper surface of the cerebellum seem to have been attacked in all cases. The brain-substance was congested and softened. In the ventricles was a little coloured fluid, and in a few cases much purulent fluid. The vessels of the dura mater of the spinal cord were congested; the large veins were distended with blood. Under the dura mater was a large quantity of thick purulent fluid. The substance of the cord was softened, but not broken down. The lungs were congested. The lower part of the intestines was congested, with a few ecchymoses of the mucous membrane. In some cases, the solitary and Peyer's glands were swollen.

Of the symptoms, severe headache was the most constant. Pain in the neck and back soon followed the headache. Pressure on the spine increased the pain in many cases, but not in all. Pain in the extremities was not frequently observed. Hyperæsthesia of the skin occurred in most cases. Tetanic spasms of the muscles of the neck and back were present in almost every case. Convulsions were rarely seen. Paralysis of different parts of the extremities was frequently present; hemiplegia; in two cases, facial paralysis. There were great restlessness, jactitation, complaints of headache and delirium, often ending in coma. Deafness was frequent. Ptosis of one or both eyelids was frequently noted; so also diplopia. The pupils were generally contracted. The pulse was rapid; the respiration disturbed and interrupted, deep and sighing, then becoming rapid. The bowels were generally much constipated. In some few cases, the urine was albuminous. On the skin were seen only a few patches of herpes, about the mouth chiefly. In one case, on the eighth day, was seen an exanthematous kind of urticaria; in many cases were scattered dark-coloured roseola spots, which passed into petechiæ. Febrile symptoms attended the beginning of the fever. Generally, without any warning, the patient would have shivering, with great headache and sickness. The headache would rapidly increase, the patient becoming very restless; the pupils contracted; the pulse 80 to 100, and the respiration 30 to 40. The heat of the body was moderate. At the end of the first or second day, and seldom later, the head was drawn backwards; and the pain extended down the neck and the back. There was great restlessness; the abdomen was sunken; the patient had constipation, wanderings, and contracted pupils; the pulse and breathing became rapid. On the third and fourth days, tetanic spasms of the neck and back, sometimes with trismus; marked opisthotonos. Deep sopor, unconsciousness, and death, followed. In those cases which recover, the restlessness and all the symptoms diminish; and, if the case go on well, all signs of disease disappear in a few days, and then follows a long convalescence.

Dr. Niemeyer regards the symptoms of the disease as distinctly connected with purulent inflammation of the pia mater of the brain and spinal cord. As to the prognosis; of 126 cases observed at Rastalt between December and April, 38 died, or 30 per cent. At Rastalt, the treatment consisted of ice applied to the head and back; leeches behind the ears; and internally calomel; with the subcutaneous injection of morphia to relieve the restlessness and jactitation.

Dr. Zuelchaur of Graudenz gives, in the *Berlin. Klinische Wochenschrift* of May 1st, his experience of cerebro-spinal meningitis. The disease (he says) has been epidemic at Graudenz for some weeks.

The patients (most of whom appear to have been children under 15 years of age) are suddenly seized with great pain in the head, which sometimes remits, and then soon returns worse than before. The pain is seated chiefly in the fore part and top of the head. In children, sometimes, it is accompanied with unconsciousness. Sickness soon follows. A few hours later, pain comes in the nape of the neck (and in one case preceded the headache), so that the patient can no longer move the head freely; the head is drawn backwards, and at the same time the shoulders are drawn together, so that the patient, at first sight, appears to be the subject of spondyl-arthrocacia of the vertebræ of the neck. If any attempt be made to draw the head forcibly forwards, the greatest pain is felt in the neck. At the same time, the skin is hot, the cheeks of bluish-red colour, and the pulse strong. But, in very acute cases, the extremities soon become cold, the pulse weak and rapid, and then follow sopor and death. In the less acute cases, the symptoms are less rapid in progress, but still characteristic enough. In those who recover, the sickness ceases; but the headache often continues, with restlessness, etc., even when convalescence is far advanced. Convalescence is slow. In one case, complete deafness—evidently the result of effusion—remained. Another boy of 15 remained unconscious several days during the height of the fever; and there is much doubt whether he will ever fully recover his senses.

DEATH OF EDWARD DANIELL, Esq.

The profession will hear with profound regret of the decease of one of the foremost members of the Association, Edward Daniell, Esq., late of Newport Pagnell. Mr. Daniell had only a few weeks retired from practice, in the active duties of which he had been engaged for half a century. He had taken a house at Stony Stratford; and had intended, in the quiet retirement of his life, to collect his scattered literary and scientific papers, and republish them in a revised and connected form. Unhappily, this was not to be. Mr. Daniell had been for some time past rather failing. Before he left Newport Pagnell, he had been subject to boils; but had not been confined to the house. In the latter part of May, a large carbuncular boil commenced to form at the back of the neck, and attained so much importance, that on June 4th, Dr. Richardson was sent for in consultation. For some days, it was hoped, although the local mischief was very extensive, that the patient would have sufficient restorative power to recover. In the course of the week, he kept up fairly, and on June 9th the carbuncular swelling was discharging freely from an opening which had been made after producing anæsthesia by cold. A part also looked healthy; but there was an evident decrease of systemic power. On the 13th, the stomach became irritable. From this time, he gradually declined until the 16th, when he died at 10.15 A.M. Mr. Daniell was attended throughout his illness with unremitting care by his two sons, Mr. Alfred Daniell of Kegworth and Mr. Wm. Daniell, and was also visited on several occasions by Dr. Richardson. He was in his seventieth year. Briefly recording his death, and offering, as we are sure we may do, the sympathies of the whole Association to his bereaved family, we reserve for a future number an account of his life and labours from the pen of one of his most intimate professional friends.

Division of the Cervix Uteri. Dr. Marion Sims answers Mr. Spencer Wells's objection in reference to this operation. "Mr. Wells says he has seen 'many women in whom,' after this operation, 'the vaginal portion of the cervix has curled up and almost disappeared, while the remains of the cervical canal or the os internum have become nearly impervious.' I have never seen such a result after any of my operations, and do not know what it means or how to account for it. My only trouble before, is to keep the os externum sufficiently open. I am greatly surprised to find Mr. Wells objecting to the use of the speculum. Does he not use a speculum almost every day, and sometimes very often in the day? If it is indelicate to use a speculum for incising the os, is it less so to resort to it for cauterising the same, or for other operations that demand its use? He seems also to object to my speculum because an assistant is necessary to hold it. It would be far better if all medical men would adopt my plan of having a third person in the room, whether as assistant or not, whenever a vaginal or speculum examination is to be made. It is much more delicate for a lady to be locked up in a room for half an hour with a doctor and a nurse than to be so locked up with a doctor alone!"

Progress of Medical Science.

MEDICINE.

Application of Mustard in Insanity. Dr. S. Newington recommends a new remedial agent in the treatment of insanity and other diseases. It is the application of mustard as an irritant to the surface of the body. Five or six handfuls of mustard may be employed in an ordinary bath; or the mustard may be mixed with linseed meal and applied largely to the abdomen—the object being to produce a desiccative action of blood to the skin. Dr. Newington says that he finds the agent a powerful remedy in mania, inducing sleep where other remedies have failed. His theory of its use is, that the brain is in an unusual state of activity, and consequently there is an unnatural determination of blood to the organ, preventing sleep. By the remedy, blood is driven from the brain, and sleep induced.

Hydatid Cyst of the Liver treated by Caustic; Intracystic Hæmorrhage; Death. A man, aged 34, was admitted lately into the Hôtel Dieu at Lyons. He was apparently of vigorous constitution; but his health was greatly impaired by a disease of the liver. Four years previously, a tumour had appeared in the right hypochondrium, and now occupied a space bounded by two vertical lines passing, one at the distance of four finger-breadths from the umbilicus and the other through the centre of the ribs; and by two horizontal lines at the level of the xiphoid cartilage and of the right iliac crest. The development of the tumour had been accompanied by severe derangement of the digestive organs, by loss of appetite and of strength, and by icterus. The history and aspect of the case led to the supposition that it was one of hydatid cyst of the liver; and this opinion was confirmed by an exploratory puncture with a trocar. M. Gayet, under whose care the patient was, decided on opening the cyst by caustic, and afterwards washing it with disinfectant and slightly styptic solutions. Accordingly, Vienna paste was applied over an extent of seven *centimètres* parallel to and two finger-breadths below the false ribs; after which Canquoin's paste was applied for nine days successively, until the cyst was opened. Four quarts and a half of yellow liquid escaped, in which no trace of echinococcus could be found. The discharge was arrested, in order to prevent hæmorrhage into the vacuum; but, after the patient had apparently passed a day favourably, he was seized in the evening with rigor, nausea, hiccup, cold sweats of the limbs, and other symptoms of hæmorrhage. On the following day, the patient was in the same state; the abdomen had again become distended; and the finger, when introduced into the cavity, came into contact with a large mass of clots, beyond which was felt a soft floating substance, which might have been taken for intestine, but that it was certain that the peritoneum had not been entered. In order to prevent putrefaction, M. Gayet contrived an apparatus for the continuous irrigation of the sac; but the patient gradually sank, and died four days after the opening of the cyst. On *post mortem* examination, the liver was found to be enlarged, with the cyst occupying its lower surface. The gall-bladder was healthy. In the interior of the cyst, there was found to be a second cyst, having walls of a homogeneous translucent substance; there were no traces of vessels nor of organised structure. It was filled with vegetations, formed of a finely granular substance arranged

in alternately dark and clear bands, like the walls of echinococcus vesicles; but no hooklets could be found. (*Gaz. Méd. de Lyon*, 15 Mai, 1865.)

MUSCULAR CONTRACTION SUCCESSFULLY TREATED BY SUBCUTANEOUS INJECTION OF ATROPINE. Madame B., aged 31, had, at the age of 11, when her mother died, a severe attack of hysteria, which recurred several times. When she was 18 years old, a second attack was followed by a lethargic state which lasted three days. She was believed to be dead, and preparations were being made for her funeral, when she recovered. She was married at the age of 19, and became the mother of three healthy children. Her health seemed to be re-established; when, in November last, she had a hysterical attack (the precise nature of which is not stated) which lasted for twenty-four hours, and was followed by general contraction of the lower limbs. This yielded on the next day; but the left foot remained strongly retracted, presenting the appearance of a well marked varus. The external edge rested on the ground; the sole was very concave; the external malleolus projected, but the internal one could scarcely be felt. This state continued two months, in spite of all treatment; becoming indeed worse, so that the foot appeared subluxated. Dr. Boissarie, the patient's medical attendant, then injected at the point of exit of the sciatic nerve, twelve drops of a solution containing 5 *centigrammes* of sulphate of atropine in 20 *grammes* of water (1 part in 400). In half an hour, the patient had nausea, a sense of constriction of the throat, and disturbance of vision; these symptoms continued through the day and a part of the night. The foot, which hitherto no traction had availed to bring into its normal position, could now be moved readily in every direction. The patient was now able to walk; but this was attended with a tendency to the part of the foot, probably from weakness of the antagonistic muscles. As there was still some stiffness in the muscles which had previously been contracted, two injections—one of eight drops and the other of four—of the above-mentioned solution, were made at intervals of three days. They entirely removed all traces of contraction. (*Gaz. des Hôp.*, and *Bull. Génér. de Thér.*, Avril 1865.)

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

HYSTERICAL ANÆSTHESIA AND ATAXIA. M. Lasègue relates and comments on the case of a patient in the Hôpital Necker, a girl who, at the age of 18, was seized with hysteria, and afterwards with catalepsy. The cataleptic attacks recurred every two or three days at uncertain intervals, and lasted, on an average, two or three hours each. The sleep was calm, and difficult to be distinguished from physiological sleep. M. Lasègue applied to the patient electricity, pinching, pricking, and other means of irritation, without producing the least effect. All the muscles appeared to be under the cataleptic influence, except those of the face; the jaws were fixed, but the lips and eyelids resumed their normal position when the hands were removed after separating them. The patient had anæsthesia of the limbs and of part of the body; the face, skull, and a part of the neck retained some sensibility. The anæsthesia was not only cutaneous, but deep-seated; needles could be plunged deeply into the patient without producing the least evidence of pain. M. Lasègue availed himself of the opportunity of investigating the influence of this state on the muscular action, and arrived at the following results. When the patient's eyes were bandaged, she could move the muscles lying under the parts where sensation remained, but not those lying under the anæsthetic parts of the body. Thus she moved the head, neck, and body; but the limbs were immovable, and, when put into any position, they remained there without producing the least fatigue, as if the patient were in a partially cataleptic state. This phenomenon was observed both in the lower and in the upper limbs; and yet the patient walked without looking at her feet, and with her eyes fixed on the ceiling. When her eyes were shut, she could not raise her hand to the head; but, if she had the fingers applied on a sensitive point of this region, she could, with some hesitation, perform definite movements. With her eyes open, the patient could, even with some expertness, perform the most delicate movements—provided that she never raised her eyes. When her sight was directed towards a distant object, her movements were restrained, but less so than when the eyes were closed. If obliged to look at an object within reach, she could not extend her hand to it, unless she could see her arm; but this became possible if she could distinguish the movements of the arm through her clothes.

M. Lasègue makes a number of interesting observations, and concludes as follows. The sense of muscular activity is more complex than appears at first. It is composed of elements furnished by sight, by touch, and by the slow and gradual education of movements. Each movement in itself represents a succession of phenomena, capable of being minutely analysed, from the time when motion has been determined on to the time when the object has been accomplished; and from this chain, apparently indissoluble, one or more links may be wanting. In hysterical cataleptics, the rigidity of the muscular organism, the disappearance of volition, the intervention of the sight and of touch, are so many elements, diversely modified according to circumstances, which change the results produced. (*Archives Générales de Méd.*, and *Gaz. Méd. de Paris*, 29 Avril 1865.)

CONSANGUINEOUS MARRIAGES. Dr. A. Mitchell has discussed the question of "the Influence which Consanguinity in the Parentage exercises on the Offspring"; and the following are the conclusions at which he has arrived.

1. Consanguinity in parentage tends to injure the offspring. This injury assumes various forms. It may show itself in diminished viability at birth; in feeble constitutions exposing them to increased risk from the invasion of strumous disease in after-life; in bodily defects and malformations; in deprivation or impairment of the senses, especially those of hearing and sight; and, more frequently than in any other way, in errors and disturbances of the nervous system, as in epilepsy, chorea, paralysis, imbecility, idiocy, and moral and intellectual insanity. Sterility or impaired reproductiveness is another result of consanguinity in marriage, but not one of such frequent occurrence as has been thought.

2. When the children seem to escape, the injury may show itself in the grandchildren; so that there may be given to the offspring by the kinship of their parents a potential defect which may become actual in their children, and thenceforward appear as an hereditary disease.

3. Many isolated cases, and even groups of cases, present themselves in which no injurious result can be detected. This may occur even when all other circumstances are of an unfavourable character.

4. As regards mental disease, unions between blood-relations influence idiocy and imbecility more than they do the acquired forms of insanity, or those which show themselves after childhood.

5. The amount of idiocy in Scotland is to some extent increased by the prevalence of consanguine marriages, but the frequency of these marriages does not appear to be nearly so great as has been generally supposed. (*Edinburgh Medical Journal*, June 1865.)

Pathology of Hydrophobia. In a course of lectures on hydrophobia, published by Dr. T. C. Shinkwin from the manuscript notes of the late Dr. T. S. Holland of Cork, the following conclusions are given. 1. No one of the morbid appearances that are stated to have occurred in autopsies made on persons who died of hydrophobia, nor all taken collectively, could produce the symptoms essential to that disease, and that it presents phenomena for which none of these pathological changes can account. 2. Hydrophobia can proceed to a fatal termination without leaving in the dead body any trace of diseased change. 3. All the pathological appearances hitherto recorded must be considered as secondary or accidental lesions, to none of which can be assigned the place of *the proximate cause*, which is still unknown. 4. From a consideration of the sudden, interrupted, intense, and rapidly fatal character of the symptoms, it appears highly probable that as the blood is the most generally diffused and rapidly circulating medium, it is the receiver of and agent through which the nervous system is acted on by the poison and excited by it to produce the symptoms characteristic of hydrophobia. 5. Presuming the correctness of the last conclusion, it follows from it that treatment should be directed to remove the altered condition of the blood, and that attention should in all future autopsies be directed to discover the physical, chemical, and microscopical changes occurring in it and in the nervous system. 6. If it be necessary to give this disease a nosological order, it should be placed among a series of affections that may be included under the general term of toxo-sanguineo-nervous diseases. (*Dublin Medical Press*, May 17th, 1865.)

Tubercular Disease in a Monkey. At a meeting of the Pathological Society of Dublin, the Rev. Professor Haughton exhibited the body of a large monkey (*Macacus Nemestrinus*), which had died recently in the Zoological Gardens of that city from tubercular disease. The animal was a very large and handsome one of its kind. Dr. Haughton observed that, although it is a common opinion, and is expressed in many works on natural history, that monkeys in confinement are very liable to tubercular disease, he had not found, during over six years' constant dissection of the monkeys who had died in the Gardens, one instance of the kind until the present. Most of the animals had died from scrofula or from pneumonia. The present macaque appeared perfectly healthy until about four weeks before death, when he suddenly lost his appetite, and became worse from day to day. Various foods were tried with him, but no medicine. He died rather abruptly. On making a *post mortem* examination, Dr. Haughton found the whole internal viscera affected with tubercular disease. The lungs, both right and left, but particularly the right, were filled both on the surface and through their substance with miliary tubercle. The disease appeared to have attained its most advanced stage in the lungs. There were two or three specks on the surface of the heart, which had exactly the same feel as the miliary particles in the lung. The liver contained five lobes, four of which were completely filled with tubercular matter; the fourth lobe was a complete mass of it; the disease in this was more advanced than in the others, and bore the appearance of a cheesy deposit. The spleen was also affected with the same disease, and from its appearance Dr. Haughton thought the disease even more advanced in this organ than in either the liver or lungs. The mesenteric glands were conglomerated into one large tubercular mass. There was no diarrhœa during the progress of the disease, and exceedingly little cough. The glands of the lumbar region were healthy, but the spinal glands among the back of the thorax were the seat of tubercle. Dr. Haughton also found that the animal had suffered from chronic rheumatic arthritis, which had caused dislocation of both patellæ over the external condyle. The rheumatic arthritis had completely cut away the top of the external condyles of both thighs and the inferior surfaces of the patellæ. From this cause doubtless it was that the animal for some time previous to his death appeared to prefer sitting on his rump to any other attitude, squatting on the callosites of the skin. Some months ago Dr. Haughton dissected a lion which died in the Gardens, and found the animal had suffered from rheumatic arthritis of the left shoulder-joint. The appearance presented by the bone in both cases was identical, and showed that the disease must have originated while the animal was in a state of confinement, the bone having partially rotted away, and not exhibiting the polished ivory surface which it would present were the animal capable of enjoying its natural amount of exercise. (*Dub. Med. Press*, May 10th, 1865.)

Reno-Pulmonary Abscess. At a meeting of the Pathological Society of Dublin, Dr. Gordon exhibited a specimen of this rare disease. The subject, aged 24, had been a patient in the Whitworth Hospital. On admission, she was affected with hectic, profuse night-sweats, purulent expectoration, diarrhœa, and emaciation; and passed large quantities of pus in the urine. The physical examination of the chest discovered the existence of an abscess in the right lung. About four days before her death, in addition to the symptoms already enumerated, there was observed a peculiar strong gangrenous fetor, both from her breath and from the expectoration. This symptom continued up to her death, and from the moment of its appearance she began to sink most rapidly. On tracing the progress of the disease from the kidney, the original cause was found to have been the presence of a large calculus in the pelvis of the kidney, in addition to which was another large calculus lying loose in the distended kidney, which was completely filled with purulent matter. The capsule of the kidney was also separated from it, the intervening space being occupied by a very large quantity of purulent greyish matter, mixed with some soft tenacious lymph. This abscess had escaped in some degree from the distended capsule, and so prevented the enormous distension which takes place in many instances. From this the matter passed upwards, displacing the inferior edge of the liver forwards; and, passing up and occupying the posterior surface of the liver, it pressed upwards against the inferior surface of the diaphragm, forming a large pouch, lined with soft lymph, and with the abscess pressing it upwards. The diaphragm, though thin, was not actually perforated. On examining the upper surface of the diaphragm, a state of things was found to exist similar to what was below—viz., a large abscess lay on the wasted upper surface of the diaphragm, corresponding in position to that which lay on the inferior surface. The base of this upper abscess was formed by the diaphragm; the upper part was formed by a large abscess existing in the lung, which, under ordinary circumstances, would have opened in the cavity of the pleura and caused pneumothorax, but in this case was bound down by thick

nd strong lymph all around it. If the patient had ived sufficiently long a communication would, no loubt, have been established between the two abs-esses. On further examination, two large ulcers vere found in the duodenum. Dr. Gordon thought hese accidental, and not connected with the renal bscess, which was endeavouring to make its exit by perforation through the duodenum, and which the ung, as far as it could, was assisting on the upper urface. (*Dub. Med. Press*, June 14th, 1865.)

USES OF SUGAR AND LACTIC ACID IN THE ECONOMY. In the April number of the *American Journal of Medical Sciences*, is a paper on this subject by Professor S. Jackson. He says that the facts marked out by M. Claude Bernard prove that, in the first stage of organic or nutritive actions, in animal as in vegetable life, glucose (grape-sugar) is an indispensable agent in the formation of plastic matter and organic forms. Milk, which has sugar as a large constituent, is the food of mammalia. At a later period of life, the supply of sugar is obtained to a large extent from fruits, etc., and by the conversion of the starchy elements of food into saccharine matter. Nature also has endowed the liver with a glucogenic function, by which the organism is supplied with glucose. Although constantly formed, it never accumulates in health, so it must either be transformed or destroyed. In certain conditions neither is done, and the blood and all eliminations from it are found charged with glucose, as in diabetes mellitus. As a general rule the change of amyloid matter and cane-sugar occurs in the alimentary canal, usually the stomach in most animals, although in dogs it occurs further along in the duodenum, by the pancreatic fluid. Absorption of dextrin and glucose unchanged also may take place, and the transformation may occur in the blood or through the agency of some organ. Glucose cannot remain long as such under the influence of oxygen, heat and moisture, but is transferred into lactic acid. This product appears to be the final object of the vast provision of starch and sugar. Professor Jackson states in conclusion, that Drs. W. F. Atlee and J. H. Packard have recently treated gangrenous wounds successfully with sugar. The active principle is not the sugar as supposed, but the lactic acid into which the saccharine matter has "been converted, by *contact* with animal substances in a state of decomposition" (Liebig.) He suggests that lactic acid should be tried direct, by the use of sour milk. The wound should be thoroughly washed with milk, and cleansed of putrid matter, and then bound with lint, kept saturated with acid milk. His explanation is supported by the well known fact that the gastric juice, which is an antiseptic, always contains lactic acid, and thereby arrests putrefaction. (*Philadelphia Medical and Surgical Reporter*, May 13th, 1865.)

MIDWIFERY AND DISEASES OF WOMEN.

RELAXATION OF THE PELVIC ARTICULATIONS AFTER LABOUR. Difficulty of locomotion coming on after parturition has been several times noticed (especially by French writers). It is liable to lead to the idea that the patient is suffering from spinal or uterine disease. But when it occurs in women who have been recently delivered, the practitioner should bear in mind the possibility of its arising from relaxation of the articulations of the pelvis. By palpation and pressure over the sacro-iliac synchondroses and over the pubic symphysis, pain is produced; and the point of the finger can often, in the latter situation, be introduced between the bones. M. Trousseau, in a clinical lecture on the subject, recognises the value of rest, topical astringents, and tonics; but he urges especially the necessity of applying a firm bandage so as to embrace not only the bones of the pelvis, but the trochanters of the thigh-bones. (*L'Union Méd.*; and *Bulletin Génér. de Thérap.*, Avril 30, 1865.)

Association Intelligence.

MEDICAL PROVIDENT SOCIETY.

CONTRIBUTIONS TO THE AUXILIARY FUND.

SIR,—I have much pleasure in stating that I have this day received from T. Taylor Griffith, Esq., of Wrexham, a cheque for Seventy Pounds, being the amount of donations collected by him for the Auxiliary Fund of the above named Society. Of this sum, £50, collected principally from members of the North Wales Branch, are intended as a response to the generous invitation made some time ago by Mr. Carden of Worcester; who has promised to give £50 (in addition to his former donation), provided that ten others will also each contribute a like sum.

The subjoined is a copy of the list sent me by Mr. Griffith.

	£	s.	d.
A Friend (Surgeon)	10	0	0
Dr. Hughes (Mold)	2	2	0
Dr. Roberts (St. Asaph)	2	2	0
Dr. Edward Williams (Wrexham)	2	2	0
John Dickenson, Esq., Surgeon (Wrexham)	2	2	0
A. E. Turnour, Esq., Surgeon (Denbigh)	2	2	0
Dr. Burton (Ruabon)	1	1	0
Dr. Davies (Wrexham)	1	1	0
Dr. Davies (Holywell)	1	1	0
T. F. Edwards, Esq., Surgeon (Denbigh)	1	1	0
J. Edmonds, Esq., Surgeon (Chirk)	1	1	0
Frederick Heaton, Esq., Surgeon (Wrexham)	1	1	0
T. Eyton Jones, Esq., Surgeon (Wrexham)	1	1	0
T. Evans Jones, Esq., Surgeon (Llanasa)	1	1	0
E. Turner Jones, Esq., Surgeon (Denbigh)	1	1	0
D. Kent Jones, Esq., Surgeon (Beaumaris)	1	1	0
Dr. Jenkins (Ruthin)	1	1	0
Dr. Jones (Ruabon)	1	1	0
Ll. Lodge, Esq., Surgeon (St. Asaph)	1	1	0
R. C. Roberts, Esq., Surgeon (Ruabon)	1	1	0
F. Theed, Esq., Surgeon (Rhyl)	1	1	0
Dr. Harvey Williams (Rhyl)	1	1	0
Dr. Williams (Mold)	1	1	0
Thos. G. Prytherch, Esq., Surgeon (Wrexham)	1	1	0
J. E. Eyton, Esq., Surgeon (Overton)	1	1	0
Wm. Bennett, Esq. (Morecambe)	1	1	0
T. T. Griffith, Esq., Surgeon (Wrexham)	8	10	0
	50	0	0
Miss Bennion (Wrexham Vechan), by Dr. Edward Williams	10	0	0
A Friend, by T. T. Griffith, Esq.	10	0	0
	70	0	0

In addition to this sum, and to £668:3:0 already announced in the JOURNAL, the following contributions to the Auxiliary Fund have been made since the publication of the last list.

	£	s.	d.
John Clay, Esq. (Birmingham)	10	10	0
Dr. J. G. Davey (Northwoods, Bristol)	5	5	0
Dr. Desmond (Liverpool), additional	7	7	0
Dr. Fitch (Chaddesley Corbet)	1	1	0
C. Hooper, Esq. (Aylesbury)	5	5	0
Dr. S. W. J. Merriman (London)	10	10	0
Dr. B. W. Richardson (London)	21	0	0

The Auxiliary Fund, therefore, now amounts to nearly £800: the greater part of which is placed at interest in a London bank.

I am, etc., ALEXANDER HENRY,
Secretary to the Medical Provident Society.

15, George Street, Portman Square, W., 20th June, 1865.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.
President-elect—S. J. JEAFFRESON, M.D.Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
CAMBRIDGE AND HUNTINGDON. [Annual.]	Ely.	Tuesday, June 27th, 11 A.M.
MIDLAND. [Annual.]	Town Library, Town Hall, Leicester.	Wednesday, June 28th, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
WEST SOMERSET. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.
EAST ANGLIAN. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE Annual Meeting of the Cambridge and Huntingdon Branch will he held at Ely, on Tuesday, June 27th, at 11 A.M.; J. MURIEL, Esq., President, in the Chair.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

P. W. LATHAM, M.D., *Hon. Secretary.*

15, Sidney Street, Cambridge, June 1865.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

Gentlemen intending to read papers and cases, are requested to forward the titles of the same to the Secretary, without delay.

G. H. PHILIPSON, M.B., *Hon. Secretary.*

Newcastle-upon-Tyne, June 1865.

MIDLAND BRANCH.

THE Annual Meeting of the Midland Branch will be held on Wednesday, June 28th, at 2 P.M., in the Town Library, Town Hall, Leicester; JOHN BARCLAY, M.D., President.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, without delay, to the Honorary Secretary.

JOHN SLOANE, *Hon. Secretary.*

Welford Place, Leicester, June 1865.

METROPOLITAN COUNTIES BRANCH.

THE Thirteenth Annual Meeting of the Metropolitan Counties Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 4th, at 3 P.M.

President for 1864-65 .....CHAS. F. J. LORD, Esq.
President-elect for 1865-66...E. H. SIEVEKING, M.D.

After the meeting, the members and their friends will dine together; E. H. SIEVEKING, M.D., in the Chair. Dinner on the table at 5.30 P.M. precisely.

A. P. STEWART, M.D.
ALEXANDER HENRY, M.D. } *Hon. Secs.*

74, Grosvenor Street, June 1865.

WEST SOMERSET BRANCH.

THE Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; HUGH NORRIS, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, June 1865.

EAST ANGLIAN BRANCH.

THE Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. BARTLET, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. CHEVALLIER, M.D., *Hon. Secretary.*

Ipswich, June 14th, 1865.

DRUNKARD CURING. It is said that the managers of the New York Inebriate Asylum have concluded, after trial, that they cannot cure a drunkard in less than a year.

THE YOUNG MEDICAL STUDENT. There was much which tended to damp my ardour in the beginning. A very few days were sufficient to overcome the disgust occasioned by my first entry into the dissecting-room; but the study of bones and muscles and bloodvessels was far from being attractive in the first instance. In the theatre and the dissecting-room, I felt, though with numbers around me, like a solitary person. Between myself and the great majority of the students there was nothing in common. In a medical school, indeed, there is a great mixture of persons. There is always a certain number of well-educated young men. But these are a minority. The effect of the absurd system of apprenticeship to an apothecary—which custom formerly, and since that an Act of Parliament, has imposed on what are called practitioners—is that the great mass of students are sadly deficient in this respect. There were only two among them with whom I had much acquaintance: one of them a young physician of the name of Crawford, a nephew of Crawford who wrote on animal heat, and who died not very long afterwards; and the other was Lawrence, who has since acquired so large and well-deserved a reputation. The latter was, even then, a remarkable person. I never knew any one who had a greater capacity for learning than he had, nor more industry, nor who at the same age had a greater amount of information, not merely on matters relating to his future profession, but on a great variety of other subjects. (*Sir B. Brodie's Autobiography.*)

Medical News.

UNIVERSITY OF CAMBRIDGE. Degree of M.D. conferred at a Congregation held on June 17.

Bagshawe, Frederic, St. John's College
Cheadle, Walter Butler, Caius College
Jeaffreson, Samuel John, Pembroke College

UNIVERSITY OF DURHAM. Examination for a Licence in Medicine.

Redwood, T. H., B.A., Bishop Hatfield's Hall

First Examination for License in Medicine and Mastership in Surgery.

Hope, John, Newcastle College
Newcombe, Frederick William, Newcastle College
Newton, R. C., Newcastle College

The Barry Scholarship has been awarded to John Caparn Cammack, Bishop Hatfield's Hall; and the Newby Scholarship to James Lister, University College.

APOTHECARIES' HALL. On June 15th, 1865, the following Licentiates were admitted:—

Armistead, John William, Leeds
Haward, Frederick Robertson, Halesworth, Suffolk
Jones, Alfred, Cardigan
Mackinnon, Henry W. Alexander, Portugal Street, Lincoln's Inn

At the same Court, the following passed the first examination:—

Dalton, Benjamin Neale, Guy's Hospital
Elliott, Arthur Bowes, Guy's Hospital
Lamb, Barnabas Walter, St. Bartholomew's Hospital
Square, William, St. Bartholomew's Hospital

APPOINTMENTS.

SUTTON, H. G., M.D., has been appointed Assistant-Physician to the Hospital for Diseases of the Chest, Victoria Park.

ROYAL NAVY.

AYRE, William G. J., Esq., Surgeon (additional), to the *Edgar*.
BRAKE, William, Esq., Surgeon, to the *President*.
BRICE, Frederick, Esq., Surgeon (additional), to the *Terror*, for Bermuda Hospital.
SPROULL, Charles, Esq., Surgeon, to the *Liffey*.
WHITNEY, James L., Esq., Assistant-Surgeon, to the *Impregnable*.
WRIGHT, F. L. W., Esq., Assistant-Surgeon, to the *Liverpool*.

MILITIA.

FOOTIT, W. F., Esq., to be Assistant-Surgeon Royal Sherwood Foresters or Nottinghamshire Militia.
WRIGHT, H., Esq., to be Assistant-Surgeon East and North York Artillery Militia.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

JACKSON, H., Esq., to be Surgeon 1st Administrative Brigade Argyllshire A.V.

BIRTH.

BARBER. On June 16th, at Ulverstone, the wife of Henry Barber, M.D., of a son.

DEATHS.

*BOND, Charles, M.D., at Lutterworth, aged 42, on June 11.
*DANIELL, Edward, Esq., late of Newport Pagnell, at Stony Stratford, aged 68, on June 16.
O'CONNOR. On June 12th, at March, Cambridgeshire, aged 14, Ellen, daughter of *T. O'Connor, Esq.
*WILSON, William Murray, Esq., at Horsforth, near Leeds, aged 70, on June 19.

UNIVERSITY OF OXFORD. At a congregation held on Wednesday last, the honorary degree of D.C.L. was conferred on Robert Christison, M.D., of Edinburgh, and William Stokes, M.D., of Dublin.

UNIVERSITY COLLEGE HOSPITAL. The anniversary dinner was held on Wednesday last at Willis's Rooms; Lord Belper in the chair. About 120 gentlemen were present.

CEREBRO-SPINAL MENINGITIS. A few cases, in a mild form, of cerebro-spinal meningitis, have been observed at Vienna.

DOGS. On the motion of Mr. D. Damer, returns have been ordered of all persons bitten by dogs and conveyed to hospitals since the 1st of January, 1865, within the limits of the metropolis.

DR. GRAILY HEWITT is a candidate for the Professorship of Midwifery in University College. His success as a Lecturer at St. Mary's Hospital, and his well known literary labours in midwifery and the diseases of women, give him the highest claims to the consideration of the elective body of the College.

THE COST OF ALCOHOL. Professor Frankland, in a lecture delivered at the Royal Institution, stated that "the cost of a gallon of pure alcohol, as contained in the following wines and spirits, was, in brandy, 49*s.*; rum, 28*s.*; sherry, 85*s*; port, 119*s.*; claret, 142*s.*; champagne, 172*s.*; in ale and stout only 15*s.*"

IRISH LUNATICS. By a return issued a few days ago, it appears that in the year 1864 there were committed to county gaols in Ireland 460 dangerous male lunatics, and 292 females—752 in all. The number of insane persons confined in distinct asylums in the same year was 5914; while the total number of persons which such asylums are capable of accommodating is only 4959.

MR. WILLIAM WEBBER, well known as the defendant in the case of Wells *versus* Webber for libel, tried a few years ago, and for his allegations in regard to the insalubrity of Tunbridge Wells, has obtained a verdict for £50 against a printer of that place for not affixing his name to certain verses published in ridicule of Mr. Webber.

DR. PRITCHARD'S TRIAL. The trial of Dr. Pritchard is to come off on Monday, July 3rd. The number of witnesses for the prosecution is about 87. The indictment charges the prisoner with having poisoned Mrs. Pritchard and Mrs. Taylor with antimony, aconite, and opium. The Lord Advocate is to conduct the prosecution, and Mr. Rutherford Clark and Mr. Watson have been engaged for the defence.

SURGERY *v.* MEDICINE. After an experience of fifty years, I am confirmed in the opinion that the pursuit of what is called pure surgery, such as it is in large cities, in connection with a hospital and a medical school, is more replete with interest, and, on the whole, more satisfactory, than any of the other branches into which the *ars medendi* is divided. (*Sir B. Brodie's Autobiography.*)

DEATH FROM CHLOROFORM. The *Liverpool Mercury* gives the inquest held on a child about two years, which had died from chloroform administered for the removal of a finger. About thirty drops were placed on lint over the child's mouth for about two minutes. The child died in about five minutes after the commencement of the inhalation. The jury's verdict was: Died from the effects of chloroform by misadventure. No blame was attached to either Dr. Sinclair or Mr. Prytherch.

DISTRICT LUNATIC ASYLUMS (IRELAND.) In the House of Commons on the 16th instant, Mr. Blake asked the Chief Secretary for Ireland whether he had any objection to state if the Irish government, before appointing persons to the office of resident physician to the district lunatic asylums, required satisfactory proof that they had acquired a practical knowledge of the treatment of insanity; and, if candidates were examined as to their fitness to be entrusted with the care and treatment of the insane by the inspectors of asylums, and a report made thereon to the Lord Lieutenant. Sir R. Peel answered in the affirmative.

The Railway Accident at Rednal. Thirty patients injured by the railway accident at Rednal were admitted into the Shrewsbury Infirmary under the care of Mr. Wood. Nine persons were killed at the scene of the accident, and three died in the Infirmary. It is a somewhat singular fact that no (cutting) surgical operation was required in any of the hospital cases. Broken legs, ribs, clavicles, arms, and scapulas, and injury to the abdominal viscera, etc., were the injuries there treated.

Royal College of Surgeons of Ireland. The annual meeting of the College was held on Monday, the 5th instant, when the Officers and Council of the College for the ensuing year were elected as follows. *President*—Samuel G. Wilmot. *Vice-President*—Richard G. H. Butcher. *Secretary*—William Colles. *Council*—Arthur Jacob, William Hargrave, Robert Adams, William Colles, James Barker, Hans Irvine, Robert Pentland, Thomas L. Mackesy, Awly P. Banon, Peter Shannon, Rawdon Macnamara, Hamilton Labatt, Benjamin McDowel, Edward Ledwich, William Jameson, Alexander Carte, James H. Wharton, George W. Hatchell, Albert J. Walsh.

Lunacy in Scotland. The seventh annual report of the Commissioners on Lunacy for Scotland has just been issued. The number of insane persons in Scotland on January 1st, 1864, of whom the commissioners had official cognisance, was 6,391. Of this total 1,039 were supported by private means, 5,320 by parochial rates, and 32 were criminal lunatics in the Central Prison at Perth. The statistics of the seven years ending January 1st, 1864, show on the whole much steadiness in the extent and distribution of lunacy, with latterly some tendency towards diminution in most counties. On comparing the mortality of private and pauper patients, the commissioners find the ratio to be nearly alike on both sides.

Abernethy's Lectures. He was an admirable teacher. He kept up our attention so that it never flagged, and that what he told us could not be forgotten. He did not tell us so much as some other lecturers; but what he did, he told us well. His lectures were full of original thought, of luminous and almost poetical illustrations, the tedious details of descriptive anatomy being occasionally relieved by appropriate and amusing anecdotes, which, though they had been repeated over and over again, as one course succeeded another, were very agreeable to us new comers. Like most of his pupils, I was led to look up to him as a being of a superior order. (*Sir B. Brodie's Autobiography.*)

Pollution of Rivers. Instructions have been issued from the Home Office to the commissioners appointed to inquire into the pollution of rivers, directing them to take selected river basins, illustrating different classes of employment and population, with a view to ascertain whether a measure absolutely prohibiting the discharge of the refuse of mines and manufactories into rivers, or absolutely compelling town authorities to carry town sewage on to the lands, might not be remedying one evil at the cost of an evil still more serious in the shape of injury to health and damage to manufactures. The Secretary of State suggests that the following river basins might be taken:—1. The Thames Valley, both as an example of an agricultural river basin, with many navigation works, such as locks and weirs, and mills affecting the flow of water, and many towns and some manufactories discharging their sewage and refuse into the stream from which is mainly derived the water supply of the metropolis; 2. The Mersey Valley, including its feeders, particularly the Irwell, as an example of the river basin most extensively polluted by all forms of manufacturing refuse, particularly that arising from the cotton manufacture and processes connected therewith; 3. The Aire and Calder Basin, as an additional example of the same class, particularly in connexion with the woollen and iron manufactories; 4. The Severn Basin, for the same reason, but in particular connexion with the great seats of the iron trade; 5. The Taff Valley, in connexion with mining and industry applied to metals; and 6. A river basin comprising a mining district in Cornwall.

Pollution of Rivers. The Queen has appointed R. Rawlinson, Esq., J. T. Harrison, Esq., and J. T. Way, Esq., to be her Majesty's Commissioners for the purpose of inquiring how far the present use of rivers or running waters in England for the purpose of carrying off the sewage of towns and populous places, and the refuse arising from industrial processes and manufactures, can be prevented without risk to the public health or serious injury to such processes and manufactures; and how far such sewage and refuse can be utilised or got rid of otherwise than by discharge into rivers or running waters, or rendered harmless before reaching them; and also for the purpose of inquiring into the effect on the drainage of lands and inhabited places, of obstructions to the natural flow of rivers or streams caused by mills, weirs, locks, and other navigation works, and into the best means of remedying any evils thence arising.

Engagement of Dr. Sutherland. In the House of Commons, on Monday last, Sir S. Northcote asked the Under-Secretary of State for War in what capacity Dr. Sutherland was employed by the War Department; what pay and allowances he received; whether he was paid by salary or by day pay when actually employed, and, if by day pay, for how many days in the year he was employed on an average—from what vote of the Estimates the payment was made; whether the arrangement had received the approval of the Treasury; and whether there would be any objection to lay upon the table of the House a copy of the terms of his original appointment, and of any correspondence between the War Office and the Treasury on the subject. The Marquis of Hartington said that, at the conclusion of the Crimean war, a Royal Commission was appointed to inquire into the sanitary state of the army. Several subcommittees were subsequently appointed. Dr. Sutherland, who had been a member of the Royal Commission, was appointed to serve on four of these subcommittees; and he still continued to serve on the most important of them, the Army Sanitary Committee. The duties of that committee were to consider and report upon all questions relating to sanitary improvements in existing barracks and hospitals, and the most healthy form of construction for new buildings. Dr. Sutherland's great experience and knowledge enabled him to render services upon the committee more valuable probably than those of any other gentleman who could be found. The rate of remuneration was fixed by General Peel at £3 : 3 per day; and afterwards, upon the recommendation of Mr. Herbert, then President of the Royal Commission, it was continued at the same rate so long as he was completely occupied upon these duties. Dr. Sutherland's time had since been entirely occupied on the details of the business of the Sanitary Committee, and he therefore continued to receive the above rate of remuneration. His salary was charged to the sanitary vote of the Army Estimates. There would be no objection to lay upon the table all the correspondence between the War Office and the Treasury on the subject. The Marquis of Hartington was unable to say whether there was no officer of the army who was qualified to discharge the duties

performed by Dr. Sutherland. It was the opinion of the present Secretary of State, and it had been the opinion of two or three of his predecessors, that these duties were better performed by Dr. Sutherland than they could be by any other person.

Case of Suspected Slow Poisoning by Zinc and Iron. Mr. Herapath, sen., of the Bristol Medical School says in the *Chemical News*, that at Malmsbury on May 20th an inquest was held on Ann Lait, wife of a horse doctor. Dr. Salter stated in evidence that he had attended Mrs. Lait from April 12th for uterine hæmorrhage and vomiting; the former rapidly ceased, but the latter continued till two days before her death on May 6th. She complained of burning heat of the stomach, fauces, and gullet, coppery taste in the mouth, great thirst and nausea after eating and drinking, followed by vomiting after from half an hour to an hour. The husband had entirely waited upon and fed her. Dr. Salter continued to attend her till the 23rd, on which day he called, and found her coming down stairs; she vomited in his presence; this he secured in a bottle, and subsequently Mr. Herapath received it. He had been struck with her peculiar symptoms, and on calling on the 24th, he saw the husband and wife together, and then said to both that he thought it his duty to tell her "that her symptoms were those of poison, not of disease, advised her to leave home, telling her that if she did she would get well; but if she remained at home she would die, and that he should refuse a certificate in case of her death." They neither of them expressed any concern. On the 29th he gave Lait for her three powders containing oxalate of cerium; on May 5th he called and heard she was sleeping; on the 7th a message was left at his surgery to say she was dead, and in the evening Lait called, and said "he had called in Dr. Jeston, who had seen her on the Tuesday and Thursday before her death." Dr. Salter and Dr. Jeston both refused a certificate. An inquest was held, and a *post mortem* examination followed. On receiving the matters Mr. Herapath found the stomach considerably inflamed in the cardiac portion, and the surface in a strange blistered state; there was not much inflammation of the intestines. In the vomit he found traces of sulphates of zinc and iron, also in the contents of the lower intestines; but in the remains of food in the stomach and duodenum he found only sulphate of iron. These salts, particularly that of zinc, would produce the effects described, but if used as a means of slow poisoning they would, as far as he knows, constitute the first case in which they had been resorted to for the purpose.

The late Dr. Valentine Mott. The following account of the funeral of this distinguished American surgeon is abridged from the *Philadelphia Medical and Surgical Reporter* of May 6th. The funeral took place on Sunday, April 30th. The church building in which the funeral services were held, was unable to contain those whose sympathies and feelings induced them to attend. The altar was profusely decorated by crosses, crowns, anchors, wreaths, and massive baskets of flowers, contributed by relatives and admirers of the deceased. One of the baskets bore the letters V. M., in white flowers on a blue ground; another, the word "*Resurgam*"; while, above all, hung a rich wreath surrounding an embroidered cross, with the words, "Christ, our Passover", in illuminated letters across its face. In front of the altar, and beside the pulpit, stood the pedestal for the coffin, richly draped in sombre black velvet, with floral crosses ornamenting the face of the pall. The font was also filled with flowers, the whole surmounted by a standing cross of japonicas. The reading desk and pulpit were likewise decorated by wreaths. The mourning drapery for the late President Lincoln, with which the church was hung, still remained. Immediately following the coffin, as it was borne into the church, were the pall-bearers, the members of the Faculty, of the Academy of Medicine, and of the University in Fourteenth Street. Among the gentlemen composing the *cortège*, were nearly all the leading members of the profession in which the deceased held so high a position while living. The pall-bearers were as follows:—Lieut.-Gen. Winfield Scott; G. Bancroft, Esq.; Dr. Martyn Paine; Dr. I. Wood; G. Opdyke, Esq.; Rev. Dr. J. M. Matthews; G. Bibby, Esq.; Dr. W. H. Draper; Dr. A. C. Post; A. T. Stewart, Esq.; Dr. G. T. Elliott; Mr. Routh. Attendant upon the remains were the physicians who were with Dr. Mott during his last illness. Upon the lid of the coffin was a solid silver plate, with the following inscription. "Valentine Mott, M.D., Emeritus of Surgery. Born August 25th, 1785; died April 26th, 1865."

Testimonial to Dr. Aldis. At a meeting recently held by medical men and others, it was resolved—"That a testimonial be presented to Dr. Aldis in acknowledgment of the successful efforts which he has made in sanitary progress during a period of twenty-one years, and for the untiring energy with which he has fulfilled the duties of Medical Officer of Health to the parish of St. George, Hanover Square, for more than nine years." In 1844 the Report of the Health of Towns Commission contained some important evidence of Dr. Aldis. He subsequently joined the Health of Towns Association, the Metropolitan Sanitary Association, and assisted in establishing the City and Liberty of Westminster Sanitary Association in 1847, of which he was chairman of the committee during two years, the Earl of Shaftesbury being president. He also gave evidence before the Metropolitan Sanitary Commission when the outbreak of fever occurred at Westminster School and cloisters. During this period sanitary reformers met with much opposition, were thought to be visionaries, and treated with a good deal of contempt; but they devoted much time and money to the object in which they were engaged, and became the pioneers of that sanitary legislation which has produced immense benefit to the labouring population. Among them Dr. Aldis has been an earnest worker; he was always one of that body of unrequited labourers—the dispensary physicians; he has delivered lectures to the working classes on sanitary subjects; in fact, long before he obtained the moderate emoluments of office, his time, purse, and brains were at the service of the poor and of those fellow labourers who desired evidence or information to strengthen their cause. Therefore, we heartily wish success to the "Aldis Testimonial Fund," which the following gentlemen, with others, have already consented to promote—namely, Viscount Walden, Drs. David Davies, Druitt, Ince, S. Day Goss, W. H. Jones, O'Flaherty, W. Pearse, Yearsley, Synnot, Way, Walte, and Webb, the Rev. Messrs. K. B. Foster, J. Cooper, and Lusignan, Messrs. J. R. Lane, J. Teevan, C. A. Elliott, F. Hatchard, and J. Randolph.

Metropolitan Association of Medical Officers of Health. At a meeting held on Saturday evening, May 27th, Dr. Druitt, President, in the chair, Dr. Clouston, of Carlisle, read a paper upon The Production of Dysentery by Sewage Irrigation. It consisted in an account of an outbreak of dysentery in the Cumberland and Westmoreland Lunatic Asylum, which was caused by the effluvia from a field irrigated by sewage. The land which was irrigated by the undiluted sewage was a stiff clay, and although the irrigation was practised during the three years

1862-4, it was not until February 1864, that the first case of dysentery occurred. In April three cases of typhoid occurred in an adjoining cottage, but none in the asylum. The dysentery continued until August, when the irrigation being stopped and the sewage diverted from the field, the disease ceased to appear among the inmates of the asylum. Dr. Clouston traced very completely the accordance of the several attacks with such meteorological conditions as were calculated to promote the arrival of the effluvia at the asylum wards. One of the most interesting portions of his paper was that in which he described the pathology of the disease. Altogether there were 31 cases of dysentery, of which 20 were fatal. *Post mortem* examinations were made in 16 of these. The most remarkable feature was the implication of the lower end of the ileum in the inflammation, Peyer's patches, however, being invariably free from disease. He stated that this unusual occurrence was observed also during the dysentery which attacked the British troops during the Walcheren expedition, and also during an epidemic of dysentery at Prague described by Dr. Finger. The following is the summary with which Dr. Clouston concluded his paper. 1. An epidemic of dysentery of a very fatal character occurred in the Cumberland and Westmoreland Asylum in the years 1864-5. 2. All the positive evidence that can usually be produced to determine the cause of any disease can be produced to connect this epidemic of dysentery with exhalations from a field irrigated by sewage as effect and cause. Ample negative evidence can be produced to show that no other probable cause of such an epidemic was in operation. 3. The old paralysed and diseased patients were chiefly attacked, but it was not confined to these. 4. The majority of the patients attacked were inmates of the wards on the ground floor of the asylum, showing that the sewage effluvia is most concentrated near the ground. Little or no wind and a high barometric pressure would seem to be the most favourable conditions for the injurious effects of the poison to manifest themselves. 5. It would seem to be unsafe to apply sewage in any form to land with a stiff clay subsoil within 350 yards of human habitations. 6. Diarrhœa in its ordinary form may also be caused by sewage exhalations. 7. There are strong reasons for believing that the sewage effluvia which caused dysentery and diarrhœa in some persons caused typhoid fever in others. 8. The sewage poison had a period of incubation in most cases before the dysentery appeared; the length of the period was probably from three to five days. 9. The dysentery was of a very fatal character, and the ipecacuanha treatment so successful in tropical dysentery was not so in this epidemic. 10. The two morbid appearances most characteristic of this epidemic were, 1, a soft membranous deposit on the mucous membrane of the intestines; and, 2, the diseased condition of the lower part of the small as well as the large intestines in all the cases. 11. The poison which caused the dysentery seemed to occupy an intermediate position between the poison which causes the continued fevers and that which produces ague and its concomitants.

Irish Medical Association. The annual meeting of this association was held on Monday, June 5, in the College of Surgeons, Dublin. Dr. Mackesy, the chairman, in an eloquent address, referred to the present social position of the profession in Ireland. At the last meeting he said they had reason to believe that superannuation would be granted to the poor-law medical officers of Ireland; but they had been disappointed. He, however, did not despond, for the justice of the claims of the poor-law medical officers must be recognised. The attorneys, by acting in union, had sixty-two Irish members to vote in favour of relieving them from a tax. The medical profession had only eleven members to vote in favour of an act of justice and mercy to the broken-down and worn-out members of their profession. How was that? It proceeded from want of union. The medical officers of lunatic asylums, jails, and all other public institutions, had fixed regular salaries, but the poor-law medical officer was subject to being told by his board, that if he continued to be so expensive in the treatment of his patients a resolution would be moved for a reduction of his salary. He (Dr. Mackesy) trusted an amended Medical Charities Act would be introduced which should secure a minimum salary of £100 *per annum* to dispensary surgeons. He hoped that those medical men in Dublin holding high positions who were anxious for educated men to enter the profession, and had not as yet favoured their provincial brethren with their support towards obtaining this most desirable object, would see the advantage of their giving assistance. Unless the poor-law medical officers came forward themselves they must be satisfied to remain as they are, or possibly to sink lower in the social scale. Dr. Mackesy then spoke of the Medical Council. He said: "The time has now arrived for the medical profession generally to speak out, and to record their convictions that the General Council of Medical Education has signally failed in its duty to the public and the profession in not exercising the power entrusted to them; in not laying down a proper standard of preliminary education for candidates about to enter on the study of medicine and surgery; and in not enforcing uniformity and efficiency of examination in the granting of the diplomas by the licensing medical bodies of the United Kingdom. From such omissions on the part of the Medical Council the public are suffering, and the medical profession rapidly deteriorating. The proof of this cannot be more forcibly brought before you than by the result of the examination of candidates during the year 1864 for commissions in the medical departments of the army and navy." Dr. Mackesy read a letter addressed by him to Sir J. Gibson on the subject of the examination of candidates for the army, to which the Director-General replied "that, so far from being third-rate men, the majority of the successful competitors are above the average of those who pass through the schools, as is proved by the fact, that although all must have legal qualifications to practise both medicine and surgery, one-third of those who competed at the last examination failed to obtain the minimum number of marks required to qualify them for admission into the service. Dr. Mackesy next remarked on the breach of faith towards army medical officers relative to the Warrant of 1858, and concluded by referring to the advances made in sanitary science.—The following resolutions were subsequently passed at the same meeting. 1. "That we persevere in our efforts to procure a retiring allowance or a compensation for Poor-law and dispensary medical officers when incapacitated by old age or loss of health in the performance of their duties as public servants." 2. "That the approaching general election will afford the members of our profession an opportunity of bringing under the notice of the several candidates for their support the claims of a profession which hitherto has had but little attention given to it in the British Parliament; and that we urge our brethren not to lose the opportunity of bringing said claims in as forcible a manner as possible under the consideration of all parties who aspire to represent them in the House of Commons." 3. "That we value the expressed opinion of the Poor-law Commissioners, who deem less than a hundred a year insufficient payment

r the dispensary medical officers; and that we ex-rcise every legitimate influence to ensure this sum s the minimum." 4. "That it is much to be de-red that some fixed principle on the part of the my and navy medical department as to the rank id pay of medical officers be adopted, so as to en-ure the best qualified men for appointments in Her Majesty's service." 5. "That the present arrange-ents for remuneration of members of the medical ofession for attending as witnesses in courts of jus-ce, at petty and quarter sessions, are in an unsatis-ctory state, and require the earnest and immediate tention of the authorities." 6. "That five guineas e fixed as the minimum charge for the coroner to y a medical man for performing so dangerous and sagreeable a duty as a *post mortem* examination."

"That the Coroners' Bill now brought before the ouse of Commons be referred to the Council of the ssociation, in order that such amendments may be lopted as may meet the general wishes of the public id the profession."

OPERATION DAYS AT THE HOSPITALS.

ONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

ESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

EDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

URSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

IDAY. ..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

ESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Spencer Wells, "On Ovariotomy"; Dr. Drysdale, "Against Use of Mercury in Syphilis"; and other papers by Mr. T. Smith, Dr. B. Howard, Mr. Gant, Mr. J. L. Clarke, Dr. Fenwick, and Dr. Sutton.—Zoological.—Ethnological.

TO CORRESPONDENTS.

All letters and communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

MMUNICATIONS.—To prevent a not uncommon misconception, we eg to inform our correspondents that, as a rule, all communica-ons which are not returned to their authors, are retained for ublication.

RRESPONDENTS, who wish notice to be taken of their communica-ons, should authenticate them with their names—of course, not ecessarily for publication.

ATUM.—At page 625 of last number, column 1, line 45, for "ex-and", read "expend".

E GRIFFIN TESTIMONIAL FUND.—SIR: At a meeting of the Com-ittee on the 12th instant, it was unanimously resolved that the bove Fund should be finally closed on October 1st proximo. In-ending subscribers would oblige by forwarding their contribu-ons. The following subscription has been further received:—Teynes Hardwicke, Esq. (Saxlingham), 5s.

Amount previously announced, £124:11:9. Received at the *Lancet* office, £9:9.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, June 22nd, 1865.

IS CAPTAIN GROSVENOR A HOMŒOPATH?—The captain, in reference to the subject of Dr. Tweedie's letter to him, has written as follows to the *Morning Post*.

"As the medical profession is in the act of pausing for a reply, and as, moreover, it is peremptory in the demand that such reply shall be immediate and final, perhaps you will allow me in your columns to state that I have no bias in favour of any particular variety of medical practice; but that, being firmly attached to the principles of liberty, I uphold every man's right to his own opinion, and to a practical expression of it as far as is consistent with the law. I am, therefore, resolutely opposed to anything like persecution arising from difference of opinion, whether in religious, political, or scientific matters."

There can be no doubt that the captain's liberal opinions are perfectly correct; and, in accordance with them, he will of course admit that Dr. Tweedie and every other medical man has "a right to his own opinion", even if the "practical expression of it" should be the refusal to vote for a promoter of homœopathy. Dr. Tweedie in so doing is not guilty of intolerance or persecution; he simply gives, as the captain calls it, a "practical expression" to his opinion.

ELECTION OF FELLOWS OF THE ROYAL SOCIETY.—SIR: Thanks for your remarks on the Royal Society, etc. I have been somewhat behind the scenes there for some years. The elections are, for the most part, carried by favour. Men who are utterly unknown to science are elected, while those who have done good work, but who are in our profession, are rejected. You would do well to compare the names which are now suspended with those of the elected during the last four or five years. I am, etc.,

June 3rd, 1865. M.D.

A QUESTION OF MEDICAL ETIQUETTE.—SIR: Will you be kind enough to give your opinion on the following case.

The husband of an old patient of mine (who is from home for the recovery of her health, on my recommendation) is suddenly taken ill. The friends (not relatives) send for the nearest medical man; he attends the case until the return of the wife, when she, finding that her husband does not improve, sends a note for me, requesting my attendance. In the note, she distinctly states that she told the gentleman in attendance on the case that she intended to send for me. She does not ask me to meet him in consultation. After I saw and prescribed for the patient, and just when I was about to leave the house, the wife said: "Will you see Mr. C.?" Thinking that this question referred to the treatment that had been previously adopted, I replied: "There is no occasion for it." Now, was I, upon this remark of the wife, and considering my previous position in regard to the patient and his wife, bound to call upon Mr. C., to consult with him as to the treatment of the case?

An answer in your Notice to Correspondents will oblige. I enclose my card. I am, etc.,

June 1865. A MEMBER.

[It does not appear that Mr. C. was dismissed from attendance on the case. Indeed, from the wife's asking "A Member" to see Mr. C., we might conclude that she looked upon the meeting as a consultation. Under these circumstances, we think "A Member" would have done well to have seen Mr. C. before taking charge of the case. EDITOR.]

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, June 1865.

COMMUNICATIONS have been received from:—Dr. KELBURNE KING; Dr. WATERS; Dr. SYNNOT; Mr. A. B. STEELE; Dr. JOHN R. WARDELL; Mr. H. W. FREEMAN; Mr. EADON; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. W. GRAHAM; Dr. ALLFREY; Dr. H. JACKSON; Dr. H. BARBER; Mr. T. O'CONNOR; Mr. H. B. SPURGIN; and Dr. THORBURN.

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JOHN CHURCHILL, New Burlington Street.

Metropolitan Counties Branch.

The THIRTEENTH ANNUAL MEETING of the Metropolitan Counties Branch will be held at the CRYSTAL PALACE, SYDENHAM, on TUESDAY, JULY 4th, at three o'clock, p.m.

President for 1864-65.....CHARLES F. J. LORD, ESQ.
President-Elect for 1865-66.....EDWARD H. SIEVEKING, M.D.

After the meeting, the members and their friends will dine together: E. H. SIEVEKING, M.D., in the Chair. Dinner on table at 5.30 P.M. precisely.

A. P. STEWART, M.D. } Hon
ALEXANDER HENRY, M.D. } Secs

74, Grosvenor Street, 31st May, 1865.

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Original Communications.

ON CERTAIN FUNCTIONAL DISEASES OF THE RETINA.

By J. Z. Laurence, F.R.C.S., M.B.Univ. Lond., Surgeon to the Ophthalmic Hospital, Southwark.

[*Concluded from p.* 637.]

I now come to speak of a very common form of partial paralysis of the retina—a form characterised by its excessively gradual and chronic character. I mean that form which accompanies strabismus.* It had been long known that persons who squinted suffered also from defective vision. But this knowledge was—and even now is—not so widely diffused as, in the interests of humanity, it should be. A squint is, even in these days, unfortunately too often regarded as a mere personal deformity, which may, or may not, according to the patient's position or prospects in life, be well left to his own taste and discretion to be cured or not.

That the exact nature of the paralysis of the retina which accompanies squinting may be completely understood, I may be permitted to make a slight digression, in inquiring whether there exists any predisposing cause that, in the first instance, induces the malady in question? In doing so, I shall limit myself to the question as it affects the most ordinary form of squint, that of a concomitant convergent one.

It had been long known that there existed a defect of the eye, which consisted in its possessing an unduly high refractive power in proportion to the length of its optic axis, and which constitutes the essence of the optical defect known as short sight, or myopia. But there is a second optical defect of the eye, which, although its existence had been also long known, had always been regarded as quite an exceptional and uncommon form of optical anomaly. We are indebted to the labours of Donders for teaching us that this second anomaly is equally common with myopia, if not more so, and of equal importance. I mean hypermetropia; which I may briefly designate as a deficiency of refractive power in the eye. Myopia is corrected by a concave lens, hypermetropia by a convex one. Now, it had further been incidentally observed by various authors, that persons who squinted inwards presented a peculiar form of assumed "short-sight", which was remedied, not by concave, but by convex glasses. I myself, some years ago, published a paper on this subject in the *Glasgow Medical Journal*, entitled "On the Short-sight of Squinters"; in which I adduced several cases of this to me at that time inexplicable apparent contradiction of facts. But after Donders had recognised the widely spread diffusion of hypermetropia, he further remarked that an overwhelming percentage of cases of ordinary convergent squint was accompanied by this optical defect. Subsequent researches have fully proved the important fact, that hypermetropia is in these cases the *cause* of the squint; that this latter is a mere symptom in them, and no more a substantial disease than are the eruptions of fever or small-pox.

This was a most important step. The way in which hypermetropia induces convergent strabismus may be briefly alluded to. The eye is deficient in refractive power; it would supplement this deficiency if it could. Has it any intrinsic power of doing so? It has; in its power of increasing the convexity of the crystalline lens by contraction of the ciliary muscle. Now, in the healthy eye, this method of increasing the refractive power of the eye is what we all do when we wish to see near objects; it constitutes what is known as the adjusting power of the eye, or its accommodation. This accommodation, however, we only normally exercise when we wish to see a near object; this involves a second muscular act, that of the internal recti muscles—we, in a word, converge the eyes to the near object at the same time that we accommodate their refractive power to it. Thus, convergence and accommodation have, probably from long association, become two almost inseparably connected acts. If we converge the eyes, we instinctively accommodate them; and if we wish to accommodate the eyes, we must at the same time converge them. Now, the hypermetropic eye, in regarding a near object, must accommodate two-fold: firstly, to supplement its intrinsic deficient refraction; secondly, it has to exercise that normal amount of accommodation that all eyes have to do to overcome the divergence of the rays of light emanating from near objects. It has then, on the whole, to exert an unusual abnormally large amount of accommodation; this excessive action is often associated with excessive convergence of the eyes. In other words, the eyeballs, in many hypermetropic eyes, to see a close object critically distinct, must converge to a nearer point than that at which the object is actually situated.

Hypermetropic eyes have two choices: imperfect binocular vision or perfect monocular vision. When the latter is attained, one eye necessarily converges so powerfully inwards, as to deviate its optic axis (macula lutea) altogether away from the object which the straight eye is regarding, and, by a power of mental abstraction, ignores the images of any objects formed on its retina. Of course, there remains still a residuary evil—that of a want of binocular vision; this the patient has no further power of correcting. Why most hypermetropic patients prefer imperfect definition to squinting, and what secondary circumstances predispose to the one or the other state, are points which it would lead us too far to discuss in the present paper. The squint is, when it first takes place, not permanent; but occurs only when the patient fixes his eyes intently and attentively on any particular object. I have met with several patients who were perfectly conscious that they did squint under these circumstances. In one very striking instance of a man aged 42, there existed a hypermetropia of $\frac{1}{11}$. This man was always sensible of a strong squint in the one eye, whenever he wished to see an object distinctly. Moreover, what is an additional cogent proof of the dependence of strabismus convergens on hypermetropia, is that natural hypermetropics, who ordinarily exhibit neither a periodic nor a permanent squint, in many instances may be observed to do so, if we cover one eye, when they accommodate for a near object; the covered eye then often exhibits a marked inward squint. And what is still more remarkable, a normal eye made artificially hypermetropic by a concave lens exhibits the same phenomenon.

To resume; the squint is then at first periodic, and may at this stage be generally cured without an operation, by convex glasses, prisms, or Javal's stereoscopic method of ocular gymnastics.

In two cases of squint (both in myopic patients, one a con- the second a di-vergent squint), the patients before the operation never could conceive what

* This subject will be found more fully treated of in the tenth chapter of my work on *The Optical Defects of the Eye.*

amusement people could find in looking through a stereoscope: they saw no difference, whether the slides were in or out of the stereoscope. But within a few days these two patients were agreeably surprised at then, for the first time in their lives, being able to appreciate the beauties of the stereoscope. I now systematically direct all patients on whom I have operated for squint, to commence, as soon as possible, a regular daily course of stereoscopic practice. I prefer ordinary slides to Javal's wafers, as the former, by the amusement they afford, keep the patient up to his work.

I consider this a most important and interesting supplement to the after-treatment of the operation for squint. Indeed, I would go a step further, and suggest the stereoscope as a curative measure against squinting in its first (periodic) stage, correcting at the same time any coincident optical defect. That most sagacious observer, our eminent Dr. Mackenzie, has suggested (in 1854) the stereoscope as an useful exercise in *di*-vergent squint. This limitation, I respectfully submit, is unnecessary. For, if I understand the action of Brewster's stereoscope rightly, no convergence of the eyes ensues in its use. One proof of this is, that myopic patients require their reducing concave glasses to see a stereoscopic slide distinctly. One of the above patients required as high a concave as a five-inch one; I myself require a ten-inch one. Another proof is direct observation. The eyes of persons looking through a stereoscope I have always observed to be perfectly central.

The idea of utilising the stereoscope for the above purposes, must, doubtless, have occurred to others. I claim no other merit, than that of bringing the method more prominently before the profession.

After the operation for strabismus, the tendency to squint still exists, and may reassert itself in all its former intensity, if the patient do not, at any rate for all close work, use proper convex glasses.

Case vii. I operated, by double tenotomy, on a boy aged 11, for a concomitant convergent squint of the right eye, both eyes being hypermetropic, and having an acuteness of vision (S) of about $\frac{1}{2}$. When I saw him about three weeks after the operation, I found the squint had recurred to the degree of 2‴ in the right eye, although I was convinced I had performed the tenotomy completely. I ordered him to wear his 1-16th inch convex neutralising glasses. When I again saw him three weeks later, and subsequently upwards of three months afterwards, the squint was quite cured, and had not returned.

In how many such cases a second operation has been unnecessarily performed, from the operator's impression that the muscle had not been "completely" divided in the first operation, I am not in a position to say.

After the squint has persisted a considerable length of time, it becomes confirmed. The eye turns in, more or less, always; and from this time forwards *its vision gradually diminishes.* This arises, I believe, from a secondary change occurring in the retina of the squinting eye, which will now form the subject of our further consideration, and which, indeed, has in the first instance induced us to offer the previous rather digressive explanation of the more intimate nature of squinting. Hypermetropia originates in a congenital smallness of the eye, especially in its antero-posterior axis; and, in a restricted sense, may be regarded as an instance of congenital arrest of development. It is not unnatural under these circumstances to suppose that the retina participates in the general want of formation; and this view is borne out by facts. The acuity of vision is generally somewhat less than normal in all hypermetropic eyes (altogether apart from any exceptional co-existence of astigmatism), and is markedly so in all the higher degrees.

The following table contains an analysis of the acuteness of vision in 112 hypermetropic eyes which I have carefully examined during the last five years.

Acuity of Vision (S) in 112 Hypermetropic Eyes.

Degree of Hypermetropia.	Average Acuteness of Vision.
$\frac{2}{7}$ to $\frac{2}{9}$	$\frac{1}{4}$
$\frac{1}{5}$ „ $\frac{1}{10}$	$\frac{1}{3}$ (nearly)
$\frac{1}{10}$ „ $\frac{1}{16}$	$\frac{1}{2}$ „
$\frac{1}{18}$ „ $\frac{1}{20}$	$\frac{3}{5}$ „
$\frac{1}{20}$ „ $\frac{1}{36}$	$\frac{9}{13}$
$\frac{1}{40}$ „ $\frac{1}{50}$	$\frac{2}{3}$ (nearly)

I had formerly been in the habit of using Mannhardt's and Jäger's types as the tests of the patient's sight. In the above table, I have reduced them to those of Snellen. In every case, with a very few exceptions, the vision has been tested by the patient's power of reading the larger types when he stood exactly twenty (English) feet from them. For this purpose I have employed Nos. 23 to 18 (inclusive).

A person (with his refraction corrected, if necessary) reading:

			At 20 feet, has an acuteness of vision (S) of:
No. 18	(Jäger)	=xviii (Snellen)...	$\frac{20}{18}=1\frac{1}{9}$
„ 19	„	=xxvi „ ...	$\frac{20}{27}=\frac{2}{3}$ (about)
„ 20	„	=xxxviii „ ...	$\frac{20}{38}=\frac{1}{2}$ (about)
„ 21	(Mannhardt)	=lxx „ ...	$\frac{20}{70}=\frac{2}{7}$
„ 22	„	=lxxxiv „ ...	$\frac{20}{84}=\frac{1}{4}$ (about)
„ 23	„	=cc(about)„ ...	$\frac{1}{10}$*

If these equations be not strictly true, still they are perfectly applicable to the question I wish to solve, which is one of a purely relative nature. A glance at the table proves the important fact that the acuity of vision (S) exhibits a progressive diminution as the degree of hypermetropia rises. This would tend to show, that the imperfect development of the retina proceeds *pari passu* with that of the eyeball generally.

Indeed, in one hypermetropic patient, I observed an amblyopia quite equal in amount to that which is, as I shall directly revert to, witnessed in an eye which has squinted for many years.

Case viii. Thomas C., an Essex schoolmaster, aged 67, consulted me in August 1863, on account of his having observed the sight of the right eye gradually failing him for the previous six months. He was so amblyopic with this eye, that with or without glasses he could read no type, however large, if it were any distance off; but with a 9-inch convex glass, he was able to read No. 18 (a very large type) at eight inches. With the left, on the contrary, he read No. 19 as far as twenty feet off with a 30-inch convex glass; and No. 1 (the most minute type) with a 9-inch convex glass at eight inches off. There existed then, firstly, a slight degree of hypermetropia; and, secondly, a high degree of presbyopia. In addition to the extreme amblyopia of the right

* When I visited Professor Donders' clinique at Utrecht in 1860, I copied, and subsequently had reprinted in London, a series of large types, with which, up to the time of Dr. Snellen's introducing his improved test-types, I determined the far-point in patients. I had always thought these large types were the ones Jäger introduced as supplementary to the third edition of his well known book of types. But Dr. Snellen, in a recent communication, informs me that Nos. 21, 22, and 23, of the ones I have for the last five years been using, are those of Dr. Mannhardt of Hamburg. I have here to express my obligation to Dr. Snellen in assisting me in forming the table of equivalents to which this note refers. In the calculations, I have neglected the fact that S decreases somewhat, especially in advanced age. This error is of no account, as but few of the cases in the table are over forty years of age..

ye, its field of vision was limited to a circumscribed rea around the yellow spot. Now, the interesting ict in this case was, that both fundi oculi appeared lentical. In both, the optic papilla was bright at s centre; in both, the choroidal vessels were very early seen; in both, the direct image was seen ithout an eye-piece (hypermetropic refraction); in either, were any morbid changes to be detected. In letter, dated Feb. 1st, 1865, he writes me, "My ght eye is no better; my left as perfect as ever."

Donders has also remarked the diminution of the uiteness of vision in hypermetropic eyes. He says that, even after the correction of the astigmatism the hypermetropia, the acuteness of vision usually mains rather considerably below the normal." (*On e Anomalies of Accommodation and Refraction of the ye*, p. 255.) Yet, when we come to inspect such eyes ith the ophthalmoscope, we can detect nothing orbid (as we do in all the higher degrees of myopia), we except the low degree of refractive power of the gan.

The only explanation that I can give of the amblyia in these cases is, as I have before said, that the tina is imperfectly developed—an hypothesis which ture anatomical investigation may one day verify; it which the ophthalmoscope is at present powerss in revealing. Admitting such a predisposition imperfect visual perception, we might *à priori* sume that, in an eye which has not participated in sion for perhaps many years, the perceptive faculty the retina becomes so blunted, or altogether pracally abolished, as to constitute in it what I venture designate as a condition of *functional paralysis*, or Donders terms it, a "loss of physiological sensiity through psychical exclusion", or inertia.

This assumption is fully borne out by facts. Of irty-three accurately observed cases of convergent uint, in no fewer than twenty-six was the acuity vision of the squinting eye less than that of e usually straight eye; the average ratio of the e to the other being indeed as low as 1 to 6. hat influence the age of the patient, the degree d duration of the squint, the degree of the hypertropia, severally and jointly exert on the acuity of ion, I am not in a position to say. One fact, however, I can vouch for; that is, the utter inadequacy the ophthalmoscope in explaining this diminution vision—as in all the cases I have ever examined, never remember having seen anything further normal than a hypermetropic refraction of the e.

I think, then, we may fairly admit some such preposing case, as I have above suggested, to explain e whole case. For it is a well known fact that, der other circumstances, an eye may be excluded m vision for years without any paralysis of the ina ensuing. Mr. Soden relates a remarkable case the kind, in which he removed a cataract of enty-six years' standing, and the patient regained sight.*

have myself operated on a similar case.

Case ix. Thomas B., a middle aged man, in the ploy of an eminent engineering firm, consulted last October, on account of the sight of his right having began to fail him for the last two months; that he could not recognise a person's features at ty or fifty yards; but I found he could read No. at twenty feet, and that the eye was emmetropic. cal illumination showed that the impairment of ion was due to commencing cataract, there being eral peripheral opaque striæ in the lens. On examining his other eye, I found the pupil blocked up by dead white, perfectly opaque lens-capsule; and, on further inquiry, learnt that he had been *blind of this eye for thirty years*, from a thorn striking it when beating cover. He would not at first hear of any operation on the left eye, as he said he was convinced that it was irremediably lost. However, as he had excellent perception of light with this eye, I at last induced him to submit to an operation on it. This consisted in my removing nearly all the opaque capsule with cannula-forceps; but some lens-matter that remained behind, set up repeated attacks of slight recurrent iritis, for which I performed iridectomy. These attacks at last ceased; and he regained sufficient vision with the eye to enable him to recognise objects readily and to read a large-sized type (No. 16).

I have often been asked by practitioners, Do you recommend operating early for squint? Certainly, if the squint be confirmed, as early as possible, if the patient is not to lose the sight of the squinting eye. Such an unfortunately too common occurrence entails two evils. In the first place, the patient loses binocular vision—not so small a loss as may be imagined; and, what is more important, should he by any chance lose the sight of his straight eye—a chance to which a one-eyed person is especially liable from his imperfect power of judging of distance—from an accident, from inflammation, etc., he becomes reduced to a state of altogether irremediable blindness. A case, of another kind however, in which this very nearly happened, actually took place in a patient on whom I operated.

Case x. A woman, 44 years of age, had had for nine months soft cataract in the right eye; but, as she had the left eye sound to go on with, she never troubled herself about the loss of sight in the other eye. But on May 23rd, 1864, she met with a very curious accident. She was a needle-woman by occupation, and had the habit of carrying her scissors suspended round her waist by a piece of elastic. A dog, seeing the scissors dangling at her side, jumped up in play and snapped at them; he did not succeed in catching them, but they rebounded from his mouth and struck the patient's left eye. On examining the eye, I found a vertical linear wound of the cornea, a wound of the upper part of the iris, the anterior chamber filled with blood, the fundus not illuminable, and vision reduced to mere perception of light. In another ten days, the eyeball was so disorganised, that I was compelled to remove it; and shortly afterwards I began to endeavour to procure the absorption of the soft cataract in the right eye by repeated punctures, extending over a period of about five months. The ultimate result has, fortunately for her, turned out most brilliant. When I last tested her vision, Jan. 19th, 1865, she was able to read No. 1 (Jäger) with her reading-glass (+3), and xl (Snellen) at fifteen feet with her distance-glass (+5). I may incidentally mention that, in this case, I adopted the expedient of having the two lenses, for reading and distance respectively, set in one (reversible) frame—a practical hint worthy of noting in all cases of operated cataracts in which only one eye is used in vision.

I shall, finally, advert to another and distinct functional disease of the eye which has been, very properly I conceive, termed by Dr. Hughlings Jackson "epilepsy of the retina." It is characterised by transitory loss of vision; the patient partially or wholly loses his sight for a varying period, and then again recovers it in all its previous integrity. The ophthalmoscope reveals no morbid conditions of the fundus oculi. In many cases, the patient has previously suffered from genuine epileptic seizures,

* A great part of the preceding remarks on convergent strabismus ritten originally for this Journal—is incorporated in my recent k on the *Optical Defects of the Eye*.

either amounting to actual fits, or only to an aura epileptica.

The following are two of some instances which I have seen of epilepsy of the retina.

Case xi. Stephen P., aged 22, had had two years before I saw him an attack of epilepsy, of which (he said) the effects lasted for three days. On recovering, he found the left eye closed (ptosis), and he could not open it for seven days. From that time, he had had no further fits. He did not remember his sight failing him for any time, or immediately before the fit. What he now complained to me of was, that about once a week or fortnight he would lose his sight for a time, but that he recovered it again. I found that he was amblyopic with the left eye, and appeared to be slightly myopic with both. With the ophthalmoscope, I detected neither a hypermetropic nor a myopic refraction of the eye; the optic discs were reddish, their contours rather ill-defined; the vessels were rather small; there was an appearance of tension in the internal tissues.

Case xii. A man, aged 21, a year ago, whilst at work, found a "mist" come over his eyes sufficiently dense to obscure objects around him. He has ever since been subject to these attacks every four or five weeks. They last for from five minutes to half an hour at a time; the average being a quarter of an hour. During an attack, he can see his way about, and even read with difficulty. He has never had any fits, but occasionally feels giddy. After one of his attacks, he feels sickish and has a headache.

I am quite aware how imperfect is the above sketch that I have ventured to offer on these obscure functional impairments of the retina. It is necessarily so, from the comparatively slight amount of attention the subject has hitherto commanded. Imperfect as it is, I trust, however, that it may prove sufficiently suggestive to induce others to follow up what I cannot help considering as a most interesting and important study, not only for the ophthalmologist, but for all who are interested in the investigation of disease generally.

CARCINOMA OF THE STOMACH.

By John Richard Wardell, M.D., M.R.C.P., Physician to the Tunbridge Wells Infirmary.

[*Concluded from page* 639.]

To attempt to assign any real or regular cause of cancer, would be at the best but a vain endeavour; and all that we can assert, in the present state of our knowledge, are mere hypotheses and vague surmises, which are either not borne out, or are absolutely refuted, by the facts which accumulated cases present. We know, however, that some occult cause, whatever it may be, effects a very potent change in the fluids; that it institutes some morbid condition of the blood capable of favouring the genesis of those flagrant cell-growths known as malignant. We see this condition in persons whose bodily conformation and external appearances are most opposite; sometimes in the ruddy and muscular, as well as in the pale and attenuated. The belief of many that it is an hereditary disease is a creed which has long been entertained, and one that is becoming still more prevalent; for certain it is that, in many instances, other members of a family are, upon inquiry, found to have died of the same disease. Nor is the acknowledgment of this transmission by inheritance at all inconsistent with what we know of the vital properties of the organism. Absolute cancerous material cannot be transmitted with the germ; but some hidden, inscrutable impress is transmissible, which impress at a remote period favours the development of that product; and we must confess that it cannot be entirely divested of any material relations. We know that other diseases, as tuberculosis, gout, insanity, are hereditary; and there is no reason why the cancerous diathesis should not be transmitted in like manner. That constitutional tendency is, however, very greatly promoted or retarded by the operation of external agencies; and there is no doubt that a high state of civilisation conduces to its progress and results. With the exception of the uterus, there is no organ so prone to cancer as the stomach; numerical data in our own and other countries having abundantly attested this fact. Men are more decidedly prone to it than women, probably on account of their more intemperate habits, greater exposure to vicissitudes of temperature, and greater mental anxieties. Some few instances are given of its occurrence before the age of thirty. It is, however, very seldom observed before the age of thirty-five; far more frequently in those approximating fifty, and in still more advanced life. It belongs to those heterologous changes in the assimilation of the tissues which proclaim declension of vital power, and are intimately associated with age. There is no reason for believing that one class is more prone to it, or enjoys a greater immunity from it, than another. We meet with it in persons occupying every social position—in the well-nourished, as well as in the half-starved; in those who live in the country, as well as those who live in cities.

In the great majority of examples, it is primary cancer which affects the stomach. This organ may, it is true, be the seat of the secondary form; but such cases are mere exceptions to a great general rule. The lymphatic glands may become contaminated by the presence of the disease in neighbouring viscera; as, for example, when the head of the pancreas, the liver, the spleen, the omentum or mesentery, are affected. Some pathologists have affirmed that it is the colloid variety which is most generally found in the stomach. It would, I think, more correctly express the fact, if we say that it is the scirrhous colloid which is most frequently met with in this particular situation—the hard, fibred basic substance upon which is superimposed the gelatiniform, locular mass. Colloid may and does coexist with the villous, encephaloid, and melanotic forms; but these combinations are not nearly so often observed. The cancinomatous matter is infiltrated into the areolar tissue; because, in such loose and comparatively unresisting structure, it there finds less opposition to its deposit. In the course of time, the muscular and other tissues become encroached upon, and cancerous cells are formed within the muscular filamentous sheaths, the molecular constituents of the muscle being absolutely displaced and occupied by the new formations. One of the great characteristics of cancinoma is displacement and occupation. The product which is substituted not only does not possess the secernent capabilities of the parts removed, but it gravely interferes with the functions of the organ or organs which it has selected as its *habitat*. Again, the vitiated secretions, which are poured out into the hollow viscus, confer additional disorder. Carcinoma of the stomach fully illustrates this evil. The large jelly-like mass, by mixing its perverted exudation with the gastric juice, so injuriously operates upon the normal qualities of that fluid as to render it quite unequal to the due performance of its office; hence one cause of the sour ejections, the dyspepsia, the occasional attacks of diarrhœa, and that gradual diminution of flesh and strength, which an impaired chyme must inevitably produce. The encephaloid variety grows most rapidly; the scirrhous most slowly. Scirrhus and colloid may exist in the stomach for

ars before they destroy; the encephaloid will pro-ce a fatal issue in the course of a few months. re one typifies the acute, the other the chronic :m. The encephaloid and scirrhous are considered give the most pain; the colloid the least. The uli or alveoli, which are so characteristic of the lloid, are formed simply by irregular infiltration; ey vary in size and configuration, according to the cumferential pressure, the amount of fibrous tissue, d their deep or superficial position. In the sto-ach and peritoneum, the colloid mass is more dif-se and less nodular than when deposited in glandu-r structures. Microscopic investigation has in tter years cleared up much that was previously scure respecting the ultimate structure of cancer; d, by this acquired knowledge, diagnosis has been ndered much more certain than it was when mainly sed upon clinical observation and empirical prac-e. Cancer-cells are regarded by Lebert as modi-d lymph-cells, often monstrously altered in size. llis says they present more or less resemblance to pical forms; and in any specimens there will be uch variation in the size and outline of individual lls, yet with much elementary similarity in the mour. Lebert describes the colloid cells as being rge, pale, oval, round, or tubular, lying in clusters. here are also small granular irregularly shaped cor-scles, which are regarded as cancer-cells hindered their development. The pyloric end of the sto-ach is most prone to carcinoma; next in frequency, e cardiac orifice; after that situation, the lesser rvature. The splenic end is least liable to the fection. It is a curious fact—nevertheless, one hich is true—that the deposit is rarely or never en to extend into the duodenum; and the only ason why this abrupt termination thus obtains ppears to be, that the duodenum is far more scan-ly supplied with areolar tissue than the stomach. he mass may present much resemblance to effused mph; and it should not be forgotten that lymph ill sometimes be deposited in the walls of the sto-ach, especially towards the pylorus, to considerable xtent. But the malignant growth is much less uni-rm in its configuration; and there is not super-cial softness in mere lymphic deposit. When he disease pervades the cardiac orifice, the growth ill extend into the œsophagus, and cause organic tricture. When the liver becomes secondarily ffected, the germs are transferred by the lympha-ics and the veins, especially by the latter; be-ause, it should be remembered, the gastric veins un to the liver. The reason why the lungs are ot implicated in carcinoma of the stomach, s supposed to be on account of the cancer-ells being too large to pass through the hepatic pillular plexus. When the liver has become carcino-natous, sometimes unevenness and pitting may be elt on its surface. I have known this in marked manner when there has been much emaciation. The tomach is often found agglutinated to the liver, and more especially when the disease is at the pylorus. When the growth at the pyloric orifice becomes con-iderable, the pylorus will fall into the right iliac fossa, simulating tumour or impaction at the ileo-cæcal junction. I recently saw a case which I be-lieve to be very illustrative of this fact. Rokitansky has known the pylorus to touch the symphysis pubis. We have seen in Case IV above recorded, that even when the mass hangs from the lesser curvature, the pain may be chiefly referred to the right fossa. This is a fact which, in a practical point of view, is of much importance. This falling down can, of course, only be when there is no attachment to neighbouring viscera. On reference to Case IV, it is stated that the patient was always in the least pain when in the erect position. The autopsy fully explained this peculiarity. The mass was pressed upon in the sitting or lying postures; but, on the resumption of the erect position, it would hang tolerably free in the gastric cavity.

The symptoms by which this formidable disease can be recognised are, in the earlier date of the affection, often obscure, and by no means easy of interpretation. When it has made progress, the diagnosis becomes comparatively easy. Sometimes it happens that the complaint has considerably advanced before it was even suspected. Again, it occasionally occurs, as Dr. Watson has remarked, without from first to last presenting any pathognomonic symptoms at all. It usually begins with dull, aching pain at the epigastrium, sour eructations, and an uneasy feeling of fulness and distension, which are at first merely attributed to indigestion; afterwards, there are loss of appetite, depression of spirits, and, curiously enough, an unwonted petulancy and irritability of temper. The tongue is comparatively clean; nor is there any symptomatic fever. Costiveness, alternating with occasional attacks of diarrhœa, supervenes, doubtless caused by undigested food and that butyric fermentation which the unhealthy secretions from the cancerous surface are known to produce. No symptom, however, augurs greater import than the loss of flesh; and, if accompanied with the yellowish dusky cachexia, in addition to the more obvious and ordinary symptoms, the prognosis must needs be most unfavourable. When the ordinary stomachic remedies fail, and the wasting goes on, there can be but little doubt of malignancy. As the complaint advances, vomiting generally comes on. In two of the foregoing cases, it came on immediately after eating. In both, the disease was at the cardiac end of the stomach. In Case II, where there was partial stricture of the œsophagus, the food was instantly rejected. In all the cases, the ejections were invariably sour. Sometimes there will be mixed with the glairy mucus black or coffee-grounds looking flakes, the results of hæmorrhagic exudation, or the erosion of some of the smaller vessels; or there may be active hæmorrhage. This symptom is in the latter stage. At the first, simple ulcer may be simulated; but, in simple ulcer, the pain is not so persistent, nor so sharp and lancinating; it occupies but a small area; and the rest of the mucous membrane is healthy, and there is little or no loss of flesh. When the orifices are not obstructed, sickness is less urgent, and the patient lives longer. When the pylorus is the seat, a special train of phenomena supervene. This orifice becomes gradually narrower until positive occlusion well-nigh results; the imperfectly digested food can then but with great difficulty pass through the contracted portals; the stomach labours to overcome the obstruction; and the applied hand can feel a vermicular movement resulting from its efforts. By this excess of action, and the abnormal gases which are generated by perverted secretion, the organ becomes large, and percussion elicits preternatural resonance. When there is constricted pylorus, the intestines are empty, and the belly drawn in—a condition which is seen in some other forms of disease; for example, in typhus, when there is diminished chyle and great deoxidation of the tissues. When the cardiac orifice is the seat of the tumour, the swallowed morsel gives rise to pain immediately after its descent into the œsophagus. There will then be instant rejection, or (Case II) the food will feel to stick as it were at the epigastrium; and the pain to which such obstruction gives rise is excessively severe. When the growth is in the lesser curvature, it very generally extends to one or both orifices. In Case IV, it did not do so. Sickness may

be a distressing symptom even when the inlet and outlet are free from disease. The mental faculties usually keep clear to the last. In all of the above examples, this was the case.

I have said the diagnosis is more difficult at the first than afterwards. When the affection has progressed, palpation will assist the formation of an opinion very materially. Pressure gives pain at some circumscribed spot. This pain often radiates through into the back. Frequently, a large, irregular, hard substance can be felt in the right epigastric region, between the mesial line and the right false ribs. The movement of this substance gives pain. When the cardium is the site of the growth, some thickening can be discerned (after emaciation has progressed) towards the splenic end of the organ. The patient's description of the pain should never be disregarded. Sharp, stabbing, hot, burning, were terms employed by the patients whose cases have been given above. We should bear in mind that the pain may simulate that of renal calculi, of ordinary hepatic pain, of tumour in the posterior mediastinum, of abdominal aneurism, of lumbago. There may, however, be but little pain, as sometimes little vomiting, from first to last. I have known carcinoma of the uterus be attended with scarcely any pain. If the branches of the par vagum enter the mass, there will be great suffering. If the tumour lie in front of the abdominal aorta, it will be lifted up by the pulsations, and simulate aneurism. Negative and stethoscopic facts will, however, guard us against such a mistake. In chronic or acute irritation of the gastric mucous membrane, the pain is diffuse, and referred to the entire epigastrium—not circumscribed as in malignant tumour. The ejected matters will assist in some measure in arriving at a correct diagnosis, not only as regards the true nature of the disease, but as to its particular position in the organ. Under the microscope, cells of a specific character can, on careful examination, be discovered mixed with the vomited fluids. If the growth be at the pylorus, the food will be partially digested; if at the cardium, it will generally be little altered. If there be much blood, we should suspect the encephaloid or melanotic variety. Notwithstanding all the foregoing rules for observation, necroscopy will from time to time reveal conditions unsuspected, and disappoint us by not displaying those which we had anticipated.

Some time ago I was requested by Mr. Hutchinson of Lamberhurst to see with him a patient who had long been affected with persistent stomach-disease. There was no very decided cachectic expression; yet he got thinner, and his condition caused anxiety. The tongue was livid, flabby, smooth, creamy; the appetite impaired; the epigastrium full and resonant. Pressure gave pain, which was *not localised*, but diffused over the whole region. There was pain after meals, but no vomiting. The urine was voided in normal quantity; specific gravity 1015; excess of triple phosphates. I gave it as my opinion, notwithstanding the loss of flesh and other doubtful symptoms, that his case was not malignant. Mineral acids, bitter infusions, morphia at bedtime, and a regulated diet, were followed by gradual improvement; and for more than twelve months he has been quite well. An in-patient was admitted into the infirmary under my care several months ago, in the person of a tall, powerful woman, who had been servant in a gentleman's family. For more than half a year she had had epigastric pain, and more especially after eating. She looked sallow, anæmic; and had become thinner. Her spirits were much depressed, and she believed she laboured under a fatal malady. A medical opinion had been given suspecting cancer. I was written to by the lady with whom she had lived, respecting her going into the Cancer Hospital. The epigastrium was rounded and resonant; no tumour; no hardness; and pressure gave diffuse dull pain, which did not lancinate into the back. Tongue creamy, flabby, not loaded. Right hypochondrium duller than normal. I expressed my decided opinion that her affection was not cancer. A blister to the epigastrium, a mixture with infusion of rhubarb and calumba and the bicarbonate of soda, with small doses of strychnine, mild mercurial alteratives, and an easily digested and nourishing diet, were followed by speedy improvement. She soon left the hospital well, and her health continues good at this date.

In saying a word relative to treatment, there cannot be much discrepancy of opinion upon this head. When we are impressed with the belief of the existence of malignancy, the remedies can only be palliatives, or at most such as are deemed to possess the power of retarding the progress of the complaint. All depressing mental emotions should be avoided, as well as every description of ingesta which might irritate the lining membrane of the stomach. The food should be light, digestible, and nourishing. Solids are to be utterly discarded. The various farinaceous articles of diet are to be taken; and these may be advantageously given in combination with soups, broths, and jellies; new laid eggs, milk (mixed with lime-water when there is acidity), pounded meats, and like bland articles of food. With regard to medicines, the nitrate of bismuth, as a mineral astringent, has been much lauded. It may be given in combination with hydrocyanic acid and some bitter infusion. When there is excess of acidity, the aqua calcis is preferable to the other antacids. If this be not employed, Brandish's alkaline solution, with some aromatic water, will be found serviceable. Morphia, henbane, and conium I have found of great service, even at the earlier stage, in tranquillising the nervous system and giving sleep. When the disease shall have advanced, morphia is the all-important remedy. When sulphuretted hydrogen is developed, the creasote pills produce much benefit. The bowels may be regulated by pills of aqueous extract of aloes, extract of belladonna, and quinine. An opium and belladonna plaster to the stomach has a comforting effect; and towards the close, when the pain becomes excessive, opiate epithems are not to be omitted. When the stomach will not retain food, nutritive enemata may advantageously be employed.

Danger of Injections into Aneurisms. A man in the Aix Hospital had a traumatic aneurism of the brachial artery at the elbow-joint. Compression was tried for a month, but failed. M. Goyrand therefore injected into the tumour five drops of perchloride of iron. The aneurism at once become firmer, the thrill of it ceased, the pulsation in it was less, but still continued. A second similar injection was therefore tried. Immediately thereupon the whole hand became pale; the sensation in the fingers was most painful; the temperature was lowered. The hand was like that of a dead person. All pulsation of the tumour had ceased. Frictions and hot applications were applied to the hand. On the next day, a blue circle was seen at the finger and gradually increased. Deep pain was felt in the hand. Eventually the hand was separated at the wrist by dry gangrene, and the man left the hospital cured in a month. The accident was accounted for by supposing that a clot of fibrine had been driven into the ulnar and radial arteries.

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IS THE COLLEGE OF SURGEONS PROPERLY GOVERNED?

r may be well for us to take this particular occasion f the College of Surgeons' election of Councillors, o bring prominently before the profession its anoma- ous government; and thereby to illustrate the ne- essity (so long insisted on by us) of a reconstruction f its Charters. The time will soon come, we venture o prophesy, when the profession will not only cease o wonder at our persevering criticisms of the Insti- ution, but will express surprise that such a govern- nent could have ever existed.

Assuredly, the present Charters are not suited to hese times. They were obtained by those who had ommand of the entire good things of the Col- ege—who regarded those things as, in some sense, heir private property; and having, were resolved to :eep, the possession in their hands. Unfortunately, he spirit which directed the acts of those who were n power when the present Charters were obtained, as steadily survived even to the present time; but it s a spirit which is dissonant from common sense and ommon justice, and which, therefore, cannot long urvive the judgment of modern opinion. And, hap- ily, we can see approaching the end of misrule; nd we think that we may fairly claim the thanks of he profession for having been the first to attack in arnest the bad system; to lay bare its unseemliness; nd to point out the right path of reform.

When we first spoke of, and as, year after year, ve insisted on, the necessity for a new Charter, votes y voting-papers for country Fellows, and separation of he Court of Examiners from the Council of the Col- ege, we excited the ridicule of some and the wrath of thers. But what a change has since come over Fellows' inds! The old system of re-election of Councillors as been ruthlessly arrested; and now candidates for he Council find themselves compelled to make the ost liberal confession and promises as the passport o their admission! Ay! candidates enter the Council pledged to assist in obtaining the very re- orms which we have so long been maintaining as ssential! Could a more striking justification be given of the propriety of the course which we have steadily and firmly pursued in this matter?

The inquiry which we now propose to make may be entered into by asking, What is the meaning of the annual and eager contest for seats in the Council?

The answer is, it is the annual contest for a desir- able, but *in futuro*, prize—an examinership—for an office which, when obtained, it is the practice to hold for life; and worth, some say, at least £400 a-year.* Few, indeed, are they who seek the Councillorship solely for the purpose of being Councillors.

The office of Councillor is merely a post of mode- rate honour and of considerable labour. It is not worth, in a money point of view, the outlay it in- volves. The fees to be paid by a Councillor, on taking office, are twenty pounds; and a man must be a long time in office before he recoups himself this sum.

But why, an ordinary person might say, should a Fellow, who has no mind for the work, be forced to pass perhaps eight, ten, or even more years in the Council in order that he may become an Examiner? Does the Charter require this? No! nothing of the kind. The Charter says that Fellows who are not on the Council, may be elected Examiners. But the Council—or rather the Court of Examiners, which rules the Council—say:—We will do nothing of the kind; we know what is wanted better than the Charter does; the office of Examiner is, and always has been, the property of senior London surgeons, and descends to them according to seniority. The older men are, the better Examiners they make; and, at all events, custom and old habits lead us to regard the office as our legitimate property, and we mean to hold to it as such. As for electing as Examiner a man not on the Council, merely because he is a first-rate teacher of anatomy, or physiology, or surgery, it is out of the question, and contrary to all precedent. Mr. Paget and Mr. Hewett might (as you say) make very good Examiners; but the idea of elevating them, young men, over the heads of numbers of their seniors, grey haired veterans, who are, and have been long, wait- ing their proper rotation turn of seniority for the coveted prize, is really outrageous! Their turn will come all in proper time. To be sure, some six or eight years hence, they may not be quite as well up in physiology and anatomy, as they now are; but then they will know quite as much as others do, and quite enough for the purpose of choosing good surgeons. The lucrative office of Examiner is (as we determine it) vested in, and appertaining to, London surgeons, to be held by them according to seniority, and held for life. Fellows, as far as we can manage it, shall come into the Council according to seniority; and from the Council they shall, as vacancies occur, and according to their behaviour there and antecedents, be draughted into the Court of Examiners.

Now let us note the necessary practical working of this mode of dealing with the Examinerships.

* On this, as on so many other points, the Council do not think it right to give the profession any distinct information. The fees of Examiners are in the published balance-sheet of the College expen- diture, mixed up under the same head with "coals, law expenses, wages, salaries, diploma stamps, auditors, etc." This compound item of disbursement—*including Coals and Examiners' Fees!*—in the list for 1861 (lying before us), amounts to £3831.

As Examiners, by the system of quinquennial re-elections, virtually hold office for life, and as Examiners are (by the system) all chosen out of the Council, vacancies in the Examinerships are few and far between. Then, as the practice, till lately, has been to re-elect retiring Councillors, and to elect new Councillors from the College list of Fellows according to seniority, Fellows do not become Councillors until at about (on an average) the mature age of from 50 to 60. Then, again, as they must necessarily remain several years in office as Councillors before their "turn" comes for being made Examiners, it can rarely happen that a man is made Examiner before the age of 60 and upwards. And thus it is that, long after men have ceased to teach surgery, long after they have ceased to study or teach anatomy and physiology, both whilst overwhelmed with the cares of large London practice, and even after they have retired from practice, they still hold the office of Examiner.

And now, we ask, Is this system in accordance with the best interests of the College and of medical science? No one will, we suppose, assert that Examinerships were established for the benefit of senior London hospital surgeons; and no one will, we think, venture to assert that it is for the best interests of the profession that they should be held solely by London surgeons according to seniority. Nevertheless, it is thus that they have hitherto been held, and held contrary to the spirit and intention of the Charters under which Examiners are elected. Thus, in truth, the very evils which the last Charters were obtained to remedy are still maintained in vigorous operation.

Surely, therefore, we are thoroughly justified in making this inquiry—in asking, Is the government of the Royal College of Surgeons carried on in full accordance with the best interests of medicine? Are not the interests of medicine sacrificed to private interests? Surely we are so justified, when we find the express intentions of the Charters ignored by those who govern under them; when we see the College governed, not by the spirit, but by the letter of the Charters.

We will venture to say, that not in the wide world can such another system of management be found in operation, as that which at present prevails in the Royal College of Surgeons of England. Let us for a moment try the system, by seeing how Examiners are elected in other kindred corporations.

We suppose every one will concede that the system of the University of London may be regarded as something approaching to a model system; to one which represents the opinion of the present day. Now, the Examiners of the London University are elected *annually* by the Senate. No member of Senate is eligible as an Examiner; and no Examiner is eligible for election more than four years consecutively. Examiners, moreover, are elected out of the whole body of the profession.*

And let us see who the men are, thus elected by those whose sole object is to put the right men in the vacant places—to get the best Examiners. Are they taken by seniority, as at the College of Surgeons? Nothing of the sort. The London University selects for its Examiners men of the following stamp—men of the following age and standing in the profession: Drs. Sibson, Parkes, Tyler Smith, West, Braxton Hicks, Priestley, Frederick Farre, Garrod, Habershon, Guy, and Odling; Messrs. Hilton, Erichsen, Viner Ellis, Redfern, Savory, and Huxley. These are the sort of men selected for Examiners by those who do not assist in electing themselves, and whose only object and desire are to get the best men for the work.

The men whom we have here named are chosen Examiners by the London University, all in the strength and vigour of their age and scientific labours; and all of them up to the level of the science of the day. Do not their very names, as selected Examiners, irresistibly condemn by comparison the system of self-election by seniority which prevails in Lincoln's Inn Fields?

Then, again, we ask, on what principle of right or reason is it that the Examinership of the Royal College of Surgeons should be held for life? One of the express objects of the Charter was to do away with these life-appointments. But of what avail was the introduction into the Charter of quinquennial election of Examiners, if Examiners are systematically re-elected into office, and virtually re-elected by themselves? Will any one believe—will the Council of the College venture to assert—that this system of life-holding of Examinerships is the system best adapted to the interests of the College and of the profession?

Let us see how it works. Under this life system, only a comparatively very small number of the Fellows of the College can ever become Examiners. But why should the public, and the profession, and the College, be deprived of the services of the many highly educated surgeons and anatomists found in the body of Fellows of the College; and solely in order that a privileged few may enjoy the benefits, and, as it is very wrongly regarded, the rights of life-Examinerships?

And, we ask, again, why should not these very high and much sought for prizes of Examinerships be open to distinguished men of science of the rising generation of Fellows—open to them, also, at a time when the very money value of the prize would be an

* The Senate, in fact, advertise annually for and elect candidates; the Examinerships being open to all qualified candidates. Since these lines were written, we see, by an advertisement, that Dr. Sibson resigns his Examinership *because* he has been elected to the Senate of the University. But the College of Surgeons does exactly the reverse. It says: You shall not be an Examiner unless you are in our Senate.

exceeding boon—during the early struggles of professional life? On what principles of right, reason, or justice, is the good thing to be bestowed upon those only who have already won their way to wealth and honour and advanced age, who are, it may be, overwhelmed with the business of private practice, and to whom the mere duties of Examinership must be ever a weariness and a drudgery?*

Surely, it is not because a bad system has been long permitted to exist, and has become (so to say) consecrated by time and custom and familiarity, that therefore it should be for ever continued; and what can the warmest defenders of the system here spoken of say in its defence, except that "it has been the custom."

Such a state of things can only exist so long as the profession is ignorant and apathetic, but cannot long survive the force of professional sentiment when brought to bear against it. To expose is to condemn it.

And we would observe that, in saying all this, we say it not to the blame of individuals, but to the condemnation only of the system which has been passed into their hands for administration. Our sole desire is to rescue the College from the unfortunate groove in which it is running; and we believe its rescue is to be found only in a new Charter. The College possesses, and has long possessed, powers enough under its present Charters for its reformation; but it has never used those powers. As every one knows, many Fellows have of late years entered the Council on reforming principles, under the idea of compelling the Council to obey the spirit of the Charter. But what have they effected? They enter the Council; and we hear no more of them, or of their promises, until their names are announced as Examiners, or until they offer themselves for re-election as Councillors! Never yet in one single instance has the Council carried into action the new and liberal spirit of its latest Charter. It has power to elect, as its President and Vice-President, Councillors who are not members of the Court of Examiners; but it has never done so. It has power—we might say it is enjoined by its Charter—to elect as Examiners Fellows who are not members of Council; but it has never done so; it has invariably elected members of Council only. Examiners once held office for life; but, under the present Charter, they are elected to office for the term of five years only, and are so elected for the very purpose of doing away with the life-holding system. Being, however, re-eligible, the Examiners have been invariably re-elected to office by the Council, or rather we should say, by themselves; the Examiners' influence being predominant within Council. And in this way has the office of Examiner been maintained as a life-office, contrary to the spirit and the very intention of the new Charter; and in this way have been maintained the worst evils of the old system, spite of the Charter which was obtained for their express removal.

Despite, therefore, of the "infusion of new blood", as it is called, into the Council, despite of the election (from which so much was expected) of *soi-disant* reformers into the Counil, all these things negativing and violating the spirit of the Charter still go on just as they have ever done. Therefore have we lost faith in reforming candidates for office. We blame them not; it is the system which is at fault. *Les choses sont plus fortes que les hommes.* In Council, the Fellow soon finds he must forget the lessons which he learnt and the promises he made out of office. The temptation to discretion is great; and the value of the wise word, "Silence is gold," is soon forcibly brought home to him within the Council-chamber. A reforming Councillor must of necessity be antagonistic to the Court of Examiners. But to have the Examiners (who rule in Council) hostile to the Councillor is to have that Councillor excluded from the benefits of a seat in the Court of Examiners. And therefore is it most evident that only a new Charter can bring relief—a Charter which *compels*, not simply permits, the Council to carry its spirit into action. That a new Charter must, at any rate, be had, is certain; for it is impossible much longer to refuse to the country Fellows that small modicum of justice which they claim—a vote by voting-papers.

In conclusion, we would say that, in what is here set down, we sincerely believe that we have not misstated in the smallest particular the actual facts; and we can most conscientiously repeat, that we have thus plainly detailed them for one only object—the good of the profession—to enlighten the general ignorance of the profession on the subject. We believe that our medical brethren, from one end of the kingdom to the other, will agree with us that it is not well for the profession that the Examiners of the College of Surgeons should be elected to office at sixty years of age and upwards; nor that, being so elected, they should hold office for the remainder of their lives;* that it is neither right nor well that Examiners should assist in electing and re-electing themselves to office; and that it is not well that the

* On this score, we may usefully quote the words of Sir B. Brodie, as taken from his *Autobiography*: "My own view of the matter is, that while hospital surgeons somewhat advanced in their profession should be the principal element in a Court of Examiners, it will be well to have conjoined with them a certain number of younger men, fresh from their anatomical studies, who, not being much engaged in practice, would have more leisure to bestow on the anatomical part of the examination than the elders of the profession." And the words of Mr. Lawrence, spoken thirty years ago before a Committee of the House of Commons: "I think that many competent Examiners might be found between the age of 25 and 36; and, if men of sufficient eminence could be found younger than 36, I see no objection to their being Examiners."

* Calculating from the date of membership, as given in the College list, the following represents, we believe, a pretty accurate view of the ages of present examiners; 82, 76, 69, 67, 66, 65, 63, 62, 60.

mere seniority of Fellows as London and hospital surgeons should be the accepted passport to the office of Examiner.† We firmly believe that every impartial member of the profession, when master of the facts of the case, will agree with us that the connexion of the Council with the Court of Examiners is an unnatural connexion; that no Examiner ought to be a member of Council, or assist in his own election; and that, in truth, the presence of Examiners in the Council is the main producer of all the evils we here tell of; that Examiners should be elected annually, and elected by the Council indifferently from out of the whole body of Fellows—the best men being taken, independently of age or seniority; that no Fellow should hold office as Examiner for more than three or five years, nor be eligible for re-election when his term has expired; that the prize of an Examinership should not be reserved for a few favoured senior London surgeons, but that it should be open to all Fellows of the College, and bestowed on those to whom it would naturally be given if the Council had no other object in view in the election than that of obtaining for the College the most competent Examiners.

THE LOCALISATION OF SPEECH.

M. Velpeau has for the moment rather puzzled M. Bouillaud, who has again been ventilating, in the Academy of Medicine, his favourite theory of the localisation of speech in the anterior lobes of the brain. M. Bouillaud has, it appears, offered a prize to any one who can produce a case of lesion of the anterior lobes unaccompanied with affection of the speech. To this prize M. Velpeau says he thinks to lay claim. "No one," replies Bouillaud, "is more worthy of it."

"What I fear is," rejoins Velpeau, "that your prize will be like Delpech's. Delpech asserted that it was impossible to cure fracture of the neck of the femur without deformity, and offered 2,000 *francs* to any one who could show him such a case. To all the cases, however, which were sent to him, he took exception; but, having at last become convinced of the fact, he announced in the journals that he had at length himself met with such a case, and had, therefore, adjudged the prize to himself!"

M. Bouillaud replied to the spiritual Velpeau, that he was not a Gascon,* though he lived near Gascony; and that he should certainly with pleasure give the prize when gained. The prize was small, it is true; but, if he had been in M. Velpeau's position, he would have made it ten times greater.

"As for the amount of the prize," replies Velpeau, "that signifies nothing; if I gain it, I shall give it to the Medical Benevolent Fund. My case is this. In 1844, a most talkative *perruquier* entered La Charité for incontinence of urine. He was remarkable for his incessant loquacity, his jokes, and his cynicism. He died at the end of seventeen days, but never ceased talking. The day of his death, he spoke, and answered properly all questions. There was nothing to suggest any disease of the brain. The brain was examined incidentally; and the anterior lobes were absent. They were, in fact, both of them replaced by a tumour as large a hen's egg, of a scirrhous nature. What says M. Bouillaud to this case?"

"If M. Velpeau will present me a similar case," was the reply, "I will give him the prize."

"Oh," says M. Velpeau, "the case is perfectly authentic, and on record. There is no need of a second case."

M. Delpech then joins in, and declares that he himself had made the autopsy; that he had presented the specimen to the Anatomical Society; and that the case was unanswerable. Says M. Bouillaud:

"I declare the fact impossible, and that the *interne* who made the autopsy witnessed a miracle! You may call me mad, if you please; but I will never believe that an injury of the two anterior lobes of the brain can exist without any disturbance of the speech or of the intelligence."

M. Velpeau: "I think M. Bouillaud is going beyond the limits of scientific discussion. It is a matter of indifference to me where the regulation of speech resides. I have no wish to upset M. Bouillaud's theories. But, after all, we must confess that we know very little about the functions of the brain; and it seems rash at present to localise a faculty in any particular part. As for a second case, I certainly shall not attempt to find one; it belongs to the future; and the demand reminds me of the amusing reply of the embalmer Gannal. He assured us that his process would preserve bodies for two thousand years; and, when we told him he was joking, he replied, 'Well, you will see!'"

M. Bouillaud then asked the Academy to appoint a committee to decide whether the prize was gained; but M. Velpeau, having told his tale, declined to have anything to do with it.

On the 27th ultimo, Dr. Acland of Oxford delivered the Harveian Oration at the Royal College of Physicians, before a very crowded audience. The Prince of Wales, Mr. Gladstone, and other celebrities, were present. Dr. Acland devoted his discourse to a discussion of the doctrine of final causes. He especially referred to Comte's denial of the doctrine, as exemplified by him in the case of the crystalline lens. Comte asserted, that the lens was not only of no use, but that it was worse than useless, in that in its diseased state it prevented the use of the eye. Dr. Acland showed, by reference to very recent ophthalmological observations, the error of this crucial in-

† In 1834, the late Sir B. Brodie said on this point before a Committee of the House of Commons:—

"With respect to the College of Surgeons, I can say first what the Court of Examiners ought not to be. The mode of electing them ought not to be that which it is at present (1834). The Examiners are now appointed according to seniority, or nearly so. The Examiners ought to be those of whom there is reason to believe that they are the best qualified for the office, whether they are the younger members of the body or the older ones."

In the sense of these very words were the new Charters of the College framed; but, nevertheless, thirty years after they were spoken, the very system which was condemned by Sir B. Brodie and Mr. Lawrence, and which those Charters were to have reformed, is still in as vigorous operation as ever!

* Gascons are notorious jokers!

stance of Comte's—the exact use of the lens having been demonstrated. The lens has been shown to undergo alteration of form during vision, so as to adapt the organ to the varying distances of objects. Dr. Acland paid an eloquent tribute to the genius of Harvey; and deduced from his writings the conclusion that his method of observation was correct; that he did not allow his scientific observations to be swayed by any theological dogmas; but followed out the true path of scientific research fearlessly and to the end. There are hopes and distant aspirations, Dr. Acland said, which science cannot satisfy. This Harvey acknowledged; and admitted also that there were sentiments which the heart alone can feel. Dr. Acland's oration was a most highly polished address, worthy of the University which he represented and of the College. This was the first occasion on which it was ever given in English; and we think we may safely say, that it was never listened to by a more numerous audience, consisting mainly of the *élite* of the profession.

In the House of Commons last week, Lord C. Paget was asked by Sir J. Pakington,

"Why surgeons in the Royal Navy had been recently appointed to do assistant-surgeons' duty, and if it be owing to a scarcity of the latter officers, or that there are no candidates on the list for admission into the medical service of the navy; and if the Admiralty had taken any steps to remove so great an evil. To this he replied, that several young surgeons had been lately appointed on promotion, particularly on foreign stations, in order to retain their services on board ship, and with the view of keeping young surgeons well employed, as there was always more or less difficulty in keeping the places of assistant-surgeons filled, there being so much employment for them elsewhere. The Admiralty were certainly not in a great want of assistant-surgeons; but the young surgeons were employed to do surgeons' duty with the view of keeping them from going into private practice. The Admiralty did not think it necessary to take any steps for giving additional facilities for assistant-surgeons entering the service."

Now, this answer is a complete official blind, and a direct perversion of the real facts of the case, which, as we are informed on the best authority, are as follows. It is positively true that there are at the present time no naval assistant-surgeons available for service, and that there are no candidates for office on the list; the necessary consequence of which is, that the authorities are forced to appoint surgeons to do assistant-surgeons' duty. Moreover, all our naval hospitals are in want of assistants, and none are to be had. Lord C. Paget, indeed, deserves the praise of having exercised the highest art of officialism on this occasion; viz., of taking credit for excellent management, whilst explaining away a truth most damaging to the credit of the department over which he rules. If we remember rightly, this is not the first time he has shown ability in this crafty art of statesmanship. The statement that young surgeons are appointed to do assistant-surgeons' work, in order to keep their hands in, is, we are informed, accurately untrue. They are so appointed out of pure necessity; viz., because assistants are not to be had. Lord Paget, again, speaks of *young* naval surgeons out of employ as if they were as plenty as blackberries. We have heard, of late, nothing but complaints of slowness of promotion; and have, therefore, no belief whatever in the abundance of these *young* surgeons. Now here, as we said a few weeks ago, is a case in which the profession has the game distinctly in its own hands. Will it play it out successfully? Will it take warning from the error committed in the case of the Army Medical Department? Let medical candidates only continue to abstain from applying at the Admiralty, and the required reform in the Naval Medical Department is secured. We urge our professional brethren to do their best to prevent candidates from offering their services to the navy until those services are duly acknowledged by proper treatment.

An application has been made to the College of Physicians by the Committee appointed in France to carry out the erecting of a monument to Dr. Jenner. Our readers may remember that the scheme is of very many years' standing; but it is now likely to be soon carried out. By decree imperial, permission has been lately obtained for raising the statue at Boulogne. But the Committee are still met with a difficulty—want of funds—to complete the design. The College, considering the liberality shown by France, America, and other foreign nations, in subscribing to the monument of Jenner once erected in Trafalgar Square, and afterwards removed to Kensington Gardens for the admiration of nurses and children, have decided to forward £25 for the purposes of the Boulogne statue.

The College of Physicians, on the 26th ult., adopted a letter drawn up by the President and Censors, addressed, in the name of the College, to the Secretary of War and the First Lord of the Admiralty. The letter calls attention to the fact of discontent being universal in the army and navy medical services; that our best men do not enter those services; and that medical lecturers throughout the kingdom advise their pupils not to enter them under present conditions. The College deplores, for the sake of the soldier and the sailor, this unfortunate state of things—this antagonism between the profession and the public services; and respectfully hopes that the army and navy authorities will take steps to remove the sources of discontent, which must necessarily be seriously prejudicial to the interests of the soldier and the sailor. The College expresses a belief that a return to the Warrant of 1858, a guarantee of its

being faithfully carried out, and the giving of a definite position to the army and navy medical officers, would remove the discontent now existing, and be the means of inducing the best educated men to enter the service. The College has, in fact, we are glad to see, accepted the recommendations of its own Committee; but, instead of making an appeal to Parliament, has thought it better to write to the Secretary of War and the First Lord of the Admiralty.

The Metropolitan Counties Branch will hold its thirteenth annual meeting at 3 P.M. on Tuesday next, under the presidency of Dr. Sieveking. The meeting will be followed by a dinner at half-past five, at which also Dr. Sieveking will take the chair. We trust that the high professional position of the President on the occasion, and the esteem in which he is held by his brethren, will secure a full attendance of the members of the Branch and of their friends. We are glad to learn that the Branch is in a prosperous state; and that its numerical strength will present an increase over that of last year.

At the recent annual meetings of the Lancashire and Cheshire and of the South-Eastern Branches, resolutions in favour of the British Medical Journal were proposed and carried without dissent. The vote of the Lancashire and Cheshire Branch, proposed by Dr. Waters and seconded by Mr. Steele of Liverpool, was:

"That the members of the Branch desire to express their entire satisfaction with the Journal, and to record their undiminished confidence in the ability and judgment displayed by the editor in its management."

The South-Eastern Branch, on the 22nd, agreed to the following resolution, proposed by Mr. Heckstall Smith of St. Mary Cray, and seconded by Dr. Carpenter of Croydon.

"That, in the opinion of this meeting, the Journal has greatly improved under the management of Dr. Markham, and is worthy of support."

We can honestly say that we have endeavoured to raise and maintain the character of the Journal; and, naturally, we feel highly gratified and encouraged by these repeated and independent expressions of confidence in our management of it, on the part of the Branches of the Association.

Professor Matteucci has been nominated to the post of Director of the Museum of Natural History in Florence, in the room of the late Marquis Ridolfi.

Dr. Giuseppe Giglioli, Professor of Anthropology in the University of Pisa, has lately died. He for some time practised law at Bologna, but in 1831 was obliged to expatriate himself; and, after taking the degree of M.D. in Edinburgh, he practised medicine in England until his return to his country in 1848.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. Paget, M.D.Cantab.

President-elect—S. J. Jeaffreson, M.D.Cantab.

The Address in Medicine will be delivered by W. Stokes, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by James Syme, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 16th, 1865.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham, June 22nd, 1865.

Present—Sir Charles Hastings, M.D., D.C.L., etc. (in the Chair); Mr. Bartleet; Dr. Bryan; Mr. Clayton; Dr. Falconer; Dr. Richardson; Mr. Southam; Dr. Stewart; Dr. Wade; Dr. Wilkinson; and Mr. Watkin Williams (General Secretary).

Resolved: That this Committee is desirous to co-operate with the Medical Association of Ireland in forwarding the objects stated in Dr. Mackesy's letter.

Resolved: That the public, under the privilege of the President, be permitted to attend the meetings of the Association at which the discussions take place. (*a.*) On Scientific Medicine. (*b.*) On State Medicine.

Resolved: That the Report of the Charter Subcommittee, the Draft-Charter, and the Petition to Her Majesty, be printed as a supplement to the British Medical Journal, at as early a date as possible.

The Report to be presented at the Annual Meeting was approved of.

The Programme for the Annual Meeting was approved of.

T. Watkin Williams, *Gen. Sec.*

13, Newhall Street, Birmingham, June 26th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Metropol. Counties. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
North Wales. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
West Somerset. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.
Bath and Bristol. [Annual.]	Philosophical Institution, Bristol.	Thursday, July 13, 4.45 P.M.
East Anglian. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

METROPOLITAN COUNTIES BRANCH.

The Thirteenth Annual Meeting of the Metropolitan Counties Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 4th, at 3 P.M.

President for 1864-65 .....Chas. F. J. Lord, Esq.
President-elect for 1865-66...E. H. Sieveking, M.D.

After the meeting, the members and their friends will dine together; E. H. Sieveking, M.D., in the Chair. Dinner on the table at 5.30 P.M. precisely.

A. P. Stewart, M.D.
Alexander Henry, M.D. } *Hon. Secs.*

74, Grosvenor Street, June 1865.

WEST SOMERSET BRANCH.

The Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; Hugh Norris, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. Kelly, M.D., *Honorary Secretary.*

Taunton, June 1865.

NORTH WALES BRANCH.

The Sixteenth Annual Meeting of the North Wales Branch will be held at the Royal Hotel, Rhyl, on Tuesday, July 4th, at 12 noon; John R. Hughes, M.D., President.

Gentlemen who may have papers and cases to communicate, will be good enough to forward the titles of the same without delay to the Secretary.

Dinner at 3 P.M.

D. Kent Jones, *Hon. Secretary.*

Beaumaris, June 1865.

BATH AND BRISTOL BRANCH.

The Annual Meeting of the Bath and Bristol Branch will be held in the Philosophical Institution, Bristol, on Thursday, July 13th, at 4.45 P.M.; when R. W. Falconer, M.D., President, will resign the Chair to F. Brittan, M.D., President-elect.

The dinner will be held at the Volunteer Club, Bristol, at 6.30 P.M.; F. Brittan, M.D., in the Chair.

Henry Marshall, M.D.
R. S. Fowler. } *Hon. Secs.*

Clifton, July 26th, 1865.

EAST ANGLIAN BRANCH.

The Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. Bartlet, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. Chevallier, M.D., *Hon. Secretary.*

Ipswich, June 14th, 1865.

HULL BRANCH: ANNUAL MEETING.

The second Annual Meeting of this Branch was held at the Vittoria Hotel, on June 13th, 1865, at 5 P.M.; J. Dossor, Esq., President, in the Chair. The meeting was numerously attended; many visitors also being present.

Officers for 1865-6. All the officers were unanimously re-elected.

Papers. The following papers and communications were made.

1. Idiopathic Tetanus. By J. H. Gibson, Esq.
2. A Peculiar Form of Goitre. By K. King, M.D.
3. Poisoning by Strychnine. By H. Munroe, M.D., F.L.S.
4. A Peculiar Form of Abscess, with Microscopic Examination of Contents. By W. Hendry, Esq.
5. The Detection of Organic Impurities in Water. By T. Walton, Esq.

The papers read at the meeting will be forwarded for publication in the Journal.

Dinner. At half-past six o'clock, an excellent dinner was provided at the Vittoria Hotel. The President (J. Dossor, Esq.), as an old member of the Association, made some very encouraging remarks as to the progress which the British Medical Association of late years had made. He hoped shortly to see the names of many more members of the profession added to its list. The profession at large had derived already much benefit from the Association; and, by unanimity of feeling and co-operation of its members, much good might yet be accomplished.

A very interesting discussion too place, as to the gratuitous services of medical men to charitable institutions.

Dr. Munroe hoped the time would soon arrive when every member of the profession would be amply and justly paid for his services; and that charitable institutions, the noblest monuments of England's greatness, would yet reward the medical man for his labours. If the members of the medical profession would be true to themselves, the remedy for the grievance is in their own hands. Mr. Brownridge, Mr. Carnley, and Mr. Gibson advanced further arguments in favour of the services of medical men being remunerated. Dr. King, with great judgment and much charitable feeling, spoke somewhat in favour of the present system carried on at most of our charitable institutions, believing that the medical officer's true and independent position would be interfered with if he were paid for his services. Many other topics were broached and discussed by the members, tending to the advancement of the *status* of the medical man. A very pleasant evening was passed.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ANNUAL MEETING.

The Annual Meeting of this Branch was held at the Hen and Chickens Hotel, Birmingham, June 13, under the Presidency of Dr. James Russell. There were also present, T. J. Aubin, Esq. (Kingswinford); E. Bartleet, Esq. (Campden); T. H. Bartleet, M.B.; J. Bassett, Esq.; C. E. Busigny, Esq. (Ombersley); H. D. Carden, Esq. (Worcester); T. A. Carter, M.D. (Leamington); M. H. Clayton, Esq.; H. Downes, Esq. (Handsworth); T. Ebbage, Esq. (Leamington); D. Everett, Esq. (Worcester); G. Fayrer, M.D. (Henley-in-Arden); A. Fleming, M.D.; Bell Fletcher, M.D.; B. W. Foster, M.D.; J. S. Gaunt, Esq. (Alvechurch); Dr. Harrison (Walsall); G. Jones, Esq.; F. Jordan, Esq.; E. S. Machin, Esq. (Erdington); J. Manley, Esq. (West Bromwich); F. A. Nesbitt, Esq. (Wolverhampton); Langston Parker, Esq.; J. Scurrah, M.D.; H. E. F. Shaw, Esq. (Sutton Coldfield); J. V. Solomon, Esq.; T. Swain, Esq.; W. F. Wade, M.B.; C. Warden, M.D.; T. Watkin Williams, Esq.; G. Yates, Esq. (Paradise Street).

Report of Council. Dr. Wade (Honorary Secretary) read the Report of the Council, which congratulated the members upon the continued success of the Branch, as shown by the number of its members, and by the excellence of the papers which had formed the subject of discussion during the past year. The

formation of the Medical Provident Society was dwelt upon as the most important medical event of the last twelve months; and the members were strongly urged to take advantage of its provisions. The Council also congratulated the Branch upon the excellence of its choice in electing Mr. Bartleet of Campden, Dr. Fayrer of Henley-in-Arden, and Mr. John Clay of Birmingham, as its representatives on the Board of Directors of the Medical Provident Society. The experience of these gentlemen (particularly of Mr. Clay, who drew up the tables afterwards approved by Mr. Finlaison) had been of the greatest service in starting the new movement upon sound financial principles.

The Report was adopted, and ordered to be entered on the minutes.

The Report of the Treasurer (Mr. Watkin Williams), which had been audited by Mr. Alfred Baker and Mr. Clayton, was also approved and adopted.

Election of Officers and Council. Dr. T. A. Carter of Leamington was unanimously appointed President-elect for the ensuing year.

The following appointments were also made.

Members of Council. Country Members: E. H. Coleman, Esq. (Wolverhampton); D. Everett, Esq. (Worcester); G. Fayrer, M.D. (Henley-in-Arden); J. S. Gaunt, Esq. (Alvechurch); W. J. Kite, Esq. (West Bromwich); J. E. Male, Esq. (Leamington); H. E. F. Shaw, Esq. (Sutton Coldfield); W. Smith, Esq. (Redditch). *Town Members:* Alfred Baker, Esq.; M. H. Clayton, Esq.; J. Clay, Esq.; J. J. Hadley, Esq.; F. Jordan, Esq.; Langston Parker, Esq.; Oliver Pemberton, Esq.; J. F. West, Esq.

Representatives of the Branch in the General Council of the Association. Alfred Baker, Esq.; E. Bartleet, Esq.; H. D. Carden, Esq.; M. H. Clayton, Esq.; D. Everett, Esq.; G. Fayrer, M.D.; O. Pemberton, Esq.; J. Russell, M.D.; and W. F. Wade, M.B. (*ex officio*).

Directors of Medical Provident Society. Sir Charles Hastings, M.D.; H. D. Carden, Esq.; and G. Fayrer, M.D., were elected.

President's Address. The President (Dr. RUSSELL) then delivered a very apposite and thoughtful address, for which a vote of thanks was accorded to him by acclamation.

Dinner. The members and their friends subsequently dined together at the Hen and Chickens Hotel—Dr. Russell in the Chair, and Dr. Carter (President-elect) in the Vice-chair; and a most agreeable evening was spent.

EXTRAORDINARY LONGEVITY. The obituary in *The Times* of June 21st and 22nd, contain some rare illustrations of prolonged life, in the case of six ladies and the same number of gentlemen whose united ages amounted to 1,044 years, giving an average of exactly 87 years to each; the eldest lady having reached 94 and the youngest 81 years of age, the eldest gentleman being 95 and the youngest 81 years of age.

UNIVERSITY OF LONDON. Dr. Sibson has been elected a member of the Senate of the University of London, and has therefore resigned his Examinership in Medicine at the University. The appointment is in the hands of the government; but at every third election of Senate, convocation is permitted to send up three names, and the government selects him who has the largest number of votes. Dr. Sibson on this occasion had the majority, 280 votes. In consequence of Dr. Sibson's election to the Senate, a vacancy occurs in the office of Examiner in Medicine at the University. Candidates must send in their applications to the Registrar before July 8th.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, June 26th, 1865, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Cheadle, Walter Butler, M.D.Cantab., 8, Old Cavendish Street
Leighton, Edmund Thomas, M.B.Cantab., 4, Henrietta Street, Cavendish Square

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Belcher, Paul, Burton-on-Trent
Burtch, John, M.D., Fingal, Canada West
Collins, Charles Phillips, Maidstone
Evans, John Tasker, M.D.Aberdeen, Hertford
Moore, Thomas, Cradley Heath
Plowman, Richard, Bridgewater
Pointon, James, Huyton, Lancashire
Thursfield, Thomas William, M.D.Aberdeen, Kidderminster

The following gentlemen were reported by the examiners to have passed the *first part* of the Professional Examination for the Licence of the College:—

Arnold, John, St. Bartholomew's Hospital
Budd, Herbert Golding, Guy's Hospital
Burn, William Barnett, St. Bartholomew's Hospital
Dalton, Benjamin Neale, Guy's Hospital
Elliott, Arthur Bowes, Guy's Hospital
Lamb, Barnabas Walter, St. Bartholomew's Hospital
Morris, Henry, Guy's Hospital
Parsons, Frederick William, King's College
Plowman, Richard, St. Thomas's Hospital
Randall, John George, St. Mary's Hospital
Sedgwick, Henry, St. Bartholomew's Hospital
Square, William, St. Bartholomew's Hospital

Fellows elected on June 26th:—

Anstie, Francis E., M.D.Lond.
Dickinson, William H., M.D.Cantab.
Hicks, John Braxton, M.D.Lond.
Kennion, George, M.D.Edin.
Roberts, William, M.D.Lond.
Sankey, William H. O., M.D.Lond.
Washbourn, Thomas B., M.D.Lond.

APOTHECARIES' HALL. On June 22nd, 1865, the following Licentiates were admitted:—

Jeffreys, Richard, Portland Road Villas
Lucas, Herbert, Hitchin
March, John, New Wandsworth, Surrey
Marriott, Henry Thomas, Colston Bassett, Notts
Mason, Samuel, Teignmouth, Devon
Rowlands, James David, Carmarthen

At the same Court, the following passed the first examination:—

Cheetham, Joseph Priestnall, Guy's Hospital
Smith, Frederick Walter, St. Thomas's Hospital

APPOINTMENTS.

*WELLS, J. Soelberg, Esq., elected Professor of Ophthalmology in King's College.

ARMY.

CHAPPLE, Staff-Surgeon R. A., to be Surgeon Royal Artillery.
CLARK, J. E., Esq., Assistant-Surgeon 22nd Foot, to be Assistant-Surgeon 38th Foot, *vice* T. Wright.
CUNYNGHAME, Staff-Assistant-Surgeon R. J. B., M.D., to be Assistant-Surgeon Rifle Brigade, *vice* A. Guthrie, M.D.
DEMPSTER, Staff-Surgeon C. C., to be Surgeon Royal Artillery.
DRYSDALE, Staff-Surgeon A. K., to be Surgeon Royal Artillery.
GALBRAITH, Staff-Surgeon-Major G. T., M.D., to be Surgeon 71st Foot, *vice* W. Barrett, M.B.
GALBRAITH, Staff-Surgeon-Major G. T., M.D., from half-pay, to be Staff-Surgeon-Major, *vice* A. K. Drysdale.
GASCOYNE, Staff-Assistant-Surgeon G. E., to be Assistant-Surgeon Royal Artillery.
GIBAUT, Staff-Surgeon W. M., to be Surgeon Royal Artillery.
GIBBONS, Surgeon J., 95th Foot, to be Surgeon Royal Artillery.
GIRAUD, Staff-Assistant-Surgeon B. T., M.D., to be Assistant-Surgeon 19th Hussars, *vice* G. R. Woolhouse.

INTON, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 10th Hussars, *vice* L. G. Hooper.
OOPER, Staff-Surgeon L. G., to be Surgeon 104th Foot.
UTTON, Staff-Assistant-Surgeon G. A., to be Assistant-Surgeon 71st Foot, *vice* A. G. Young.
ELLETT, Staff-Surgeon E. Y., to be Surgeon 101st Foot.
ACBETH, Staff-Surgeon A. M., to be Surgeon 105th Foot.
ACLEAN, Staff-Surgeon A., to be Surgeon Royal Artillery.
ENZIES, Staff-Surgeon-Major E., to be Surgeon 19th Hussars.
ENZIES, Staff-Surgeon R., to be Surgeon Royal Artillery.
ILLS, Staff-Surgeon W. W., to be Surgeon Royal Artillery.
URPHY, Staff-Surg. T. J., to be Surgeon 95th Foot, *vice* J. Gibbons.
OTT, Surgeon E. G., from half-pay, late 2nd Foot, to be Surgeon 108th Foot.
DWYER, Staff-Assistant-Surgeon T. F., M.D., to be Assistant-Surgeon 20th Foot, *vice* J. E. Clark.
OLLARD, Staff-Surgeon W. H., to be Surgeon 22nd Foot, *vice* R. B. Smyth, M.B.
EID, Staff-Surgeon T. B., to be Surgeon Royal Artillery.
ENNIE, Staff-Surgeon D. F., M.D., to be Surgeon 20th Hussars.
CKETTS, Staff-Surgeon C., to be Surgeon Royal Artillery.
NCLAIR, Staff-Surgeon E. M., to be Surgeon Royal Artillery.
YTH, Surgeon R. B., M.B., 22nd Foot, to be Surgeon 102nd Foot.
UART, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 13th Foot, *vice* P. N. Jackson.
OMPSON, Surgeon-Major J. A. W., M.D., 86th Foot, to be Surgeon-Major Royal Artillery.
RNBULL, Staff-Surgeon G. A., to be Surgeon 21st Hussars.
OLHOUSE, Assistant-Surgeon G. R., 19th Hussars, to be Staff-Assistant-Surgeon, *vice* B. T. Giraud, M.D.
IGHT, Staff-Surgeon T., to be Surgeon 80th Foot, *vice* Surgeon-Major J. A. W. Thompson, M.D.

To be Staff-Surgeons :—

APPLE, Assistant-Surgeon R. A., Royal Artillery.
E CHAUMONT, Staff-Assistant-Surgeon F. S. B. F., M.D., *vice* E. M. Sinclair, M.D.
MPSTER, Staff-Assistant-Surgeon C. C.
NLOP, Staff Surgeon J., M.D., from half-pay, *vice* E. Menzies.
THRIE, Assistant-Surg. A., M.D., Rifle Brigade, *vice* R. Menzies.
OOPER, Assistant-Surgeon L. G., 10th Hussars.
ISH, Staff-Surgeon H., M.D., from half-pay, *vice* G. A. Turnbull.
MFREY, Staff-Assistant-Surgeon A., *vice* A. M. Macbeth.
CKSON, Assistant-Surgeon P. N., 13th Foot, *vice* W. W. Mills.
LLETT, Staff-Assistant-Surgeon E. Y.
NDY, Staff-Assistant-Surgeon E. L., *vice* T. B. Reid.
ACLEAN, Assistant-Surgeon A., Royal Artillery.
URPHY, Assistant-Surgeon T. J., M.D.
OLLARD, Assistant-Surgeon W. H., Royal Artillery.
CKETTS, Assistant-Surgeon C., Royal Artillery.
OODMAN, Surgeon G. T., M.D., from half-pay, 39th Foot, *vice* D. F. Rennie, M.D.
IGHT, Assistant-Surgeon T., 38th Foot.
UNG, Assistant-Surgeon A. G., 60th Foot, *vice* W. M. Gibaut.

ILITIA.

URGIN, H. B., Esq., to be Assistant-Surgeon Northamptonshire and Rutland Militia.

OLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers) :—

NLEY, H., M.D., to be Assistant-Surgeon 31st Lanarkshire R.V.
AURITZ, R. H., Esq., to be Honorary Assistant-Surgeon 7th Cheshire R.V.
RRY, R., M.D., to be Surgeon 31st Lanarkshire R.V.
SARNAN, G., M.D., to be Assistant-Surgeon 31st Lanarkshire R.V.

KING'S COLLEGE. Mr. Soelberg Wells, Ophthalmic urgeon to King's College Hospital, has been elected rofessor of Ophthalmology in King's College.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. On ne 26th, the following officers were elected for the suing year. *Censors:* A. Farre, M.D.; W. R. asham, M.D.; H. Davies, M.D.; G. Johnson, M.D. *reasurer:* J. Alderson, M.D. *Registrar:* H. A. Pitan, M.D. *Librarian:* W. Munk, M.D. *Examiners* -(*a*) *On the Subjects of General Education:* F. Hawins, M.D.; W. Munk, M.D.; H. Thompson, M.D.) *On the Subjects of Professional Education. Anamy and Physiology:* C. H. Jones, M.B.; W. O. larkham, M.D. *Materia Medica, Chemistry, etc.:* G. . Rees, M.D.; A. S. Taylor, M.D. *Principles and ractice of Medicine:* T. A. Barker, M.D.; W. H. Valshe, M.D. *Midwifery and the Diseases peculiar to Vomen:* C. West, M.D.; R. Barnes, M.D. *Principles nd Practice of Surgery:* C. G. De Morgan, Esq., .R.C.S.; H. Coote, Esq., F.R.C.S. *Curators of the Iuseum:* J. Alderson, M.D.; G. H. Roe, M.D.; W. Vegg, M.D.; F. Sibson, M.D.

EPIDEMIOLOGICAL SOCIETY. A meeting of this Society will be held on Monday, July 3rd, at 37, Soho Square, when Dr. Weber will read a paper, communicated by Dr. Hirsch of Berlin, on the outbreak of cerebro-spinal meningitis in the district of Dantzic.

SURGEON TO THE QUEEN FOR SCOTLAND. We understand that Mr. James Spence, Professor of Surgery in the University of Edinburgh, has been appointed Surgeon in ordinary to the Queen, in room of the late Dr. David Maclagan. (*Edinburgh Courant.*)

A MEDICAL CERTIFICATE. Mr. Longfield while detailing the Wilde "scandal" in the House of Commons, thus spoke of a medical certificate. "And now I come to a gentleman, Mr. Hey, the surgeon of Leeds, who must be held to be a man of honour and conscience, and who was almost the only one that was not implicated with the Bethell family."

ARRIVAL OF DR. PRITCHARD IN EDINBURGH. On the 26th ult. Dr. Pritchard was brought to Edinburgh from Glasgow. The prisoner on alighting smiled at the curiosity that was manifested by the passengers, and talked apparently at his ease to the officer as he proceeded to the cab which was in waiting in front of the station. He was handcuffed.

DEATH OF DR. FERGUSON. The death of this eminent physician is announced to have taken place on Sunday last, at his residence, Ascot Lodge, Winkfield, near Windsor. The deceased gentleman was physician extraordinary to the Queen, as well as physician-accoucheur to her Majesty. He was formerly physician-general to the Lying-in Hospital, and principal physician and also professor of midwifery at King's College Hospital. He was the author of various medical productions, among which his work On Puerperal Fever is best known.

THE CASE OF MR. DEBENHAM. Last week the body of Thomas Soloman, the ship's painter, which had been hurriedly buried by the parish undertaker of Mile End Old Town three days after he was shot by Mr. R. Debenham, a surgeon, was exhumed by order of the Home Secretary. The exhumation of the body was carefully conducted at 7 o'clock in the evening in the presence of the deceased's brother, Mr. Smith, Mr. Thompson, a surgeon in the Mile End Road, appointed by Mr. Lewis, sen., of Ely Place, on the part of the accused, and a military surgeon and his assistant appointed by the Home Secretary. The body was in a rapid state of decomposition. The head was opened by the medical men appointed by the Home Secretary, and upon careful examination it was found that the ball had entered the left temple, passed right through the skull, and imbedded itself in the bone at the posterior part of the skull. The ball was removed, and the cause of death and the direction it had taken being most clearly established, the body was again buried.

THE CASE OF SHOOTING BY A SURGEON. At the Thames Police Court, on Monday, Mr. R. Debenham, surgeon, surrendered on his recognisances to answer a charge of manslaughter in killing Thomas Johnson. Mr. F. Tothill, surgeon, said that the body, when examined, was much decomposed. At the junction of the left temple with the parietal bone, a wound of somewhat circular form was detected. The blood was extravasated under the scalp, and permeated the whole of the cellular membrane. On removing the scalp, a similar hole was found corresponding with that on the temple; and the occipital bones were extensively fractured. The ball was found firmly embedded in the right occipital bone at the back of the skull, two inches from the right ear, and somewhat

below it. The ball had taken an oblique direction from the left temple, just above the eye, to the back of the head, below the right ear. The wound was, no doubt, the cause of death. The distorted and jagged appearance of the ball was not caused by striking the temple and bones of the skull. The ball must have struck some hard substance before it entered the skull, which was unusually thin. The ball was a common conical ball. The ball was not found embedded in the thickest part of the bone, but in that bone in which the thickest part is placed. Mr. Lewis said the evidence of Mr. Tothill supported his theory that Mr. Debenham never fired at the deceased; and that the ball struck the brick wall, the corner of which was chipped, and, from the deflection, struck the deceased. Mr. Paget remarked, that the valuable evidence given by Mr. Tothill proved the wisdom of the step adopted by the Home Office, in ordering the exhumation of the body. The Magistrate committed the prisoner for trial for manslaughter, taking the same bail as before, Mr. Debenham's own personal recognisances in £4,000, and four responsible householders in £1,000 each.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY. ..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M. Professor Hirsch (of Berlin), "On the Outbreak of Cerebro-Spinal Meningitis in the district of Dantzic."—Entomological.

WEDNESDAY. Obstetrical Society of London, 8 P.M. Association Medical Officers of Health (Anniversary).

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE COMING ELECTIONS.—We are glad to hear that Mr. Clement has a very excellent chance of being successful as candidate to represent Shrewsbury in Parliament.

DEFERRED COMMUNICATIONS.—Owing to the pressure on our space arising from the publication of the Index in the present number, we are obliged to defer some reports of Branch meetings and other communications.

THE COUNCIL OF THE COLLEGE OF SURGEONS.—SIR: Hearing that a report is in circulation that I am no longer a candidate for the Council of the College of Surgeons, may I beg of you to state that such report is not correct.

I am, etc., CHARLES HAWKINS.

Savile Row, June 29th, 1865.

THE COLLEGE OF SURGEONS.—Dr. Marriott, F.R.C.S., Surgeon to the Leicester Infirmary, thus writes to us concerning Mr. Quain's claims to re-election to the Council of the College of Surgeons:—"Mr. Quain has, for years past, stood nearly alone in the advocacy of a more liberal action in the Council of the College of Surgeons. Mr. Quain has for many years been pre-eminently active in bringing forward liberal measures in the Council of the College of Surgeons; and, if they had been given force to, that College would no longer be the type of all that is slow and obstructive; would no longer need changes and advances *forced* upon it; but would stand forth as the vanguard among liberal educational institutions. Four times in the last ten years has Mr. Quain brought forward a motion for an annual meeting of the Fellows, at which the Council shall be present; all changes in voting, in examinations, etc., to be laid before the Fellows for their approval. Another motion, strongly urged by Mr. Quain, was, that no member of the Council shall be an Examiner; that the Court of Examiners shall consist of two sets—one of younger men, Fellows and Teachers of Anatomy and Physiology; the other of older men, to examine in Practical Surgery, etc.;—both sets of Examiners to be appointed for a limited period. Again, Mr. Quain attempted for some years, in vain, to establish a publication of the proceedings in the Council, with the names of the movers and seconders of resolutions, and a record of the votes of each member at divisions. During the past year it has been carried that a calendar, with an abstract of the proceedings, shall be published. He also attempted to make the Fellowship more accessible, without invalidating the searching nature of the examination. In 1848, Mr. Quain proposed that the Membership Examination should be divided, as it is at present; but he was told it was 'impossible'. In 1857, however, it passed into law, mainly through his efforts. Mr. Quain has not talked about 'reform'; but devoted his best energies, and struggled against a majority, to establish those principles of a free and liberal education, which, in the conscientious discharge of his duty, he felt to be for the advancement of the best interests of the whole medical profession."

AN OLD ADVERTISEMENT.—SIR: I met a few days ago with the enclosed advertisement, taken from a newspaper, date 1794. It might interest some of the readers of the JOURNAL.

I am, etc., CROSBY LEONARD.

Clifton, June 22nd, 1865.

"Pregnant ladies, whose situation require a temporary retirement, may be accommodated with apartments to lie-in, agreeably to their circumstances; and depend on being treated with honour attention, and secresy; their infants put out to nurse, and humanely taken care of, by applying to Mr. White, surgeon and man midwife, or Mrs. White, midwife, No. 2, London-House Yard, the north side of St. Paul's Church Yard. Where may be had the Restorative Salo Pills, at £1:2 per box, an effectual remedy to remove all obstructions and irregularities. Also, Mr. White's Address to the Community, respecting Concealed Pregnancy, well worth the attention of pregnant ladies in every situation of life Price 1s. All letters (post paid) attended to."

COMMUNICATIONS have been received from:—Dr. J. RICHARD WARDELL; Mr. C. H. MARRIOTT; Dr. BOYCOTT; Dr. BALMAN Mr. W. C. WALKER; THE HON, SEC. OF THE EPIDEMIOLOGICAL SOCIETY; Dr. J. SPURGIN; Mr. D. KENT JONES; Mr. WILLIAM COPNEY; Dr. C. HOLMAN; Dr. WESTALL; Dr. J. S. WARTER; Dr. W. F. WADE; Mr. FITZGERALD; Dr. MUNROE; A MEDICAL CERTIFICATE; Dr. THORBURN; Dr. DICK; Mr. J. G. COOK; and Dr. W. ROBERTS.

BOOKS RECEIVED.

1. A Letter to Members of the House of Commons on Poor-Law Medical Relief. By R. Griffin. Weymouth: 1865.
2. Observations on Hay-Fever, Hay-Asthma, or Summer-Catarrh By W. Abbotts Smith, M.D. London: 1865.
3. Contributions to assist the Study of Ovarian Physiology and Pathology. By C. G. Ritchie, M.D. London: 1865.
4. An Address, or rather an Appeal, to the Governors of the Huddersfield and Upper Abrigg Infirmary. By T. R. Tatham, M.D. Nottingham: 1865.
5. Strictures on the Administration of Affairs pertaining to the Huddersfield and Upper Abrigg Infirmary. By T. R. Tatham, M.D. Nottingham: 1865.

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T. RICHARDS, 37, GREAT QUEEN STREET, LINCOLN'S INN FIELDS.

THE

BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

WILLIAM O. MARKHAM, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO ST. MARY'S HOSPITAL.

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BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JULY 8, 1865.

Transactions of Branches.

METROPOLITAN COUNTIES BRANCH.

PRESIDENT'S ADDRESS.

By EDWARD H. SIEVEKING, M.D., F.R.C.P., ;
Physician to H.R.H. the Prince of Wales;
Physician to St. Mary's Hospital; etc.

[*Delivered July 4th*, 1865.]

ENTLEMEN,—Two duties appear, on occasions like ıe present, to urge themselves upon our attention. he one duty is, to look back into the past, to ;certain what has been achieved; to deliberate dmly upon our shortcomings; to acknowledge our rors, if any have been committed. The other, to ake preparations for the future; to form resolu- ons compatible with our experience and with our rength; and to determine the best, the wisest, and ıe most expeditious mode of carrying our resolu- ons into effect.

It were a futile attempt, were I to seek to con- ense into the brief space during which I am per- ıitted to address you all that so wide a scope im- lies; but I am of opinion that, while our meeting ere involves a tacit pledge that we are all engaged ı this retrospect and prospect, you will exact from ıe no more than a brief allusion to some of the rominent topics which engage our common interests ıd our common affections.

If we take a general glance over the past of the ritish Medical Association—for I cannot regard the ast of this Branch as dissevered from the trunk—I ıink we may congratulate ourselves upon its gradual ıd continuous growth. Fostered by no artificial eans, developed in no social hotbed, it has followed ıe general law of Nature, that a good seed, sown in congenial soil, must bide its time in order to grow ıto a strong and flourishing tree. There is many a ood seed in this world which atrophies and dies for ant of the appropriate nourishment; there is many fertile land which produces noxious weeds, or is seless to humanity, for want of the careful labourer. ut where time and opportunity suit, and the two me together, the result cannot fail to be propitious. fany years ago, Sir Charles Hastings sowed in ır profession the seed of unity, unknown to our ncient corporations; and I ask the older members of ır Association whether or not the tree that has rung from it is putting forth branches to shelter, owers to cheer and perfume, fruit to strengthen and phold us in our pilgrimage. I cannot but think ıat, while the greatness of this country depends ssentially upon the freedom with which individuals ıd individual corporations are permitted to deve- pe, the "vested" rights of both frequently arrest nduly the progress of civilisation. The advance- ıent of civilisation is in our case more particularly ound up with the doctrine that the interests of the whole demand the equal growth and development of each of its parts. Every individual may equally arrest or foster the growth of the society to which he belongs. Therefore the importance of a full under- standing of our common wants; therefore the neces- sity of self-sacrifice, of mutual forbearance and mutual aid. But, if such a constitution necessarily entails slow growth, it follows as an inherent conse- quence, that the results are broader, firmer, more enduring. The head may be necessary to direct and to guide; but, to use in a different sense the old parable of Menenius Agrippa, the head would be but a phantom, unless every part of the body helped to sustain, to nourish, and to obey.

The isolation, or, worse than isolation, the anta- gonism prevailing between the members of our me- dical body in days now happily almost gone by, has been removed mainly through the instrumentality of the British Medical Association. For years the doc- trine of Unity was preached by its members, among whom not the least prominent was the excellent gen- tleman who has just vacated this chair. Various propositions were mooted and discussed; many strange combinations took place; many affinities were formed and again dissolved, and changes more complex than those that puzzle the student of chemistry effected, until at last the turmoil ended in the Medical Act of 1858. Let no one say that this was not a great achieve- ment. It was the first great fruit of the struggle of our profession for Unity. Well I remember the meet- ing that took place at the house of a former Presi- dent of this Branch, now unfortunately no more, at which the question was mooted as to whether the presidency of the Medical Council created under the Act should be given to a member of our profession or not. There were gentlemen then present who held the opinion that our profession was so little adapted for self-government, that it would be improper to let the President of the Medical Council be a medical man. Fortunately, the members of the Council did not agree to cast this slur upon their entire consti- tuents, and elected one of the men most distinguished in medical science, Sir Benjamin Brodie, as their chief. I do not think that, whatever the shortcomings of the Medical Council may have been—and I am not here as their apologist—any meeting of members of the Association would now uphold the doctrine im- plied by some of the speakers on that occasion, that medical men, as such, are so deficient in tact and administrative talent as to be unworthy of the highest post in the executive appointed to rule their own body.

I bring forward this instance as an illustration of what I believe to have been the growth of public opinion, as well as of the utility of associations like our own. I incline to think that the initiative taken by this Branch on that particular occasion reminded the members of the Council of the duty of self-respect they owed to themselves as representatives of the entire profession.

If we look to more recent days, we still find in the British Medical Association, and not the least in the Branch which I now have the honour of addressing, numerous evidences of that watchful activity, zealous

in the protection of the interests not less of its own members than of those medical men who possess no means of bringing their grievances before a proper tribunal; and I conceive that the motives which have actuated the gentlemen who have been most prominent on those occasions have been of the highest quality, because they were impelled by the conviction that, in advocating the advancement of certain sections of the profession, they were seeking to promote the best interests of our countrymen at large. Need I remind you of the labours of my friend Dr. Stewart in behalf of the medical officers of the army and navy, which have already resulted in considerable improvement of their position, for which I cannot but think that our acknowledgments are due to the authorities? Is it necessary to point to the good work done by Dr. Gibbon and his coadjutors in watching over parliamentary Bills, in suggesting to members of Parliament and to heads of the Government, improvements in regard to the treatment of medical topics? It is in the columns of our JOURNAL, that these and allied matters, to which it would be tiresome to allude more in detail, have always received such able consideration, not only from our esteemed and learned editor, but from many pens of which we may well be proud. May I be permitted to say here, that without such an organ—without such a vehicle for the due expression of the opinions of our members—none of those measures could have been ventilated and promoted as they have been; and that I regard the existence of a journal like our own, issued at weekly intervals, as an essential and integral constituent of our body. In the rapid intercommunication established by its means, lies one of the elements of our strength; and so long as it is conducted with the ability and fearlessness which has characterised it of late years, so long I should regard any organic change in that quarter undesirable.

But, if there is ground for mutual congratulation as to the past of the British Medical Association, let us for a brief space consider whether we have in all respects attained the standard of excellence which we should aim at, and whether there be not room for a greater development of our resources. I would in all things seek, as an individual and as a member of a corporation, to take the highest ground; and I conceive that, as regards the immediate objects before us, the principle holds good, that what is a permanent and real benefit to ourselves as members of a common profession, ought to be an advantage to the community at large. I can conceive no injustice to an individual or to a section of the nation, without a corresponding and injurious reaction to those who inflict it; and, conversely, where an act of justice is done or a benefit conferred upon a smaller or larger section of the community, the entire community must benefit. This was, and remains, the great argument in favour of improving the position of the medical officers of the army and navy. The advancement of their interests, the increase of their legitimate authority, the elevation of their social status, will react beneficially upon the remainder of the profession, no less than upon the welfare of those soldiers and sailors whose health is indeed, both literally and figuratively, worth much gold to the country. It would be invidious to speak of individual instances in which we have failed, because it might be thought that I wished to cast blame upon individual members; but such is far from being my wish; and I would merely throw out interrogatively the inquiry, for each of my hearers to answer for himself, whether, in his sphere and capacity, he has always done his utmost to develope good-fellowship among his professional brethren; to advance the highest aims of our art and science; and to promote the welfare of our country and of humanity at large.

The prosecution of science, and the continual growth in knowledge of all the members of our profession, is the first object at which we should all aim. Nowhere does this hold good more than with us; and, though there may be room for improvement in our social and political relations, we cannot forget that the main attraction to the study of medicine is, and ever will be, that inherent in itself. While it is right, for the reason previously stated, that we should not despise extraneous attractions, medicine will never flourish if either pecuniary rewards or honours should become our main incentives to labour. As yet, there is little chance of this being the case; and I intend shortly to consider how desirably for society at large the increase in those rewards may serve as auxiliaries to the progress of civilisation. At this moment, however, I only ask you to examine how far this Association may promote science on its own account, and with a view to the general realisation of the objects for which it was founded by Sir C. Hastings, now thirty-three years ago. The charge of empiricism, that has so often been made against us, can only be rendered nugatory by the unremitting endeavours of all to secure a high standard of preliminary education. Not that pure science is in itself conducive to an intelligence of natural phenomena, but that an expansion of all the faculties of the mind in early youth aids materially to the just comprehension of those physical phenomena to which the student of medicine has to turn his exclusive attention throughout his practical career. Much has been done in this direction of late years; and I think the teachers of the London schools of medicine already testify to the improved character of the students who flock to their benches, as compared with the majority of those who occupied those benches when they themselves were students. This, then, is one of the points to which our Association should never fail to direct its serious consideration. It may aid the authorities who mean well to the profession, by encouraging a high standard of education; and it may advance the cause of science, by offering every resistance in its power, if ever any attempts are made to depress the standard and encourage men of inferior intellectual calibre and growth.

Another question for us to consider is, as to whether the Association can directly contribute to the promotion of medical science. One of the means adopted is our JOURNAL, which serves as an organ of inter-communication between our members, and assists in the spread of the results obtained by individual workers. A high responsibility rests with the editor, and that our present editor fully appreciates his position, and well discharges his duties, is, I think, best demonstrated, not by any encomiums of mine, but by the great increase in the numbers which of late years have rallied round our standard.* Whether or not we may, by enlarging the scope of our JOURNAL, or by separating the scientific from the social part, do good, is a point upon which I would rather at present avoid expressing an opinion; but I have no hesitation in saying that, whatever changes or additions may be thought desirable, I should ever hold the continuance of a weekly paper to be essential to the existence and wellbeing of the British Medical Association. We must not forget that science demands of its workers hearty zeal and devotion; and that, although cooperation may be useful to the elucidation

* I find that the number of members of the Provincial Medical Association in the first year of its formation was 310; in 1852, the number had increased to 1628; in the year 1864, we numbered 2422; and I am told that about 150 new members have been added during the present year.

of some scientific truths, the bulk of good results obtained, are gained by men working by themselves and unfettered by the trammels which association often imposes. We must, therefore, not be too sanguine as to the powers possessed by the Association of directly influencing the advance of scientific medicine. Medals and other distinctions might, perhaps, be offered when our funds permit; possibly our annual meetings might be more specially directed towards the advancement of medical science; but, after all, the work must be done for its own sake; and I am inclined to think that our corporate energies may be most beneficially applied in other directions.

There are two points to which I would ask you for a few minutes to turn your attention—the advancement of preventive medicine, and the increase of our executive power; or, to put it in a different way, the duties which we owe to our fellow-men, and those which we owe to ourselves. I believe the two to be so closely bound up together, that they aid one another, and are almost correlative; and it is especially on the ground that the advancement of our own body will confer a great benefit on our fellow-countrymen, that I now, as I have often done before, urge the necessity of associations like our own doing their utmost to protect and advance the interests of the whole profession or of individual sections.

It is often asserted, that medicine is not a science; and the main argument used by the caviller is its want of precision. It would be an interesting subject for an address to go through the main features of modern medicine, to show how unjust the charge is, by pointing to the exactness and almost unerring certainty with which many diseases of the nervous centres, of the thorax and abdomen, may now be recognised and treated, compared with the vague guesswork that prevailed up to the beginning of the present century. But I am desirous of dwelling only upon one of the features of modern medicine in which that precision is particularly demonstrable on a large scale, and which illustrates particularly the social importance to the body politic of the medical man. It is in all matters connected with sanitary legislation that the physician's knowledge renders him not only peculiarly apt to offer counsel and advice, but, one would think, the only person who ought to have any strong and decisive voice. It is in the direction of Health of Towns Acts, in the removal of nuisances, and in the care of the poor no less than in the sanitary care of the rich, that an Association like our own can do so much, by promulgating correct knowledge, by urging on the dilatory, by supporting the weak, by attacking the prejudiced, and by throwing its ægis over those who are ridden over and trampled down by the ignorant and the overbearing. It is true, that knowledge is power. It is because we know that our aid prolongs life, renders the soldier more efficient, and multiplies the resources of our army and our navy; that we desire in all reasonable ways to increase the efficiency of the medical officers, and to encourage the natural ardour of any young Englishman to devote himself to his country's service, whether it be as a combatant or as a non-combatant. If there be among us any who are disposed to ignore the great benefit medical science has conferred in this direction, let him study the medical statistics of our country; the Health of Towns Reports; the great work on Hygiene by our associate Dr. Parkes; and the various reports of that admirable staff of combatants against sickness and disease, and inferentially against crime, the Medical Officers of Health. If we look back to any of the great sanitary questions that are now finally settled by legislative interference, we wonder at the obtuseness of lawgivers, parochial and parliamentary, who could, in many cases for centuries, oppose what is now universally admitted to be a primary condition of the healthiness of our large communities. But there are still, and ever will be, many points upon which vested rights will be opposed to the general good; and the general good will only be duly attended to if there are proper counsellors, and those counsellors can see that their recommendations are duly carried into effect.

Take, for instance, our graveyards. Some of us may remember the first outcry that was raised on the appearance of Mr. Walker's works on this unsavoury subject; and there is scarcely a member here present who cannot call to mind the labour that was necessary to convince the public that their festering corpses had no claim to poison their surviving relatives, and that the living were, in our sublunary relations, of more importance than the dead. Are we not still, in many things, acting as blindly and inconsiderately as our predecessors, who asserted the innocuity of intramural interments and the wholesomeness of bestial offal, slaughter-houses, tallow boilers, knackers' yards, and other stink-generating processes? Shall we always go on from the lesser to greater abomination, because we have not the courage to grapple with a difficulty in its infancy, and because we must wait till we feel the sword pointed at our own throats?

Look at the great sewage question. Is that not even now threatening to overwhelm us? and have we not, in the triple sewer of this vast metropolis, agreed to throw away, as a temporary expedient, millions of money, for the purpose of showing how imperfect are all our endeavours to read the unfailing and unerring laws of a beneficent Creator? Are we not, at this moment, with all our advances in hygiene and engineering skill, temporising with a monstrous difficulty, instead of dealing with it manfully and radically? If we persevere in our present course, all the rivers of this country will soon be poisoned; and we shall, Tantalus-like, bring the cup to our lips, only to cast it aside because it teems with pollution. Where will this end? Not by multiplying our sewers; for they must at last terminate in our rivers, as they are flushed by their waters. We must not use up all our water, first to wash out our impurities, and then again cast the impurities into the water. But we must contrive some method by which, from each household, the fructifying liquids and solids may be separately conveyed direct to our meadows and our fields, there to reproduce in succeeding rotation the crops that nourish and support and strengthen our frames.

This, then, is a great question for us to take up and to solve—a question involving the happiness and the health of the present, and yet more of countless generations to come.

But it is only one of a class. An analogous question is the administration of our poor-laws, with reference to the healthy no less than with regard to the sick. Is the lawyer, or the clergyman, or the independent gentleman, to say nothing of the shopkeeping aristocracy of our vestries—are they, by training or observation, prepared for the investigation of the many sanitary and sanatory questions involved in the administration of the poor laws? Who but a medical man is capable of judging of a dietary? Who can determine the healthiness of dwellings, the cubic space necessary to prevent typhus or phthisis, the amount and character of ventilation requisite to prevent the development and spread of typhoid fever, of erysipelas, of gangrene, and all the various items that go to swell our death-rates, but the medical

man? Who can best supervise hospital arrangements and direct nurses? Who is the most suitable person, in short, to advise upon the countless matters upon which the health and strength of the nation depend? The man whose whole energies have been devoted previously to political, ecclesiastical, or commercial pursuits; or he whose studies have specially trained him for the work that I have pointed out as necessary to be done in a well ordered Christian community?

Let me not be misunderstood. I have no wish to underrate the services to the community of other professions and callings. But I do most earnestly desire to increase that power of doing good which so eminently belongs to our own. And I would ask you, whether or not past and contemporary history does not constantly exhibit the paralysing effect of some cold shadow thrown across the path of the medical man, where he is working for the good of his fellow men, but where he finds his power inadequate to secure attention to his suggestions. Much as I would desire to see medical men enter the Houses of Parliament, it is, I apprehend, impossible, from the nature of things, that any influential section of our legislators should ever be composed of physicians or surgeons. If medical men enter the House of Commons as *emeriti*, they are not likely to be able to undertake the task of learning a new calling; if young and energetic, they are too often compelled by the *res angusta domi* to think first of bread and cheese before they can devote their time and energies to what is only too likely to prove a thankless, though not an inglorious, work. Besides, the Senate would not lead the doctor to other lucrative posts which form the attraction to many a lawyer, and often enough reward his senatorial displays.

To insure a fuller and more ready acceptance of the great truths and facts of sanitary medicine, it seems necessary to admit medical men of eminence into all the Boards which now involve the consideration of medical topics; not merely as subordinate advisers, but as members occupying a position of perfect equality with the most influential members of the Boards. We all know how the voluntary advice of an inferior is looked upon; we all know that the suggestions of a subordinate are but too apt to be ungraciously received, if not cast aside. I do not, then, hesitate to maintain, that the good of our country will be consulted if medical men are admitted to seats in such departments of Government as the Poor-law Board, with the same right of voting and with the same executive and administrative privileges that belong to other members of those bodies. I should be disposed to think that, in the course of time, when the general public adequately appreciate the importance of the topics which we are now discussing, a medical ministry will be thought quite as integral a part of the government as a ministry of war.

Not till some such plans are carried out, can we expect to retain the services of the best men exclusively for the public good; because rich men rarely become physicians, and because, by the time their profession has rendered them pecuniarily independent, they will as rarely be disposed or suited to enter upon a new mode of life. There are at present scarcely any rewards or dignities accessible to the members of the profession; and where they have the greatest right to claim them, they are but too often withheld or bestowed in a niggardly spirit. I trust I have succeeded in showing, however feebly, that a large benefit would accrue to our beloved country if there were more prizes for us to hope for; not as inducements to join the profession, for the number who enter our ranks from a pure and hearty love of its immediate objects is already ample; but as a reward for hard work done, and as a means of rendering that work eventually of more certain and general acceptance to the nation. Give to medical men the opportunities of themselves realising what now is invariably prompted by them, but as invariably, if adopted at all, adopted by others who ignore the original mover, and long after the idea was first brought under public notice. The public would be more ready to accept our suggestions, could they be brought before them with a little of that authority which is accorded to high position, especially if there can be no imputation of a selfish and personal motive.

The present time is particularly opportune. The approaching changes in Parliament enable us to urge our views, neither factiously nor as suppliants, but as men determined upon the issue, though willing to wait a fitting opportunity. If the entire profession of England determine at the next general election to support only such candidates as shall be willing in their turn to promote the just interests of the profession, and to see that medical men are put into those posts of honour and emolument for which they, and they alone, are sufficiently qualified, it would be strange indeed if no beneficial result were at once achieved. Might not the Association, at the annual general meeting, without entering into general politics, draw up a moderate and reasonable programme, embodying the conditions upon which the medical profession will give their support to individual candidates? I think we should, if it be ratified by the profession at large, gradually see such a change in public opinion as could not fail to terminate in the ultimate fulfilment of our legitimate wishes.

I fear I have already fatigued you, or there would be still much to say and many arguments to adduce why, in a commonwealth like ours, all intellectual power should be fairly represented in the government. I have said nothing about the many abuses from which we as medical men suffer, whether it be as Poor-law medical officers, as servants of the public in dispensaries and hospitals, as advisers on almost all questions that concern the public health. In these, as in other points directly relating to our personal interests, we must bide our time, holding together earnestly and honestly; not thinking that we can advance ourselves individually at the cost of our professional brethren, or by doing anything that may be derogatory to a man of science and a gentleman. One common bond of friendship should unite us to each other. Let us ever be mindful of the saying of one of our earliest teachers: "Idem velle atque idem nolle, ea demum firma amicitia est." Let us be able to say with each recurring anniversary, in the words used by Sir C. Hastings at the first meeting of the Association, on the 19th of July, 1832, that we "hail this day, *hunc lætum medicis diem*, as one of peculiar promise." If there are any points upon which we differ, let us *agree* to differ. If our differences are based upon the same loyal zeal, they will find their ready cure in the common aim to extend the sphere of usefulness of the most beneficent and unselfish of all professions.

I should not, I am sure, do justice to your feelings or to my own, if I concluded without an allusion to one of the many topics that would still deserve our consideration, did I dare to trespass longer on your patience. The subject is one fraught with pain. During the past year, the numbers of our Branch have increased to above two hundred members; but we have experienced losses never to be replaced. Each of us will count personal friends among the five gentlemen who have been called from this, we hope, to a better world. Dr. James Bird, Dr. William Bell, Dr. Harrison, Dr. Kirkes, and Mr. Stone were all men who had not lived in vain, and whose death

was felt, when it occurred, as a personal loss by many members of this Association. This is not a place to dwell upon their relative merits; but I am sure I am only expressing the conviction of the entire profession—of those who knew him privately, as well as those who were acquainted with him by his works only—when I say that a peculiar poignancy of grief was experienced when the sad intelligence reached us of the demise of Dr. Kirkes, a physician who

> "So wore his outward best, and joined
> Each office of the social hour
> To noble manners, as the flower
> And native growth of noble mind."

He, indeed, belongs to the real great ones of the past.

Gentlemen, it remains for me to thank you for placing me in this chair. I consider this distinction as a comforting assurance that you, my medical brethren, have regarded my earnest good will to my profession, rather than my many shortcomings, of which no one can be more conscious than myself. It will be my endeavour, during my tenure of office, to emulate my predecessors; and if, at its termination, you have found in me the same assiduity and zeal that have characterised him who has just quitted the presidency of this Branch, I shall attain to a high reward.

HULL BRANCH.

CASES OF BRONCHOCELE OF THE ISTHMUS OF THE THYROID BODY; WITH REMARKS ON THE PRACTICABILITY OF EXCISION UNDER CERTAIN CIRCUMSTANCES.

By Kelburne King, M.D., Surgeon to the Hull General Infirmary.

[*Read June* 13, 1865.]

The form of bronchocele to which I wish to call your attention to-day, is that in which the enlargement occurs not so much in the lobes of the thyroid body as in the isthmus, and consequently forms a projection upon the upper part of the trachea. This kind is not by any means so common as that which consists of enlargement of the lobes; but it is occasionally (as I shall show by three cases which have occurred in my own practice) attended with much more distressing symptoms than the mere size of the tumour would lead us to expect. I presume that there is something in the position which renders bronchocele of the isthmus a more serious complaint than when the same disease occurs in the lobes; and I believe that this is explained by the closer connexion which in that situation it possesses to the trachea, and to the more distressing effect produced by vertical than by lateral pressure upon that organ. At the same time, I ought to mention, that I have known cases of enlargement of the isthmus, in which no inconvenience, except that arising from the bulk of the tumour, has been experienced, and, therefore, proving that, even in this position, the neighbourhood of a considerable tumour is not necessarily attended with grave results. I believe, however, that it is much more frequently the cause of obstruction to breathing, and even swallowing, when occurring in the isthmus, than when it affects the lobes, and that although the size attained be comparatively inconsiderable.

The first case which I shall narrate proves the fatal results which may flow from a comparatively small tumour in this position; and the other two will indicate a method of dealing with the disease in certain cases which, though forbidden by the general rules of surgical authorities, is shewn by the third case to be unattended with danger in the operation and perfectly effectual in the result.

My attention was called to the dangerous nature of bronchocele of the isthmus by the following case.

On October 2nd, 1860, I was consulted by Miss W., of Garton, in this neighbourhood, aged 42, on account of a tumour of about the size of a pigeon's egg, situated in the front of the trachea and following the movements of the larynx. There was hardly any appearance of enlargement of the thyroid lobes. The skin was much seamed, and was quite adherent to the tumour, which felt much firmer than these tumours usually do, and seemed to be unusually closely attached to the trachea.

She stated that she had noticed the swelling for many years; that at first it was quite moveable, but that, strong blisters and escharotics having been applied to it, it had become harder and more fixed; and that, while at first it had caused little inconvenience, latterly, and (as she thought) in consequence of the severe counterirritation, she had suffered from increasing paroxysms of dyspnœa, which, she said, had of late assumed an alarming character.

When I saw her, her breathing was rather hurried, and seemed somewhat spasmodic; but there was no laryngismus of any consequence, though she said it might come on at any moment, and that the attacks were of late becoming longer and more severe.

On October 6th, she called upon me again, but I happened to be from home; and when in my house she had a violent attack of dyspnœa, which those who saw her feared might have proved immediately fatal.

On the 8th, I saw her in consultation with Sir Henry Cooper. We were told that, during the last two days, her breathing had been excessively difficult and noisy. She was in a state of great prostration. Dyspnœa was extreme; and it was evident that tracheotomy afforded the only chance of prolonging life. This was performed by cutting right through the middle of the tumour. The hæmorrhage was not so great as we had feared; and, except some difficulty in fixing in the tube in consequence of the depth of the wound, there was nothing to notice in regard to the operation.

Immediate relief was afforded; and on the following day she continued to feel much easier and better. Early on the morning of the 10th, inflammation and profuse secretion of the bronchial mucous membrane set in; and she died on October 11th.

Reflecting on this case, I could not help regretting that an attempt had not been earlier made to remove the tumour; and determined, in the event of seeing a similar state of disease, that I would dissect off the skin, pass ligatures deeply on each side, so as to command the principal arterial supply, and excise the included portion.

I did not meet again with anything like the circumstances named, until October 11th, 1864, when D. B., a young man, aged 21, from Preston in Holderness, consulted me regarding a tumour in the same situation, of about the size of a hen's egg. It was connected with enlarged lobes of the thyroid on each side. It had existed for a long time; but he had observed it to enlarge more rapidly during the last year; and his attention had been attracted to it during that time in consequence of the increasing difficulty he found in respiration. When he applied to me, his breathing was noisy and stridulous; its difficulty was increased by the least exertion; and he had an occasional hard ringing cough. He was otherwise in good health, and seemed a strong country lad. There was no pain about the tumour, which felt loose, moveable, soft, and elastic.

I was deterred from proceeding at once to treat this tumour in the way I have indicated, by the fact of its not being an isolated swelling of the isthmus, but a general enlargement of the thyroid body most

conspicuous in the central position. I remembered an attempt made by Mr. Lyon of Glasgow, when I was house-surgeon to the Infirmary there, twenty-three years ago, to relieve increasing dyspnœa, by removing a portion of a bronchocele, and the all but irrepressible hæmorrhage to which it gave rise; and I determined to try the effect of iodine inwardly and the application of biniodide of mercury outwardly, as recommended by an Indian medical officer. The man was admitted a patient of the Hull Infirmary; and these measures were persevered in, but without producing any improvement.

In the early part of November, it became evident that his condition was becoming worse. The breathing was more impeded; he lay with his head thrown back, and the lips were assuming a dusky appearance There were no stethoscopic signs indicating any pulmonary affection. I told Mr. Evans, the house-surgeon, to let me know if any change for the worse took place; and at two o'clock on the morning of Nov. 13th, I was called to see him, when I found him insensible, with greatly impeded respiration, sluggish pupils, livid countenance, and firm, slow pulse. I immediately proceeded to perform the operation which I had determined upon, in the event of its being necessary to save life. An incision was made in the middle line, right over the centre of the tumour and down to it. The skin was dissected off on each side so as freely to expose the mass. The firm capsule surrounding it was opened; and I proceeded to enucleate the tumour with the handle of the knife as much as possible, intending to pass strong sharp needles, set on handles and armed with stout ligatures, round each side of the central tumour, which, being thus deprived of its arterial supply, I then intended to excise. To my surprise and satisfaction, I found that I could pass my fingers completely round the whole mass; and ultimately I removed a separate and independent solid tumour, enveloped in its own cyst, larger than a hen's egg, and attached to the surrounding bronchocele only by its connecting vessels. So far had asphyxia proceeded, that, when these were divided, the arterial blood flowed out in jets as purple as the venous. A ligature was placed round the bleeding portion; and the trachea could be discerned lying at the bottom of the deep wound from which the tumour had been withdrawn. The breathing was speedily relieved; and, as there were symptoms of returning sensibility, I advised Mr. Evans to watch him carefully, and if his condition did not improve after some time, to insert the tube into the trachea. This it was found necessary to do two hours afterwards. His breathing then became very much relieved; and when I saw him at 12 noon, respiration through the tube was free; he was perfectly conscious; and altogether his general appearance and symptoms were very promising.

On the 14th, the entry in the hospital book is, that he was "still improved"; but it was noticed that muco-purulent matter tinged with blood was expectorated through the tube.

On the 15th, at 8.30 A.M., he became much worse, with greatly impeded respiration (although the tube was free); and in half an hour he died.

On making a *post mortem* examination, the whole thyroid body was laid bare, and there was found to be great enlargement of both lobes, each of them measuring fully five inches in length and three in thickness. On a superficial examination, they presented a lobular homogeneous appearance, being surrounded by a strong capsule. A small isthmus connected the two lobes; and below it, and on each side, there was a deep indentation on the lobes, corresponding to the tumour which had been removed. When cut into, each lobe was found to consist of a mass of independent tumours, each quite capable of isolation from those lying beside it, but all bound together by the strong capsular investment already alluded to. These varied from the size of a nut to that of a hen's egg. Many were solid, like the one removed; others consisted of a thick cyst, containing within it a black treacly fluid. All were perfectly independent, and were held together externally by the general capsule; internally, they were in some parts loosely united by what looked like an expansion of the true substance of the thyroid body. The trachea and bronchial tubes were filled with muco-purulent fluid. This was readily expressed from the substance of the lungs; and in this case, as in the former, there is no doubt that inflammation of the mucous membranes, and muco-purulent secretion from their surfaces, were the immediate causes of death.

This case seems to me very remarkable in a pathological point of view. I was not prepared to find a bronchocele made up of a series of independent tumours, most of them solid, and presenting the appearance of ordinary sarcoma. I have seen large cysts developed in the interior of a bronchocele; but they looked to me more like the results of absorption and softening of portions of the enlarged thyroid mass, than cysts of independent origin, and secreting the contained fluid. Erichsen, Chelius, and other writers speak of cystic tumours occurring in this way, and also independently; but in this case the greater number were not cystic, but solid tumours; and that especially which, occurring in the middle line, caused all the mischief, turned out to be, as it felt during life, but as I had no warrant to expect that it would prove, a totally independent tumour, only enveloped by a general capsule which united together the different individual items of which the mass consisted. Had I been aware of this disposition of parts, I would have done at an early period what I did at the last, and removed, without fear of hæmorrhage or other ill consequence, the body which, by its pressure on the trachea, was slowly producing asphyxia and death.

Not very long afterwards, I had an opportunity of putting in practice the treatment which I so deeply regretted not having known in the case of D. B.

On the 31st day of January, 1865, a young man, aged 21, from Ellerker, called upon me for advice regarding a tumour in the front of the throat, which had existed for three or four years, but had caused difficulty of breathing and in swallowing for the last three months. On examination, I found a tumour which followed the movements of the larynx, situated on the front of the trachea. It was of about the size of a small hen's egg; felt loose and moveable; was not painful to the touch, unless it was pressed back, when a feeling of suffocation was produced. On each side there could be felt an enlargement of the thyroid lobes, but not to a very great extent. Of late the difficulty of respiration was so much increased as to prevent his following his usual employment. For about three months, I administered iodine externally and internally; but, no improvement taking place, I determined to remove the central portion, which, like that in the former case, had the loose feeling of an independent tumour. Accordingly, on the 9th of May last, he was placed under the influence of chloroform, and an incision made in the middle line, over the centre of the tumour. The skin was dissected back, and the surface exposed. A dense capsule was divided, and the central tumour was readily enucleated by the handle of the knife, and removed. A ligature was readily applied to the nutritive artery, and not half a teaspoonful of blood was lost in the operation. Other tumours were brought into view on each side by the dissection, and I was tempted to go on isolating

them; but I abstained on reflecting that the central tumour was the only portion which interfered with the respiration, and that the incision had been planned solely with a reference to it.

The wound healed up, and the ligature came away, without any untoward symptom. The unpleasant sensations have been completely relieved; he has returned to his usual employment; but I have asked him to show himself to you to-day, that you may have an opportunity of seeing the present condition of the parts, and hearing his own statement.

From these cases I have been led to the following conclusions.

1. That serious and even fatal consequences may arise from a comparatively small tumour situated over the isthmus of the thyroid body.

2. That a bronchocele is not necessarily homogeneous in structure, but may consist of a number of tumours, solid or cystic, bound together only by the external capsule.

3. That if a central tumour be causing unpleasant symptoms by its presence in the trachea, and if it feel loose and isolated, there is good hope of removing it without any hæmorrhage or unpleasant effect; and that, even though the lobes also are felt to be enlarged.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

A CASE OF TRACHEOTOMY PERFORMED FOR RELIEF OF LARYNGITIS: EXPULSION OF A FRAGMENT OF MUTTON-BONE FROM LARYNX.

By C. H. Allfrey, M.D., Chislehurst.

[*Read at Dartford, April* 28, 1865.]

G. M., Esq., aged 34, resident for nine years in India, in the Civil Service, but at the time of the operation at North Cray, caught a cold about the beginning of December 1864, to which he unfortunately paid but little attention; as during a fortnight's hunting in Ireland he was almost daily wet through, thus constantly renewing the cold. He had previously enjoyed perfect health.

On Dec. 23rd, he put himself under the care of Mr. T. Heckstall Smith of St. Mary Cray. He then appeared to be very much out of condition, and suffered prominently from hoarseness and difficulty of breathing. On auscultation, there was notable inaudibility of the respiratory murmur, with abnormal roughness in the neighbourhood of the windpipe.

On Dec. 29th, Dr. Allfrey, partner of Mr. Smith, at the request of the latter, examined the state of the larynx by means of the laryngoscope. That instrument, which was borne fairly well, revealed undue vascular injection of the whole mucous lining—involving the true cords as well as the epiglottis—with œdema, and consequent narrowing of the aperture of the glottis. Solution of nitrate of silver (sixteen grains to the ounce) was applied by means of a brush, and externally the throat was blistered.

Still the symptoms increased; and on Monday, January 2nd, they became very urgent. Emetics and leeches gave relief, but only temporarily; and, in the evening, so great was the difficulty of breathing, and so marked were the symptoms of exhaustion, that, after consultation with Dr. George Johnson, tracheotomy was performed by Dr. Allfrey. The laryngoscope, in Dr. Johnson's hands, gave strong confirmation of the absolute necessity of the course subsequently adopted. Whilst in this extreme distress, the patient tolerated the laryngoscope, and a more perfect view of the interior of the larynx was obtained than at any other time. The appearances above mentioned still existed, but in a much more marked degree; and the narrowing of the aperture, from swelling and immobility of the cords, was extreme. The relief afforded by tracheotomy was immediate and strongly marked.

The patient had a good night, and from that time steadily mended; so that on Jan. 29th—one week after the operation—he breathed with perfect ease, when the tube was corked. The laryngoscope at this date—again in Dr. Johnson's hands—showed great amendment; but there was still sufficient redness and immobility of the cords to render the removal of the tube inadvisable. And well was it; for in the course of the same week—in consequence, apparently, of the extreme inclemency of the weather—a decided relapse occurred. The patient was then (Jan. 14th) absolutely unable to breathe without the aid of the tube; and the laryngoscope showed a state of things, if possible, worse than ever. The local application of nitrate of silver, in the form recommended by Dr. Johnson (arg. nit. ℈j; glycerini ʒss; aquæ dest. ʒss), hitherto only applied on alternate days, was now repeated daily, and with apparent advantage, for improvement steadily set in; and on Feb. 10th—seven weeks after the operation—the tube was removed, after another consultation with Dr. Johnson. The wound healed kindly and rapidly; yet the patient was not in an altogether satisfactory condition. He still suffered from frequent and distressing cough; and there was harshness of the breathing in the tracheal region, almost amounting to stridor. He could, it is true, fully inflate the chest; but inspiration and expiration were abnormally long. He also expectorated bloody muco-purulent matter. The continuance of these symptoms could only be explained by the supposition that the wound in the trachea had not healed so kindly as the external opening, as the larynx seemed healthy.

There was at the time of the removal of the tube—as there had been for several days previously—a great and unaccountable redness of the fauces, involving the epiglottis; accountable only, that is to say, on the supposition that the tube was in some way acting as an irritant.

On Saturday, Feb. 25th, these symptoms were rather unexpectedly explained. On the evening of Thursday, the 23rd, he suddenly lost his voice, and became altogether very poorly. On Friday, the 24th, the laryngoscope showed the existence of a certain degree of redness and œdema about the glottis; and on the afternoon of that day, he was seized with a fit of coughing, so terrible as almost to choke him; followed, on Saturday, by another even more terrible, during which he expelled what has every appearance of being a fragment of mutton-bone. From this moment, he rapidly became, to all intents and purposes, well, and the cough completely left him.

The question then presents itself, What was the origin of the bone? A very careful cross-examination failed to elicit any evidence that it was a portion thrown off from the patient's larynx or nose by necrosis, so it must be regarded as a foreign body. When, then, did this foreign body enter the larynx? Was it there all along? and, Was it the cause of the original mischief? Clearly not, for the following reasons. 1. The history of laryngitis produced by cold is too complete. 2. The patient has no recollection of having had, at any previous date, any violent cough, spasm, or distress, such as must have been occasioned by the entrance of such a body into a healthy larynx. 3. During the maintenance of the tube in the trachea, every facility for its peaceful entrance existed. The absolute insensibility of the glottis at that time was practically demonstrated, over and over again, when the caustic solution was applied; for, unless

the tongue or pharynx were accidentally touched, the introduction of the brush—and it could be felt to pass clearly between the cords—produced no cough or irritation whatever. The possibility of the entrance of such bodies was of course foreseen; and, in accordance with instructions, all nourishment was carefully strained, and solids rigorously prohibited. On one occasion, however, it was elicited that Scotch broth had been given, to humour the patient, without having been strained. Here was the source of the bone; and, in confirmation of this conclusion, it appeared, that on that very day (Jan. 30th) he was annoyed by fits of violent cough, and had been so, more or less, from that time. It is supposed, that the fragment was lodged in the anterior angle of the thyroid cartilage, just above the insertion of the vocal cords; and that thus we were unable to see it, for on no occasion, except that to which reference has been made, was a perfect view of the anterior part obtainable.

This case is valuable apart from its being a successful case of tracheotomy, as it affords an illustration of the very practical application of the laryngoscope. It proved, to say the least, a great comfort in confirming the necessity for tracheotomy; and it was undeniably of the greatest service at a later date, when its revelations were the only obstacle to the removal of the tube previous to the relapse which occurred as mentioned above.

It shows the necessity for extreme caution during the maintenance of the tube *in situ*, and for rigorously proscribing even the minutest particle of solid food.

It seems, also, to speak strongly in favour of the use of the solution of nitrate of silver, here used with glycerine, as recommended by Dr. G. Johnson in his lectures to the Royal College of Physicians.

Death of Robert Cook, Esq. Our obituary of this week contains the name of Mr. Robert Cook, of Gainsborough. Mr. Cook was one of the oldest medical practitioners in the county of Lincoln, if not the oldest. He commenced his medical career at Newark, where he remained only a few years, and had, as his first pupil, the late Dr. Marshall Hall, F.R.S., of London. Mr. Cook came to Gainsborough in the autumn of 1813; and from that period until his decease, a period of almost fifty-two years, he continued here. Altogether, Mr. Cook was in active practice nearly fifty-six years. He was well known and highly esteemed, not only by the medical world, but also by all classes of the community throughout a large circuit. Few men, indeed, possessed a larger acquaintance than he did; and his loss, even at the ripe age which he had attained, will be much felt.

Fissure of the Rectum Successfully Treated by Forcible Distension of the Sphincter Ani. The *New York Medical Journal* states, that at a meeting of the Medical and Surgical Society of that city, Dr. Ottis called the attention of the society to the good results following the forcible distension of the sphincter ani, in a case of fissure of the rectum, recently under his care—a lady who had suffered for a year and a half from acute pain following each attempt at defecation, and lasting from eight to ten hours. On examination, he had discovered a fissure an inch in length, just within the anus. After putting the patient under the influence of chloroform, and inserting both thumbs into the rectum, he forcibly distended the anus. From that time to the present, over four weeks, the patient had been entirely free from pain, and considered herself cured. (*Medical and Surgical Reporter.*)

British Medical Journal.

SATURDAY, JULY 8TH, 1865.

CEREBRO-SPINAL MENINGITIS.

During the last two years, an epidemic disease of children has prevailed in Germany, which was previously as strange to German nosologists as it still is to those of this country. It has appeared in various places between the Rhine and the Vistula; but in every instance the cases have been confined to limited epidemic areas—not disseminated over a wide extent of country; and these places have been at such distances from each other as at once to suggest to the unbiased mind that the agency by which the disease is brought into existence in each place must be meteoric, not terrestrial; and that, whatever be the nature of the original material cause, whether it be a *contagium vivum* or a so-called "proximate principle", it must be wafted by the atmosphere, not carried from place to place on the bodies of men.

The countries which have been principally visited by epidemic cerebro-spinal meningitis (or, as it has been lately called by laymen, "the new German complaint with the long name"), are West Prussia and Pomerania towards the north, and Bavaria and Baden towards the south. The disease seems to have been observed about the same time (in February 1864) in Stettin and Bromberg. In April 1864, it appeared near Eisenach; and in October, in Nuremberg; while in December, and in January and February 1865, it became epidemic in various parts of Bavaria, especially around the Fichtelgebirge, and in Baden, near Carlsruhe. During the same months, the outbreak in the department of Dantzic, which forms the subject of the report of which the title is at the head of this article, commenced and culminated.

The epidemics in Baden and Bavaria have been described by Professor Niemeyer of Tübingen, and by Drs. Merkel and Reuter of Nuremberg. These authors enumerate 220 fatal cases in their several reports; but this number is not supposed to include the whole. Dr. Sanderson* states that, in the province of Dantzic, it is believed by official persons that more than a thousand lives were lost during the first three months of the present year; so that it is not surprising that the Prussian Government considered that inquiry was necessary. For this purpose, the learned and accomplished Professor of Medicine in the University of Berlin, Dr. Hirsch, well known in this country as the author of an exhaustive trea-

* "Report of the Results of an Inquiry into the Epidemics of Cerebro-Spinal Meningitis prevailing about the Lower Vistula in the beginning of the present year." By John Burdon Sanderson, M.D., F.R.C.P.

tise on geographical pathology, was selected. In April last, the subject was brought under the notice of our own Government by Her Majesty's Ambassador at Berlin; and, in consequence of the facts communicated by him, the present inquiry was ordered.

The account which Dr. Sanderson gives of the symptoms and pathological appearances of the disease is probably as complete as it could have been, considering the short period during which the cases were under observation. The inquiry was completed in three weeks; and the epidemic was already subsiding when the author reached the scene of his labours. He appears to have confined himself strictly to those facts which actually came under his observation, without referring to the questions suggested by them. He has not expressed any opinion as to the essential nature of the disease itself, and has made no attempt to assign to it its proper place in the nosology, nor even alluded to the question, lately discussed, of its relation to typhus fever. It is evident, however, that he regards it as a blood-disease, or, as it is called by the German nosologists, an "*Infections-krankheit*".

Diseases of this description may be divided into two groups; namely, those in which the general constitutional disorder, and particularly the febrile reaction, are due partly to the infection of the blood, partly to local changes which are thereby induced; and, secondly, those in which the influence of the morbid poison is exerted exclusively on one organ. In these, the symptoms do not spring directly out of the dyscrasia, but out of the secondary local lesions. Now, from the following summary description of the disease, with which Dr. Sanderson precedes his more detailed account of its symptoms, there can be no doubt that it belongs to the second of these two groups. The phenomena represented are simply those which we should expect from inflammation of the membranes of the brain and spinal cord, however it originated.

"In adults, the disease begins almost invariably with shivering, profuse vomiting, intolerable headache, and giddiness. After these symptoms have continued for several hours, the patient's thoughts become confused. The headache continues, while other pains fix themselves in the muscles of the nape of the neck, of the small of the back, or of the abdominal wall. At this part of its progress the malady advances so rapidly, that within a few hours after the appearance of the first symptoms the patient becomes violently delirious, while at the same time the head is thrown back, and the thighs are drawn up by muscular contraction. The delirium usually lasts for a few days only. In the worst cases the patient lapses into profound insensibility, which continues until death. In a few rare instances he regains complete consciousness as the delirium ceases, and enters on convalescence. Much more frequently he is left on the third or fourth day of the disease, if he survive its first onset, in a state of extreme nervous depression, which is usually of long duration. This condition is characterised by impairment of consciousness, rather apparent than real, perversion both of common and special sensibility, marasmus, and excessive muscular weakness.

"During the continuance of the state of depression, the patient is liable to frequent recurrence of the initial symptoms. Although so profoundly prostrate and indifferent to external impressions that he is incapable of replying to questions, he frequently utters piteous cries of pain. At night he sleeps little, usually wanders quietly, and is often subject to hallucinations. At any moment his life may be imperilled, either by secondary affections of the lungs or other vital organs, or by a recrudescence of the primary disease.

"As complete consciousness returns, and the patient resumes his relations with the external world, he may either find that in the course of the malady he has become paralysed, or that his sight or hearing are destroyed; or, on the other hand, he may be so exquisitely sensitive that light and sound are intolerable, and all other external impressions painful. Even if he escape these consequences, he is left in a pitiable state of muscular weakness and exhaustion, from which he very slowly recovers.

"The above description is completely applicable to those cases only in which the tendency to an early fatal termination manifests itself in the violence of the symptoms of invasion. Other cases are met with in which, although the evidences of cerebral disturbance are, from first to last, confined to sleeplessness and night-wandering, the subsequent development of the disease is similar. In these cases, the dangers and liabilities to which the patient is exposed are as serious, and the progress as tedious and exhausting, as in the others."

This description, as we have said, suggests nothing more than acute cerebro-spinal meningitis. In comparing it with that of typhus, one is first of all struck with the contrast between the one and the other as regards their general characters and aspects, and the order of succession and grouping of the symptoms. Then, in pursuing the comparison further, special differences present themselves of so essential a nature, that, unless we assume them to be misrepresented, it is impossible even to place the two diseases next each other in the nosology, much less to admit their identity. We refer particularly to the relation in which the two principal symptoms, *pain* and *delirium*, stand to each other. In cerebro-spinal meningitis, violent delirium occurs immediately after the initial symptoms, often within twenty-four hours of the commencement of the illness; and is preceded and followed, if not accompanied, by violent pain in the head, neck, and back. In typhus, it is true that there are both headache and delirium; but they are never combined. Headache is pre-eminently a symptom of the commencement. "About the end of the first week," says Dr. Murchison, "it ceases, and delirium supervenes." (*Continued Fevers*, p. 118.)

There are other respects in which the dissimilarity of typhus and epidemic meningitis is no less striking. So complete, indeed, is the contrast between them, that it is scarcely possible to mention a single characteristic of the former which is also possessed by the latter. According to the distinguished author

already quoted, the distinctive diagnosis of typhus rests mainly on the occurrence "of a rubeoloid rash between the fourth and seventh days", and on the limited duration of the malady; and, with respect to the discrimination between typhus and acute meningitis in particular, in doubtful cases, he expresses the opinion that "the presence of the eruption, or the exposure of the patient to the poison of typhus, can alone assist us." Now, as regards the duration of the disease, there is evidence, in the cases related or referred to in the Report, to show that, in the first place, there was the greatest irregularity as regards the period during which the disease lasted; and, secondly, that in several cases convalescence did not commence until four or five weeks after the attack. With respect to the eruption, the evidence is most positive. No eruption, which was in the slightest degree analogous to the typhus rash, was met with in any case; while, on the other hand, another eruption—that of herpes labialis—was observed in the greater number of cases at various periods, but for the most part between the third and sixth days.

The mode of invasion was remarkable.

"It usually happened that the patient was suddenly seized while following his ordinary occupations or at play, with shivering, vomiting, and headache. The occurrence of obstinate vomiting was almost universal. Of 56 cases in my notes in which this symptom was referred to, it was ascertained to have occurred in 51. It was of the most aggravated and uncontrollable character, the vomited matter consisting at first of half digested food, and subsequently of mucus stained with bile."

Very different is this from anything that ever occurs in typhus, in which, says Dr. Murchison, "nausea and vomiting are rare", though they are common in every form of meningitis.

From the frequency with which the muscles of the back of the neck become the seat of muscular contraction, the disease has acquired, in many parts of Germany, the familiar designation of *Genickkrampf*. This symptom Dr. Sanderson found to be so intimately associated with the existence of agonising pain in the same muscles, that he is disposed to regard the contraction as more or less dependent on the pain; for the contraction was never of so extreme a character as to deserve the name of tetanic. So long as the neck remained retracted, the muscles felt relaxed; nor could any hardness be made out until it was extended. In this respect, the author would appear to differ from other observers, especially in Germany, most of whom have described the retraction of the neck as tetanic. But the difference is probably rather of names than of things; for it is admitted that the head was drawn back in nearly every case, although the degree of muscular tension fell short of what in this country we understand by the word "tetanic".

Our space permits us to refer to one other set of symptoms only; viz., to the affections of the organs of sight and hearing, and of their functions, which occurred in the course of attacks of meningitis. Squinting was observed frequently; sometimes it was transitory; sometimes it lasted several weeks; and in one instance it was permanent.

"The state of the pupils in epidemic meningitis corresponds closely with that which is observed in tubercular meningitis. I found that, in children seen during the first days of the disease, the pupils were either natural or contracted, the degree of contraction varying according to the condition of the patient at the time. In those patients who were apparently most insensible, the contraction of the iris was most marked, and then it was observed that as soon as the patient was roused by speaking to him or moving him in bed the pupil dilated. Variations of width often occurred while the patient was under observation, although he had not been disturbed, and no change had been made in the quantity of light admitted. Sometimes it was noticed that one pupil was larger than the other.

"In cases of long duration in which there was marasmus and great loss of muscular strength, the pupils were almost invariably dilated. In these instances it was found that they were sensible to light, and that there was no marked impairment of vision. In the case of a child aged 13, in whom this symptom existed to a remarkable degree, the eyes were explored with the ophthalmoscope without result."

Two cases of acute inflammatory disease of the eyeball came under observation. In one of these, iritis came on about the end of the second week, and resulted in synechia posterior and opacity of the vitreous humour. The patient, a child aged 14, had been at first nearly blind, but was gradually recovering her sight. In the other case, iritis commenced about the sixth day, and left the child with adherent iris, and absolutely blind. During the epidemic at Bromberg, several instances of the supervention of iritis in a similar manner were recorded by Dr. Salomon of that place.

Deafness was observed in ten cases, most of which were of children under ten. In six, the affection appeared during the first few days; and in three, in the second week; but in one it was not observed till the fourth week. Several cases are referred to in detail. Two of the patients, in one of whom the deafness had been absolute, recovered. Three or four others were completely deaf when last seen, although they were already convalescent as regards every other symptom.

As to the nature of the affection, Dr. Sanderson remarks:

"As regards the nature of the affection there appears to be good reason for believing that, like the blindness observed under similar circumstances and sometimes in the same cases, it is dependent on inflammatory changes in the organ of hearing itself. Dr. Klebs was kind enough to show me in the Pathological Museum of the Charité at Berlin a preparation of the internal ear of a soldier who had died of epidemic meningitis complicated with deafness, in which fibrinous adhesions existed between the bones of the internal ear and the walls of the vestibule. Dr. Klebs stated that in the recent state the mucous lining of

the vestibule was detached. My attention was drawn by Dr. Lissauer to a case reported to the Medical Society of Nuremberg, of a young woman who died of epidemic meningitis on the eighth day, having been deaf from the commencement. Both tympana were natural, but in the left membrana tympani was found a dense white thickening as large as a pin's head. On the same side the lining membrane of the semicircular canals was distinctly thickened and loosened, and in the anterior canal there were semifluid purulent masses."

The *post mortem* appearances observed by Dr. Sanderson are already known to our readers. They were simply those which characterise exudation beneath the arachnoid. There were hyperæmia of the dura mater both of the brain and spinal cord, distension of the veins of the arachnoid, and minute injection of its surface. The pia mater was in each instance infiltrated with purulent exudation, which usually surrounded the large venous trunks occupying the intergyral subarachnoid spaces over the sulci, but sometimes extended over the convolutions. On the base of the brain there was, in some cases, very little exudation; while in others "it extended in a thick layer from the optic commissure to the medulla, covering all the adjacent parts, and enveloping the cranial nerves." In the spinal cord, the appearances were analogous. There was purulent exudation in every case. With respect to its distribution, it was most of all remarkable, that it was always much more abundant on the posterior than on the anterior surface of the organ. The exudation itself was partly liquid, partly concrete; "the subarachnoid space being occupied with purulent liquid; while the arachnoid, on its visceral aspect, was lined either with a continuous layer of uneven thickness, or with irregular patches of concrete pus."

Dr. Sanderson has been unable to draw any conclusions as to the determining causes of the late outbreak. He seems to think that, as regards the two localities in the department of Dantzic in which meningitis was most fatal—viz., in the delta of the Vistula, and on the hills to the westward—some importance is to be attached to the prevalence of malaria in the one case, and to the severity of the climate in the other; the hills in question being the only ones which the north-east winds meet between the Ural Mountains and the Hartz. With respect to overcrowding, want of ventilation, want of house-drainage, low diet, and other unfavourable personal conditions, the fullest information will be found in the introductory sections. All of these evils existed in a marked degree in some parts of the district; but, inasmuch as none of them were confined in their operation to infected districts, they could only be regarded as exercising a deteriorating effect on the health of the population, and thereby predisposing them to the invasion of disease.

No facts were met with in the course of the inquiry which afforded ground for believing that epidemic meningitis was capable of being communicated by personal intercourse. There was no instance in which the first case in any newly invaded district could be traced to communication with persons or families previously infected; and, when several individuals were attacked in the same household, the intervals between the attacks were usually so short that it could scarcely be supposed that one had caught it from another. There was no relation between the order in which villages or towns were visited by the epidemic, and their relative position or proximity to each other, or to the ordinary channels of human intercourse. We have already noticed that it broke out at the same moment on the shores of the Baltic and in Bavaria and Baden. So also, the circumscribed epidemics which occurred in different parts of the department of Dantzic commenced within a few days, although the localities were far distant from each other. Such facts as these are, of course, merely negative; they do not go to prove that the disease is not contagious, but merely that its power of communicating itself is so feeble as not sensibly to influence its mode of diffusion. Probably all blood-diseases are more or less catching; but observation seems to teach that those diseases in which the local element bears the largest proportion to the constitutional, such as diphtheria and epidemic meningitis, possess the property in the lowest degree.

As regards treatment, Dr. Sanderson states that there were few cases in which any of the means used appeared to exercise any appreciable influence in modifying the progress of the disease. In almost every case, the practice consisted in the application of leeches or cupping-glasses behind the ears or to the temples, which was invariably combined with the application of cold (ice or snow) to the head and spine.

"It was the opinion of all who had had most experience of the disease in its severest forms, that no advantage could be hoped for from this remedy unless it were adopted while the initial symptoms still lasted, and that, if the patient had already lapsed into the state of indifference—even though the face might still be flushed, and the skin feel warm—it was already too late to apply leeches. On the other hand, it appeared to be the general result of the experience of those who had seen the disease in its most formidable aspects, that, even in cases in which the onset was most violent, free local bleeding during the first few hours, while the patient was still vomiting, might be expected to be attended with benefit, and occasionally produced the most striking results."

"My own opportunities were, of course, far too limited to enable me to form any opinion on the question; but I think that the complete concurrence of opinion among practitioners is sufficient to warrant the statement that, notwithstanding the generally negative results which are observed, leeching, and the application of ice-cold to the spinal cord, is the only mode of treatment by which the progress of the disease is likely to be arrested, and that its utility is confined to the first day, and in some instances to the first few hours after the patient has begun to vomit."

Along with local bleeding and the application of cold, calomel was given almost universally in repeated doses during the first stage; while morphia was very generally administered by subcutaneous injection, or by the mouth, to alleviate the excruciating pain. In the later stages, quinine and other vegetable tonics were employed; while, in those cases in which there was impairment of vision or hearing, persistent muscular pains or contractions, or other indications that the disease had left behind alterations of structure in important organs, iodide of potassium was given with apparent advantage.

THE (SO-CALLED) SIBERIAN PLAGUE.

Dr. Berkleff, on his return from St. Petersburg, gave, at a late meeting of the Medical Society of Vienna, an account of the "Siberian plague". The disease so called has, it appears, nothing to do with Siberia. It has been observed in the districts of Novogorod, Petersburg, Twer, etc.; and its origin is thus accounted for. More than one hundred thousand horses and oxen are employed in canal work throughout this marshy country; they are ill fed, and kept in harness eighteen hours a day. Under such conditions, the animals perish by thousands; and, by order of the Government, all such as die of the pustular fever (*Milzbrand*) are to be buried. But usually the skin is sold, and the flesh of the diseased oxen eaten. Of more than three hundred thousand animals which died during the past year, not more than ten thousand were buried. The men engaged in skinning the animals, and even in preparing the skins, have been attacked with malignant pustule (*Milzbrandkarbunkel*). If the carbuncles, etc., thus contracted, be opened early enough, and treated with acids, the disease is usually not fatal; but in those persons who can get no medical aid (as is usual in Russia) there arises a deadly form of typhus fever. Many of the dead animals are thrown into the Neva, the water of which is drunk by the inhabitants. This bad water, together with deficient food and diseased grain, explain, according to Dr. Berkleff, the presence of the recurrent fever in St. Petersburg, etc., during the past spring. The occurrence of the "Siberian plague" in man, he says, results immediately through contagion from diseased (*Milzkranken*) animals; malignant pustule being the result. It is probable, also, he adds, that the disease may be spread by gnats and flies from the animals to men; but it is not communicable from man to man.

We recommend to the consideration of the Venereal Commission the following remarks lately made by M. Diday. They are a distinct confirmation of what we have already said in these pages: that there is no proof that syphilitic diseases are less common in France, where police regulation of prostitution prevails, than they are in England. M. Diday says, in the *Gazette Médicale de Lyon*:

"The Administration has a special legislation for the purpose. The *visits—i. e.*, the examinations of prostitutes—are, we are told, at present in many respects almost perfect. They are almost perfect .... and yet are all but useless! Spite of all the ameliorations spoken of, are our consulting-rooms deserted? Is there a single bed empty in our venereal hospitals? How comes this contradiction?"

M. Diday replies, that the inspections are not properly carried out; that the inspecting doctors do not know how to inspect properly; and that the way to cure this evil is to appoint inspectors to inspect the inspectors, and see that they inspect more carefully!

The following resolution was passed on the 4th inst., at the annual meeting of the Metropolitan Counties Branch. It is one which is of particular interest to the profession at the present moment.

"That, in the opinion of this Branch, medical electors should withhold their votes and influence from candidates for seats in Parliament who will not support the restoration in their integrity of the Army and Navy Medical Warrants of 1858-59, and the appointment of representatives of the medical profession on the Poor-law Board."

The propriety, or rather we should say the necessity, of a medical man being a member of the Poor-law Board is so obvious, that we are satisfied that very few candidates for Parliament would refuse to support so reasonable a proposition. Equally reasonable is the other proposal. And the occasion of pressing home on members of Parliament the opinions and wishes of the profession is very great, and one which it would be most foolish to lose. The power of medical men in Parliament is little enough; their only chance is to have their influence indirectly felt there. The very fact, moreover, of calling the general attention of members of Parliament to the interests of medical men, would be of great advantage to us all. We, therefore, trust that the suggestion, so simple and easy of execution, thrown out by the Metropolitan Counties Branch, will be generally adopted throughout the country.

Dr. Whitley's Report of the St. Petersburgh epidemic does little more than confirm the facts already well known. Typhus or typhoid fever commonly prevails in St. Petersburg. In August last appeared a fever new to Russian doctors. Dr. Hermann, Physician of the Aboukhow Hospital, soon discovered its nature, and declared it to be relapsing or famine fever. Crowding, bad food, and extremes of temperature, were the main causes of the occurrence of the fever, which was, in fact, confined to the poorer classes. In the different hospitals, there were noted, from August 1864 to March 1865, 7,097 cases of typhus, and 7,625 of relapsing fever—in all, 14,722. Of these, 2,034 were fatal—1,198 typhus, and 836

lapsing fever. Parotitis was a common accident; it enlarged inguinal glands were much less frequently observed. The relapsing fever resembled precisely relapsing fever as elsewhere observed. The treatment had no influence in checking the relapses. The spleen was most frequently affected; the liver less so. Dr. Whitley remarks, that the mortality in different hospitals was very different, showing in a striking manner how the disease is modified by the circumstances under which the patient lives.

THE election of three Councillors of the Royal College of Surgeons, in the room of Mr. Arnott, resigned, and of Mr. Quain and Mr. Shaw, retiring by rotation, took place on Thursday last. The names of eight candidates were on the balloting papers; viz., Messrs. R. Quain, A. Shaw, Thomas Turner (of Manchester), W. J. E. Wilson, A. Ure, J. Paget, J. G. Hewett, and Charles Hawkins. The result was as follows.

Quain	225	Shaw	58
Paget	205	Hawkins	47
Turner	141	Wilson	24
Hewett	118	Ure	20

The three successful candidates were, therefore, Mr. Quain, Mr. Paget, and Mr. Turner; of whom the latter two are new members of the Council. In the voting, Mr. Quain had 55 plumpers; Mr. Turner 19; and the other candidates a small number—under 10—each.

THE meeting of the Metropolitan Counties Branch at the Crystal Palace, on Tuesday last, was a very successful one. A report from the Council was presented, in which the attention of the Branch was called to the army and navy questions, to the coming elections, to the JOURNAL, and to the subject of holding stated meetings of the Branch. The Parliamentary Committee also presented a long report, which showed that the Committee had, with but little outward display, been unwearied in its well directed efforts. The motion in regard to the conduct to be pursued by medical men at the coming elections, proposed by Dr. Stewart, is given at another page. The JOURNAL was brought under notice by Mr. Dunn, lately a president of the Branch, in the following motion.

"That the JOURNAL is, in the opinion of this Branch, essential for maintaining the unity and increasing the influence of the British Medical Association; and that the editor deserves the best thanks of the Branch for his unwearied efforts to uphold the honour and promote the highest interests of the medical profession."

Dr. Sibson, one of the Vice-Presidents, seconded the proposal, which was very warmly received, and carried without a dissentient voice—the meeting thoroughly endorsing the views expressed by the President, Dr. Sieveking, in his address published in the present number. The proceedings were, as usual, concluded by a dinner, Dr. Sieveking being in the chair. The pressure on our space compels us to defer a detailed report of the proceedings of the meeting, as well as some other reports of Branch meetings, until next week.

OUR medical brethren in Lambeth, as well as in Westminster, will have an opportunity of exercising their opinion upon the propriety or otherwise of voting for a homœopathic candidate. Mr. Hughes, the author of *Tom Brown's School Days*, is in the field for Lambeth, and is a warm supporter of the homœopathic subtilty. He performed a leading part at the last dinner of the Homœopathic Hospital.

A CORRESPONDENT says:

"I have considered the question as to whether or no a medical man should refuse to give his vote to a candidate for Parliament who is a supporter of homœopathy, and cannot feel quite sure as to which is the right course to pursue. I am as strong an opponent of the farce of homœopathy as any doctor can be, but still do not wish to run into the error of laying myself open to the charge of being a persecutor. I should like to see the point discussed argumentatively in our JOURNAL, and am quite open to conviction."

The safest course for our correspondent to follow, so long as he is in a difficulty on the question, is to vote against the supporter of homœopathy. Those who support quackeries are, as a rule, people with heads narrow at the base and high in the crown, of good hearts and limited intellects, but incapable of broad views. People of this sort are not of the right stuff to make good legislators. On this ground we may, as psychological, physiological, and political members of society, well and wisely, in the interests of our country, condemn all such as unfit to represent a common sense nation in Parliament. At the same time, we candidly admit that the point is one upon which, as Sir Roger De Coverley said, "Something may be said upon both sides of the question."

M. DIDAY affirms that all syphilitic lesions are to be regarded as contagious as long as ever they exist; that, if they are not transmitted by one mode of contact, they may by some other mode; and that the capacity of a man to transmit syphilis, and especially by the act of generation, may survive, and even a long time, the disappearance of every syphilitic lesion.

A new medical journal, called *Tommaso Cornelio*, has appeared at Cosenza.

Dr. Fleury of Clermont-Ferrand informs the Paris Surgical Society that he has recently successfully extirpated the womb *in totality*. The Society, however, naturally somewhat incredulous, request him to produce the extirpated *pièce*.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.
President-elect—S. J. JEAFFRESON, M.D.Cantab.

All Meetings will be held in the College Buildings, Binswood Terrace.

TUESDAY, *August 1st.*

12 NOON. Meeting of Directors of Medical Provident Society.

1.30 P.M. Meeting of Committee of Council.

3 ,, Meeting of General Council.

8 ,, First General Meeting of Members. The retiring President (Dr. Paget) will resign his office. The new President (Dr. Jeaffreson) will deliver an Address. The Report of the Council will be read. The Report of the Medical Provident Society will be presented. Election of General Secretary. Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, *August 2nd.*

8.30 A.M. Public Breakfast at the "Regent" Hotel. Tickets 2*s.* 6*d.* each.

10 A.M. Meeting of the Council.

11 ,, Second General Meeting of Members. Discussion on Report of Council, and other subjects connected with the Association. Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting of Members. Presentation of Hastings Medal. Address in Medicine by Professor STOKES, M.D., D.C.L. Papers, etc., on *Medical* subjects. Adjourn at 5 P.M.

8 P.M. *Soirée* at the College.

THURSDAY, *August 3rd.*

9 A.M. Meeting of new Board of Directors of the Medical Provident Society.

10.30 A.M. Fourth General Meeting of Members. Report of Medical Benevolent Fund will be presented. Discussion on subjects in Scientific Medicine, selected by the Committee of Council; viz., 1. Are there any Antecedent Conditions influencing the Production of Cancer? [This discussion will be opened by CHARLES H. MOORE, Esq., Surgeon to the Middlesex Hospital.] 2. Is there any foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment? [This discussion will be opened by B. W. RICHARDSON, M.A., M.D.] Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting of Members. Address in Surgery by Professor SYME. Papers, etc., in *Surgery* and *Midwifery*. Adjourn at 5 P.M.

5 P.M. Cold Collation in the Jephson Gardens, by invitation of the Town authorities, to be followed by a *Fête*.

8.30 P.M. *Conversazione* at the College, by invitation of the President, Dr. Jeaffreson.

FRIDAY, *August 4th.*

10 A.M. Sixth General Meeting of Members. Discussion on subjects relating to State Medicine and Public Health selected by the Committee of Council; viz., 1. What measures should be advocated by the Association for securing an improved position to the Medical Scientific Witness in Courts of Law? [This discussion will be opened by JOHN A. SYMONDS, M.D., F.R.S.E., of Clifton.] 2. Why are Sanitary Measures not always followed by a Reduction of Mortality? Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting of Members. Papers and Cases in Medicine, Surgery, and Midwifery, with discussion thereon.

6 P.M. Public Dinner at the "Regent" Hotel. Tickets One Guinea each. Gentlemen intending to be present at the Dinner, are requested to give notice to the Honorary Local Secretary, THOMAS EBBAGE, Esq., 6, York Terrace, Leamington.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room at the College, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

The principal Hotels are the "Regent", the "Clarendon", the "Bath", and the "Crown".

Members who wish for information previous to the Meeting, may communicate with THOMAS EBBAGE, Esq., the Honorary Local Secretary.

Notices of Motion. Dr. PAGET will move to alter Law VIII, by inserting the words "President-elect" after the words "President for the year".

Dr. HENRY will move the appointment of a Committee to inquire into the subject of Poor-Law Medical Relief.

Dr. MEAD will move resolutions relative to Poor-law Medical Relief.

Dr. RICHARDSON will move: "That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections.

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

Dr. DAVEY will move:—"That, with the view of dividing the present responsibilities of the Editor of the JOURNAL, and with the view of improving the general tone and management of the said JOURNAL, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character."

Papers have been promised by—
FURNEAUX JORDAN, Esq. (Birmingham).
M. MACKENZIE, M.D. (London).
ALEXANDER FLEMING, M.D. (Birmingham).
J. VOSE SOLOMON, Esq. (Birmingham).
J. G. DAVEY, M.D. (Northwoods, Bristol).
T. P. TEALE, jun., Esq. (Leeds).

In order to facilitate the business of the Meeting, it is particularly requested that all papers be sent to the General Secretary, on or before the 25th of July, if possible.

T. WATKIN WILLIAMS, *General Secretary.*
13, Newhall Street, Birmingham, July 6th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
READING. [Annual.]	Council Chamber, Reading.	Wednesday, July 12th, 4 P.M.
BATH AND BRISTOL. [Annual.]	Philosophical Institution, Bristol.	Thursday, July 13, 4.45 P.M.
EAST ANGLIAN. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

BATH AND BRISTOL BRANCH.

THE Annual Meeting of the Bath and Bristol Branch will be held in the Philosophical Institution, Bristol, on Thursday, July 13th, at 4.45 P.M.; when R. W. FALCONER, M.D., President, will resign the Chair to F. BRITTAN, M.D., President-elect.

The dinner will be held at the Volunteer Club, Bristol, at 6.30 P.M.; F. BRITTAN, M.D., in the Chair.

HENRY MARSHALL, M.D.
R. S. FOWLER. } *Hon. Secs.*

Clifton, July 26th, 1865.

EAST ANGLIAN BRANCH.

THE Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. BARTLET, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. CHEVALLIER, M.D., *Hon. Secretary.*

Ipswich, June 14th, 1865.

LANCASHIRE AND CHESHIRE BRANCH: ANNUAL MEETING.

THE twenty-ninth annual meeting of the Lancashire and Cheshire Branch took place in the Royal Institution, Manchester, at noon, on Wednesday June 21st, 1865; T. TURNER, Esq., F.R.C.S., President, in the chair. There was a numerous attendance of members.

Mr. TURNER delivered an introductory address. He said he had great pleasure in welcoming them there that day, and he appreciated the honour which they had conferred upon him in electing him to the distinguished position of being their president. However, he was aware that every post of honour was also a post of responsibility, and it was not easy to preside over a body of even well-conditioned medical men. He was responsible for the success of their meeting; he had tried all he could to make it gratifying, and he trusted that they should make it useful. He was responsible, also, for keeping up fairness of discussion, and for endeavouring to carry out the primary object of the Association—the promotion of harmony and good feeling among the members of their common profession; a state of things which should exist in every liberal profession. If their profession was in any way adulterated, as was frequently unavoidably the case in rural districts, being mixed up with a certain amount of trading, it was to be regretted, but not at all times to be corrected. He fully agreed with the opinions of the late Sir Benjamin Brodie, who always laid it down as a maxim that their profession was but an irksome and indifferent trade, but it was a noble and dignified profession. [*Hear, hear.*] They should always endeavour to maintain it in this position, having kindred sympathies with each other in their common objects, and in everything which should bind man to man. There was never a time more striking than the present, when great attention should be paid to the conduct of medical man to medical man. He felt that there was a great number of evils in connection with the profession. They should avoid persecution and prosecution if they were to be united in one great bond. In every society and association there would be differences of opinions. Be it so; but they need not differ on fundamental points. That was an axiom which he had endeavoured to act up to through life, which pertained not only to their profession, but to all learned professions and to social life at large, and it was this—that it was essential that there should be unity amongst them. There should be no difference between them on essential points; they never should carry their discussions to any degree of malignancy, and everything they said and did should be mixed up with charity. [*Hear.*] He felt persuaded that that meeting would endorse these sentiments. If they observed through life the rule that they had laid down, they would not suffer by tongue or cavil from within or without the profession; and if any appeal were necessary, let them appeal to their own consciences, which would in every respect disclose the truth. [*Hear, hear.*] The medical profession was not behindhand in its progress in science. Thirty years ago, when the master-mind of Sir Charles Hastings commenced the Association, the profession was in a very different state from what it is now. The Association was then an experiment, but now he (Mr. Turner) unhesitatingly said it was an established fact. What led to the establishment of the Society was to afford facilities to medical men, many hundreds of whom, who lived in obscure rural districts, had no means of access to persons within a very short distance of their homes; and medical men who had a rival in such districts had a very malignant rival. [*Hear, hear.*] When gentlemen in this position requested assistance in cases of emergency, they were denied it; and the evil did not end there, for it was reflected on the patients, and many valuable lives were thus lost. What was the state of matters now? Through the instrumentality of railways and the operation of the Association, men were brought to co-operate with one another, and to expunge from their moral obligations everything that could prevent humanity from receiving all that the profession could bestow. [*Hear, hear.*] The Society enlarged, taking into its ranks, at length, practitioners in the metropolis as well as in the provinces; and, although the recognition of its importance came slowly, it did come at last, and led to an union of metropolitan and provincial forces in the British Medical Association; so that now the Association formed a mighty engine for good. [*Hear, hear.*] Notwithstanding what the *Cornhill Magazine* said in its paper on provincialism, their metropolitan friends found that provincial societies were not to be disregarded, but that each strengthened the other. There was a protoplast in everything. Their Association had followed the fate of everything in literature, science, art, and social life. He hoped it would not follow the phases of human life in this—to have a beginning, to become developed, to grow, to increase, and to die; but that there would be found, after they were removed from the sphere of their present usefulness, other individuals who would support the Association, and that it would go on increasing in usefulness, in degree, and in every respect, until it should please God to pronounce the fiat that time should be no more. The question was often asked—What had the Association done? What had they not done? They had founded provincial Branch Associations, and that was doing a great deal towards carrying out the original intention of Sir Charles Hastings, that of harmonising the medical profession. They also published a JOURNAL, under the management of one of the most eminent physicians in the

metropolis, Dr. Markham. Some persons said that the JOURNAL might be better; but he never heard of any project that had met with universal approbation, and he believed that the JOURNAL was an essential element of their success; they must have a weekly organ, in order to keep them informed of London and the press of London. Some persons might say that there was too much sarcasm displayed in the paper; but there was in nature no such thing known as perfection. They had originated in the provinces a great many benevolent societies, and they had an institution at Epsom, of which it was impossible to say too much, and which met the exigencies of the profession to a very considerable extent, so far as the objects of the institution went. Again, they had a Medical Benevolent Fund, and they had a Provident Society in embryo, in connection with their Association; but this was a new undertaking, and required to be tested. He did not think that the channels of benevolence could be increased to too great an extent: all medical men were not successful, and many were not successful who deserved to be so. The road to wealth did not lie in the medical profession, and, if any untoward circumstance occurred to destroy their hopes or prospects, the provision of assistance for them was a good work.

Report of the Council. Dr. ROBERTS, Honorary Secretary, read the following report:

"In presenting their annual report, the Council congratulate the members on once more assembling in the city of Manchester.

"The Council have to call the attention of the members to the establishment of the Medical Provident Society, in connection with the British Medical Association. The Society was definitively founded at the last annual meeting of the Association held in Cambridge. The object of the Society is to enable duly registered medical practitioners to provide, by mutual assurance, for those exigencies of sickness and casualty which render them unable to discharge their professional duties. The rules of the Society, and the tables of contributions for assurers of different ages, have already been distributed, and are now in the hands of members. The Honorary Secretary of the Branch has received from the Chairman and Secretary of the Provident Society a circular calling upon the Branch to elect Directors to represent this district on the Board of Directors. The two following extracts from the rules of the Society contain the instructions by which these representatives are to be elected:—

"'At the annual meeting of each district of the British Medical Association, there shall be elected one or more Directors, to represent the said district in the Board of Directors of this Society for twelve months, who shall be members of the aforesaid Association, and either honorary or contributing members of the Provident Society.

"'If the number of members in a district do not exceed fifty, one Director shall be elected; if the number of members exceed fifty, and do not exceed one hundred, two shall be elected; if the number of members exceed one hundred, three shall be elected; but no district shall elect more than three Directors, whatever the number of its members may be.'

"The Lancashire and Cheshire Branch are entitled by these rules to elect three Directors to represent this district in the Board of Directors of the British Provident Society. A resolution to that effect will be presently proposed to the meeting.

"In accordance with the law passed three years ago, five Members of the Council retire annually in rotation. The names of the gentlemen who retire this year are Dr. Noble; Mr. Ellis Jones; Mr. Mallet; Dr. McIntyre; and Mr. Sharp. All these gentlemen are eligible for re-election.

"*Financial Statement.* From the financial statement it appears that the balance in hand at the date of the annual meeting last year was £23:13:6; subscriptions received since, £21:2:8; making a total of £44:16:2. The ordinary expenses of the Branch during the past year have been £27:11:8, leaving in the hands of the Secretary a balance of £17:4:6."

Resolutions. The following resolutions were passed.

1. Moved by Dr. LEES (Ashton), and seconded by Mr. MCCHEANE (Liverpool):—

"That the report of the Council now read be adopted, and printed together with the proceedings of this meeting."

2. Moved by Mr. HUNT (Manchester), and seconded by Dr. WILLIAMS (Alderley):—

"That the best thanks of this meeting be given to Dr. De Vitré, the retiring President; to Dr. A. T. H. Waters and Mr. Howitt, the retiring Vice-Presidents; to the Honorary Secretary; and to the other members of the Council, for their services during the past year."

3. Moved by Dr. DESMOND (Liverpool), and seconded by Dr. EDWARD WATERS (Chester):—

"That the next meeting of the Branch be held in Liverpool; and that Dr. A. T. H. Waters be appointed President-Elect; and Dr. McNicoll (Southport) and W. H. Manifold, Esq. (Liverpool) Vice-Presidents-elect."

4. Moved by Dr. EASON WILKINSON (Manchester), and seconded by Dr. DESMOND:—

"That the following gentlemen be appointed Local Secretaries for the ensuing year: W. H. Manifold, Esq. (Liverpool), and J. Sharp, Esq. (Warrington).

5. Moved by Dr. WM. ROBERTS (Manchester), and seconded by Dr. A. T. H. Waters (Liverpool):—

"That the following twenty gentlemen be elected members of the Council of the Branch for the ensuing year:—E. D. De Vitré, M.D.; W. T. Callon, M.D.; T. Davies, M.D.; L. E. Desmond, M.D.; J. Dickinson, M.D.; R. Flint, Esq.; John Harrison, Esq.; C. Johnson, jun., Esq.; Ellis Jones, Esq.; J. P. Langshaw, Esq.; G. Mallett, Esq.; P. McIntyre, M.D.; D. H. McNicoll, M.D.; A. Ransome, M.B.; J. Sharp, Esq.; L. Spencer, M.D.; A. B. Steele, Esq.; S. Crompton, M.D.; W. McCheane, Esq.; J. Macnaught, M.D.

6. Moved by Dr. DE VITRÉ, and seconded by Dr. MCNICOLL:—

"That the following gentlemen be appointed representatives of the Branch on the General Council of the Association:—T. Turner, Esq.; L. E. Desmond, M.D.; Eason Wilkinson, M.D.; A. T. H. Waters, M.D.; J. Vose, M.D.; Edward Waters, M.D.; G. Southam, Esq.; H. Simpson, M.D.; A. B. Steele, Esq.; T. Mellor, Esq."

Medical Provident Society. A discussion then took place on a proposal made by Mr. MELLOR to elect three gentlemen to represent the Branch in the Directorate of the Medical Provident Society.

Dr. MCNICOLL (Southport) said it appeared to him that few of them were sufficiently acquainted with the bearing of this question in regard to the responsibility, first of the parent Society, and then of the Branch. Hitherto, they had been a combination for scientific, social, and professional purposes, of the very highest importance, which had been successfully carried on. It appeared to him that this was introducing into the Society a commercial element, which might be a serious responsibility.

Dr. A. RANSOME (Bowdon) submitted that that was not the right constituency to elect Directors of the

Provident Society. Those alone who were subscribers to the Society should elect persons to represent their interests.

Mr. A. B. Steele (Liverpool) said he should be quite prepared to show at the proper time that the so-called Provident Society was an extremely hazardous undertaking, and one which was more likely to contribute to dividing the Association into objectionable classes, and degrade and destroy the independence and self-respect which, as professional men, they ought to possess. In fact, it was a society admirably adapted for operatives and mechanics who earned weekly wages. For professional men, it was, in his opinion, thoroughly unfitted, entirely uncalled for, and very unlikely indeed to end in anything but dissatisfaction. At present, there was evidently a very great misapprehension of the principles upon which the Society was based. The Society simply provided a very small pecuniary assistance to a certain select number of the profession during temporary illness. He proposed the postponement of the consideration of this question until they had had time to make themselves thoroughly acquainted with it.

Dr. H. Simpson (Manchester) seconded the amendment.

Dr. De Vitré (Lancaster) said he was most anxious that there should not be the appearance of the elements of discord amongst them [*hear, hear*]. He suggested that notice should be given of a discussion at the next meeting.

Dr. Desmond (Liverpool) said that, having attended two meetings of the Directors in London, they might wish to hear from him some outline of what had already taken place in the Medical Provident Society. [*Hear, hear.*] Before attending the first meeting, he was really ignorant of the whole question. At that meeting, he found gentlemen representing Branches all over the kingdom. They learned from experienced people what were the necessary elements of success, and were perfectly satisfied, from the opinions and arguments brought forward, that the medical profession largely contained those elements. He was thoroughly convinced of that, and there was no dissentient voice. He claimed for the Society that indulgence which all incipient speculations required. It was rather late in the day to discuss the advisability of instituting such a society: the thing was an accomplished fact, and would go on with or without the Lancashire and Cheshire Branch.

Dr. E. Waters (Liverpool) believed that that meeting would sanction the Provident scheme. He thought they had no alternative but to discuss the question at that meeting, as they were not likely to get so large a number of members together during the ensuing year. He warmly supported the Society, which had received the highest possible sanction, and which was a soundly based undertaking that must succeed, even if it had to depend only on its contributors.

The President said he did not understand how there could be any liabilities connected with such a society.

Mr. Steele said the Board of Directors had unlimited power to tax the contributing members for management expenses, which he thought not unlikely to exceed the sick contributions. Failures of societies of that kind were constantly occurring. They should provide against their own sickness, and not against the sickness of others. The fund was partially raised by charity, and therefore its provident element was destroyed. If he stood alone, he should record his protest against introducing what Dr. McNicoll had termed a commercial undertaking into a scientific body.

Dr. McNicoll said that, after the discussion, he should vote for the connection of the Branch with the Society.

Dr. A. T. H. Waters (Liverpool) said he hoped the Branch would not throw cold water on a scheme which had been fairly started, and on a society to which their council had sent two deputies, who had that day made a most satisfactory report. Now that the Society was fairly launched, they should support it and see what could be done.

The President said that was the feeling which he entertained. As to liabilities, if the money was spent, it was spent, and the Society was at an end.

After some further conversation, Mr. Steele's amendment was put to the meeting and negatived.

The following resolution, moved by Dr. De Vitré, and seconded by Mr. T. Howitt (Lancaster) was then put and carried:—

"That the Lancashire and Cheshire Branch of the British Medical Association approves of, and adopts the principle of, the Medical Provident Society, as adopted by the Parent Association, and pledges itself to further its objects as far as possible."

Mr. T. Mellor, Dr. Desmond, and Dr. De Vitré, were then elected members of the Directorate.

The British Medical Journal. Dr. Waters said it was the wish of the Council of the Branch that that meeting should not end its proceedings without expressing a vote of thanks to the editor of the British Medical Journal. [*Applause.*] No more striking evidence of the weight and importance of the Journal could be given than the fact that the two leading medical hebdomadal journals, the *Medical Times* and the *Lancet*, sighed for its extinction. He fully agreed with Dr. McNicoll that a commercial undertaking should not be the object of that Association; but in the British Medical Journal they had nothing of the kind. They had merely an organ representing the opinions of the *élite* of the medical profession in the United Kingdom, an organ unbiassed by any clique, but published in a strictly catholic spirit, and having the interests of the profession as a body at heart. He proposed:—

"That the members of the Branch desire to express their entire satisfaction with the Journal, and to record their undiminished confidence in the ability and judgment displayed by the editor in its management."

Mr. Steele seconded the resolution, which was supported by Mr. Johnson, of Lancaster, and carried *nem. con.*

Communications. The following communications were made.

1. The Physiological Relations of Colloid Substances. By A. Ransome, M.B.
2. Remarks on Re-Vaccination. By A. B. Steele, Esq.
3. A complete Stand of Urine-Tests. Exhibited by W. Roberts, M.D.
4. Observations on the Puerperal State and some of its Diseases. By G. Greaves, Esq.
5. A Case of Thoracic Aneurism treated by Rest. By A. T. H. Waters, M.D.

Votes of Thanks were passed to the readers of papers and to the Council of the Royal Institution for the use of their rooms.

Dinner. The members, with a number of guests, dined at the Clarence Hotel, at five o'clock. The President, T. Turner, Esq., presided, supported by Dr. De Vitré, the Rev. Canon Richson, the Rev. Dr. Bell, Murray Gladstone, Esq., and others. T. Mellor, Esq., Vice-President, occupied the vice-chair. After the usual loyal and patriotic toasts had been appropriately put from the chair, the Rev. Dr. Bell proposed "Prosperity to the British Medical Associa-

tion," coupled with the name of Sir Charles Hastings. Mr. Murray Gladstone proposed "Prosperity to the Lancashire and Cheshire Branch," and Mr. Southam responded. Other toasts followed; and the company broke up at half-past nine.

SOUTH-EASTERN BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held at the Crystal Palace, Sydenham, on Thursday, June 22nd. The chair was first taken by E. L. Ormerod, M.D., president, and afterwards by Edward Westall, M.D., the president-elect for the ensuing year. There were also present: J. Armstrong, M.D. (Gravesend); J. M. Barry, M.D. (Tunbridge Wells); E. Berney, Esq. (Croydon); G. Bottomley, Esq. (Croydon); R. L. Bowles, Esq. (Folkestone); J. C. Burrows, Esq. (Brighton); J. M. Burton, Esq. (Lee); A. Carpenter, M.D. (Croydon); W. Carr, Esq. (Blackheath); C. Chaldecott, Esq. (Dorking); T. A. Chaldecott, M.D. (Chertsey); F. Cleaver, Esq. (Croydon); H. J. Collet, M.D. (Worthing); J. C. Forster, Esq. (Southwark); H. M. Gould, Esq. (Wateringbury); F. Hetley, M.D. (Norwood); A. Henry, M.D. (London); G. F. Hodgson, Esq. (Brighton); C. Holman, M.D. (Reigate); T. K. Hornidge, Esq. (London); C. Lashmar, M.D. (Croydon); T. H. Lowry, H.D. (Town Malling); W. Martin, Esq. (Hammersmith); W. W. Moore, M.D. (Brighton); A. Napper, Esq. (Cranley); H. Pout, Esq. (Yalding); J. Reid, Esq. (Canterbury); F. H. Sankey, Esq. (Wingham); W. Sankey, Esq. (Dover); W. C. Satchell, Esq. (Tunbridge Wells); A. Sisson, Esq. (Reigate); T. H. Smith, Esq. (St. Mary Cray); R. J. Starling, Esq. (Tunbridge Wells); J. Stephens, M.D. (Brighton); H. J. Strong, M.D. (Croydon); W. Sutherland, M.D. (Croydon); J. S. Warter, M.D. (London); E. Wooldridge, M.D. (London); W. Wooldridge, Esq. (Preston); J. W. Flower, Esq., of Park Hill, Croydon, was also present.

Dr. Ormerod, having taken the chair, said: Gentlemen,—If the proverb which says, "Happy is the nation which has no history," be applicable to our Society, I ought to offer my congratulations on the uneventful nature of the period which has elapsed since our last meeting. Nothing really has happened to disturb us. [*Hear, hear.*] Officially, I have only to report the receipt of many kind letters, with enclosures for the Martin Fund; and of an acknowledgment of the petitions which I sent from you last year on behalf of the army medical officers. The petition, I presume, has shared the fate of all documents of the same kind; at least, nothing has come of it. I have also been reminded, by kind invitations, of the activity of our Kentish associates, contrasting forcibly with our own inactive state at Brighton. Let me say a word, however, on behalf of my townsmen. We have a large medical society of more than eighty members, which supplies us with all we want. It gives us ready arbitration in difficulties when they do arise, and a friendly spirit to prevent them. It gives us social and scientific intercourse; a large library; and, why need I say more?—an annual dinner. [*Laughter.*] So this Association does not flourish in Brighton, merely because we gain all it could afford in another way of our own; and I believe that large active societies have everywhere been found formidable rivals to the Association. [*Hear, hear.*] My duty now is very simple; first, I have to introduce to you my successor. You all know Croydon, and therefore, of course, you all know Dr. Westall; if not, you ought to do so. My next duty is to convey to you my best thanks for your courtesy, and my best wishes to you all.

Dr. Ormerod then vacated his seat, and it was taken by Dr. Westall, who delivered an Address, which will be published in the Journal.

Mr. Cordy Burrows (Brighton) said he had always understood that meetings at the Crystal Palace were supposed to be tantamount to meetings at Croydon; and perhaps, one of the great advantages which any branch of their Parent Society possessed, was, in meeting in one of the large towns in the district, and learning, while there, the history and topography of the place. They were much indebted to Dr. Westall for the pains he had taken to impart his large and ample experience on a subject which was of more importance to the members of his profession and to the public at large than any other subject which could have been brought before them. He (Mr. Burrows) was sure that the publication of that paper—more especially the statistics (which he trusted would be published as amply as possible)—would not only afford useful information, but would also be the means of disseminating the successful results attending sanitary improvements. Having given his attention to this subject, he could bear testimony that the difficulty and opposition encountered by those who wished to promote sanitary measures was beyond all calculation. It was a labour that required close application to effect, and those who entered upon it would have to work morning, noon, and night, and expect to meet all kinds of difficulties. He believed it was the opposition given by persons possessing vested interests in cottage and other property, that marred the success of sanitary regulations. He moved—

"That the best thanks of this meeting be presented to Dr. Westall for his able address, and that he be requested to allow it to be printed in the Journal."

Dr. Carr (Blackheath), seconded the resolution. He thought one single fact contained in the paper just read would convince the meeting of the deep importance of the subject which had been brought before them; namely, that by the labours chiefly of the medical gentlemen of Croydon, two hundred lives *per annum* had been saved by the successful adoption of sanitary improvements. [*Hear, hear.*] He (Dr. Carr) had taken some little interest in sanitary matters in his own neighbourhood, and had received no small amount of opposition and abuse for the labour he had bestowed upon the subject; and he believed that opposition sprang from a question of pounds, shillings, and pence—from an unwillingness to spend money in sanitary improvements, and thus prevent the spread of disease. It was, he confessed, a new feature in the medical profession that they should turn their attention to the prevention as well as to the cure of diseases, and he hoped the circulation of the excellent paper delivered by Dr. Westall would shew the public the advantages of those sanitary measures which they had opposed, and have a salutary effect in checking, if not entirely preventing, further opposition.

Dr. Collet (Worthing) said that, having lived in a town that had carried out sanitary improvements, he was in a position to corroborate all that had been stated with regard to the opposition experienced by those who, happily, succeeded in carrying out those improvements. Since the drainage operation at Worthing had been completed, they had not had one serious outbreak of an epidemic character; but previously to its completion, he had had thirty-six cases of typhus fever in *one street*. He was glad to say that the sanitary condition of the town was now immensely improved, and the prosperity of the town had increased in proportion. Most of those who were loudest in their opposition to sanitary improvement, were the first to come forward afterwards, and congratulate themselves and their fellow-inhabitants for having had the moral courage to withstand and

erthrow all the difficulties that had beset them. *Hear, hear.*] The town was now very largely increasg, and it was entirely owing to the popularity it d gained since the completion of the drainage rks; and in all probability Worthing would, in a w years, be three times the size it was now. He anked Dr. Westall for the excellent paper he had ad, and he felt sure it would be useful to the country large, therefore he had much pleasure in supporting the motion that it should be printed in the Jour-

Dr. Holman (Honorary Secretary), then put the otion, which was unanimously agreed to; and Dr. estall briefly acknowledged the compliment, and pressed his acquiescence with the wish that the pers should be printed.

Report of the Council. Dr. Holman then read the llowing report of the Council:—

"The Council have great pleasure in bidding their ethren of the South-Eastern Branch a hearty welme to the Crystal Palace—an institution combining a peculiar degree all the requisites necessary for a ccessful meeting, whether in its facilities for busiess, its scientific collections, or its opportunities for cial and pleasurable enjoyment.

"The past twelve months have been marked by e organisation of the Medical Provident Society. any years since, Mr. Daniell of Newport Pagnell tempted to develope such a scheme, but he needed pport; and in time it fell to the ground. The preent Fund has been based upon a larger footing. The ommittee of Council have nominated members as eir representatives at the Board of Direction. The anches, in proportion to their numbers, have sent legates; whilst gentlemen outside the Association ve given time and attention to the details. The ouncil of the Branch elected as their delegates Dr. Vestall of Croydon, Dr. Armstrong of Gravesend, and r. Collet of Worthing, whose appointment awaits our approval. The Council have great confidence in commending the Medical Provident Society to the pport of every reflecting medical practitioner. hen it is recollected how incessantly the medical an is exposed to accident and disease; when it is nsidered that the rules have been drawn up after reful deliberation by men eminent in the profession different districts, aided by the friendly co-operaon of Mr. Tidd Pratt, whilst the table of fees and yments have the high authority of Mr. Finlaison, e Actuary of the National Debt Office, the Council el no diffidence in commending most earnestly this od scheme to the support of the Association.

"Another important feature also is, the decision to ek for a Charter of Incorporation; and the requite steps are now being taken to carry this resoluon into effect. This proceeding will give increased eight and stability to the Association.

"The Report of the Committee on Poor-law Medil Reform has again resulted in a miserably indirect knowledgment of the inadequate payment made to oor-law medical officers. It recommends that the ore expensive medicines should be provided by oards of Guardians. The idea is feasible in popuus places; but in rural districts the medical man ust be left to supply and charge for them, a proeeding almost certain to bring him into collision ith the guardians. If the salaries were considered o small to admit of the administration of these meicines, the far better plan would have been to augent the stipends and enable the requisite treatment, owever expensive, to be adopted. The Council, howver, have the satisfaction of knowing that the very rge proportion of poor-law medical officers do their uty honestly to the poor intrusted to their care, uninfluenced by cost or by trouble. In the face of this recent report, the Council do not propose to take any step in the matter for the present. They would recommend those practitioners who are thrown into contact with members of Parliament, to shew them the vast injustice perpetrated under the present law; and they feel confident that the cases which have of late been brought before the public, must carry conviction to the minds of all that the care of the sick poor needs great and urgent reform, and must lead to the recognition of the just claims of the union medical officer.

"The appointment of paid workhouse nurses will have the approval of the profession at large.

"The petition on Army Medical Reform, determined upon at the last meeting of the Branch, has been presented. Since then, the College of Physicians have appointed a committee. These gentlemen have met, taken evidence, and made their report, which has been rejected. To reject, *in toto*, the report of a committee, is the most unusual step for any society to take, and in this particular instance demands some special explanation, if only in consequence of the injurious effects it must have on the prospects of the army medical officers, who are now seeking redress at the hands of government. That the corporate bodies at the head of the profession are the right persons to sympathise with and aid in obtaining redress for the wrongs of the members, there can be no doubt, if precedents did not establish the fact; and if the College of Physicians had not already acknowledged it by the appointment of the committee, that the physicians appointed by the College should have put forward statements contrary to facts in their report is impossible. Under any other contingency, the Council must express their regret that so decided a step has been taken as the entire rejection of the report, especially at a time when such a step would militate against the efforts of army medical officers to obtain a restoration of their rights, as appointed in the Warrant of 1858. The conclusions arrived at in that warrant were the result of the deliberations of Lord Herbert and a committee of eminent men, and their decisions ought not, without grave cause, to be set aside.

"The Council have great pleasure in informing the members, that the numbers of the Association are rapidly on the increase. In Surrey, Kent, and Sussex, the increase still continues; the meeting at Brighton resulted in a considerable accession of members; while Kent still does good service by the efficient working of the district meetings.

"In conclusion, the Council would urge their members to bring within the field of the Association as many of their professional friends as possible, for the conviction is forced more and more upon them that it is only by the combined efforts of the many that any real practical reform can be effected; whilst all are improved by social intercourse and scientific discussion."

Mr. Sankey (Dover) proposed—

"That the Report now read be received and adopted."

He commented on the conduct of the College of Physicians in rejecting the report of the Committee appointed by them to investigate the question of Army Medical Reform.

Mr. Bottomley (Croydon) seconded the resolution, which was put by the Chairman, and agreed to.

Appointment of President and Vice-Presidents. Mr. Heckstall Smith (St. Mary Cray) proposed—

"That the meeting of the Branch in 1866 be at Tunbridge Wells; that Charles Trustram, Esq., be President-elect; and that Dr. Milner Barry and Robert J. Starling, Esq., be Vice-Presidents-elect."

He had for many years known the gentleman who would be their next President (if they agreed to his resolution); he was an admirable surgeon; a cordial and earnest friend; and one of the best supporters of the British Medical Association. Of the vice-presidents, one of them had already done them the honour of being vice-president; and the other was well qualified for the office to which he had been nominated.

Dr. COLLET (Worthing) seconded the motion, which was carried.

New Members. The following gentlemen were elected members of the Branch:—Richard S. Davey, Esq. (Walmer); Alfred Monckton, Esq. (Brenchley); Matthew A. Adams, Esq. (Maidstone); J. Tapson, M.D. (Clapham); J. Nicholas Miller, M.B. (Blackheath); John S. Warter, M.D. (London); A. Henry, M.D. (London); T. A. Chaldecott, M.D. (Chertsey); H. J. Strong, M.D. (Croydon).

Council of the Branch. The following gentlemen were declared to be elected:—W. Addison, M.D. (Brighton); J. Armstrong, M.D. (Gravesend); F. J. Brown, M.D. (Rochester); J. M. Burton, Esq. (Blackheath); C. Chaldecott, Esq. (Dorking); W. Hoar, Esq. (Maidstone); G. Lowdell, Esq. (Brighton); E. Ray, M.D. (Dulwich); F. H. Sankey, Esq. (Wingham); C. Trustram, Esq. (Tunbridge Wells).

Representatives in the General Council. The following gentlemen were elected to represent the Branch in the General Council of the Association:—J. Armstrong, M.D. (Gravesend); G. Bottomley, Esq. (Croydon); J. C. Burrows, Esq. (Brighton); A. Carpenter, M.D. (Croydon); H. Collet, M.D. (Worthing); F. Fry, Esq. (Maidstone); W. Sankey, Esq. (Dover); T. H. Smith, Esq. (St. Mary Cray); C. M. Thompson, Esq. (Westerham); E. Westall, M.D. (Croydon).

A discussion ensued upon a suggestion thrown out by Mr. Heckstall Smith, that the Branch should adopt the plan carried out by the Metropolitan Counties Branch, in which the outgoing Council nominates and circulates a list of members recommended to the Council on the next occasion; and that the election should take place at the annual meeting. He was sure that, from the way in which the papers were sent round now, it was difficult to know who were the men most diligent in serving the interests of the Association.

A MEMBER remarked that the very circumstance of the wise selection of Mr. Heckstall Smith on every occasion, militated much against that gentleman's suggestion.

The SECRETARY said this question had been raised on more than one occasion, but it had been thought better to adhere to the present system, than to have what might be termed a house-list suggested.

Dr. CARR said that, in the matter of electing their representatives, the system at present adopted was in thorough good keeping, not only with good usage, but in accordance with professional practice; it was in keeping with that freedom which Englishmen liked, and he should be sorry to see it deviated from.

No motion was made upon the subject.

The Martin Testimonial Fund. Mr. J. CORDY BURROWS said that, at the last meeting, the members had to deplore the loss of their highly esteemed friend Mr. Peter Martin, for many years the able and well beloved Secretary to this Branch of the Association; and a proposition was discussed for perpetuating in some fitting yet simple manner his memory. It was then resolved, upon the motion of Dr. ARMSTRONG of Gravesend, seconded by Mr. SANKEY of Dover—

"That the members of the South-Eastern Branch of the British Medical Association, at their first meeting, beg to express their sincere condolence with Mrs. Martin and her family upon the irreparable loss which they have sustained in the death of Mr. Peter Martin. The Branch holds his memory in affectionate regard, and his services to the Association in grateful and lasting remembrance."

And, upon the motion of Mr. CORDY BURROWS of Brighton, seconded by Mr. SANKEY of Dover, it was resolved—

"That, in grateful and lasting remembrance of the services of the late Mr. Peter Martin to this Branch of the Association, a subscription be made by the members to establish one or more prizes, to be given annually or otherwise, to the most deserving students at the Medical Benevolent College at Epsom.

"That a Committee be formed to carry out the above, consisting of Dr. Ormerod, Brighton; Dr. Armstrong, Gravesend; Mr. Cordy Burrows, Brighton; Dr. Collet, Worthing; Dr. Carpenter, Croydon; Dr. Hall, Brighton; Mr. Sisson, Reigate; Mr. Trustram, Tunbridge Wells; Mr. T. Heckstall Smith, St. Mary's Cray; Mr. Hodgson and Mr. Humphry, Brighton."

In accordance with the above resolutions, he (Mr. Burrows) had been requested to present the following report to this meeting.

"The Committee appointed at the annual meeting of the South-Eastern Branch of the Association, held at Brighton on the 16th of June 1864, to carry out the resolutions then agreed to, beg to report, that the sum of £170:11 has been paid and promised to the Fund; and the Committee beg to recommend that they be empowered to invest in perpetuity such sum and any additional subscriptions which may be made to it, the interest of which shall be paid annually or otherwise to the Council of the Medical Benevolent College, to be applied in the manner directed by the Trust Deed, and with the advice of the Head-Master of the College, to make such arrangements for the annual or other distribution of prizes to the most deserving students of the College as they may think fit.

"EDW. L. ORMEROD, M.D., *President.*
"CORDY BURROWS, *Hon. Sec.*
"June 22nd, 1865."

He moved—

"That the above report be received, entered on the minutes, and approved."

Mr. HECKSTALL SMITH seconded the motion most cordially. They had two objects before them. One was to shew how much they revered their dear excellent friend who was gone from them; who was beloved by those who had been connected with the Association for many years, as well as by those in private life who knew him. A better man never passed through their ranks, and they had now an opportunity of shewing how well they loved him. Another object was to benefit the Medical Benevolent College, by a judicious application of the Testimonial Fund.

The CHAIRMAN put the motion, which was carried *nem. con.*

The Medical Provident Society. Mr. F. H. SANKEY (Wingham) proposed—

"That the best thanks of the members be offered to Dr. Westall, Dr. Armstrong, and Dr. Collet, the delegates of this Branch to the Medical Provident Society, and that they be requested to continue their valuable services."

He hoped that this new Society which had been established would be supported and found useful.

Dr. SUTHERLAND (Croydon) seconded the motion.

Mr. CORDY BURROWS said he had not subscribed to this Society, because, on reading the prospectus, he thought they were not proceeding in the right direction. There was something derogatory in a

rofession like the medical giving a member of it £2 week for a certain number of weeks, if sickness or asualty rendered him unable to discharge his professional duties, and then reducing that allowance o £1 per week, so long as he remained on the funds. The movement at present was worthy of support, but ot of praise; and he trusted he should be able to ee it go on better in future, and it would then receive greater support. He did not in his remarks ntend to cast reflections on the services of the three gentlemen named in the resolution, but it was to he principle upon which the Society was working hat he intended his remarks to apply.

Mr. Heckstall Smith explained that there was o "giving" to the members of this fund at all. Nothing was given; that only was returned to the nembers which they paid in. The Society had been established on a secure basis; the Directors promised nothing more than they were able to perform. If the payments during sickness should become large, it would be in consequence of the increase in their numbers, and a consequent increase in the sums paid n; but the Directors had been told to provide for such a contingency as the occurrence of an unusual ate of mortality, and in order to keep themselves afe, it was a wise policy not to be too extravagant in payments at starting. They had consulted, not only Mr. Tidd Pratt, but also Mr. Finlaison, actuary to he national debt, and had proceeded under their dvice and assistance. As to the "direction," he differed entirely from Mr. Cordy Burrows. They were beginning at the bottom, and were gradually rising p to the top; and if Mr. Burrows and others would extend to them their support, they should afely and securely reach the top of the hill. He had strongly recommended the removal of the word "guarantee," formerly applied to the auxiliary fund. This was a fund which could be used for provision in extraordinary cases of sickness, or for any other object that might arise. The number of members was steadily increasing; the corresponding ncrease in the fund would enable them to progress steadily and surely; and he had no doubt whatever that they were in the right direction, and in a very satisfactory position.

Dr. Armstrong said that, as he had taken some ittle part in this movement, he might be permitted o bear his testimony to the care which had been bestowed in the establishment of the Medical Provident Society on a proper basis. He was sure that if Mr. Cordy Burrows could attend any of the meetings of Directors, he would be completely satisfied that the grounds they had taken were safe and secure grounds. They went into everything with the greatest care; a arger rate of payment was for some time under discussion; and it was not until they had received the most complete assurance from gentlemen who were able to form a judgment on the matter, that it would be injudicious to increase the sum at first proposed o be paid, that the proposition was withdrawn. They were warned that a society of this kind had been established, and failed through a disregard to he receipts and expenditure; and he believed that he Society, as it was at present established, was ight from the bottom, and it would be found to be ight to the top. If it was carried out with that prudence with which it had been started, it would be a glorious success.

Mr. Satchell (Tunbridge Wells) said that if it was agreed that a Provident Society should be established, it ought to be established on a firm basis; and he believed that this Society had been established on such a basis; therefore, he cordially concurred with it. He should like to ask Mr. Burrows and those who considered the Society had been started in a wrong direction, what direction he would have them take? If he (Mr. Burrows) could point out a better way for them to go, in order to obtain a better return, they would be happy to go with him. But as far as he (Mr. Satchell) had been able to judge, the returns had been made with the utmost care consistent with safety. If Mr. Burrows could tell them how they could attain a better position with the same amount of contributions, he should be happy to consider his suggestions.

Dr. Henry said the Directors of the Society would most willingly carry out Mr. Burrows' suggestion, and give more than £2 per week, if it were possible or prudent for them to do so in the present state of the Society. On the auxiliary fund, he would remark that its establishment had been specially urged upon him in a letter he had received from Mr. Finlaison, who (not knowing that such a fund had been already commenced) stated that he hoped some means would be taken to form an auxiliary or reserve fund, for the purpose of meeting those extraordinary calls which, in their profession, would be liable to be made on the Society. This auxiliary fund had been formed as a safe basis for the Society; and he was glad to say that the fund was going on prosperously. In the list that was published in the Journal some time ago, the sum of £668 had been paid in; and since that time, additional subscriptions had been paid in, and now the sum amounted to £800. [*Hear, hear.*] He had lately received from Mr. Taylor Griffiths, of Wrexham, £70, the greater part of which had been collected from members of the North Wales Branch; and several other subscriptions had been promised.

Dr. Carr said that, although he sympathised with Mr. Burrows' suggestion that their sick brethren should receive more than £2 per week during their affliction; yet it must be remembered that the payments of this Society must be based upon strict principles of equity, and that this Society had constituted not what was termed a charitable fund, but a provident fund. The former would be obnoxious to their professional brethren, and the latter would be the providing for any unfortunate contingency that might arise; the recipients only receiving back what they had already paid. He would strongly impress upon the meeting this fact,—that they must keep to the point which was strictly in accordance with law, and accept as the basis of the Society that which Mr. Finlaison would accept and Mr. Tidd Pratt approve.

Mr. C. Burrows said his objection to the Society arose because it had not been established on a sufficiently broad basis. He should like the members to have an opportunity of paying such a sum as would secure them more than £2 per week during illness or incapacity from discharging their professional duties.

The President, before putting the motion, said he could see that the discussion on this subject would be attended with good results. There would be one difficulty in meeting the suggestion of Mr. Burrows with regard to increased payments into the Society. Many of their members were young men who could not afford to pay more, having spent, perhaps, what little money they had, in attaining that proficiency which enabled them to pass their necessary examinations. There were some points which required consideration by the Directors; and on behalf of himself and colleagues he would say that they would do their best for the Society.

The Secretary then put the motion, which was carried.

Donation to the Medical Benevolent Fund. Dr. Milner Barry proposed—

"That £10:10 be given as a donation to the Medical Benevolent Fund."

Dr. CARPENTER (Croydon) seconded the motion.

Mr. REID (Canterbury) suggested that there was one point which was worthy of future consideration; namely, as their funds were more than sufficient to cover the expenses of this Branch, whether the surplus should not be applied to the diminishing of their annual subscriptions, instead of using it by a side way for benevolent purposes. There were many objects in connection with the Branch to which a surplus might be applied, and it would have the effect of diminishing the working expenses of the Branch. He would rather give his money direct to a benevolent object, than to give it by a side way when he subscribed it for a different purpose.

The SECRETARY said it had been thought that the sum of 2*s.* 6*d.* a year was the lowest that could be asked for. He could easily absorb that amount in expenses, but it had been his desire to keep down the working expenses to the lowest minimum, so that it might be said, "We have a little in hand; let us apply it to benevolent purposes." [*Hear, hear.*]

Mr. HECKSTALL SMITH advocated the necessity of encouraging the holding of district meetings, which tended to increase the numbers and the usefulness of the Association. It had been suggested that half the expenses of these district meetings should be borne by the Branch, but he could not see why the Branch should not bear all the expenses, as the members contributed 2*s.* 6*d.* annually to their district meetings in addition to their subscriptions. When the financial position of the Branch was discussed next year, it might be useful to consider whether the whole and not half of the expenses of these district meetings should be borne by the Branch.

The motion was then put and carried.

Election of Secretary. The PRESIDENT said they could all see how well and efficiently Dr. Holman had performed his duties; and it was for the meeting to say whether he should be requested to continue his valuable services.

Mr. CORDY BURROWS said that Dr. Holman was entitled to their warmest thanks for the excellent and inexpensive manner in which he had conducted the business of the Branch, as was evidenced by their having a balance in hand. He proposed the reappointment of Dr. Holman, upon whom, it might be said, the mantle of their beloved and lamented friend Mr. P. Martin had fallen.

Dr. CARR briefly seconded the motion, which was put from the chair and carried *nem. con.*

Dr. HOLMAN said that his work as Secretary was one which he had very much at heart; in fact, he might say he had been brought up to it. He only wished he could discharge his duties as efficiently as the late lamented secretary; but whilst they continued to honour him with their confidence, they might depend upon receiving his hearty co-operation.

Paper. The following paper was then read. An Inquiry into the Practical Value of the Thermometer in the Diagnosis and Prognosis of Acute Diseases. By J. S. Warter, M.D.

Dr. CARPENTER proposed that the very interesting paper which had just been read should be printed in the JOURNAL. The paper contained many points of considerable importance, and some that might be of service to them all as medical practitioners.

Mr. HODGSON said by a singular coincidence he had brought with him a thermometer of a somewhat different construction—the bulb being set in an angle, whilst that of Dr. Warter's was perfectly straight.

Dr. WARTER recommended the use of English thermometers instead of German ones; the latter were not to be depended on, as they sometimes went wrong. It was time well bestowed, if half-an-hour was employed in selecting a thermometer.

Vote of Thanks. Dr. ARMSTRONG proposed—

"That the best thanks of this meeting be presented to the officers of the past year for their able conduct of the business of the Branch."

Dr. Armstrong paid a high tribute to the valuable services rendered by Dr. Ormerod, the late president, and other officers of the Branch.

MR. HECKSTALL SMITH seconded the motion, which was carried by acclamation.

The BRITISH MEDICAL JOURNAL. Mr. HECKSTALL SMITH said they all had, no doubt, received information of the attack which was to be made at the general meeting of the Association upon the conduct of the JOURNAL. As this meeting represented one of the largest Branches that existed of the British Medical Association, he wished, before they separated, that they should offer some expression of opinion with regard to the present condition and conduct of the JOURNAL. He confessed he held a very strong opinion on the subject. From the commencement of its career, the JOURNAL had never been unworthy of their support. When in its infancy, it took time to grow—and perhaps a longer time than many could wish; but it did increase in growth and stature, and now, under the management of Dr. Markham, it had attained its adult status—its stature was almost complete. If they gave Dr. Markham their support and discouraged those attempts that were made to lessen the value of the JOURNAL, it would probably become as good a representative journal as existed in the medical profession—or he might say, as good a journal as existed in this country. [*Hear, hear.*] If they separated without giving expression to their opinion upon the subject, it might be asked by Mr. Carter, who had given notice of this attack upon the JOURNAL—how it was, if they intended to support the JOURNAL, that they had taken no notice of it at their Branch meeting. He therefore moved—

"That, in the opinion of this meeting, the JOURNAL has greatly improved under the management of Dr. Markham, and is eminently worthy of support."

Dr. CARPENTER with great pleasure seconded the resolution. It would have been wrong for them to separate without passing some such resolution. Dr. Markham had assisted them very materially, through the JOURNAL, in obtaining everything that had been obtained from the government of the country on behalf of the profession; and they would be doing very wrong not to support him in the attacks which were about to be made upon the JOURNAL. The JOURNAL might be looked upon as an opposition journal; but it was very unwise to consider it as such. There were some points in connection with this subject, which had been glanced at in one or two suggestions. One was from Dr. Ormerod, who stated that the Association was not so fully supported in Brighton as it could be, because there was a large medical society there, which appeared to give them all that this Association could give them. He thought that, if their laws would enable them to enrol the members of that society as members of this Association, they would be giving an advantage to the Association, and supporting the JOURNAL likewise. There was a tendency amongst medical men to establish firms—partnership was increasing throughout the country; and the result was, that only one member of a firm was a member of their Association. Perhaps some rule could be passed by which, when there were three members in a firm, the second and third could be admitted members of this Association at a lower sum than one guinea. The stronger their numbers the more powerful influence would they have. He threw out these suggestions, in the hope that they might be taken into consideration at the meeting at Leamington.

Mr. Heckstall Smith would associate with a resolution the name of Dr. Henry, who had zealously co-operated with Dr. Markham, and was an excellent worker on the Journal.

Mr. Sankey (Dover) seconded the proposition; which, with the previous resolution, was carried unanimously.

Dr. Henry said that he would have much pleasure in communicating to Dr. Markham the vote of confidence they had bestowed on him. It would be a sound of encouragement to him to go on in the course he was now pursuing. He (Dr. Henry) had worked intimately with Dr. Markham for the last four or five years, and he could say, that Dr. Markham was most honestly anxious to do all he could for the benefit of the profession, and to make the Journal carry out the objects for which the Association was founded. How far the Association would entertain Mr. Carter's proposal, he could not say; but it appeared to him that a weekly paper was essential for carrying out the workings of this Association. It kept up a constant communication among the members of the Association, and in this way was especially valuable to those who resided at inconvenient distances from the places of meeting. He would assure the Branch that Dr. Markham and himself would do all they could to raise the Journal to the highest standard to which it possibly could be raised.

Dinner. At 5 o'clock the members, the number of whom and of their friends was considerably augmented, reassembled at an excellent dinner in one of the dining saloons of the palace. Dr. Westall presided.

CAMBRIDGE AND HUNTINGDON BRANCH: ANNUAL MEETING.

The annual meeting of the Cambridgeshire and Huntingdon Branch of the British Medical Association was held at Ely, on Tuesday, June 27, under the presidency of J. Muriel, Esq.

The proceedings of the meeting commenced with a few remarks from the retiring president, Wm. Paley, M.D., of Peterborough, who, in resigning the chair, spoke most highly of the professional and social qualities of his successor, and of the honour which he had conferred upon the Branch by accepting the presidency.

The President, having taken the chair, gave an interesting address, detailing his experience of the diseases of the district, derived from a forty years' practice in the town and neighbourhood.

Resolutions. After the President's address, the following resolutions were carried unanimously:

1. "That the next annual meeting of the Branch be held at St. Neot's under the presidency of J. J. Evans, Esq.; and that a communication be made by the President to the President of the East Anglian Branch, with a view to bringing about a combined meeting of the two Branches in 1867, with a suggestion that Newmarket would be a suitable place."
2. "That F. L. Girling, Esq., of St. Ives, and G. F. Helm, Esq., of Cambridge, be elected Directors of the Medical Provident Society."
3. "That M. Foster, Esq., of Huntingdon, and J. Hemming, Esq., of Kimbolton, be elected members of the General Council of the Association."
4. "That G. F. Helm, Esq., of Cambridge, who, through ill health, had been obliged temporarily to resign the office, be elected Honorary Secretary of the Branch."
5. "That the best thanks of the meeting be given to P. W. Latham, M.D., for the very able manner in which he had discharged the duties of Secretary."

Papers. The following papers were then read:—

1. A Case of Unusual Presentation of the Fœtus in Labour. By B. Pinchard, M.D., Cottenham.
2. The Beneficial Influence of Venesection in Cases of Convulsions associated with Albuminuria after Scarlet Fever. By M. Foster, Esq., Huntingdon.
3. Ergot of Rye in Midwifery. By T. O'Connor, Esq., March.

Poor-Law Medical Relief. After the above communications had been read, Dr. Mead, of Newmarket, in a very energetic and earnest speech, proposed the following resolutions touching Poor-law medical relief, which were carried unanimously:—

1. "That this Branch of the Association regrets the decision of a Select Committee of the House of Commons that they saw no reason to recommend a change in the present mode of administering medical relief; as, in the opinion of this Branch of the Association, it has been frequently and conclusively shewn that the present system requires amendment, inflicting, as it often does, in its working, great injustice upon the medical attendant of the sick poor, as well as upon the sick poor themselves.
2. "That, in the opinion of this Branch of the Association, there ought to be an immediate revision of the salaries of union medical officers; and that the power of determining the amount of such salaries should rest with the Poor-law Board alone.
3. "That this Branch of the Association regrets to observe that the recommendation of the Select Committee, that cod-liver oil, quinine, and other expensive medicines should be supplied at the expense of the guardians, has been in most unions entirely ignored; and is of opinion that its adoption on a liberal scale, ought at once to be rendered imperative upon all Boards of Guardians.
4. "That it is advisable that every union medical officer should be entitled to keep one man-servant, one horse, and one two or four wheeled carriage free from assessed taxes; and also be free from all tolls when visiting pauper patients.
5. "That it is desirable that the list of extra medical fees should be extended to include fractures and dislocations of the ribs, perforating wounds of the chest or abdomen, severe lacerations, burns, and other similar cases requiring special attention and expensive surgical and other appliances.
6. "That all medical officers should be appointed for life or during good behaviour."

Dinner. The business portion of the meeting being concluded, the members of the Branch dined together, the President occupying the chair. Dr. Paget, president of the Association, was present. A very pleasant evening was spent, and several good speeches made, in which the hospitality of the President and the labours of the Secretary, Dr. Latham, were warmly applauded.

NORTHERN BRANCH: ANNUAL MEETING.

The first annual meeting of this Branch was held in the library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. White, M.D., President, in the chair. There were also present—Sir John Fife (Newcastle); W. C. Blackett, Esq. (Durham); E. Charlton, M.D. (Newcastle); H. Clark, M.D. (Ferry Hill); R. Clarke, Esq. (Newcastle); T. Cossar, M.D. (Hurworth); D. Embleton, M.D. (Newcastle); H. G. Hardy, Esq. (Byers Green); E. Heffernan, Esq. (Spennymoor); T. Humble, M.D. (Newcastle); J. Jackson, Esq. (Usworth); T. H. Jackson, M.D. (Darlington); J. Jobson, Esq. (Bishop Auckland); F. D. Jones, M.D. (Washington); J. Mackie, Esq. (Heighington); W.

A. Morton, Esq. (Gateshead); J. C. Murray, M.D. (Newcastle); G. H. Philipson, M.D. (Newcastle); S. E. Piper, Esq. (Darlington); J. Russell, Esq. (Newcastle); J. Thornhill, Esq. (Bulman's Village); J. B. Thwaites, Esq. (Bishop Auckland); and as visitors, Andrew Bolton, M.D. (Newcastle); T. Y. Thompson, Esq. (Newcastle); and J. Hedley, Esq. (Newcastle).

President's Address. The PRESIDENT read an elaborate address, in which he referred to the formation of the Branch; and expressed his gratification at the rapid increase of members; mentioning that on December 1st, 1864, when the Branch was formed, there were twenty-two members, whereas now there are fifty-six. In forcible terms, the advantages of the Association, the Branch, and the Medical Provident Society, were severally explained. The various changes and improvements that have occurred in Newcastle during the last thirty-five years were recounted; the social and sanitary condition of the town considered; and many interesting events referred to connected with the charitable and other public institutions.

On the motion of Sir JOHN FIFE, seconded by Mr. JOBSON, the thanks of the meeting were heartily accorded to the President for his address, with the request that he would allow it to be printed in the JOURNAL.

Officers for 1865-66. The following officers were elected. *President*—D. B. White, M.D. *President-Elect*—Sir John Fife, M.A., F.R.C.S. *Honorary Secretary and Treasurer*—G. H. Philipson, M.A., M.D. *Council of Management: Northumberland*—Edward Charlton, M.D.; Dennis Embleton, M.D.; *Durham*—T. T. Parker, M.D.; H. G. Hardy, L.R.C.P. *Representatives to the General Council*—D. B. White, M.D.; Sir John Fife.

New Members. The following gentlemen were unanimously elected members of the Association and Branch: G. Y. Heath, M.D., Newcastle; William Murray, M.D., Newcastle; J. C. Thomson, M.D., Thornley.

Papers. The following papers were then read.

1. Case of Morbus Addisonii. By D. Embleton, M.D.
2. Case of Osteosarcoma in connection with the Hip-joint. By J. C. Murray, M.D.
3. Case of Puerperal Tetanus. By G. H. Philipson, M.D.

A vote of thanks was given to each gentleman for his paper; and a similar compliment having been paid to the President for his able conduct in the chair, the members proceeded to visit the wards of the Infirmary and the College of Medicine.

Several microscopes and pathological specimens were on the table.

Dinner. In the evening, the members and their friends dined together at the Queen's Hotel, the President in the chair, and the President-elect in the vice-chair.

ROYAL COLLEGE OF SURGEONS. At a meeting of the Council of the college on the 4th inst., Mr. Cæsar H. Hawkins, F.R.S., Serjeant-Surgeon to Her Majesty the Queen, was elected the representative of the college at the General Council of Education and Registration, in the vacancy caused by the retirement of Mr. J. M. Arnott. Mr. John Hilton, F.R.S., was elected an examiner of the college, and Mr. James Luke, F.R.S., was elected a member of the Dental Board, both vacancies having been caused by the resignation of Mr. Arnott.

Correspondence.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—In the course of a few days, the Poor-law medical officers of England and Wales will be called upon to exercise their elective franchise. Allow me space, therefore, to beg of them that they will not promise their votes until they have communicated, either personally or by letter, with the candidates for their suffrages, and, at least, obtained a general promise that, when questions of Poor-law medical relief come before the House of Commons, that they will give the subject their serious attention. I think that the communication should be made privately, and not on the hustings, for fear of exciting opposition from the guardians, who are more numerous than the medical officers, and, consequently, have more influence.

Let them inform the candidates, that the subject is one of vast importance; that the treatment of the sick poor in the workhouses, as revealed by the late inquests, by the Sanitary Commission of the *Lancet* (see *Lancet*, July 1st, 1865), and by other evidence, is most lamentable. Tell them that there are a million and a quarter of the labouring poor annually under the medical treatment of the Poor-law medical officers, who are about 3100 in number; and that the payments made to those officers do not average more than three shillings per patient—a sum so small that it is quite inadequate to the duties required of them.

Tell them, that the resolution of the Select Committee, so far as medical relief is concerned, is not borne out by the evidence, as will be readily perceived by an examination of it; and that the single incorrect and unsupported evidence of Mr. Cane, an inspector of the Poor-law Board, has been allowed to outweigh all other evidence on the subject, even the statement of the Right Hon. T. Sotheron Estcourt to the deputation of about one hundred medical men and several members of Parliament, who waited upon him in 1859, when he was President of the Poor-law Board. The right hon. gentleman said, "The matter ought not to continue in its present state; and if I continue in office, I shall use the best means in my power to put the question on a better footing, and to make such arrangements as will be satisfactory both to you and to the public."

Much more may be said in conversation on this subject, so as to convince the candidate of its great importance; and if the opportunity permit, the question of general medical reform and the grievances of the army and navy medical men may be brought under consideration. I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, July 3, 1865.

P.S. I take this opportunity to acknowledge the receipt of one guinea (the tenth subscription) from Dr. F. J. Brown of Rochester, towards the expenses of the Association.

AN ANTHROPOLOGICAL SOCIETY was inaugurated on May 14th at Madrid.

THE EDINBURGH COLLEGE OF PHYSICIANS has established a scholarship of £25 a year, which may be held for two years. The prize is open to all medical students commencing study before 1865. It will be competed for on the 23rd and 24th of October next, the examination being in Greek and Latin classics.

Medical News.

APOTHECARIES' HALL. On June 29th, 1865, the following Licentiates were admitted:—

Cass, William Cunningham, University College
Fonsworth, John Cornelius, 37, Tavistock Street
Morgan, William John, Burwood Place West
Worsley, James Henry, Manchester Hospital
Wright, Edward Seymour, London Hospital

At the same Court, the following passed the first examination:—

Hayden, James Augustus, Charing Cross Hospital
Lucas, George, St. Thomas's Hospital
Pryce, Richard Matthews, University College
Randall, John George, St. Mary's Hospital
Young, Frederick William, University College

APPOINTMENTS.

PERRY, Henry, jun., Esq., appointed Certifying Surgeon under the Factory Act, for Northampton and its neighbourhood.

DEATHS.

COOK, Robert, Esq., of Gainsborough, in London, aged 80, lately.
DANIELL, William F., M.D., F.L.S., at Southampton, aged 45, on June 26.
FOREMAN, Robert C., M.D., at Brighton, lately.
JOHNSON, Henry, Esq., Surgeon, at Walton-on-the-Hill, Liverpool, aged 52, on June 19.
MARSH. On June 20th, at Nantes, the wife of Frederick Marsh, Esq., Surgeon, of Thaxted, Essex.
PRIOR, F. J. G., Esq., at Tewkesbury, lately.
SCOTT, Samuel K., Esq., at Brighton, aged 46, on June 9.
SCOTT, William, M.D., at Odiham, aged 59, on July 4.

THE DOG NUISANCE. The papers this week record another case of death from hydrophobia in London.

M. CZERMAK of Prague, has been appointed Professor of Physiology at Jena.

EMIGRATION. Dr. W. D. Stone, F.R.C.S., has been appointed surgeon-superintendent of the government emigrant ship *General Caulfeild*.

THE ELECTION. It is generally believed that Mr. Clement, in conjunction with the present member, Mr. G. Tomline, will be returned for Shrewsbury without opposition. Both profess Liberal principles.

ILLEGAL PRACTICE. A *pharmacien* of Bourges has been fined fifty *francs* and judicial costs for having illegally practised medicine, and making up drugs without a medical man's prescription.

BROMPTON HOSPITAL FOR CONSUMPTION. The Queen of the Netherlands visited this institution on the 3rd inst. Her Majesty was received by the Marquis of Westminster, and by several members of the committee of management and leading officials.

UNIVERSITY OF EDINBURGH. Mrs. T. Bruce has presented £10,000 to the Edinburgh University for the founding of prizes and scholarships for the purpose of aiding and encouraging students in all the Faculties.

POISONOUS JALAP. To take a jalap purge in Constantinople at present is something like taking a fatal dose. M. Della-Ladda, the *pharmacien*, states to the Medical Society there, that there is sold for jalap one of the most violent of vegetable poisons, viz., Indian *Aconitum Ferox*.

A STATUE TO JENNER. A musical celebration of a singular kind, a *fête* on the inauguration of a statue to Jenner, of vaccination memory, is to be held at Boulogne next month. M. Elwart has written a choral piece for the occasion, called "A Hymn to Beauty," to be sung by the Orphéonists of the place. (*Reader.*)

FEMALE DOCTORS. In an action brought for damages done to a lady by careless driving, we read that the husband, in whose name the action was brought, was a chemist and druggist at Rotherhithe, and his wife was studying medicine at the college in Norfolk Street with a view to a diploma.

HOMŒOPATHY IN THE FRENCH SENATE. In the Senate on the 1st inst., a debate took place upon a petition in favour of certain privileges to be accorded to homœopathic doctors. M. Dumas and M. Dupin condemned the principles of homœopathy, which were defended by M. Bonjean and M. Thayer. The Senate then passed to the order of the day.

INDIAN MEDICAL OFFICERS. In the House of Commons, on Thursday week, Mr. Bazley asked the Secretary of State for India whether it was true or not, as stated in the *United Service Gazette* and *Home News*, that the Indian medical warrant had been cancelled; if such was the case, what measures were to be taken as regards the pay and organisation of the medical department, and when would those measures be reported to the House; and why, pending such changes, medical officers in India had not at least received the pay of their relative ranks. Sir C. Wood said he had introduced a bill last year for the purpose of enabling a sufficient number of assistant-surgeons who had entered the Queen's general service to be drawn upon to form a medical staff. The House was pleased to throw out that bill on the third reading, and he was therefore compelled to maintain a separate establishment for India. The government of India consequently had written in very strong terms, pointing out the great disadvantage and great additional expense caused by the maintainence of the double establishment; but no step had been taken in consequence of those representations. The statement, therefore, implied in the question of his hon. friend was entirely incorrect; the warrant had not been cancelled, and satisfaction was felt by the medical officers in India at their position and pay.

ROYAL COLLEGE OF SURGEONS. A *conversazione* was held at the college on the 28th ult. In the Council room were displayed the handsome mace of the college, presented by George IV, together with some valuable plate; here also were seen the large painting by Hans Holbein of Henry VIII granting the charter to the Barber Chirurgeons, and that *chef d'œuvre* of Sir Joshua Reynolds, the portrait of John Hunter; Sir Astley Cooper's portrait, by Sir Thomas Lawrence; the portrait of Sir Cæsar Hawkins, by Hogarth; and many other past worthies of the college. It was the noble library of the institution, however, which was, perhaps, the chief point of attraction; here were displayed some fine specimens of sculpture from the studios of Macdowall, Weekes, Noble, Adams, and others. On the walls were suspended some of the finest paintings from the easels of Sir Edward and Mr. Charles Landseer, contributed by those gentlemen. Mr. E. W. Cooke, R.A., most liberally supplied a large number of his charming works, as did also Mrs. Gibbons from her large and valuable collection. Professor Fergusson contributed a fine view of Edinburgh from Craig Miller, one of the earliest productions of the late David Roberts, a portrait of John Abernethy by Sir Thomas Lawrence, and a small copy of Holbein's large picture above alluded to. Mr. Hodgson, the president, sent the fine picture by Hannah, of Harvey demonstrating his theory of the circulation of the blood to Charles I, so well known to most readers by the engraving of Mr. Lemon. Professor Quain sent some of Sydney Cooper's fine groups of cattle; Professors Prescott Hewett, and W. Bowman sent several fine paintings from their collections. In the smaller library were

deposited the result of the explorations by Professor Busk of the caves at Gibraltar, exhibiting some rare specimens of extinct animals, domestic utensils, and stone arrow-heads. Dr. Cobbold, of the Middlesex Hospital, displayed the fine collection of entozoa from human bodies, prepared by him for the museum. The Council of the Royal Botanic Society most liberally supplied a large collection of fine exotic plants of rare beauty; and, to make up for the deficiency of smell, M. Rimmel had ingeniously placed his perfume vaporisers, now in constant use at the college during the anatomical examinations, near the plants, thus dispersing a most agreeable perfume of sweetbriar throughout the building.

Medical Politicians. Dr. Jacoby, of the Prussian Landtag, has been sentenced to six months' imprisonment for having at Berlin called upon his constituents to refuse to pay the taxes to an unconstitutional government. The Liberals are in good hopes that the shutting up of a man of his renown will benefit them nearly as much as the death of Herr Virchow at the hands of Herr von Bismark, had such a catastrophe actually occurred. Dr. Jacoby, a physician at Königsburg, is a man well known for courage, integrity, and the services he has rendered his country in its constitutional struggles. It was he who twenty-five years ago, in a famous pamphlet, began the war against absolutism; who, in 1848, had a very extraordinary encounter at Sans-Souci with King Frederick William IV, which made his name the most respected and revered among the many Radicals in the land. His many pamphlets have frequently brought down legal prosecution upon his devoted head, but always ended in his acquittal. This is the first time he has been actually convicted. Dr. Frenzel, another able member of the Lower House, has had also two months' imprisonment awarded to him, for speaking disrespectfully of the King at a public meeting.

Chemists' and Druggists' Bills. The following report of a select committee of the House of Commons on the Chemists' and Druggists' Bills, No. 1 and No. 2, has just been published. "Your committee have examined witnesses on the general questions raised by the provisions contained in the two bills committed to them, and have heard evidence in support of the Chemists' and Druggists' (No. 1) Bill. Your committee then passed the following resolutions: '1. That no compulsory examination or registration under the bills referred to the committee should be required of persons now carrying on the trade of chemists and druggists. 2. That the bill do provide that no other person shall, after a day to be fixed by the bill, sell certain dangerous drugs, to be scheduled in the bill, unless he shall be examined and registered.' By the adoption of the second resolution as an amendment to a proposal that persons compounding medicines from the prescriptions of medical men should also be examined, your committee decided against the principal provision contained in the Chemists' and Druggists' (No. 1) Bill, and they accordingly resolved to proceed with the Chemists' and Druggists' (No. 2) Bill. After several clauses of the bill were passed, considerable difficulty arose in providing for the first formation of the council to which the duty of regulating the examination of chemists and druggists was to be entrusted; and your committee, considering the advanced period of the session, were compelled to abandon the expectation of any useful result from a further consideration of the bill. Having, therefore, disposed *pro formâ* of the remaining clauses, they came to the following resolution:—'That, inasmuch as there appears to be little prospect of any satisfactory termination to the labours of the committee in the present session, it is desirable that the evidence, so far as it has been already taken, and the proceedings of the committee, be reported to the House, accompanied by a recommendation that the government should, early in the new parliament, bring in a bill on the subjects referred to the committee.' Your committee have, in conclusion, to report that, in their opinion, it is not expedient to proceed further with either of the bills which have been committed to them."

Statistics of Life. Dr. W. Farr has completed his supplementary volume on the mortality of England in the ten years 1851-60. There is little definite information respecting the rate of embryonic mortality. In the 26 years 1838-63 there were registered in England the deaths of no less than 2,374,379 infants born alive but not living for a single year. At this present time 100,000 infants of less than a year old die every year in England. The French returns are very minute, and show in 1856 a mortality of 154 per cent. *per annum* in the first seven days after birth, 120 in the second seven days, and 54 in the sixteen days following. The mortality among children under 5 years of age in the ten years 1851-60 was very little over 4 per cent. in the more healthy districts of England; in one or two thinly-peopled districts in the extreme north it was under 2·5 per cent. Among the children of peers it has been calculated to be little over 2 per cent.; among the children of the clergy in 1829 and 1858 rather over 3 per cent. On the other hand, there are 151 districts of England where, taken as a whole, the child mortality of 1851-60 exceeded 8 per cent. In the ten years 1851-60 the mean annual mortality among children under five was 10·149 per cent. in the city of London (east division); 10·219 in Nottingham; 10·852 in St. Giles's; 11·725 in Manchester district; and 13·198 in Liverpool district. Passing on to the higher ages, we find the rate of mortality declining with every year of life up to 12 or 13, when it is at its lowest. Between 10 and 15 years of age less than five boys in a thousand die in the year. Twenty years later in life the mortality is doubled, and goes on increasing to the close. At all ages the variation in the rate in different districts is shown to be very striking. The mortality of men in towns demands a careful investigation. At 45-55 the mortality of London men is not far from double that of men in the healthy districts of the country. It is much higher at every age than the mortality of women in London. In the ten years 1851-60 the deaths in 30 large town districts of England, with an aggregate mean population of 2,541,630, comprising several London districts and the principal provincial town districts, averaged 71,194 a year, while the deaths at the rate in healthy country districts would have been only 38,459—an annual loss of above 32,000 lives in much less than a seventh of the population. There can now be no doubt that mere proximity of dwellings does not necessarily involve a high rate of mortality. If an adequate water supply and sufficient arrangements for drainage and cleansing are secured, the evils which make dense districts so fatal may be mitigated. It is remarkable that some of the dense districts of cities are already comparatively salubrious. The mortality of a district is by no means bound to its density of population. Bermondsey is less densely inhabited than St. James's, Westminster, but the mortality is considerably greater. It is also to be noted that in London the mortality fell from the annual rate of 25 per 1,000 in the decenniad 1841-50 to 24 per 1,000 in 1851-60. The mortality of Lancashire and Cheshire also declined from 27 to 26. Taking all England, though the growth in numbers, of course increased the density of population, the rate of mortality did not increase, but continued at 22 per 1,000

Transactions of Branches.

SOUTH-EASTERN BRANCH.

PRESIDENT'S ADDRESS.

By Edward Westall, M.D.

[*Delivered June 22, 1865.*]

ENTLEMEN,—I believe it to be generally understood, ı occasions of our meeting in this beautiful building, ıat, beyond the ordinary business of the Branch, ıe little time at our disposal should not be taken up ; any long discussion or address; but that it should ther be devoted to the pleasure, amusement, and ıstruction, afforded by the numberless works of art ıd beauties of nature, brought together, I might lmost say lavishly, within the place and its grounds. evertheless, as this especial meeting is held here in eu of Croydon, I must not forget that the position occupy to-day has more reference to my former esidence in Croydon than to any ability I possess for ıch a post of honour. I feel bound to bear in mind n any matter I may bring forward) my former conection with that town, and to endeavour to do credit) my old friends now residing there, and to tender my hanks to them and the other members of the Southastern Branch of the British Medical Association)r their kindness; at the same time expressing a ope that they will not be very severely critical, of he fulfilment of the office of their President.

Having relinquished the active practice of the proession for some years, I have been anxious to find a ubject which, although not strictly professional, hall be interesting to this Branch of our Associaion; and with this view I have taken up the point f sanitary improvement in our towns, as collateral o, or in aid of, the present prevailing ideas on preentive medicine. I say towns, because it is there e meet with the greatest opposition to sanitary ıeasures from the outset; not always perhaps openly,)r there is a strength even in this fashion; and, with ll its higher interests, it is fortunately a fashion that ıly the most ignorant and selfish can resist. The oard of Health, with its Public Health Act of 847, was not, nor is the Local Government Act, a opular measure; for, although it goes far towards rotecting the best interests of the poor man, and hus trenches upon the too often avaricious or parsiıonious conduct of the cottage proprietor, at the same ime so far interferes with the liberty of the subject, s to deprive the poor man of one of his most chelished aspirations, the pig-stye at his back-door, hich, with the consequent miasm, has too long been he bane of many close cottage districts.

As an example, both for evil incurred by long negect, and for the good obtained by taking a bold ourse—so soon as opportunity offered—I shall take roydon as my text; and, as candidly as possible, hew the state of the town prior to any care being aken for the health of its inhabitants; during the peration of the projected improvements; and subseuently to the completion of the works. I hope to e able to make a sufficiently good case to justify me n bringing before you this otherwise almost threadare subject, of which the Croydon people have aleady had *usque ad nauseam*.

Croydon, then, may be taken as a fair illustration, being one of the towns included in the first Order in Council (1849), under the General Board of Health, and having been the pioneer through all the difficulties of sewage, outfall, and water-rights, and the butt for actions at law, from any and every one who had, or fancied he had, a grievance; and because, in many places where it is now proposed to adopt the Local Government Act, Croydon is held up as a bugbear, and as a total failure of all that was sought for; and, of course, with extravagantly increased parochial rates. In more than one town, such *ex parte* reasoning (if it can be so called) has been successful, and the inhabitants are doomed by their authorities to go on amidst filth and short or bad water-supply, in some places both, until, as in Croydon, the "darkness shall be felt."

I know that it has been said, that statistics can be made to prove anything. When truthful, they are, however, too useful to be dispensed with; and I shall append a few, which I trust will be interesting; but as this address must necessarily be short, I shall merely embody the results, as far as may be required to illustrate my case.

In the year 1831, I came to Croydon, at the recommendation of my friends, to commence practice; and, curiously enough, the chief inducement held out was its extreme healthiness. As is usual with young members of our profession, I was not overworked by patients within the first two years, and I had time to dispel the charming illusion ere long. Coming, as I did, from a large and well regulated manufacturing town in Lancashire, a painful contrast was exhibited. No drainage, even from the surface; little water, and that for the most part bad in quality; paving only in the High Street; gas (16s. per 1000 feet) in the hands of a private individual (the works and a fellmonger's yard in the heart of the town); and highways anything but good.

I do not deem it necessary to give any history of Croydon or its peculiarities here. In addition to several standard works, ancient and modern, which refer to it, short papers have been written within a few years, by Mr. C. W. Johnson, Mr. J. W. Flower, and Dr. Carpenter. Some extracts from these will be given in an appendix.

Prior to 1848, the town was supposed to be cared for by a Board of Commissioners, under a local Act (10th George IV, cap. 73, 1829); but for several years little else seems to have been done by this Board than to provide the judges of assize with lodgings (once in two years) and to light the town district. It was not an uncommon circumstance for a majority of this Board to refuse a vote of twopence or threepence in the pound, brought forward repeatedly by a small minority, for the purpose of commencing some system of drainage; and it was a matter of congratulation, when the Board broke up at the termination of their year of office, that no such money had been spent; but not without a warning of the result of their imbecility. Up to this time, no sewer nor close drain existed in Croydon. All the refuse of the closets and privies was drained by porous earthen pipes into cesspools, and eventually found its way by open ditches into two large ponds, heads of the River Wandle; and I well remember seeing some fine trout endeavouring to hold their own, when well nigh surrounded by the town sewage, at the back and within a few yards of the houses in the High Street. These cesspools were in the yards of the houses; or, in some cases, there was one large cesspool to a number of houses, and generally so close to the well (where one existed) that, on the occurrence of a heavy rainfall, the water became more or less tainted.

In the lower parts of the town especially, where the wells were only from three to six feet deep, it was an

impossibility to keep the water pure; and at the periodical flowings of the Bourne Water, the earth became fully saturated.

Is it surprising, then, that, with all these exciting causes, there should be frequent prevalence of fever and other zymotic diseases? and that some of the more thoughtful inhabitants should begin to make inquiries?

The first movement was made by a few private individuals, in the year 1846, in opposition to a gas company, who proposed to perpetuate the nuisance of works in the town. About this time, also, a report was obtained as to the water-supply; and it was found, as I fear it would be in many places now, that one-half the houses had no wells or other source of supply. In many of these which had, the quality was bad.

The threatened attack of cholera soon after this (1848-49) began to call the attention of the authorities to the state of the town; and the country is deeply indebted to the Health of Towns Association, for keeping up a proper excitement on the subject; but until the passing of the Nuisance Removal Act (1846), there was no controlling power to remedy existing evils. In too many instances, these were not only tolerated, but fondly cherished; and the slightest interference was met by the old story of vested rights, or the cry of imperilling the liberty of the subject, with other like prejudices. So much was accomplished as could be with the limited powers, and the cholera came pretty severely in 1849. In the meantime, steps were taken to apply the Public Health Act to the town, under the General Board of Health; and, after a public inquiry, the Inspector, Mr. Ranger, made his report in April 1849, the Order in Council was obtained July 1849, and the first election of a Local Board occurred in August 1849. The works commenced in the autumn of 1850; and by the end of 1853, they may be said to have approached completion.

The works comprised an entirely new water-supply from a deep well; the water being pumped up into a large covered reservoir, holding 900,000 gallons, at some distance, and at a height of 142 feet, to ensure constant service, and to reach the highest houses; and a thorough system of sewerage by glazed earthenware pipes, both for sewers and house-service, by back drainage.

The completion of each of these undertakings involved the Board in great difficulties. In the first place, our right to raise the water, or at any rate such a quantity as would sensibly decrease the underground flow to the River Wandle, was disputed; for it was never intended to interfere with the stream, but merely to supply the mass of houses from one well, by suitable machinery, instead of each house having its own well. The well used by the Board was one which had been more or less public ever since the town had existed. An association of millers from all parts of the kingdom determined to dispute, or question, our power (by law) to effect the object desired. After two years of litigation, and at a cost of £5000 to the parish, and much more to the millers, it was finally decided in the House of Lords on July 29th, 1859: 1. "That the underground water in the land belongs to the owner of the ground"; and 2. "That he may drain that water out of his land, in any direction that he finds the best for his or its enjoyment or cultivation."

As to the water-supply for towns, I believe that, had the sanitary movement in Croydon done no more than establish, as it has done, the absolute right to underground water, it would have achieved a benefit for the community at large, not too dearly bought, costly as it was to all parties concerned. The water-supply of Croydon leaves nothing to be desired on that head. There is a constant supply of the purest quality; and if anything be lost in its comparative hardness, it is fully compensated for by its freshness. I may safely say that it cannot be excelled. The supply was calculated at eleven gallons a head daily; it now ranges from forty-six to fifty-six gallons. The charge for this wonderful accommodation is exceedingly small—to the cottager one penny per week, and to the larger householders about one-fourth the rate of the water companies. It is proposed, on the erection of a new engine, to raise the charge slightly, on houses rented above £12 *per annum*. The surplus would yield a large sum in reduction of other rates.

Our difficulties with the sewerage and drainage were even more serious, involving, as they did for a time, an increased mortality from zymotic diseases; and Croydon became the battle-field of the pipe-gauges, and of controversialists on the value of solid and liquid manure. In addition to our local obstacles, which were not a few, we met opposition and objection from every quarter.

Before one step could be taken, a mill, which had been erected within forty years, within three hundred yards of the church, whereby the water-line of the town was raised seven feet and a half, had to be purchased and removed, and a large culvert formed, to conduct the Bourne and Stour waters through the lower parts of the town. As no power existed at this time to take the sewage matter beyond the limits of the parish, good as the outfall may be, the intervening distance was too short to admit of any sufficient or effectual means of deodorisation. All attempts to send the strained water into the river, even in a state of comparative purity, were unavailing. Actions at law and repeated injunctions interfered with our progress; until an amended Act of Parliament gave us power to extend our works beyond the parish, and enabled us by irrigation to free ourselves and others from the nuisance, and to prove the question of the utilisation of sewage. Croydon had no alternative; the best possible temporary arrangement was made for filtration and deodorisation; but the opposition to passing the sewage beyond the parish was too strong until Parliamentary powers were obtained. Irrigation was intended from the first. At present, the high rental of land, being so near London, prevents a large profit, although the irrigation is effected by gravitation; but where the land is of less value, or where the pumping of the sewage to a higher level can be done at a less cost than now, as doubtless it will be ere long, the sewage will become a source of large profit, and thus still further conduce to the reduction of the rates.

But, you will say, After all your trouble and expense, you had an increase of fever and other zymotic disease. That cannot be denied; but I question if the amount in the outbreak anything like equalled what must have proved the continued ratio had matters remained as they were. I will give briefly the causes; for it is matter of history now, and can be looked upon dispassionately. Many mistakes were made, as usual in all transitions, even from a bad to a good system. First, too large a surface of ground was opened at one time, and allowed to remain open too long; that ground being a soil more or less saturated by impurities from cesspools, old dung-pits, etc.; and, by the adoption of back drainage, this evil was greatly aggravated. A large rain-fall (34 inches, the average being about 24); a high mean temperature (50.17), and the flow of the Bourne (a periodical stream before alluded to), added to the mischief by filling the trenches, causing percolations into the wells, and the exhalation of much noxious vapour.

In addition to these causes, no provision having en made for ventilating the sewers, many of the sets and sinks in the upper part of the town be- me stink-traps for the escape of the tainted air to the houses. There was quite enough to bring it from the seed now by neglect of all and every ecaution for so many years before.

It must be borne in mind, also, that fever was pre- lent in many of the towns of nearly every county England, in that year, 1852. We must not sup- se, that such mischief can occur again, or in other aces, however bad they may be, with this experi- ce before them, and only moderate precaution.

The population of Croydon increased from 5743 in 01, to 30,240 in 1861, and is now computed at about ,000; that of the town proper about 18,000—the tio per house being, in 1851, $6\frac{1}{3}$; in 1861, $5\frac{7}{8}$; and w about $5\frac{3}{4}$. The more favourable condition in the tio per house arises chiefly from the large number first class cottages recently erected; also, from the re bestowed by the police in their regulations for dging-houses, and the stringent bye-laws of the ocal Board. The increase of population is despite the removal of three large establishments, the ondon District Schools, the Addiscombe College, id the Barracks—in all embracing from 1500 to 2000 rsons.

Having been a member of the Local Board of ealth for nearly ten years from its first election, I ay be supposed to have had some experience; and would now, in a few words, offer such advice as at experience will warrant. First, medical men ould take the initiative in all sanitary movements. e have proved in Croydon, that much may be done educating the poor and lower classes, to the value cleanliness, health, and comfort. Next to the ergy—indeed, often before them—none have so od opportunities as members of our profession. I y it in all thankfulness, that in Croydon, with rare ceptions, they were foremost in action; and, in ad- tion to other means, many hundred pamphlets were stributed amongst the cottagers, and read by them, iefly published by the Health of Towns Association. ext, I would say, Be not content with half mea- ures. To meddle, bit by bit, is to ensure mischief. could readily illustrate this by reference; but it is edless. Obtain full powers at once, and, with the amples of other towns before you, the best systems ll be adopted. There need be no battle of pipe- uges; no question of water-supply, excepting as the best sources. Care should be taken to remove l existing nuisances, such as gas-works, slaughter- uses, and public works of all kinds, from the town. ll open ponds into which refuse of any kind can be rown, should be cleansed and filled up; a thorough stem of scavenging should be adopted, with a use-to-house collection of dust and other refuse. ll footpaths, alleys, and courtyards, should be paved asphalted. On this latter point, I fear much of e good obtained by the wider roads, and the larger ea allowed to cottage property, is lost, by admit- g accumulations of manure, decaying vegetable tter, etc., in the yards and gardens. There is one int upon which I feel that particular stress should laid; although perhaps it belongs rather to the gineer—that is, the avoidance (if possible) of back inage. It is a constant source of annoyance and comfort, if not of disease. When a stoppage curs, it is not easily found out, without disturbing ny yards and gardens (in some instances from a to twenty; the soil from which has to be exposed some time. The house-drains cannot well be too all, nor the sewers too large: the latter, to allow frequent inspection; the former, to prevent the roduction of foreign matters, and to admit of thorough flushing. As a measure of economy in the water-service, every house should be furnished with a cistern for the closets and cleansing purposes, in addition to its taps for drinking and cooking.

I am not one of those who believe all zymotic diseases to be preventable; so long as poverty, ignorance, and vice prevail, so there will be their concomitants of disease. We may do much, and ought to act with hope, to obtain the highest possible results for our (poor at the best) endeavours; but in this life we may not even dream of perfection.

The late Mr. Grainger, so lately lost to us, and whose memory deserves a hearty tribute from our profession, in a Report made to the General Board of Health in 1853, says: "On referring to the statistics of Surrey for 1841, it appears that, on comparing the several registration districts in the county, as to epidemic disease and mortality generally, that of Croydon holds an unfavourable position at each stage of life." He also shows, the death-rate from Fever to have been, from

1840 to 1845 ..... 4.6 per cent.
1845 to 1850 ..... 7.6 „

And from all Zymotic Diseases,

1840 to 1845 .....19.0 „
1845 to 1850 .....26.1 „

I find in the three years 1848-49-50, the following death-rate:

Fever.	All Zymotic Diseases.
7.95 per cent.....	27 per cent.

Thus the danger was still increasing.

In the years 1851-52-53, when the works were in operation and the fever was epidemic, the mortality showed a very inconsiderable increase; being

Fever.	All Zymotic Diseases.
8.3 per cent.....	25.6 per cent.

After the completion of the works, the death-rate in 1854-55-56 was

Fever.	All Zymotic Diseases.
4.7 per cent.....	22 per cent.

Taking the two periods of ten years, 1845-54 and 1855-64, the death-rate was

Fever.	All Zymotic Diseases.
1845-54—7.5 per cent.....	27.3 per cent.
1855-64—3.1 per cent.....	17.2 per cent.

The deaths from cholera were in 1849 10.3 per cent., in 1854 7.8, on the gross mortality.

These figures speak for themselves. The details I will place before you; but they are too voluminous for this paper.

The birth-rate in the ten years was

1845 to 1854..... 2.912 per cent.
1855 to 1864..... 3.141 „

The proportion of deaths to the population was, in the years 1845-54, 1 in 48; 1855 to 1864, 1 in 54.

The average duration of life was, in the years 1845-54, 30 years 1 month; 1855-64, 33 years.

The deaths under 20 years of age were, in the years 1845-54, 51 per cent.; 1855-64, 41.4 per cent.

The infant mortality has varied but little; being, under one year, about 1 in 7.

The foregoing figures show clearly the advantages derived from the sanitary works at Croydon.

In addition to the present benefits, of a constant and full supply of pure water—forty-six gallons per head to about 27,000 inhabitants (the outer portions of the parish being supplied by the Lambeth works, or by wells)—every house is connected with the sewers by glazed earthen socket-pipes, the larger sewers being of brickwork in cement, discharging at five different outfalls, intended eventually to converge by one main drain on to the irrigation farm at Beddington, of about 300 acres, one mile distant from

Croydon; the farm yielding a profit rental to the town of £1 per acre. Every house, or series of houses, is ventilated by the rain-water stock-pipes, or by upright pipes placed outside the houses. All the drains and sewers are flushed at frequent intervals, and a thorough system of scavenging is carried out. The old slaughter-houses are carefully watched; and others have been erected by the Board, outside the town.

The result is a large decrease of sickness, especially amongst the poorer classes; a very large increase of population; the birth-rate increased from 2.91 to 3.14 per cent.; and the deaths decreased from 2.366 to 1.845 in the thousand—showing a saving of above two hundred lives per annum. Excepting in extreme infancy, the average deaths at all ages have materially decreased; and, even when the infant deaths are taken at the old rate, all those under twenty years of age have decreased by nearly 10 per cent. Taking the deaths from fever and all zymotic diseases alone, the decrease is respectively from 6.1 per cent. to 3.1 per cent., and from 22.5 per cent. to 17.2 per cent.—taking from the year 1845, and including the two unhealthy seasons of the years 1863-4.

These, then, are some of the results of the application of the Local Government Act (patent to all) to Croydon, a town in many respects not most advantageously situated, by reason of its proximity to London, of which, in fact, it is a suburb; and by its being the chief town of a large agricultural district, the majority of the lower classes, male and female, obtaining their livelihood by out-of-door work, and thus, perhaps, greatly accounting for the large infant mortality; also by the daily passing through of a large number of tramps; and, again, as containing the union-house for nine parishes and two hamlets (for which no deduction has been made in the calculations). That there are results far higher than these, of a religious and moral character, we may be assured; and the Croydon ratepayers may well be satisfied that they have not exercised a large amount of self-denial and perseverance in vain, but that they have added somewhat to the improvement of their fellow-men, and thus, humbly though it be, joined in the tribute of glory and praise to Him who gave us so great an example of beneficence, and have endeavoured to fulfil their highest duty on earth.

Dr. Westall said he held in his hand another paper, which had been written by Mr. J. W. Flower; and he would leave it to the opinion of the meeting, whether he should read it now, or whether they would be content to see it in print in the JOURNAL. It being the unanimous wish of the meeting that the paper should be read at once, Dr. Westall proceeded to read the following

NOTES ON THE GEOLOGY OF CROYDON.

BY J. W. FLOWER, ESQ.

Croydon is situate on the margin or circumference of the great basin of London clay on which the metropolis (from which this formation takes its name) is built. The town is placed on a platform or delta of ferruginous gravel, at the mouth of a valley, or rather at the confluence of two valleys or passes, through the range of chalk hills known as the North Downs. One of these valleys extends as far as Godstone, and the other (more to the west) as far as Merstham. It is probably from these valleys, or at least from that leading from Godstone, that Croydon takes its name. In the oldest record extant in which it is mentioned (*circa* 962) it is termed Crog-dæne—the crooked or winding valley.

In some places, the gravel is found to rest directly upon the chalk, as at Dreppas Hill and the Waldrons. More to the north, it rests upon the London clay; while near the bridge in Coombe Lane, and in some few places south-west of the town, it is seen lying on the plastic clay-fields which overlie the chalk, and are geologically beneath the London clay. In these cases, however, it is not found upon the summit of the hills, but out upon the western slope or shoulder, apparently indicating the height of the current of drift which once swept into the valley, and the presence of which probably indicates the last great geological change to which the district was subjected.

It is evident that, before the gravel or drift was deposited in its present position, vast changes had occurred in the subjacent beds. The chalk, which is found at the *surface* near the bridge in Coombe Lane, is seen to dip rapidly towards the north, at an inclination of about one in six; and at Ashby's steam-mills, about half a mile distant, is found to underlie the London clay and plastic clay beds, at a depth of 120 feet; while in London, which is ten miles distant, it is only reached at the depth of about 400 feet. The chasm thus formed is filled up by the beds of the plastic clay and London clay series; but the London clay is found very sparingly, if at all, south of the Brighton railway-station. In that direction, the plastic clay beds, which in order of superposition should underlie the London clay, are seen rising on the east to the height of fifty or sixty feet; while to the south and south-west we find the bare Chalk Downs—the spur of the North Down range.

But, as all these beds must have been originally horizontal, it follows that, after the London clay was deposited, some enormous depressions must have taken place in the centre of what is now the London clay basin, or some elevation of the margin or circumference; and that thus, while the body of the London clay south of the Brighton railway-station, and at some places (as at Purley and Haling, and in Coombe Lane) the subjacent beds of plastic clay also, must have been carried away; and occasionally, as in Coombe Lane and at Ballards, channels were cut in the chalk itself.

Abundant evidence of the ruin and degradation of the plastic clay beds and of the chalk may be found in the gravel beds of which mention has been made. In these we find vast quantities of angular chalk-flints, little rolled or worn, mixed with large quantities of those well-rounded flint-pebbles which are every where characteristic of the plastic clay beds, and are termed by Mr. Prestwich the basement-bed of the London clay.

The valley of gravel upon which the town stands is one of the affluents of the great valley of gravel which fills up the valley of the Thames, and extends in nearly uninterrupted series to the banks of that river, where it passes through London, a distance of about twelve miles. Its presence is doubtless due to the same causes to which the present physical geography of the district is ascribed, and which may be shortly described as follows.

It has long been considered by those who have studied the subject, that the Weald of Kent, and Surrey, and Sussex, by which I mean the district lying between the North Downs and the South Downs, is a valley of elevation.

Before this valley was formed by the Wealden beds, the greensand and the gault and the chalk may have reposed, and probably did repose, upon each other, in undisturbed and unbroken succession; and possibly they may have been overlaid by the plastic and London clays, although it is doubtful if they extended thus far south. However this may have been, at some very remote period an elevation occurred of

ll this district, by which the Wealden rocks and the verlying greensand and chalk beds were upheaved.

This elevation was doubtless the result of volcanic gencies, in operation, probably, for countless ages, 1 the depths of seas which have long since disapeared; and, as it took place under water, the cenal mass—that in the course of the anticlinal line—as gradually swept or melted away. And so that rge valley was left, which we now call the Valley f the Weald; while the sides or margins of this alley, less exposed, probably, to the destroying inuence which acted upon the surface, were left, like ne rafters of a house from which the topmost ridge as been cut or broken off—that on the north side of ne chasm dipping to the north, and that on the outh to the south.

It is probable that a line drawn from near Alton 1 Hants, passing by Cowborough, to Romney Marsh, ould indicate pretty accurately the anticlinal or entral line of this great Wealden elevation. Although so far distant, and occurring so many ages ince, this great change has left lasting and inffaceable traces of its influence in the present conition of the town, as well as many others in the ounty—preparing it, as it were, for the advent of he wealthy and prosperous population who were to ome in times which then were immeasureably disant.

By means of the slow and long continued elevation f the Wealden district, the whole surface was graually elevated on the north, and depressed on the outhern extremity of the town; and, from the rush f waters from the slopes of the anticlinal line, the ertiary beds lying above the chalk were swept away ither wholly or in part; and the greater portion of hat was left was covered with a thick coating of int-gravel, the ruins of the chalk and plastic clay eds. Nor was this the only result of the Wealden levation. When the central mass was upheaved, ertain lateral or transverse valleys, at right angles ith the anticlinal or line of elevation, were formed t various distances, and thus served for channels for he waters from the higher lands. We find one of hese at Dorking, through which the river Mole finds s way; another, at Guildford, forms a channel for he Wey; near Shoreham is a channel for the Derant, nd near Rochester for the Medway.

Owing to the more permeable character of the soil bove Croydon, no river is found to run into it; but, it can boast of no clear sparkling stream running *rough* the town, it has an underground river of qual value. The water from the Godstone and Ierstham valleys finds its way through the gravel nd sand, and supplies the source of the stream hich runs *from* the town and falls into the Thames t Wandsworth.

It is doubtless owing to the geological conditions hich I have thus attempted to describe, that Croyon enjoys so many sanitary advantages as regards arth, air, and water.

As we have seen, the town does not stand entirely ither on chalk or the London clay, or the plastic clay nd sands, but partly upon each of these beds; and hus derives no small advantages from each.

The prevailing winds, which are from the southrest, sweep across a wide extent of chalk downs, and ring with them a full supply of bracing and pure ir. The soil is usually so porous that it is altoether free from unwholesome damps; while the reat admixture and variety of earth is found to be avourable to the growth of both grass and corn of all inds; and, lastly, watershed from the chalk hills outh of the town finds its way through the valleys efore mentioned into the beds of gravel and sand on hich the town is placed; and, being then interrupted by the thick impermeable beds of London clay which underlie the gravel, afford a copious supply of excellent water.

We cannot doubt that the clear springs from which the Wandle here takes its origin attracted the first Anglo-Saxon settlers to the crooked or winding valley. Tacitus, in describing the manners and customs of the German races of his time, tells us that they did not live in streets and towns, as the Romans did; but that every one dwelt apart by himself, just where the wood, or the plain, or the fresh spring pleased him.

MIDLAND BRANCH.

PRESIDENT'S ADDRESS.

By John Barclay, M.D., Leicester.

[*Read June 28th*, 1865.]

Gentlemen,—I feel deeply the honour you have conferred upon me in seating me in the chair of the President of the Midland Branch of the Association. Still more deeply do I feel my inability to preside, in one sense, over the deliberations of my friends, in many cases my seniors.

My idea of the nature of the address which it is the custom of the President-elect to deliver on taking the chair is very different from that of some Presidents to whom I have listened, and of others whose addresses I have read. Sometimes the chief objects of interest in the neighbourhood are catalogued; sometimes private cases are classified and reported; sometimes nearly the whole principles and practice of medicine are lectured upon. Now I consider it is not my duty, at any rate, to attempt to teach, when I might with better grace sit at the feet of some my seniors; nor is it my duty to lay down the law to those who probably know it a great deal better than I do myself; but rather to suggest subjects of thought and conversation, to elicit an expression of feeling on certain points of general medical interest, and to seek to draw into closer union of friendship and mutual esteem the members of an Association which has done so much to keep up the social and scientific status of all grades of the medical profession.

But it is my duty to welcome all strangers here present to Leicester—a town rapidly increasing in importance and population, thriving in its trades, and whose highest eulogy is this, that in it the medical profession is an united, a friendly, and sociable body of men. I say nothing of scientific attainments; but that we live together in unity, free from rivalry, from cabals, and from personal or professional hostilities.

There is only one point strictly medical on which I shall touch—strictly medical, as bearing on the treatment of disease. It is a subject I have not seen commented upon of late: the tendency—and I do not know that I shall command the sympathy of my hearers in calling it the vicious tendency—there exists at the present day to excessive refinement in the classification of disease. The chief offenders in this respect are our metropolitan brethren, who, from the limited experience derived from the treatment of disease as it occurs in London, are too much inclined to ignore every other type of disease than that which comes under their own observation. It would occupy too much time to refer to many instances, but I would specially mention fevers. The country constitution differs from the metropolitan. Our house-surgeons at the infirmary, derived generally from some London hospital, have invariably to undergo a course of unlearning before they are cured of their habit of ordering "pints of porter" and other stimulants for country people unaccustomed to their use. And in like manner as our constitutions differ,

do our diseases, I believe, differ; and there is no such distinction here between typhus and typhoid fever as is observed in London. We see cases in the same family with spots and without, with typhus rash and abdominal symptoms; and the converse. We see enteric fever and spots in two or three cases in a family; while at the same time, and under the same roof, there are others with the mulberry rash, the petechiæ, and the abdomen perfectly free. It is this same tendency which has given rise to so much mystification with regard to the Prussian epidemics. I have seen fevers in Edinburgh, in London, in Berlin, in Vienna, in Paris; I had to treat large numbers of the camp fever brought down in the *Melbourne* transport, and spreading in the hospital at Smyrna; and I have seen the various epidemics of fever in this town for the last twenty-two years; and my belief is, that there is but one poison—but one fever—differing, indeed, in type—differing according to the general class of constitutions attacked, but one in its mysterious origin. Our forefathers, in their old classification of nervous fever, bilious fever, brain fever, etc., were perhaps wiser in their generation than we may be inclined to think. If the occurrence of three cases within a short time of fever accompanied by abscess—curious, abnormal, purposeless abscess—justify the remark, I would say that this constitutes the peculiarity of what fever is prevalent here at present. These abscesses may be analogous to the buboes of the plague; and, indeed, I think it is generally admitted that the plague, as well as the yellow fever, are only common fever as modified by climate and sanitary conditions.

I am happy in feeling that my views of fever are shared by a very high authority in such matters—Dr. Henry Kennedy of Dublin. Speaking of Dr. Jenner's elaborate monograph *On the Identity or Non-identity of Typhoid and Typhus Fevers*, he says Dr. Jenner "has avowedly omitted all notice of the labours of others in the same field, and has come to the conclusion that the two fevers are essentially different, and the result of different poisons. Now, in a wide-spread disease like fever, I can scarcely conceive a mode more likely to lead to a wrong conclusion. Had the author put forward his views as representing the two types of fever as they came under his notice in London, I could have understood him; and a very valuable contribution it would have been. But to seek to establish that they are essentially two diseases, both as to causes and symptoms, is going further than any present experience would justify. . . . The London physicians seem to have ignored anything but what has occurred in their own city."

I may mention that, when I have shown cases in our fever-house to London medical men, they have several times admitted that they were "exceptional" cases—cases that could not be classified as either typhus or typhoid. Now, in this instance, the exceptions do not prove the rule, but they annihilate it; they prove that it is no rule, no law, but merely an inference, and a wrong inference, drawn from too limited a sphere of experience.

Puerperal fever is another disease on which our classifiers are at present exercising their ingenuity. Puerperal fever, puerperal metritis, and puerperal peritonitis, I believe to be almost synonymous terms; for in some dissections (which only the physician can perform with safety to the public) I have found the most acute and gangrenous inflammation of the uterus when the local symptoms of pain or distension were completely merged in the violence of the so-called fevers. We have a poison, some septic matter—it hardly signifies what—conveyed either by contagion or infection, seizing upon the surface of the recently emptied womb, and producing a variety of symptoms which depend only on accidental circumstances, and in no way justify the attempted fine distinctions and definitions of different diseases by authors whose efforts may be laudable, but whose observations and "laws" are but crude and hasty.

To pass from these to more general subjects, I may be allowed to remark that medical legislation seems still in a very unsatisfactory state. The vast sums expended on the General Medical Council produce results wholly inadequate in their importance to the amounts taken from the profession. It seems to me a question still *sub judice*, whether any legislation will or can ever suppress quackery. The supply is regulated by the demand; and the unanimous resolution of the British Medical Association to utterly refuse any professional intercourse with those practising fashionable forms of spurious medicine, or even with those who, while professing to repudiate the error, would from motives—they may be honest, they may be not—of pseudo-philanthropy, countenance the practice of, let us say, homœopathy, and acknowledge the position of its professors by making diagnoses and periodical reports, or by performing surgical operations,—this resolution, I say, has done more to discountenance quackery than all the medical legislation.

The *British Pharmacopœia* has proved a most utter failure, so far as I can observe. The change of weights; the change of strength in different preparations, and consequently of doses; the change of nomenclature,—have all contributed to this result. Still, let us acknowledge that there are many preparations and formulæ of much value in the new *Pharmacopœia*, which may, I hope, be satisfactorily revised and re-issued

The public mind has been stirred by recent disclosures regarding the administration of medical relief to the poor; and while individual officers must suffer, and suffer justly, for neglect of duties they have deliberately undertaken, the result of this ventilation of the subject will probably be to benefit the profession at large; for the incredibly low rate of payment needs in many instances only to be exposed in order to be re-adjusted. Let us hope, however, that no one among ourselves will undertake duties that he cannot perform to the satisfaction of his own conscience.

The position of the army and navy medical officers continues in a most unsettled state. The niggardly hand with which promotion and honours are doled out to the army and navy surgeons, shows how little their services are appreciated; though in the field or in the still more fatal hospital work, the necessity of the ready hand and firm head of the educated doctor is universally acknowledged by the soldier, the officer, and by the public. The vicious system so long practised is now reacting—as perhaps it was intended to do—and it can little be wondered at that many, I fear it must be acknowledged, are, at any rate at first, unfit to preside even at the mess-table. But most surely is the fault to be laid at the door, not of the offenders, but of those who have called them into existence.

The subject of our JOURNAL is still made a matter of agitation in the Association. I think we must all do the present editor the justice to say that he conducts it most creditably. I do not believe we could be banded together as we are without a weekly journal. Many of our members see no other; and I would especially commend to any complainers the self-condemnatory reflection, that they have probably communicated nothing to its pages from their stores of accumulated observations. It seems to me, we have only to help ourselves in order to make the JOURNAL all that could be desired.

n conclusion, I have to remind the members pre- .t that we are only a Branch, and that the Parent sociation meets this year in our own district ıost, at Leamington, under the presidency of our st hospitable and accomplished friend Dr. Jeaffre- ı, on the first four days of August. This I think, I I trust, is an opportunity that none of us should glect of strengthening the bonds of friendship, of ıewing old and half-forgotten acquaintanceships, of ıring with others the results of our experience, of haps learning something ourselves; above all, of owing an united front to the public, of testifying ıt medicine is a science and not a trade, of con- nning all forms of illegitimate practice, of obliter- ng all feelings of petty jealousy, of discoun- ıancing all self-seeking and rivalry, of doing all nour to him who makes his profession his study as ll as his business, and of testifying that there is a asure, that there is a reward in the victorious ppling with disease, with deformity, or with ıth. It is he alone who cherishes such high feel- gs of his calling, who can make it high; he alone ıo knows the God-like power entrusted to him, who ı reap its reward; he alone who considers the feel- gs, the susceptibilities, nay, it may be the pre- lices, of his brother practitioners, who can expect own shortcomings to be overlooked, or his own lgment to be respected, cr his own talents to be preciated, either by the public or by the pro- sion.

Gentlemen, I will not detain you longer. We have ist of papers to be read, some of which are on sub- ts of great interest; and we cannot feel too deeply obligation to those gentlemen who have come m such distant places to confer on us the honour l privilege of being their audience. We fixed the ıner hour early, to suit the convenience of those o wish to go off by train, and I am far from think- ; the dinner the least important part of our usual ogrammes. Should there be time for doing so, I nk the members from a distance would probably much interested in a short visit to the new wards our Infirmary; perhaps the finest in this or any er country. The so-called exigencies of the style, no style, of architecture prevented our having the t form of ventilation — cross-ventilation for the ines; but, on the whole, it is a very noble lding.

gain, let me thank you for the honour you have ferred upon me in electing me as president; I y regret that every member of the profession is a member of the Association. It might be their rilege; I am sure it is their duty to be so.

HULL BRANCH.

E OF FLUCTUATING TUMOUR OF THE HIP CAUSED BY PARASITIC ANIMALS.

By William Hendry, M.R.C.S., Hull.

[*Read June* 13, 1865.]

ss A., aged 21, states that, from 10 years of age, has noticed the left hip and thigh to be weak l occasionally painful. These symptoms increased atly during the last winter. Her attention was ticularly attracted of late by a swelling of the cted hip, which has rapidly increased. The move- nts have been impeded and painful, causing awk- dness of gait, and preventing her walking any at distance. The swelling increased, especially ing the latter part of May and beginning of June, oming much extended and diffuse.

On June 8th, the case was seen by Dr. King and self; and it was remarked that, in addition to the fluid character of the swelling, the feeling of fluctuation was accompanied by a peculiar crepitus resembling that perceived in bursal enlargements. There was also more pain about it, though the skin was not at all inflamed, than is common in ordinary superficial chronic abscesses.

The tumour was punctured with a medium sized trocar, and a pint and a half of semi-opaque yellowish fluid was discharged—the cyst even then not being completely emptied. A good deal of pain was complained of, upon the handling which was necessary during the examination of the fluid.

Microscopic examination of the liquid which was drawn off, afforded evidence of the existence of innumerable hooklets of echinococci. Every drop, under the four-tenths or quarter of an inch object-glass, gave indisputable evidence of these bodies, proving abundantly the presence of these parasitical formations.

The parasite itself has not hitherto been obtained entire; but various portions have been viewed in a greater or less degree of decomposition.

Along with the *débris* of echinococci were observed minute cubic crystals or chloride of sodium and of cholesterine. All such appearances accord well with the general description of these existences.

The case is interesting, as showing the voluntary muscles to be liable to the incursion of these parasites, as well as the brain, liver, and other organs; and is an admirable example of the utility of the microscope in the practice of our art, as, but for it, the peculiar character of the secretion drawn off would not have been understood or recognised.

There are many interesting questions as to diet which such a case as this opens out. Into this I will not proceed at present. I will merely mention that I have returned, during the past year, diseased meat to two or three butchers, who have been glad to take it back, although cooked.

Progress of Medical Science.

SURGERY.

Wound of the Brachio-cephalic Vein: Recovery. M. Maisonneuve gives a case of recovery from wound of the brachio-cephalic vein. The case is that of the Count of B., who was lately, as the papers recorded, stabbed several times at the Russian Embassy in Paris. M. Maisonneuve was in attendance almost immediately after the blow was struck. He found the Count exsanguine; his clothes bathed, and his boots even filled, with blood. The pulse and respiration were scarcely perceptible. The chief wound was a *centimètre* and a half long, immediately above the sternum, and a little to the right of the median line, passing apparently from before backwards and from above downwards. Immediately the patient recovered from his fainting condition, the blood again rushed out in a wave of enormous size. The blood was perfectly black; and as it contained neither arterial blood nor bubbles of air, it was evident that neither the carotid artery nor the trachea were injured. M. Maisonneuve closed the wound with the twisted suture; taking up in it a large extent and depth of tissue, but carefully avoiding the walls of the vein. By this means, he obtained a great and steady compression of the vein, which completely stopped the hæmorrhage. The patient was then carefully taken to his own house. His body, which was covered with blood, was then washed, and the other slight wounds dressed. On the following day, the

wound was closed. On the fourth day, the needles were removed, and the wound seemed healed at the bottom. On the sixth day, the patient had a shivering fit, intense headache, agitation, and heat. By M. Trousseau's advice, a *gramme* of sulphate of quinine was given; and the next day as the symptoms returned, a similar dose. A better diet was also supplied. From this time, the patient went on well; and on May 12th—eighteen days after the injury—he had completely recovered. (*L'Union Méd.*) How do those who believe in the change of type of disease idea reconcile cases of this kind with their assertion, that people cannot bear loss of blood now-a-days?

Case of Hydrocele of the Canal of Nuck. At a meeting of the Surgical Society of Ireland, Dr. Albert Walsh related the following case. Mary McD., an emaciated woman, who stated her age to be 46, was admitted into the Adelaide Hospital on January 18th last. She was then suffering under scirrhus of the right breast of eighteen months' standing, and was in almost the last stage of cancerous cachexia. The right arm was markedly œdematous, and shortly after her admission, the right leg became œdematous also. On exposing her groin, Dr. Walsh observed a tumour occupying the position of the external abdominal ring. The patient stated that she had never noticed it until the week before. It was oval in shape, about the size of a small egg, and communicated a distinct sense of fluctuation. It was not influenced in any way by pressure or manipulation. It received no impulse upon coughing or straining, and was perfectly translucent when viewed by transmitted light. Under these circumstances Dr. Walsh believed that it was probably a hydrocele of the round ligament, and on February 4th tapped it with a fine trocar. He drew off about two ounces of a clear albuminous fluid resembling that contained in a hydrocele of the tunica vaginalis, when the tumour collapsed and entirely disappeared. The external puncture was then sealed up with collodion. The next day the patient complained of some pain in the part, the sac commenced to refill, and had almost regained its former size when she died, on February 11th. Dr. Walsh made a *post mortem* examination forty-eight hours after death, when the œdema of the right extremities was fully accounted for, by the enlarged interthoracic and iliac glands. On raising a triangular flap of skin and dissecting down upon the tumour, he found it to be of a light-blue colour, completely filling up the external abdominal ring and extending along the inguinal canal, both pillars of the ring being clearly defined and distinctly separable from it by a probe. Below, the sac ended in a bulging extremity fully a quarter of an inch short of the termination of the posterior wall of the canal, and was attached throughout to the round ligament, which could be traced by itself some distance further down. On slitting up the ring, the sac was seen to extend nearly half-way up the canal, and its entire dependence on the round ligament became apparent, traction on the ligament from within producing corresponding movement in the sac. The specimen, in fact, answered in every respect to the description given by Regnoli (*Arch. Gén. de Méd.*, second series, vol. v, p. 114) of his third variety of hydrocele in women—namely, "hydrocele of the canal of Nuck without communication with the peritoneum." This form of hydrocele is extremely rare. Not only do Druitt, Erichsen, and Cooper completely ignore the subject, but even Chelius and Rokitanksy overlook it, while Paget merely informs his readers in a foot-note of two lines that there *is* such a thing as hydrocele of the round ligament. It is to Regnoli that we owe almost all our information in the matter. He arranges hydrocele in the female under five heads: first, œdema of the round ligament; second, hydrocele of the canal of Nuck communicating with the peritoneum; third, hydrocele of the canal of Nuck without communication with the peritoneum; fourth, encysted hydrocele; and fifth, accumulation of serum in the sac of an old hernia, the neck of which has become obliterated. (*Dublin Medical Press*, May 3rd, 1865.)

Strangulation of the Testis in the Inguinal Canal. M. Velpeau had lately under his care a large well made man aged 37, who was admitted into hospital with symptoms resembling those of strangulated hernia. He had had, during two hours, severe pain in the groin, and repeated vomiting; there was a swelling in the right inguinal canal, much resembling a hernia. No improvement was produced by the use of a bath for three quarters of an hour. The tumour was of about the size of an orange, moderately firm, dull on percussion, moveable, and very painful on pressure; it occupied the inguinal region, and the scrotum of the same side was distended with fluid. The patient was ordered to have ice applied to the part, and to take a dose of calomel and jalap. The vomiting and pain disappeared completely ten hours after their commencement. The next day, the swellings in the inguinal canal and in the scrotum still remained. But the former had become soft, flaccid, and painless; it was a little larger than a walnut, and evidently fluid; while the scrotal tumour had acquired a certain degree of hardness, and consisted in part of the testis, lying in the scrotum a little below the ring, and surrounded by a small quantity of fluid. A hydrocele of the inguinal canal had succeeded the strangulation of the testis. On inquiry, it was found that the patient had been from an early age able to withdraw the testis into the inguinal canal. (*Journal de Méd. et de Chir. Prat.*, Avril 1865.)

Wounds of the Face. Dr. Becker makes the following remarks in the *Boston Medical Journal*. Wounds of the face are chiefly to be regretted on account of the deformity and disfigurement resulting therefrom. The extreme vascularity of the tissues of the face endows them with a vitality which rectifies most injuries with a rapidity truly marvellous; and from their great distensibility the surgeon is enabled to repair loss of tissue, even when this has been very extensive. The face has been wounded in almost every part and direction, and often presents a most ghastly appearance. The upper and lower jaws, respectively, have frequently been, to a greater or less extent, destroyed, and yet speedy recovery follow. At the battle of Antietam, a soldier had both his eyes destroyed by one ball, which passed through the bridge of the nose, leaving a clean hole. He suffered but little pain, and made a rapid recovery. Hæmorrhage is undoubtedly the greatest source of danger in gunshot wounds of the face; and, from the great difficulty of commanding it, frequently places the patient in imminent danger. Those who have received a severe face wound, seldom leave the field without sustaining a considerable loss of blood; and secondary hæmorrhage is common when the bones have been fractured. The irregularity and extreme vascularity of the parts render the application of ligatures to the bleeding points difficult; and to be effectual, compresses must be applied with much nicety. In secondary hæmorrhage of the deep branches of the face, ligature of the main artery will generally be necessary. The branches of the facial nerve are sometimes so much injured in face wounds, either by the ball itself or by spiculæ of bone, that temporary or even permanent paralysis may ensue. The greatest

:re should always be taken to remove the secretions hich result from injury of the bones of the face. or if any amount of it should be swallowed, and ius enter the stomach, much constitutional disturbnce will follow, and a fever of a low typhoid and ery fatal type will be induced. Fractures of the ones of the face form an exception to the general ile, of removing fragments which are nearly deached. The large supply of blood in this region freuently enables pieces of bone—whose direction is ot opposed to a proper union—to resume their full onnection, in a manner which would be impossible i other parts under the same relative circumstances. The curious manner in which balls may be concealed i the bones of the face, and be discharged of their wn accord, is shown in an instance which occurred t the Alma, and is related by Macleod. "A round all had entered close to, but below the inner canthus f the eye, and being lost, was not further thought f. The wound healed, and the patient had almost orgotten the circumstance, when after suffering lightly from dryness in the nostril, the ball fell from is nose, to his great alarm and astonishment, several nonths afterwards." This case is singular, from the bsence of the fœtid discharge which usually attends uch injuries of bones, with a retained ball. (*Philadelphia Medical and Surgical Reporter.*)

Umbilical Hernia; Sloughing of Four Inches of the Small Intestines; Complete Recovery. The following case, which occurred in the practice of Dr. Nolan of Wicklow, was read by Dr. Benson at a meeting of the Surgical Society of Ireland. James Delany, a man about 50, was admitted into Wicklow Infirmary on June 19th. He had an umbilical hernia of about a twelvemonth's standing. Eight days before admission, in struggling to hold a pig, he felt something give way at the tumour, was seized with weakness, followed by pain, and soon after had vomiting. In this state he continued for seven days, using such means as his friends suggested, till the seventh day, when the medical officer of the district was called to visit him. Seeing the state of the case, and the man being in a remote part of the district, he recommended him to be conveyed to the infirmary, to which he was brought on a car, a distance of about seven miles. Dr. Nolan saw him on the eighth day, and found a hernia at the umbilicus about the size of a largish orange, a black mass, with a line of separation forming at the base, and a blush of redness in the surrounding integuments, especially towards he left side; the pulse was weak, the countenance pale and anxious, the stomach gulping up everything. Manual interference was out of the question. He therefore determined to leave to the adhesive process the repair of the local damage, and to allay irritation and support the patient's strength, ordering a grain of opium every fourth hour till the vomiting ceased; beef-tea, and brandy-and-water in small quantities, and a linseed-meal poultice over the tumour. Next day he had slept well, and was free from pain; the vomiting had ceased after the second pill. The opium was discontinued. The beef-tea, etc., had remained on the stomach; the countenance and pulse were improved; the whole of the integuments had sloughed away, disclosing between three and four inches of small intestine completely disorganised and ready to slough, which it did in two days after, followed by a discharge of bilious curdy fluid. The treatment from this time consisted of giving as much beef-tea and brandy-and-water as he could take, and throwing up an enema daily of strained gruel and milk, which was generally retained till next day. In about a week the opening began gradually to contract; in a fortnight it had closed, the man daily improved in health and strength, the bowels acted naturally when the enemata were discontinued, and he was able to leave the hospital on July 22nd, a month and five days from his admission. (*Dub. Med. Press*, May 17th.)

Syphilitic Disease of the Bones in Infants. At a meeting of the Hospital Medical Society in Paris, M. Fournier related the cases of two children in whom he had met with syphilitic disease of the bones. The first case was that of a child three months ago, born apparently healthy. Two months after birth, an eruption appeared on the buttocks, thighs, and groins; and there was also abundant coryza. When M. Fournier saw the child, the following appearances were noticed. There was a papular syphilide, rather confluent, on the buttocks and thighs, and a similar eruption, but confluent, near the anus; several of the papules, especially near the anus, were ulcerated. There were also mucous patches on the lips and scrotum; and an abundant discharge from the nose of sanious pus, not mixed with blood. The child had also considerable swelling of the right arm, near the elbow-joint; the tissues there felt pasty, but the colour of the skin was not changed. On examination, a tumour of the size of a large almond, adherent to the bone, and immoveable, was found at the inner edge of the lowest part of the humerus. The swelling had appeared during the third month; and, as it enlarged, the child lost the power of bending the forearm, and the hand became paralysed. The patient was otherwise apparently in good condition. Iodide of potassium and other remedies were employed; the swelling diminished, but the eruption remained obstinate. Ultimately the child was sent into the country, and M. Fournier lost sight of it. In the second case, an infant aged three months, the child of syphilitic parents, presented no trace of the disease when born. In six or seven weeks, however, ulcerated papules appeared on the buttocks, arms, and scrotum, accompanied by a purulent nasal discharge and various eruptions on the skin. M. Fournier found a pustular syphilide on the face, occupying chiefly the forehead and nostrils; a purulent discharge, streaked with blood, from the nose; numerous copper-coloured traces of papules mostly recently cicatrised, on the buttocks, scrotum, and arms, and some papules which had not ulcerated; also a considerable pasty swelling, without change of colour, at the upper part of the forearm. On palpation, there was found to be an enlargement of the two bones at their upper part. The ulna appeared to have doubled its size and the radius was much enlarged. The humerus was healthy. The child was pale, and somewhat thin, but did not present the general traits of infantile syphilis, nor any carberia. Iodide of potassium was given for a month, with the effect of producing marked improvement. After this time, M. Fournier did not see the child again; but some time afterwards heard that it died after a sudden attack of vomiting and diarrhœa. (*Gazette Méd. de Lyon*, 16 Avril, 1865.)

Extirpation of the Arm and Shoulder. At a meeting of the Academy of Medicine on May 16th, M. Niepce related the case of a man aged 32, whose left arm had been seized in the machinery of a marble saw-mill. The humerus was crushed at the upper part; the joint was widely opened; and the clavicle and scapula were broken into several fragments. M. Niepce proceeded immediately, with the aid of Drs. Burdel and Borechard, to remove the entire shoulder. The patient recovered completely. The operation was performed on December 17th, 1860. (*Gazette Méd. de Paris*, 20 Mai, 1865.)

British Medical Journal.

SATURDAY, JULY 15TH, 1865.

IS MEDICINE NOT A SCIENCE?

PROFESSOR OWEN lately told us, that our profession was not a scientific one; although he qualified the announcement by adding, that it might possibly one day become one. This our profession, which we have been used to believe foremost in the investigation of every branch of natural philosophy, applying mechanics, chemistry, hydrostatics, hydraulics, pneumatics, etc., to the comprehension of that greatest all God's works, the human frame—our profession, which, before the physicists were known as an independent class, comprised nearly all the labourers in the pursuit of scientific truth—is not yet to be called scientific.

A similar proposition has lately been promulgated in France by Dr. Daremberg, who tells us, that the physicians of the present day are not a whit more certain about the principles of their art, than were those in the period of Molière; that patent phenomena are the only subjects examined; and that medical study does not rise to the consideration of general laws.

Dr. Daremberg condescends to distinguish two classes of existing medical practitioners. The first, he says, consists of those who seek the starting point of their biological doctrine in the regions of metaphysics and theology—paths which lead to puerilities and superstitions. In the second class, he includes those who seek to study general principles rather than facts in the pursuit of medical science. In regard to the first class, we need scarcely trouble ourselves; their denouncer acknowledges that their errors proceed from ultra-Catholic views. As to this influence we may add the tendency of certain national peculiarities of character, we may flatter ourselves that it is unlikely for the English medical philosopher to be betrayed into similar errors.

If there is, in this country, really any want of ardour in the search of general principles, it is full time to set ourselves into a sounder course of study. But the fact that there is any such falling off in the present day is by no means proved; and it seems to us that much of the spirit of the imputation may be resolved into this, that we do not live in an age for spinning theories. If this be the meaning of the reproach, we accept it, and turn it into praise; for it shews, that we have learnt a valuable lesson from the disappearance of numerous theoretic cobwebs, which have not stood the searching rays of new discovery; it shews, also, a prudent reticence from the invention of curative principles, whilst the data are not yet firmly established. To fall into these vicious courses, would indeed be returning to the days of Drs. Purgon and Diafoirus.

A hasty glance at some of the prominent ignorances of the time of the Stuarts, when leanings towards occult science had scarcely passed away, compared with the advances in true medical philosophy since established, may prove no small encouragement to those who wish to vindicate the progressive state of their profession. This subject would deserve more space than we can now afford it; but we need refer only to the doctrine of signatures; to the practice of choosing medicines merely on the observation of their effects; to the fact that the whole field of inquiry by morbid anatomy was wholly uncultivated; to the uncertain knowledge of the circulation of the blood, which was only just beginning to dawn upon the age; and to the superstition which could acknowledge the virtue of the royal touch—to show a sufficiently dark picture of the close of the seventeenth century.

Of the present advancement, we need only mention the admirable classification of remedies into colloids and crystalloids, established by Professor Graham, showing the power of membranes to arrest or forward their absorption into the system; explaining the meaning of Poiseuille's valuable observations;—the whole establishment of the cell-theory, with its vast results in the knowledge of disease;—the recognition of several new diseases, as albuminuria, and the clearer comprehension of organic changes; and the abandonment of endless empirical modes of treating fevers, small-pox, etc.

Whilst vindicating our profession from any retrocession as a scientific study, and commending its members for not putting forward hasty generalisations and rashly devised curative systems—the latter, especially, being no small virtue at a time of crowded competition for the favour of a very prejudiced public, which is peculiarly uninformed on medical topics—we still feel that there is room for mutual exhortation to bear in mind that every member has a contribution, small or great, expected of him, towards the advancement of establishing principles on the widest basis.

At the present moment, there are many not merely speculative but practical topics which seem to demand a closer study than they have lately received. As one instance only, we may allude to the subject of depletion; which line of practice, after having been empirically abused, has been too willingly discarded, in deference to public prejudice. It may be that, under the light of increasing physiological discovery, and through the results observed after its judicious application, as well as by the evidence of the consequences of its neglect afforded by morbid dissection, this powerful engine for good, in skilful hands, may

turn to its place as one of the most valuable means hich the practitioner has at his command.

We cannot close our allusion to Professor Owen's ldress to the students of St. Mary's Hospital, ithout acknowledging the courteous and encouraging marks with which he terminated his observations, id more particularly the testimony he afforded to e benevolent character of the medical profession. is last encomium is a most just one; and we must ld, that the sympathy, the liberal feeling, and pecu- ary generosity—the latter not unfrequently abused -are virtues especially praiseworthy when they are ound in a body which receives but small enlightened ourtesy from the general public; a body, too, which as its peculiar temptations, arising from the smaller ncorporated support which it enjoys than exists in the ther two learned professions, and from the fact that he success of its members depends on a purely per- onal struggle.

We trust to see these happy characteristics keep- ng pace with further advance in true philosophy: 're mean in all branches of philosophy; because, nless we except astronomy and pure mathematics, ll bear upon the legitimate resources of medical cience; and "quamvis non faciant medicum, apti- rem tamen medicinæ reddunt."

THE LATE COLLEGE OF SURGEONS ELECTION.

We sincerely congratulate our country brethren on he election of Mr. Turner. The fact shows clearly nough that, if the Council do not themselves ad- ance, the Fellows who elect them do not intend any onger to stand still. Last year, Mr. Turner was ejected. This year, he is elected. Reform advances. Pressure from without is being unmistakeably mani- ested. And even the Council begin to show semi- igns of progress. The election of Mr. Cæsar Haw- ins as representative of the Royal College of Sur- eons in the Medical Council is a public admission hat a Fellow may be a high officer of the College, nd yet not necessarily a member of Council. It s curious enough, that Mr. Cæsar Hawkins should loubly exemplify this fact—although no longer a nember of Council, he is nevertheless an Examiner, nd now also the College representative in the Me- lical Council.

In some other respects, the results of the late Col- ege election strongly confirm the views sustained by this Journal. We strongly advised those Fellows of the College, whose position and high standing gave them full right to be elected Examiners without being on the Council, publicly to declare the fact, that they would not offer themselves for the Council, but still maintain their claims to Examinerships equally as though they had been elected to the Council. A public declaration of this kind would have most ma- terially advanced College reform, and would have placed these gentlemen in the very highest position before the profession—in such a position as would have forced upon the Council the necessity of elect- ing them, or others like them, Examiners, though not on the Council. Probably, some of those Fellows who have been rejected, now regret they did not follow our advice.

There is one other moral that has come out of this election, which must be noticed. It has been said, that the giving of votes by proxy to country Fellows would encourage canvassing and electioneer- ing. After what has been done in this way on the present occasion, such an argument can never be re- peated. Rather, indeed, it may be said, that the very improper canvassing carried on during the past few weeks, is a very strong argument in favour of the voting of country Fellows. As a rule, the wider the constituency, the less the corruption; and *vice versâ*. Can any one, will any one, justify canvassing for such an appointment as Councillor of the College of Surgeons?

A seat in the Council of the Royal College of Sur- geons—even though it lead to the eventual prize of an Examinership—may be purchased too dearly, if it be purchased at the price of a man's independence. So, at least, think some Fellows of the College, and we agree with them. The electioneering manœuvres and canvassing for office which have marked some previous elections of Councillors to the College, and have particularly distinguished this last election, painfully condemn the system which has produced them. These are not things which ought to be done. Candidates worthy of such an office should require no officious arts to help them to compass their elec- tion. Neither is it well, that men who have already given hostages to their profession, who are men of mark in the eyes of all their brethren, who are illus- trations of surgery, and possess a full right and claim to the office of Councillor or Examiner, should con- descend to pledge their word, go through their Council *credo*, and give their faith, at the bidding of the private agents of medical journals, in order to be accepted as fit and proper men to be run by such journals as their winning horses. We speak jocu- larly; but we doubt if the sight of these things is either very satisfactory or very edifying, or one which can much exalt us in our own opinion, or in the opinion of others. Is it satisfactory to our dignity, that men occupying the highest regions of surgery, unable to rely upon their own sterling, long- tried merits and high repute, should feel themselves compelled, at the eleventh hour of the day, to re- ceive privately the agent of a journal, at his bidding categorically go through their political catechism, and accept the terms laid down for them, in order to secure its support? Is it dignified that they should go through this or be ostracised? We state the fact,

and leave the profession to answer it. In our opinion, this is not as it should be; but, on the contrary, it is a humiliation to all of us.

MARVELLOUS SKILL AND UNBOUNDED LIBERALITY.

THE working of the gratuitous medical services system, most of our readers will agree with us in thinking, shows in a prominent but not very favourable light in the instance we have to note. In an announcement in the daily papers of the annual festival of the City Orthopædic Hospital, we observe put forth on behalf of the charity several unusual, perhaps unprecedented, claims to public recognition. We must really congratulate our profession on the development and progress of the art and science (for it is really becoming such) of the gratuitous medical system. In the *Telegraph* we read as follows:

"The anniversary festival of this institution was held at the London Tavern. The usual loyal and patriotic toasts were given; thanks for the Volunteers being returned by Mr. N. Henry Stevens, M.R.C.S., who is medical officer of the St. George's Rifles, as well as one of the surgeons of the City Orthopædic Hospital. To him, and to his principal, Mr. E. J. Chance, F.R.C.S., F.L.S., F.G.S., as also to the house-surgeon, Mr. E. W. Johnson, the credit of a vast number of skilful and successful cures is fairly due; and a marvellous case was actually shown in the presence of a young man who entered the hospital sixteen months ago with a fearfully distorted leg, a cast of which was exhibited in an adjoining room, and who now walks with no very apparent difficulty. This patient had been discharged from another infirmary as incurable. It should be noticed, that the City Orthopædic Hospital extends its acts of mercy beyond the bounds of the metropolis, a great part of its correspondence being with clergymen and other representative persons in the country who desire to obtain relief for some poor cripple in their district or parish."

This, we believe, is the first instance on record on which a plaster of Paris cast of a distorted limb has been served up at a public dinner as—shall we say a *hors d'œuvre*, or a *pièce de resistance?* It is a real advance in the art of charity-mongering. The exhibition of a frisky young man at the dinner-table, by the side of his antecedent distortion displayed in cast, reminds us of a well-known advertisement to be seen in omnibuses and on spare wall-corners, "What I was, and what I am." This case of cure is announced as simply "marvellous". In future, we advise that over the head of the Orthopædic dining-chair be inscribed the poet's words—

> "The dumb shall sing, the lame his crutch forego,
> And leap exulting like the bounding roe."

But, if the cures are marvellous, what must not the curers be? When ordinary mortals fail, they step sublimely in. This very marvel of a cure was rendered marvellous by the stated fact that, in the eyes of other doctors, cure had been pronounced impossible. It is worthy of remark, also, that in this case, at all events, the merits of the medical officers of the institution were not overshaded by other and more ordinary toasts. This institution knows how to appreciate the extraordinary virtues of its servants, and how publicly to express the same. Neither should its cosmopolitan excellence be unnoticed. The announcement says: "Clergy and other representative persons" in all parts of the kingdom, send hither your incurable cripples, and we will show you what marvels can be done on them! And please to recollect, all this we do, not with any secondary object, not that our marvellous institution, with its marvellous cures and curers, may have its and their names re-echoed throughout the whole kingdom of crippledom, but we do it simply and solely out of an irrepressible love of benefiting poor afflicted humanity. Our own only desire and object is to do the work of pure philanthropic charity! "It's wonderful how we do it, but we do!"

CEREBRO-SPINAL MENINGITIS.

DR. REMY of Zellin, in *Allg. Medic. Central-Zeit.*, gives an account of this disease as by him observed.

Zellin is about 150 feet above the Oder, and is exposed to much wind. Its soil is dry and light; fevers there are rarely observed; but diseases of the respiratory organs are frequent. The epidemic occurred between February and May; and during thirteen previous years Dr. Remy had observed only one case of the disease. Zellin contains 3,000 inhabitants; and of these, 173, or 5 per cent., were affected—63 males, and 110 females. Of these, 54 were severely affected; and only seven of this number were above seven years old. Thirty-six died, only six being above fifteen years of age. Several deaths often occurred in the same family. The symptoms were, shivering; headache; vomiting; delirium; *chilliness passing from below upwards;* pulse full and rapid; *feet cold;* skin hot and dry; constipation; incessant thirst; large pupils; and dry red tongue. The patients either die in this early stage in complete coma; or then the head symptoms become less severe, and the spinal symptoms begin, with great pain in the neck and down the spine. The cervical muscles contract, and draw the head gradually backwards; consciousness remains clear. Signs of inflammation of the spinal cord begin; convulsions of facial muscles—of the limbs; difficult respiration; dysphagia; paralysis of the muscles of the thorax and abdomen; constipation; retention of urine; opisthotonos; tetanic spasms. Then follow loss of power over the sphincters; and the patients die in three or four days, through difficulty of respiration, and with apoplectic symptoms. The most rapid death was in twelve hours; the longest in ten days. The urine was acid, but clear. During recovery, it contained much urates, but never either albumen or sugar. If

CHARTER OF THE BRITISH MEDICAL ASSOCIATION.

By direction of the Committee of Council, we lay before the members of the Association for their consideration the Report of the Subcommittee appointed by the Committee of Council, in regard to the proposed Royal Charter of the Association, together with a Draft of the Petition and of the Charter.]

REPORT OF THE CHARTER SUBCOMMITTEE.

Committee—Dr. STEWART, Dr. RICHARDSON, Dr. WESTALL.

THE Subcommittee, acting under the direction of the Committee of Council, have met four times, and have held consultations with Mr. Robert Upton, of the firm of Uptons, Johnson, and Upton, on every point connected with the Charter. The result of these meetings has led to the framing, by Mr. Upton, of a draft Charter and Petition to the Crown, both of which are herewith submitted.

The Subcommittee have to remark, that the Charter is drawn up in the simplest possible terms. It provides for making the acts of the Association formal in point of law; it enumerates the officers of the Society, the formation of the Council and Executive Committee; and it provides that the Society be named THE ROYAL MEDICAL ASSOCIATION OF GREAT BRITAIN; but it leaves all further details to the Bye-laws, which Bye-laws may, at any time, be revised by the Association, and which virtually will represent the Laws of the Association actually in force.

While the basis of the Association is thus sustained, there is one technical change which it is perhaps advisable to provide for in the Charter, and which the Committee of Council would do well to consider. It is, that the representation of the Association from the Branches should be to the Council only; that the Committee should be *de facto* the elect of the Council itself, should receive its powers purely from the Council, be responsible to it, and act for it *pro tempore*, as directed from meeting to meeting of the Council.

The Subcommittee, in placing this Report before the Committee of Council, bring to a close the duties with which they have up to this time been entrusted. It remains now for the Committee of Council—

1. To consider whether the terms of the Charter are such as they think will be acceptable to the Association.
2. To report their decision to the General Meeting.
3. To determine whether the proceedings of the Subcommittee, including the draft Charter and Petition, should be published in the JOURNAL previously to the General Meeting at Leamington.

A. P. STEWART.
B. W. RICHARDSON.

PETITION TO THE QUEEN IN COUNCIL FOR A CHARTER OF INCORPORATION.

To the Queen's Most Excellent Majesty in Council.

The Humble Petition of Sir CHARLES HASTINGS, Knight, Doctor of Medicine in the University of Edinburgh, and Doctor of Civil Law in the University of Oxford, the President of the Council and Treasurer of The British Medical Association, on behalf of himself, and of the President, President-elect, Vice-Presidents, Members of the Council, and other Members of the said Association;

SHEWETH—

That your Petitioner is the President of the Council of the British Medical Association.

That the Association was founded in the year 1832, under the name of "The Provincial Medical and Surgical Association"; and that the objects of the Association were the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession.

That the means by which the Association endeavoured to carry out these objects were, the holding of annual meetings of the Members in the principal towns of the United Kingdom; the appointment of special Committees of the Members for the purpose of scientific investigation and inquiries connected with the social and general welfare of the Medical Profession; the publication of an annual volume of Transactions; the publication of a Journal, as the official and scientific organ of the Association; and the establishment of a Benevolent Fund for the assistance of distressed members of the Profession generally and their families. That a Medical Provident Society has also been formed under the auspices of the Association.

That, in the year 1856, the Association consisted of many Medical Practitioners resident in the Metropolis, as well as of Practitioners resident in the country districts; and at the annual General Meeting of the Association held in that year, it was resolved, that the title of the Association should be changed from "The Provincial Medical and Surgical Association" to "The British Medical Association"; and that the Association has since been called and known by the latter name.

That a very important feature in the organisation of the Association is the formation of District Branches, consisting of the Members residing in such districts. These Branches are now spread over the greater part of England and Wales; and, although

in general subordinate to the Parent Association, have their individual organisation and mode of action.

That the British Medical Association consists, at the present time, of nearly 2500 Members, including a large proportion of the Physicians and Surgeons of the various Public Hospitals and Infirmaries.

That the stability of the Association would be secured, and the important objects of its institution would be more efficiently promoted, by the Incorporation of its Members under the sanction of a Royal Charter.

Your Petitioner, therefore, on behalf of himself, as the President of the Council of the Association, and of the President, President-elect, Vice-Presidents of the Association, and of the Members of the Council, and the other Members of the said Association, most humbly prays that Your Majesty will be graciously pleased to grant to the Members of the British Medical Association your Royal Charter of Incorporation, with such other powers as to Your Majesty may seem meet.

And your Petitioner will ever pray, etc.

DRAFT CHARTER OF INCORPORATION.

VICTORIA, by the Grace of God, of the United Kingdom of Great Britain and Ireland Queen Defender of the Faith.

To all to whom these present shall come greeting.

Whereas, Sir Charles Hastings, of the City of Worcester, Knight, Doctor of Medicine, hath, by his Petition to us in Council, stated that he is the President of the Council of the British Medical Association. That the Association was founded in the year 1832, under the name of "The Provincial Medical and Surgical Association"; and the objects of the Association were, the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession. That the means by which the Association endeavoured to carry out these objects were, the holding of annual meetings of the Members in the principal towns of the United Kingdom; the appointment of special Committees of the Members for the purpose of scientific investigations and inquiries connected with the social and general welfare of the Medical Profession; the publication of an annual volume of Transactions; the publication of a Journal as the official and scientific organ of the Association; and the establishment of a Benevolent Fund for the assistance of distressed Members of the Profession generally and their families. That, in the year 1856, the Association consisted of many Medical Practitioners resident in the Metropolis, as well as of Practitioners resident in the country districts; and at the annual General Meeting of the Association held in that year, it was resolved that the title of the Association should be changed from "The Provincial Medical and Surgical Association" to "The British Medical Association"; and that the Association has since been called and known by the latter name. That a very important feature in the organisation of the Association is the formation of District Branches, consisting of the Members residing in such districts. That these Branches are now spread over the greater part of England and Wales; and, although in general subordinate to the Parent Association, have their individual organisation and mode of action. That the British Medical Association consists, at the present time, of nearly 2500 Members, including a large proportion of the Physicians and Surgeons of the various Public Hospitals and Infirmaries. That the stability of the Association would be secured, and the important objects of its institution would be more efficiently promoted, by the Incorporation of its Members under the sanction of a Royal Charter. And the said Sir Charles Hastings, on behalf of himself as the President of the Council of the Association, and of the President, Vice-Presidents, the Members of the Council, and the other Members of the said Association, hath prayed that We would be graciously pleased to grant to the Members of the British Medical Association our Royal Charter incorporating the said Association. Now, therefore, know ye, that We, of our special grace, certain knowledge, and mere motion, do, by these presents, for Us, our heirs and successors, grant and ordain as follows; that is to say—

1. *Incorporation of Association.* The said Sir Charles Hastings, and all and every other of the persons who are now Members of the said Association, and also all and every of the persons who shall or may, as hereinafter provided, become or be Members of the said Association hereby incorporated, so long as such Members shall continue to be Members of the said Association, shall be and are hereby constituted one body politic and corporate, by the name of "The Royal Medical Association of Great Britain". And the Members for the time being of the said Association shall by that name have perpetual succession, and shall and may by the said name sue and be sued, plead and be impleaded, in all our Courts, whether of law or equity; and have a Common Seal, with power to change and make new the same as shall be thought fit.

2. *Objects and Purposes of Association.* The objects and purposes of the Association shall be the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession.

3. All the present Members of the Association, including Honorary and Corresponding Members, and all persons hereafter to be elected Members, shall be Members of the Association, and shall continue to be such so long as they respectively shall, in all things, conform to the provisions of this our Charter, and of the Laws, Bye-laws, and Regulations, to be from time to time made in conformity with this our Charter; and (except as to Honorary and Corresponding Members) so long as they respectively shall duly and punctually pay the subscriptions and other sums of money to become due and payable by them respectively under or by virtue of the said Laws, Bye-laws, and Regulations, for the time being, of the Association, which are, or ought to be, by them respectively paid, observed, and performed; but subject, nevertheless, to such right of expulsion as hereinafter provided.

4. *The Members thereof.* Any qualified medical

Practitioner, who shall be recommended as eligible by any three Members, may be admitted a Member by the Executive Committee of the Council, or by the Council of any District Branch. Honorary Members may be elected by the general body at any Annual Meeting, on the recommendation of the Council; and gentlemen residing in the Colonies or in Foreign Countries, may be elected at any such meeting Corresponding Members on the like recommendation. An honorary or a Corresponding Member shall not be entitled to any further privilege than that of attendance at the Meetings of the Association, and to the receipt of a copy of every memoir or communication of his printed by the Association. The qualification for Membership shall be prescribed by the Bye-laws for the time being of the Association.

5. *Officers of the Association.* The Officers of the Association shall be a President, President-elect, Vice-Presidents, President of the Council, a Treasurer, and a Secretary.

6. The President, President-elect, and Vice-Presidents, shall be elected yearly at the annual General Meeting of the Association; and the qualification for the said respective offices, and the duties thereof, shall be prescribed by the said Bye-laws.

7. *The President of the Council.* The first President of the Council shall be the said Sir Charles Hastings, who shall continue in office for his life; and, in the event of his death or resignation, the President of the Council shall be from time to time elected by the Council. The qualification and tenure of office of all future Presidents shall be prescribed by the said Bye-laws.

8. *The Treasurer.* The first Treasurer of the Association shall be the said Sir Charles Hastings, who shall continue in office for his life. In the event of his death or resignation, the Treasurer shall be from time to time elected by the General Meeting; the duties and tenure of office of the future Treasurers shall be prescribed by the said Bye-laws.

9. *The Secretary.* The Secretary of the Association shall be from time to time elected at the Annual or a Special General Meeting; his duties and tenure of office shall be prescribed by the said Bye-laws.

10. *The Council.* There shall be a Council of the Association; and such Council shall consist of the President of the Association, the President-elect, the President of the Council, the Treasurer, the Secretary of the Association, and the Honorary Secretary of each district Branch within the United Kingdom having ten members and upwards, and also of the Members elected by the district Branches, as hereinafter provided. The Members so elected shall continue in office for one year, or until their successors are elected. The place and times of holding the Meetings of the Council, and the duties thereof, shall be prescribed by the said Bye-laws.

11. *The Executive Committee.* There shall be an Executive Committee of the Council; which shall consist of the President of the Association, the President-elect, the President of the Council, the Secretary of the Association, and of twenty Members of the Council, to be appointed by the Council, or of such other number of Members of the Council as shall from time to time be prescribed by the said Bye-laws. The Executive Committee shall have the general management of the affairs of the Association, and all the powers and authorities of the Council in the interval between the General Meetings, except when the Council are sitting. Five Members of the Committee shall form a quorum; and all Meetings of the Committee shall be presided over by the President of the Council, or in his absence by a Chairman appointed by the Meeting. The Committee shall meet at such place and times as shall be prescribed by the said Bye-laws or by the Council.

12. *Annual Meetings.* There shall be an Annual General Meeting of the Association; which shall be held at such time and place, and be summoned in such manner, as shall be prescribed by the said Bye-laws. At every such Meeting, the Council shall present a Report, detailing the general state, proceedings, and pecuniary condition of the Association; and such general and scientific business shall be transacted, and in such order as the Council may determine. The order of business shall be regulated, and announced as far as possible, at the commencement of the Meeting.

13. *Special Meetings.* The Council or Executive Committee may at any time convene a Special General Meeting of the Members of the Association to be held at such time and place as they may see fit, and shall convene such a Meeting upon such a requisition as shall be prescribed by the said Bye-laws. The notice calling any Special Meeting shall state the objects for which it is called, and no other business shall be transacted thereat.

14. *District Branches.* Any number of Members of the Association may form themselves into a District Branch; and each such Branch may appoint a President, Treasurer, Secretary, and such other Officers as it may think proper, and may make rules for its own government; but no such Rules shall be valid until approved of by the Council of the Association or the Executive Committee. Every Branch, whose Rules have been approved of by the Council or Executive Committee, having not less than Twenty Members, may elect one of its Members to form one of the Council of the Association; and if the Branch consist of more than Twenty Members, then they may elect an additional Member as one of the Council for every additional Twenty Members. Every Branch shall appoint an Honorary Secretary; and if the Branch, being within the United Kingdom, shall consist of Ten Members or upwards, and the Rules thereof shall have been approved of by the Council or Executive Committee, such Honorary Secretary shall be an *ex officio* Member of the Council.

15. *Vacancies how to be Filled up.* Any vacancy which shall occur among any of the Officers of the Association, shall be filled up in such manner as shall be prescribed by the said Bye-laws; but every person so appointed shall retire from office at the same time as the person in whose place he shall be so appointed would have retired under the said Bye-laws.

16. *Chairman of Meetings, and Voting thereat.* At all General and other Meetings of the Association, the President thereof, or, in case of his absence, any of the Vice-Presidents, the President-elect, the President of Council, or, in case of their absence, any Member of the Executive Committee, and, in the absence of all such persons, then some Member of Association, to be chosen at the Meeting, shall

preside. At all such Meetings, every Member, except an Honorary or Corresponding Member, shall be entitled to one vote, and no more; and no business shall be transacted at any such Meeting, unless Nine Members be present, or such other larger number as may from time to time be prescribed by the said Bye-laws. Provided always, that no Member shall be entitled to vote at any General or other Meeting of the Association, unless he shall have paid all Subscriptions and Sums (if any) due or payable by him to the Association. And provided always, that the Chairman presiding at all such Meetings shall, in addition to his vote as a Member of the said Association, have a casting vote in case of an equality of votes.

17. *Subscription to Association.* The Subscription to the Association shall be One Guinea annually, or such other sum as shall be fixed by the said Bye-laws. The Subscription shall date from the 1st day of January in each year; and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous.

18. *Expulsion of Members.* The Council or the Executive Committee shall have power to expel any Member for such cause, by such proceedings, and with such notice to the Member, and by such a majority, as shall be respectively prescribed by the said Bye-laws; but the resolution for any such expulsion may be rescinded by any General Meeting of the Association.

19. *Medical Provident Society.* If the Society which has been formed by the Association, and is now established, under the name of the Medical Provident Society, shall, at any General Meeting thereof specially called for the purpose, resolve to continue its operation under the Association, the Executive Committee of the Association may from time to time make such Rules and Regulations for the government of the said Society as the said Committee shall deem expedient, but so that no part of the funds or assets of the Association shall be in any manner applied to the purposes of the said Society.

20. *Bye-laws.* The Members of the Association shall, at a General Meeting to be specially summoned for that purpose, to be held within Twelve Calendar Months from the granting of this our Charter, or at some Adjourned Meeting or Meetings thereof, make such Bye-laws, Rules, and Regulations, as to them, or the major part of them, shall seem proper for the regulation and good government of the Association and of the Members and affairs thereof, and for the editing, printing, publishing, and selling of such Publications, serial or otherwise, as may be thought proper for promoting the objects of the Association, and for the fixing and determining all matters and things, provision for which is herein directed or authorised to be made. Provided always that, until the making of such Bye-laws, Rules, and Regulations, and notwithstanding the Incorporation of the said Members of the Association, the Rules, Bye-laws, and Regulations of the Association now in force, so far as the same are not inconsistent with the provisions of this our Charter, shall continue in force, and, so far as the same may be applicable, apply to the said Association. Provided always, that the Bye-laws, Rules, and Regulations of the Association, so to be made as hereinbefore mentioned, shall not at any time be altered or repealed, or any new ones be added thereto, except at an Annual or Special Meeting, and by such a majority, and with such previous notice of such alteration or new Bye-law, as shall be prescribed by the said Bye-laws.

21. *Power to Hold Lands.* And we do hereby, for Us and our heirs and successors, further give and grant unto the said Association full and lawful power and authority to hold, possess, and enjoy, for the use and benefit of the said Association, any lands, tenements, rents, or hereditaments whatsoever, so as that such lands, tenements, rents, or hereditaments, shall not at any time exceed in value the clear yearly value of £2000 above all reprises, according to the value thereof when respectively acquired by the said Association.

22. *Power to Convey Lands to Association.* And we do hereby, for Us and our heirs and successors, further give and grant unto every subject or subjects whatsoever of Us, our heirs and successors, whether Incorporated or not Incorporated, special licence, power, faculty, and authority, to give, grant, sell, alien, assign, dispose of, devise, or bequeath unto the said Association, for the use and benefit of the said Association, any lands, tenements, rents, or hereditaments whatsoever, so as that the same do not at any time exceed in the whole the clear yearly value of £2000 above all reprises, according to the value thereof respectively when acquired by the said Association.

23. *Power to Invest Funds upon Mortgage.* And we do hereby, for Us, our heirs, and successors, further give and grant that it shall be lawful for the said Association, from time to time, to lend and invest their Funds, consisting of money, upon the security of any lands, tenements, rents, or hereditaments, either by way of mortgage, lien, or otherwise, and to take and hold any lands, tenements, rents, or hereditaments, granted, released, assigned, or conveyed to the said Association, by way of mortgage or for securing the payment of any principal or interest of money, or for securing or indemnifying the said Association in any manner against any payment, loss, or damage whatsoever. And that the said Association shall not occasion or incur any forfeiture or penalty whatsoever, by taking and holding such lands, tenements, rents, or hereditaments, or accepting of any grant, release, assignment, or conveyance thereof, for any such purpose as aforesaid.

24. And we do hereby, for us, our heirs, and successors, grant and declare that these our Letters Patent, or the enrolment thereof, shall be in all things valid and effectual in the Law, according to the true intent and meaning of the same, and shall be taken and construed in the most favourable view for the said Corporation, as well in our Courts of Law as elsewhere, notwithstanding any non-recital, mis-recital, uncertainty, or imperfection in these our Letters Patent. In witness, etc.

the symptoms grew milder, and especially if a good sweating occurred, with lessening of cough, and sleep, the patient generally recovered.

PROFESSIONAL WITNESSES.

The odium attaching to the term "professional witnesses", often falls mainly, and falls justly, on doctors, engineers, and architects. The following remarks on the subject were last week made by the Lord Chief Justice.

"The Lord Chief Justice observed: I don't like to hear that phrase, 'employed as a professional witness'. The Counsel said he meant being employed to advise and consult as an engineer. The duty of a scientific witness, he added, is not confined to giving evidence. The Lord Chief Justice: I wish it were. It would be well if there were a distinction between advising and assisting in a case, and giving evidence in it. Perhaps it was the mixing up of the two characters—of advocate or adviser and of witness—which tends to make what is called 'scientific evidence' so much open to animadversion. The gentleman who is consulted is intended to be, and afterwards becomes, a witness in the case; and all his professional interest and personal bias are enlisted on the side of the party by whom he is called or 'employed'. Counsel said that certainly was so to a very great extent. The witness (Mr. Hodge) said the value of 'scientific' evidence was in applying to the particular matter in hand the results of long experience and practical skill. However, he must confess that there were professional men, he was ashamed to say, ready to give their evidence any way. [*Laughter.*] Mr. Scott Russell said that there are men calling themselves civil engineers who in fact abuse the profession and bring discredit upon it; and I wish that we were paid only for our professional advice and assistance, and not for our attendance as witnesses to give evidence."

A case, however, occurred last week, which we have pleasure in recording as an instance in which the medical witnesses were indirectly complimented by the judge, in that they had not strained their evidence to meet their clients' case. It was a heavy railway accident. On behalf of the company were called Dr. Jeaffreson, Messrs. Coulson, Skey, Solly, and Holmes Coote.

In summing up, the Lord Chief Justice said:

"It was due to the medical men called on the part of the company, to observe that they had not in the least attempted to disparage the plaintiff or his case. There was in this case, happily, no undue exaggeration on one side, and no undue disparagement on the other; and as the medical men on the part of the company had admitted the serious nature of the case, so the plaintiff, on the other hand, had admitted that some of the symptoms had abated."

The Herbert (a military) Hospital at Woolwich is now completed; and will soon be in a state to receive patients. In the construction of this building, all that science and wealth can do in the making of a perfect hospital has been done. The hospital was originated by Lord Herbert. It is situated on Shooter's Hill, and has a southerly aspect. It affords space for 650 patients. No attempt has been made at any new-fangled artificial ventilation. The wards are warmed by open fire-places; and fresh air is admitted mainly through the windows. Ventilating shafts are provided for the escape of foul air. The Government Commission of Hospitals and Barracks have decided that in this, as in all other military hospitals, 1218 cubic feet should be allotted to each bed; that not more than thirty-two beds should be placed in one ward, and that the beds should be placed between the windows; that each bed should have a superficial area of 87 feet, and a wall-space of not less than 7 feet 3 inches; and that each ward should have a height of not less than 14 feet, and be 24 feet wide.

The Council of the National Rifle Association have very unwisely and most unnecessarily accepted the offer of the military authorities to provide a military hospital at Wimbledon, to be placed under a surgeon-major and two assistant-surgeons of the army. The proceeding is unwise, because it must, of course, offend the whole volunteer medical staff; and that it is unnecessary, is manifest to every member of the medical profession. There is no such thing as special military surgery. Every well educated surgeon is able to meet the emergencies of bullet-wounds, sword-thrusts, and bayonet-stabs, whether he be civil or military. The Council, before taking action in a matter of this kind, should have consulted the medical volunteer officers. Already leading members of the medical staff—viz., Surgeons Barwell, Buzzard, Coulson, Nunn, Spencer Smith, Propert, Ure, Wakley, and Assistant-Surgeons Cooper, Jackson, and Westmacott—have had an interview, at the War office, with Colonel Erskine, Inspector-General of Volunteers, and strongly protested against what they naturally regarded as a want of confidence.—Since the above was written, we learn that the medical officers and Lord Elcho have met, and have arranged the difficulty, though not healed the wound, which still rankles and festers. It is argued by Lord Elcho, that the Rifle Association meeting is not exclusively a volunteer meeting; and that, consequently, the volunteer medical officers have no official *locus standi* in this case. And, as a matter of mere argument, it is difficult to deny this assertion. But then, to put an army surgeon over the heads of men of the calibre of the gentlemen above named is clearly a very unnecessary, and in some sense an insulting proceeding. Lord Elcho has so far conceded to the volunteer surgeons as to request Dr. Westmacott, the volunteer officer who for four years has had charge of the camp, to act again on behalf of the Association, in conjunction with an assistant-surgeon of the army, and under the superintendence of Surgeon-Major Wyatt of the Guards.

Mr. Clement, as we anticipated, has been returned member for Shrewsbury without opposition. His election is a very great boon to the whole profession; for we may now be sure we have in the House of Commons a member of the profession who practically knows its wants and disabilities, and a man of energy and influence, who is thoroughly capable of properly asserting and maintaining the rights of the profession within the House. Mr. W. J. Clement is an old member of the Association. He is a magistrate of the counties of Shropshire and Merioneth, and deputy-lieutenant of the latter county. His literary contributions have been: *Observations in Surgical Pathology;* an essay *On the Anatomy, Physiology, and Pathology of the Urinary Organs* (which gained the Fothergillian Medal of the Medical Society of London); a paper in the *Medico-Chirurgical Transactions*, on "Two Cases of Intestinal Obstruction"; and a paper in the British Medical Journal (1858), on "Successful Amputation at the Hip-joint".

A Manchester paper contains an account of an inquest, and heads it "Medical Inhumanity."

"An inquest was held at Preston, on the body of a military pensioner, about 80 years of age, named Robert Sharples. It appeared that the deceased had celebrated the Waterloo anniversary with some of his fellow veterans. He went to bed about ten o'clock; and in about an hour the old man was found lying at the bottom of the stairs. He was hurt on the head, and lost a good deal of blood. Mrs. Pickup sent for Dr. Smith; but it was said that Dr. Smith was not at home. The messenger then went to another doctor, who said, 'If I come, who is to pay me?' I told him I could not tell. He said, if I could satisfy him who was to pay him he would come. I told him that the man had tumbled down stairs, and that he seemed very dangerous. He said he could not come unless he knew who was to pay him. It would be about one o'clock in the morning. The old man died without being visited by a doctor a few hours afterwards. The jury returned a verdict of 'Accidental death'; and added that the doctors called upon were culpable for not attending the deceased, and that they acted in a very unfeeling manner."

We do not learn that any of these benevolent jurymen put their hands in their pockets to establish a fund to pay the doctors in such cases.

The love which our French medical academician friends have for learned and eloquent and deep discussion of what we may call impossible questions, has been well exemplified in the late long debates on Aphasia in the Academy of Medicine. Bouillaud, Trousseau, Parchappe, Baillarger, Cérise, Bonnafont, and other speakers, have recorded their eloquence on this topic before an admiring and applauding audience. But what is the result? To us who sit outside, and hear not the charming facility of speech and correctness and closeness in arguing of those who so often are there heard, it almost seems as if the *jeu ne valoit pas la chandelle.* The very disease aphasia is to most of us a new one; and we venture to say that even yet no one can give a satisfactory definition of Trousseau's new term. The whole discussion shows that it is impossible to admit the existence of aphasia pure and simple, apart from other disturbance of the intelligence or motion; and that it is much more reasonable to regard the loss, partial or complete, of speech, as a phenomenon coincident with cerebral hæmorrhage, softening of the brain, general paralysis, different forms of insanity, wounds of the encephalon, and all the various diseases of which the brain is the seat. Aphasia has been observed as a symptom of many diseases, but never as a morbid entity. This is what the clinical history of the disease showed. As regards its morbid anatomy, Bouillaud and Parchappe cited cases which, in their opinion, seemed to localise the power of speech in the anterior lobes of the brain; but this was only a very partial view of the case. M. Cérise touched upon the psychological side of the question, and put some questions very puzzling to those who would localise speech in one particular part of the brain. He pointed out the relation between the thoughts and the power of speech. Thought is the internal voice; speech the external. But what know we of the seat of thought in the brain? And, if we cannot localise the internal voice, how can we pretend to localise its external expression?

Virchow's late Report to the Chamber of Deputies on the Prussian naval service is said by German journals to be a document "masterly, lucid, and complete". It is no slight tribute to the genius and energy of the professor to find that, whilst engaged in matters so foreign to his special studies, he still finds time to devote to the latter. The March number of his *Archiv*, for example, contains from his pen a long and very interesting paper on the subject of Trichinæ, of which we may shortly give a summary.

Nature's power *versus* Art is well shown in the *Medical Gazette* of Venice. A young mother fell into a syncope on watching a dying son. "The whole surface of the body was pale; the pulse fluttering." Thereupon, to cure this state, the writer says he bled his patient to 180 *grammes*, and applied cold to the heart and feet! The next day, and the following day, the bleeding was repeated, and aided by a dozen leeches. Despite all this, the woman recovered; her son, on the third day, having been restored to her.

Dr. Guyon of Paris speaks in very high terms of the value of talc (silicate of alumina and magnesia) as an application to burns and suppurating wounds. It is very clean and soft; resists fermentation, and therefore opposes vegetation; is inoffensive; causes no pain; rapidly cleans the wound; and produces healthy granulations. It is also an excellent hæmostatic.

Association Intelligence.

METROPOLITAN COUNTIES BRANCH: ANNUAL MEETING.

The thirteenth annual meeting of the above named Branch was held at the Crystal Palace, Sydenham, on July 4th, Charles F. J. Lord, Esq., retiring president, and afterwards Edward H. Sieveking, M.D., president for 1865-66, in the chair. There were also present: S. S. Alford, Esq.; T. Ballard, M.D.; J. W. Barnes, Esq.; G. Bottomley, Esq. (Croydon); W. Camps, M.D.; A. Douglas, M.D.; R. Dunn, Esq.; O. A. Field, Esq.; J. FitzPatrick, M.D.; G. D. Gibb, M.D.; S. Gibbon, M.B.; R. Greenhalgh, M.D.; C. H. Rogers Harrison, Esq.; J. Hatton, M.D. (Belvedere); Charles Hawkins, Esq.; A. Henry, M.D.; Graily Hewitt, M.D.; T. Hillier, M.D.; T. Hunt, Esq.; G. A. Ibbetson, Esq.; J. C. Langmore, M.B.; H. Lee, Esq.; A. C. Maclaren, Esq.; W. O. Markham, M.D.; W. Martin, Esq. (Hammersmith); S. Norway, Esq.; J. H. Paul, M.D. (Camberwell); W. F. Ramsay, M.D.; B. W. Richardson, M.D.; H. C. Rose, M.D. (Hampstead); C. H. F. Routh, M.D.; H. Savage, M.D.; J. Seaton, M.D. (Sunbury); E. Sercombe, Esq.; F. Sibson, M.D.; J. Marion Sims, M.D.; T. H. Smith, Esq. (St. Mary Cray); A. P. Stewart, M.D.; E. H. Vinen, M.D.; G. Webster, M.D.; E. Wilson, Esq.; etc.

The minutes of the last meeting of the Branch were read and confirmed.

New Members. The following gentlemen were elected members of the Association and Branch: Octavius A. Field, Esq.; William A. Hillman, Esq.; and George A. Ibbetson, Esq. As members of the Branch were also elected: George D. Brown, Esq., Ealing; George A. Fulcher, Esq., Hanwell; and J. C. Langmore, M.B.

Report of Council. Dr. Stewart, one of the Honorary Secretaries, read the following report.

"The Council are happy to state that, notwithstanding several deaths and resignations, the accession of new members has been such as not only to maintain the Branch at its former level, but to raise it above that of any previous year. Our numbers at the last annual meeting were 200. Our losses during the year by death have been five, by resignation and removal eight; but, as thirty new members have joined during the same period, the Metropolitan Counties Branch now numbers 217 associates. Among those whom death has taken from us are, we grieve to think, our late energetic and active colleague Dr. James Bird, who long occupied the honourable and responsible post of Physician-General of the Bombay Army; Mr. Thomas Arthur Stone, whose career was long and eminently successful; Dr. Thomas Harrison of Frome, who was well known in the West of England as an able and accomplished physician; and Dr. Senhouse Kirkes, who was justly respected and admired by all his professional brethren, and beloved by all who enjoyed the privilege of his friendship.

"After the previous year of excitement and great activity, the Branch has been unusually quiescent during the past twelve months. Only one general meeting has been summoned, for the purpose of electing Directors of the Medical Provident Society, which has been instituted in connexion with the Association, and enrolled under the Friendly Societies Act, for the praiseworthy purpose of enabling duly registered medical practitioners to provide, by mutual assurance, for those exigencies of sickness and casualty which disable them from the discharge of their professional duties.

"The efforts of the Branch in behalf of the army medical officers have been followed by gratifying results. The orderly officer of the day, as proposed by the Director-General to the deputation that waited on him last July, now superintends the operation of branding, instead of the medical officer, who attends, as at flogging, in the interest of the soldier. The staff-surgeon now receives regular forage allowance; and the regimental surgeon is now allowed the quantity of baggage which he was entitled to by the Queen's Warrant, but denied by the Queen's Regulations. Nor is this all; for he is now exempted from the expenses of new commissions on being transferred from the staff to a regiment, and from renewed payment of mess and band fees on each occasion of exchange or transfer from one regiment to another; and military honours have of late been awarded to army surgeons with a very liberal hand.

"Still the master grievance remains unredressed. The right, conferred on him by the Warrant of 1858, of presiding over, and even (except in the rare case of an officer senior to him being president) of sitting on, sanitary and other boards and committees, where his presence may be said to be essential, is still withheld from the experienced regimental surgeon. And it cannot be expected that confidence and contentment will be thoroughly restored, until the authorities shall have given full effect to the Warrant of 1858, and shall have afforded some security that measures adopted after long and conscientious inquiry shall not be liable to be superseded by private memoranda, of which the existence is unknown even to those most seriously affected by them.

"That greater results have not flowed from the efforts of the Branch, and from the rejection of Sir Charles Wood's Indian Medical Bill last autumn by the House of Commons, is doubtless owing to the large influx of candidates for army appointments, the overwhelming majority of whom have come from Ireland. Yet the question is by no means shelved. After protracted investigation and repeated discussions, the College of Physicians has at length decided on transmitting letters, under the College Seal, and signed, in the name of the College, by its distinguished President, to the Secretary for War and the First Lord of the Admiralty, praying for a return to the Warrant of 1858. The Committee of Council, at its last meeting at Birmingham, directed a memorial in favour of the claims of their brethren in the United Service to be drawn up, and submitted to the annual meeting of the Association at Leamington. It is also instructive to observe, that the pertinacious denial of justice to the naval surgeons is once more producing its natural results in a great scarcity of medical candidates for the Navy.

"Your Council would remind the members, not only of this Branch, but of the Association generally, that they have much in their power at the impending general election; and would express their earnest hope that resolutions will this day be adopted, urging on the medical profession the importance of united action in favour of Army and Navy and Poor-law Medical Reform. In this way alone can we hope to secure the objects we have in view.

"An account of the proceedings of the Parliamentary Committee of the Branch will be read by Dr. Gibbon, the Honorary Secretary. The Council recommend that this Report be printed in the Journal.

"The Council have approved of a series of resolutions, providing for the holding of stated meetings of the Branch for the discussion of subjects connected with sanitary science and with the social and political interests of the medical profession. The proposals, of which due notice has been given in the circular convening the annual meeting, will be brought under the consideration of the Branch in the course of the day's proceedings.

"The question of the continuance of the JOURNAL having again been raised, the Branch cannot avoid expressing its opinion, whether or no our weekly organ should be maintained, and also whether its Editor has not deserved well of the Association in the past, and is not entitled to a continuance of the confidence hitherto reposed in him.

"An expression of opinion is also required on another very important subject—the propriety of applying for a Royal Charter of Incorporation. The matter having been referred to them by the Cambridge meeting, the Committee of Council, approving strongly of the proposal, as likely, if carried out, greatly to increase the influence and stability of the Association, appointed a subcommittee, consisting of Drs. Richardson, Westall, and Stewart, to prepare, under the guidance of Mr. Robert B. Upton, the eminent solicitor, a Draft Charter and Petition, to be submitted to the annual meeting. We are called at present only to discuss the *principle* of a Charter of Incorporation; the members of the Association will very soon have an opportunity of considering the *details*, as the Draft and Petition will appear in this week's JOURNAL.

"*Financial Report.* Your Council have much pleasure in laying before the meeting the following Statement of the Income and Expenditure of the Branch for the past year. It will be seen that a satisfactory balance remains in hand, after meeting all the expenses.

Income.	£	s.	d.
Balance in hand, July 12, 1864	16	8	0
Subscriptions since received	19	2	6
	35	10	6
Expenditure.			
Expenses of Parliamentary Committee	6	15	3
Printing, travelling, and miscellaneous expenses incurred by Secretaries.....	15	9	0
Donation to the "Peter Martin Testimonial Fund"	5	0	0
	27	4	3
Balance.....	8	6	3
	35	10	6

"I have examined the above account with the vouchers, and do find the same to be correct and true. JOHN ROSE CORMACK, Auditor. 4th July, 1865."

Mr. ERASMUS WILSON moved—

"That the Report of Council now read be received, adopted, and printed in the JOURNAL."

Dr. SEATON seconded the resolution, which was carried unanimously.

Report of Committee on Parliamentary Bills. The following report was read by Dr. GIBBON:—

"The Committee again have the pleasure of submitting to the annual meeting a statement of their transactions in the interests of the profession during the past year.

"The Government Annuities Bill, which received the Royal assent on July 14th, 1864, came into operation one month after the Tables and Regulations respecting such Insurances and Annuities had been submitted to Parliament in its present session. The fee to be given for medical examinations and reports, viz., 2*s.* 6*d.* for policies below and 5*s.* for those above £60, was fixed much lower than 'the fair rate of remuneration' which your Committee were led to expect, and the very moderate scale advocated by them during the passage of the Bill through Parliament, viz., either an uniform fee of 5*s.* or one varying from 2*s.* 6*d.* to 10*s.* 6*d.* according to the sums insured, which must be between £20 and £100. The reports required to be furnished by the medical examiner are very voluminous—perhaps unnecessarily so, and will involve a considerable amount of time and responsibility. Your Committee, therefore, deemed it advisable to protest against this inadequate remuneration. They sought an interview with the Postmaster-General, who had fixed it, and urged upon him the expediency as well as the justice of giving an uniform fee of at least 5*s.* for each medical examination. The deputation, which was influentially attended, was courteously received and attentively listened to by Lord Stanley of Alderley. In reply to the arguments adduced, he stated that, inasmuch as more than seven hundred medical gentlemen of eminence and standing in the profession had already assented to do the work at the proposed remuneration, and the leading medical journal had pronounced it to be 'sufficiently liberal,' he did not feel justified in raising it, but promised to try to curtail the reports required from medical examiners. The Committee are advised, that the rates exacted for these insurances will admit of a proper fee being given to the medical examiner, on whose skill, care, and judgment, the success of the scheme mainly depends. They regret, therefore, that so many gentlemen have consented to a rate of remuneration so much lower than that given by other insurance companies, and even to veterinary surgeons, for analogous, though less onerous services.

"Towards the close of the last session, a measure was introduced into Parliament by the Right Honourable the Secretary of State for India, to enable that minister to substitute a system of *patronage* for the system of *competitive examinations* in recruiting the Indian Medical Service. Although the Bill was entitled a Bill to repeal certain parts of 'the Act of the 16th and 17th year of her Majesty, Chapter 95, and to make provision for the medical service of her Majesty's Indian Forces,' and was said by its promoter merely to have for its object to enable assistant-surgeons to be transferred from the Queen's to the Indian army, he objected to a clause thus limiting its action, proposed by Mr. Pope Hennessy. The Committee regarded the measure as one injuriously affecting the status and interest of the profession at large, and of the Indian Medical Service in particular. Therefore, with the view of strenuously opposing it, they placed themselves in communication with several members of Parliament, and are happy to be able to state that the Bill was defeated on the third reading by a majority of two against the Government. Had it passed into law, it would have deprived the profession of the control which it now has for several years exercised with advantage over the Indian medical appointments, and would have degraded that service by a system of purely government patronage. For this happy result, the thanks of the profession are due to Mr. Pope Hennessy, Mr. Cox, and the members of the House of Commons who divided with them on that occasion, as well as to Mr. Ernest Hart, an active member of your Committee.

"In the early part of the present session, a Bill was introduced by Sir Robert Peel, 'to provide for Superannuation Allowances to Officers of Unions in Ireland.' As, in the corresponding Bill passed last

session for England, the wording of this Bill was such as to exclude the over-worked and ill-paid medical officers from its benefits, the Committee requested Dr. Brady to move that the words 'whose whole time has been devoted to the service of the union' be omitted. He did so, but unfortunately without success.

"Two rival Bills for regulating the Qualifications of Chemists and Druggists were introduced by Sir Fitzroy Kelly and Sir John Shelley into the House of Commons, and were subsequently referred by the House to a select committee. The main objects of each Bill were, to provide a compulsory examination to test the competency of persons desirous of exercising the trade of a druggist, and to form a register of persons thus examined and qualified. These objects are laudable in themselves, and may be necessary for the public safety; but there is great danger lest the body thus constituted should usurp the functions of medical practitioners. It is well known that many chemists and druggists, both members of the Pharmaceutical Society and others, already practise medicine to a considerable extent; indeed, your Committee have been informed of instances in which druggists are largely engaged as unqualified medical practitioners —even acting as surgeons to benefit societies, clubs, etc. The Committee fear that the temptation to this kind of irregular practice will be increased by raising the educational status of chemists and druggists; for the public, who infer that the dealers and compounders of drugs must know a good deal as to their application, will be confirmed in the erroneous inference by the fact of the druggists holding a parliamentary certificate or diploma as to education and competence. The public, perhaps, are also encouraged to seek medical advice from the druggist, by the practice followed by some medical practitioners of attending at stated times in druggists' shops for the express purpose of dispensing advice to such of their customers as require it.

"In order to prevent this danger to the interests of the public, no less than of the profession, the Committee resolved to endeavour to get the following clause added to Section XVIII of the Bill promoted by the Pharmaceutical Society, which protects medical practitioners in such right of practising pharmacy as they have hitherto enjoyed: 'And it shall not be lawful for any person registered under this Act, to prescribe for any patient, or undertake the treatment of disease, or in any way assume to act as a medical practitioner; and every chemist and druggist so offending, shall, upon a summary conviction, forfeit or pay a sum not exceeding £5.' The Chemists' and Druggists' Bill (No. 2), promoted by the United Society of Chemists and Druggists, in two points appeared to your Committee to be superior to the No. 1. Bill. First, it contained a broader and better definition of the chemists and druggists to be registered than the No. 1 Bill; it provided that all persons engaged in retailing or dispensing dangerous drugs, simple or compounded, enumerated in a schedule, shall be registered; whereas the Bill (No. 1) limited the examination and registration to persons actually engaged in compounding the prescriptions of duly qualified medical practitioners. Secondly, it proposed to regulate the sale of all active poisons. The Committee thought the time when these pharmacy bills were under discussion in the legislature an appropriate one for entering a protest against the unlimited sale of patent, quack, and other secret remedies; the vast majority of which, if not actually injurious to health, are worthless, and generally a fraud upon the purchaser. Your Committee, therefore, decided to attempt to get the following clause inserted in whichever Bill might be approved by the Select Committee. 'No patent, quack, or other medicine shall be sold, unless a sworn certificate of its composition be lodged with the Registrar appointed under this Act, and a copy thereof be open for inspection in the shop or place in which such medicine is sold, and any person or proprietor of a shop, selling any secret remedy, shall, on summary conviction for each such offence, be liable to a penalty not exceeding £20.' A deputation from the Committee waited upon Sir Fitzroy Kelly, who had charge of the No. 1 Bill, to explain the purport of these proposed amendments. Their Honorary Secretary had several interviews with the chairman, Sir John Shelley, and other active members of the Select Committee. They caused copies of the amendments to be circulated amongst members of the Select Committee and other members of Parliament. They presented a petition in favour of them, which was referred by the House of Commons to the Select Committee. The Select Committee, after examining both Bills and taking some evidence, came to the resolution that legislation was required to regulate the sale of poisons; that the Government ought to frame a Bill for the purpose; and that the subject of an examination for chemists and druggists ought to be deferred until the next session.

"The Committee have also from time to time considered the effect on the profession of the following Bills, which have been introduced into both Houses of Parliament since the last annual meeting of the Branch; and they have in some instances suggested amendments or alterations therein where it appeared to them to be advisable.

"The Contagious (or Venereal) Diseases Prevention Bill, which proposes to make the entrance of prostitutes, suspected or known to be diseased, into civil hospitals, chartered for the purpose by Government, compulsory under severe penalties.

"The Sewage Utilisation Bill for facilitating the more useful application of town sewage in Great Britain and Ireland.

"The River Waters Protection Bill, which proposes to amend and improve the laws for the protection of waters in rivers and streams in England.

"The Capital Punishment within Gaols Bill, which proposes that the execution of criminals shall take place within gaols.

"The County Infirmaries (Ireland) Bill for the better management of the county infirmaries in Ireland, one provision of which is that no newly constituted governor shall have a vote in the election of the surgeons or physicians until one year after the payment of his donation or first subscription.

"The Prisons Bill, which effects many alterations in the management and administration of gaols and prisons.

"The labours of your Committee would be attended with more success, were the interests of the profession better appreciated and understood by members of the legislature. It is a matter of congratulation, therefore, that four members of the profession are aspiring to seats in the next House of Commons. Your Committee cannot conclude this report without cordially wishing them success, and earnestly commending their claims to the support and interest of their professional brethren who have votes in the respective constituencies.

"(Signed) SEPTIMUS GIBBON,
"*Honorary Secretary.*"

Dr. HATTON proposed, Mr. BARNES seconded, and it was unanimously resolved—

"That the report now read be received, adopted, and published in the JOURNAL; that the best thanks of the Branch be given to the committee, and especially to Dr. Gibbon, the Honorary Secretary; and that they be reappointed, and requested to continue their services."

Officers and Council for 1865-66. The ballot having been taken, the following officers and council were declared to be elected for the ensuing year: *President*, Edward H. Sieveking, M.D.; *President-elect*, Henry Lee, Esq.; *Vice-Presidents*, F. Sibson, M.D., F.R.S.; C. F. J. Lord, Esq.; *Treasurer*, E. Lankester, M.D., F.R.S.; *Secretaries*, A. P. Stewart, M.D.; A. Henry, M.D. *Other Members of Council. For the Metropolitan District*: A. Billing, M.D., F.R.S.; J. Rose Cormack, M.D.; R. Dunn, Esq.; S. Gibbon, M.B.; J. R. Gibson, Esq.; W. O. Markham, M.D.; C. H. Rogers-Harrison, Esq.; H. Thompson, Esq. *For the Extra Metropolitan District*: C. Drage, M.D. (Hatfield); J. H. Paul, M.D. (Camberwell); T. Heckstall Smith, Esq. (St. Mary Cray); G. Webster, M.D., Dulwich.

The retiring president, Mr. LORD, after making a few remarks, introduced his successor and vacated the chair.

President's Address. Dr. SIEVEKING the new president, delivered an address, which was published at page 1 of last week's JOURNAL.

Mr. HECKSTALL SMITH proposed—

"That the cordial thanks of the meeting be given to Dr. Sieveking for his excellent address, and that he be requested to allow it to be published in the JOURNAL."

Dr. MARION SIMS seconded the resolution. He was one of the youngest members of the Branch; and, if he had had any doubts as to the usefulness of the Association, such doubts would have been altogether removed by the reports and the address which he had just heard.

The vote of thanks was carried by acclamation.

Representatives in the General Council. On the motion of Dr. Stewart, the following members were elected to represent the Branch in the General Council of the Association:—A. Billing, M.D., F.R.S.; S. Gibbon, M.B.; A. Henry, M.D.; H. Lee, Esq.; C. F. J. Lord, Esq.; W. O. Markham, M.D.; C. H. Moore, Esq.; B. W. Richardson; F. Sibson, M.D., F.R.S.; E. H. Sieveking, M.D.; with A. P. Stewart, M.D., Secretary, *ex officio*.

Medical Provident Society. Dr. STEWART moved, Mr. DUNN seconded, and it was unanimously resolved,

"That Charles F. J. Lord, Esq., S. W. J. Merriman, M.D.; and James Paget, Esq., F.R.S., be elected Directors of the Medical Provident Society."

The Coming Elections. Dr. STEWART said that, as the general election was close at hand, it was important that medical electors should endeavour to obtain from candidates pledges as to their conduct in regard to medical matters. The demands made should be brief and intelligible; but it was important to act at once. He proposed—

"That, in the opinion of this Branch, medical electors should withhold their votes and influence from candidates for seats in Parliament who will not support the restoration in their integrity of the Army and Navy Medical Warrants of 1858-59, and the appointment of representatives of the medical profession on the Poor-law Board."

Dr. MARKHAM seconded the proposal, which he considered to be thoroughly practical. He believed that there were very few members of Parliament not directly connected with the public services, who could refuse the requests of the medical profession. At all events, so good an opportunity as the present one should not be lost.

Dr. GIBBON supported the resolution.

Mr. LORD asked how medical men could attempt to make conditions with candidates for parliament, when, for every man who gives up a poor-law appointment, numbers of others came forward for the vacant place.

Dr. WEBSTER supported the motion. He looked on the appointment of Dr. Edward Smith as poor-law inspector as a step in the right direction.

Mr. ROGERS-HARRISON would not oppose the motion, but considered that until the medical profession took a higher standing, no attention would be paid to it in the legislature.

Dr. STEWART was quite aware of what had been stated by the previous speakers as to the readiness with which appointments of little worth were sought for by medical men. It was for this reason that he did not propose co-operation in carrying out details, but merely laid down a few general principles. As for the argument that the attempt was hopeless, we must make up our minds to be beaten at first; but, by perseverance, we might be in a very different position in a few years. A beginning should be made.

The motion was then put to the vote and carried.

Meetings of the Branch. Dr. HENRY proposed the following resolutions, being those referred to in the Report of Council:—

"1. That four ordinary meetings of the Branch be held in each year, on such days as the Council of the Branch may determine.

"2. That the object of these meetings be the discussion of subjects connected with sanitary science, and with the social and political interests of the medical profession.

"3. That a subject for discussion at each meeting be fixed by the Council; and that notice of the same be given in the BRITISH MEDICAL JOURNAL at least fourteen days before the meeting.

"4. That it be optional with the member opening the discussion to do so either from or without a written paper.

"5. That the Council be empowered to take such steps as may be necessary for carrying out the preceding resolutions."

Mr. BARNES seconded the resolutions, which were carried.

Alteration of Laws. Dr. HENRY, having given the required notice of his intention to propose certain alterations in the laws of the Branch, now moved—

"That Law 1 be altered as follows:—'1. The Metropolitan Counties Branch shall include the counties of Middlesex and Hertfordshire, and such portions of Surrey, Kent, and Essex, as are comprised within the limits of the London postal district.'"

Mr. W. MARTIN seconded the proposal, which was carried.

Dr. HENRY proposed—

"That Law 8 be altered to the following form:—'The twelve Ordinary Members of Council shall be chosen annually, four at least of them being resident beyond the town limits of the London postal district. They shall all be capable of re-election, with the exception of the six who have attended the fewest meetings of the Council, who shall not be eligible for one year.'"

Dr. WEBSTER seconded the motion.

Dr. SEATON objected to the proposal; and moved as an amendment, that the words "four of them being resident beyond the town limits of the London postal district" be omitted.

Dr. HATTON seconded the amendment, which, after some further discussion, was put to the vote and lost.

The original motion was carried; the words "at least" being inserted with the consent of the proposer and seconder.

Dr. HENRY moved an alteration of Law 9, so to remove the obligation to hold the annual meeting of the Branch on a Tuesday.

The resolution was carried.

Dr. HENRY moved, Dr. STEWART seconded, and it was unanimously resolved—

"That the following new law be adopted, viz.:—'Four ordinary meetings of the Branch shall be held in each year for the discussion of subjects of professional interest, at such times and under such regulations as the Council, or the Branch at an annual meeting, may determine.'"

The BRITISH MEDICAL JOURNAL. Mr. DUNN moved, Dr. SIBSON seconded, and it was carried without a dissentient voice—

"That the JOURNAL is, in the opinion of this Branch, essential for maintaining the unity and increasing the influence of the British Medical Association; and that the editor deserves the best thanks of the Branch for his unwearied efforts to uphold the honour and promote the highest interests of the medical profession."

Dr. MARKHAM briefly acknowledged the vote of thanks.

The Proposed Charter of the Association. Dr. RICHARDSON moved—

"That, in the opinion of this Branch, a Royal Charter of Incorporation will conduce to the stability, and greatly increase the influence for good to the entire profession, of the British Medical Association."

Dr. WEBSTER seconded the resolution, which was carried.

Vote of Thanks to the Retiring President. Dr. GIBBON moved, and it was unanimously resolved—

"That the cordial thanks of the Branch be given to the retiring president, Charles F. J. Lord, Esq., for his able and courteous conduct in the chair on all occasions, and for the active interest he has taken in the welfare of the Branch, and in all subjects brought under its notice."

Dinner. The business having been concluded, the members and their friends, to the number of forty-three, dined together; E. H. Sieveking, M.D., in the chair.

WEST SOMERSET BRANCH: ANNUAL MEETING.

THE annual meeting of the West Somerset Branch was held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at half-past two o'clock. The members present were, H. Alford, Esq.; W. E. Gillett, Esq.; W. M. Kelly, M.D.; H. J. Kinglake, M.D.; W. Liddon, M.B.; R. Marchant, Esq.; H. Norris, L.R.C.P.; H. P. Oliver, Esq.; T. Plowman, Esq.; J. Prankerd, Esq.; H. W. Randolph, Esq.; and W. L. Winterbotham, M.B. The following visitors were also present—Dr. Hill (North Curry); Mr. Prankerd, jun. (Langport); and Mr. C. S. Smith (Burbage).

The retiring President, Dr. Kinglake, after a few remarks, introduced the President-elect, HUGH NORRIS, L.R.C.P.Ed., who then took the chair.

A vote of thanks to the retiring President, Dr. Kinglake, was passed by acclamation.

The HONORARY SECRETARY (Dr. Kelly) announced that he had received letters from Messrs. G. Stuckey, H. E. Norris, J. B. Collyns, W. M. Silke, S. F. Bridge, J. Cornwall, J. D. Adams, R. Martyn, W. Reynolds, H. J. Alford, G. R. Burt, and C. H. Cornish, expressing regret at their unavoidable absence.

The minutes of the last annual meeting were read. In reference to resolutions then passed, the Secretary read a letter from Mr. J. B. Collyns, dated July 13th, 1864, expressing on behalf of his mother "her estimation of the kind feeling of the associates, as embodied in their resolution" of July 6th, 1864; also, a letter from Earl de Grey, the Secretary of State for War, dated August 2nd, 1864, acknowledging the receipt of the memorial from this Branch "on the subject of the unsatisfactory state of the Medical Department of the Army, and the measures which should be adopted with a view to rendering the same more attractive", and assuring the memorialists that "their representations should receive his lordship's careful consideration."

Report of Council. The following report of council was then read.

"I. Your Council have to report that the Branch has been maintained in more vigorous action during the past year than at any previous period since its formation; but, in point of number, it is a matter for regret that one member (Mr. Hill) has died, and another (Mr. Fowell) has resigned, and no addition has been made to the list, which at present includes the names of thirty only, out of about a hundred and twenty medical men, who are practising within the area which this Branch should embrace.

"II. In accordance with a resolution passed at the last annual meeting, three quarterly meetings have been held during the year, at which the following cases and papers were communicated.

"1. On an Epidemic of Scarlatina, with Statistical Table and Remarks. By W. Legge, Esq.

"2. Two Cases of Excision of the Eye. By William Liddon, M.B.

"3. Case of Remarkable Birth. By W. M. Kelly, M.D.

"4. Case of Induction of Premature Labour by Barnes's Dilators. By W. M. Kelly, M.D.

"5. On the Effect of Iodine in retarding the Growth of the Fœtus, and its application in cases of Deformed Pelvis. By Hugh Norris, L.R.C.P.Ed.

"6. On Tincture of Digitalis in Delirium Tremens. By S. Farrant, Esq.

"7. On the Value of Perchloride of Iron in Obstetrics; with Cases. By Hugh Norris, L.R.C.P.Ed.

"8. Case of Phlegmasia Dolens in a Boy, aged eleven. By H. J. Alford, M.B.

"These meetings were not so numerously attended as the interesting, instructive character and practical tendency of their proceedings should have caused them to be. Gentlemen who have not heretofore been present, are (if these meetings are continued) urged to come for the future, and, as they may have opportunity, contribute papers or cases.

"III. The Treasurer's Report shows that there are some arrears of subscriptions due to the Parent Association, which he would be much obliged if members would pay up. There is a balance, in the Treasurer's hand, of £4:0:10 in favour of the Branch.

"IV. Communications from the Medical Provident Society, with reference to the election of a Director of that Society by this Branch, will be laid before you.

"V. Your Council desire to draw the attention of the Branch to the incessant efforts which have been made by Mr. R. Griffin to improve the condition of the Poor-law medical officers, and to bring about a reform of the Poor Law.

"This Branch may contribute its moral and pecuniary aid towards these objects; and resolutions on this subject will be submitted.

"VI. The recent appointment of Dr. Edward Smith as an Inspector of Poor Law, is a circumstance which this Branch may particularly take pleasure in noticing, as, at the annual meeting in 1863, the introduction of a medical element into the Poor-law Board was fully discussed, and a resolution on the subject passed and sent to the Parent Association.

"VII. Your Council would again impress upon

individual members of the Branch that its efficiency and importance depends on themselves; and that each member should help towards keeping up the numbers on the roll; and, by attendance and communications at the meetings, assist in rendering them agreeable, pleasant, and useful."

Treasurer's Report. The Treasurer's balance-sheet, audited by Mr. Gillett and Mr. Randolph, was read and passed.

Intermediate Autumn and Spring Meetings. It was proposed by Mr. RANDOLPH, seconded by Mr. ALFORD, and resolved unanimously—

"That two evening meetings of the Branch be held during the ensuing year (instead of three quarterly meetings); the first to be held on the 4th Oct. next, and the second on the 28th March, 1866, at five o'clock, at which hour dinner shall be served for those gentlemen who desire to dine together, after which papers and cases may be communicated."

Medical Provident Society. Letters were read from the Chairman and the Secretary of the Medical Provident Society, relative to the election of a Director. As it appeared that no member of this Branch was a member of the Provident Society, and thereby qualified for the office, the meeting was not then in a position to elect a Director.

Poor Law. It was proposed by Dr. KELLY, seconded by Mr. PRANKERD, and resolved unanimously—

"That this Branch expresses its warm approval of the efforts made by Mr. R. Griffin towards effecting a reform of the Poor Law and improving the condition of the Poor-law medical officers; and that a contribution of £2 out of the funds of this Branch be sent to Mr. Griffin, to assist in defraying the expenses he has incurred."

A letter was read from Dr. Mead of Newmarket, dated July 1st, 1865, together with a copy of resolutions (on the subject of Poor-law Reform) passed recently at the annual meeting of the Cambridge and Huntingdon Branch. The feeling of the meeting, after a long discussion, went, to a great extent, in cordial approval of the spirit of those resolutions.

Next Annual Meeting: President-elect. It was proposed by Dr. KINGLAKE, seconded by Mr. ALFORD, and resolved unanimously—

"That the next annual meeting be held at Ilminster; and that G. R. Burt, Esq., be President-elect."

Council of the Branch. It was resolved—"That Messrs. H. Alford, G. Kidgell, and W. L. Winterbotham, be elected to fill the vacancies in the Council"; which, for the ensuing year, will then consist of Messrs. W. E. Gillett, W. Liddon, H. W. Randolph, and the before-named gentlemen.

Secretary and Treasurer. It was proposed by Mr. ALFORD, seconded by Mr. PRANKERD, and resolved unanimously—

"That Dr. Kelly be re-elected as Honorary Secretary and Treasurer."

Votes of Thanks to the Council for their services during the past year, and to the Secretary and Treasurer, were unanimously passed.

President's Address. An able and suggestive address was read by the President, and will be published in the JOURNAL.

It was proposed by Dr. KINGLAKE, seconded by Mr. RANDOLPH, and carried by acclamation—

"That the best thanks of the meeting be given to the President for his address; and that he be requested to send it to the JOURNAL for publication."

Dinner. Fifteen members and visitors then dined together, under the presidency of Mr. Norris.

MIDLAND BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Town Library, Leicester, on Wednesday, June 28th; under the presidency of JOHN BARCLAY, M.D. There were also present:—W. C. Irwin, M.D., C. H. Marriott, M.D., G. Pearce, M.D., G. Shaw, M.D., J. Sloane, M.D., T. W. Benfield, Esq., C. Bowmar, Esq., A. Cooper, Esq., H. Lankester, Esq., and J. Orrock, Esq. (Leicester); W. Ogle, M.D., J. W. Baker, Esq., W. G. Copestake, Esq., and A. H. Dolman, Esq. (Derby); W. F. Franks, Esq. (Billesdon); J. V. Solomon, Esq. (Birmingham); R. H. Thomas, Esq (Ibstock); W. Webb, M.D. (Wirksworth); etc.

President's Address. The President delivered an address, which is published at p. 31. Considerable discussion followed the reading of Dr. Barclay's address; Dr. Shaw and Mr. Marriott expressing their dissent from his views regarding fever.

Papers. The following papers were then read.

1. Cases of Near Sight treated by Intraocular Myotomy. By J. Vose Solomon, Esq. Mr. Solomon's communication was one of great interest, as suggesting a means of relief for myopic persons. He stated, in reply to questions, that he had performed the operation with partial success, even in adult life, and that he had only once lost an eye through the refractoriness of a little patient, who tore off the bandages.
2. Notes on a Case of Hydatids of the Liver. By Wm. Webb, M.D.
3. Some Observations on the Temperature of the Body in Disease. By Wm. Ogle, M.D.
4. On Embolism. By W. G. Copestake, Esq.
5. Record of Cases of Median Lithotomy. By C. H. Marriott, Esq.

Mr. White of Nottingham and Dr. Morris of Spalding, who had promised papers, telegraphed that they were prevented from starting from home.

The usual votes of thanks were passed to the authors, with the request that the papers might be published in the JOURNAL.

New Members. Dr. Holland of Matlock, and Messrs. Brown of Uppingham and Orrock of Leicester, were elected members of the Branch.

Messrs. Fry of Kibworth, and Curgenven of Derby, were elected members of the Branch, and proposed as members of the Association.

Medical Provident Society. Thomas Paget, Esq., of Leicester, and William Ogle, M.D., of Derby, were elected members of the Directorate of the Medical Provident Society.

Representatives in the General Council. The following gentlemen were elected by the Branch as members of the General Council:—J. W. Baker, Esq., Derby; J. Barclay, M.D., Leicester; H. Goode, M.B., Derby; C. H. Marriott, M.D., Leicester; E. Morris, M.D., Spalding; G. E. Stanger, Esq., Nottingham; T. Sympson, Esq., Lincoln; and J. White, Esq., Nottingham.

Secretaries. The four Secretaries—Dr. Mitchinson for Lincoln, Mr. Dolman for Derby, Mr. White for Nottingham, and Dr. Sloane for Leicester—were re-elected unanimously.

Dinner. After the meeting, the members and their friends dined together at the "Bell", where an excellent dinner was provided, and a most sociable evening was spent.

DEATH FROM ALLEGED FRIGHT. A drunken fellow at Manchester is said to have died of fright, believing he had caught hydrophobia from a dog, which had bitten him.

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

The annals of secret poisoning have rarely revealed crimes so horrible and monstrous as those for which Edward William Pritchard stood arraigned before the High Court of Justiciary but a few days since. Rarely has the poisoner so deliberately and so gradually accomplished his dreadful task; and still more rarely has he succeeded in hiding his guilty intentions to the extent to which this wicked man succeeded in doing. Terrible and appalling from their very nature, a cause of special regret to a noble profession which has been sullied by so base a man as Edward William Pritchard, the crimes for which he has been sentenced to a well-deserved and ignominious death must, from the scientific as well as the general interest which is connected with them, take a place with those of Castaing, Palmer, Bocarmé, Dove, and La Pommerais, amongst the *causes célèbres* of the nineteenth century.

Before entering upon a consideration of those points in the recent trial which are of medical and medico-legal interest, it may not be uninteresting to allude to the circumstances which preceded and which led to the arrest of Dr. Pritchard on March 20th.

The antecedents of Dr. Pritchard are tolerably well known. Having become a member of the College of Surgeons of England in 1846, he entered the Royal Navy as an assistant-surgeon. Whilst in the service, he became acquainted with the unfortunate lady whom he married. Having resolved to enter into private practice, he left the navy, and settled at Filey in Yorkshire. Thence, after a period of a few years, he removed to Glasgow. During the six years which have elapsed from the time of his settling in Glasgow, he appears to have been tolerably successful as a general practitioner; and, although not a few of his medical brethren had good grounds for treating Dr. Pritchard with coldness and distrust, he was generally considered a man of respectability. His conduct, however, during the period of his residence in Glasgow, was not irreproachable. Of very mediocre professional abilities, he had made himself well known to many by his habits of exaggeration and boasting, and had on two occasions attracted the attention of the police authorities of Glasgow, who had been called upon to investigate two most serious criminal charges, in each of which he was the person implicated. So secretly are the preliminary steps of all judicial investigations carried out in Scotland, that, as the Crown authorities did not deem it expedient to proceed against Dr. Pritchard on the two charges alluded to, his professional position received no injury.

During many years of married life, Dr. Pritchard seems to have conducted himself in such a way as to lead his friends and relatives to suppose that the best understanding existed between his wife and himself. She had during that time borne him a family of five children, of whom the eldest is now a girl of fourteen, the youngest a boy of five. Mrs. Pritchard appears to have enjoyed good health until the beginning of the month of November 1864, when she began to suffer from sickness and vomiting, which, with short intervals, continued until the time of her death on March 18th, 1865. During this illness, she was under the medical care of her husband, who, however, on several occasions consulted Dr. Paterson and Dr. Gairdner. The opinion of these gentlemen will be afterwards fully commented upon.

Some weeks before Mrs. Pritchard's death, her mother, Mrs. Taylor, who lived in Edinburgh, went to Glasgow for the purpose of nursing her. This old lady, who had always enjoyed good health, suffered after her arrival in Glasgow, on one or two occasions, from vomiting and purging—from symptoms, in fact, resembling those of Mrs. Pritchard. She was, however, in comparatively good health until February 25th, when she was suddenly taken ill, and died in less than four hours. She was, before her death, seen by Dr. Paterson, who found her dying, as he thought, from the effects of a narcotic poison.

The body of Mrs. Taylor was, immediately after her death, conveyed to Edinburgh, and buried in the Grange Cemetery. Dr. Paterson, on being applied to by the registrar, refused to grant a certificate of death, alleging that Dr. Pritchard, who had attended the case, ought to be applied to. Thereupon, Dr. Pritchard certified that the primary disease had been paralysis; that its duration had been twelve hours; and that the secondary disease was apoplexy.

After an interval of three weeks, Mrs. Pritchard died, exhausted by the vomiting and purging. Her body was taken to Edinburgh by Dr. Pritchard, there to be buried beside that of her mother. The police, probably struck by the fact of Mrs. Pritchard's death having so rapidly succeeded that of her mother, instituted inquiries. The difficulties which had occurred in the registration of Mrs. Taylor's death, the facts connected with Pritchard's past history, with which they were acquainted, were well qualified to arouse suspicion. During Dr. Pritchard's absence in Edinburgh on March 20th, a warrant for his apprehension was issued; and, on his return to Glasgow in the evening, he was accordingly taken into custody, and moved to the police-office. At the same time a warrant was sent to Edinburgh, ordering an examination of the body of Mrs. Pritchard to be made previous to interment. The examination of the body was made on March 21st, by Professor Maclagan and Dr. Littlejohn; and the opinion these gentlemen arrived at may be learned from the last sentences of their report.

"We have to report that this body presented no appearances of recent morbid action, beyond a certain amount of irritation of the alimentary canal, and nothing at all capable of accounting for death. We have, therefore, secured the alimentary canal and its contents, the heart and some of the blood, the liver, the spleen, the left kidney, and the urine, in

order that these may be submitted to chemical analysis."

Dr. Maclagan subsequently performed a chemical analysis of the portions of the body which had been removed for that purpose: it resulted in the detection of very large quantities of antimony in all the viscera. From his experiments, he was led to a series of conclusions, of which the following are the most important.

"1. That Mrs. Pritchard had taken a large quantity of antimony, in the form of tartar emetic.

"2. That, having regard to the absence in her case of any morbid appearances sufficient to account for death, and to the presence in it of a large quantity of a substance known to be capable of destroying life, her death must be ascribed to the action of antimony.

"3. That it is most unlikely that this poison was taken in a single large dose. Had this been the case, I should have expected to have found some more decided evidence of irritant action in the mouth, throat, or alimentary canal.

"4. That, from the extent to which the whole organs and fluids of the body were impregnated with it, it must have been taken in repeated doses, the aggregate of which must have amounted to a large quantity.

"5. That, from the large amount found in the liver, from its ready detection in the blood, and from its being found passing so copiously out of the body by the bile and urine, it is probable that some of the poison had been taken at no greater interval than a period of a few days previous to death."

An order was then issued for the examination of the body of Mrs. Taylor, which had been buried on February 25th. The examination took place on March 28th. The result was, that Dr. Maclagan and Dr. Littlejohn, who conducted the examination, were unable to discover in the body of Mrs. Taylor any morbid appearances capable of accounting for death. On subjecting the contents of the stomach and intestines, the liver, heart, spleen, kidney, stomach, coats of the rectum, the uterus, the brain, and the blood, to chemical analysis, antimony was discovered in all of them.

So intimately were the two cases of Mrs. Taylor and Mrs. Pritchard connected together, that they were both included in one indictment, which charged the prisoner, first, with administering to Jane Cowan or Taylor, "in tapioca and in porter or beer, and in a medicine called Battley's solution, or in some articles or article of food or drink to the prosecutor unknown, or in some other manner to the prosecutor unknown, tartarised antimony and aconite and opium, or one or more of them, or some other poison or poisons to the prosecutor unknown;" secondly, in administering to Mary Jane Taylor or Pritchard, "in egg-flip, and in cheese, and in porter or beer, etc., ... tartarised antimony and aconite, or one or other of them, or," etc.

As the death of Mrs. Taylor occurred first, the facts connected with it are first to be considered. This lady joined Dr. Pritchard's household rather more than a fortnight before her death, which took place early on the morning of the 25th of February. After her arrival, she appears, on the whole, to have enjoyed good health. On one occasion, she suffered from severe sickness and vomiting, which came on an hour and a half after she had eaten some tapioca which had been prepared for Mrs. Pritchard. (A paper bag was subsequently found in the kitchen pantry, containing tapioca mixed with tartar emetic.)

On the day of her death, Mrs. Taylor seems to have been troubled to a certain extent with diarrhœa; but to have been otherwise well. A very reliable witness, Mary Patterson, stated that she had seen Mrs. Taylor at seven o'clock in the evening of February 24th—a few hours before her death—and she appeared merely to be a little tired and out of temper. Between the hours of half-past ten and eleven on that evening, Dr. James Paterson was summoned to Dr. Pritchard's house. On arriving there, Dr. Pritchard informed him that his mother-in-law and his wife, who had lately suffered from gastric fever, having partaken of some bitter beer at supper, had been taken suddenly ill. On being taken to a bedroom upstairs, Dr. Paterson found the two poor women lying on the same bed. "On examining the face, it was rather pale; but the expression was calm and placid. The eyelids were partially closed; the lips were rather livid; and the breathing was slow and laborious. Her skin was cool, and covered with a clammy perspiration. The pulse was almost imperceptible; and she seemed to me to be perfectly unconscious. On my opening up the eyelids, I found both pupils very much contracted. From these symptoms, and judging from her general appearance, my conviction was, that she was under the influence of opium or some other powerful narcotic; and I at once pronounced my opinion that she was dying." Dr. Paterson ordered a strong turpentine enema, and mustard poultices to the calves of the legs. Although convinced that his patient was under the influence of opium or some other narcotic, which she could only, from the history of the case, have taken a short time before he saw her, he did not think it advisable, either by the use of emetics or by the stomach-pump, to empty the stomach. In his further evidence, Dr. Paterson stated that, after the enema had been administered, Mrs. Taylor became conscious for a short time.

After Mrs. Taylor's death, the woman who had the charge of dressing the body found a bottle in her pocket, about two-thirds full. This bottle, it was proved, was the one in which Mrs. Taylor usually kept Battley's solution, in which she had been in the habit of indulging for many years. A few days before her death, she had had this bottle (an eight-ounce one) filled. This bottle was sent by the authorities to Professor Penny of the Andersonian University for analysis. That gentleman made the remarkable discovery that it contained, besides genuine Battley's solution, both tartar emetic and tincture of aconite. The fluid in the bottle, when applied to the tongue, caused the most characteristic tingling. Rabbits, under whose skin it was injected, died with the most characteristic symptoms of aconite poisoning; the symptoms induced in these animals

with the fluid found in the bottle, exactly resembling those produced by Battley's solution, to which from five to seven per cent. of Fleming's tincture of aconite has been added. The fact of the discovery of aconite and antimony in this fluid, when taken in connection with the fact that the prisoner had shortly before purchased enormous quantities both of Fleming's tincture of aconite and of tartar emetic, was of the greatest importance in proving his guilt. Evidence was afterwards led, which showed that Mrs. Taylor had for many years been in the habit of using large quantities of Battley's solution. Had she then killed herself by taking an overdose of her favourite drug? or had she succumbed to the effects of aconite, to the combined effects of aconite and opium, or to the combined effects of aconite, opium, and antimony? Dr. Maclagan and Dr. Littlejohn expressed the opinion that the symptoms from which the old lady had died, had probably been produced by such a combination of drugs. Antimony in considerable amount had been found in all the organs of her body; in the contents of her stomach alone, it had been discovered to the extent of a fourth of a grain; and it could scarcely be doubted, that the depressing action of this remedy might cause a comparatively small dose of opium to prove highly dangerous. Again, was it not highly probably that the aconite present in the Battley's solution had, to a certain extent, contributed towards the production of death? Supposing this old lady had taken one hundred drops of the Battley's solution at a dose (by no means a larger quantity than a person long addicted to its use could take with impunity), the quantity of Fleming's tincture of aconite which she probably took might be estimated at about seven drops—a much larger quantity certainly than most physicians would think justifiable in any case; and certainly large enough to induce serious symptoms in an old woman who was already under the depressing influence of tartar emetic. On the other hand, the symptoms which Dr. Paterson observed when he was called to see Mrs. Taylor, were essentially the symptoms of opium-poisoning. The rapidity of the death and the extreme depression of the pulse, are the only features in the case which point to the aconite and antimony found in the Battley's solution having contributed materially in inducing death. Had Mrs. Taylor died of serous apoplexy? was another question which suggested itself in connection with her case, and which was unanimously answered in the negative by the medical witnesses to whom it was put. The total absence of any *post mortem* appearance, as well as the symptoms observed during life, negatived this supposition. After being in a state of complete insensibility, Dr. Paterson states that the patient regained consciousness, although only for a brief time.

Before mentioning the special points of interest in connection with the death of Mrs. Pritchard, it may be mentioned that, after receiving Dr. Maclagan's report of the chemical analysis of the viscera of Mrs. Taylor and Mrs. Pritchard, the Crown authorities requested Dr. Penny, of the Andersonian University, Glasgow, to institute a second and independent analysis. The conclusions to which this gentleman came, were substantially the same as those of Dr. Maclagan. In addition, however, to discovering antimony, Dr. Penny detected a small quantity of an insoluble preparation of mercury in the contents of the intestines of Mrs. Pritchard, and some mercury deposited in most of the viscera. The presence of this mercury was afterwards accounted for by the fact that, some days before the death of the unfortunate lady, Dr. Paterson had prescribed for her powders containing grey powder and calomel.

The illness of Mrs. Pritchard was a long and painful one. From the time when it first commenced, to the time of her death, it appeared to present very much the same characters. The servants in the house describe her illness to have been characterised chiefly by the following symptoms—vomiting, purging, heat in the mouth, thirst, and *cramps in the stomach and hands*. These symptoms presented a remarkable intermittency; for she would be very bad for two days, and very well a third; and, amongst the facts brought out, was the remarkable and striking one that, on the occasion of Mrs. Pritchard going to Edinburgh, to spend some time in her father's house, the sickness and vomiting, which had already existed for a long time, ceased.

A special interest seems to attach to one of the symptoms which has been alluded to; viz., to the cramps in the hands. It has been noticed by authors, that severe cramps of the extremities are very liable to occur in the course of antimonial poisoning; their situation has not, however, been very accurately described; and I am not aware that in any case the peculiar contraction of the hand which was noticed in the case of Mrs. Pritchard was found to exist. These were described very much in the same language by both medical and non-medical witnesses. Thus, Catherine Latimer said that when the cramps came on, "the fingers of her hand were straight out, and the thumb twisted underneath." Dr. Gairdner, who was called to see Mrs. Pritchard on the night between the 8th and 9th of February, professes to have been very much puzzled by the peculiar association of symptoms, and to have been peculiarly struck by the condition of her hands. "She held her hands outside the bed-clothes above her head; and I saw that the wrists were turned in, and the thumbs somewhat inverted towards the wrists—a very peculiar state of the hands." The unfortunate lady was, at the time when Dr. Gairdner saw her, in a highly excited and hysterical condition. He could not account for the cause of the vomiting, and ordered her a simple diet; insisting particularly that no stimulants should be administered. The occurrence of cramp in the hand in the case of Mrs. Pritchard, is rendered doubly interesting from the evidence of Mr. Connell, a medical student, who boarded with Dr. Pritchard. This young gentleman suffered, in November and in February, from intense sickness and vomiting. These were often accompanied by cramp in the hands.

Dr. James Paterson, who has already been mentioned in connection with the death of Mrs. Taylor, first saw Mrs. Pritchard on the evening of Mrs. Taylor's death. Whilst attending to Mrs. Taylor, he professes to have been very much struck by the appearance of Mrs. Pritchard; she seemed weak and exhausted; her voice was weak and peculiar; and, in fact, very much resembled that of a person verging into the collapsed stage of cholera. Dr. Paterson stated, in the witness-box, that he could not banish from his mind the idea, or rather the conviction, that her symptoms betokened that she was under the depressing influence of antimony. How he arrived, without any careful examination, apparently without a single interrogation, to this extraordinary conclusion, Dr. Paterson does not state. Although labouring under this conviction, he did not return to the house; he did nothing to prevent this poor woman from being poisoned; and he admitted, when cross-examined, that he at the time believed her to be poisoned.

On March 2nd, Dr. Paterson saw Mrs. Pritchard again, at the request of her husband. He found her suffering from the same symptoms which have been mentioned. His belief that she was being poisoned with antimony remained unshaken; yet he did nothing to attempt to check the crime which he believed was being perpetrated. He did not warn the poor woman of the danger of her position; he did not communicate his suspicions to Dr. Pritchard, or to any member of the household; nor did he think himself called upon to return to his poor patient, to verify the accuracy of the opinion which he had formed. Dr. Paterson had been called in by Dr. Pritchard in consultation; and he did not, he states, think himself justified in visiting his poor patient: the etiquette of the profession prevented him. When summoned on March 17th to see Mrs. Pritchard, he found her dying.

Amongst the most painful points connected with this deplorable case, the conduct of Dr. James Paterson must assuredly be placed; and it is not remarkable that it should have attracted the severest censures. If Dr. James Paterson laboured under the *conviction* that Mrs. Pritchard was being poisoned, his first duty was to attempt to save his patient, although doing so might apparently cause a slight breach of professional etiquette. But Dr. Paterson has not stated *how* he arrived at the opinion that Mrs. Pritchard was being poisoned with antimony. If he laboured under this conviction, why not obtain a few ounces of the urine of the unfortunate patient, and cause it to be analysed? The discovery of antimony in it would have certainly warranted his taking more active steps than he actually did take.

The fact that Mrs. Pritchard died of antimonial poisoning was so obvious that no attempt was made to dispute it. The question, as to whether the symptoms from which Mrs. Pritchard suffered could be mistaken for those of gastric fever, was asked, and was answered by all the medical witnesses in the negative.

The foregoing are the chief points of great medical interest which occurred in the trial. So complete are the reports which have been published in all the newspapers of the country, that, even if space permitted, it would be an useless task to give an abstract of the non-medical portions of the evidence.

Medical News.

UNIVERSITY OF OXFORD. Degree of M.D. conferred at a Congregation holden on June 22nd.

Morgan, John Edward, University College

APOTHECARIES' HALL. On July 6th, 1865, the following Licentiates were admitted:—

Bradley, John, Liverpool
Bridgman, Isaac Thomas, Camberwell
Brigstocke, Charles Arthur, Carmarthen
Davies, Thomas Henry Whitehouse, Chalford, Gloucestershire
Hackney, John, Royal Free Hospital
Harkeek, Paul Quick, Pen Treve, Truro, Cornwall
Hatherly, Henry Reginald, Derbyshire General Infirmary
Jones, Robert Arthur, Carnarvon
Roberts, Edward Coldridge, Exeter
Thomas, Jabez, Swansea
Wells, James, Nailsworth, Gloucestershire
Wills, Charles James, Park Crescent, Stockwell

At the same Court, the following passed the first examination:—

Bainbridge, George, Leeds School of Medicine
Holderness, William Broom, St. George's Hospital
Hopkins, Frederick, General Hospital, Birmingham
Williams, John, Guy's Hospital

APPOINTMENTS.

HUXLEY, Thomas H., Esq., F.R.S., appointed Fullerian Professor of Physiology of the Royal Institution.

PALFREY, J., M.D., elected Physician-Accoucheur to the Farringdon General Dispensary and Lying-In Charity.

ARMY.

HENRY, Assistant-Surgeon R., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* J. Burke.

IVEY, Staff-Surgeon W. F. T., having completed twenty years' full-pay service, to be Staff-Surgeon-Major.

MACBETH, Staff-Assistant-Surgeon H. M., to be Assistant-Surgeon Royal Artillery, *vice* R. D. Burn, M.D.

MULOCK, Assistant-Surgeon J. J., 1st Dragoons, to be Staff-Surgeon, *vice* W. F. Daniell, M.D.

SEWARD, Staff-Assistant-Surgeon T., M.D., to be Assistant-Surgeon 59th Foot, *vice* J. Warren.

WARREN, Assistant-Surgeon J., 59th Foot, to be Assistant-Surgeon 1st Dragoons, *vice* J. J. Mulock.

ROYAL NAVY.

BERNARD, Robert, B.A., M.D., Staff-Surgeon, to be Deputy-Inspector of Hospitals and Fleets, and appointed to Hong Kong Hospital.

BURTON, Matthew, Esq., Staff-Surgeon, to the *Edgar*.

MARTYN, Patrick, M.D., Surgeon, to the *Winchester*.

RICKARD, Henry, Esq., Assistant-Surgeon, to the *Wellesley*, for temporary service in Chatham Yard.

SLOGGETT, William H., Esq., Surgeon (additional), to the *President*.

DEATHS.

ANDERSON. On June 29th, at Guildford, aged 58, Maria Anne, widow of George Anderson, Esq., Surgeon, of Farnham.

DAY. On July 1st, at Hertford Street, Mayfair, aged 6 weeks, Ellen E., only child of the late Edwin E. Day, M.D.

PHILLIPS. On June 15th, at Tezpore, Assum, aged 19, James Tudor, fourth son of John Phillips, Esq., Surgeon, Newcastle Emlyn.

POWER. On July 1st, at 3, Grosvenor Terrace, Belgrave Road, George Ernest, infant son of Henry Power, Esq., Surgeon.

THE ORDER OF THE BATH. The Queen has been pleased to give orders for the appointment as Ordinary Members of the Military Division of the Third Class, or Companions of the Most Honouroble Order of the Bath, of Thomas G. Logan, Esq., M.D., Inspector-General of Hospitals; Surgeon-Major John Carte, M.B., 14th Regiment; and Staff-Surgeon Anthony D. Home, V.C.

Convalescent Hospital. The first stone of a convalescent hospital was laid on the 4th instant at Sewer by the Bishop of Oxford.

Charing Cross Hospital. The funds of this institution have been augmented by an addition of £50, under the will of the late Mr. Farrance.

Death of a Surgeon from Opium. Mr. Barrett, a surgeon of Lees, lately lost his life through taking too large a dose of opium to relieve neuralgia.

An Improvement. The East London Union Guardians have determined to give their medical officers £100 *per annum* in addition to their salaries, for the purchase of quinine, cod-liver oil, and other expensive drugs.

Mr. Mitchell Henry has, we regret to say, been rejected for Woodstock. It was a bold thing to face the full force of the House of Marlborough in its own small borough of Woodstock.

The Moorfields Ophthalmic Hospital. Professor Donders will be present at the ophthalmoscopic demonstration at Moorfields on Friday evening, July 21st. The surgical staff invite the presence of any medical men who may incline to attend. The demonstration commences at 7·30.

Royal College of Surgeons. This day (Saturday) will be the last for the Primary or Anatomical and Physiological Examinations, and Saturday next for the Pass or Surgical, after which the vacations will commence. The *List of Members* is about to undergo a great change, by conversion into an annual calendar.

Mr. Robert Debenham surrendered on Wednesday to take his trial at the Central Criminal Court for killing with a pistol a man who had entered his garden at night, and whom Mr. Debenham supposed to be a thief. The jury returned a verdict of "Not Guilty." They considered that Mr. Debenham had intended only to frighten the man, and that he had exercised sufficient caution before discharging the pistol.

Royal College of Surgeons. At a meeting of the Council on Thursday afternoon, Mr. Wormald was elected president of the college, in the vacancy occasioned by the expiration of the term of office of Mr. Hodgson; and Messrs. R. Partridge, F.R.S., and John Hilton, F.R.S., were elected vice-presidents of the college for the ensuing year. Mr. Kiernan, who during the past year has filled the office of vice-president, had, in consequence of the state of his health, declined to be again put in nomination for that office. At this meeting, Messrs. Quain, Turner, and Paget, the recently elected members of the Council, were sworn in and took their seats.

The Pension List. Grants of date June 19th, 1865, have been made to the following by the government:—To Mrs. Anne Leech (widow of the late Mr. John Leech), in consideration of the merit of her late husband as an artist, £100. To Dr. David Nicol, in consideration of his long and zealous exertions for the moral and literary improvement of the community in which he lives, and of the fact of his being suddenly incapacitated by disease from the professional practice which was his only source of income, £100. To Mrs. Elizabeth Reid (widow of Dr. Boswell Reid), in consideration of the efforts of her late husband to promote the knowledge of chemistry and the practical science of ventilation, and of the narrow circumstances in which she is left, £100. To Mr. Richard Spruce, on account of his contributions to botanical and geographical knowledge, the result of travels in South America; and of his services in introducing cinchona (quinine) seeds into India, in 1860, £50.

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday, ... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

Monthly Return of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (c.) St. Marylebone, London (Dr. Whitmore).

	5 weeks ending April 1st, 1865.		
Diseases.	A.	B.	C.
Small-Pox	76	2	17
Chicken-Pox	6	1	7
Measles	26	4	50
Scarlatina	25	41	39
Diphtheria	—	1	3
Hooping-Cough	31	2	110
Croup	3	1	4
Diarrhœa	133	32	328
Dysentery	8	9	1
Erysipelas	25	7	33
Insanity	56	4	20
Bronchitis and Catarrh	1141	272	1739
Pleurisy and Pneumonia	102	35	62
Carbuncle	—	—	7
Accidents and other diseases	5199	646	4863
Totals	6836	1057	7282

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The College of Surgeons.—There was a meeting of the Council of the College of Surgeons on Thursday last, we believe; and there will be another on the second Thursday in August—the last meeting before the vacation.

Royal College of Surgeons.—To those visitors who lost hats, coats, sticks, and umbrellas, at the recent *conversazione*, it may be interesting to know that a great number of articles are waiting for their owners.

The British Medical Journal.—Sir: As the annual meeting of the Association will shortly take place, and the position and utility of the Journal will probably be then discussed, with especial reference to the unsatisfactory proposal of Mr. Carter, it may not be altogether useless for me to state that I joined the Association chiefly in consequence of the admirable character of the Journal; and that, should the style of that publication be in any way altered, I feel confident that a considerable number of members would withdraw from the Association. There can be no doubt that a *weekly* journal is essentially necessary for the prosperity of the Association; and, under the present management, the existing Journal has given almost universal satisfaction.

I take this means of making my opinion known, because I shall be unavoidably prevented from attending the approaching annual meeting.

I am, etc.,

Fortis est Veritas.

THE JOURNAL.—SIR: I have just been reading with much interest the report of the annual meeting of the South Midland Branch of the British Medical Association, and should be exceedingly sorry that our valuable JOURNAL should be discontinued. I fully unite with Mr. Watkins and Mr. Terry, that the JOURNAL has been and continues to be of great benefit to the Association, not only by the valuable information it diffuses, but by the lively and increasing interest it creates, not only amongst its members, but in the profession at large. If given up, I do think the Association would dwindle. I value it exceedingly; but, at the same time, am of opinion that its value would be greatly enhanced by communications from the physicians and surgeons of provincial hospitals, as well as the more extensive medical reports of the metropolitan hospitals. Wishing it an increasingly extended circulation,

I am, etc., GEORGE KITCHING, M.D.

Enfield, June 17th, 1865.

THE ANNUAL MEETING.—The discussion of the motions of Mr. Carter and of Dr. Davey, and of other such like business of the Association, will come on, at the annual meeting, either on Tuesday evening or on Wednesday morning; but most probably on Wednesday morning.

THE REPORT OF COUNCIL.—SIR: By your impression of the 1st instant, I see that "the Report to be presented at the Annual Meeting was approved of" by the Committee of Council. It seems to me that if this Report, together with the Financial Statement, could be printed in the JOURNAL one week before, instead of being read at, our Annual Meeting, it would save much valuable time, and members would be better able to discuss it. Last year, a full hour was taken up in reading and discussing a slight misdescription of the scope of the "Union Officers' Superannuation Bill", which had passed into law. I am, etc.,

SEPTIMUS GIBBON, A.B. and M.B.Cantab.

13, Finsbury Square, July 8th, 1865.

DEODORANTS.—SIR: As the medical profession are not yet generally acquainted with the valuable properties of Dr. Bird's deodorants, I beg leave to furnish the following particulars. The deodorants are used in two forms—powder or liquid.

The *powder* should be used in all cases, where it is not necessary to examine the evacuation, in the proportion of two tablespoonfuls stirred into a pint of water, and the mixture poured into the bed-pan, commode, or other utensil, prior to its being used. This will prevent all unpleasant odour.

The *liquid* should be used, when it is desirable to inspect the evacuations, in the proportion of two tablespoonfuls and one pint of water.

These deodorants will not only remove all unpleasant odours, but will arrest the progress of contagious diseases. The liquid is also serviceable in cases of fevers (especially those of an infectious character), for ablution (general) twice a day, in the proportion of one tablespoonful and one quart of water.

July 1865. I am, etc., M.D.

P.S.—I enclose my card.

COMMUNICATIONS have been received from:—FORTIS EST VERITAS; J. H. H.; Dr. W. M. KELLY; Mr. P. H. FRERE; Mr. P. BELCHER; Mr. W. HENDRY; Dr. JOHN BARCLAY; Mr. D. KENT JONES; Dr. ARTHUR RANSOME; Dr. J. H. JACKSON; Mr. HUGH NORRIS; Mr. J. JAMES; Mr. HUTCHINSON; Mr. T. M. STONE; A RETIRED SURGEON-MAJOR; and Mr. A. M. CUBBIN.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, July 1865.

ADVERTISEMENTS.

ESTABLISHED 1848.

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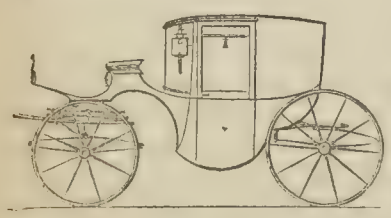
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Transactions of Branches.

WEST SOMERSET BRANCH.

PRESIDENT'S ADDRESS.

By Hugh Norris, Esq., South Petherton.

[*Read July 4th*, 1865.]

Gentlemen,—In assuming my present position, the first duty that devolves on me is the gratifying one of thanking you most cordially for the honour (as great as I feel it to be undeserved) that you have conferred by electing me your President for the ensuing year. I trust I may not bring reproach upon your choice, although I feel keenly how utterly inadequate will be my powers to the performance of the task I have accepted at your hands. Whilst striving to do my best, I may be allowed to express a hope that no comparison will be instituted (where no comparison can possibly hold good) between the humble individual addressing you and the accomplished physician who has but even now retired from the office on which, through your courtesy and kindness, I am about to enter.

When, year after year, an address is delivered under similar circumstances to the same audience, there must ever be a difficulty, either in presenting something new, or else in so arranging old subjects as to cause them to appear in a new light; and as, obviously, this difficulty grows with each succeeding year, I trust I may be pardoned if it should so happen that I fall short of your desires or expectations on the present occasion. But, whilst it will be my endeavour to avoid prolixity on the one hand, I hope that, on the other, we may not separate without some subject being started, or some remarks elicited, which may afford matter for reflection or observation during the forthcoming year.

It is with pleasure I would advert to the generally thriving condition of our Branch of the British Medical Association, under the fostering influence of Dr. Kelly and the Council, who are in reality the true working bees in our hive, whosoever may be our president, or wheresoever the mass of our members may be located. It is also, I think, a matter of great self-gratulation, that if we too frequently read and hear of divisions amongst ourselves as a profession, such evil influences apparently do not, in the West, affect us so strongly, if at all, as in other districts; and I fully believe that, if any measure can tend to foster an *esprit de corps*, and throw discredit on those *opprobria magna* which occasionally present themselves within our ranks, it is the establishment and support of associations like the present. Here, in addition to the professional advantages to be derived, we learn to know, and, I hope, also to respect each other; to learn that he who might possibly be our *paper* foe is not so much of an enemy after all, but in reality so like our proper selves, that it is difficult to say hard things to him, or to think hard things of him, even if we wished it. Hence I would gladly see our ranks increased, and our quarterly gatherings more numerously attended; especially the latter, for I can personally testify to the pleasure as well as the profit derivable from our meetings, where, the experience of the elder practitioner being brought into contact with the energy of the younger, the result is, that together they probably arrive more nearly at a correct conclusion than would either by himself, trusting to his own unuttered cogitations.

To avoid the risk of too great discursiveness in my observations, I would wish to notice that, in what I have to say, I intend to confine myself to matters connected with

I. The Parent Association;
II. The West Somerset Branch;
III. The Medical Profession generally.

Although a great deal may be said on either subject, as I have already stated that prolixity is not my hobby, I will confine myself to a very cursory and at the same time practical review of the few matters I may feel justified in bringing before your notice.

I. In alluding, then, first of all, to the general Association, I would, after remarking with satisfaction on its thriving condition, its increasing numbers, and its growing influence, advert to two subjects especially connected with it.

1. I would congratulate the members on the establishment of that great desideratum, a Medical Provident Society in connexion with our body. I believe it to be a measure fraught with incalculable good. There was at one time a movement made to give it a special separate existence, wholly independent of any other institution or corporation; but I think you will agree with me, that its promoters acted wisely in connecting the infant society with so important a body as our Association has of later years become.

2. The second point to which I would allude in connexion with our parent is the proposition, in certain quarters, that our weekly Journal should be discontinued, and that an annual or trimonthly publication of *Transactions* should be substituted; and I should feel pleased if the members present would, before we separate, give the subject their calm consideration, make known their sentiments thereon, and decide whether or not it be desirable to submit a resolution embodying such sentiments to the forthcoming general meeting of the Association. For my own part, I am free to confess that the idea finds no favour in my eyes; for I conceive that we are far too widely spread, have far too great a diversity of interests, occupying as we do the length and breadth of the land, for our opinions, our wants, and I may add our influence, to be represented in a high and dry quarterly or annual publication. Moreover, and especially during the present editorship of Dr. Markham, I am quite sure our Journal has increased, and is still increasing, in power, in intelligence, and in information. The only desideratum, I believe, is that mentioned by Mr. Watkins of Towcester at a recent meeting of the South Midland Branch—viz., that the physicians and surgeons of provincial hospitals should be more frequent contributors to its columns.

II. I am now brought to the second class of subjects for consideration before the meeting—matters connected with our own—the West Somerset—Branch. Dr. Kelly, our excellent and indefatigable Secretary, has just told us all about the financial and statistical condition in which we find ourselves. But, before touching on other matters, I may state with much regret, that we this year have to mourn the loss by death of an old and esteemed member of our Branch: I allude to Mr. Hill of Churchinford. And perhaps I may be permitted to suggest that some expression of sympathy and condolence from this meeting would be acceptable to the bereaved members of his family. To change the subject—to revert to the more peculiar objects of our meeting—I would remark that, as regards ourselves, we are, I believe, so far a thriving body financially as to bring our condition within Mr. Micawber's definition of success. We keep out of debt, and we have always a small balance in hand. If our numbers do not greatly increase, neither do they suffer much diminution. Our mem-

bers are scattered, and there is somewhat of difficulty (owing chiefly, I take it, to want of railway convenience) in keeping up a good attendance at our quarterly meetings; but I am bound to say, that what we want in numbers we can usually make amends for in importance and interest as regards the subjects brought before the members present. Still, I fancy, if the advantages were more widely appreciated, the number of attending members would increase, and, in the same ratio, the advantages themselves would become greater.

Your late President, in his admirable address last year, reminded us that great good might arise if we would take the trouble to remark on the peculiarities and types of epidemics and endemics prevailing in our several districts. The past year has been fruitful in epidemics—mainly, I think, as a result of the very dry summer of 1864, and the comparatively small amount of rainfall in the autumn and winter, whereby our sewers were not "flushed", and every drain in consequence was giving forth its miasm; which condition I must, for my part, believe to be at least a predisposing cause of disease, whatever may be considered by those who teach us that there exists no reason to infer that a corrupted atmosphere necessarily impairs vitality, or tends to produce fevers and other blood-diseases.

In the west of Somerset we have, since our last annual meeting, seen small-pox and scarlatina raging in many quarters. These, with acute rheumatism during and since the winter, have been the most frequent ailments affecting our districts, at least within my own experience; and they are all maladies of so grave a character, so perilous in their own nature, and so disastrous in their sequelæ, that I would seriously solicit some expression amongst our members of their views regarding the proper treatment, prophylactic as well as remedial, of these diseases, either now, or perhaps on some more suitable occasion. In fact, I could hardly suggest a more important trio of practical subjects for discussion than the treatment of these diseases, their concomitants, and their effects.

Another matter to which, as a practical man, I would desire to draw your attention, is the question of "village", or rather "cottage" hospitals, in our rural districts. I have been informed by a gentleman who has studied the subject, and who has been instrumental in establishing and conducting one of these institutions, that in general they answer admirably. There is usually but little difficulty in obtaining funds; the advantage is highly appreciated by the class for whose benefit the charity is intended; and, under judicious management, the whole thing is generally found to work well. I believe it would be wise to ventilate the matter at our Branch meetings; and I cannot help thinking that much good might result from the establishment of such houses in remote localities.

III. Since I promised not to detain you long, I will now enter on a few matters connected more especially with the profession at large.

Perhaps, on the whole, we must admit that although we are, as a body politic, in somewhat of a transition state, yet, as regards our usefulness, we are progressing. Surgery is daily becoming more conservative, more simple, and more scientific, because more in accordance with what we know of Nature's laws.

The practice of medicine is growing less dogmatic, and, if still somewhat empirical, is more observant of those conditions which are only to be studied on true physiological principles. As a result, we find that, however the opinions of our best and most honoured physicians may vary as to first principles —as to causes of disease, and as to the minute pathological changes consequent thereon—their treatment does not often widely differ; and I believe most of us will admit that never was science more successful in battling with disease than at the present time.

The position of such of our brethren as have selected the public service for their career is not so satisfactory as could be wished; and perhaps you may think some agitation for the carrying out of the "medical warrants" legitimate, and even desirable. If so, some expression of your sentiments may be fairly asked for.

As will ever be the case, there have been divisions of opinion in our ranks; but, as long as they are expressed with temper and gentlemanlike feeling, whilst truth may be elicited, no evil consequences need be apprehended. Still it may not be quite out of place to recall that, in the number of our JOURNAL for the 17th of June last, there is a proposal by one who subscribes himself "An Old Member" (which proposal evidently finds favour with the editor), to establish Branch Ethical Societies. The suggestion appears, *primâ facie*, to be a good one, and I would commend it to your consideration; although, as regards this point, I must say I could wish it were not altogether Utopian to imagine a state of society which would render such a measure superfluous. We must, I dare say, view things as they *are*, not as they *ought to be*; still I cannot help believing that, could they be universally found, a little courtesy, a little forbearance, a modicum of self-respect, combined with a *mens conscia recti*, and a thorough acting up to the golden rule of "Do as you would be done by", would have a far better influence on our profession, and, indeed, on the community at large, than all the decisions of all the ethical societies in the world.

I fear I may have detained you beyond the time you would willingly accord; and yet, inasmuch as I may not again have an opportunity of declaring my sentiments thus publicly, in the presence of so many of my professional brethren, I will not apologise for the length, but rather for the poverty, of my observations. In thus bringing them to a close, and before lapsing once more into silence, I may, I trust, be permitted to express a hope that this our Branch anniversary may be passed in the hearty reciprocation of every good and kindly feeling amongst the members present; and that it may be succeeded by many others, even to a period when the tongue that now speaks and the ears that now listen are numbered with the things that have passed and gone for ever!

NORTH WALES BRANCH.

A CASE OF DOUBLE UTERUS.

By ROBERT JONES, Esq., Carnarvon.

[*Read July 4th*, 1865.]

A YOUNG lady, 17 years of age, had suffered for three or four years from a dull aching pain in the back and hips; it was much increased during the catamenial periods, which were irregular, and the discharge scanty. She was otherwise in fair health, but of delicate appearance. Her mother had died of tubercular disease of the lungs soon after her birth. The patient had been attended by several eminent physicians in London and elsewhere, as well as by myself, within the last four years; and by all her complaint was considered neuralgic, and treated with tonics and anodynes; horse-exercise having been also generally recommended. A few weeks ago, she was seen by Mr. Roberts, surgeon, of Portmadoc, who, observing her to be in great pain of a bearing-down

kind, examined *per vaginam*, and discovered a tumour, which he supposed to be the cause of her suffering.

On May 11th, I saw her in consultation with Mr. Roberts; and, on examination, felt a tense elastic tumour occupying the greater part of the vagina, to within an inch of the vulva. It could be traced anteriorly, and on each side, to its reflection from the vagina; posteriorly, the finger could not reach its limits, but an elastic tube passed upwards for about six inches. It was not painful on pressure. The os uteri could not be felt. There was a distinct fulness in the right side, between the umbilicus and the hip; but little or no pain on pressure.

We were both convinced that the contents of the tumour were fluid, and that probably it was retained menstrual discharge; and on our next visit, on the 13th, we passed an exploring trocar, when a drop of dark fluid escaped through the cannula. Mr. Roberts then divided the tense membrane with a scalpel, giving exit to at least a pint of dark thick fluid, of the consistence of treacle, having no smell. The incision caused no pain. Immediately the os uteri was felt, large, open, and turgid. The discharge continued to flow for several days afterwards; and the patient was perfectly comfortable, and free from pain. She slept well, and took a sufficient quantity of plain food. No amount of pressure caused pain, though we observed that the fulness remained on the right side.

On May 19th, up to which time all was well, the patient began to vomit almost everything she swallowed, and also a large quantity of greenish fluid; and at the same time the discharge from the vagina, which had become very scanty, had an offensive odour. The pulse was quick; but there was no pain, heat of surface, thirst, or shivering. Ice, saline medicines, oxalate of cerium, etc., had no effect in allaying the irritability of the stomach, which continued more or less until death, which took place at 7 A.M. on the 31st.

Autopsy, thirty hours after death. The body was very little emaciated. The abdomen was discoloured and swollen. The great omentum was highly injected, and firmly adherent to the intestines, and the latter to each other. The peritoneum lining the abdominal parietes was natural in colour, excepting that covering the diaphragm, which was injected; in the pelvis, it was very red. The abdomen contained a considerable quantity of dark offensive fluid. The pelvis was filled with dark fluid, containing large floating masses of pus. In the right hypochondriac region there appeared a large dark mass, hard and tuberculated, firmly attached to the cæcum and to the surrounding parts. On separating these attachments, the pelvic viscera were removed entire. The bladder was perfectly healthy, and contained a small quantity of urine. On slitting up the vagina, which was much distended, the uterus was fully exposed. It was large, and presented two distinct openings. The left opening led into a cavity of the natural size of the uterus, its cervix having a well marked arbor vitæ, and at its upper part a depression showing the opening to the Fallopian tube, into which a bristle could be passed; the ovary on that side was natural. The right opening led to a cervix enormously distended and elongated, being fully two inches in length, and as much in breadth—thick, rugous, and black on its inner surface; at its upper end, the internal opening led into another uterine cavity, much enlarged, but of natural form and colour, having at its upper end an opening into its Fallopian tube, large enough to admit a good sized probe, which passed easily to the fimbriated end of the tube. The right broad ligament and ovary formed the mass alluded to, which was a large sac lined internally by shining membrane, and which had burst, and discharged its contents into the pelvic cavity. Around the right opening, the remains of the tense membrane, which had been divided during life, were seen. All the other organs, abdominal and thoracic, were perfectly healthy.

SOUTH-EASTERN BRANCH.

AN INQUIRY INTO THE PRACTICAL VALUE OF THE THERMOMETER IN THE DIAGNOSIS AND PROGNOSIS OF ACUTE DISEASES.

By John Southey Warter, M.D.

[*Read June* 22, 1865.]

The subject which I purpose to bring before your consideration, is an inquiry into the practical value of clinical observations on temperature, as an additional aid to other symptoms, in the diagnosis and prognosis of acute diseases. The ordinary temperature of the body in health, as ascertained by a delicate thermometer placed in the axilla, is about 96.7 degrees Fahrenheit, or a degree perhaps more or less of that number. But, in a patient suffering from any acute febrile disease, the temperature of the body rises, it is said, in proportion to the amount of fever present. Hence, other things being equal, if we read off a patient's temperature, we estimate the amount of fever under which he is labouring. Nay, more, in one of our most recent works, Dr. Aitken's *Practice of Physic*, we find him stating: "That in a case in which a disproportion or incongruity exists between the increase of temperature and the pulse or other febrile phenomena, it is the accurate measurement of the temperature which is most of all to be relied on."

Wishing to prove the value of this instrument in actual practice, I have for some months, at St. Bartholomew's Hospital, been making regular thermometrical observations; my plan of taking them being this. The patient's temperature was taken only once a day, and at this time his other symptoms were noted; and, as it is impossible always to see a patient at exactly the same time, day after day, I allowed a latitude of two hours in making my observations; as, for instance, taking a patient's temperature at ten one day, and some time before twelve in the next. Many observers—indeed, almost all I know of—have taken the temperatures twice a day at least, and always at the same hour—as, say, nine in the morning and seven at night. But it seemed to me that these observations, though very valuable in some respects, are not possible to be carried out in actual practice, and I therefore adopted the plan of which I have before spoken.

In making my observations, I propose to speak first of Prognosis; and the first disease which I shall quote in illustration of this is *Typhus Fever*.

In one case of this disease which ended fatally, I found the patient, about the twelfth day of her attack, with a pulse of 156, and very feeble, with the physical signs of bronchitis in both lungs anteriorly, and her respirations at 56. With these symptoms, the temperature of the patient was found to be 104° Fahrenheit. On the strength of the general symptoms, one could but foretell the fatal termination of the case; which happened in four days after the note was taken. But what can be said to have been learned from the temperature in this case? As far as prognosis goes, absolutely nothing; for it is not uncommon for the temperature to rise to 104° in typhus fever—aye, and above it—and the patient be going on not unfavourably the whole time. I have records of cases which progressed very favourably, and had no bad general symptoms calling for great anxiety, in which,

acting on Dr. Aitken's estimate of the value of the thermometer, I have distressed myself unnecessarily, because the temperature stood high (as 104.2°), when, if I had only been satisfied with a pulse of between 120 and 130, and the general state of the patient, I should have been under no alarm.

In *Typhoid Fever* I have come to the same conclusion, as regards the uselessness of the thermometer as a prognostic agent; for I have seen patients die off in that disease, the general symptoms marking plainly the fatal future; when the thermometer marked no higher a temperature than 100, and was even gradually sinking, which is considered favourable.

At this point I may as well state, that the general range of temperature in different diseases varies. Thus, if drawn in curved lines, in one disease the temperature may only describe a gentle rise and fall; while, in another, it may rise to a great height and then fall abruptly. It is not the absolute height of temperature reached that is of evil omen; but the relative height for each disease. Thus, in typhus fever, in the second week, 103° to 104° is not uncommon; but, in rheumatic fever, if the temperature rose to that height, it would be (I suppose) of very evil significance. [I have passed round tables of the temperature of different diseases, as ascertained by a German investigator; but I must state that in all these the temperatures seem to be marked higher than our English thermometers rise to. Taking off, however, two degrees all through, the tables give a fairly accurate estimate of the temperature in different diseases, if the German professor's tables are correct. The largest diagram is an attempt to reduce the above tables to the temperatures marked by our English thermometers; the average of the morning and evening temperatures being taken as the one daily one. It is not perfect; but is probably near enough for most practical purposes.]

In *Acute Rheumatism*, I have not found high temperatures and intensity of symptoms to agree at all; nor did a high temperature, as registered by the thermometer, foretell truthfully any increase of disease *in futuro*. In one case of this disease complicated with endocarditis, in which pericarditis came on insidiously, the stethoscope first detected the existence of that complication before either the pulse or temperature had begun to rise. On the next day, I found they had both risen synchronously, so that the pulse taken in this case alone would have given all the information needful.

In the cases of *Erysipelas* which I have observed, the temperature rises and falls in the most extraordinary manner; but the pulse and general symptoms form by much the most certain signs of the advance and decrease of the disease. On some days on which the temperature is nearly normal, I find the patient feeling worse; while, on others in which a sudden fall of temperature is observed (which Dr. Aitken calls "a collapse during defervescence", and recommends to be treated by cordials, etc.), the general symptoms of the patients are decidedly improved. On the whole, in this disease, I have found the patients' temperature of little or no practical value, apart from other symptoms.

The next case of which I purpose to speak, was one of *Pyæmia;* and in this, as in most of the others spoken of, the pulse and failing strength of the patient formed the best data for prognosis. The temperature here did not seem to coincide at all, with either the rigors, pulse, or the number of joints, etc., affected. In fact, one day, with only the right knee rather painful and no fresh rigor, the temperature reached the highest point observed throughout the disease with one single exception; while the pulse had not increased in frequency, from the days immediately preceding the rise of temperature alluded to. On another day in the progress of the same case, I found the patient with a pulse of 184, very small and compressible; yet with this the rise of the thermometer was almost *nil*, only marking one or two degrees above the normal temperature.

I have not time—and, indeed, it would be almost impossible without diagrams—to go more fully into the question of prognosis; but, from the whole of the cases observed, I have deduced the following general conclusions as the result of my observations.

1. That, in ordinary cases, the pulse and temperature rising together synchronously, the use of the thermometer is in such circumstances superfluous, and therefore objectionable, as taking up time.

2. That, when the pulse and general symptoms on one hand indicate danger, the temperature on the other hand not raising alarm from being either very high or very low, the pulse and general symptoms are by far the most trustworthy in forming a correct prognosis.

3. That, in cases in which the general symptoms are perplexing, one counterbalancing the other, a very high temperature registered by the thermometer throws one more weight in the scale for forming an unfavourable opinion, and *vice versâ*.

4. That, if the pulse and general symptoms of a patient are favourable, the thermometer, in spite of this, marking a high temperature, the former symptoms are to be chiefly relied on in forming a prognosis, though the latter should make us still more careful in searching for any fresh complication that may have arisen.

5. That, should the general symptoms be improved, and the thermometer also be going down, the latter observation confirms conclusively the other favourable symptoms.

I now pass on to the question of the value of the thermometer in Diagnosis; and here I must state that in doubtful cases I consider its use of great value; indeed, I am inclined to endorse Dr. Aitken's words on this head from the book formerly referred to: "The regularity of the typical thermometrical variations in the course of febrile affections is so constant and so much to be depended on, that the differential diagnosis of such diseases as ephemeral, intermittent, typhus, and scarlet fever, small-pox, measles, acute rheumatism, erysipelas, pneumonia, pyæmia, may be established by observation of the temperature." I cannot illustrate this part of my subject in a more striking manner, than by narrating several cases in which I have actually decided the diagnosis by the use of the clinical thermometer.

Case 1. Miss E. L., aged 27, had been warded with a severe attack of typhus fever; but had become convalescent, and was up and about the ward. One day, when passing by her bed, I found that she had again been obliged to lay up, and was looking ill and feverish. She had a furred tongue and quick pulse, and complained of headache, giddiness, and general discomfort. Here was an unpleasant state of affairs, for it looked like a fresh attack of fever; but having my thermometer with me, I took her temperature as a casting vote, and found that it had scarcely risen above the normal standard. This satisfied me that she could not have much real fever about her, and I ventured to form a prognosis accordingly—a correct one happily, as the result proved; for she was up and about the ward again the next day. In this case, the febrile symptoms seemed to have been brought on by some quinine, which she had just begun to take; at least I know of no better explanation for their occurrence.

I may here state a fact which surprised me a good eal when I first noticed it, but which is nevertheless rue, that heat of skin, as tested by the hand, does ot agree with rise in temperature, as tested by the hermometer. Thus, in two cases, one of scarlet ever and the other of erysipelas, in which I first ob-erved it, the skin of the scarlet fever patient felt urning to the touch, while the skin of the erysipelas ne did not seem particularly hot; yet the actual emperature, as registered by the thermometer, was 1 the latter patient the highest of the two. Per-aps, this may depend partly on the hand taking ryness and moisture into consideration, as well as ctual temperature.

Case II. Miss M. S., aged 17, was admitted into he hospital as an in-patient. This patient gave a istory of having had a rigor; and she complained f slight sore-throat and headache. The physician ho saw her after her admission did not then give a ecided diagnosis; but said that he thought it was a ase of scarlet fever; and this opinion was also the ne formed by some other persons who then saw the atient. A short time afterwards, I also saw the ase, and confess, at first sight, it looked like one of carlet fever; but, as all the symptoms did not cor-espond, I proceeded to take the patient's tempera-ure, and found it very nearly normal, though her kin to the hand felt considerably hotter. Now, as his was the second or third day of her disease, her emperature ought to have been, according to the ables, 103° or 104°, if she had scarlet fever; I therefore ave it as my opinion, on the strength of her low emperature, that she had not that disease, and he result in this case, as in the latter, fully justified ny diagnosis. The case must have been one of simple onsillitis.

Case III. Mrs. S. C., aged 40, was admitted into he hospital on April 18th. This patient, when seen n the day of her admission, had the dusky coun-enance and the dull heavy look of typhus; so much o, that her physician in his first visit, in passing apidly over the case, gave it as his opinion that it would probably turn out to be one of fever. On pplying the thermometer, however, to the patient, I ound her temperature low instead of high; thereby roving that she could not be suffering from an acute ebrile attack. [I may state, that she had had quite ime enough to rally from the cold and discomfort of he admission-room, the only fallacy as regards tem-erature that could have existed in this instance.] The case turned out afterwards to be one of morbus ordis, with some low pulmonary complication.

Case IV. Miss E. C., aged 22, had been an in-pa-ient in the hospital with gastric ulcer, but was get-ing convalescent. One day, when going in the ward, found that she had again taken to her bed; and on oing to inquire in what way she was worse, I was aken aback by her aspect, which was that of a pa-ient suffering from typhus fever. She complained of aving had a rigor; and she had the typical face of yphus, in addition to a furred tongue and quickened ulse. Here, thought I, there could be no mistake; ut I proceeded to apply the thermometer, and found t only rose to a trifle above the normal. This con-inced me at once that I had made an error in dia-nosis; for I knew that no typhus patient in the early tage ever had a temperature so low. Had it not een for the thermometer, I should certainly have one away with the impression that she was suffering rom typhus; for I have never seen a patient suffer-ng from that disease with a more typical fever aspect. presume, from the injected eyes, etc., in this case, nd from no acute fever supervening, that it must ave been one of ordinary catarrh.

Case V. The next case I have to speak of was that of a boy admitted into the hospital, about whom there was a doubt in diagnosis as to whether he suffered from measles or typhus. A friend of mine, who is working at the thermometer, took his temperature on the ninth day, and found that the thermometer rose to 103°. From this fact alone, he argued (and I believe quite correctly, as there was no complication) that the disease must be typhus; for had it been measles, the temperature would, by that time, have fallen to very nearly the normal one of health.

Case VI. The next case which I shall quote, was that of a young woman, aged 17, who was admitted into the hospital, complaining of headache, and being in a complete state of opisthotonos. The question that of course arose was, whether the case was really one of inflammatory character, or one of hysteria. The pulse was rapid, and the tongue dry and brown; but, though these symptoms pointed to a febrile condition, I heard a very acute observer inquiring of her doctor, whether the disease was not one of opisthotonos hystericus? Although, I must confess, I considered the disease genuine, and not one of hysteria, I wished to confirm my diagnosis by thermometry; so I took her temperature, and found it as high as 103°. This satisfied me as to the nature of the case; for I know not how a hysterical girl, lying quietly in bed, could get her temperature to rise so many degrees above the normal, without some severe actual disease being then in existence. It may be interesting to state that the patient afterwards died; and, on examination, the case turned out to be one of cerebro-spinal meningitis, as had been supposed. It will be found recorded at length in the *Medical Times and Gazette* for May 6th, 1865.

Case VII. Miss E. K., aged 36, nurse in one of the medical wards of the hospital. The patient had a rigor on March 7th, and was warded on the 9th. She complained of headache, pain in limbs and chest, and of great sickness and pain in her back. On the fourth, fifth, and sixth days of her illness, some suspicious papules appeared; some of these afterwards becoming vesicular; and the question was raised, was the disease small-pox? Not knowing the decision at which her physicians had arrived, I took her temperature on the morning of the seventh day, and found it to be 102.4°. This at once to my mind settled the disease to be continued fever, which it afterwards turned out to be; as, if it had been small-pox, by that time the temperature would have been below 100°, a difference of at least more than 2°.

Since writing the above, I have met with two other cases in which the thermometer was of use in diagnosis.

In one, the patient came into the hospital suffering from fever, but of what kind was uncertain. On the seventh day, a rash commenced to appear; and her physician said the case looked like one of typhoid fever from its general appearance. Her clerk, however, who had regularly taken her temperatures, on looking them over the same evening, made a note to this effect: "Judging from the thermometer, the temperatures point more to typhus than enteric fever." On the next day, the rash was fully developed; and the case turned out to be one of regular typhus.

The next and last case I have to speak of, was that of a child, aged 4, admitted into hospital on May 31st. He had generally been healthy; but on that morning woke up screaming, and then his mother noticed that his eyes were fixed, and that he was insensible. When admitted, his left eyelid was slightly more dropped than the right; his pupils were equal, though both dilated; and his eyes had at first a double divergent squint, and then a double convergent one. His pulse was quick and feeble, but

regular; his heart's action was excited, but there was no murmur. His physician pronounced the cause of his seizure probably eccentric, and said that it might be a "masked fever." On this, I took his temperature, and found it to be only 95.8°. This satisfied me that fever, at any rate, could not be present; and, at one o'clock the same day, the boy came to his senses, and has been well ever since. The only abnormal condition afterwards discovered, was that the liver and spleen could be felt enlarged.

And now, not to be tedious, the conclusion that I have arrived at, respecting the value of the clinical thermometer as a diagnostic agent, may be shortly summed up in few words.

6. That, in cases of doubtful diagnosis, the clinical thermometer is of great value; as it indicates at once the existence of fever, and in many cases actually the variety of fever under which the patient labours.

Finally, I wish to state, that I shall be most happy to alter my opinion on any conclusion here given, if it can only be clearly demonstrated in actual cases, that the thermometer used in this manner is of more value as a prognostic agent than I have now given it credit for.

The cases which I have noted have, of course, been but as a few compared with the observations of others. Still it should be remembered, that every single observation is a fresh test of the actual value of the thermometer in prognosis; and that, therefore, each case furnishes for our instruction, not one fact, but many.

But now, gentlemen, I feel that to prolong this subject would be but to trespass too much upon your time; and I have only to thank you all for the kind attention which you have paid to my remarks. I regret that they have not been more worthy of your consideration; but still I feel that they are the result of much patient study; and I can only conclude in saying, that my object in bringing them before you, is to add one more mite, small though it may be, to the more clear elucidation of the endless mysteries of disease.

CAMBRIDGE AND HUNTINGDON BRANCH.

PRESIDENT'S ADDRESS.

By J. Muriel, Esq., F.R.C.S., Ely.

[*Read at Ely, June 27th*, 1865.]

Gentlemen,—Let me first express my thanks for the undeserved honour which has been conferred upon me by placing me here, and next entreat your forbearance with my shortcomings.

The great success of the annual meeting of our Association in Cambridge last year has made me diffident in accepting the distinction which this Branch has conferred upon such an humble individual. We all remember the great interest which attached to that meeting; the importance of its proceedings; the generous hospitality extended to the members on that occasion, by public bodies as well as by private individuals, particularly at Caius and Downing Colleges; the kind and friendly feeling shown by the clergy towards the sister profession, by many joining at the festive board in Caius College—our respected worthy bishop, the dean, and several other clergy, showing a good understanding between the two professions. Humanity is interested that it should be so, for the medical and clerical professions necessarily come into frequent contact; and not only that they should be joined, but cemented, and should mutually agree and cooperate in their several and sacred duties.

Excuse my introducing a short episode here. No avocation in life is so full of anxieties as the practice of medicine. This arises from the fact that it concerns nothing less than the lives of our fellow-creatures—a consideration which, though it adds to the dignity and importance of the pursuit, by reason of its high responsibilities, fills the mind with cares, from the very greatness of them. These cares, however, have their attendant advantages, since they constitute a very important element in the formation of the medical character, giving to it that peculiar strength which depends upon habitual calmness and meditation. To feel the full force of the responsibility which attaches to him, and yet, from a firm reliance in the truth of great principles, to be able to act under it with cheerfulness and steadiness of purpose; to be keenly alive to the sufferings of others, without being himself subdued by the exhibition of them; to have a rational confidence in the resources of his art, whilst at the same time he is mindful that he can never employ them to any result but as the instrument of a higher power,—seem to be the great moral qualifications of the medical practitioner. The venerable Hufeland says: "Remember what thou art, and what thou shalt be. Thou hast been appointed by God a priest of the holy flame of life, a curator and dispenser of His highest gifts, health and life, and of the hidden powers which He has laid up in Nature for the welfare of man: a high and holy vocation! Exercise it aright, not for thy own profit, not for thy own praise, but for the glory of God, and for the benefit of thy neighbour. Hereafter thou must render an account of thy mission."

Without entering into the ethical part of the question, further than to acknowledge the advantage that results to the profession from the opportunities afforded to its members of keeping their friendships in repair at these annual gatherings, I would at once state, that I consider the special aim of a district Branch should be,

1. To recognise and delineate the diseases that appear to be indigenous or peculiar to the neighbourhood:

2. To note the modifications that disease in general assumes from the influence of the local climate.

In regard to the first of these subjects of inquiry, I think I have observed that most of the diseases here assume more or less an intermittent character, tending to lower nervous powers, to relax the energies and to blunt the sense of life. If these be the effects on the inhabitants of a district in their ordinary state of health, may it not be inferred that a like enervating character will be implanted on diseased states of the body, requiring a corresponding modification of the treatment directed to them? The confirmation or rejection of this inference comes within the range of what I take to be the proper functions of this Branch. But it has yet other work before it in the same direction. It should determine how far this climate is favourable to the existence of the whole class of nervous diseases: whether neuralgic affections, for instance, do not find here a more congenial *habitat* than would be afforded them in a climate of a different character; if so, to what elements or circumstances, constituting the local climate, these effects are to be ascribed.

In regard to the occupation of the great bulk of the people in this district, looking to that as a possible element concerned in imparting a character to disease, we find that they are engaged mainly in agricultural labour. This employment, looked at *per se*, must be considered as exercising a favourable influence on the health; but the good so attained brings in its train the evils of low wages, confined dwellings, and a diet in which animal food forms a very inconsiderable ingredient, principally consisting of bread, seam, and potatoes.

Rheumatism is a disease which attains considerable prevalence in this neighbourhood. For this, I am disposed to regard the diluted condition of the oxygen, as it exists in our humid atmosphere, as one great cause; not producing the changes in the blood necessary to eliminate from the system the lactic acid, which is in excess, and on which rheumatism is thought to depend.

Ague is another disease which has not altogether lost its hold in this district; the low lands around us still furnish us with cases. When I first commenced practice here, in 1820, it was the common complaint, and to a very great extent. Thus it went on for about ten years, and by degrees vanished altogether; and for twenty years hardly a case came before me. During the last ten years, it has been gradually showing itself again. It was supposed, in the first instance, to have arisen from the bad drainage of the fens. The drainage now is almost too perfect; the fen-lands requiring a certain degree of moisture to favour vegetation. This leaves the ditches in a stagnant state, favouring the decomposition of vegetable matter, which throws out an unhealthy miasma, considerably affecting the human constitution.

In the year 1826, this neighbourhood was visited with a most severe epidemic—"bilious remittent fever". It became very general: few, very few, escaped. Having at that time, with my father, the charge of most of the villages in this union, we were obliged to carry a large supply of medicine with us, as we went to the different villages, which was quickly called for. This lasted about two months. The mortality was very slight, if any.

The next visitation was in 1832, when the cholera broke out. It was supposed to have been brought into the city by a gardener, upon his return from Newcastle, where it was raging at the time. This man died, and many more were soon attacked. The mortality was great, but not quite so severe as in some of the towns which the disease visited. Since then we have had occasionally slight visitations, but nothing to require observation. Now and then, a case or two of variola, diphtheria, rubeola, and scarlatina, have occurred. In the latter end of last year, scarlatina became very prevalent for a few weeks. It was not confined to this locality, being prevalent throughout the kingdom.

The improved sanitary state of this city since we have been under the management of a Board of Health has been very great, so much so as to place us high in the statistics of the general healthiness of the kingdom.

This very cursory glance at the diseases that may be said to find here a congenial soil for their development would fail of its object without adverting to the maladies that seem to be here also conspicuous by their absence. Calculous affections are very scarce, or, I might almost say, unknown. This is a district comparatively free from the usual epidemics that pervade the country generally; and, if we do occasionally have a visitation, it is so slight as not to occasion any alarm, and is quickly removed. This last autumn, we had a rather severe outbreak of scarlatina, accompanied with more severity than usual. It is true that we shared this pestilence with other parts of England; but it is seldom that an epidemic visitation of this kind has fallen on our neighbourhood with such virulence as on the occasion in question. It is a question, whether the drought and heat of the previous summer may not have caused the severe type of scarlatina. Rubeola is very general at this time.

I think I have now touched upon the principal diseases incidental to this neighbourhood. The type of disease has much altered of late years. Forty years since, Armstrong's theory of fever had its sway. He supposed that it arose from a morbid state of the blood, for which he advised the abstraction of blood to a fearful extent, till all the morbid fluid was extracted (this I could never fall in with, though I have used my lancet freely, particularly in pneumonia); and the antiphlogistic treatment was pursued for some time. Of late years, the Brownonian doctrine has again been revived. To overcome the excitement of febrile action, the stimulating treatment has been adopted. I understand, in London, at this time, all attacks of fever are treated with ammonia and cinchona and wine. I was a pupil under the late Dr. Curry, a noted man of his day, particularly in hepatic attacks and fever. I have been so fully satisfied, from the experience and success I have met with in my practice, of his system and treatment of such diseases, that I continue to follow the principles he laid down; viz., clear out the prima via, put all the secretions in good order, before you attempt to build up the fabric; for, until such is done, all your efforts will be in vain. I am fearful that fashion has its sway in medical practice. I have always endeavoured to regulate my practice by the results of my long and great experience, which has been highly satisfactory, and the results most gratifying, in the various branches of my professional career.

I cannot conclude better than by assuring my friends of the sincere pleasure it gives me to see them assembled here. Ely has only one point of attraction—the magnificent cathedral—which we can lionise after having heard the discussions of our medical brethren, and fortified our bodies against fresh fatigues by luncheon; and we can afterwards finish the day with a convivial dinner.

Bequest. Mr. Hind of Budleigh Salterton has bequeathed £5,000 and the residue of his property, amounting to £5,000 more, to the Medical Benevolent Fund and College.

Death of Professor Ferguson, of Belfast. We regret to announce the death of John Creery Ferguson, Esq., A.M., M.B. T.C.D., Hon. Fellow of the King's and Queen's College of Physicians in Ireland, Professor of Medicine in Queen's College Belfast, since 1849; Physician to the Belfast General Hospital for the last twelve years, and formerly Professor of Medicine in the School of Physic, and Physician in Ordinary to Sir Patrick Dun's and Simpson's Hospitals, Dublin. The deceased had been ill for some time, and his death took place at his residence in Howard Street on Saturday evening. Professor Ferguson occupied a very high place in his profession, and probably no one enjoyed (and deservedly so) a higher repute in medical circles in the north of Ireland. The learned gentleman was appointed a professor in the Belfast Queen's College on the foundation of that institution, and the success of the establishment as a medical school is in great part owing to his great abilities and unwearied industry. He was a great favourite amongst the students, who had in him an earnest friend in whom they could always confide, and his death will be sincerely lamented by them, as well as by his colleagues of the professoriate, and of the medical profession in town. Dr. Ferguson's literary acquirements were very considerable. He was an excellent public reader, and, notwithstanding the numerous calls of a public nature upon his attention, he not unfrequently found time to give readings from Shakespeare, Dickens, etc., to the literary institutions of the town. His death, therefore, leaves a blank which will be felt for a long time amongst nearly all classes of the community. (*Northern Whig.*)

Progress of Medical Science.

SURGERY.

Hypodermic Injection of Calomel in Syphilis. Dr. Scarenzio of Pavia has published the results of his treatment of constitutional syphilis by means of the subcutaneous injection of calomel suspended in a convenient vehicle (such as glycerine, mucilage, or water). He employed calomel in the persuasion that it could, in absorption, become changed into bichloride of mercury; and the reason for not using the last named salt at once was, that he feared it would produce gangrenous inflammation. The injection used consisted of twenty *centigrammes* (about three grains) of sublimed calomel, mixed with a *gramme* and a half or two *grammes* (from 23 to 30 grains) of liquid. It was used like other hypodermic injections. Dr. Scarenzio at first chose the inner side of the thigh as the part for making the injection; but afterwards the inner aspect of the arm, as this does not oblige the patient to remain long in bed. In eight cases of ulcer, nodes, pains in the bones, blennorrhœa, tubercle, necrosis, etc., the treatment failed once only; the case being one which obstinately resisted all mercurial treatment. The cure was rapid and permanent, and not accompanied nor followed by any accidents. There is, however, always an abscess at the point of puncture, which, however, on being opened, heals rapidly. The pus contains no trace of mercury. Dr. Scarenzio believes that the abscesses are due to the transformation of the calomel into bichloride of mercury. The good effects of the injection do not appear for a week or two; but when improvement once sets in, recovery proceeds rapidly. In one case, there was rather obstinate salivation. (*Presse Médicale;* and *Bulletin Génér. de Thér.*, April 30th, 1865.)

Sacculated Aneurism: Ligation of the Common Carotid: Death from Hæmorrhage. A young man aged 27, returned from the American army on March 14th, 1865, and immediately sickened with congestive fever. On the 22nd, eight days afterwards, tumours appeared under each ear, and on the 28th were opened, and discharged pus freely. Simultaneously with these, abscesses appeared in other parts of the body, which were opened, discharged pus, and gave no further trouble. On April 5th, the tumour under the left ear began to increase, harden, and stopped discharging. On April 8th, pulsation was discovered in the tumour, which increased and became very distinct on the 10th. On the 13th, the tumour was of about the size of a hen's egg, situated over and posteriorly to the angle of the jaw. Dr. Scriven, of Long Branch, New Jersey, upon examination, found the skin to be very tense. Two surgeons were called to consider the propriety of performing the operation of tying the common carotid artery. They opposed it for the time. On the 14th, at eleven o'clock, the case was consulted on, but as the patient was believed to be too much prostrated to undergo the operation, it was decided not to perform it. At half-past twelve A.M. the tumour burst in two places, the loss of blood being about one pint. On the 15th, Dr. Scriven decided, with the consent of the patient, to operate; and between one and two P.M. performed the operation. The loss of blood did not exceed half a teacupful. Ten hours after the operation, the tumour (fed by a recurrent circulation from the communicating arteries in the skull) began to bleed furiously, and the hæmorrhage was not arrested till about a quart of blood had been lost. This prostrated the patient: but by a free use of stimulants he rallied. On the 16th, he was very weak; but, with stimulants and his excellent appetite, he gained strength rapidly. In the night he rested well. On the 18th, Dr. Scriven laid open the tumour. It was filled with coagulum; and the sac being removed, the artery could be seen very distinctly. The patient remained about the same until the night of the 21st, when, at one A.M., the external carotid leading to the tumour began to bleed freely; and there being no one present but the family, the hæmorrhage was not stopped until it had bled about one quart. The sac was so near the maxillary branch of the external carotid, that the coagulum formed being short, the pressure of blood passing to this maxillary branch was so great as to expel it. It was with the utmost difficulty that life could be kept in him at the time; but he was even yet brought through. On the 23rd, he was very feeble; and his appetite, which until the 21st had been excellent, and had been the principal means of keeping him alive, failed to a certain degree. At half-past eight P.M. the artery began to bleed, but the hæmorrhage was arrested before it had reached more than four ounces. He had already lost so much by hæmorrhage that but a small additional loss of blood endangered his life; he became very much agitated, and for two hours hung upon the brink of death. During that night and the following day and night, he was very feeble, and at times fainty. His pulse was very weak, and respiration short and hurried. On the morning of the 25th, he had a fainting spell about ten A.M., and it lasted until eleven A.M. From eleven A.M to four P.M. he lay in a state of coma, and died from exhaustion. This was a case of true aneurism, the internal coat of the artery being ruptured by the action of inflammation resulting from the abscess. (*Philadelphia Medical Reporter.*)

Sympathetic Ophthalmia. In an essay on Sympathetic Ophthalmia, Mr. G. Lawson gives the following as his general conclusions. 1. It is an inflammation of one eye, originating solely from an irritation in the other. 2. The most frequent cause of sympathetic ophthalmia is a wound of one eye, and that those wounds which involve the ciliary region are specially liable to produce it. It also frequently arises from the irritation communicated to the sound eye from a lost eye, or from the shrunken stump of a lost eye, which has become subject from some cause or other to recurrent attacks of inflammation. 3. One of the great peculiarities of sympathetic inflammation is its tendency to the rapid effusion of lymph into all the tissues of the eye which it invades, capable of speedy organisation. 4. The disease once started is very difficult to arrest; it is recurrent in its nature, and even if the first attack be arrested, a recurrence is almost certain to take place. 5. The removal of the injured eye affords the best chance of arresting the disease; and if this operation is resorted to in its very early stage, there is a good prospect of its doing so. 6. If the symptoms of sympathetic ophthalmia are fully developed, the removal of the injured eye (the source of the irritation) may fail to arrest the disease, though it will afford a chance which should not be neglected. 7. In no instance have I seen sympathetic ophthalmia *originate* in an eye after the other had been removed on account of an injury. I have frequently seen it continue its course after the removal of the injured eye, but in each case sympathetic symptoms were manifested before the eye was removed. Hence the importance of diagnosing in what cases of injury sympathetic ophthalmia is likely to follow, and the necessity of at once excising such injured eyes which are prone to produce it, and

especially if they are already lost for all visual purposes. 8. In the treatment of sympathetic ophthalmia, any operation whilst the eye is inflamed is positively prejudicial; but when all the activity of the disease has subsided, much may often be done by some operative procedure to regain for the patient some of the sight he has lost, and often also at the same time to prevent a recurrence of the attacks. 9. In the early stage of the disease the tension of the globe is often increased to + T 1 or 2; but in the later stage the eye becomes soft from atrophy of the vitreous, causing a diminution in its consistence and bulk, and this state is often followed by detachment of the retina.

Rebiews and Notices.

THE FOOD OF THE PEOPLE. A Letter to H. Fenwick, Esq., M.P. With a Postscript on the Diet of Old Age. By JOSEPH BROWN, M.D. Pp. 61. London: 1865.

THIS sensible letter is written to call attention to the fact stated by Dr. BROWN, that the people of this country are underfed. He confirms this view by reference to his own experience in practice, and to Dr. E. Smith's report. He also points out the physical and moral evils which result from underfeeding, studies the causes of the deficiency, and suggests the remedy. We should have been glad if our author had entered more fully into the question of how far defective food is to be ascribed to indulgence in drinking. Under this head, it is impossible not to recur to the very striking fact that, in the cotton-working districts, the health of the people positively improved under a reduction of wages. Also, we should like to have seen answered the assertion so generally accredited amongst social science people, that increase of wages (at least amongst operative classes) is something akin to drunkenness and debauchery.

TENSION OF THE EYEBALL, GLAUCOMA, ETC.: Some Account of the Operations practised in the Nineteenth Century for their Relief. By JAMES VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital; etc. Pp. 80. London: 1865.

THE greater part of this book has already appeared in the pages of the BRITISH MEDICAL JOURNAL. Its basis is a paper read by the author before the Midland Medical Society in 1863. Mr. SOLOMON, an ophthalmic surgeon of no mean skill, has done well in publishing the results of his experience for the benefit of his professional brethren; and surgeons interested in the subject of which the work treats, will find in it a good amount of useful information.

THE STUDENT'S BOOK OF CUTANEOUS MEDICINE AND DISEASES OF THE SKIN. By ERASMUS WILSON, F.R.S. London: 1865.

SOME time ago we noticed the appearance of the first part of the work; and we then expressed a favourable opinion as to its utility. The book is now completed by Mr. WILSON. The name of so distinguished a dermatologist is in itself a great recommendation; and we can assure our readers that they will not be disappointed in the expectations which they may form of the merits of the book. It is thoroughly practical in the best sense; and—no small advantage—is very portable, containing only 517 pages in the two parts.

SURGICAL EXPERIENCES: THE SUBSTANCE OF CLINICAL LECTURES. By SAMUEL SOLLY, F.R.S., Senior Surgeon to St. Thomas's Hospital; etc. Pp. 656. London: 1865.

THIS volume consists of clinical lectures delivered by Mr. SOLLY to his pupils during nearly a quarter of a century. The lectures are fifty-four in number, and the subjects are: Diseases of the Spine; Injuries of the Head and of the Spinal Cord; Blood-letting; Amaurosis; Inflammation of the Dura Mater; Concussion of the Brain; Delirium Tremens; Epilepsy; Paralysis; Scriveners' Palsy; Diseases and Injuries of Joints and Bone; Amputations; Excision of the Maxilla Superior; Hernia; Intestinal Obstruction; Ruptured Bladder; Stricture; Lithotomy; Purulent Absorption; Absorbent Inflammation; Gunshot-wounds; and Aneurisms.

Among the many points of interest in the volume, we must notice, in the first place, Mr. Solly's expression of opinion (December 1864) on the utility of blood-letting.

"I feel bound", he says, "to put on record my opinion after more than thirty years' hospital experience on this subject. I fear that, as a profession, we are too much losing sight of blood-letting as a remedial agent. I am sure that Nature often warns us of our neglect by instituting severe hæmorrhage; and that many a valuable life has been saved by Nature's own conservative hand." (Pp. 137-8.)

He then relates how, in 1825, he fell from a horse while hunting, the accident being followed by symptoms of inflammation of the left pleura and of the left side of the abdomen. He was confined to bed for a week; and during that time lost seventy ounces of blood by the lancet and leeches. He recovered sufficiently to return to his hospital studies in about a month; but did not quite lose the pain in the side for six weeks or two months. "I never felt the slightest ill effects from the blood-letting, but great relief in every respect. I shall always think that my life was saved by it."

"Nevertheless, it is certainly too true that blood-letting in those days was carried to an absurd and even criminal extent. I remember when I was dresser to Mr. Travers, in 1824, bleeding forty patients in one week. Many of these were bled by order of the physician, the bleeding orders being sent to the surgery after their visits. Many were bled because it was the custom at spring and fall. Many were bled by order of the surgeon; and many bled on the judgment of the dresser for the week, who in those days enjoyed all the duties and responsibilities of house-surgeon and assistant-surgeon, there being no such officers at St. Thomas's in these days." (Pp. 138-9.)

He then relates several instances in illustration of the good effect of loss of blood. One was a case of apoplexy in a lady aged 70; and, in commenting on it, Mr. Solly expresses a belief, that local blood-letting is more effective than venesection from the arm. In another instance, he was called to a gentleman, aged 78, who had lost two or three pints of blood by

epistaxis, with the evident result of relieving him from cerebral congestion and other threatening symptoms. In another case, a gentleman, aged 87, whom Mr. Solly attended for catarrh of the bladder and enlarged prostate, and who occasionally had "passive hæmorrhage from the bladder." This patient had suffered from bronchitis and pneumonia the year before Mr. Solly saw him; and there was still some consolidation of the lower part of the right lung. On one occasion, he lost a pint of blood by hæmorrhage from the bladder.

"It commenced about 8 P.M.; and, as it was not arrested till 3 A.M., he got no sleep till that hour. Instead of pulling him down, it relieved his breathing so much, that he was fresher and better after it than he had been for some time. I found him reading the *Times* after breakfast, as if his night had been undisturbed and he had not lost a drop of blood. The bleeding also relieved the chronic inflammation of the mucous membrane of the bladder. Each hæmorrhage (and it occurred on three occasions) was attended with great relief to his bladder and chest. On the last occasion of the hæmorrhage, Dr. Hermann Weber, who was in attendance with me on account of the condition of the lungs, was very much struck with the marked benefit from the blood-letting." (Pp. 142-3.)

Another case is related, in which neuralgic pain in the head and dizziness in a "sister" of the hospital was markedly relieved by profuse bleeding from the nose; and this occurred on several occasions. Having thus expressed his opinion of the value of judicious blood-letting, Mr. Solly ends with a word of caution.

"I am most anxious that it should not be supposed that I do not also believe that many a life has been sacrificed to the lancet. Almost all blood-letting, to be useful, should be local; that is, abstracted from the spot nearest to the inflamed organ, either by leeches or by the cupping-glasses. The exception to this rule, and it is a very decided one, is in the case of penetrating wounds of the thorax, in which the lungs are wounded. In such a case, if there is much dyspnœa, I always bleed from the arm, and with the greatest benefit." (Pp. 144-5.)

Mr. Solly, in his preface, rightly considers that no duty is more plainly laid on a hospital surgeon, by virtue of his office, than that of laying before his professional brethren the result of his experience, whether that result have consisted in success or in failure. This the author has done in the simple form of the narrative of facts with comments thereon; and there can be but few surgeons who will not find in this volume much practical information on various subjects.

THE ENDOSCOPE AS AN AID IN THE DIAGNOSIS AND TREATMENT OF DISEASE. By FRANCIS R. CRUISE, M.D. Dublin: 1865.

WE are glad to see that Dr. CRUISE has reprinted and enlarged his essay on endoscopy, which appeared in the *Dublin Quarterly Review*. We have already noticed Dr. Cruise's labours in the new field of research which he has entered upon with so much energy and success. No doubt, his example will bring many other followers to prosecute this inquiry into disease by the aid of endoscopy; and we may, therefore, fairly anticipate that our powers of diagnosis will soon be greatly enlarged by this means of inquiry.

British Medical Journal.

SATURDAY, JULY 22ND, 1865.

A MEDICAL DEFENCE FUND.

THE question of a medical defence fund has been again brought under the notice of the profession; and a serious proposal made for establishing one. We have already argued this question; and have shown what seem to us, unanswerable reasons against the proposal. Difficulties surround it on every side. In the first place, the very existence of such a fund will assuredly encourage pettifogging lawyers to bring actions against medical men "on spec". Then, in the second place, the very fact of a medical man being defended by such a fund will naturally operate to his disadvantage in the eyes of the jury and of the public. Sergeant Bigwig will not fail to make the most of it; and denounce in clap-trap the oppression suffered by his poor injured client, through the combined influence of a wealthy profession brought to bear against him.

Moreover, it must be confessed, that the use of this defence fund, in any given case, would be a sort of prejudging of the case by the profession. For some one must decide whether the case is one in which the fund may, or in which it may not, be properly employed. Surely, cases occur in which medical men are properly brought to account, in a court of justice, for improper deeds done by them; and no one will pretend that, in such cases, a defence fund is applicable. And hence it follows, that the Defence Fund Association must itself decide beforehand the merits of the case—must anticipate justice—in order to permit, or not, the use of its funds.

Besides, as we know, cases occur in which great difference of opinion exists between medical men themselves as to the merits of a particular case. Who is to decide when doctors disagree as to the employment of the fund in such case?

We might also ask, Is it practicable to raise as large a sum as would be requisite to meet all cases which may occur? A fund of this kind, to be of any use, must be counted by the thousands, not by the hundreds. Let any one call to mind the expenses of some of the trials against medical men which have occurred during the last few years, and they will quickly appreciate how large the fund must be if it is to be of any service at all.

A quiet review of the whole question will satisfy all reasonable people, that the proper way to deal with cases of this kind is as they have hitherto been dealt with. Let each case stand on its own merits before the profession; and, we will venture to say, the profession will not fail to aid and comfort their

brother who has been unjustly persecuted. The profession has hitherto never failed to be generous in this matter; why should we fear of its being otherwise in the future? When have our medical brethren failed to come forward and assist any professional brother, in the case supposed, who was worthy of their assistance?

These arguments, at all events, should be upset or explained away, before men can wisely commit themselves to the carrying out of a medical defence fund. We urge these considerations upon our brethren more particularly, because, if we are not mistaken, the present proposal issues from the office of a man of law.

THE PRITCHARD MURDER.

Dr. Paterson gives, in a letter to the *Glasgow Herald*, the following unsatisfactory explanation of his manner of dealing with the Pritchard murder case.

Determined, if possible, to save Mrs. Pritchard's life, he refused (he says) to certify the cause of Mrs. Taylor's death; and addressed the following letter to the Registrar, upon which, he contends, that official ought to have at once acted. "6, Windsor Place, March 4, 1865.—Dear Sir,—I am surprised that I am called on to certify the cause of death in this case. I only saw the person for a few minutes a very short period before her death. She seemed to be under some narcotic; but Dr. Pritchard, who was present from the first moment of the illness until death occurred, and which happened in his own house, may certify the cause. The death was certainly sudden, unexpected, and to me mysterious. I am, dear sir, yours faithfully, James Paterson, M.D. To Mr. James Struthers, Registrar." To have denounced Dr. Pritchard at that stage would, Dr. Paterson says, have been ruin to him; for Pritchard could have brought forward three medical men, all Edinburgh graduates, not one of whom suspected that Mrs. Pritchard was being poisoned by antimony. Even if he had not written the above letter, the Registrar ought to have known that no medical man would have refused to sign the death-certificate of any member of a medical brother's family whom he had seen on the death-bed, unless he suspected foul play. He fully expected the Registrar would act on his letter; and had he done so, Mrs. Pritchard's life would have been saved. His first visit to Mrs. Pritchard was on the day of her mother's funeral. The next day he consulted in confidence with one or two of his professional friends; and they all came to the conclusion that Mrs. Taylor had been poisoned by opium, and that Mrs. Pritchard was being dosed with antimony. He would mention, he says, the names of these gentlemen, "were it not that the public might fix upon them as the source from which proceeded the anonymous letter sent to the authorities, and which led to the apprehension of Pritchard." They all thought that the refusal of the certificate and the sending of the letter would lead to a judicial investigation; and when Pritchard called subsequently at his house at an unseasonable hour, he (Dr. Paterson) quite believed that Pritchard had been scared from his purpose, and that Mrs. Pritchard would be safe.

To these remarks, Mr. Struthers, the Registrar, naturally objects. He says that Dr. Paterson may reasonably enough attempt to justify himself; but that he has no right to try to throw the responsibility on him (the Registrar).

"The letter which Dr. Paterson wrote to me refers in very plain terms to Dr. Pritchard for the necessary certificate; and having received this properly filled up, I had certainly no reason whatever to doubt its being correct; especially as the cause of death *as stated* was perfectly in accordance with his note, and might be looked upon as naturally *sudden* and *unexpected*. Had Dr. Paterson not referred me to another medical man as being attendant on the deceased—and if a certificate had not been forthcoming—*then* my duty would have been to report the case to the proper authorities, who would have instituted a *post mortem* examination; but as the case has happened as above stated, and as his letter was not calculated to arouse any suspicion in itself without a personal explanation, it was surely Dr. Paterson's duty to make inquiry immediately as to the nature of the certificate granted; and not to hold over until the day after the apprehension of Dr. Pritchard, and then coolly state to me in my office that the certificate was a 'parcel of lies.'"

There is, we fear, no doubt that Dr. Paterson has made, in some way or other, a great mistake in this matter. And, unfortunately, his error has been made a source of unjust reflection on the whole profession. *The Times*, for example—the constant, we might say the watchful, enemy of the profession—has taken up the position that Mrs. Pritchard was sacrificed to etiquette; and has, in fact, drawn from this incident the moral, that the medical profession are constantly in the habit of sacrificing their patients at the shrine of this their favourite household goddess, etiquette. Our own opinion is, that Dr. Paterson is really not so much to blame, in reference to Mrs. Pritchard, as he himself would make out. The difficulty of believing, and of diagnosing, such a horrible act of criminality as the one in question, especially as being committed by a brother medical man, must of necessity be very great. To accuse such a man of such a crime, we should all of us require the most condemnatory evidence and proof. It is, therefore, reasonable to conjecture, that Dr. Paterson had not originally that full and firm conviction of the foul play which he afterwards assumed to have had. Dr. Paterson may have deceived himself in this. It is stated, that it was mainly through Dr. Paterson that Dr. Pritchard was brought to justice. And we may fairly conjecture, that Dr. Paterson might, at a later period of the inquiry, under the influence of perhaps some personal vanity, have assumed to himself a quicker and more sure insight into the original act of poisoning than he actually possessed.

This surely is a reasonable construction of the case, and the one which we should prefer to adopt. For, if Dr. Paterson had originally all that firm conviction of the poisoning, we cannot satisfactorily explain why he did not take some positive steps to arrest the evil and hidden hand which was adminis-

tering death to the unconscious victim. In such a case, a medical man, if he felt hesitation, could readily have called in others to share with him the responsibility of expressing his suspicions.

THE *Gazette Médicale de Lyon* tells us that a new periodical, *Le Tambour*, has hit upon a good idea for "bringing grist to the mill". The remarks of that journal some of our readers may think not inappropriate at the present moment for our own consideration at home.

"We propose," its prospectus says, "to publish a list of distinguished men of science; and we shall commence with medical men. This publication will be carefully done, so as not to have the appearance of advertising; but will *naturally* make prominent the names of all those inscribed on our list—a fact which may be of great future advantage to them. Every medical man who subscribes for one year before the 1st of June will be inscribed on the list. Medical men who have published works will please to signalise the same to us."

Hereupon the *Gazette Médicale* remarks: "This is neither more nor less than what is practised every day, at the expense of weak vanity and provincial credulity. But why do they always begin with the doctors? Why should they give us the benefit of the first sound of their trumpeting? The answer to this is suggestive of motives to be sought for in our own consciences."

THE Manchester Medico-Ethical Association requested, some time ago, through our columns, to be supplied with any available data for the formation of a tariff of fees. We have now before us the result of their labours; and, on the whole, we think it highly creditable to their discrimination and judgment. We observe that they have adopted the rental as an indirect but easily attainable test of the income of patients, thus following the example of the British legislature in many instances. The plan, guarded as it is by explanatory reservations, is probably as good as any other that could be adopted. The Association has had the good sense to found its tariff on advice alone, to mark its sense "that medical men should in all cases base their title to remuneration only upon the value of their time and skill." They trust that the time may some day arrive when the dispensing of drugs can be allocated to those who make it their sole trade. A decided distinction is made between the fees of the general practitioner and consultant, which may check the practice—so frequent in the provinces, and so hurtful to all concerned—of the latter poaching on the domain of the former, by charging small fees. We trust the tariff may be an assistance to our Manchester brethren, enabling them to obtain a due reward for their labours, and to avoid ruinous competition with one another. The following are extracts from the tariff of the Association. The numbers refer to parts of a series of explanatory notes to each item.

"*Tariff of Medical Fees for Manchester and its Suburbs.*

"CLASS I. When the house rental is from £10 to £25 per annum.
CLASS II. When the house rental is from £25 to £50 per annum.
CLASS III. When the house rental is from £50 to £100 per annum.
CLASS IV. When the house rental is £100 upwards per annum.

A.—GENERAL PRACTITIONERS.

	Class I.	Class II.
1. Ordinary Visit	2s. 6d. to 3s. 6d.	3s. 6d. to 5s.
2. Special Visit	A Visit and a-Half.	
3. Night Visit	Double an Ordinary Visit.	
4. Mileage beyond Two Miles from Home	1s. 6d.	2s.
5. Detention per Hour	2s. 6d. to 3s. 6d.	3s. 6d. to 5s.
6. Advice at Practitioner's House	2s. 6d. to 3s. 6d.	3s. 6d. to 5s.
7. Letters of Advice	2s. 6d. to 3s. 6d.	3s. 6d. to 5s.
8. Consultations	See Explanatory Tariff.	
9. Attendance on Servants	2s. 6d.	2s. 6d. to 3s. 6d.
10. Two or more Patients in One House	See Explanatory Tariff.	
11. Midwifery	21s.	21s. to 63s.
12. Abortions	See Explanatory Tariff.	
13. Vaccination	See Explanatory Tariff.	
14. Certificates of Health, etc.	See Explanatory Tariff.	

	Class III.	Class IV.
1. Ordinary Visit	5s. to 7s. 6d.	7s. 6d. to 10s. 6d.
2. Special Visit	A Visit and a-Half.	
3. Night Visit	Double an Ordinary Visit.	
4. Mileage beyond Two Miles from Home	2s. 6d.	3s.
5. Detention per Hour	5s. to 7s. 6d.	7s. 6d. to 10s. 6d.
6. Advice at Practitioner's House	5s. to 7s. 6d.	7s. 6d. to 10s. 6d.
7. Letters of Advice	5s. to 7s. 6d.	7s. 6d. to 10s. 6d.
8. Consultations	See Explanatory Tariff.	
9. Attendance on Servants	3s. 6d. to 5s.	5s. to 7s. 6d.
10. Two or more Patients in One House	See Explanatory Tariff.	
11. Midwifery	42s. to 105s.	105s. and upwards.
12. Abortions	See Explanatory Tariff.	
13. Vaccination	See Explanatory Tariff.	
14. Certificates of Health, etc.	See Explanatory Tariff.	

B.—CONSULTANTS.

	Class I.	Class II.
1. Advice on Visit alone	21s.	21s.
2. Advice or Visit with another Practitioner	21s.	21s. to 42s.
3. Mileage beyond Two Miles from Home	10s. 6d.	10s. 6d.

	Class III.	Class IV.
1. Advice or Visit alone	21s.	21s.
2. Advice or Visit with another Practitioner	21s. to 42s.	21s. to 42s.
3. Mileage beyond Two Miles from Home	10s. 6d.	10s. 6d.

"2. *Special Visit.* This is a visit of which notification is not given before 10 A.M., when the practitioner has commenced his daily round; such visits almost always involve increased trouble or expense; also whenever immediate attendance is requested. The latter circumstance often embarrasses the practitioner, and entitles him to an increased fee.

"8. *Consultations.* When the ordinary attendant has to meet another medical man in consultation, he is fully entitled, from loss and disarrangement of time, to double his ordinary fee. If such consultations are very frequent, this may be occasionally remitted at his discretion. When a general practitioner is himself called in consultation, he is entitled to the consultant's *minimum* fee of 21*s.*; but this may be relaxed at the desire of the practitioner previously in attendance. Midwifery consultations among Class I of patients should be charged according to arrange-

ment between the patient and practitioners. Among the other classes, the second practitioner is entitled to the same fee as the first, independently of the length of time he is detained.

"10. *Two or more Patients in one House.* When these are members of one family, and paid for by one person, half a visit is chargeable for each beyond the first. When this is not the case, the full charge should be made for each.

"11. *Midwifery.* From use and wont, the fee for Class 1 is generally understood to cover the after visits, when these are few, and all goes well; also, with those towards the bottom of this class, it may be reduced to 15*s.*, if paid within a month. In the other classes, the after visits are not included, unless previously arranged otherwise. When operations, such as the use of forceps, turning, etc., are required, the practitioner is entitled to an additional half-fee. The tariff allows considerable latitude in the midwifery fee, owing to the very great diversity of charges hitherto usual with different practitioners."

It is hardly necessary for us to note the fact that this year again the Medical Council have met, discussed, and, in a positive sense, done nothing. "As you were" is still with that body the order of the day. We all remember the eagerness with which this year, even during Easter week, the Medical Council were collected in London from their practice and lectures and quiet homes in England, Scotland, and Ireland, for the purpose mainly of getting an early grip upon the parliamentary session. This year we were in full expectation that out of this Council-energy a new Medical Bill would have been presented to the profession. But no. The Home Secretary most courteously received the Council's deputation, and as courteously regretted "that the Bill could not be introduced during the present session of Parliament." We observe that, at the dinner of the Fellows of the College of Surgeons, Mr. De la Garde, in introducing the toast "The Medical Council", thought it necessary to say a word of apology for them. The profession, he thought, had expected too much from the Council; and this was one of the greatest difficulties with which they had to contend. They had a very arduous task to perform, and had taken care not to commit themselves to any particular course of action. In the meantime, Mr. De la Garde added, the profession were themselves working out many of the difficulties which met them in their relations to the public. Did Mr. De la Garde mean by this to insinuate a suspicion as to the utility of the Council? Dr. Burrows, in returning thanks, accepted these apologies. He said that conflicting interests in the Council rendered conjoint action very difficult. Individual councillors looked too much after the interests of the particular corporations which they represented, and too little towards the general good of the profession. They were, however, he was happy to say, gradually settling down into something like an harmonious whole, and therefore a compact and effective body. We conclude from this that, when they *have* settled down, something may be looked for at their hands. The profession, Dr. Burrows agreed with Mr. De la Garde, expected more from the Council than the Council could effect. What we should have liked to have heard from Dr. Burrows was, a few words telling of the good things the Council will possibly one day effect for the profession. Of this we did not catch a word. Is Mr. De la Garde's remark not correct, that the profession are working out for themselves some of these difficult problems, which the Medical Council is powerless to touch?

The following important case was decided last week before Mr. Baron Pigott.

"Mr. J. Q. Rumball, a medical practitioner at Harpenden, was indicted for taking charge of a lunatic to board and lodge without having a licence or certificate. By the advice of his counsel, he pleaded 'Guilty', but protested that he had received the patient under a certificate of delirium tremens. Mr. Baron Pigott, after taking time to consult his learned colleague in the commission, said that it was necessary to inflict a sentence, because it was of great importance it should be understood that the salutary provisions of the statute in this respect could not be disregarded with impunity. However, as it appeared that the defendant had no intention to violate the law, and had supposed that, as the patient was only suffering under an attack of delirium tremens, it was not a case of lunacy within the Act, and as, moreover, it was represented that the defendant was not in circumstances to pay a large fine, he should only impose a fine of £20."

The Royal College of Physicians has received, from Earl de Grey, an answer to the letter lately addressed by the College to him as Secretary of War in reference to the condition of the army surgeons. The noble lord begs the College to inform him in what particular the terms of the Warrant of 1858 have not been carried out. This question is a proof either of remarkable simplicity or remarkable ignorance on the part of the head of the War Department. There is not a clerk in the Army Medical Department who could not have given him the answer he asks for.

It is always agreeable to us to hear of the appreciation of our brethren by foreigners, and especially so when a member of our Association reaps the reward of his labours. It is, therefore, with especial pleasure, that we have heard of Mr. Spencer Wells having been sent for to Zurich to perform ovariotomy upon a Swiss lady; and that we are able to make known that, four days after the operation, the patient had not had one unfavourable symptom, although the tumour removed was a very large one and surrounded by much ascitic fluid. Mr. Wells also performed the hazardous experiment of doing ovariotomy, in the large Hospital of St. John at Brussels. The case excited great interest among the Belgian surgeons, who attended in large numbers. The

patient went on very well for two days; but she sank on the fourth day, from peritonitis. Mr. Wells explains this by the existence of chronic peritonitis before the operation; but the Belgian doctors say that, if the patient had been in the country, she would have recovered, and attribute the result to the hospital atmosphere.

A St. Petersburg doctor possesses an infallible cure for cholera. He has long been awaiting an occasion for exhibiting its efficacy; and he now finds it in the outbreak at Alexandria. In the cause of humanity, he applied to the French embassy at St. Petersburg; but there could get no satisfactory response. At the English embassy, however, he was more successful. Mr. Lumley transmits his promise of cure to Lord Russell at head-quarters; and Lord Russell sends it on to the College of Physicians. Dr. Ponowski has a curious theory of cholera; but to this we need not allude. His cure consists in the administration of a powerful snuff. If the patient's Schneiderian membrane respond, and eight or ten sneezes can be got out of him, he is safe and saved; but if the snuff (which is powdered hellebore) produce no effect, the patient must die. No sneeze, no cure. It is this remedy which the philanthropic doctor earnestly hopes Lord Russell will send on at once to Alexandria, and of which Lord Russell transmits notice to the College. We recommend the notion to some of our Yankee cousins, who have already done a great business in hellebore and veratria.

Virchow, in his *Essay on Trichinæ*, says, that the most careful cooking is required to destroy the trichinæ in fresh meat; that salt has a very destructive effect on the parasites; and that ten days of salting will effectually destroy them. Hams, sausages, etc., should not be eaten fresh; but should be kept a long time before being used.

The Institute of France, on the recommendation of the Academy of Sciences, has given its biennial prize of 20,000 *francs* (instituted by the Emperor) to M. Wurtz, Professor of Chemistry.

Dr. Pavy's experiments on the liver have been frequently and carefully repeated by Dr. Ritter, under Meissner's directions, and his conclusions found perfectly correct; viz., that sugar is never formed in the liver of a living healthy animal. Dr. Ritter's experiments are detailed in Henle's *Zeitschrift*, 1865. He experimented on a large number of rabbits, dogs, cats, etc. The question—What are the conditions which cause the so rapid conversion of the amyloid substance of the liver into sugar, when the organ is in an abnormal state?—may, he says, be answered by another: What are the conditions which *prevent* the passage of the amyloid substance into sugar in the healthy liver?

Dr. Buttura relates to the Academy of Sciences (through M. Bernard), a case of diabetes cured by the application of a seton to the neck. A mason, 38 years of age, had long suffered from the disease; he was very wasted and feeble, his thirst was extreme, and his urine abundant. The different usual methods of cure were tried in vain; and at the end of eight months trial of them, a large seton was put in his neck. When suppuration was established, the sugar in the urine gradually diminished. At the end of six months, not a trace of sugar could be found. The man returned to his work; and now for a year has remained perfectly well.

Professor Hebra (*Wiener Medizin Wochenschrift*) rejects the ordinarily accepted definition of rupia. He holds that rupia never appears except as a syphilitic disease of the skin; that there is no such disease as non-syphilitic rupia; and that all those forms of disease which have been brought under this head are in reality synonymous with ecthyma, phlyzacia, etc. Vesicular cutaneous eruptions produced by syphilis offer peculiar characters. The vesicles do not, as in pemphigus non-syphiliticus, contain a transparent and very slightly coagulable fluid; but, on the contrary, a highly coagulable fluid, which dries up into thin crusts. Then, again, under these crusts, the disease still goes on producing fresh exudation, which is deposited partly on the under surface of the crusts, elevating and making them thicker; and partly on the epidermis around and under the crusts, and so as to form a circular vesicular wall around them. It is this last formation—the vesicular wall producing a more or less conical shaped crust—which forms the peculiar characteristic of rupia.

Dr. Scholz, in the *Wiener Medizin. Wochenschrift*, gives a summary of cases of hernia which have occurred in the Wiedner Hospital from 1844 to 1863. Altogether, there were 422 cases, not including those cases of rupture which were admitted for other diseases. Of these, 220, or 52 per cent., were males; and 202, or 47 per cent., females. Of inguinal hernia, there were 268, of 63 per cent.; of crural, 142, or 33 per cent.; or umbilical, 11, or 2.60 per cent.; of the foramen ovale, 1, or 0.24 per cent. Of these, as regards sex, there were of inguinal hernia 215 in males, and 53 in females; of crural, 4 in males, and 138 in females; of umbilical, 1 in male, and 10 in females; of the foramen ovale, 1 in female. As regards position, 247, or 58 per cent., occurred on the right side; and 156, or 37 per cent., on the left side; and in 19, or 4.5 per cent., in the mesial line, or on both sides. Inguinal hernia occurred, in males, in 132 on the right side, and in 75 on the left side; and in women, in 31 on the right, and 22 on the left side. Crural hernia occurred in 2 men on the right, and in 2 men on the left side; in 81 women on the right, and in 57 on the left side.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.

President-elect—S. J. JEAFFRESON, M.D.Cantab.

All Meetings will be held in the College Buildings, Binswood Terrace; except where otherwise mentioned.

TUESDAY, *August 1st.*

12 NOON. Meeting of Directors of Medical Provident Society.

1.30 P.M. Meeting of Committee of Council.

3 ,, Meeting of General Council.

8 ,, First General Meeting of Members.

The retiring President (Dr. Paget) will resign his office.

The new President (Dr. Jeaffreson) will deliver an Address.

The Report of the Council will be read.

The Report of the Medical Provident Society will be presented.

Election of General Secretary.

Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, *August 2nd.*

8.30 A.M. Public Breakfast at the "Regent" Hotel. Tickets 2*s.* 6*d.* each.

10 A.M. Meeting of the Council.

11 ,, Second General Meeting of Members.

Discussion on Report of Council, and other subjects connected with the Association.

Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting of Members.

Presentation of Hastings Medal.

Address in Medicine by Professor STOKES, M.D., D.C.L.

Papers, etc., on *Medical* subjects.

Adjourn at 5 P.M.

8 P.M. *Soirée* at the Pump-Room.

THURSDAY, *August 3rd.*

9 A.M. Meeting of new Board of Directors of the Medical Provident Society.

10.30 A.M. Fourth General Meeting of Members.

Report of Medical Benevolent Fund will be presented.

Discussion on subjects in Scientific Medicine, selected by the Committee of Council; viz., 1. Are there any Antecedent Conditions influencing the Production of Cancer? [This discussion will be opened by CHARLES H. MOORE, Esq., Surgeon to the Middlesex Hospital.] 2. Is there any foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment? [This discussion will be opened by B. W. RICHARDSON, M.A., M.D.]

Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting of Members.

Address in Surgery by Professor SYME.

Papers, etc., in *Surgery* and *Midwifery*.

Adjourn at 5 P.M.

5 P.M. Cold Collation in the Jephson Gardens, by invitation of the Town authorities, to be followed by a *Fête*.

8.30 P.M. *Conversazione* at the Pump-Room, by invitation of the President, Dr. Jeaffreson.

FRIDAY, *August 4th.*

10 A.M. Sixth General Meeting of Members.

Discussion on subjects relating to State Medicine and Public Health selected by the Committee of Council; viz., 1. What measures should be advocated by the Association for securing an improved position to the Medical Scientific Witness in Courts of Law? [This discussion will be opened by JOHN A. SYMONDS, M.D., F.R.S.E., of Clifton.] 2. Why are Sanitary Measures not always followed by a Reduction of Mortality? [This discussion will be opened by W. TINDAL ROBERTSON, M.D., of Nottingham.]

Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting of Members.

Papers and Cases in Medicine, Surgery, and Midwifery, with discussion thereon.

6 P.M. Public Dinner at the "Regent" Hotel. Tickets One Guinea each. Gentlemen intending to be present at the Dinner, are requested to give notice to the Honorary Local Secretary, THOMAS EBBAGE, Esq., 6, York Terrace, Leamington.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room at the College, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

The principal Hotels are the "Regent", the "Clarendon", the "Bath", and the "Crown".

Members who wish for information previous to the Meeting, may communicate with THOMAS EBBAGE, Esq., the Honorary Local Secretary.

The public will be admitted, on application to the President, to attend the discussions on Scientific and State Medicine on the mornings of Thursday and Fridays.

Notices of Motion. Dr. PAGET will move to alter Law VIII, by inserting the words "President-elect" after the words "President for the year".

Dr. HENRY will move: "That a Committee of this Association be appointed to inquire into the present system of Poor-Law Medical Relief, and to ascertain whether any, and what, alterations are required therein in order to ensure the efficient treatment of the sick poor and the just remuneration of the Poor-law Medical Officers.

"That the Committee be desired to report the result of their labours to the next annual meeting of the British Medical Association; and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the Legislature and on the Poor-Law Board."

Dr. MEAD will move resolutions relative to Poor-Law Medical Relief. (See Report of Cambridge and Huntingdon Branch, July 8th, p. 23.)

Dr. RICHARDSON will move: "That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections.

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

Dr. Davey will move:—"That, with the view of dividing the present responsibilities of the Editor of the Journal, and with the view of improving the general tone and management of the said Journal, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character."

The Rev. Dr. Bell, M.D., will move as an amendment to the motion of Dr. Davey in relation to the Journal:—"That it is inexpedient to disturb the existing arrangements with regard to the Journal—(*a*) because Dr. Markham has proved himself quite equal to the responsibilities devolving upon him; (*b*) because the tone and management have gone on improving; and that general support and sympathy from the members of the Association, especially of those connected with the public medical and surgical institutions of the kingdom, are alone wanted to make the Journal an organ suited to carry out the principles upon which the Association is founded."

Mr. Robert B. Carter will move:—"1. That the continued publication of the British Medical Journal is unnecessary and inexpedient; and that it may with advantage be replaced by a journal that shall not absorb so large a proportion of the income of the Association, and that shall be directed with a view to increase knowledge, and to promote better legislation, on questions of public hygiene and of state medicine.

"2. That a Committee of five Members of the Association be appointed to consider the best way of giving practical effect to the foregoing resolution, and to report to the present Meeting."

Dr. A. Ransome gives notice of motion:

"That a Committee be appointed to encourage the Registration of Disease, and to devise the best means of obtaining the evidence of members upon medical questions having a practical bearing."

Papers have been promised by—

Furneaux Jordan, Esq. (Birmingham).
M. Mackenzie, M.D. (London).
Alexander Fleming, M.D. (Birmingham).
J. Vose Solomon, Esq. (Birmingham).
J. G. Davey, M.D. (Northwoods, Bristol).
T. P. Teale, jun., Esq. (Leeds).
G. D. Gibb, M.D. (London): The First Attempt in England to remove a Growth from the Larynx through Division of the Pomum Adami.
Balmanno Squire, Esq. (London).
B. W. Richardson, M.D. (London).
Thomas Nunneley, Esq. (Leeds).

In order to facilitate the business of the Meeting, it is particularly requested that all papers be sent to the General Secretary, on or before the 25th of July, if possible.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, July 6th, 1865.

THE ANNUAL MEETING: CONVERSAZIONE.

Dr. Jeaffreson, President-elect, presents his compliments to the members of the Association who may meet at Leamington, and begs the honour of their company at a *Conversazione* at the Pump-Room, on Thursday, August 3rd, at 8.30 P.M.

YORKSHIRE BRANCH.

The Annual Meeting will be held in the Museum of the Yorkshire Philosophical Society, York, on Thursday, July 27th, at 2.30 P.M.

NORTH WALES BRANCH: ANNUAL MEETING.

The sixteenth annual meeting of the North Wales Branch of the British Medical Association was held at the Royal Hotel, Rhyl, on Tuesday, 4th inst., at 12 o'clock noon, under the presidency of John R. Hughes, M.D., Denbigh. Besides the President, there were also the following members present:—J. C. Davies, M.D. (Holywell); Edward T. Hughes, M.D. (Mold); R. Jones, Esq. (Carnarvon); T. Evans Jones, Esq. (Llanasa): T. Eyton Jones, Esq. (Wrexham); W. Jones, Esq. (Ruthin); D. Kent Jones, Esq. (Beaumaris); Ll. Lodge, Esq. (St. Asaph); Hamilton A. Roberts, Esq. (Brynmeurig, Bangor); O. Roberts, M.D. (St. Asaph); R. C. Roberts, Esq. (Ruabon); R. Roberts, Esq. (Portmadoc); A. E. Turnour, M.D. (Denbigh); R. Thomas, Esq. (Menai Bridge); E. Williams, M.D. (Wrexham); G. H. Williams, M.D. (Rhyl); J. Williams, Esq. (Holywell); and W. Williams, M.D. (Mold).

Several letters were received from members regretting their inability, through professional engagements and domestic afflictions, to attend the meeting; amongst others from T. T. Griffith, Esq., of Wrexham; G. Turner Jones, Esq., of Denbigh; T. Francis Edwards, Esq., of Denbigh; H. Rees, Esq., of Llanberis; W. Jones, M.D., of Ruabon, etc.

In the absence of the retiring president, William Williams, M.D., of Mold, who was detained for a short time at Chester, Edward T. Hughes, M.D., of Mold, was voted to the chair. He addressed a few words expressing the gratification and delight it always afforded him in meeting his fellow-associates, and concluded by introducing the president-elect, John R. Hughes, M.D., of Denbigh.

President's Address. The President delivered an able address on Sanitary Laws, which will appear in the Journal.

Vote of Thanks to the President. Dr. Turnour (Denbigh) moved, Mr. Ll. Lodge (St. Asaph) seconded, and it was unanimously accorded—

"That the best thanks of this meeting be tendered to the President for his excellent address, and that he be good enough to allow it to be printed in the Journal."

Report of Council. Dr. Williams (Wrexham), for Mr. Kent Jones, Honorary Secretary, read the Report of Council.

"The Council of the North Wales Branch of the British Medical Association have much pleasure in meeting their fellow-associates upon this the sixteenth anniversary of their Society, and have to congratulate them upon its continued prosperity.

"By the desire of the Council of the British Medical Association, a special general meeting of this Branch was held at Denbigh on the 4th of October last, for the purpose of electing one director to the Board of Directors of the Medical Provident Society. At that meeting, Thomas Taylor Griffith, Esq., of Wrexham, was unanimously elected; and as the period for which he was appointed has now expired, your Council feel great pleasure in stating that he is eligible for re-election. No greater testimony to the utility of the British Medical Association could be adduced than to its originating and successfully establishing this excellent institution, which provides help in times of sickness and accident to its contributing members.

"The intermediate meeting of this Branch was held on the 24th of February last, at the residence of Dr. Roberts, St. Asaph, and was an eventful one. On that occasion our worthy associate, T. T. Griffith,

Esq., of Wrexham, initiated a movement of praiseworthy character, which aimed at raising the sum of £50 towards the Auxiliary Fund by this Branch in its aggregate body, to meet the generous challenge put forth by Mr. Carden of Worcester, who promised to subscribe £50 (in addition to his former donation) provided ten others would each contribute a like sum. Mr. Griffith's appeal was met by the sum of £23 : 18 : 0 being subscribed immediately, and circular letters were posted to absent members soliciting their co-operation and contributions. On the 19th ult., Mr. Griffith (who had kindly consented to act as treasurer) forwarded the handsome sum of £70 to Dr. Henry, Secretary of the Medical Provident Society, as a donation from the members of this Branch and friends to the Auxiliary Fund.

"Your Council call attention to the benefit in a strictly scientific point of view to the holding of intermediate meetings by this Branch. The last one was well attended, and subjects of great interest were brought forward and very profitably discussed; notice of which will be seen at page 230 of the BRITISH MEDICAL JOURNAL.

"Your Council desire to express their warmest acknowledgments—sentiments which they are sure will be cordially reciprocated by every member of the Branch—to Dr. Roberts for his hospitality on that occasion, and for the kind and courteous manner in which he received his fellow-associates.

"The approaching election of councillors at the College of Surgeons in London, seems to be a fitting occasion for the expression of the feelings and opinions of this Branch of the British Medical Association, as to the manner in which the voting is conducted. Whilst on receiving the Fellowship there is an understanding that it confers the privilege and right of voting for the admission of Fellows into the Council, this power is practically negatived to the country Fellows by the necessity of their personal attendance at the College on the day of election, thus entailing on them the fatigue and inconveniences of often very long journeys, and sacrifice of money and much valuable time; so that the election is very much thrown into the hands of the Fellows resident in or near London. The readiness with which this unjust and anomalous state of things might be obviated by permitting the use of *voting papers* (as has been already adopted at Oxford), renders the withholding them a cause of deeper dissatisfaction, and is not more an injustice to the country Fellows than it is prejudicial to the interests of the College itself. The older members who might seek the Fellowship are deterred by the obstacles placed in the way of exercising their elective privileges. This Branch also wishes to record its high appreciation of the clear and talented manner in which this subject has been so fearlessly and perseveringly brought before the profession by the Editor of the BRITISH MEDICAL JOURNAL.

"In conclusion, your Council invite the members of this Branch to give more support and countenance to the proceedings of their Society by better and more regular attendance both at the intermediate and annual meetings; for by so doing they will not only stimulate the interchange of kindly feeling, but also give cohesion and influence to the Branch, representing, as it does, the whole profession of North Wales.

"The financial state of this Branch was detailed at length at the intermediate meeting held last February, and will be seen at page 230 of the JOURNAL. Since then subscriptions have been received up to this time, amounting to £2 : 16 : 6; so that there will be an available sum of £4 : 9 : 4 to meet the expenses of the current year."

Dr. HUGHES (Mold) moved, and it was seconded by Dr. HARVEY WILLIAMS (Rhyl), and carried unanimously—

"That the Report of Council now read be received, adopted, and entered in the Minutes of the Branch."

Vote of Thanks to the Council of the Branch. Upon the motion of Dr. WILLIAMS (Wrexham), and seconded by Dr. HUGHES (Mold) an unanimous vote of thanks was passed to the Council of the Branch for the past year for their unremitting attention and valuable services.

President-elect for 1866, *and Place of Annual Meeting for that Year.* It was moved by Dr. ROBERTS (St. Asaph), seconded by Mr. Ll. LODGE (St. Asaph), and carried unanimously—

"That Jesse Conway Davies, M.D. (Holywell), be the President-elect for 1866; and that the George Hotel, Menai Bridge, be the place of annual meeting for next year."

Branch Council for 1866. Dr. TURNOUR (Denbigh) moved, and it was seconded by Mr. EVANS JONES (Llanasa), and agreed to—

"That the following members constitute the Council of this Branch for next year, viz.: T. Taylor Griffith, Esq. (Wrexham); Edward T. Hughes, M.D. (Mold); R. Jones, Esq. (Carnarvon); Hamilton A. Roberts, Esq. (Brynmeurig, Bangor); R. Thomas, Esq. (Menai Bridge); and A. E. Turnour, M.D. (Denbigh)."

Representatives to the General Council. It was proposed by Mr. R. JONES (Carnarvon), and seconded by Mr. EYTON JONES (Wrexham), and carried unanimously—

"That Edward Williams, M.D. (Wrexham); and O. Roberts, M.D. (St. Asaph), be elected to represent this Branch in the General Council of the British Medical Association."

Election of Director of the Medical Provident Society. Upon the motion of Mr. R. JONES (Carnarvon), it was unanimously agreed—

"That Thomas Taylor Griffith, Esq. (Wrexham) be re-elected Director to represent this (the North Wales Branch), on the Board of Directors of the Medical Provident Society; and that the most cordial thanks of this meeting be tendered to him for his kind and valuable services during the past year."

Secretary and Treasurer. Mr. R. THOMAS (Menai Bridge) moved, Mr. R. ROBERTS (Portmadoc) seconded, and it was carried—

"That D. Kent Jones, Esq. (Beaumaris) be re-elected Secretary and Treasurer for next year."

Intermediate Meeting for 1866. Dr. TURNOUR (Denbigh) having invited the members of this Branch to his residence on the occasion of holding the next intermediate meeting, it was moved by Dr. WILLIAMS (Wrexham), and seconded by Mr. J. WILLIAMS (Holywell), and unanimously agreed to—

"That Dr. Turnour's kind invitation be accepted."

New Members. The following gentlemen were elected members of the Association and Branch; Robert Roberts, Esq. (Portmadoc), proposed by Mr. R. Jones (Carnarvon), and seconded by Mr. R. Thomas (Menai Bridge); and William Jones, Esq. (Ruthin), proposed by the President, and seconded by Mr. Eyton Jones (Wrexham).

Papers and Cases. The following communications were made:—

1. State Vaccination. By E. T. Hughes, M.D., Mold.
2. Fractures of the Pelvis. By Hamilton A. Roberts, Esq., Brynmeurig.
3. A case of Double Uterus, with extensive disease of one Ovary, with the Preparation exhibited. By R. Jones, Esq., Carnarvon.
4. Case of Gaseous Cyst of the Liver. By Hamilton A. Roberts, Esq., Brynmeurig.

Interesting discussion followed the reading of the above papers and cases, which will be forwarded for publication in the BRITISH MEDICAL JOURNAL.

Dinner. All the members, with guests, after the meeting terminated, partook of an excellent dinner and spent a pleasant evening.

BATH AND BRISTOL BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held in the Philosophical Institution, Bristol, on Thursday, July 13th, 1865, at 4.45 P.M. The chair having been taken by R. W. FALCONER, M.D., President for the past year, the minutes of the last annual meeting were read by the Bath Secretary, Mr. Fowler, and confirmed.

Dr. Falconer then resigned the chair to F. BRITTAN, M.D., President for the ensuing year, who delivered an address, which will be sent to the JOURNAL for publication.

Mr. STONE proposed and Dr. COLTHURST seconded the following resolution, which was carried with acclamation:—

"That the thanks of the meeting be given to Dr. Brittan for his address, and that he be requested to allow it to be printed in the BRITISH MEDICAL JOURNAL."

Report of Council. The Bristol Secretary, Dr. MARSHALL, then read the following Report of Council:—

"The Council of the Bath and Bristol Branch of the British Medical Association has the satisfaction of reporting to the members the continued prosperity of the Branch, and the steady increase of its numbers and influence.

"A quarter of a century has elapsed since the union between the originally separate Branches of Bath and Bristol took place; and the harmony and cordiality which have uniformly existed, and the friendships which have thereby been formed and cemented, are matter of special gratification. The periodical meetings have fully realised the objects expressed by the Branch in its first annual report, viz., 'the communication of medical knowledge, interchange of opinions, and comparison of practical experience.'

"During the past year, six ordinary meetings have been held, in accordance with the resolution passed at the annual meeting of the Branch in 1863. The attendance at these meetings has been unusually large, averaging between forty and fifty on each occasion. Communications have been so numerous, that some have of necessity been postponed; but the following papers and cases have been read and discussed during the past session:—

"1. Death during the Inhalation of Chloroform. By C. Gaine, Esq.

"2. Notes on Cancer. By W. M. Clarke, Esq.

"3. Report of a Case of Perinæal Section. By J. W. Teale, Esq.

"4. Clinical Facts bearing on Broca's views of the Organ of Articulate Speech. By E. L. Fox, M.D.

"5. Case of Hernia. By A. Prichard, Esq.

"6. Spasmodic Contraction of the Hand. By R. W. Falconer, M.D.

"7. Case of Comminuted Fracture of Orbital Plate of the Frontal Bone. By J. W. Teale, Esq.

"8. Enucleation of Eyes. By F. Mason, Esq.

"9. On Excision of the Wrist-Joint. By R. W. Coe, Esq.

"10. Case of Fungus Hæmatodes of the Eyeball. By F. Mason, Esq.

"11. Case of Rupture of the Uterus. By J. G. Swayne, M.D.

"12. Typhoid Fever in the Pig. By W. Budd, M.D.

"13. Notes on a Case of Umbilical Hernia. By R. W. Falconer, M.D.

"14. Encephaloid Cancer of the Neck. By C. S. Barter, Esq.

"15. Notes on a Case of Suicidal Mania. By J. G. Davey, M.D.

"16. Additional Note on Intestinal Fever in the Pig; and Epidemic Dysentery in the Pig. By W. Budd, M.D.

"17. Case of Necrosis of the Clavicle. By A. Prichard, Esq.

"18. Case of Rheumatic Fever, followed by Pericarditis and Mortification of the Lower Extremities. By W. Davis, Esq.

"19. On the Hypodermic Injection of Morphia. By H. W. Freeman, Esq.

"20. Case of Excision of the Superior Maxilla. By H. Marshall, M.D.

"A petition to the House of Commons on the question of the remuneration of the medical officers of the poor-law unions was brought forward by Dr. Colborne, of Chippenham, and adopted by the Branch, and will be presented to the House next session. Your Council trust that it may be instrumental in obtaining an alteration of the poor-laws, which at present act most prejudicially upon the members of the medical profession.

"During the past year, the Branch has to regret the loss of three members by death—Mr. Plimmer, of Melksham; Mr. Lucas, of Long Ashton; and Mr. Macy, of Westown. There have been six resignations, owing to change of residence and other causes, but these losses have been more than compensated for by the accession of nineteen new members. The numerical strength of the Branch now amounts to 156 members; 61 belonging to the Bath district, and 95 to the Bristol district. Satisfactory as this increase is (being at the rate of nearly fifty per cent. in the Bristol district during the last four years), your Council would urge upon the existing members of the Branch the desirability of inducing those of our professional brethren who are not at present members to become so without delay. Union is strength; and the British Medical Association affords the only existing means in the medical profession of establishing an organised union.

"Your Council are also gratified to find that it is probable that the draft of a royal charter of incorporation, which has been drawn up under the superintendance of the Executive Committee of the Council of the Association, will be submitted to the members at its annual meeting at Leamington.

"The great addition to the number of members of the parent society during the last few years, shows that the profession generally is more fully alive to the advantages to be derived from membership.

"The improved character of the JOURNAL of the Association under the management of its present editor deserves a cordial acknowledgment; and your Council hope that the members of this Branch, and more especially those connected with the public medical institutions, will contribute still further towards enhancing its literary value, by making more liberal contributions.

"Your Council must make use of this opportunity to press the claims of the Medical Benevolent Fund upon your charitable consideration, with the belief that it only requires more intimate knowledge of its unostentatious assistance to the very many and frequently recurring cases of pecuniary distress among the members and families of our profession, to make appeal unnecessary.

"It may be noticed that during the past year a Provident Society has been established under the auspices, and in connection with, the British Medical Association, which is open to all duly registered members of the profession. The society is now in operation; and, it is trusted, will receive support from the profession generally.

"The scrutineers appointed by your Council to examine the ballot-papers, for filling up the vacancies in the Council, report the following to have been elected:—*Bath*—R. N. Stone, Esq.; W. Hutchins, Esq. (Keynsham); R. F. George, Esq.; C. Bleeck, Esq. (Warminster). *Bristol*—J. A. Symonds, M.D.; S. Martyn, M.D.; W. Budd, M.D.; H. Marshall. M.D.; W. M. Clarke, Esq.

"In consequence of the resignation of Dr. Marshall, a new Secretary for the Bristol district must be elected. Your Council have to announce that Mr. Corbould, Mr. Steele, Dr. Atchley, and Dr. Williams, have offered themselves for election."

"*The Financial Statement* shows an increased expenditure, in consequence of the two additional meetings now held in the course of the session, viz.:—

"*Income.*

Balance from 1863	0	10	10
147 Subscriptions	18	7	6
Balance due to Secretaries	4	12	0
	£23	10	4

"*Expenditure.*

Postage and Receipt Stamps	4	19	11
Hire, etc., of Rooms	10	10	0
Printing	7	11	5
Sundries	0	9	0
	£23	10	4"

Resolutions. The following resolutions were proposed:—

1. Moved by Mr. KEDDLE, seconded by Mr. LANSDOWNE, and carried unanimously—

"That the Report of the Council now read be received and adopted."

2. Moved by Dr. TUNSTALL, seconded by Mr. STONE, and carried unanimously—

"That, the finances of the Branch not having been sufficient for the payment of the expense of six meetings during the year, the contributions to the Branch expenses be in future 3s. 6d., instead of 2s. 6d."

3. Moved by Dr. FALCONER, seconded by Dr. HERAPATH, and carried unanimously—

"That Mr. Bartrum be elected President-elect for this Branch."

4. Moved by Dr. BEDDOE, seconded by Mr. SWAYNE, and carried with acclamation—

"That the best thanks of the Branch be presented to Dr. Falconer, President, and to the Council of the past year, for their able conduct of the business of the Branch."

5. Moved by Dr. TUNSTALL, seconded by Mr. HUTCHINS, and carried unanimously—

"That the best thanks of the Branch be given to the Honorary Secretaries for their services during the past year; and that Mr. Fowler be re-elected Secretary for the Bath district for the ensuing year.

6. Moved by Mr. M. CLARKE, and seconded by Mr. ORMEROD—

"That Mr. Corbould be elected Secretary for the Bristol district for the ensuing year."

7. Moved by Dr. GREEN, and seconded by Mr. MORGAN—

"That Mr. Steele be elected Secretary for the Bristol district."

The President having asked a show of hands, to know which of these resolutions should be carried, a majority were found to be in favour of the latter; and Mr. Steele was accordingly declared elected Secretary for the Bristol district for the ensuing year.

8. Moved by Mr. ORMEROD, seconded by Mr. CHURCH, and carried unanimously—

"That the best thanks of this meeting be presented to the Committee of the Philosophical Institution, for their courtesy and kindness in giving the use of their lecture theatre for this meeting."

New Members. The following gentlemen were elected members of the Parent Association and of the Branch:—H. Cooper Reade, Esq., surgeon-major, Clifton; G. J. Willes, M.D., H.M.S. *Dædalus*, Bristol; S. Lloyd, Esq., Pill, near Bristol.

Representatives in the General Council. The following gentlemen were elected representatives of the Branch on the General Council of the Association:—W. Budd, M.D.; R. W. Falconer, M.D.; F. Brittan, M.D.; A. Prichard, Esq.; R. N. Stone, Esq.; J. G. Symonds, M.D.; W. J. Church, Esq.

Vote of Thanks to Dr. Marshall. Mr. MORGAN proposed, and Mr. HUTCHINS seconded, a special vote of thanks to Dr. Marshall, for the manner in which he had discharged the duties of Secretary, which was carried with acclamation.

Dr. MARSHALL, in acknowledging the vote, expressed the regret he felt at resigning the office he had held for the last four years, and thanked the members generally for the courtesy and kindness he had received from them. He was glad that his official connexion ceased at a time when the Branch was in so flourishing condition; the number of members in the Bristol district having increased by one-half during the period he had had the honour of holding office.

The proceedings terminated with a vote of thanks to the Chairman.

Dinner. The annual dinner was held at the Volunteer Club, at half-past six o'clock, F. Brittan, M.D., President, in the chair; when nearly fifty members and visitors were present, including the Mayor of Bristol, Dr. Symonds, Vice-President of the Association, Dr. Falconer, retiring President of the Branch, etc. The usual loyal and professional toasts were given and responded to.

MEMORIAL TO DR. JENNER. The memorial to Dr. Jenner is now being placed in the south-west window of the Cathedral, and it is expected that the fixing of the glass will be completed this (Saturday) evening. The general subject refers to the acts of healing by our Lord in the course of his ministry. In the glass fixed the subjects depicted are: Healing the man in the tombs, raising the widow's son, healing the issue of blood, the cure of the lepers, the raising of Lazarus, and the cure of the deaf. Three subjects are painted in each light. In the tracery are figures of angels, with crowns, and scrolls with "Alleluia." Much of the window is now obscured by the scaffolding, but, as far as we can judge, the glass appears to be fine and the drawing good. The stonework is of the latter part of the thirteenth century, and the new glass is as nearly in the style of that period as Messrs. Clayton and Bell can produce it. The glass appears to be remarkable for the variety of its tints and the richness of its whites, and promises to be among the best in the Cathedral. The Dean and Chapter have contributed £100 towards the cost; the remainder is provided by subscription chiefly by the Gloucestershire Medical Society, and Dr. Evans is a most liberal contributor. (*Gloucestershire Chronicle.*)

Correspondence.

THE MEDICAL PROVIDENT FUND.

LETTER FROM A. B. STEELE, ESQ.

SIR,—Although candour compels me to say that I have no sympathy with the attempt to establish a sick benefit club for medical men, I have no intention to enter here upon the merits of the question, but wish simply to direct the attention of the Association and of the promoters of the fund to what appears a very anomalous condition of things, calculated not only to cripple and embarrass the movements of the new society, but at the same time to place in a false position every associate who, like myself, may object to be compelled, *nolens volens*, to share in the responsibility of an institution in which he not only has no personal interest, but to which he may have conscientious objections. I may be told that the Association has been committed to the scheme, and that the minority must abide by the acts of the majority; to which I at once defer. But I ask this question: Am I, as a member of the British Medical Association, bound to obey a code of laws which have not yet been laid before either the Association or the Branch to which I belong, and which, therefore, cannot yet have received the sanction of either of the only two executive bodies to which I am responsible? By the laws referred to, each "district" (which, I suppose, means each Branch) is called upon annually to elect Directors to manage a Society in which some, or many, or possibly all, the electors have no *bonâ fide* interest whatever. This surely is not just to those who support the Society; their interests ought in no way to be committed to those who have no real connexion with them. It is in direct opposition to the well established fact, that self-government, unfettered and truly representative, is the only safe principle upon which benefit societies can be conducted. No person, I think, should have a voice in the management of the Society unless he is beneficially interested therein; but, unless I have misread the laws referred to, no one can exercise the privileges of membership of either the Parent Association or the Branches without being called upon periodically to discharge the important duty of electing Directors of the Provident Fund.

I have heard it stated with much confidence, that the Provident Fund is perfectly safe, and in a most promising condition. Only two hundred members are required to insure a successful commencement, the names of Tidd Pratt and Finlaison being vouchers for its stability. If that be really the state of the case, there can be no necessity for this vague and dubious sort of connexion with the British Medical Association. Surely, out of two hundred members, it would be possible to elect an efficient Board of Directors without the interference of the members of the Association, many of whom may be indifferent to the scheme. A Directorate so constituted would be elected by and represent those only who are beneficially interested in the undertaking, and would constitute the form of government which experience has proved to be the soundest. It therefore seems to be worthy the consideration of those who wish well to the Provident Society, equally with those who are interested in the British Medical Association, whether this undefined and doubtful alliance should continue. If the Provident Fund is a part of the Association, oblige every associate to pay allegiance to it; but, if it be an independent self-supporting body, let it assert its own position, stand upon its own ground, manage its own affairs, and we shall soon ascertain to what extent the want of such an institution is felt, and the measure of support it is likely to obtain. As we are told that numbers of contributing members have already joined, it is to be hoped that before our annual meeting the new Society will be in a condition to start on its "own hook", and thus relieve us from our difficulty. Perhaps those who believe in the scheme may hesitate to take counsel from one who scarcely conceals his want of sympathy; but I would, nevertheless, suggest to those of my professional brethren who intend to invest, or rather to sink, any portion of their hard-earned money in a common fund, that any interference in its management or distribution by those who are not beneficially interested will sooner or later become a source of discord and dissatisfaction. Honorary Directors or Directors elected by non-subscribers, with the best intentions in the world, will, I venture to predict, never interfere otherwise than injuriously in the financial concerns of a Society which, to be successful, ought to be self-governed and self-dependent.

I am, etc., A. B. STEELE.

Liverpool, June 22nd, 1865.

THE DIETETIC VALUE OF BEEF-TEA.

LETTER FROM JOHN SPURGIN, M.D.

SIR,—You ask, "What is the nutritive value of beef-tea?" and you follow up the question by advancing several considerations of much value in determining the effects of a largely extended error—of effects referable to waste and to ignorance at once. For myself, I have for many years dismissed beef-tea from nurseries and sick-rooms. In many instances, doubtless, the smile that issues out of a low estimate of an opinion has been the only result of its honest expression. I do not hesitate to say that by beef-tea I would keep a child sick for weeks, that without it would be well in a few days. To this expulsion of beef-tea I can attribute recoveries from indisposition unwarily maintained by the article, and also the charge of my entertaining a crotchet on this head. I heartily subscribe to your conclusion, "that the profession is labouring under some very grievous error in reference to the use of beef-tea and extract of flesh."

It gratifies me greatly to witness a leader of a journal questioning the course of general thought and action—its tendency, and its correctness. To go with the times is the last thing, or the lowest, for medical habit. The human will is prone to error; and the habits that come of such proneness it is for the medical profession to scan under every circumstance. What is so quickly taken up from the stomach into the blood as a thin solution of animal juices? These have no chance of being properly assimilated by the salivary menstrua; they therefore establish fever, irritability, dryness, thirst, and other conditions puzzling to the corporeal economy to remove or to rectify. Frequently I have discovered the effects of strong beef-tea baffling the very efforts for improving my patient's health. The cook has made the beef-tea strong, as a meritorious procedure for strengthening the weak child, or master, or mistress. I consider your observations to be of immense value at this time, not only as pulling up the profession in its thoughtless, yea dogged course of erroneous practice, but as resisting the influences which act as currents, bringing above us, in public estimation, the swindling, the lying, and plausible

of our race, simply because we do not take heed sufficiently to our own ways, doctrines, and practices.

I am, etc., JOHN SPURGIN.

17, Great Cumberland Street, June 27th, 1865.

HAY-FEVER.

LETTER FROM JAMES BIRD, ESQ.

SIR,—The unusual prevalence of "hay-fever" during the very hot weather of the month of June, especially in certain districts, coupled with the sudden, capricious, and seemingly inexplicable manner in which the attacks have come on, the individuals attacked, and the diverse locations in which they have resided, may make the case I am about to record an interesting addition to the very lucid and well-timed pamphlet on *Hay-Fever* by Dr. Abbotts Smith. He, to my mind, has done well in adhering to the popular name; the symptoms being, in the majority of instances, as clearly traceable to the emanations from hay, as ever ague or intermittent fever may be to the malaria of the marshes or fens, or typhus to that of the cesspools.

I attended, in the months of June 1845, 1846, and 1847, an old Cornish baronet, the late Sir W. C——, who upon each of these several occasions suffered severely for a week or fortnight from a sharp attack of hay-fever. He had repeatedly been invalided in a similar way in former years; and, as his attacks in each instance were invariably preceded by recent exposure to the vapour of newly made hay, or to the smell of a bean-field when the plants were in full bloom, he seemed thoroughly aware of the character of his indisposition, and, without a moment's hesitation, called it "hay-fever". The threefold annual return of his disorder under my own immediate observation, and the conviction that every attack was clearly traceable to a distinct individual influence, left no doubt whatever on his mind, or on my own mind either, that the slightest exposure in hot dry weather to the influence of the vapour of newly made hay, or to the aroma emanating from bean-plants in blossom, was in a few hours followed by a sudden and severe attack of sneezing, copious defluxion from the eyes and nose, and fever and all the other symptoms of an influenza cold.

The symptoms of the baronet alluded to, in each of the attacks for which I attended him, were as nearly alike as possible. He was upon each occasion in good health, and following his usual occupation or amusement up to the period of exposure and of indisposition. On one occasion, he went down to Pangbourne from London for a day's fishing. In the evening of the same day, having been in some meadows where haymaking was going on, he became suddenly oppressed and feverish, short-breathed, with sneezing, running at the nose, increased lacrymal secretion, pain over the frontal sinuses, considerable œdema of the eyelids, and swelling of the nose. There was not much cough, and but little expectoration; but the sneezing was almost incessant, twenty or thirty times in succession, lasting for an hour or more with very brief intervals, and leaving him, after a copious defluxion, with severe headache, considerable weakness, and otherwise feeling very unwell.

A second attack occurred after a drive through Willesden and on towards Harrow on a fine evening, after a very hot day, during the haymaking season, in the month of June. Having been quite well previously, he heedlessly took this drive, and was rewarded by an attack exactly similar to the one of the previous year.

The third that came under my notice in this gentleman's case followed, in the course of a few hours, a visit to Lord's Cricket Ground, where he remained a couple of hours or so, enjoying, though without joining in, a match that was then going on. He was attacked in the evening with precisely similar symptoms to those of the preceding years; and he was unfit to attend to his ordinary avocations for a week or ten days, or as nearly as possible for the same time that he was invalided in the previous years. Haymaking, it may be remarked, was at this time in full operation in the fields on each side of the Finchley Road.

The treatment upon each occasion was as follows, and proved perfectly successful, though in neither instance did it do more than cure the individual attacks, the annual attacks recurring upon every fresh exposure to the morbid influence. The symptoms were evidently those of congestion, especially congestion of the mucous membrane lining the air-passages, fauces, bronchiæ, etc.; and the appearance of the tongue and the state of the stomach and bowels indicated biliary derangement in a marked degree. The defluxion from the eyes and nose being insufficient, in the absence of diarrhœa, to relieve the febrile symptoms, or to clear the air-passages, a dose of calomel and extract of colocynth was ordered to be taken at bedtime; and the next day, quinine in two-grain doses three times a day for about a week, effectually removed every other symptom. Upon one or two occasions, the pills were required a second time, after an interval of a couple of days. I was induced to adopt this treatment, as the disorder was evidently induced by vaporised vegetable matter of an irritating character acting immediately upon a peculiarly sensitive membrane, in a person of a special idiosyncracy. This vaporised vegetable matter, being more intensely irritating than the malaria that more slowly and insidiously induces ague, was yet similar in character, and produced an immediate effect upon the sensitive surface with which it first came into contact—namely, the moist membranes that cover the eyes, and that line the air-tubes. Thus impressed, I first administered a mercurial purge, and then trusted to quinine—happily, with excellent effect in this interesting case.

As attention has been so judiciously directed by Dr. Abbotts Smith to this very prevalent disorder, I have great pleasure in adding my own testimony to the general correctness of his detail of symptoms and mode of treatment. I think with Dr. Bostock, that *rest* of body and mind is a most necessary ingredient in effecting a cure; and I shall be glad to know that other members of the medical profession have witnessed as much benefit in treating hay-fever as I have done from the use of quinine and an occasional mercurial purgative, when required.

I am, etc., JAMES BIRD.

6, Seymour Street West, Connaught Square, July 1865.

MINERAL ACIDS IN FEVER.

LETTER FROM F. C. HOWARD, ESQ.

SIR,—Pray allow me to state, that the cases of asthenic fever which I adduced in support of the use of mineral acids, in the JOURNAL of the 3rd June, were all *seriatim* reported by me to our Board of Guardians in my "Weekly Medical Return", and occurred in Linton in 1863-64, and in Castle Camps in 1864-65. Altogether 120 cases were treated with hydrochloric acid, and of these not one died.

Such testimony may seem to prove too much; but that of Dr. Chambers is far more important and conclusive. These are his words: "To their experience (that of Boerhaave, Van Swieten, and Sydenham), I can add my testimony; for I have employed the plan

above described (the acid) in every case of low fever since the summer of 1857. I have now, in October 1861, not lost one of those patients who has been thus treated for thirty-six hours"; and I have reason to know that in 1865 his opinion is unshaken.

This from a physician of St. Mary's Hospital, where opportunities of experience are abundant and superior, is a very different thing from the scanty evidence of the first twelve cases treated by him with mineral acids; the details of which he published in January 1858.

My cases were not selected; but included both typhus and the typhoid form of fever. To both the treatment seems equally appropriate, and during the period given, all my cases were indiscriminately treated with mineral acids. This fever was evidently, when uncontrolled, of a malignant character. I am justified in this opinion by the fact of seven adult cases having happened at Castle Camps which were not treated with acids, and of these five died. One J. Free was the father of a large family, all of whom had been raised by the acid treatment. I am also aware that many deaths have taken place in an adjacent village into which the disease spread.

I cannot but regret that Mr. Steele should decry this treatment of fever as unworthy of that which can alone establish its real value, a fair trial; which few have such opportunities, or are so well qualified to give it as himself. This, too, would seem to be the only testimony capable of convincing him, as it should be.

I am, etc.,

F. C. Howard.

Linton, June 15th, 1865.

THE INDIAN MEDICAL SERVICE.

Sir,—I send you the last order from the Bengal government, consequent on Sir C. Wood's dispatch of some uncovenanted assistant-surgeons for the Indian army. I have only to say, or rather repeat what I stated some months since in letters in the Journal, that those individuals are wholly at the mercy of the Secretary of State for India. There is no guarantee from parliament, as Sir C. Wood says he got them by advertising, as you would for a servant, and he can dispense with their services without any notice. But you know my opinion, and so long as we are negligent of our own interests, by despising our poor brethren at home, so long must we expect the authorities to despise those seeking army medical appointments. But, as I have said before, seek the Queen's service in preference to the Indian, which is not authorised.

I am, etc.,

A Retired Surgeon-Major Madras Army.

General Orders of the Bengal Government.—Notification.

"The Medical Service. With reference to G. G. O., No. 1060, dated 23rd of December, 1864, the following paras. of a military letter from the Right Hon. the Secretary of State for India, dated 15th April, are published for general information:—

"Para. 1. In anticipation of the receipt of the report called for from your government as to the future establishment of medical officers required for the separate and local Indian service, I have to acquaint you that measures have been taken for providing assistant-surgeons for the Indian service.

"2. Shortly after my despatch of the 7th November, 1864, had been forwarded to you, notices were inserted in the public papers that an examination for thirty appointments to Her Majesty's Indian medical service would be held in February 1865.

"3. The examination was held at Chelsea Hospital, under the direction of the army medical department.

"4. Twenty-seven candidates have been returned as successful, and, with the exceptions hereafter named, they have joined the army medical school at Netley, for the purpose of undergoing a course of instruction in hygiene, military medicine, etc.

"5. The following arrangements have been made with regard to medical officers who may be appointed to the Indian service:—

"1. Passage allowance to India will be given on appointment.

"2. Pay at War Office rates, *i.e.*, 10s. a day will be allowed from date of passing final examination at Netley.

"3. Indian allowances and time of service for pension will reckon from date of arrival in India. The period of residence at the army medical school will reckon as service for the full pay pension only.

"6. These gentlemen (Messrs. H. Cook, J. Cleghorn, R. Harvey, J. Bennett, J. T. Walsh, A. Barrie) being students at the army medical school, Netley, were permitted, with the sanction of the Secretary of State for War, to compete at the examination.

"7. As they have already undergone the course of instruction at the army medical school, they have not been required to proceed there with the other candidates on the 31st March; but have received instructions to proceed to India within two months from that date.

"8. They have been appointed as assistant-surgeons from the 31st March, 1865, and allotted as follows:—Bengal—James Cleghorn, M.D.; Robert Harvey, M.D.; John Bennett, M.D. Bombay—Henry Cook, M.D.; John Thompson Welsh, M.D.; Andrew Barrie, M.D. Their relative position on the list of assistant-surgeons, with that of the others who passed at the same examination and are now at Netley, will be communicated to you hereafter.

"9. In order that these six assistant-surgeons may not obtain an undue advantage over the other candidates now at Netley, by being allowed to proceed to India before them, they will not be allowed to reckon the period they have already passed at the army medical school as service for full pay pension. They will, however, draw Indian allowances, and reckon service for pension from the date of their arrival in India."

GRATUITOUS MEDICAL SERVICES.

Sir,—The unfortunately frequent occurrence in the present day of accidents, by which numbers of persons are seriously injured, and, as a matter of course, are taken to the nearest hospital, seems to call for some revision of the laws of these institutions. The sufferers are many of them able to pay; but, as the laws now exist, no charge can be made; and they consequently leave without remunerating either the institution or the surgeon; and, by the heavy expense which they cause the establishment, injure the original objects of the charity. I shall be glad to have the opinion of the profession on the following points.

In case of accidents, where the persons injured are taken to the hospital, would it not be well for the managers to have the power to make a charge for their board and lodging, as well as for the surgical attendance, where the persons are themselves able to pay, or where some other person or company may be liable? It will, of course, be necessary, in discussing this subject, to keep in view the well-being of the sufferers, the interests of the institution, as well as that of the medical officers, and the welfare of the profession in general.

I am, etc.,

W. M. B.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, July 17th, 1865, the following members of the College were duly admitted Fellows of the same:—

Dickinson, William Howship, M.D.Cantab., 11, Chesterfield Street, May Fair
Sankey, William Henry Octavius, M.D.Lond., Sandywell Park, Cheltenham
Washbourn, Thomas Buchanan, M.D.Lond., Gloucester

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Blagden, Robert, Stroud, Gloucestershire
Brewer, Alexander Hampton, Victoria, Monmouthshire
Brockman, Edward Forster, 9, Brunswick Gardens, Kensington
Compton, Thomas Armetriding, Christchurch, Hants
Edgelow, Thomas, Teignmouth
Fenn, Edward Liveing, King's College Hospital
Fernie, William Thomas, Great Malvern
Harvey, Walter Anstice, South Petherton, Somerset
Hilliard, Henry Charles, Shefford, Bedfordshire
Jones, David, M.D.Heidelberg, 15, Welbeck Street
Leigh, William, Chiswick
Lush, Wm. George Vawdrey, Wilton, Salisbury
Paddon, George, Hitchin, Herts
Pratt, William, M.D.Liege, Bervie, N.B.
Raven, Thomas Francis, 23, Great Percy Street
Richards, Frederick William, St. Bartholomew's Hospital
Tibbits, Herbert, 12, Charter House Square
Turner, Ebenezer Fulham, Upper Clapton
Walker, Henry George, Hereford
Wood, Miles Astman, 1, Curzon Street, May Fair
Wood, Thomas Arthur, M.D.Edin., Peel, Isle of Man

The following gentlemen were reported by the examiners to have passed the *first part* of the Professional Examination for the Licence of the College:—

Archer, Herbert Ray, St. George's Hospital
Bainbridge, George, Leeds
Coombs, Rowland Hill, St. Bartholomew's Hospital
Cour, George Francis de la, King's College
Dove, John Bathurst, London Hospital
Gibbes, John Murray, St. George's Hospital
Groves, Joseph, King's College
Hayden, James Augustus, Charing Cross Hospital
Haynes, Frederick Harry, St. Bartholomew's Hospital
Heelas, Martin Luther, St. Bartholomew's Hospital
Hopgood, Philip Downing, St. Bartholomew's Hospital
Hopgood, Thomas Frederick, University College
Jackson, Frederick William, St. George's Hospital
Keen, William, St. George's Hospital
Little, Edward Moore, King's College
Massiah, Clarence Henry, Bristol
Murphy, Thomas Charles, University College
Perry, Michael, St. Bartholomew's Hospital
Power, Frederick Douglas, St. Bartholomew's Hospital
Prince, Frederick Tickell, St. Bartholomew's Hospital
Royds, Wm. Alexander Slater, St. Bartholomew's Hospital
Spratt, William, Guy's Hospital
Wilkinson, Hubert Henry, Sheffield

UNIVERSITY OF LONDON. Master in Surgery. Pass Examination.

Hooper, John Harward, St. Thomas's Hospital

Examination for Honours.

Hooper, John Harward (Gold Medal), St. Thomas's Hospital

APOTHECARIES' HALL. On July 13th, 1865, the following Licentiates were admitted:—

Ansell, William Henry, Islington
Bogle, Adam Linton, Hay, South Wales
Duke, John Challen, Wick, near Arundel, Sussex
Hall, John, Nottingham
Hursley, John, Wardour Street, Oxford Street
Nunneley, Frederick Barham, University College Hospital

At the same Court, the following passed the first examination:—

Booth, James Webb, St. Thomas's Hospital
Coombs, Rowland Hill, St. Bartholomew's Hospital
Hopgood, Philip Downing, St. Bartholomew's Hospital
Jackson, Frederick William, St. George's Hospital
Leggatt, Alfred John, St. George's Hospital
Litta, Edward Moore, King's College Hospital
Parsons, Frederic William, King's College Hospital
Perry, Michael, St. Bartholomew's Hospital
Power, Frederick Douglas, St. Bartholomew's Hospital
Prince, Frederic T., St. Bartholomew's Hospital
Pughe, David Roberts, St. Thomas's Hospital

APPOINTMENTS.

PALFREY, James, M.D., elected Assistant Obstetric Physician to the London Hospital.

ARMY.

M'CULLY, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 105th Foot, *vice* T. C. Morgan.
MORGAN, Assistant-Surgeon T. C., 105th Foot, to be Staff-Assistant-Surgeon, *vice* J. M'Cully, M.D.

ROYAL NAVY.

GABRIEL, John T., Esq., Surgeon, to the *Scorpion*.
GUNN, William, M.D., to be Deputy Inspector-General on the Retired List.
HIDE, John, Esq., Acting Assistant-Surgeon, to the *Liverpool*.
HILSTON, Duncan, M.D., Assistant-Surgeon (additional), to the *Excellent*.
INMAN, William J., Esq., Assistant-Surgeon, to the *Scorpion*.
JACKSON, George, Esq., Surgeon, to the *Vigilant*.
MILLER, Armit, Esq., Surgeon, to the *Brilliant*.
MULLAN, Andrew, Esq., Assistant-Surgeon, to the *Royal Adelaide*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

PRIOR, C. E., Esq., to be Surgeon 1st Light Horse Huntingdonshire Volunteer Cavalry.
WISE, T., Esq., to be Hon. Assistant-Surgeon 1st Isle of Man R.V.

BIRTH.

ROBERTS. On July 10th, at Hull, the wife of *E. S. Roberts, Esq., of a son.

MARRIAGE.

STEELE—MEIN. On July 4th, at the parish Church, Clevedon, *Charles Steele, Esq., of Clifton, to Fanny, second daughter of the late Capt. Mein, R.N., of Fowey, Cornwall.

DEATH.

GILLARD. On June 19th, at Hovingham, near York, aged 9 months, Henry, third son of *Richard Gillard, Esq.

MR. LAWRENCE entered on his eighty-third year on the 16th instant.

THE LATE DR. MOTT. Dr. W. Francis, of New York, has issued a brief memoir of the late Dr. Mott.

A MEDICAL BENEVOLENT ASSOCIATION has just been inaugurated at Victoria under most promising auspices.

MR. HODGSON, the late President of the College of Surgeons, has resigned his chair of an Examiner in that institution, retaining only his seat in the Council. Mr. Richard Quain, F.R.S., is spoken of as the probable successor of Mr. Hodgson.

ALLEGED CHOLERA IN GATESHEAD. In consequence of a report that cholera had appeared in Gateshead, Dr. W. Robinson, the Officer of Health, has publicly announced the positive assurance that not a case of cholera has been seen in that town since 1853.

ST. MARY'S HOSPITAL MEDICAL SCHOOL: MEETING FOR THE DISTRIBUTION OF PRIZES: Professor Rola, F.R.S., in the chair. The meeting was held in the principal theatre of the school on Monday, May 29th, 1865. The proceedings opened with a brief report from the Dean of the school.

Mr. SMEE has been rejected as candidate for Rochester. He does not appear to have had any chance of success. The *Times* says: "The great unpopularity of Mr. Smee in this city, and the personal attacks he has indulged in during his canvass, did much to destroy all chances of his success, and his defeat has consequently been always looked upon as certain."

Lisbon. By an order of the Board of Health, dated July 3rd, the ports of Alexandria are declared "suspected of cholera morbus".

Hospital for Sick Children. The Princess of Wales has given a donation of £50 to the funds of this hospital, the wards of which are now being enlarged to receive fifteen additional patients.

New Remedy for Diphtheria! Take a common tobacco-pipe, place a live coal in the bowl, drop a little tar upon the coal, draw the smoke into the mouth, and discharge it though the nostrils. (*The West Indian.*)

Examinations at the Royal College of Surgeons. At the recent preliminary examinations in arts at the above institution, when ninety-seven candidates presented themselves, only twelve were rejected; and at the examinations in anatomy and physiology on the 15th, 18th, and 19th instant, when sixty-five gentlemen offered themselves, it is stated that more than one-third were referred back to their studies for three months.

Quarantine at Malta. There are now, it is said, upwards of one thousand persons performing quarantine here. Another building, known as the Plague Hospital, is being prepared, in order to afford them increased accommodation. Notwithstanding that clean bills of health continue to be issued by the Government, the occurrence of some suspicious cases of sickness among the military and civil population of this island has induced the authorities in Sicily to place a quarantine on arrivals from Malta.

An Honourable Board. We are glad to be able to record the fair dealings of the Board of Guardians of East and West Flégg towards their medical officers. They have for some years past paid their officers five shillings per patient, allowing special extras as laid down by the Poor-law Board. Last May, it was also decided by them that in future quinine, cod-liver oil, opium, and leeches should be supplied to paupers at the cost of the guardians.

Bequests. The late Mr. Thornton, who died worth nearly four millions, has bequeathed £2000 to each of the following medical charities; viz., Guy's Hospital; St. Thomas's Hospital; the London Hospital; the *Dreadnought* Hospital Ship; Bethlehem Hospital; St. Luke's; the Hospital for Idiots; the Orthopædic Hospital; St. Mark's Hospital; the Hospital for Incurables; the Hospital for Consumption, Victoria Park; and the London Truss Society—making a total of £24,000 to medical charities alone. The deceased has been equally liberal with other non-medical institutions.

Mr. Turnbull, the surgeon who was temporarily victimised at the Colonel Crawley trial, has at length had something like justice done to him. The charges brought against him, and for which he suffered, were shown to be utterly without foundation. He has been at length gazetted to the 21st Hussars at present in India.

Western Medical and Surgical Society. The following officers have been elected for the Session 1865-66: *President,* George D. Pollock, Esq. *Vice-Presidents,* M. Baines, M.D.; P. G. Hewett, Esq.; W. Marcet, M.D.; T. Dickinson, Esq. *Council:* T. Keen, Esq.; W. Martyn, M.D.; B. E. Brodhurst, Esq.; J. Way, M.D.; C. Vasey, Esq.; D. Davies, M.D.; J. R. Traer, Esq.; — Knight, Esq.; R. T. Darnell, M.B.; G. F. Blandford, M.B.; T. Holmes, Esq.; J. Lane, Esq. *Treasurer,* M. Baines, M.D. *Honorary Librarian,* A. Godwin, M.D. *Auditors,* T. Keen, Esq., A. Fyfe, M.D. *Honorary Secretaries,* W. Milner, Esq.; C. Hunter, Esq.

Ovariotomy. Dr. Keith, of Edinburgh, has performed ovariotomy twenty-four times during the last two years. His last eight cases have been all successful. Of the whole twenty-four cases six patients died after the operation, and eighteen recovered, and are now alive and in perfect health.

Deaths from Lightning. M. Boudin has presented a report to the Academy of Sciences on accidents by lightning. It appears that there were 2,238 persons killed instantaneously by lightning in France between 1835 and 1863. The report remarks that when lightning falls on groups of persons of the two sexes, it strikes especially the men, sparing more or less the women. M. Boudin adds that there are several examples of beech trees having been destroyed by lightning, and that consequently the statement made at the last scientific meeting at Manchester relative to the exemption from injury enjoyed by that tree is not correct. Of 34 persons killed by lightning in the open fields during the year 1853 15 were struck while taking shelter under trees, and of 107 persons killed by lightning between 1841 and 1853 21 are reported to have been killed under trees.

The New York Inebriate Asylum patients have been brought there in a state of semi-paralysis, almost incapable of speaking, and are now in the full enjoyment of their faculties. Another case, worthy of record, is that of a man who could hardly help himself to food; and now, a few months since his entrance into this benevolent institution, he has been passing his leisure moments in making beautiful drawings of the entire building and the surrounding grounds. So much for nerves. Can the community in general, and the afflicted in particular, sufficiently thank Dr. J. Edward Turner, the originator and founder of this noble ally? And when we reflect that only a few weeks before its inauguration, the north wing took fire, and destroyed one-third of the rooms, should not one and all extend the hand of fellowship to a practical philanthropist, and give alms of all that they can spare for the satisfactory completion of the first inebriate asylum established since the creation of the world. (*Philadelphia Medical Reporter.*)

The late Dr. Sloan of Ayr. Dr. Sloan, who died on May 1st, was a native of Ayr and educated at Ayr Academy, and, after having studied at Glasgow and Edinburgh, he was admitted a Licentiate of the Royal College of Surgeons, and ultimately obtained his degree of M.D. at the University of Edinburgh in the year 1834. He then travelled on the Continent, and completed his professional studies at Paris and Vienna; and, on his return home, finally settled in his native town, where he resided and practised till his death—a period of about thirty years. His practice, though as usual, small at first, gradually, but steadily, increased until it was second to none in the county. He was an able physician, a skilful surgeon, and an accomplished man, and he was devoted to his profession. He was prepossessing and conciliatory in his manners. Dr. Sloan was possessed of much general information, and of many scientific and literary attainments. He was the enlightend advocate and liberal supporter of every institution or public measure which had for its object the improvement of his native town, and the physical, intellectual, and moral condition of the community. He took an active part in founding the Fever Hospital in Ayr, and in framing its constitution; and he ever after took a lively interest in it, being consulting physician at the time of his death, and continuing to the last to co-operate in its management and promote its success. He was a director of the Ayr Academy, where he had been educated, and was for many years a leading member of committee of the Mechanics'

nstitute. He had a highly cultivated taste, and as no mean critic of the fine arts. He was an ardent over of natural science. The bent of his mind, however, was eminently practical. A discovery which he ade some time ago, of the adaptability of the common sea-tangle to useful and surgical purposes, has eceived the spontaneous acknowledgments of distinguished members of the profession at home and broad. He had a well-balanced mind, and a natural grace and kindliness of manner, that won their way to very heart. (From the *Ayrshire Express.*)

Death of Dr. Daniell, the African Traveller. William Freeman Daniell, M.D., F.L.S., late staff-surgeon to her Majesty's forces in Jamaica, from which island he arrived in England last September, with a constitution thoroughly broken up by climate, lied, June 26th, at Southampton, aged 47 years, and was buried at Kensal Green, July 3rd. Dr. Daniell was well known to the scientific world by his indefatigable labours and researches on the climate and productions of the pestilential coast of Western Africa, and other parts of the globe. He served the whole of his time as assistant-surgeon at our settlements on the African coast, and obtained his promotion to the rank of staff-surgeon in 1853. After that he was twice employed in the West Indies, and accompanied the expeditionary force to China in 1860, where his enthusiastic love of his favourite pursuit, botany, led him to make some additions to our knowledge of the Flora of that interesting region. Dr. Daniell was a Fellow of the Royal College of Surgeons, and was also a Fellow of the Geographical, Linnean, and Pharmaceutical Societies, to which he was a contributor of numerous valuable and scientific papers. He was well acquainted with the native languages of many of the African tribes, with some knowledge of Arabic, and, in 1849, published a volume on the *Medical Topography and Native Diseases of the Gulf of Guinea.*

A Sketch in Court. The *Telegraph* thus describes the medical witnesses in Dr. Pritchard's trial. Professor Christison was there. His appearance at Palmer's trial will be remembered—a tall, wiry, grey-haired, iron-grey man. He was not examined as a witness, being, in fact, the medical or chemical adviser of the prosecution; but as he has "not a doubt of the guilt" of the alleged poisoner of Sir Theodosius Boughton, it is easy to determine what his opinion would be. Dr. Douglas Maclagan, Professor of Medical Jurisprudence in the University of Edinburgh, was the leading witness as to the cause of death. He is a middle-aged man, of a nervous but resolute manner, and ready, copious, decided expression, with a head and face like the portraits of Cicero, only he is not bald as Cicero is represented to have been. Dr. Littlejohn, Lecturer on Medical Jurisprudence in the College of Surgeons, a slight, juvenile, fair-haired figure, sharp, acute, and dexterous, corroborated him; and Professor Penny, of Glasgow, gave evidence as to some of the most important chemical investigations bearing on the case, the account of his experiments on rabbits having a highly tragic as well as comic side. Professor Penny is dwarfed in appearance, from a crooked spine; but he has an intellectual face and high forehead, and he gives evidence with a clearness that cannot be surpassed.

Testimonial to Mr. Carter. During the last winter a malignant fever raged in the low, unhealthy parts of the parish of St. Mary de Lode. Mr. Carter, the parish surgeon, was unceasing in his kindness and attention to the poor people. The fever has now been subdued. For a long time collections have been made in the parish for the purpose of presenting Mr. Carter with two testimonials—one from the poor people, the other from his more affluent friends. The costlier one is a beautiful marble timepiece by Martin and Co., of Cheltenham, bearing this inscription:—"Presented to Albert Pleydell Carter, Esq., Surgeon, by a few friends, as a token of their esteem and approbation of the care and attention bestowed by him upon the poor of St. Mary de Lode during the fever epidemic in that parish throughout the winter of 1864 and 5. Gloucester, June 1865." The other is a nice-looking electro-chased and engraved inkstand, upon which there are written these words:—"Presented to A. P. Carter, Esq., Surgeon, by the poor people of St. Mary de Lode, in acknowledgment of his kind attention to the fever cases in that district. Gloucester, June 1865." The coppers of two hundred poor people have bought this inkstand. The testimonials were presented at St. Catherine's schoolroom. (*Gloucestershire Chronicle.*)

The Woorari Poison. M. Preyer, to prepare the alkaloid, treats the crude poison, scraped off arrows or obtained from the Indians in little clay pots, with boiling alcohol, and distils the alcohol from the solution. The residue is treated with water and filtered to separate the resin, and the filtrate is precipitated by bichloride of mercury. This precipitate contains all the curarine. It is washed, suspended in water, and decomposed by sulphuretted hydrogen; and thus hydrochlorate of curarine is obtained in solution. The purification may be effected as usual in such cases. The soluble salts are all crystallisable; of the insoluble the chloroplatinate alone has a crystalline appearance. Curarine has a bitter taste, is soluble in water and alcohol in all proportions, is but slightly soluble in chloroform and amylic alcohol, and is altogether insoluble in ether, benzole, turpentine, and sulphide of carbon. Pure concentrated sulphuric acid gives to curarine a magnificent and lasting blue colour, which reaction will serve to distinguish it from strychnine. The poison may be easily discovered in animals. Alcohol extracts it, and it may be identified by the above reactions. The author states that the poison is obtained from many plants; he has extracted it himself from the dried fruit of the *Paullinia cururu.* M. Claude Bernard tells us that the effects of the alkaloid resemble exactly those produced by the substance from which it is obtained, but are, of course, much more intense. Like the woorari itself, it is absorbed with great difficulty by the intestinal canal, but operates with frightful energy when introduced into a wound.

The late Dr. W. V. Browne. At a late meeting of the Visitors of Hayward's Heath Asylum, it was determined to place in the asylum chapel, at the cost of the county, a mural tablet, in memory of Dr. Browne's tried and faithful services. The Commissioners in Lunacy, who paid an official visit to the asylum on the day after Dr. Browne died, made the following entry in the visitors' book:—"We yesterday made an official inspection of this asylum, and we are sorry to report that Dr. Browne, the assistant medical officer, died early in the morning of that day from an attack of paralysis. It is feared that his death was hastened by his unceasing attention to the duties of his office. Many of the patients expressed to us their regret at his loss, and said that he had always shown them the greatest kindness." The following were a few of the remarks made by the Rev. H. Hawkins, in the Sussex Asylum Chapel, on the Sunday following Dr. Browne's death:—"Last Sunday afternoon, in the midst of that work of charity which it is well to do on the Sabbath day, was smitten down by a stroke of that malady which daily he sought to ward off from, or to relieve in, others around him, one whose name and memory will be long cherished here.

In the place where he was accustomed to prepare healing medicines for his suffering brethren, his weary body sunk down to that rest to which his God summoned him. . . . . Perhaps nothing was more remarkable in our departed friend's character than his *trustworthiness*. He was, in a very marked manner, true to his trust. He was (ourselves being witness) scrupulously faithful to his stewardship. Duty was his first object. Nothing tempted him to neglect or to slur it over. Ever at his post, no emergency, however unexpected, could arise for which he was not instantly ready. Denying himself even those brief intervals of rest which he might fairly have claimed, he was to be found, month after month, at his station, prepared for each successive demand of duty. . . . . Another noticeable feature in his disposition was his *unassuming modesty*. His nature was very retiring. In days when self-assertion is considered to be a necessary condition of success; when, if a person wishes to get on in the world, as it is called, it is thought that he must have a good opinion of himself, and push his way, it is not common to meet with one who spoke so little of himself, and kept so much in the shade. He that is gone, though of mature years and much experience, was unpretending and diffident, almost to a fault. . . . A word as to his *kindliness and sympathy*. There is probably no one here who came under his charge who has not received at least a considerate feeling word from the good physician whose place among us knows him no more. And how many here have recalled not kind words only, but gentle attention and benevolent deeds at his hands. . . . . Not soon will the name of one who was singularly faithful in trust unassuming and modest, feeling and considerate, and ever open-handed, be unremembered. The Christian gentleman, the trustworthy public servant, the faithful colleague, the kind-hearted physician, fellow-worker, and friend has gone, we humbly trust, to his rest."

Scientific Jottings. M. de Mortillet positively asserts that the application of the wax of the ear to the injured part will cure the deadly sting of a poisonous fly.—The following is a receipt for an indelible black ink to be used for writing on zinc. Take 30 parts of verdigris, 30 of sal ammonia, 8 of lamp-black, 8 of gum Arabic, and 300 of water; dissolve the gum in the water, and pour it over the other ingredients, well mixed and reduced to powder. A quill pen should be used for writing.—Dr. Gibert a few days ago read a report to the Academy of Medicine on a paper sent in by Dr. Chevandier, on the use of a turpentine vapour-bath in cases of rheumatism, gout, pulmonary catarrh, cramps in the stomach, etc. The patients are exposed for half an hour to the action of the aromatic vapours evolved during the combustion of resinous shavings of the Mugho pine, by means of special fumigatory apparatus. The temperature should never fall below 45° Reaumur (134 Fahrenheit).

The Sale of Poisons. The evidence of Dr. Alfred Swaine Taylor before the Select Committee on the Chemists' and Druggists' Bills, is very strong as to the necessity of legislative restrictions on the sale of poisons. Dr. Taylor observed, that he could not define the extent to which the public were injured by their indiscriminate sale. "There are many cases, he remarked, "which do not prove fatal, and of course it is impossible to get at the whole history of those cases; but I have been frequently consulted where drugs have been sold by persons who are incompetent to know the nature of them, in some cases where they have destroyed life, and in others where they have not destroyed life." Dr. Taylor mentioned the following cases:—"One case I mentioned in the report of an assistant in a shop supplying arsenic instead of calomel; it led to a death, and a trial at the Old Bailey. He was a dispenser in a shop; I believe the accident arose from his being in a hurry, and from the fact that there was arsenic, in powder, near to the calomel in the shop at this time; a mere accident. At the same time there was a great want of caution in supplying arsenic for calomel. There was a want of caution in keeping the arsenic near the calomel, and great ignorance and great want of knowledge in a man weighing out arsenic for calomel." The following is another instance:—"In one morning upwards of three hundred cases of poisoning by arsenic came before me at once from an industrial school near London. A messenger brought to me the material that had caused the illness. On examining it, I found it to be a strongly saturated solution of arsenic; and on going into the history of the case (I think there were 370 children made ill), I found that arsenic had been mixed with the milk, and each child had taken about a grain of the poison. Many pounds of arsenic had been put into a steam-boiler with soda, the whole had been allowed to mix, and the water had been drawn off from the steam-boiler to mix with the children's milk; 370 children suffered from the effects of the arsenic. Fortunately they all recovered, at different periods, by vomiting and treatment. On going into the matter, which I laid before the Secretary of State at the time, it was found that nothing could be done, because the arsenic had not been sold; it had been used by some engineer for the purpose of removing the fur from the steam-boiler." Other similar instances mentioned were these:—"A friend of mine very nearly lost his life. He sent to one of those village shops near Windsor for an ounce of tincture of rhubarb. It was laudanum that was sent to him. He had a narrow escape of his life. I now come to another substance recently discovered—nitro-benzole. It is a very powerful poison in some respects. It has some of the character or smell of the oil of bitter almonds. I had a case of poisoning with it lately referred to me. It was sold for the purpose of giving a flavour to confectionary, and it acted so quickly on the person who took a small quantity that he died a short time after. The difficulty about this poison is this—a person may take it and appear well for some hours, as if nothing was the matter with him. There was a coachman who went into the kitchen where the cook used this in place of oil of bitter almonds for flavouring pastry, and after tasting it, he did not appear to suffer any ill effects. The man jumped on the coach-box and took his master for a drive; it was only on returning home, some time after he had tasted this liquid, that he felt very ill, and he soon died. This liquid would not probably get into common use, because it could not be given to a person without his knowledge, as it has a peculiar smell. It is a dangerous substance to be allowed to be kept by uneducated persons. I cannot see my way exactly between fettering commercial liberty in obtaining a thing like this in quantities for manufacturing and at the same time protecting life. I do not wish to fetter commerce. It has been a result of my practice to see a large number of deaths from poison, and I am more impressed with the necessity of seeing something done to prevent these deaths from occurring."

COMMUNICATIONS have been received from:—Dr. William Budd; Mr. Howard; Mr. A. B. Steele; Mr. E. S. Roberts; Dr. H. Marshall; Mr. H. Norris; Mr. R. N. Ingle; Mr. D. Kent Jones; Mr. G. F. Helm; Mr. C. Steele; Dr. J. S. Warter; Mr. R. Jones; Dr. B. Chevallier; Mr. Stone; Mr. T. Watkin Williams; Mr. Paul Belcher; Mr. W. Copney; Mr. Langston Parker; and Mr. Jonathan Hutchinson.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. A.) Manchester and Salford (Sanitary Association). B.) Preston (R. C. Brown, Esq.). (c.) St. Marylebone, London (Dr. Whitmore).

4 weeks ending April 29th, 1865.

Diseases.	A.	B.	C.
Small-Pox	68	3	15
Chicken-Pox	2	3	13
Measles	23	3	10
Scarlatina	27	27	14
Diphtheria	1	2	1
Hooping-Cough	31	2	64
Croup	1	—	5
Diarrhœa	95	34	366
Dysentery	10	9	5
Erysipelas	24	3	26
Insanity	47	4	8
Bronchitis and Catarrh	778	159	1006
Pleurisy and Pneumonia	62	5	28
Carbuncle	—	—	8
Accidents and other diseases	4650	562	3654
Totals	5819	816	5223

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication,

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE JOURNAL AND THE COLLEGE OF SURGEONS.—A Fellow of the College of Surgeons writes to us as follows:

"Your article on the College of Surgeons in the JOURNAL of July 1st, 1865, is, I believe, the best summary of the defects of the present state of the College, and the best summary of the remedies for those defects which has ever been published. Do not cease to urge upon the Council the necessity of obtaining a new Charter. The Council has only to pray for it in order to obtain it. Your articles on the College, written during the past years, have done excellent service; and have, undoubtedly, had great effect on the Council. I have read all of them, and can bear witness to their force and accuracy. Every statement there made, with the exception of two or three trivial matters, is correct. I also concur generally in the soundness of your reasoning; and, I believe, if Sir B. Brodie had been alive, he would endorse everything you have written. Members of Council may denounce the JOURNAL; but outside the Council, all, or nearly all, concur in the importance and desirability of the changes which you have advocated; and for the advocacy of which you were first laughed at, and afterwards abused. The essential changes required are the entire separation of the Council from the Court of Examiners; vote by proxy papers for country Fellows; and publication of the proceedings of the College. For these things a new Charter is required; and for this new Charter you must not cease to fight."

ACADEMIC COSTUME.—A correspondent asks: "Is it the intention at the coming meeting of the Association that academic dress should be worn at any of the meetings?"

[We believe that it has never been the practice to wear academic dress at the annual meetings of our Association, except when the meetings have been held at an University. EDITOR.]

THE COLLEGE OF SURGEONS AND ITS BALANCE-SHEET. (F.R.C.S.)—We never said the accounts of the College were not audited. What we said was, and we repeat it again, that the balance-sheet is issued without any authorised signature to it. There is in truth nothing on the face of it or elsewhere to show that it has been audited, or that it is an official document issued by the authority of the College. As a correspondent truly stated, the balance-sheet is "quite unauthenticated, being signed by no College authority."

THE COLLEGE OF SURGEONS AND REFORM.—At the annual Fellows' dinner of the Royal College of Surgeons, the subject of reform seems to have been carefully avoided after dinner, though it must have been uppermost in every Fellow's thoughts. As usual, everybody spoke highly of everybody. Mr. Turner was highly congratulated on his election by Mr. Hodgson, the President. We also congratulate Mr. Turner, for he was the only gentleman from whose lips on the occasion the word "reform" fell. "The College wants reform," he boldly said.

DR. GAIRDNER'S EVIDENCE IN THE PRITCHARD CASE.—In giving his evidence, Dr. Gairdner spoke under the impression that the letters which he wrote to Dr. Taylor of Penrith were to be produced. But they were not produced. In justice to Dr. Gairdner, it should be stated that the treatment pursued by him, and the correspondence which followed, were the result, not indeed of a formed conviction of the presence of poison, but of a strong desire and determination on Dr. Gairdner's part to secure the food of the patient from adulteration by simplifying the diet as much as possible, and absolutely withholding every kind of medicine and stimulant. One fact of great importance, excluded by the peculiar management of the evidence for the Crown, is, that Dr. Gairdner, through Mrs. Pritchard's relatives, had suggested the removal of the poor lady to Penrith; and that this suggestion, adopted and pressed upon her by her brother at Dr. Gairdner's request, was set aside until too late by the same unhappy fatality which led Mrs. Pritchard herself to discountenance every effort made with a view to her rescue.

CEREBRO-SPINAL MENINGITIS.—SIR: In an article on Epidemic Cerebro-Spinal Meningitis, in the BRITISH MEDICAL JOURNAL of July 8th, the writer contrasts the symptoms of the disease lately prevalent in Northern Germany with those of typhus fever, as described in my work on *Continued Fevers*. I wish to state, in explanation, that the descriptions quoted from my work refer to simple typhus, and not to typhus fever complicated with meningitis. Your readers will find the two diseases carefully compared in a valuable paper by Dr. W. H. Draper, published last year in the *Bulletin* of the New York Academy of Medicine, and in a work by M. Boudin, published eleven years ago, and entitled *Histoire du Typhus Cérébro-Spinal, ou de la Maladie improprement appelée Meningite Cérébro-Spinale Epidémique.*

I am, etc., CHARLES MURCHISON.

79, Wimpole Street, July 1865.

VACCINATION STATISTICS.—SIR: Will you kindly insert the enclosed in your JOURNAL, as I do not think medical men are sufficiently informed of the statistics contained in it. Many think it a valuable paper, and the Clerks of Guardians evidently have not circulated it among medical men. I am, etc.,

Shepton Mallet, July 1865. W. C. WALKER.

"Statistical evidence of the different degrees in which persons vaccinated in different ways will be safe against death by small-pox, if they should happen afterwards to contract this disease.

"The table is founded on information given to the Medical Officer of the Privy Council, by J. F. Marson, Surgeon of the Small-pox Hospital, on the result of his observations made during twenty-five years, in nearly 6,000 cases of post-vaccinal small-pox.

Cases of Small-pox classified according to the Vaccination Marks borne by each patient respectively.	No. deaths per ct. in each class respectively.
1. Stated to have been vaccinated, but having *no* cicatrix	21¾
2. Having *one* Vaccine Cicatrix*	7⅓
3. Having *two* Vaccine Cicatrices†	4¼
4. Having *three* ditto	1⅜
5. Having *four* or *more* ditto	¾
Unvaccinated	35½

"* Among cases in which the *one* cicatrix was *well marked*, the death-rate was 4¼; among cases in which it was *badly marked*, the death-rate was 12.

"† Among cases in which the *two* cicatrices were *well marked*, the death-rate was 2⅜; among cases in which they were *badly marked*, it was 7¼.

"This paper has been printed and sent to the Clerks of the Poor-Law Unions."

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The General Hospital, Birmingham.—

Mr. GEORGE FERGUSON having this day resigned the Appointment of RESIDENT SURGICAL OFFICER to this Institution, the Committee will proceed to the ELECTION of a Gentleman to fill the Vacancy on Friday, the 11th day of August next; and Candidates are requested to send in their Diplomas and Testimonials, under cover to the Secretary, on or before Thursday, the 3rd August, in order that the same may be submitted to the Medical Board for examination.

Candidates must be Members of the College of Surgeons and Licentiates of the Apothecaries' Company. They must be unmarried, and not exceeding forty years of age. The Salary, which is permanent, will be £100 per Annum, with Board, Washing, and suitable Apartments.

The mode of election and particulars of the duties required may be known upon application to the Secretary, at the Institution.

By order of the Weekly Board.

7th July, 1865. WILLIAM R. HUGHES, Secretary.

Classical and Mathematical.—

Dr. STEGGALL prepares Gentlemen for their Examinations in Classics and Mathematics at all the Medical Boards, viz., the Preliminary Examination at Apothecaries' Hall; the Matriculation Examination of the London University; Preliminary and Fellowship Examination at the Royal College of Surgeons, etc.

Dr. STEGGALL continues his Instruction for all Medical and Surgical Examinations during the summer months.—Address Dr. STEGGALL, 2, Southampton Street, Bloomsbury Square, London.

Pepsine and Pepsine Wine.—

M. BOUDAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford Street, London, to whom all applications respecting it must be addressed.

Third Edition of Boudault on "Pepsine", with further Remarks by Dr. Corvisart Physician in Ordinary to the Emperor of the French; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May also be had of the Author, 277, Oxford St. Price 6d.

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Observations

ON

YPHOID (INTESTINAL) FEVER IN THE PIG.*

BY

WILLIAM BUDD, M.D.,

CLIFTON, RRISTOL.

'HE very remarkable disease of which I propose to how you some of the results to-night was first rought to my knowledge by Professor John Gamgee, f the New Veterinary College, Edinburgh. On the 7th of August last, I received a letter from that entleman, stating—1. That an outbreak of typhoid ever, attended by ulcerations of the intestine, had ccurred among pigs in the neighbourhood of Edinurgh; 2. That the disease had been imported by tock from Wolverhampton; and 3. That he had succeeded in stopping its spread by measures—as I inerred from his note—directed against contagion. Professor Gamgee concluded his letter with the kind offer to send me specimens, or a whole pig, should I desire it.

I immediately telegraphed for a whole pig; and, in the afternoon of the same day, I received from the professor the following message: "Pig sent off, packed in ice; dead thirty-six hours." On the 29th, late at night, the box containing this interesting relic was delivered at my house. As the weather was extremely hot at the time, the carcase, when I opened the box next morning, stank so badly as to put my pathological zeal to a test of no common severity. The *post mortem* examination did not the less disclose some results of high interest.

The intestinal follicles presented, in fact, alterations which, although limited in extent and differing somewhat in the order of their distribution, bore a close resemblance to the well known ulcers of the typhoid fever of man.

In following the course of the ileum downwards, the last six or eight patches were somewhat more conspicuous than common; but the only really characteristic changes were confined to the large follicular patch, which in the pig, as in man, is seated immediately above the ileo-cæcal valve; and to a cluster of the smaller follicles which beset the cæcum.

The Peyerian patch immediately above the valve was very vascular and much thickened, standing out in strong relief on the surface of the gut. This patch was the seat of three ulcers, of irregular oval shape, varying from a third to half an inch in diameter, and having their edges sharply cut. These ulcers had destroyed the mucous membrane through its whole depth. Their base—and the same observation applies to the ulcers found in the cæcum also—was formed by an adventitious deposit, presenting, as far as I could judge from the state of the parts, the general characteristics of the yellow deposit which occurs in the typhoid fever of man. In the cæcum I counted six other ulcers, for the most part of smaller size, but presenting precisely the same appearances.

The diseased patch in the ileum was too rotten to preserve; but by inspecting the cæcum, which is now before you, you may satisfy yourselves of the correctness of the description I have just given.

I ought to add, that the mesenteric glands corresponding to the ulcerated follicles were much enlarged and highly vascular. The rest of the intestinal canal presented nothing abnormal.

My knowledge of this porcine malady was limited to these few data,* when, about three weeks ago, I received a note from my friend Mr. H. Grace of Kingswood, to say that some pigs at the Clifton Union Workhouse had died of intestinal fever, and that others were still labouring under the disorder. Early next morning I visited the survivors, and learnt from the master of the workhouse the particulars of the outbreak.

The subjects of the disease were a lot of ten young pigs recently bought in Bristol Market. When first brought to the workhouse, they all appeared quite well; but, about a week afterwards, more or less, two or three of their number began to show signs of illness. The disorder did not, however, attract much attention until, at feeding time one morning, one of the pigs was found lying dead in the stye. On minute examination, it was discovered that five or six of the remaining nine were already in various stages of the same complaint. Two days afterwards, another pig died; and, before a week had passed, five more had perished. The disease followed in all an exactly similar course.

I cannot give a better general idea of the malady than to say that, as far as outward signs go, it is the exact counterpart of typhoid fever in man; more rapid, indeed, and more deadly; but in all essentials singularly like to the human fever.

Thirst, loss of appetite, sudden loss of strength, great dulness, and an indisposition to move, were the first symptoms to challenge attention. From the peculiar fixed way in which the sick animals held their heads, the master of the workhouse had come to the conclusion that, in the first stage of the malady, they suffered severely from headache. I may add, that the aspect of one of the pigs, which I myself saw in this stage, left the same impression on my mind. These first symptoms were either attended, or soon followed, by profuse diarrhœa; the liquid ochre-coloured stools presenting a striking resemblance to those which occur in the human fever. As death drew nigh, the bright yellow hue of the evacuations generally gave place to a dark olive, or to various shades of chocolate; this last tinge being due to a greater or less admixture of blood.

In some pigs, repeated and violent vomiting showed that the functions of the stomach also were much disturbed. In the worst cases, the prostration early became extreme, and was attended either by stupor or by delirium more or less active.

In the early stage, there was in all great heat of skin; and the pulse continued to be frequent throughout. As the malady advanced, the tongue became dry; sordes collected about the nostrils; and the belly was more or less tympanitic. In some, a special loss of power, almost amounting to paralysis, befel the hinder extremities in the later stages of the complaint.

I had almost forgotten to say that, at the onset, the whole skin was said to be the seat of a bright red exanthem—a characteristic which appears to have been long familiar to pork-butchers, and which, from the resemblance of the colour to the military red,

* Read before the Bath and Bristol Branch, on March 2nd and April 13th, 1865.

* Decomposition had advanced so far in the specimen I received from Professor Gamgee, that I cannot speak with the same certainty of its pathological interpretation, as if I had seen the parts in a fresh state. Taking the appearances in connection with the Professor's brief account of the outbreak, I am probably, however, not wrong in assuming that the disease was identical with that which killed the Clifton pigs.

has earned for the malady the slang name of the "soldier".*

In the most rapid case, death occurred as early as the fourth day after the first discovery of marked illness. Other subjects held on to the eighth, twelfth, sixteenth, and one to the twenty-sixth day. The total duration of the outbreak, counting from the seizure of the first to the death of the last pig, was rather over six weeks

Through the kindness of the owner, I was enabled to make a more or less complete *post mortem* examination in six of the cases; and it is on the results thus obtained that the following observations are based.

The only strikingly characteristic morbid changes were seated in the intestinal canal. These were in every sense remarkable. Described in general terms they may be said to consist in a series of ulcerations

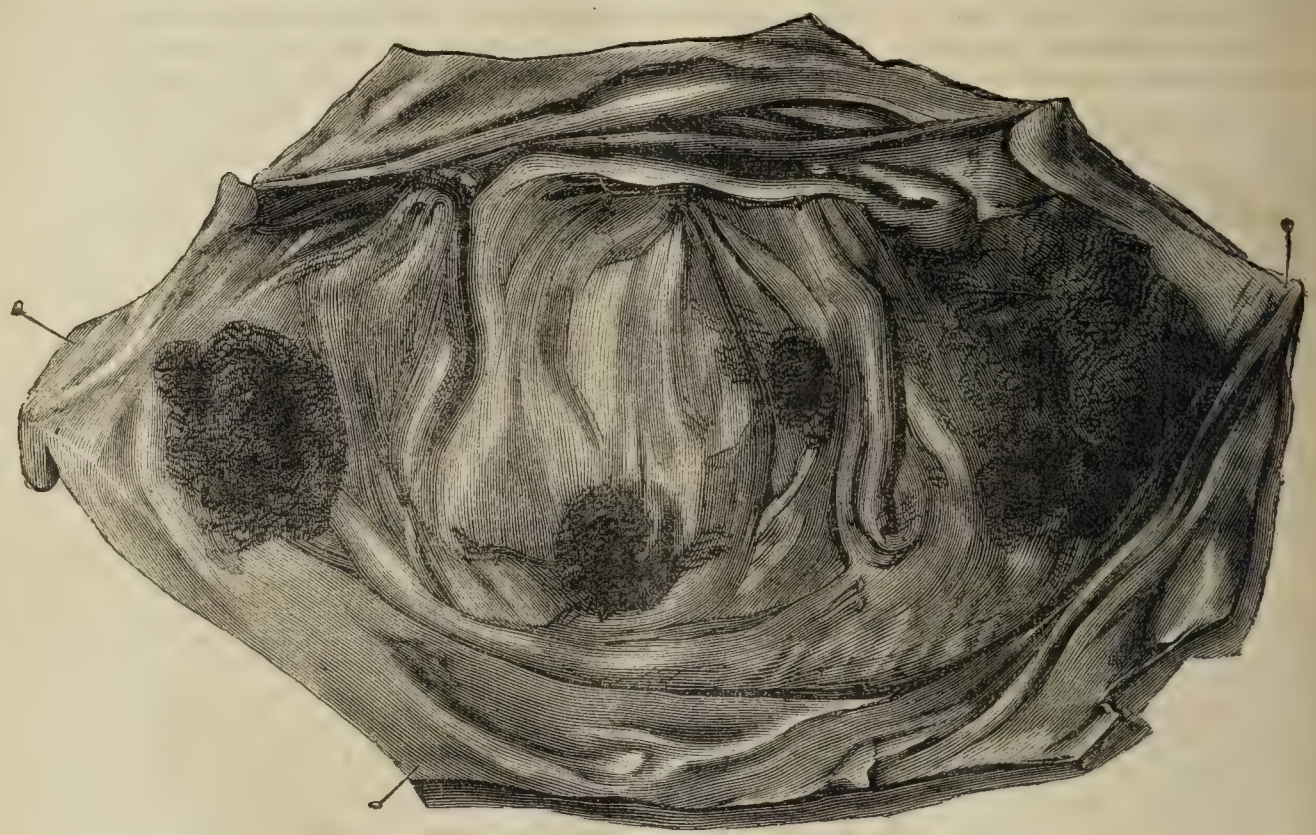


Fig. 1 *a*.—Stomach of Pig, shewing first stage of disease.



Fig. 1 *b*.—Portion of Intestine, shewing first stage of disease.

of peculiar character, variously distributed over the intestinal tract, from the stomach to the rectum inclusive.

The first stage of the local affection appears to be marked by the development (amid all the phenomena of acute inflammatory disturbance), in the substance of the mucous membrane, and in the submucous tissue, of an adventitious deposit (or cell-growth, rather), resembling, in many of its characters, the well-known yellow matter of human typhoid fever.

The seat of this new formation is marked by circular or oval patches, varying in diameter from a quarter of an inch to two inches, which attract the

* It is this same "rash", I fancy, which has led to the statement recently made that pigs are subject to scarlet fever.

ye by their striking contrast in colour to the surounding membrane, and by their standing in relief upon it. (Figs. 1 *a* and 1 *b*.)

The tinge of these patches varies from brownish yellow, through chocolate, to deep violet.

In a more advanced stage, the corresponding mucous membrane is found fretted with numerous small ulcers, or has entirely disappeared over the whole extent of the morbid deposit, which then forms the base of the sore. These two extremes were well shown in two stomachs taken from pigs which died at different stages of the disease, and drawings from which are here exhibited. (See Figs. 1 *a* and 2.)

In some specimens, the ulcers now appear in the form of deep excavations. In the greater number, however, the ulcerative process is concurrent with an exuberant outgrowth of the new formation already described, and in such wise that the ulcerations present a series of more or less fungoid elevations on the surface of the mucous membrane. A similar tendency, but in slighter degree, is exhibited in certain cases of typhoid fever in man. The resulting changes, in fact, form the subject of one of Cruveilhier's most effective plates. In the pig, this tendency to exuberant vegetative outgrowth, in the cases which have fallen under my observation, reached its maximum in the stomach, as may be seen by the specimen I now produce, and by the drawing taken from it. (Fig. 2.) In this stomach, it will be observed, there are five ulcers, varying in diameter from a third of an inch to about an inch and a half. Like the ulcers generally, they are either circular or oval in shape. These ul-



Fig. 2.—Stomach of Pig, shewing Vegetative Outgrowths connected with Ulcers.

cers are not only raised much above the level of the surrounding membrane, but are bounded by everted edges, which project, mushroom-like, considerably beyond the base or pedicle of the outgrowth. They resemble nothing so much—and the parallel is in more than one way deeply suggestive—as a series of cancerous ulcerations which I once saw in the colon of a woman who had died of cancer of that gut and of the mesentery. The surface of these ulcers was apparently in organic connexion with the vessels of the part; the morbid matter by which it was constituted being of a deep violet colour, from infiltration with blood.

The specimen and two drawings which I now show exhibit the disease in a very different phase—a phase which I take to be that of retrogression and beginning of repair. (Fig. 3.) The specimen comprises the large intestine and lower end of the ileum of a pig which died on the twenty-sixth day of illness. The drawings are taken from it. The appearance of the diseased parts is in the highest degree peculiar. Viewed at a little distance, the gut looks exactly as if a number of thin discs of calumba-root had been stuck on to it. In colour, in the concentric circles by which they are marked, in the defined border, and in the strictly circular shape of the greater number, the resemblance between these two objects is complete. A friend prefers to liken them to the discs of a leathery sort of lichen, of which I am not botanist enough to remember the name, but with which most persons must be familiar, as infesting the bark of certain trees. As applied to a large proportion of the patches, this comparison also is extremely apt. Some few among them, on the other hand, recall to mind the characteristic crusts of syphilitic rupia—a fact which, again, is suggestive of many things.

The material of these peculiar looking excrescences is formed by the adventitious matter already spoken of as constituting the original basis of the ulcerations. From being soft, spongy, and succulent, this material has become much drier and firmer, having now much about the consistence of tolerably firm cheese. Under the microscope, its original cellular character is seen still to exist; the whole mass being, in fact, made up of well-defined microscopic cells. (Fig. 4.)

On using a little gentle traction, the individual disc may be easily detached from the underlying membrane, leaving a surface which, although wanting in the polish and velvety appearance of the surrounding area, is exactly on a level with it.

I have suggested that these patches probably exhibited the disease in a retrogressive stage—the stage

preliminary to repair. I infer this partly from the history of the case from which the specimen was taken, and partly from the morbid appearances themselves.

The pig to which this intestine belonged lived to the twenty-sixth day; and, a week before its death, gave every sign of approaching convalescence. Appetite had returned; diarrhœa had nearly ceased; the animal had become more lively; and nearly every symptom of the fever, proper, had disappeared. At



Fig. 3.—Portion of Large Intestine. Stage of Retrogression and commencing Repair.

this juncture pleuropneumonia of the right lung supervened, and speedily proved fatal. After death, the greater part of this lung was found in a state of hepatisation, and its whole surface covered by a soft, recent, yellow false membrane.



Fig. 4.—Cells from Deposit in Intestine.

The condition of the patches themselves was still more indicative of a reparative tendency. In the early and middle stages of the disease, these patches were highly vascular; their surface was an open ulcer; and the surrounding membrane, where the morbid changes were severe, was often much thickened and deeply injected. In the stage before us, the patches were no longer in the condition of open sores, but had become hardened into *crusts;* and the surrounding vascularity had for the most part entirely faded away. When torn off by gentle traction, the underlying membrane seemed only to require a new epithelium to be restored to a sound condition.

The various appearances which I have here attempted to describe represent the different phases of what may be called the typical form of the local affection. In some cases, in addition to these, a condition of intestine is found which is the precise counterpart of human dysentery. I produce here the lower part of a small intestine, which for a length of eight inches or more is coated with a thick layer of that form of exudation which the Germans call "croupal", and which is characteristic of dysentery in its severest form. (Fig. 5.) One of the large intestines exhibits appearances of the same character, associated with extensive sloughing and ulceration of the mucous membrane. These dysenteric alterations are, as far as I have seen, always attended by that great thickening of the gut, from submucous infiltration, with which those who are practically acquainted with the morbid anatomy of dysentery are so familiar.

Having described the different forms and stages of the local disease, so far as they have hitherto come under my notice, I must now speak of its distribution. In regard to this, the leading fact is, that it is on the large intestine chiefly that the disease spends its violence. In some cases, this intestine is almost its exclusive seat. In the case, for instance, from which the drawing I now show was taken, and to which I have before referred as an example of the affection in its retrogressive stage, the three small ulcers in the lower part of the ileum represented in the drawing, and three small chocolate-coloured circular spots, without breach of surface, in the stomach, were the only discernible morbid changes above the ileo-cæcal valve. (Fig. 3.) The colon, on the contrary, in the same pig, was so extensively diseased that, from this valve to the anus, there was scarcely a square inch of membrane that was not beset by the characteristic patches.

If we put aside the cases in which the lower end of the ileum is in a dysenteric condition, the stomach is

the part which, next to the colon, suffers most. The alterations which this organ presents in some cases are, as we have seen, as severe as they are remarkable.

The ulcerated patches which occur in the small intestines are few in number, and for the most part exhibit the disease in a much slighter form. Sometimes there are only two or three altogether, which in that case are generally seated in the large Peyer's patch, which in the pig, as in man, lies immediately above the ileo-cæcal valve. Sometimes, in addition to these, some fifteen or twenty more may be counted, variously distributed through the length of the gut, but for the most part occupying its middle third.



Fig. 5.—Intestine, with Croupal Exudation.

In the intestine, the disease seems to originate, chiefly, in the isolated follicles. Peyer's patches, which occur only in the small intestine, often either escape altogether, or are only affected in a partial and quite irregular manner. Sometimes, in the immediate neighbourhood of an ulcer seated on an isolated follicle, a Peyer's patch may be seen in the normal state; at other points, one end of a patch is affected by the disease, while the other remains entirely free from it.

The condition of the œsophagus I have not investigated. Judging from what occurs in human typhoid fever, it is more than probable that this tube participates in the disorder.

I have remarked, that the only perfectly characteristic morbid appearances attaching to this malady are found in the intestinal canal. It is worth noting, that the spleen, which in some stages of human typhoid fever undergoes such a marked modification, presents here no perceptible deviation from its normal state. The same may be said of the liver, with this exception, that in one or two instances I have seen a thin layer of adventitious deposit occurring in irregular patches immediately under the peritoneal coat of the organ. More than once I have observed a similar deposit under the pleura also. I have not had time to subject this deposit to a minute examination; but its colour and general appearance would suggest the idea of its being identical with the adventitious deposit which precedes the stage of ulceration in the intestine.

Various degrees of passive congestion and of pleuropneumonia are the only other morbid changes I have found in the lung. I must confess, however, that I have not examined this organ with quite the same care which I have bestowed on the intestinal canal.

In one case, there were several ounces of limpid serum in the pericardium; but, with this exception, the heart presented nothing abnormal.

The kidneys exhibited appearances worthy of note. In all the cases which I have examined, these organs were a good deal congested—more variegated in colour than in the healthy state; and, in some instances, their surface was thickly beset by ecchymoses. These alterations must be familiar to most as a frequent attendant on malignant fevers, and as generally associated with acute albuminuria in the living subject.

For want of time, the nervous centres were not examined in any instance.

Thus much I can relate of my own knowledge. These facts ascertained, my first step was to see whether any and what account had been given of this disorder in veterinary works. Hitherto the inquiries I have made in this direction have been entirely in vain. Unless a statement in the last edition of Röll's *Lehrbuch*,* to the effect that all the domestic animals are subject to a fever attended by ulceration of the intestine, be supposed to include this malady, I have met with no mention of it any where. "*Magenseuche der Schweinen*," the name by which this fever in the pig seems to be known, is very nearly a synonym of "gastric fever", the popular name for human typhoid fever. Röll's book contains, however, no special description of this disease in the pig; and I am informed by one of the highest authorities on veterinary medicine in this country, that no description of it exists.

Under these circumstances, I was naturally anxious to know whether others, as well as Professor Gamgee and myself, had also met with it. Accordingly, on March 17th, I showed my drawings to Professors Spooner and Varnell, of the Royal Veterinary College, London. These gentlemen at once recognised in them illustrations of a disease with which they were familiar, and of which, especially within the last two years, specimens had frequently come before them. The account which I gave them of the symptoms during life corresponded strictly to what they had observed.†

In what remains to be said, founded as it is for the most part on the testimony of unscientific persons, I cannot speak with the same assured confidence. Hitherto, it will be remembered, I have myself seen this disease in a single homestead only; and my acquaintance with it is not only too limited, but too recent also, to enable me to speak of it without some

* *Lehrbuch der Pathologie und Therapie der Hausthiere.* Article, "Gastrischer Fieber". This is one of the most recent as well as most comprehensive of the works on the Diseases of Domestic Animals.

† On the 14th June ult., I had the honour of bringing this subject before the Council of the Royal Agricultural Society. Professor Simonds, who was present on the occasion, confirmed in a general way all that is here advanced; and further illustrated the subject by observations of his own, of great interest to pathology as well as to agriculture. His remarks, of which a report is given in *Bell's Weekly Messenger* for June 19th ult., are well worth referring to by all who are interested in this class of subjects.

reserve. The following points, however, seem to be pretty sure.

1. That in single instances, occurring chiefly, as it would seem, in Irish pigs, the disease has been well known to pig-factors here for twenty years or more.

2. That, until within the last year or eighteen months, it has never been known to be epidemic in this neighbourhood.

3. That since that date it has spread over a wide tract of country, and has caused a very large mortality.

4. That it is in the highest degree contagious.

5. That, like all the other contagious fevers, it sometimes springs up, nevertheless, in subjects that have never been in direct communication with others labouring under the disorder.

6. That, in the homesteads in which it has been the most fatal, no other living inmate, whether man, bird, or beast, has suffered from it.

7. That, in many parts of the kingdom, the disease is still entirely unknown.

These, I need scarcely say, are characteristics of the highest importance. If their reality should be established by more enlarged experience, or should receive, where susceptible of it, the stamp of experimental proof, this disease will at once take its place among the most important, in a scientific point of view, of the whole family of contagious fevers. Our interest with it is, I need scarcely add, a purely human interest. The nature and high character of this will be best understood by a question which has been addressed to me by nearly every one who has seen the morbid specimens; *i. e.*, as to whether this disease in the pig be *identical* with the typhoid fever which afflicts our own race. Rightly interpreted, I believe that neither the natural history of the disease nor its morbid anatomy at all warrants such a surmise. To establish identity in a case like this, it is necessary not to show pathological resemblance merely, but that the germ of the one species of fever is capable of producing the other. Now, not only is there no proof of this in the case before us, but the whole evidence, as far as we yet know it, points the other way. On the other hand, although the alterations in the intestinal canal in these two fevers agree in all their fundamental points, and may be regarded, in fact, in relation to the diseases which they severally characterise, as exact pathological equivalents, the differences between them, more especially as touching the order of their distribution, are too serious to allow us to suppose that they are the common effect of a single specific poison.

But, although not identical, there seems to be every reason to believe that the one malady is the strict analogue of the other; and that the porcine fever—to make my meaning plain by an illustration—bears the same sort of relation to the human fever which sheep's small-pox, for instance, bears to human small-pox. And, as the laws of variola ovina correspond with those of human variola in the most perfect way, so it will probably be found that the laws which govern the propagation of this typhoid fever in the pig correspond as perfectly with those of its human antitype. It is in this, in fact, that the scientific interest of this pigs' fever culminates.

The problem which, in man, is only to be resolved by the casual data which common observation slowly throws up, seems to recur here under conditions which admit of its immediate solution by the precise and decisive results of experiment. If things should turn out to be so, this will be great gain. For, although the law of propagation of human typhoid has already been completely made out, its universal recognition would, no doubt, be greatly forwarded if the conclusions drawn from facts occurring in the common course of nature, received the additional confirmation of experimental proof.

One other remark I would desire to make. It is probably the occurrence of this disease in the pig which has led certain pathologists both here and abroad to say that swine are subject to typhoid fever—meaning by this the typhoid fever from which we ourselves suffer.

In a paper which I published in the British Medical Journal in the autumn of 1861, I stated my belief, founded on very wide observation, that the pig (as well as our other domestic animals) is entirely exempt from this disorder. All the inquiries I have since been able to make have only tended to confirm this conclusion. And although, in deference to the two gentlemen to whose kindness I am indebted for my knowledge of this disorder, it is designated in the title to this paper as "intestinal fever in the pig," "pig's intestinal fever" would, on every account, be the fitter name for it.

Some years ago, Dr. Murchison fed a pig for three months with the intestinal discharges (mixed with barley-meal) of fever patients; and the health of the animal in nowise suffered. Through assuming that pigs are subject to the typhoid fever of man, the author altogether fails to apprehend, as it appears to me, what, under present evidence, the experiment clearly suggests. A single case is, of course, far too narrow a basis for a general inference in such a matter, and more especially where the object is to prove a negative. But, until reliable evidence to the contrary shall appear, the whole importance of Dr. Murchison's case obviously lies in this, that it tends to show by experiment what common observation had already led us to believe—that pigs, namely, are not subject to the typhoid fever of man.

The relations which these facts touching the pig have brought to light have this additional importance, that in them the pythogenic theory—I had almost said the pythogenic delusion—finds a *reductio ad absurdum*. Stunned into incoherence by the heavy blows it has lately received from so many quarters, and driven to the saddest shifts to maintain its ground at all, this theory still drags on a painful existence, in order, as it would seem, to receive its *coup de grace* from the pig. Either way, the facts appear to leave no escape for it. For, if the pig be not susceptible of the typhoid fever of man, the facts related in this paper leave little doubt that this animal is liable to a disease which in all things, causation included, is its precise counterpart. To argue that the pig's fever is caused by emanations from the common fæcal matter of healthy swine—which is the pythogenic theory applied to pigs—would be too preposterous. If, on the other hand, it were proved that pigs really are susceptible of the human disease, the fact would at once be fatal to the pythogenic argument.

From the day when swine were first denounced in Leviticus to the present hour, these animals have justly been looked upon as the very type of uncleanness. "The sow that walloweth in her own mire" is of all creatures the last one would have expected to see brought into court as a witness in favour of the pythogenic theory. For, in spite of the conditions amid which swine almost universally live, not even the most rampant pythogenist, I presume, is prepared to contend that typhoid fever is common among them. Of the powerlessness of their own excreta to produce this fever, the experience of a friend of my own who formerly lived in the neighbourhood of Bristol, and who for more than twenty years was a large breeder of pigs, would alone be sufficient proof. The periodical visits which, in compliment to the owner, I used to pay to his populous piggery, when

s frequently happened, I passed an hour or two at his country seat, were among the severest trials to which my own nostrils were ever exposed. For, although this gentleman was very proud of his stock, I blush to say that the styes and the yard in which the animals passed the greater part of their lives, were kept in the most flagrant defiance of all sanitary laws. The sight of the black ooze—to say nothing of the penetrating stink—was enough to make any one stand aghast who had been brought up in sound pythogenic principles. From the newborn litter to the ancient sow, pigs of every age might be seen there, whose only bed was dung in every conceivable stage of fermentation. And yet, in spite of all this, not only did the successive generations of twenty years pass away into pork without any epidemic of pythogenic fever, but not a single instance of that disorder, or of anything resembling it, ever occurred among them. By every pythogenic law, they ought to have perished a hundred times over; but all they really did was to grunt and grow fat, and die under the hands of the butcher. Indeed, with the exception of two Irish pigs, which, under strong temptation in early life, were supposed to have indulged habitually in human excrement, and had become infested with cysticercus in consequence, my friend was unable to trace any single ill effect to the incessant commerce of his pigs with fæcal matter.*

The experience of this homestead is the experience of a thousand others scattered through the land. All the early part of my professional life I passed in country practice; and, although I was constantly being consulted by farmers and by the poor respecting the maladies of their pigs and other live stock, and constantly *heard the pigstye unhesitatingly indicated as the cause of typhoid fever in the family of the owner*, I never saw or heard of a single case of this disorder among pigs themselves.

The dilemma into which the pythogenist has been betrayed by this infelicitous appeal to swine may be put in another form.

The chief source of the poison which causes typhoid fever is, according to the pythogenic theory, human fæcal matter in a state of fermentation.

As identity of nature implies identity of cause, the poison derived from this same source must be capable of exciting typhoid fever in the pig.

As, further, pigs and men, by the very terms of the case, are, in respect of this fever, on the same footing, it would, I presume, naturally follow that the fæcal matter of the pig must be capable of exciting typhoid fever in man. The pigstye and the attendant dungheap figure largely, in fact, as a cause of typhoid fever, in the writings of the pythogenic school.

As—once more—in all these points the relations, if they exist at all, must, from their very nature, be strictly mutual, it should equally follow that pigs, also, must be liable to contract typhoid fever from their own fæces in a state of fermentation. But not only does the whole life of pigs bear evidence against this, but their habits render it equally sure that, as far as typhoid fever is concerned, the fæcal matter of man is innocuous to them.

This, as it appears to me, is a very serious dilemma. It is for those who, in the teeth of every sort of evidence, still hold to this theory, to help us out of it as they best can. Meanwhile, if the facts be as, according to this theory, they would seem to be; if it be true that typhoid fever is caused in man by his own fæces and by the fæces of the pig, while the latter is proof against both,—I can only say that the fact betrays a dispensation of Providence in favour of Porcus of which Homo has just reason to complain.

* This case is not recommended as an example to follow. By great care as to food, and as to the sources from which he renewed his stock, this gentleman kept his pigs free from disease, notwithstanding the dirty condition of his piggery. But pigs, like men, are, *cæteris paribus*, the more healthy the cleaner they are kept. The filth amid which they are so often kept, leads to their being infested by parasites to an extreme degree, and also to the rapid extension of infectious diseases among them when once introduced into the stye.

Transactions of Branches.

SOUTH-WESTERN BRANCH.

PRESIDENT'S ADDRESS.

By Thomas L. Pridham, Esq., Bideford.

[*Delivered June 22, 1865.*]

Gentlemen,—My first duty is to thank you for the honour you have done me by electing me the President of the South-Western Branch for the present year. Having said this much, my pleasure is, to welcome you to this interesting and beautiful part of our county; famed as it is, not only for its rocky coast and woodland scenery, but also for the historical events which in connection with the southern part of our county have conduced to make England what she is, the emporium of the world.

I can assure you, that I am quite aware of the responsibility I have undertaken in presiding over this meeting; feeling, as I do, how far short my best efforts must be, when compared with the eloquent and learned addresses which have been delivered by members of the Association in this division.

Before I begin to speak on medical subjects, it may not be uninteresting to those who now visit North Devon for the first time, to dwell for a few minutes on subjects which may perhaps be considered foreign to the intentions of the present meeting.

History tells us that, about the ninth century, the Danes made a descent upon this coast, with a powerful army, and landed on our burrows. Under the command of Odon, Earl of Devon, they were met by the stout hearts and trusty hands of the men of these parts, who were entrenched at Kenwith Castle, about a mile hence, and, after a bloody battle, were defeated and driven into the sea near Appledore. On the shore is to be seen a huge stone, which marks the spot where Hubba, the Danish king, was slain, and is called Hubba Stone to this day.

We cannot boast of having produced such great and learned men, as Milton, Shakespeare, Locke, or Newton; but we can boast of the good old men of Devon who lived in the days of "Good Queen Bess"—men who were remarkable for their acts of valour and wisdom. It was from this port that Raleigh and Drake sailed on their voyages of discovery and adventure. In the small village church of Landcross, just a mile hence, may be seen the baptismal register of George Monk, afterwards Duke of Albemarle, who first trained the Coldstream Guards to deeds of arms; and subsequently was the means of establishing Charles II on the throne of England. It was here that the Grenvilles (kinsmen of William of Normandy) lived, from the time of the Conquest to the close of the sixteenth century; men renowned in the history of our country as statesmen, and as warriors both by sea and by land. It was from this port that the brave Sir Richard Grenville sailed to meet the Spanish Armada. History records that this said Sir Richard Grenville on one occasion engaged the whole Spanish fleet single-handed, in his ship called the *Lion*, which was manned by men of North Devon; nor did he surrender until all his powder was consumed, and his crew reduced to but a few. After

sinking several of the enemy's ships, he received his death-wound in the unequal contest, cheering his brave men with these memorable words, "Remember, my lads, you are as near Heaven at sea as you would be on land." It has been said, that this was the most heroic sea-fight the world has ever known. In our beautiful parish church, is a monument erected to the memory of Sir Thomas D. Grenville, Lord High Admiral of England. Sir Bevil Granville fell at the battle of Lansdown, whilst fighting in the royalist cause. His remains were conveyed to Stowe in Cornwall, and buried in the parish church of Kilkhampton.

I will now turn to incidents and men of modern date, of which we may also claim a goodly share.

It was here that Charles Kingsley passed many of his early days, and received part of his education under the Rev. Derwent Coleridge; and, in later days, whilst residing here, he wrote that (to us) most interesting historical novel *Westward Ho*. It was here that Kingsley's brother-in-law, Anthony Froude (who was pronounced in a leader in the *Times* "the most elegant prose writer of the age"), wrote his first two volumes of the *History of the Tudors*. It was within a mile of this, that the brave and admirable sailor, Sir Richard Keats, resided, who was visited by Lord Exmouth, in order to plan the attack on Algiers; which attack, we well know, was perfectly successful. It was at Orleigh Court, about three miles hence, that the intrepid Captain Speke, the discoverer of the source of the Nile, was born. Two of our judges who at this time adorn the Bench, are both closely connected with this town and neighbourhood. I allude to Judge Montague Smith, who was born and educated in Bideford; whilst Baron Channell's immediate family are natives of Appledore. Our painters, too, come forth in glowing colours—Turner, Lee, Lane, and Hughes. The last named, Arthur Hughes, a most accomplished gentleman, was created landscape painter to our most gracious Queen. Gay may be numbered amongst our poets; he was a native of Barnstaple. It was here that Hervey wrote his *Meditations*. Nor must I pass unnoticed our postman poet, Edward Capern, who still goes his daily rounds with his letter-bags on his back. He is entirely a self-educated man, of great powers of mind. He has been pronounced by Walter Savage Landor (perhaps the most able critic of his day) to have written odes equal to the best of Burns the Scottish bard. His descriptions of rural life and rural scenes are charming; whilst his "Battle of the Great Redan", and other pieces on the Russian war, secured for him a pension of £40 a year under the influence of Lord Palmerston, who, by the way (to my knowledge), is a great admirer of our poet. Our Queen, too, has spoken of him in terms of commendation.

I trust you will pardon this digression. I now proceed to speak on subjects which more particularly belong to ourselves as members of the medical profession, and will allude to some of the epidemic diseases which I have witnessed in this locality. I will first speak of the cholera in 1854; that most fearful of all diseases which have visited this land in modern times. If ever the spread of this disease could be traced to assignable causes, it would be so traced in the town of Bideford, as I will proceed to shew. The town, you can perceive at a glance, is well situated for a most perfect system of drainage. The River Torridge flows and ebbs over a bed of sand (the *débris* of granite); and it would be supposed that all offensive drainage would be carried twice a day into the sea. But what was the fact at the time of the visitation? The drains of the town fell on to a bed of accumulated filth, close to the wall of the quay; from which, it was remarked, the most offensive effluvium arose. This deposit of mud had only recently taken place, in consequence of a bank having been carried out so as to intercept the course of the river; before which time Bideford was considered a most healthy town.

Early in the month of August, the cholera was brought into the town from London, by a person under the influence of choleraic diarrhœa, which ended in Asiatic cholera. Although severe in its character, the case did well. The remedies employed were laudanum, chloric ether, ammonia, and chalk, with artificial heat locally applied. In no subsequent case, did I see so much suffering from spasm and cramp. The treatment adopted in this case did not answer in cases which followed. The drainage in the house was good. We had no other case in the town for more than a month, although cholera prevailed in an adjoining parish, where sanitary matters were in a wretched state.

About September 10th, there came into the town, from an infected district, a family suffering from choleraic diarrhœa. A friend visited the family, sickened of cholera, and died in a few hours. The disease now spread rapidly, visiting the worst drained parts of the town, particularly where there were no stench-traps provided for the houses. At the time when the cholera visited the town of Bideford, the wind from the east prevailed, shifting occasionally from north to south; and it was a remarkable fact, that cholera broke out in those parts directly opposite to the set of the wind, which blew up the drains that emptied themselves on the bank of mud; which, as I have before stated, was loaded with the offal of the town. It is worthy of remark that, on the east side of the river, where there is no deposit of mud, there was only one case of cholera, and that was in a person who, whilst suffering from choleraic diarrhœa, was conveyed thither from the west side of the river.

To make my observations still more correctly understood, I would mention a fact that, in one infected district, the houses on one side of the street were badly drained, and the victims were many; whilst, on the other side of the street, the drainage was good, and there was not a single case of cholera. Our union workhouse is considered a model establishment. It is governed by a well disciplined pensioner of the Guards, who is admirably adapted for his responsible post. The house is well ventilated, well lighted, has a plentiful supply of water, and a good system of drainage. In this establishment, there was not a single case of cholera; although on each side of it there were cases.

I have dwelt somewhat at length on the important subject of drainage; being well convinced, from the opportunities I have had of witnessing the effects of its influence on epidemic diseases, how much evil might be avoided, and valuable life spared, by a thorough system of drainage being adopted in every town. I would also add, that over-crowded rooms, and a want of sufficient ventilation, have a most baneful tendency.

Having said thus much regarding the manner in which cholera invaded our town, it may not be uninteresting to add a few words as regards the treatment which I adopted, and its results. I would remark, that diarrhœa prevailed in the town as an epidemic at the same time as the Asiatic cholera. It was calculated that 1000 persons, out of a population of less than 6000, applied at the *depôts* for diarrhœa medicine; but there was no fatal case from diarrhœa that I am aware of. The medicines given consisted of laudanum, chalk, chloric ether, and camphor. The treatment on which I chiefly relied in cases of cholera, was nitrous acid, given, in proportion to the age of the patient, from five to thirty drops in cold water every half hour. In almost every instance, it allayed

the sickness, as well as the choleraic discharges from the bowels. The remedy required to be carefully watched; for, as soon as the discharges ceased, it became necessary to withhold the medicine, or else severe pains of the stomach and bowels would ensue, which, in more than one instance, continued until death put an end to all suffering. Artificial heat was extensively employed. With the exception of one or two cases, there was no consecutive fever. Under the acid treatment, out of 49 cases, only 9 proved fatal. The number of cases which I reported were 51; of these, 22 passed into a state of collapse, whilst 29 did not. Twelve cases proved fatal out of 51. Three of them were nurses, who, for the sake of gain, washed the clothes of cholera patients (a most fatal error). Whilst the clothes and bedding of the poor were burnt without delay, very few in the middle classes were attacked, and not one in the upper class of life. As little food as possible was given, and no spirit or wine.

There is a fact well worth recording—that, whilst the cholera was at its worst, the whole town was fumigated by means of lighted tar-barrels, and we had no fresh case afterwards; and I was told that the same result followed in an adjoining parish. The efficacy of tar appears to have been relied on in the time of the Plague, which visited this town about two hundred years ago; for there is to be seen in our parish church, a monument to the memory of a Mr. Strange, of whom it is recorded, that he visited and administered to the necessities of those smitten with the plague with his own hands; and that, in order to prevent infection, he smeared his lips with tar; and you may see on the marble lips what remains of some tar, which was smeared in order to record the fact. He was the last of many hundreds who were victims in this visitation of the plague in Bideford.

I chanced to be present at the death of the last case of cholera here; it was in one of the nurses to whom I have alluded. She was, in health, a high spirited woman. Her death was fearful, and attended with peculiar circumstances. Her husband had left her to live with another woman. She sent for him; on his entering the room, with an effort almost superhuman, she raised herself in bed, with a countenance thin and haggard, almost as blue as indigo, and with the horrors of death upon it, whilst, pointing her finger at her faithless husband, she thus addressed him—"I tell thee what 'tis, Elias, if you marry that woman, I will haunt thee to the day of thy death." She then fell back on her pillow, and was dead. Such a scene can never be effaced from my memory.* Whether the man was afraid of seeing his wife's ghost or not, I cannot tell; but true it is, he did not marry "that woman."

How little do we know of the laws which govern the progress of cholera, or of the predisposing cause in those individuals whom it assails. Will chemistry or medical science ever discover these secrets, and thus be able to mitigate these dispensations of an All-wise and Merciful God, which are doubtless sent to tell us that we are but mortal, and to warn us of the uncertainty of human life?

I now proceed to describe an epidemic which visited us early in July 1857. From reports which appeared in the *Times* newspaper some months previously of a fever which prevailed in Lisbon, it would appear that the epidemic to which I allude greatly resembled it in character. It was first noticed on the southern coast of our county, invading the seaports and adjacent towns on the west and north of Cornwall, until it reached this district. The symptoms which characterised the disease were, sudden rigors; loss of appetite, quickly succeeded by great prostration; a small rapid pulse; pupils dilated; pain in the back of the head; drowsiness almost amounting to coma, not unfrequently delirium; a smooth glazy tongue, which did not at any stage of the disease become coated or dark. There was tenderness in the epigastric region. The skin was morbidly hot and offensive, but without moisture, and tinged with bile. There was not much thirst. The urine was scanty and high coloured, throwing down an acid deposit; whilst the secretions from the bowels were relaxed, and generally deficient of bile. The patients were very intolerant both of light and sound. There appeared to be but little remission of fever, which in some instances ran on to thirty days; whilst others, who were in apparently good health when attacked, were dead in a few hours. For instance, the disease invaded the dwellings of two adjoining houses. In one, there were four cases. Three delicate children were first attacked; they lingered for thirty days, and afterwards recovered. The fourth case was in a fine healthy boy, who was suddenly seized with rigor, headache, sickness, involuntary discharges from the bowels; and, lastly, he fell into a state of coma, and died within twenty-four hours. In the other house, four children were also seized, three of whom lingered and died; the fourth, an almost idiotic girl, recovered, the disease but slightly afflicting her. The disease for the most part attacked the children of the poorer class—bad drainage being generally discovered in or near their houses. Under one roof there were nine cases. All became delirious, but only one died. I attended in this epidemic 130 cases, fourteen of which proved fatal. The treatment which appeared to be attended with most success was, mild preparations of mercury, combined with a mild sedative, such as extract of conium or henbane, effervescing salines, and full doses of morphine at night in the advanced stages; whilst the skin was freely sponged with a solution of chlorate of soda.

This epidemic had scarcely subsided when another of a more fearful character made its appearance in nearly every part of the town, attacking grown persons as well as children. The disease commenced with rigor, followed by a sensation of fulness about the fauces, headache, a coated tongue, and a quick pulse. Early in the disease, small white spots made their appearance on the fauces; and the act of swallowing became more and more difficult. The upper part of the œsophagus became involved; ulceration and destruction of parts followed; and the disease assumed a malignant character. Generally, about the fourth or fifth day, a highly offensive mucopurulent discharge came from the mouth, and not unfrequently from the ears, nose, and eyes. If the patients were not relieved, death put an end to their sufferings between the fourth and tenth day. My first efforts to cure consisted of the local application of nitrate of silver, and the administration of quinine and steel wine, with a generous diet. This treatment failing, I was greatly disheartened, as many died. On reconsidering the nature of the disease, I resolved to try an opposite mode of treatment, and accordingly administered the chlorate of potass and powdered gum guaicum in equal parts, according to the age of the patient, from three grains to thirty grains of each, to be mixed at the time of taking in a small quantity of tepid water, and to be swallowed gradually. Hot poultices of bran, vinegar, and salt appeared to benefit as well as comfort the patient. Beef-tea and good broths were given, with a generous

* I mention this case in particular, as there have been some remarks lately made in our JOURNAL relative to the difference of the cause of death taking place from loss of blood from an artery or a vein, and death taking place from cholera, where the powers of mind as well as of body remain to the last moment.

allowance of port wine. This disease appeared to differ from true diphtheria, as no greyish false membrane was formed; neither did it appear to extend to the air-passages. This epidemic also appeared to travel round the coast, visiting some places with great severity.

Before this epidemic had subsided, scarlatina made its appearance amongst us, and proved to be of a most fatal character, as the diseases became blended, evinced more particularly by the fœtid discharges from the nose, mouth, ears, and eyes, to which I have before alluded. Not a few had malignant scarlatina quickly established, and then death was speedy. Amongst the cases which lingered, fifty-six terminated in abscess of the neck. In four of these, blood-vessels in the neck gave way; three died from a gradual loss of blood; and one died almost suddenly, from a large vessel having ulcerated. These cases were most distressing to witness, as nothing could be done to stop the hæmorrhage, which appeared to be venous. Sixty cases terminated with dropsical swellings. These cases were successfully treated by brisk purgatives, or by diuretics with digitalis. Six died from sudden effusion either on the brain, the chest, or into the pericardium. In thirty cases of scarlet fever, secondary fever came on, in which the most distressing sickness prevailed; an acrid green secretion being discharged from the stomach. In this stage of the disease, I did not lose a single patient; my treatment consisting of calomel twice a day, with a mixture of carbonate of magnesia and hydrocyanic acid, in doses proportioned to the age of the patient.

I will here add an account of the number of cases of the three epidemics I attended in 1857 and 1858.

	Cases.	Deaths.	Recoveries.
Epidemic fever . . .	130	... 14	... 116
Fever with throat-disease	66	... 8	... 58
Scarlet fever with complication	380	... 53	... 327
Totals, .	576	... 75	... 501

It may be remembered by some present, that mention was made in our valuable JOURNAL of these epidemics soon after they prevailed. I have, however, thought it right to bring the history of them more prominently before the members of our profession on the present occasion, connected as they were with this immediate neighbourhood. I have no doubt that the steps which have been taken in sanitary matters will be the means of averting the fatal consequences of future epidemics. Of late years, we have been remarkably free from such visitations; and I believe the town of Bideford again vies, in point of health and longevity, with any in the kingdom.

Before concluding my address, which I fear has already exceeded the usual limits, I will make a few remarks founded on my own personal observations in the treatment of typhus and typhoid fever, and also on the efficacy of morphine in mania, both which subjects have been discussed during the past year.

With regard to the total abstinence from stimulants, strongly advocated by Dr. Gairdner (whose reputation ranks so high), I can only say from my own experience, that there are peculiarities in some constitutions which forbid the use of alcohol in fever, whilst others would sink without it. The object, in all cases of low fever, is to conduct our patients, by the best means in our power, to the critical day, which may be on the fourteenth, the twenty-first, the thirtieth, or even a more lengthened period. In order to explain more fully my observations, I will relate two cases which have recently occurred in this neighbourhood, showing the result of opposite modes of treatment.

Two sisters were attacked at the same time with fever, which after some days assumed the character of typhus. The elder sister, who whilst in health was of a most tranquil and placid disposition, passed through the disease subsisting on milk, arrowroot, and weak broth, toast-water, and Japan green tea. In this case, I repeatedly tried the effect of wine, and as often had reason to regret the attempt to keep up the powers of my patient in this way. The younger sister, who was a most excitable person whilst in health, had six ounces of port wine allowed her daily, with marked benefit. She had, moreover, morphine at night, which the elder sister could not take. Nitric acid with the extract of conium was the principal treatment with the elder; whilst infusion of bark and hydrochloric acid, with extract of conium, were given to the younger patient. Both patients recovered after thirty days of fever. I have great confidence in the beneficial effects of good extract of conium in fever. Its sedative powers appear to keep the nerves of the stomach in a quiescent state, and prepare it to receive and digest the nourishment which is administered.

I will now say a few words on the sedative treatment in mania.

A lady, who had been engaged in some family disputes, in which she evinced signs of aberration of mind, was on her journey to her home on the top of a coach. All at once she insisted to be set down on a barren moor, where she was exposed to the heat of a vertical sun for some hours. She was afterwards brought home by some friend, who happened to pass that way in his carriage. She was then in a state of mania, which became violent. After some days, it was arranged that she should be sent to the asylum on the following morning, as it was considered the only step that could be taken under existing circumstances. I was consulted in the matter, and at once resolved to try the efficacy of morphine in large and repeated doses, watching its effects most carefully, administering grain doses with my own hands every eight hours. This plan was followed for six days, with the best results; after which time I gradually lessened the dose. The improvement was gradual from the first. At the end of a month, she was perfectly restored to her reason. She then went to the sea-side, and has remained perfectly well ever since. It is more than a year since she was first attacked.

In conclusion, I must say a few words respecting the beautiful and salubrious spot where, by the particular request of some of our members, we are assembled this day to hold our annual meeting, instead of at Bideford, where it was first intended to be held.

Doubtless there are great advantages to be derived from the sea-breezes, wafted without interruption across the broad Atlantic, partaking in their course, as they are known to do, of a goodly portion of ozone, which is found to be the means of restoring health to enfeebled constitutions, and to be highly beneficial in certain cases of affection of the lungs. Then, again, we have two miles of solid sands and several hundred acres of level turf within our far famed "Pebble Ridge", on which invalids can take their pastimes either in a carriage or on horseback. Such advantages as these are said not to be met with again in England. Our accomplished associate, Dr. Radclyffe Hall of Torquay, has named Torquay "The Queen of the South". May we not claim for this spot to be "The Queen of the North"? And, if so, I am sure she will heartily welcome her fair cousin and her stately court, whenever they require a more exhilarating and bracing atmosphere.

Progress of Medical Science.

PSYCHOLOGY.

STATISTICS OF INSANITY. Dr. H. G. Stewart, in the *Journal of Mental Science*, gives statistics of insanity, as obtained by him in the Crichton Royal Institution, Dumfries. The following is a summary of them.

I. *Sex.* There were 16 per cent. more males than females under treatment. 2. The females recover more readily than the males. 3. The number of deaths in each sex is nearly equal.

II. *Domestic Condition.* 1. Most of the patients were single. 2. The highest proportion of recoveries was among the married, the next among the single, and the lowest among the widowed. 3. The smallest proportion of deaths was among the married, a higher among the single, and the highest in the widowed. 4. The married with offspring had a much greater chance of recovery, and a much less chance of death, than the married without offspring.

III. *Education.* 1. Those having a superior education recover less frequently than those whose minds are not so highly cultivated. 2. Those having moderate and indifferent educations have the best chance of recovery. 3. The highest mortality occurs among those whose education is indifferent.

IV. *Occupation.* 1. Members of the learned professions have much less chance of recovery than men in any other occupation. 2. Artisans have the largest proportion of recoveries among them, proprietors next, commercial men next, and architects, engineers, etc., next. 3. Death is more frequent among the members of the professions, and less so among the other classes. 4. Among the females, the fewest recoveries are among the affluent class, and the greatest in the commercial and artisan class. 5. The deaths among females are more frequent in the artisan and affluent than in the commercial class.

V. *Cause.* 1. The ascribed cause of insanity is much more frequently physical than moral. 2. Moral causes are more frequent among the females than the males. 3. Moral causes, both among males and females, produce an insanity more easily curable than physical causes. 4. Death in both sexes occurs more frequently among cases of mental disease produced by moral than by physical causes. 5. One-half of the cases were hereditary; and 12 per cent. of them were ascribed entirely to hereditary transmission. 6. The cases produced by easily removeable causes are the most curable.

VI. *Age at which the Insanity first appeared.* 1. The greatest number of first attacks occur between the ages of 20 and 30 years. 2. The highest percentages of recoveries occur in those attacked at the climacteric period; namely, between the ages of 10 and 20, and 40 and 50 years. 3. The recoveries are next most frequent in those first attacked between 20 and 30; and as life advances (with the exception of those in the disorder mentioned in the preceding paragraph), the chances of recovery diminish. 4. The percentage of death is higher the greater the ages at the first appearance of the insanity.

VII. *Number of Attacks.* 1. 66 per cent. of the cases admitted are first, 15 per cent. second, 7 per cent. third, and 9 per cent. frequent attacks. 2. By far the lowest proportion of recoveries takes place in those that suffer from the first attack; and those having a second or frequent attacks recover in a much higher proportion. 3. The proportion of deaths is higher in the first, and generally lower in the frequent attacks.

VIII. *Duration of Attack prior to Admission.* 1. The earlier the patient is placed under treatment, the greater is his chance of recovery. 2. The number of deaths is fewer in those admitted soon after the appearance of insanity, than in those in which the disease has existed for longer periods.

IX. *Bodily Health.* 1. Nearly one-half of the cases had good bodily health; in 31 per cent. it was indifferent; and in 18 per cent. it was bad. 2. The recoveries were high among those having good; but highest in those having indifferent; and lowest in those having bad health. 3. The deaths were lowest in the first class, intermediate in the second, and highest in the third.

X. *Age on Admission.* 1. The greatest number of patients admitted are between the ages of 20 and 50. 2. Most recoveries take place in those whose age is between 15 and 20, and 45 and 55, the two climacteric periods (see heading VI). 3. The proportion of deaths steadily increases in proportion to age.

XI. *Form of Mental Disorder.* 1. Mania was the most frequent form of mental alienation; next melancholia, next monomania, and next dementia. 2. After dipsomania, melancholia was the most curable, and after it mania and monomania. 3. The deaths were most frequent in fatuity and dementia, less so in monomania; and in mania and melancholia they were in the lowest proportion.

XII. *Duration of Attack.* 1. The greatest number of attacks of mental disease last for less than one year. 2. The longer the attack the fewer the recoveries. 3. The longer the attack the greater become the proportion of deaths.

XIII. *Duration of Residence in the Asylum.* 1. The mass of cases remain less than one year in the asylum. 2. Such cases are the most curable. 3. More than half of those cases that remain only for a month die; and in those remaining six months the mortality reaches its minimum, and thereafter, in the longer periods of residence, on the whole, increasing.

CLIMACTERIC INSANITY IN WOMEN. Dr. Skae, of the Borough Asylum, Birmingham, concludes thus of this species of insanity. 1. The symptoms of insanity occurring at the climacteric period in women, are so uniform, characteristic, and peculiar, as to render it easily recognisable, and entitle it to be referred to a distinct natural group or family, which may be distinguished as climacteric mania or insanity. 2. This is one of the most curable forms of insanity accompanied by melancholia. 3. The duration of the insanity in curable cases rarely exceeds from three to six months. 4. This form of insanity, apart from suicide and organic disease, rarely tends to a fatal termination. 5. The most important indications of treatment are, the early removal from associations and friends; careful watching; nutritious diet; and the judicious administration of narcotics." (*Edin. Med. Journ.*, February 1865.)

ARTIFICIAL INSANITY. Dr. D. H. Tuke has published an interesting article on what he calls Artificial Insanity, or Braidism. The main points in his paper may be summed up as follows. 1. While dreaming and natural somnambulism bear considerable resemblance to insanity, artificial somnambulism, or Braidism, at a certain ideo-plastic stage, is still more analogous to, if not identical with, certain forms of mental disease, and therefore offers a better field for study than the former spontaneous conditions, and is more at our command for purposes of experiment. 2. In all probability, the disturbance of the brain which accompanies artificial insanity is the same in kind as occurs in some forms of mental disease, and does not involve structural change. 3. Bearing this

in mind, the prognosis, in certain forms of insanity, should be more favourable than it often is. 4. The mental condition which I infer to be present in certain forms of insanity, from a consideration of the mode in which artificial insanity may be induced and dispelled, forcibly shows the importance of the moral (or better, the psychical) treatment of the insane, and especially the necessity of acting systematically upon the attention. 5. It is worthy of trial whether a directly suggestive mode of treatment might not be carried out, in some cases, with success, the medical psychologist availing himself of Braidism to acquire sufficient control over the patient's mind to direct the current of his thoughts from morbid into healthy channels. 6. There is reason to think that, independently of the suggestive treatment, refreshing sleep might sometimes be procured, and restoration to health accelerated, by inducing artificial somnambulism or hypnotism. (*Journal of Mental Science*, July 1865.)

Insanity, Medical and Legal. Dr. James Rorie, in the *Edinburgh Medical Journal* for July, attempts to give a definition of insanity. In concluding, he says: "We have seen that a very important difference exists between insanity regarded as a medical and lunacy regarded as a legal question. While the former applies to a disease which may or may not destroy responsibility, the latter demands that irresponsibility be proved, before it can be admitted as a plea; and the great puzzle of the present day with regard to civil incapacity and irresponsibility is, how to bring insanity under medical treatment before it has rendered the individual legally irresponsible. Into this subject I cannot at present enter, and will now close with the practical inference that it is the duty of the medical practitioner, in giving evidence as to the mental condition of a person on trial for outraging the laws of his country, to satisfy himself that the insanity destroys responsibility before certifying him to be a lunatic. To certify a person in such circumstances to be insane because he appears unable to control his actions is to offer a medical theory where a medical fact is demanded, and is to become an advocate of that pseudo-philanthropy which would insist on moral perversion being legally recognised as proof of irresponsibility,—a state of matters which would be fraught with the greatest danger to all our social interests. The depravity, immorality, and low cunning of a convict may resemble in some respects the character of the true moral lunatic; but for such cases seclusion in Portland or Pentonville is the best of moral remedies, and in dealing with such, the medical practitioner should never forget that laws 'cannot be framed on principles of compassion to guilt.'"

Urine of the Insane. Mr. Adam Addison, Resident Medical Officer of the Montrose Lunatic Asylum, has an interesting and very carefully drawn up paper in the *Brit. and For. Med.-Chir. Review* for April last, on the Chemistry of the Urine of the Insane. The conclusions he deduces from his observations are these. 1. The quantities of the urine, of the chloride of sodium, urea, phosphoric and sulphuric acids, excreted during the course of a maniacal paroxysm, occurring in acute mania, epilepsy, general paralysis, melancholia, or dementia, are less than the amounts excreted in an equal time during health. 2. In chronic melancholia the quantities of the chloride of sodium, urea, phosphoric and sulphuric acids, are reduced below the mean, and sometimes the minimum, of health. 3. In idiocy, dementia (paralytic and common), the urea, chloride of sodium, and sulphuric acid, range above and below the normal mean of health; in some cases, the amount of phosphoric acid is greater than the mean according to weight; but, in the majority of cases, it ranges between the minimum and mean found in healthy adult men.

British Medical Journal.

SATURDAY, JULY 29th, 1865.

RAILWAY ARRANGEMENTS FOR THE ANNUAL MEETING.

It will be seen, by reference to the note subjoined of Dr. Mead, that the London and North Western Railway Company have kindly consented to extend their ordinary return tickets from the 31st July to the 5th of August to members of the British Medical Association attending the meeting at Leamington.

Members of the Association must present, at the Stations where the Return Tickets are issued, the slip of paper enclosed in the present number of the Journal, *with the name and address of the member written thereon.*

The following is Dr. Mead's note.

Sir,—It struck me that, if the attention of the railway authorities were directed to the matter, it was not improbable they would offer facilities to medical men wishing to attend the annual meeting at Leamington. As time prevented my applying to the Council of the Association, I took the liberty of writing a short note to the manager of the London and North-Western Railway on the subject; and have great pleasure in handing you the following reply. I am, etc., George B. Mead.

Newmarket, July 24, 1865.

"London and North-Western Railway.
"General Manager's Office, Euston Station, London, July 22, 1865.

"Sir,—Adverting to your letter of the 20th inst., I beg to say, that I will not object to extend the ordinary return tickets of the Company from the 31st of July to the 5th of August, to the members of the British Medical Association attending the meeting at Leamington on the four first days of August; and the members of the Association may obtain such tickets to Leamington at any of the Company's stations at which they are usually issued, upon the production to the booking-clerk of their cards of admission to the meeting. I will cause instructions to be given at our stations accordingly.

"I am, sir, your obedient servant,
"*Pro* W. Cawkwell, T. Neele.
"Dr. Mead, Mentmore House, Newmarket."

THE LEAMINGTON MEETING.

The forthcoming annual meeting of the Association promises to be by no means the least interesting among our periodical gatherings. The members will assemble in one of the most popular watering places of England; and will no doubt have opportunities of hearing all that can be said of its health-giving virtues, as well as of admiring the beautiful scenery of the locality, and of visiting the places of historical and antiquarian association in the neighbourhood.

But without these—which may be called the extraneous attractions of an Association meeting—there will be in the meeting itself some special features. For the first time in the history of our body—except at the London meeting in 1862—the meetings will extend over four days instead of three; and, if one may judge from the programme published in our pages, the time will be well filled.

This alteration of the ordinary plan, as well as certain other modifications in the mode of transacting the business of the meeting, have been made on the recommendation of a subcommittee of arrangement appointed some time ago by the Committee of Council, and consisting of the President-elect (Dr. Jeaffreson), Dr. Falconer, Dr. Richardson, Dr. Stewart, Dr. Wade, and the General Secretary. This subcommittee has acted in concert with the local committee at Leamington; and great credit is due to them for their exertions to render the meeting a successful one. We trust that they will receive their reward in a large attendance of members.

The first meeting of the members, which will be held in the evening of August 1st, will be occupied with the President's address, the presentation of the Reports of the General Council and of the Board of Directors of the Medical Provident Society, and with some matters of ordinary business not likely to provoke discussion.

On Wednesday morning, from eleven to one o'clock, the members will have an opportunity of expressing their opinions on various topics alluded to in the Council's Report, and of debating on and deciding certain questions of which notice has been given in the programme of the meeting.

On this occasion, we suppose, the Associates will have brought before them, for their approval, amendment, or refusal, the draft Charter of Incorporation which was published a fortnight ago. We would not anticipate the judgment of the meeting; but we have no doubt that it will be agreed that the granting of the charter will be an advantage to the Association, and will constitute an important epoch in its career.

Several notices of resolutions, of more or less importance, have been placed on the programme. First on the list is a notice of motion by Dr. Paget, our present President, for an alteration of one of the laws, with the view of making the President-elect a member of the Committee of Council. This very reasonable proposal will, we suppose, pass without comment. Next come two notices of motion on the well-worn but not exhausted subject of Poor-law Medical Relief, by Dr. Henry and Dr. Mead. Dr. Henry does not propose that the Association should pledge itself to demand any special alterations in the present system; but that a Committee should be appointed for the purpose of examining into the whole matter, and pointing out what improvements are really required to render the present system more just at once to the poor and to their medical attendants. Dr. Mead of Newmarket, on the other hand, gives notice of his intention to bring before the Association resolutions on certain specified points—the same, in fact, which were adopted at the annual meeting of the Cambridge and Huntingdon Branch. (See JOURNAL, July 8th, p. 23.)

Another motion of which notice has been given is one by Dr. Richardson, to the effect that the Association should appoint a Committee for the purpose of promoting the return of medical men to Parliament.

Three motions regarding the JOURNAL have been placed on the programme. One is by Dr. Davey of Northwoods, providing for the appointment of two assessors to the editor "in cases of doubt or difficulty"; another is an amendment to this, by the Rev. David Bell, M.D., to the effect that matters *in re* JOURNAL would be better left as they are; and the third is by Mr. R. B. Carter. These proposals will doubtless receive at the hands of the Association a due amount of consideration, and we confidently leave them to the judgment of the members, believing that they will arrive at that decision which is best for the interests of the Association, and most conducive to the fulfilment of the objects which it has in view.

Dr. A. Ransome will propose the appointment of a Committee on the Registration of Disease; and Dr. Stewart will call the attention of the Association to the subject of Biographies of Living Medical Men.

In scientific matters, also, the meeting gives promise to be one of much interest. To deliver the Addresses in Medicine and Surgery, two men of the highest reputation in the profession have been secured—Dr. Stokes of Dublin, and Mr. Syme of Edinburgh. It may be reasonably expected that the fact of men of such celebrity, and who have done so much to advance the sciences of medicine and surgery, occupying the positions of readers of addresses to the Association, will of itself cause a full attendance.

This year a new feature has been introduced—that of discussions on certain topics selected by the Committee of Council, in scientific medicine, and in state medicine and public health. These discussions—the questions involving which are given in the programme—will be opened by Mr. Moore, Dr. Richardson, Dr. Symonds, and Dr. Tindal Robertson. The public, under the sanction of Dr. Jeaffreson, the President, will be admitted to the discussions.

Besides the usual public breakfast and dinner, there are to be two *conversazioni* at the Pump-rooms; one being by the special invitation of the President, Dr. Jeaffreson; and at five o'clock on Thursday, a cold collation in the Jephson Gardens, to be followed by a *fête*.

THE HANGING OF CRIMINAL LUNATICS.

At each recurring assizes, we have to refer to facts which painfully exemplify the discordance existing between the legal *dictum* or definition of insanity and the verdict of a scientific humanity. Last week, again, a man has been found guilty of murder, and sentenced to death, who bore upon him all the distinctest tokens of insanity when he committed the fatal act.

Taking the evidence given in Court as correct, we will venture to say, that there would scarcely be found half a dozen medical men in England who would have refused to certify to the lunacy of the Shirley murderer, George Broomfield, at the time in question. What can be more telling of his insanity, than the following history of his mental state, as given at the trial?

Several witnesses were called, who bore out the learned counsel's statement as to the diseased state of the prisoner's mind. The general evidence was that the prisoner was a man of the highest moral and religious character. His masters stated that he was the best of servants. Lord George Beauclerk was out with the prisoner one day (in September 1862) shooting, when Lord Falkland missed his bird and shot the prisoner. He cried out, "Oh, I am shot!" and he fell into Lord George's arms. He was shot all over. He was taken home; a surgeon was sent for, and he extracted thirty shots from his head and back. He was altered in manner from that time. Other witnesses detailed circumstances which had occurred which had led them to believe that his mind was gone. He was frequently crying; he believed his head was empty and his stomach falling to pieces; he had an idea that his wife was dying, and that it had broken his heart. On the 3rd of December (the day of the murder), he got out of his house in Southmolton Street under the pretence of getting a newspaper. He went to a Mr. Brown's, and asked him to lend him £10, which witness did. Upon looking up, witness saw his face, and was alarmed at its appearance. He looked wildly, his eyes starting out of his head. He said he was going to America. Witness tried to detain him; but he slipped from him and got away. Witness was convinced that he was mad. Dr. Tweed, surgeon, of Upper Brook Street, stated that he had known the prisoner as a patient for six years. He was first suffering from indigestion; it had since taken the form of melancholia. He had been subject to it for the last eighteen months. He complained of an emptiness in his head. He said his blood was turned to water. He felt a trickling from his heart. He was under great apprehension of death; and frequently sent to witness to come to him, as he feared his death. There was no reason for this. He suffered from lowness of spirits. He always imagined that he was going to die. Witness latterly thought the symptoms were suicidal; and gave directions that he should not be left alone, and should have frequent change of air and scene. His disease was mental. He did not require medicine; but he gave him some in order to quiet him. His mind decidedly was off its balance; and he thought it likely to become worse, and that he would probably become dangerous to himself, and perhaps to others.

We can scarcely believe a stronger proof could be shown of the faulty definition of insanity taken by the law, than is given in this case. Every one feels and knows that, though condemned, this man can never be hanged. Even the cynical philosophy of the *Times*, which is never more alive than when recommending a victim to the gallows, is somewhat at fault in this case. The verdict is right it says; but the punishment of hanging may not be proper in this case! But how can the verdict be right which brings a punishment with it which is not proper? We will quote a few more of the *Times*' reasonings to show the patent contradictions in which it is necessarily involved while engaged in advising the execution of criminal lunatics—*i. e.*, while defining the definition of insanity adopted by the law.

"The accident upon which was founded the theory of Broomfield's insanity had filled his mind with undue apprehensions and mistaken notions of his bodily condition; but had left his conceptions of right and wrong and his knowledge of what was lawful and unlawful apparently unaffected. He was a melancholy and desponding, but, except so far as this is an evidence of irrationality, he was not an irrational man. His madness was like the madness of Hamlet and Werther; certain motives of action, which are always powerful, but not always predominant, had been allowed to get the mastery of those which more ordinarily control the lives of men. It is too often forgotten in such trials as that of the Shirley murder, that every human act is the result of a variety of motives influencing the actor simultaneously. When one of them usurps the supremacy of the rest, the man may, by a licence of speech, be said to be insane; but there must be something more than this to take away the responsibility of the man for his actions. If it were not so, Dr. Pritchard ought to be acquitted on the ground of insanity; and, perhaps, it is only due to the baseness of the passion which was the cause of his crimes that no such plea has been advanced on his behalf. The different character of the predominant motive cannot destroy the fact of the crime, though it may mitigate its guiltiness, and be admitted as a reason for an alleviation of punishment; but, however that may be, a protest ought to be made against the tendency of juries to find a man insane because he does an act out of the usual order, or is swayed by a passion which better regulated minds are able to control."

Surely, the argument of the *Times* is here manifestly defective. The *Times* admits, that the man may be mad to such an extent as to mitigate the guiltiness of his crime. But this admission involves the whole question at issue; viz., what is the extent of his insanity (or, as the *Times* euphoniously puts it, "what is the character of the predominant motive?"); and in what corresponding degree is his punishment to be mitigated?

This is assuredly the very question which requires to be answered; the very soul of the whole argument is there. In its correct answer, and in it alone, can be found the degree of criminality which attaches to the murderer. But hereon the *Times* is wisely silent. It is contented with the following patent contradiction in terms: the condemnation is right, but it is not right to carry out the condemnation.

To give our readers a correct idea of the legal view of insanity, we think we may usefully insert

here a letter from the pen of a distinguished member of the Bar, written in reply to an article on Criminal Insanity which appeared some time since in this JOURNAL.

"My dear ———,—I thank you for sending me a copy of the BRITISH MEDICAL JOURNAL of the 28th of March, containing an article on 'The Hanging of so-called Criminal Lunatics'; with almost every word of which I entirely and heartily disagree.

"The proposition for which you contend, stated in logical form, would stand thus:

"Every lunatic is irresponsible for his acts. Burton was a lunatic. Therefore Burton was irresponsible for his acts.

"By the word 'irresponsible', I mean irresponsible in law, and, therefore (to use Lord Wensleydale's word), 'dispunishable'.

"It would be sufficient for me to shew that either of your premises is untrue. But I do more. I deny them both.

"The proposition, that every lunatic is irresponsible for his acts, is most clearly not law. In order that a man may be irresponsible for his acts, he must labour under such a defect of the mental powers (or, to put it in one word, under such delusions), as *either* not to know the nature of the act he does; *or*, not to know that it is wrong.

"This is the *rule*, as laid down by the judges and adopted by the House of Lords, by which every tribunal in the country is bound. No one will contend, that every lunatic is in such a state of mind as this. Therefore, it is not true, that every lunatic is irresponsible for his acts.

"Your second proposition assumed as a fact, just that point which the jury had to try, and which they most properly negatived by their verdict. Upon this point, it would be manifestly absurd to take any other ground than that which was taken for the prisoner upon his trial. You may be very certain that, on such an occasion, counsel and attorney do their very best, and know a great deal more about the strength or weakness of their case than others can possibly know. Now, the highest ground which could be taken, was that put forward by the medical witness examined on his behalf. That gentleman had had very considerable experience in cases of lunacy; and the substance of his evidence was this. Burton, he said, perfectly well knew the nature of every act he did, and the difference between right and wrong; but was labouring (as the witness supposed) under an irresistible impulse to commit murder. This testimony, as to the absence of any delusion, was fully confirmed by the medical officers of the gaol, who had examined him with very great care on many occasions; and declared that his mind was perfectly free from any delusion whatever. It is true, that one of the latter gentlemen made a slip on cross-examination. He said, that he should consider a person who committed a murder in order that he might be hung, to be under a delusion; but it was manifest, that he used the word 'delusion' accidentally, and not really meaning to do so. For I must remark, that the word 'delusion' has a precise and definite meaning; it means 'the belief in the existence of something which has no existence, and the acting on that belief.' Now, it was manifest, that a person who committed a murder that he himself might be hung was not necessarily labouring under any delusion. Of course, such an act might be perfectly consistent with the existence *of delusions on other subjects;* but as to the act itself, it is clear that there is no delusion. The very reason he gives, shows that he knows, first, that what he does is murder, and, secondly, that murder is wrong. This is, in fact, the argument which you protest against as unreasonable, and which you assert condemned the youth, and as to which you say: 'Here, then, as a climax to a *reductio ad absurdum*, we have the solemn judicial assurance, that the commission of an act of murder for the purpose of being hanged, is not and cannot be founded on a delusion—any false, mad, lunatic idea. Where did the judge learn this?' Now, the answer to this is two-fold. Firstly, where did you learn your definition of the word 'delusion'? It does *not* mean 'any false, mad, lunatic idea.' It *does* mean what I have stated above. If it did mean what you assert, it could never be used as a test of insanity; because the very term itself would presuppose insanity to be known, and the application of it would be merely arguing in a circle. Secondly, Mr. Justice Wightman does not say that the commission of murder for the purpose of being hanged, is not and cannot be founded on a delusion. He only says so of a case in which the existence of any delusion has already been distinctly negatived by the prisoner's own witness, and in which it was sought to convert the desire to be hung into a delusion.

"Equally unreasonable is your attack on the law which, you say, 'condemns the man by *assuming a position which is utterly incapable of proof;* viz., that the man knew right from wrong when he committed the murder. It rejects with derision the united experience of all great minds and authorities that have dealt with the subject. Yes; the law sitting on the judgment seat declares, through the mouth of Judge Wightman, "*homicidal mania* shows no delusion; it merely shows a morbid desire for blood. Delusion meant the belief in what does not exist."' And you proceed, 'We have Judge Wightman's word for it, that the man who exhibits a maniacal thirst for blood is free from all delusion; that no delusive ideas impel or excite him to the homicidal acts; he is not driven on to their performance by a belief in things which do not exist; he does them, we may suppose, simply from a love of the thing, from want of a better employment, and so forth! But how did the learned judge become possessed of this momentous secret?' etc. I need not continue the quotation.

"Let us examine it leisurely. It is quite true, that the law assumes that every person is of sound mind until the contrary be made to appear. Now, would you seriously support the proposition, that the assumption ought to be reversed; and that every man ought to be assumed to be *insane* until the contrary appear? Do you mean, that every *murderer* must be presumed to be insane until the contrary appear? Unless you mean one of these two things, you have no right to question the reasonableness of the *primâ facie* assumption, that every man is sane. I cannot suppose you mean the former; and it is almost equally difficult to believe that you mean the latter. For why is the proposition to be applied to the murderer, more than to the burglar, the garrotter, the housebreaker, the thief, the receiver of stolen goods, and so by degrees to every one who, to the slightest extent, diverges from the path of absolute rectitude? Surely, you do not mean, that the 'united experience of all the great minds and authorities that have dealt with the subject' points in this direction.

"Then, as to the language you have put into the mouth of Mr. Justice Wightman. I can only say, that that most learned and admirable judge never said anything like it, or anything which the most perverse ingenuity could torture into the meaning you have put upon it. He was not laying down the general proposition, 'homicidal mania shows no delusion'; and the fallacy which pervades the whole of your strictures on the law as laid down by him, con-

sists in taking his language as applied to the particular case and applying it to all cases universally. Mr. Justice Wightman nowhere says, that a man who exhibits a thirst for human blood (I drop the word 'maniacal', because the use of it assumes the very proposition that has to be determined), is under no delusion. What he does say is, that it must be presumed that he is not under any delusion until it be shown affirmatively that he is; and that, in a case where the existence of any other delusion is negatived, the commission of murder from a desire to be hanged is not proved to be founded on delusion.

"But I must advert to two other points. First, the ground taken by the medical witness for the prisoner. That gentleman (who was an expert in every sense of the word, for he had been specially connected with lunacy questions in some official position) accounted for the commission of the offence on quite a different ground. He attributed it to an *irresistible impulse*, to which the prisoner could not help yielding. This, you observe, is a very different thing from committing murder from a desire of being hung. He probably took that line, because he knew very well that the other ground was untenable. But the answer is easy. The law does not recognise uncontrollable impulses. A man, sane in other respects, *must* control himself, or take the consequences. The second point is the alleged insanity of the mother. This has nothing to do with the matter, unless one of the two following propositions be true.

"1. If a mother be insane, all her offspring are necessarily insane.

"2. If a sane man commit a murder, he shall not be punished if his mother be insane.

"I deny them both; and should like to meet the man who would have the hardihood to affirm them.

"In conclusion, I will only say, that I feel well satisfied that, even on a commission *de lunatico inquirendo*, Burton would have been found to be of sound mind; although, even otherwise, it would not by any means follow that he would be irresponsible for criminal acts. Even the sensible lunatic you mention (an inmate of Bedlam), who had hid his poker under his bed, might be hung for the murder he committed. Probably he ought to have been.

"Yours, etc."

The following is the reply that was privately sent to the writer of the above letter. We reproduce it, because it contains the main arguments which can be adduced to show the incorrectness of the present and accepted legal definition of insanity.

"My dear ———,—I cannot say of your letter as you say of the article, that it is rubbish, because I think it is, in one sense, a very good one; but I must say this of it, that it runs and argues quite wide of the mark. You labour to prove what I never disputed and readily admit; viz., that the judges, in ordering certain criminal lunatics to be executed, only carry out the law as laid down for their guidance. What I do, is to dispute the humanity and moral justice of the law which prescribes such (as I view it) an outrageous proceeding. I mean outrageous to humanity and science. The matter stands thus:

"You consider, that lunatics who know they are committing a crime when they commit murder ought to be hanged. I do not. You consider, that a man who may properly be made a lunatic, as regards the custody of his person and the management of his estate, may still be considered sane and liable to the penalties of criminal law. I do not. You consider, that a man who has an irresistible impulse to kill (for example) his own son, who is horrified at the thought of his being the victim of such an impulse, and who seeks the restraint of a mad-house, in order to prevent his carrying out the impulse, ought to be hanged if he does manage to commit murder. I do not. You consider (though, if you were a married man and your wife were the victim, I think your logic would hardly hold you good), that a mother seized after childbirth with temporary mania, marked mainly by an irresistible impulse to kill herself or her innocent infant, should be hanged if she effected the deed. I do not.

"You see, therefore, that we differ not about facts, but in matter of opinion. You maintain the virtue and excellence of the law as it stands. I accuse the law of ignorance and inhumanity.

"Every authority in every country, who has ever dealt with insanity, and daily experience, assure me, that homicidal mania and moral insanity are positive facts; that there do exist, in fact, conditions of the human mind, in which men, the subjects of such conditions, are driven on, under uncontrollable impulse, to the doing of murderous acts, knowing the while that the acts are wrong. And reason and humanity tell me, therefore, to be merciful in such a case. Reason tells me, that when the mind is mad in one particular, it can scarcely be held as sound in any other; and humanity would teach me to be merciful to those who are the victims of impulses, which may one day afflict myself.

"I maintain, that the law, in this matter, is not in accordance with the teachings of science and of humanity; and I am quite willing to be called an humanity-monger in saying so. I fully admit, that the world—*vox populi*—is not yet ready for the humane view of the case; but I also know, that the world and the legislature have always lagged far in the rear of science and humanity. Society, about fifty years ago, was thought 'in danger' (as Mr. Justice Wightman would say) unless a woman was hanged for stealing half a yard of lace on Ludgate Hill, and unless hecatombs of starved yokels were annually strung up for sheep-stealing. Men were called humanitarians in those days who objected to such atrocious cruelty; nevertheless, humanity has carried the day. And so it will in this case, as people become more advanced in science and civilisation. I am sure you will agree with me, that the general tendency of our criminal law, as recorded historically, has ever been to treat crime with the most brutal severity. I fancy no greater proof of our progress in civilisation could be given, than the present scale, compared with its former state, of our criminal punishments. But I would suggest to you, that the tendency to a brutal severity may still linger in the code.

"Summed up in a word, my view is this. In all cases of murder in which there appears a reasonable pretence for the setting up of the plea of insanity by the murderer, let an expert—not an ordinary medical practitioner—be called on by the Government to test his mental condition. To throw the burden of proving his innocence of being sane on a lunatic seems to me rather hard lines—not exactly logical, as you would say. Let the plea of insanity be judged of, as it is in ordinary cases. Is the criminal's mental condition such as would warrant his being taken charge of under the law of lunacy? If two medical men can honestly commit him to the charge of a keeper of lunatics, let him be free of the hangman. Confinement for life in a lunatic asylum, some people think, is punishment enough for a criminal, even if he do not happen to be a lunatic.

"Yours ever."

The Privy Council have just issued the same sanitary advice which they issued in 1859, at the time when the cholera was in Hamburg. That a visitation of cholera again threatens us is certain; but its advent, happily, is not sure. It threatened us, but did not visit us, in 1859. Still the Privy Council does well and wisely in hinting to the people that they should set their houses in order, and be prepared for the possible contingency. The two main points insisted on are: 1. To prevent the entrance of epidemic disease through ships into our ports; and 2. To diminish its spread, should it gain admission. But the Privy Council do not advise quarantine against vessels arriving from countries where cholera is raging, because it is very doubtful whether it affords any protection against diseases of this character. They urge, however, that hospitals should be provided at every port for the treatment of sailors who may suffer from cholera. The means recommended for diminishing the spread of the disease is proper attention to the ordinary hygienic rules which are still so grossly neglected all over the country, notwithstanding the efforts of philanthropic sanitarians. What those measures are, we need not stop to tell our readers.

The following is the *Court Circular* report of the Queen's visit to Netley on the 20th instant.

"Osborne, July 21. Her Majesty visited the Royal Victoria Hospital at Netley yesterday afternoon. The Queen landed in front of the hospital at a quarter before seven o'clock. Colonel Wilbraham, C.B., and the officers of the establishment, were in waiting to receive Her Majesty. A large number of convalescents were drawn up near the entrance for the Queen's inspection. Her Majesty went through many of the wards, addressing a few words to the sick, and inquiring into their cases. The Queen returned to Osborne at half-past eight o'clock."

Inspector-General Jameson, M.D., is of higher relative rank in the army than Colonel Wilbraham, but is by regulation subordinate to him, as he would be if Colonel Wilbraham were an ensign only. But Inspector-General Jameson received Her Majesty on landing, together with Colonel Wilbraham; accompanied her through the wards of the hospital; and, in his capacity of the principal medical officer, explained to the Queen the nature of the cases of the inmates, and replied to her inquiries respecting them, either personally or by means of the medical officers acting under his orders. Is it in human nature that the medical officers of a large hospital should thus see the presence and name of their principal ignored without feeling the slight? And can the medical profession at large fail to observe of how comparatively small account professional men are held to be—even in the place of their own peculiar action, a hospital—by the Court functionaries whose business it is to make public Her Majesty's movements? No such distinction was made by the Queen herself.

The French journals announce the death of M. Bauchet, surgeon, of Saint Antoine, from a poisoned wound of finger resulting from dressing a purulent sore of a patient. A writer in *L'Union Médicale* says:

"If he had performed his hospital dressing with chloride of sodium, permanganate of potass, or alcohol, we should probably not have had to deplore the death of this young and deserving *confrère*. In 1831, I punctured my finger while dissecting. Notwithstanding caustic and fomentations, I had, two days afterwards, shiverings, headache, nausea—all the signs of purulent infection. I went to Breschet for advice; and he said, 'Go at once to the Café Procope, order half a bowl of punch, drink it burning hot, and run home to bed.' I followed the prescription to the letter, and was, in fact, helped home by two friends. It was the only time in my life I ever got tipsy. I slept fifteen hours, and during the whole time sweated profusely. On the following day, all the symptoms of septicemia, as M. Piorry would say, had disappeared."

Professor Grohe, in Virchow's *Archiv*, 1865, gives long and interesting observations on the movements of spermatozoa, under very high powers of the microscope (812 to 1,300 lin.) In the broad part of the spermatozoon—the so-called head—change of form and contractions were observed, so varied and rapid as be almost incapable of description or representation. The head became smaller, round, oval, biscuit-shaped; and then returned to its original state. Each contraction of the head was immediately followed by a more or less active movement of the tail. Professor Grohe satisfied himself that the spermatozoon consisted of two distinct parts—a structureless covering, and contractile contents. The contractile part presented no appearance of structure, nor any granular forms.

A Banting Mania, the *Vienna Medical Journal* tells us, is at present raging in Vienna. There is not at present a house in Vienna wherein some dweller cannot be found worshipping Banting.

The Queen's College, Birmingham. At a meeting of the council and the committees of council of the arts and theological departments held on Monday last, the Earl of Lichfield, the principal, in the chair, the Mayor, the Venerable the Archdeacon of Coventry, the Hon. and Rev. the Rector of St. Philip's, the Dean of the Faculty, the Senior Physician of the Queen's Hospital, Messrs. J. Suckling, and Isaac Trow, Professors Clay, Chamberlain, Johnson, and Suckling being present, the Rev. T. E. Espin, formerly Fellow and tutor of Lincoln College, Oxford, and Vicar of Hadleigh, was unanimously elected President Warden. It was resolved to remove from the Crescent the theological department to within the college walls, and to give increased facilities to junior resident medical students, to enable them to prepare themselves, under the direction of the resident medical tutor, for the arts examination now required by all the medical examining boards. At the same meeting the Principal submitted a financial scheme, under which the college may be made self-supporting. His lordship's plan was cordially approved. The appointment of Professor of Medicine has been declared vacant.

Special Correspondence.

NORWICH.

[FROM OUR OWN CORRESPONDENT.]

A LONG time has elapsed since I last forwarded any communication from this district, for, indeed, but little has occurred that was likely to be of much interest to your readers. Lately, however, several subjects have been under the consideration of the governors of our Hospital, which have excited great attention; and there can be little doubt that the increasing desire for improvement in the Institution will tend very much to keep it in the foremost ground as a provincial Hospital.

One liberal donor has erected, at his own expense, a very neat and appropriate chapel over the Board-room, in the centre of the building, with separate entrances for males and females, and furnished with every requisite for the convenience of the patients. Now that we have such a desirable addition to the Hospital, the wonder is that we could have gone on so long without it.

Another alteration recently effected is, the fitting up one of the wards as a "model ward"; and this, too, has been done through the liberality of one of the governors, in remembrance of his deceased lady, whose Christian name the ward bears. The principal distinctive features of this ward are, that the walls are coloured instead of whitewashed, and painted wainscot a few feet from the floor; they have also several texts of Scripture painted upon them. The beds are without posts and curtains, with sliding boxes for clothes. There are also new bedside boxes, bed head-brackets, moveable screens, pictures, books, diaphone, and hair mattresses instead of straw. There are dispensing sideboards and cupboards for the ordinary dressings and lotions in daily use, and for the patient's medicine, etc.; new coal-boxes, stuffed benches, convenient waterclosets, and a small room partitioned off for the nurse, who is an educated trained nurse from St. Thomas's, and wears a distinctive dress. The whole appearance of the ward is that of warmth, neatness, and comfort; and it is hoped that other wealthy governors will follow the example of the worthy Baronet, who has been the first to test the value of a model ward and trained nurse in our Hospital.

Another interesting question now on the *tapis* is, the desirability or otherwise of attaching convalescent wards or rooms to the Hospital; whether, in fact, such wards are beneficial to the patients, or whether, as Miss Nightingale says, they are more injurious than useful. A committee has been for several weeks paying considerable attention to the subject; but although they almost unanimously decided that *some* provision ought to be made for convalescent patients, and so admitted the principle, they could not at all agree as to the best way of carrying it out. Some thought a day room for each sex would be beneficial, not only to those who were well enough to make use of them, and thus breathe for a few hours daily a purer air than that in their own wards; but also to the sick or bedridden who would be left behind, and who, in the absence of the convalescents, would have a larger number of cubic inches of air for respiration. Others thought that the addition of such wards would be worse than useless; and agreed with Miss Nightingale that, when the patients were sufficiently recovered to make use of them, the sooner they were removed from the Hospital altogether the better. But the more general feeling appeared to be in favour of (if funds could be raised sufficient for the purpose) the establishment of a branch at the seaside, to which to draft such convalescents from the Hospital as would be likely to be essentially benefited by such a proceeding. Perhaps you, or some of your readers, may be able from experience to enlighten us in this matter; and our JOURNAL would be a very fit vehicle for any information that could be supplied by those who are interested in this somewhat difficult but important problem.

Perhaps, too, you may be able, through the JOURNAL, to insure a thorough ventilation of the subject of Provincial Schools of Medicine; for, with the present rules of the principal Examining Bodies, something appears necessary as a provision for students at the commencement of their studies, that may prevent the necessity of sending them at the very beginning of their medical course, and at an early age, into the excitement and temptation of the metropolis, away from the care and companionship of their natural protectors. Medical education is now understood to commence from the time of *entering a recognised medical school*, and after passing an examination as to a sufficient preliminary general education. Then, according to the regulations of some bodies, five years, and of others four years, have to be spent in the pursuit of medical knowledge before a qualification for practice can be obtained. Now, when we consider how much preparatory medical information can be obtained in the provinces, without removing young gentlemen to a distance and beyond the control of their parents, and how much opportunity for imparting professional knowledge lies fallow at our provincial Hospitals, I cannot help thinking that if provincial Hospitals were recognised as *schools* preparatory to, and not in competition with, metropolitan schools, teaching the elements of Chemistry, Anatomy, Materia Medica and Pharmacy, for the first year, or first two years, of the term required for the professional curriculum, it would be a most advantageous arrangement for all parties concerned.

SIR E. HOME'S PRACTICE. Mr. Home never had a *very large* practice such as corresponded to his reputation. One year, and that was before I knew him, he had received about £6,700 in fees. This was much less than what Mr. Cline, or Sir Astley Cooper, or myself have received since; but his income, while I knew him, never, I imagine, amounted to £5,000, and as he had a large family and lived expensively, he had nothing to spare out of it for others. (*Sir B. Brodie's Autobiography.*)

Scientific Notes.

ACTION OF PETROLEUM ON THE HUMAN SYSTEM.

Landerer relates the case of a man who swallowed a quantity of petroleum, the greater part he vomited again. It caused a strong burning sensation in the tongue and throat, which were reddened and became swollen. The stomach and bowels were also affected, and slight gastroenteritis ensued. For several days the urine and sweat smelt strongly of the oils, and the odour was specially strong under the arm-pits. The patient was very weak for a time, but recovered. (*Chem. Central Blatt.*)

SEAT OF RESPIRATORY OXIDATION.

M. Estor and Saintpierre have lately performed experiments on the seat of respiratory combustion. Where is the oxygen which is taken up by the blood in the lungs used up? In the general torrent of the circulation, the authors state; and by an examination of the blood of the carotid, renal, splenic, and crural arteries, they have shown that the further you go from the heart for the blood the less oxygen you find in it. In the arteries they state that only direct oxidation takes place in consequence of the absorption of the gas, and indirect oxidation from the splitting up of compounds. In the capillary and venous systems, however, the oxidation proceeds to the complete destruction of the compounds.

CARBONIC ACID IN AIR.

Leblanc was one of the first experimenters who entered upon the examination of the air of houses, theatres, etc., and remarked in these the diminution of oxygen and the great increase of carbonic acid. In the air of a bedroom he found more than one per cent. of carbonic acid (by weight), and in the Opera Comique 0·43 per cent. In the pit of the Theatre Royal of Manchester Dr. Smith found 0·27 per cent., and at the ceiling of his own study 0·156 per cent. of carbonic acid. In the pit of the Standard Theatre, London, Dr. Bernays found 0·32 per cent., and even in an office in Chancery Court, at three feet from the ground, 0·2 per cent. (by volume). Pettenkoffer made many analyses of the air of inhabited places in Munich, and found as much as 0·536 of carbonic acid in some. He also studied the effects of breathing air so contaminated, and came to the conclusion that "1 per 1000 marks the limit of good and bad air, and that those who can plead for more have lost the refined use of their senses."

XANTHIN IN THE URINE.

Dr. G. Durr, after bathing in natural sulphuretted waters, found xanthin in his urine, and also in the urine of a patient who had had strong sulphur ointment rubbed into his skin, but not after taking milk of sulphur into his stomach. He gives a simple process for detecting xanthin in urine. This fluid is precipitated with caustic baryta, the filtrate is carefully neutralised, and then a solution of corrosive sublimate added; a white flocculent precipitate shows the presence of xanthin.

THE NUTRIMENTS OF YEAST AND THEIR RELATIVE VALUE.

Leuchs details a number of experiments undertaken to discover upon what food, and under what circumstances, the yeast-plant becomes most developed. A solution of twelve to fifteen parts of sugar in a hundred parts of water is most advantageous for fermentation.

MAGNESIUM.

At the Sorbonne, lately, M. Troost delivered a lecture "On Magnesium and its Applications." After describing its manufacture, he showed the light of magnesium itself, and then of the zinc and magnesium twist devised by M. Leroux. These two metals burn together freely; the light seems to equal that of magnesium by itself, and is of course much more economical. M. Troost said that a wire, 97 *millimètres* long and one-third of a *millimètre* thick, gives the light of 64 candles. He also showed an unpublished experiment of MM. Deville and Caron, who have discovered that magnesium instantly decomposes the vapour of water. If a current of steam is passed into a tube containing fragments of the metal the hydrogen may be burnt at the opposite extremity.

ABSORPTION OF SULPHURETTED HYDROGEN.

Dr. Demarquay has shown that when sulphuretted hydrogen is injected into the cellular tissue the gas is quickly absorbed, and in a very short time is eliminated unchanged from the lungs, and may be detected by putting a piece of lead paper under the nose of the animal. The gas, however, cannot be detected in the blood by lead paper, which would indicate that it becomes in some way combined. When a small dose only is injected the elimination is slow, and inflammation of the bronchi and trachea is observed; but with a large dose the animal is quickly killed, and active congestion is observed.

ENTOMOLOGICAL PREPARATIONS.

Mr. Gerber employs an etherial solution of carbolic acid with ten per cent. of the latter, which he finds to effectually protect the insects even in a place infested with ants. He recommends the solution especially therefore to entomologists making collections in hot countries.

IGNITION BY ACIDS.

M. H. Deville showed the following experiment at a recent meeting of the Academy of Sciences. He ignited a stick of charcoal by dipping it into a mixture of monohydrated nitric acid and fuming sulphuric acid. The ignition took place instantaneously.

VOLUMETRIC DETERMINATION OF IRON IN THE BLOOD.

M. Pelouze takes a given weight of blood, dries it carefully, incinerates the residue, dissolves the ash in hydrochloric acid, and then estimates the iron by Margueritte's process. He gives a table of the amount of iron in 100 *grammes* of the blood of various animals, and states by way of summary that, if he is not deceived, there is in 1000 parts of the blood of birds from three to four parts of iron, and in the blood of mammals from five to six parts. (*Chemical News.*)

ALKALINE FERMENTATION OF URINE.

Schönbein points out the existence of a ferment in normal urine, and shows that the thread-like fungus which deposits in stale alkaline urine is, after well washing, capable of immediately setting up the change in fresh urine. The odour of decomposing urine he believes to arise from the decomposition of a sulphur compound, a natural constituent of the fluid already noticed by Stadeler and Pettenkofer.

ALLYLAMIN.

Dr. Oeser states that by treating mustard oil with hydrochloric acid and zinc, he obtained *allylamin*, a colourless liquid with strongly ammoniacal smell, provoking tears and sneezing, tasting acrid, boiling at 58° C., dissolving in water in all proportions, giving a strongly alkaline solution, which behaves like ammonia.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.
President-elect—S. J. JEAFFRESON, M.D.Cantab.

All Meetings will be held in the College Buildings, Binswood Terrace; except where otherwise mentioned.

TUESDAY, *August 1st.*

12 NOON. Meeting of Directors of Medical Provident Society.
1.30 P.M. Meeting of Committee of Council.
3 ,, Meeting of General Council.
8 ,, First General Meeting of Members.
The retiring President (Dr. Paget) will resign his office.
The new President (Dr. Jeaffreson) will deliver an Address.
The Report of the Council will be read.
The Report of the Medical Provident Society will be presented.
Election of General Secretary.
Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, *August 2nd.*

8.30 A.M. Public Breakfast at the Pump-Room. Tickets 2*s.* 6*d.* each.
10 A.M. Meeting of the Council.
11 ,, Second General Meeting of Members.
Discussion on Report of Council, and other subjects connected with the Association.
Adjourn at One o'clock for Luncheon.
2 P.M. Third General Meeting of Members.
Presentation of Hastings Medal.
Address in Medicine by Professor STOKES, M.D., D.C.L.
Papers, etc., on *Medical* subjects.
Adjourn at 5 P.M.
8 P.M. *Soirée* at the Pump-Room.

THURSDAY, *August 3rd.*

9 A.M. Meeting of new Board of Directors of the Medical Provident Society.
10.30 A.M. Fourth General Meeting of Members.
Report of Medical Benevolent Fund will be presented.
Discussion on subjects in Scientific Medicine, selected by the Committee of Council; viz., 1. Are there any Antecedent Conditions influencing the Production of Cancer? [This discussion will be opened by CHARLES H. MOORE, Esq., Surgeon to the Middlesex Hospital.] 2. Is there any foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment? [This discussion will be opened by B. W. RICHARDSON, M.A., M.D.]
Adjourn at One o'clock for Luncheon.
2 P.M. Fifth General Meeting of Members.
Address in Surgery by Professor SYME.
Papers, etc., in *Surgery* and *Midwifery*.
Adjourn at 5 P.M.
5 P.M. Cold Collation in the Jephson Gardens, by invitation of the Town authorities, to be followed by a *Fête*.
8.30 P.M. *Conversazione* at the Pump-Room, by invitation of the President, Dr. Jeaffreson.

FRIDAY, *August 4th.*

10 A.M. Sixth General Meeting of Members.
Discussion on subjects relating to State Medicine and Public Health selected by the Committee of Council; viz., 1. What measures should be advocated by the Association for securing an improved position to the Medical Scientific Witness in Courts of Law? [This discussion will be opened by JOHN A. SYMONDS, M.D., F.R.S.E., of Clifton.] 2. Why are Sanitary Measures not always followed by a Reduction of Mortality? [This discussion will be opened by W. TINDAL ROBERTSON, M.D., of Nottingham.]
Adjourn at One o'clock for Luncheon.
2 P.M. Seventh General Meeting of Members.
Papers and Cases in Medicine, Surgery, and Midwifery, with discussion thereon.
6 P.M. Public Dinner at the "Regent" Hotel. Tickets One Guinea each. Gentlemen intending to be present at the Dinner, are requested to give notice to the Honorary Local Secretary, THOMAS EBBAGE, Esq., 6, York Terrace, Leamington.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room at the College, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

The principal Hotels are the "Regent", the "Clarendon", the "Bath", and the "Crown".

Members who wish for information previous to the Meeting, may communicate with THOMAS EBBAGE, Esq., the Honorary Local Secretary.

The public will be admitted, on application to the President, to attend the discussions on Scientific and State Medicine on the mornings of Thursday and Fridays.

Notices of Motion. Dr. PAGET will move to alter Law VIII, by inserting the words "President-elect" after the words "President for the year".

Dr. HENRY will move: "That a Committee of this Association be appointed to inquire into the present system of Poor-Law Medical Relief, and to ascertain whether any, and what, alterations are required therein in order to ensure the efficient treatment of the sick poor and the just remuneration of the Poor-law Medical Officers.

"That the Committee be desired to report the result of their labours to the next annual meeting of the British Medical Association; and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the Legislature and on the Poor-Law Board."

Dr. MEAD will move resolutions relative to Poor-Law Medical Relief. (See Report of Cambridge and Huntingdon Branch, July 8th, p. 23.)

Dr. RICHARDSON will move: "That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections.

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

Dr. DAVEY will move:—"That, with the view of dividing the present responsibilities of the Editor of

the JOURNAL, and with the view of improving the general tone and management of the said JOURNAL, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character."

The REV. Dr. BELL, M.D., will move as an amendment to the motion of Dr. Davey in relation to the JOURNAL:—"That it is inexpedient to disturb the existing arrangements with regard to the JOURNAL—(*a*) because Dr. Markham has proved himself quite equal to the responsibilities devolving upon him; (*b*) because the tone and management have gone on improving; and that general support and sympathy from the members of the Association, especially of those connected with the public medical and surgical institutions of the kingdom, are alone wanted to make the JOURNAL an organ suited to carry out the principles upon which the Association is founded."

Mr. ROBERT B. CARTER will move:—"1. That the continued publication of the BRITISH MEDICAL JOURNAL is unnecessary and inexpedient; and that it may with advantage be replaced by a journal that shall not absorb so large a proportion of the income of the Association, and that shall be directed with a view to increase knowledge, and to promote better legislation, on questions of public hygiene and of state medicine.

"2. That a Committee of five Members of the Association be appointed to consider the best way of giving practical effect to the foregoing resolution, and to report to the present Meeting."

Dr. A. RANSOME gives notice of motion:

"That a Committee be appointed to encourage the Registration of Disease, and to devise the best means of obtaining the evidence of members upon medical questions having a practical bearing."

Dr. STEWART will move: "That this meeting sees no reason to dissent from the strong and very general verdict of condemnation, which was pronounced, in 1854, on the practice of publishing the Biographies of Living Members of the Medical Profession."

Papers have been promised by—

FURNEAUX JORDAN, Esq. (Birmingham): On Abscesses of the Abdomen.

M. MACKENZIE, M.D. (London): On the Inhalation of Atomised Liquids; with a Description of a new, cheap, and portable Atomiser.

ALEXANDER FLEMING, M.D. (Birmingham): The Treatment of Stoppage of the Bowels; with special reference to the use of Atropia and Galvanism.

J. VOSE SOLOMON, Esq. (Birmingham): Impairment of Vision of *ancient* date, cured by removal of a *recently* disorganised and blind Globe; Case.

J. K. SPENDER, Esq. (Bath): A Case of Progressive Muscular Paralysis of the Tongue, Soft Palate, and Lips.

J. K. SPENDER, Esq.: On the Treatment of Ulcers of the Legs.

J. G. DAVEY, M.D. (Northwoods, Bristol): On Life Insurance Offices and Suicides.

T. P. TEALE, jun., Esq. (Leeds): On Extraction of Soft Cataract by Suction; and on Suction-Curettes.

BALMANNO SQUIRE, Esq. (London): On Animal Parasite Diseases of the Skin.

G. D. GIBB, M.D. (London): The First Attempt in England to remove a Growth from the Larynx through Division of the Pomum Adami.

WILLIAM BUDD, M.D. (Clifton): The Siberian Cattle Plague; or, the Typhoid Fever of the Ox.

JONATHAN HUTCHINSON, Esq. (London): Notes on Injuries near to Joints in Children.

THOMAS NUNNELEY, Esq. (Leeds): On the New Forms of Anæsthetics.

J. MARION SIMS, M.D.: On the Influence of Uterine Displacement on the Sterile Condition.

C. B. RADCLIFFE, M.D. (London): A few words against the Habitual Use of Purgatives.

J. Z. LAURENCE, Esq. (London): Will exhibit and explain a series of Ophthalmic Instruments of his own invention.

OFFLEY SHORE, M.D. (Stamford): Will exhibit a Pocket-Lamp and Lens for the Laryngoscope.

B. W. RICHARDSON, M.D. (London).

In order to facilitate the business of the Meeting, it is particularly requested that all papers be sent to the General Secretary, on or before the 25th of July, if possible.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, July 20th, 1865.

THE ANNUAL MEETING: CONVERSAZIONE.

DR. JEAFFRESON, President-elect, presents his compliments to the members of the Association who may meet at Leamington, and begs the honour of their company at a *Conversazione* at the Pump-Room, on Thursday, August 3rd, at 8.30 P.M.

SOUTH-WESTERN BRANCH: ANNUAL MEETING.

THE annual meeting of the South-Western Branch was held at the Westward-Ho Hotel, Northam Burrows, near Bideford, North Devon, on Thursday, the 22nd June last; THOMAS L. PRIDHAM, Esq., President, in the chair. There were also present—M. Cooke, Esq. (Barnstaple); P. G. De la Garde, Esq. (Exeter); J. R. Elliott, L.K.&Q.C.P. (Lynton); C. Radclyffe Hall, M.D. (Torquay); F. Mackenzie, Esq. (Tiverton); F. Metcalfe, Esq. (Torquay); C. B. Nankivell, M.D. (Torquay); A. J. Newman, Esq. (Barnstaple); H. B. Norman, Esq. (Southsea); W. Pollard, Esq. (Torquay); H. C. Pridham, Esq. (Paignton); W. Risdon, Esq. (Dolton); J. C. H. Roper, Esq. (Exeter); A. J. Scott, M.D. (Tiverton); J. S. Smith, Esq. (Tiverton); R. R. G. Thomas, M.D. (Tiverton); J. Thompson, M.D. (Bideford).

After a few remarks from the retiring President, Dr. NANKIVELL, the chair was taken by T. L. PRIDHAM, Esq., President-elect, who delivered an address, which is published at p. 87 of the present number.

Resolutions. The following resolutions were carried.

Proposed by F. MACKENZIE, Esq., and seconded by W. POLLARD, Esq.—

"That the thanks of the meeting be given to Dr. Nankivell for his services as President during the past year."

Proposed by P. C. DE LA GARDE, Esq., and seconded by Dr. THOMAS—

"That the best thanks of the meeting be given to T. L. Pridham, Esq., for his address."

It was resolved unanimously—

"That the annual meeting of this Branch for the year 1866 be held at Launceston; and

"That David Thompson, Esq., of Launceston, be requested to act as President-elect for that year."

It was also resolved—

"That the Secretary be re-elected; that D. Thompson, Esq., Launceston; S. Felce, Esq., Launceston; J. Whipple, Esq., Plymouth; Dr. C. Barham, Truro; Dr. T. Littleton, Saltash; and W. J. Square, Esq., Plymouth, be elected new members of the Branch

Council; and that Dr. Nankivell, W. Pollard, Esq., W. J. Square, Esq., Dr. Barham, and P. W. Swain, Esq., be elected members of the General Council of Association; also, that Dr. Radclyffe Hall and Dr. Littleton be elected Directors of the Medical Provident Fund."

New Members. The following were elected new members of the Association: Jas. Somers, Esq., Boscastle; — Clay, Esq., Launceston; and Fenwick Metcalfe, Esq., Torbay Infirmary.

Dinner. The members then adjourned to the dining room of the Westward-Ho Hotel, where a sumptuous dinner was provided, and every attention paid to the comfort of the members. A very pleasant evening was spent.

EAST ANGLIAN BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th; A. H. Bartlet, M.D., President, in the chair. There were also present—W. Cadge, Esq. (Norwich); B. Chevallier, M.D. (Ipswich); W. Cooper, M.D. (Bury St. Edmunds); C. M. Durrant, M.D. (Ipswich); C. G. Edwards, Esq. (Ipswich); W. A. Elliston, M.D. (Ipswich); R. Faircloth, Esq. (Newmarket); A. Fleming, M.D. (Holbrook); J. S. Gissing, Esq. (Woodbridge); J. W. Goodwin, M.D. (Bury St. Edmunds); W. E. Image, Esq. (Bury St. Edmunds); J. Kirkman, M.D. (Melton); R. Martin, Esq. (Ipswich); J. T. Muriel, Esq. (Hadleigh); G. Moore, M.D. (Ipswich); G. G. Sampson, Esq. (Ipswich).

President's Address. The President delivered an address.

Resolutions. The following resolutions were unanimously carried—

1. "That the thanks of this meeting be given to W. E. Image, Esq., the ex-President, for his services to the East Anglian Branch during his year of office."

2. "That T. W. Crosse, Esq., be the President-elect; and that the next annual meeting be held at Norwich."

3. "That the following members be the Representatives of this Branch in the General Council: J. W. Goodwin, M.D.; E. Copeman, M.D.; R. Faircloth, Esq.; W. E. Image, Esq.; J. Kirkman, M.D.; B. Chevallier, M.D."

4. "That Dr. Chevallier be appointed a Director of the Medical Provident Society."

5 and 6. The first and second of the resolutions proposed by Dr. Mead of Newmarket, at the meeting of the Cambridge and Huntingdon Branch, held at Ely (*vide* Journal, of July 8, 1865, page 23.)

7. "That this meeting desires to express its confidence in Dr. Markham; and hopes the Journal will be continued in its present form."

Medical Provident Fund. The following donations to the Auxiliary Fund were announced: W. E. Image, Esq. (additional), £15:15; A. H. Bartlet, M.D., £10:10; R. Faircloth, Esq., £10:10; B. Chevallier, M.D., £10:10; total, £47:5.

Papers. The following papers were read.

1. On Amputation in Gangrene. By W. Cadge, Esq.

2. On the Commencement of the Climacteric Period in the Male. By C. M. Durrant, M.D.

3. On Polypiform Concretions of Heart; with Case. By J. W. Goodwin, M.D.

4. Case of Acute Rheumatism; Sudden Death. By W. A. Elliston, M.D.

4. Case of Hydatid Cyst of the Liver. By B. Chevallier, M.D.

Dinner. The members and their friends subsequently dined together, the President occupying the chair. The meeting, though small on account of the elections, was considered to have been successful.

Correspondence.

A VINDICATION OF DR. PATERSON IN THE PRITCHARD CASE.

Letter from H. Candlish, M.D.

Sir,—When Dr. Paterson's services were first solicited, it was to visit Mrs. Taylor, whom he thought moribund from what he considered narcotic poisoning, and whose death he could not avert. She was dying—of that he had not the slightest doubt; and the symptoms were like those which would result from narcotic poison. He could, and did, suspect this to be the case; and he did not hush his impression. He refused to certify as to the cause of death (although written to by the Registrar); consulted and took the advice of his professional friends, as to the best and most decided course to adopt; and with characteristic boldness, and with promptitude most praiseworthy, not only refused the certificate, but accompanied that refusal with a letter full of candour and significance, stating that the death of Mrs. Taylor was sudden, unexpected, and mysterious, and underlined these words to give them additional effect and importance. He also distinctly mentioned in that note "that she seemed to be under some narcotic." More than this he was not entitled, nor could be expected, to do. All that he could affirm was, that the old lady appeared to be suffering from the effects of narcotic poison, and that there was room for the suspicion of foul play. This he did with the view of saving Mrs. Pritchard's life, from whose appearance his professional glance gleaned signs of antimonial poisoning; to protect his professional reputation; and, if possible, to detect the poisoner. That these grand results did not follow, is to be attributed to the fact, that the Registrar did not submit the Doctor's communication to the notice of the authorities. Dr. Paterson was called upon to visit Mrs. Pritchard after her mother's death, and his first suspicions were strengthened, if not confirmed. He prescribed for her the appropriate treatment to be adopted; and was waited upon by Dr. Pritchard, who informed him that, under his plan of treatment, she was progressing favourably, and was much relieved by it. Dr. Paterson advised the continuance of the course of medicine he had proposed; was gratified with the intelligence; and naturally concluded that, if Mrs. Taylor was really poisoned by narcotics, and the death of her daughter had been attempted by the administration of antimony, the fact of his refusal of the medical certificate of the cause of death in the case of the former, had aroused fear in the mind of the poisoner, and had driven him from his fell designs upon the life of the latter. This being the case, no doubt, perseverance with the remedies and general plan proposed by Dr. Paterson would lead certainly, if not soon, to a favourable issue. But such was not to be the case; as, not long after this, he was called upon by Dr. Pritchard, to accompany him to see his wife. He did so, and found her terribly worse. He prescribed for her and left, and was summoned the following morning to hurry immediately to see her; but, before he was dressed,

another messenger called to say, that he need not go as Mrs. Pritchard was dead. After this, in consequence of an anonymous letter sent to the authorities—no doubt, by one conversant with the facts of the case—Dr. Pritchard was apprehended.

Such is a brief statement of Dr. Paterson's connection with this awful case; and where, I would ask, is there the slightest foundation for the accusation against him?

What medical man, in a case beset with difficulties so subtle and many, and pregnant with the most momentous results, would have acted so wisely and so well as did Dr. Paterson? Had it not been for the able and bold manner in which he acted in interpreting and expressing the symptoms, although other medical men of eminence were called in, in all human probability the criminal would have escaped, and the ends of justice would not have been vindicated. It is easy now, since fancy has ripened into fact and suspicion into stern reality, to whine and complain that a plan was not adopted to bring righteous law and justice to bear upon the guilty, and save an unsuspecting victim from the treacherous arts of the destroyer. But I contend that, without the gift of omniscience, supernatural revelation, or inconceivable rashness and temerity, no man could have said that the symptoms were the infallible result of poison; and I am convinced that, if any honourable member of our profession had known to a certainty that they were such, and only such, he would as certainly have spoken out without either doubt or fear. Fault has been found with Dr. Paterson by the prisoner's counsel, the Lord Justice Clerk, by the press, by some in the profession, and by many of the people, that Dr. Paterson did not take steps to thwart Pritchard's murderous attempts. This assumes that Dr. Paterson *knew* and was fully convinced that Mrs. Taylor had been, and Mrs. Pritchard was being, poisoned. Dr. Paterson did not know all this, but simply suspected it. He knew his profession, however, too well not to know that vegetable poisons would probably escape detection, even with the help of a carefully conducted *post mortem* and chemical analysis. The disastrous consequences in this event were sufficient to deter any prudent man from incurring a risk so tremendous. Dr. Pritchard would have meanwhile stopped poisoning his wife; ministered to her convalescence; ignored Dr. Paterson's knowledge; attributed to him the vilest motives; and raised an action against him for ruinous damages. He could also have counted upon the support of his friends; and the evidence of the other medical men would possibly also have contributed in his favour.

Now, it may be said that the mere examination of Mrs. Taylor's body was sufficient to confirm Dr. Paterson's opinion, and justify him in exposing this melancholy tragedy. So it may. But who could have foretold such a result? The tongue of malignant scandal did its best to injure and prejudice Dr. Paterson for speaking out so freely as he did; and he was charged with the worst of motives, and the lowest of epithets were launched upon him. He was threatened with punishment, with banishment, and with ridicule; and even those who were more moderate found fault with him for being too out-spoken.

But there is more to be said. The authorities themselves were for a time afraid that the evidence available would prove insufficient to bring home guilt to the prisoner. Had Dr. Paterson either told the authorities or Dr. or Mrs. Pritchard his suspicions, instead of subserving the interests of justice, the very opposite might have resulted. If a trial had been instituted, Mrs. Pritchard would have been allowed to get better for a time. She, her family, her friends, her husband, the other medical men, would have all combated and silenced Dr. Paterson's opinion; and by and by, in another and safer and more scientific way, Dr. Pritchard would have polished off his victim by exhibiting poison more subtle and much more difficult to discover. Indicating his suspicions more than he did to the authorities, or to any other, would not, in my opinion, have given proof of so much judgment, moderation, and discretion. That the other medical men, who had at least equal opportunity for forming and expressing their opinion upon the case, were able and gifted, and yet were perplexed and baffled by the symptoms; that they did not even construe the appearances as due to poison,—shows how much difficulty Dr. Paterson had to contend against, and reflects immense credit upon him as a close observer and a skilful and versed symptomatologist. That he did not go unasked and press his services into the case need not for a moment be wondered at; for, had he even gone, unless he had positively never ceased to nurse the patient, what good would have been effected by his going? But he had no right to go; it was no business of his, so long as the patient and her medical attendant did not wish his services. And, if he had done so, he would have surely weakened the evidence against Pritchard, and identified himself too closely with the case for his own comfort.

This note of praise is merely one sound in a chorus lifted up by many in approval of Dr. Paterson; and it would be well for our profession if it embraced within its pale many like him, so fit to be its ornaments.

I am, etc., H. Candlish.

Alnwick, July 1865.

THE MEDICAL PROVIDENT SOCIETY.

Sir,—In last week's Journal, the mode in which the Medical Provident Society is at present conducted is brought into question, and it is a subject which deserves most careful discussion. Unlike Mr. Steele, who has introduced the subject, I approve most warmly of the objects of the Society, and hope that it may be entirely successful; but precisely because I wish it well, and would desire its efficient guidance, I must agree with Mr. Steele in objecting to the manner in which it is at present connected with our Association.

The constitution of the Society, as it now stands, affords no security to the subscribers for the right administration of their money. The Directors of the Society are chosen, not by the subscribers, who alone have the right of electing their representatives, but by the associates of the several Branches of the British Medical Association, many of whom have not the slightest interest in the undertaking. Moreover, in order to make the management careless and uncertain, the one chief inducement put forward to persuade gentlemen to allow themselves to be made Directors of the Society, is the representation that the office will involve them in no responsibility. And, in fact, the statement is a true one. The Directors are not amenable to the wishes of the subscribers, since these have only had a part share in the election, and they are not responsible to the associates, for many of them have no pecuniary interest in the Society.

It seems scarcely possible to conceive a less business-like arrangement, nor one so likely to lead to careless management of the affairs of the Society, after the first novelty of the interest felt in it has passed away.

Thus far I have spoken of the scheme only so far as it involves the interests of the subscribers; but the members of the Association have a right to be

considered; many of them may justly feel aggrieved at being forced to take part in a scheme of which they do not approve.

It is right that it should be early recognised that the Medical Provident Society, although most laudable in its objects, is yet as purely a commercial undertaking as any other Insurance Society, and as such, the British Medical Association can have no real business connection with it, for it can take none of its pecuniary liabilities, and therefore ought to have no share in its administration.

I am, etc., A. R.

Manchester, July 24th, 1865.

MINERAL ACIDS IN FEVER.

LETTER FROM A. B. STEELE, ESQ.

SIR,—One word in reply to Mr. F. C. Howard, to correct his misapprehension, that I have decried the acid treatment of fever as unworthy of a trial. In the course of my practice, I have not unfrequently given mineral acids in fever; and I have seen that treatment adopted by others. I do not deny, and never have denied, that, in appropriate circumstances, the remedy may be useful. I would decry no remedy in fever; for there are few articles in the materia medica which may not, at one time or another, be suitable to meet the protean symptoms of the disease we are discussing. But I am still sceptical as to any specific influence which either this or any other known remedy is capable of exerting in fever; for reasons which I have endeavoured to show in a paper published in the last volume of this JOURNAL (p. 451).

No reliable conclusions can possibly be drawn from such vague statements, as that "120 cases were treated with hydrochloric acid, and of these not one died." By this mode of reasoning, I could at once establish the pre-eminent success of the non-acid plan; for, during the recent epidemic, I have seen several hundred cases of typhus recover in which no acid was given.

That one uniform plan of treatment should be found suitable to two diseases so essentially different in their pathology and symptoms as typhus and typhoid, appears to me scarcely in accordance with sound therapeutics, and can only be regarded as an illustration of the *post sed non propter hoc* principle.

I am, etc., A. B. STEELE.

Liverpool, July 25th, 1865.

LONGEVITY. The mortality returns for England in the year 1863, which have just been completed, record the death of 213 men and 430 women registered as 95 years old or upwards when they died. Twenty-one of these men had reached 100 or upwards, and one at Chelsea was 109; 62 of the women had also completed a century of life or more, and one in the district of West Derby (Liverpool) was 112 years old. Five men and five women died in the year 1863, who—if the register may be relied on—were born before George III was king. Of the 83 persons who had reached 100, 8 died in London, all of them on the Middlesex side. The north-western division, with its 2,900,000 people, had 7 of these centenarians in its bill of morality; the west-midland division, with its 2,400,000, had 11; Yorkshire, with its 2,000,000, only 4; the south-eastern division, with its 1,847,000, had 5, but the south-western, with its 1,835,000, had 11; the Welsh, with its 1,300,000, had no less than 20; the south-midland, with nearly as large a population, 9; the north-midland, with 1,288,000, only 2; the northern, with 1,150,000, also 2; and the eastern counties, with 1,140,000, 4.

Medical News.

THE QUEEN'S UNIVERSITY IN IRELAND. At a meeting of the Queen's University, held in Dublin Castle, on June 21st, the degree of Doctor in Medicine was conferred on the following gentlemen:—

Alexander, William, Queen's College, Belfast
Bligh, John, Queen's College, Galway
Brown, Henry Thomas, Queen's College, Cork
Catherwood, William Alister, Queen's College, Belfast
Chesnut, Joseph W., Queen's Colleges, Belfast, Cork, and Galway
Comerford, Henry, Queen's College, Galway
Fitzpatrick, Joseph Augustine, Queen's College, Galway
Holden, John Sinclair, Queen's College, Belfast
Raye, Daniel O'Connell, Queen's College, Galway
Smith, David Stewart Hepburn, Queen's College, Belfast

The degree of Master in Surgery was conferred on:—

Bligh, John, M.D., Queen's College, Galway
Comerford, Henry, M.D., Queen's College, Galway
Duffy, Francis, M.D., Queen's College, Belfast
Fitzpatrick, Joseph Augustine, M.D., Queen's College, Galway
Graham, Richard Malcolm, M.D., Queen's College, Cork
Jones, Henry Macnaughten, M.D., Queen's College, Cork
Joyce, Robert Dwyer, M.D., Queen's College, Cork
M'Murty, Alexander Hay Hill, M.D., Queen's College, Belfast
Mullen, Thomas Ffrench, M.D., Queen's College, Galway
Shannon, Patrick John, M.D., Queen's College, Galway

At the examination which had just concluded, the following gentlemen passed the first University Examination in Medicine:—

De Zouche, Isaiah, Queen's College, Galway
Gilmore, Thomas Charles, Queen's College, Belfast
Johnston, William B., Queen's College, Cork
Killeen, Samuel, Queen's College, Belfast
Kingston, Thomas, B.A., T.C.D. (except in Modern Languages), Queen's College, Cork
Macaulay, John, Queen's College, Belfast
Macarthy, James, Queen's College, Galway
Macnamara, William Henry, Queen's College, Cork
M'Clement, Frederick, Queen's College, Belfast
Morgan, Hickman, Queen's College, Cork
Morgan, Rosslewin, Queen's College, Cork
Nelson, Edwin Field, Queen's College, Belfast
O'Connor, John, Queen's College, Cork
O'Connor, William A., Queen's College, Cork
O'Grady, Jeremiah James (in Experimental Physics), Queen's College, Cork
Parke, Samuel, Queen's College, Belfast
Patrick, Josias Wilson, Queen's College, Belfast
Rankin, William J., Queen's College, Galway
Rattan, James Joseph Lewis, Queen's College, Cork
Sharpe, William, Queen's Colleges, Belfast and Galway
Wood, George, Queen's Colleges, Belfast, Cork, and Galway

APOTHECARIES' HALL. On July 20th, 1865, the following Licentiates were admitted:—

Byrne, James, Little Ilford, Essex
Ilott, James John, Robert Street, Hampstead Road
Nanney, Lewis Charles, Newcastle-upon-Tyne
Pughe, David Roberts, Aberdovey
Spurgin, Herbert Branwhite, Thrapstone, Northamptonshire

At the same Court, the following passed the first examination:—

Bingham, John Joseph, University College
Mayer, Henry Charles, Meath Hospital, Dublin
Moore, Walter, Westminster Hospital
Pinder, William Parker, University College

As Assistant:—

Bindoss, George Frederick, Leighton Road, Kentish Town

APPOINTMENT.

*HARRISON, Reginald, Esq., appointed Lecturer on Descriptive and Surgical Anatomy at the Liverpool Royal Infirmary School of Medicine.

MARRIAGE.

JACKSON—JACKSON. On July 25th, at St. Giles's Church, Northampton, *John Hughlings Jackson, M.D., to Elizabeth Dade, only daughter of the late Thomas Jackson, Esq., of Green Hammerton, Yorkshire. No cards.

DEATHS.

SMITH, James, Esq., Surgeon R.N., at Montrose, on July 13.
TUXFORD. On July 23rd, at Boston, aged 21, Caroline Eliza, wife of Arthur Tuxford, M.D.

Dr. T. P. Lucas has been appointed a Deputy-Lieutenant of Brecknockshire.

Professor Graux has this year been elected rector of the University of Brussels.

Dr. Althaus has been elected a corresponding member of the Society of Medical Hydrology of Paris.

Bequest. By will, W. Mann, Esq., of Eltham, leaves to Mr. Evans, surgeon, Brixton, £2,000; and also legacies to the Surrey Dispensary and the Deaf and Dumb Asylum, each £1,000.

M. Malgaigne has resigned his professorship of operative surgery at the Faculty of Paris. M. Denonvilliers, Professor of Surgery at the Faculty, is desirous of exchanging his chair for the one vacated by Malgaigne.

The Indian Medical Service. Notice is given that an examination of candidates for forty appointments as assistant-surgeons in Her Majesty's Indian Medical Service will be held at Chelsea Hospital on August 7th, 1865.

Charge of Poisoning Against a Medical Man. A surgeon at Ashburton, named Sprague, has been committed for trial on the charge of attempting to poison four persons—his wife, her father and mother, and a servant.

The Association of Medical Officers of Asylums and Hospitals for the Insane have changed their name to that of the Medico-Psychological Society, in accordance with a proposal of Dr. Maudsley made at the last annual meeting of the association.

Death of M. Bauchet. Paris has lost one of its young and rising surgeons, M. Bauchet, Professor at the Faculty of Medicine, Surgeon of St. Antoine, etc. He died aged 39, from phlegmanous erysipelas brought on by dressing a wound with a small puncture in his finger.

Testimonial to C. F. Pollard, Esq. On Thursday, the 13th inst., the members of Court Commerce 1965, Ancient Order of Foresters, met at their court room, Commercial Hall, King's Road, Chelsea, for the purpose of presenting C. F. Pollard, Esq., of Brompton Crescent, a splendid ormolu timepiece, as a testimonial of their appreciation of his services as medical officer to the court, extending over a period of twenty years.

University of Oxford. The electors to the Waynflete Professorship in Chemistry give notice that it is their intention to proceed to the election of a Professor some time in Michaelmas Term next. The endowment assigned to the Professorship is £600 *per annum*. The residence required by the College Ordinance is six calendar months at least in each year. The functions and duties of the office are mainly regulated by a Statute of the University, the provisions of which may be obtained from the President of Magdalen, to whom persons intending to become candidates are requested to send in their names on or before the 1st of October next.

Contagious Diseases among Cattle. An order has been issued by the authority of the Privy Council, "whereas a contagious or infectious disorder, of which the nature is at present uncertain, has lately appeared, and now prevails among cattle, within the metropolis and in the neighbourhood thereof, and it is expedient to take measures for preventing such disorder from spreading," it is ordered by the Privy Council that notice shall be given of the existence of any cattle labouring under infectious disorder, within the City of London, in the limits of the metropolitan police district, "to the Clerk of her Majesty's Most Honourable Privy Council in waiting at the office of her Majesty's Privy Council at Whitehall; and it shall be lawful for the said clerk of her Majesty's Privy Council, and for all such persons as he shall by writing under his hand authorise in that behalf, thereupon, and at all reasonable times thereafter, to inspect and examine all or any such diseased animals or animal, and to report to the Lords of her Majesty's Privy Council all such information and particulars as to the nature or character of such disorder as may seem to him expedient for the purpose of enabling proper regulations to be made for preventing or checking the further propagation of and increase of such disorder. Every person offending against this order, and omitting to give such notice or to permit such inspection and examination as aforesaid, shall for every such offence forfeit any sum not exceeding £20, which the justices before whom he or she shall be convicted of such offence may think fit to impose."

New St. Thomas's Hospital. The governors of St. Thomas's Hospital have had under their consideration the designs prepared by Mr. Henry Currey for the new hospital proposed to be erected on the south bank of the Thames, and which are set forth in twenty-two drawings, including one very large and very good perspective view, showing the aspect the building, or rather pile of buildings, will present from the river, along which it will extend 1200 feet. It comes close up to Westminster Bridge, on the right hand side (when going towards Astley's), and shows towards the river seven separate blocks, four stories high above ground, connected by corridors and service-buildings, the pavilion principle being, of course, adopted. The pavilions are placed at a distance of 125 feet from each other, the centre court being increased to 200 feet, which distance will admit of ample sunlight and air to every block. The wards are designed to be 28 feet in width by 120 feet in length, and 15 feet in height, and will accommodate twenty-eight beds, giving a cubic capacity for each patient of 1800 feet. The beds are placed at distances of 8 feet from centre to centre; and the windows are arranged alternately with the beds at a level, to enable the patients to look out of them. The number of beds will be 588. The water-closets, lavatories, and bath-rooms, attached to each ward, are projected from the main building, and are cut off from the ward by intercepting lobbies, with windows on both sides. The water-closets and lavatories have also windows on all four sides, to provide for thorough ventilation, with a view to prevent the escape of any noxious effluvia into the ward. The chapel is placed in the centre of the building, communicating with the corridor of one-pair story, with convenient access for both sexes, and is designed to give three hundred sittings. The museums, school-buildings, lecture-theatres, etc., are proposed to be placed at the southern end of the ground, as indicated on the plans; but the detailed arrangements of this department are not completely matured. The building is designed to have fire-proof floors throughout, formed with wrought and rolled iron joists, and concrete. The windows go up to the ceilings of the wards. The floors will be of oak; and the wall surfaces finished with Keene's or Parian cement. The terrace towards the river is proposed to be kept four feet above the public footway. This, with the height of a parapet, three feet six inches, will prevent any overlooking by the public. The style adopted may be called, broadly, Italian. Mr. Currey's approximate estimate, the walls being of brick with stone dressings, is £330,000. If the whole building be faced with stone, the cost would be about £30,000 more. The estimate includes a bed of concrete, ten feet thick, under the whole surface, and some idea is given of the size of the area covered when it is mentioned that for every additional yard in depth of concrete the extra expenditure will be £4000. (*Builder.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

4 weeks ending May 27th, 1865.

Diseases.	A.	B.	C.
Small-Pox	56	2	14
Chicken-Pox	3	2	9
Measles	35	1	20
Scarlatina	29	10	17
Diphtheria	—	1	3
Hooping-Cough	30	—	61
Croup	—	2	11
Diarrhœa	115	21	480
Dysentery	11	5	5
Erysipelas	23	6	19
Insanity	26	4	13
Bronchitis and Catarrh	639	96	740
Pleurisy and Pneumonia	72	7	28
Carbuncle	—	—	4
Accidents and other diseases	4379	433	3689
Totals	5418	590	5113

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MIDLAND BRANCH.—In the JOURNAL of the 15th instant, the name of Mr. J. W. Baker appears instead of that of Dr. W. Ogle, as chosen to represent the Midland Branch in the General Council.

THE OPHTHALMIC REVIEW for July is mainly composed of materials derived from Germany—a fact which indicates that our German ophthalmic surgical brethren take the lead of us in a scientific point of view. Dr. Pagenstecher contributes a paper on the Use of Yellow Oxide of Mercury in Conjunctivitis; and Mr. Carter one on Local Application of Hot and Cold Compresses in Eye-Diseases. Next we find a Clinical Lecture by Von Gräfe on Traumatic Cataract. A paper by Dr. M. Benedikt, on Electro-Therapeutical, etc., Researches on Paralysis of the Ocular Muscles, is given in translation. Then come cases reported by Dr. Little in the Manchester Eye Hospital; and by Mr. R. C. Moore in the Southwark Ophthalmic Hospital. The Report of the Heidelberg Ophthalmological Congress is concluded; and a Retrospect of British and Foreign Medical Journals is given by Mr. Windsor.

AN USEFUL INVENTION.—We have seen a machine invented by a French gentleman, Capitaine de Haut, who is himself afflicted with blindness, for facilitating the writing of the blind. It appears to be very simple and ingenious, and well adapted for the purposes of those persons who have become blind, and who have a recollection of written characters. It is also portable and inexpensive. Capitaine de Haut resides at Loughton in Essex, and will gladly give any information on the subject to anyone who may desire it.

THE CIRCULATION AND ITS DISCOVERY.—"Harvey pretends," said Parisanus of Venice, "that when the hand is laid on the region of the heart, and the ear applied there, we can feel a shock and hear sounds. This may be so in London; but not so in Italy. No doubt we may be deaf; but, at all events, we can hear nothing of the sort." Primerose of Montpelier said:—"Our forefathers cured their patients very well, and yet they knew not the things which Monsieur Harvey teaches. Of what use, therefore, are they?" Riolan wrote to Harvey: "I admire thy discovery of the circulation of the blood, thy skill and ingenuity; but I must tell thee that thou hast endeavoured to prove many absurd things, and still more false things."

RAILWAY ACCIDENTS.—SIR: I quite agree with your correspondent of last week, and hope the subject may be prominently brought before the profession in some other way. In case of accidents, particularly railway ones, I think, as matters now stand, it is very unfair to the different medical charitable institutions and to their officers. In a case of accident of this kind which lately occurred, some members of a family were taken to an inn, and some to a hospital. In the case of the former, the surgeon and hotel proprietors are paid for their care and attention, either by the sufferers or the railway company; but, in the case of the latter, the institution will be at a heavy loss, and the surgeon, under whose care they are placed, will not receive the slightest remuneration.

I am, etc., M.D.

COMMUNICATIONS have been received from:—Dr. R. ELLIOTT HUNTLEY; Dr. B. RIDGE; Mr. A. B. STEELE; Mr. T. WATKIN WILLIAMS; Dr. H. E. EASTLAKE; Mr. T. M. STONE; Mr. ASHBY G. OSBORN; Mr. T. L. PRIDHAM; Dr. KELLY; Mr. T. SPENCER WELLS; Mr. SYME; Dr. CANDLISH; Dr. ALTHAUS; Mr. REGINALD HARRISON; Dr. WM. OGLE; Dr. WM. STOKES; Mr. JONATHAN HUTCHINSON; Dr. JEAFFRESON; Dr. G. H. PHILIPSON; Dr. C. H. MARRIOTT; Dr. G. B. MEAD; Dr. MARSHALL; Mr. R. DUNN; Dr. C. M. DURRANT; Dr. A. GAMGEE; Mr. W. B. WOODMAN; Dr. CHEVALLIER; Mr. J. BLACKSHAW; and Dr. E. HUGHES.

PAPERS RECEIVED.

Case of Puerperal Tetanus. By G. H. Philipson, M.D.
Case of Osteosarcoma. By J. C. Murray, M.D.
Case of Morbus Addisonii. By D. Embleton, M.D.
The Commencing Climacteric Period in the Male. By C. M. Durrant, M.D.
Puerperal Tetanus following Abortion and Plugging the Vagina. By J. Blackshaw, Esq.

BOOKS RECEIVED.

1. Notes or Observations on Spa, and its Chalybeate Springs. By Thomas Cutler, M.D. Seventh edition. Brussels: 1865.
2. The Climate of San Remo and other Winter Stations of the Mediterranean, including Nice, Mentone, Cannes, and Hyères. By M. Prosser James, M.D. London: 1865.
3. A Course of Practical Chemistry, arranged for the Use of Medical Students. By William Odling, M.B., F.R.S. London: 1865.
4. The Restoration of Health; or, the Application of the Laws of Hygiene to the Recovery of Health. By W. Strange, M.D. London: 1865.
5. The Successful Treatment of Flatulence by a Novel Use of Charcoal. By A. Leared, M.D. London: 1865.
6. The Practice of Medicine. By Thomas H. Tanner, M.D., F.L.S. Fifth Edition, enlarged and improved. London: 1865.
7. Lake Habitations and Prehistoric Remains in Northern and Central Italy. By B. Gastaldi. Translated by C. H. Chambers. London: Anthropological Society, 1865.

ADVERTISEMENTS.

Vaccination. Important Notice.

At the suggestion of a medical friend, and having peculiar facilities for the purpose, I beg to inform the Medical Profession I have now Cows in such a state as to enable me to supply pure Vaccine Lymph, or Milk from the Vaccinated Animals, which is believed to have the same beneficial effect. Apply by letter to MR. CROOK, Vine Cottage, Perry Vale, Forest Hill, London, S.E.

Inquirers will oblige by enclosing their card.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

THE PRESIDENT'S ADDRESS.

BY

SAMUEL J. JEAFFRESON,

M.D.CANTAB., F.R.C.P.LOND.

PHYSICIAN TO THE LEAMINGTON AND WARNEFORD HOSPITAL.

Gentlemen of the British Medical Association,—Much as I might have felt tempted to select some wider and more philosophical subject for my address, I cannot but feel bound, in consideration for the place in which accident has placed my lot for some twenty years, to crave your indulgence whilst I say a few words on mineral waters and spas in general, and on Leamington in particular. Such a subject is not without precedent, as the transactions of our Society in olden times give frequent proof. I trust it may not prove entirely without interest, and I feel assured, could I treat it as I fain would, not without its advantages. In these days, when improved chemical research, the rapid progress of microscopical investigation, the application of statistics, etc., have given a boundless impulse to the study of what may be called the philosophy of disease—namely, its diagnosis, pathology, and morbid anatomy—therapeutics, or the application of these and other studies to its cure, have been too much neglected.

My subject is almost exclusively therapeutic, and dealing, moreover, with a class of remedies of which the profession ought to know more; especially as the public too often take upon themselves to select between various watering-places, when a choice so important for good or for evil should rest with their medical advisers. When I say that the profession ought to know more on this subject than they do, let me not be thought presumptuous enough to suppose that there are not many who know far more than I do, or that in the limits of this address I can tell very much to those less informed than myself; but it will be my endeavour to lay down a few general principles, rather as a chart for the exploration of this study than as a history of the subject itself.

Those palpable distinctions of temperature, taste, etc., which separate mineral from other springs, must have attracted the observation of mankind from the earliest prehistoric periods, and have probably suggested the application of them to disease. As medicine gradually grew up into a science and an art, its professors would naturally inquire into the uses and abuses of this pre-existent application of mineral waters to the treatment of disease; and accordingly we find Hippocrates, more than two thousand years ago, endeavouring to classify mineral springs, condemning the use of some, and advising the greatest caution in the use of others. Herodotus (on the authority of Oribasius) wrote a treatise on mineral waters, which is unfortunately lost.

Most authorities agree that the Greeks were the first to use mineral waters as remedies. The oldest Greek physicians, says Dr. Althaus, had great faith in the curative powers of mineral springs; and when temples were erected to the god of medicine, the priests of Æsculapius took care that these should be in close proximity to mineral springs. Places of this description were not only destined for worship, but for the cure of the sick; they were connected with medical schools and hospitals, and with theatres and other places of amusement for convalescents, many of which might have rivalled the contrivances existing for such purposes in a time which continually boasts of its civilisation. Here we have in outline an interesting approach to our modern spas, and also perceive the connection of early medicine with a pagan priesthood, to which a parallel was subsequently furnished in the early days of our own epoch, when the religious houses and religious teachers, being the sole depositaries of all forms of learning, were in reality the physicians of the body as well as of the soul. The Royal College of Physicians of London, the oldest chartered purely medical institution of this country, was obliged to make some concessions to the church; and even to this day the Archbishop of Canterbury, the primate of our church, is privileged to confer the dignity and rights of a physician on a certain number of persons annually. Many curious facts might be quoted, showing the systematic practical application of these springs, side by side with the most fabulous and mystic views entertained with respect to their origin and virtues. Thus within the sacred grove of Æsculapius, near Nauplia, a great resort of invalids from all quarters, and the birthplace of Æsculapius, stood, according to Pausanias, a number of columns, upon which were inscribed the names of those who had there been cured, as well as the nature of their maladies. Springs were in vogue which turned sheep black, and others which made them white again, that rendered stupid folk clever, and clever folk stupid; that excited and annihilated sexual powers; that created insanity; and, finally, in Bœotia were the famous springs of Lethe and Mnemosyne, of which the one gave oblivion and the other memory. Many Greek thermal springs were dedicated to Hercules, and their heat and roborant effects were attributed to his having bathed in them. These mythical stories and attributes of mineral waters, Dr. Althaus rightly conjectures, may have rather disgusted some of the more scientific physicians of the time, and turned them somewhat from the recognition of their real therapeutic value. Dr. Thomas Thomson, in a valuable article in the *Cyclopedia of Practical Medicine*, observes on these ancient spas, that, part of their scheme being the introduction of priests and a ritual which was observed in making use of the waters, the priests had address enough to persuade their votaries that the various cures produced by the waters were the result, not of their medicinal properties, but of the immediate action of the divinity under whose protection they were. This circumstance occasioned an immediate desertion of mineral waters, as soon as the inhabitants

of the Roman empire became Christians, the use of them being considered as a kind of acknowledgment of the power and authority of the heathen divinities. May not this fact account for the entire absence of any notice of mineral waters in the Old Testament? The utter abhorrence of the Jews for every form of polytheism would have rendered them peculiarly adverse to any medical treatment in the slightest degree connected with the pagan divinities.

This opprobrium hung over the use of mineral waters, more or less, until the ninth century, when the emperor Charlemagne, together with his family, experienced so much benefit from the waters of Aix-la-Chapelle, that the subject was again taken up by the German and French physicians. The death of this great prince, and the subsequent division of his vast empire, again plunged the south of Europe into ignorance and barbarism. The term of Akemanceaster (city of afflicted men) applied to Bath, leads us to suppose that as early as the Saxon period Bath was a health resort of English invalids, although it did not come into high repute until the period of Charles the second.

Towards the end of the fifteenth century, mineral waters began to recover their ancient celebrity, and attracted the attention of some of the most eminent medical practitioners of those days. Thus, in 1498, Savonarola, of Padua, wrote on the thermal springs of Italy; in 1596, Baccias, also an Italian physician, wrote on the hot springs in France; in 1592, Dr. Jones wrote on the virtues of Buxton waters; in 1669, Simpson on the chemical anatomy of Scarborough and other spas in Yorkshire. The first attempt to describe the mineral waters in general was that of Allen, in 1711. To him succeeded Drs. Shaw and Short, and Dr. Rutty, in 1757. The early attempts of Duclos and of the French Academy in 1670-71 to analyse the various mineral springs of France, would form a curious exemplar of the chemical scientific knowledge of that period.

Enough has now been said to show the great antiquity of the cure by mineral springs, and even in the most remote periods their use has risen and fallen in public and professional estimation, according to the circumstances and caprices of the age. It has moreover been seen, and when speaking of the subject of baths we shall again refer to the fact, that not only were mineral waters used by the ancients, but that spas, or places of resort, were established for their use; and here it is proper to insist upon the broad distinction between mineral waters and a spa. The former is the bounteous gift of nature; the latter is the production of human skill and art, and no small amount of labour and outlay does it imply. First, the waters themselves must be guarded with the most jealous care and protection, and every facility must be created for their application, whether as internal or external remedies, or as both. Next, suitable accommodation will be required for the invalids and their friends who may visit the spa. Thus, then, the spa becomes, in the language of Dr. Spencer Thomson, a health resort, not only for those who desire to restore lost health, but for their friends and others who, being well, desire to retain it. It is necessary that no expense should be spared in the sanitary arrangements of the spa. Last, though perhaps not least, it is requisite that the patients should, as far as possible, be surrounded by all those media which, whether acting through the mind or through the body, most conduce to the comfort, tranquillity, and healthy occupation of both.

We will now attempt a brief sketch of the practical application of mineral waters to the treatment of disease.

The only classification of mineral waters adopted by systematic writers is that which is founded on some salient points of difference in the waters themselves, such as thermal, cold, saline, etc. Without condemning or wishing to disturb this system, it strikes me that, looking at them from another point of view, mineral waters might be also classed in accordance with their physical effects; a plan which may serve to fix the attention of the profession to their remedial value, and to the selection of those adapted to special cases. I would suggest the following:—

1. Diluents.
2. Evacuants, whether acting chiefly on the stomach as emetics, on the bowels as purgatives, on the kidney as diuretic, or on the skin as diaphoretic.
3. Tonics.
4. Deobstruents and alteratives.

It may be stated, as an objection to this plan, that most mineral waters possess the qualities of more than one such class; but this is an objection common to most artificial classifications, especially those of therapeutic agents, many of which will be included in a variety of classes, according to their dose and the circumstances of their administration. It is obvious that all water belongs to the first class, that of diluents, whether mineral or not, and that those are the most simply and completely diluents which contain the smallest amount of foreign matter. Thus, the waters of Malvern would stand pre-eminent in this class. So wide, however, is this field of observation, that a book might be written on the uses and abuses of diluents.

The second class—evacuants—is a very large one. The most obvious evacuant effect of mineral waters is upon the alimentary canal, and in this respect, perhaps, sea water as an emetic, and the waters of Epsom as a purgative, stand foremost. Next to these, most saline and sulphurous springs. It is doubtful whether any natural mineral waters are simply diuretic or diaphoretic, or, by the same rule, whether they are simply purgative. The *modus operandi* of many of these, like that of most remedies, may be considerably varied by circumstances, over which the intelligent practitioner will be called upon to exercise a judicious control. Amongst these controlling influences, apart from the idiosyncrasy of the patient, the most obvious are: the quantity taken; the manner of taking; the period of taking; the temperature; and the conduct of the patient after drinking.

Of the third class, it may be asserted that all remedies are more or less tonic, which, by removing or diminishing diseased action, give increased tone and vigour to the system; but in the stricter sense of the word it can only be applied to those which produce such effects directly, and not indirectly. Amongst such agents, the chalybeate mineral waters occupy the most prominent place. Recent researches have detected the presence of arsenic in very small quantities in many chalybeate and some other mineral waters—a tonic of no mean importance, and there can be little doubt that in the course of time other ingredients will be found in some of the waters in use or yet to be discovered.

The fourth class—that of deobstruents and altera-

ves—though the most complex, is, to my mind, he most important; complex, because it embraces, nore or less, all the other classes. All diluents re, to a certain extent, alteratives; and evacuants which remove certain fluids and solids from the system are largely deobstruent and alterative; whilst onics, too, may be fairly classed as alteratives, and ften as deobstruents. Whilst, therefore, almost all nineral waters and all remedies may be considered lterative or deobstruent, it is just in the ratio in which they possess the least amount of those more obvious powers of evacuants and tonics, that they ome most strictly under this fourth class.

It is just these qualities of mineral waters that onstitute their speciality in a most marked legree, and which are least imitable by art. The rougher and more obvious action of mineral vaters as evacuants or tonics admits of far easier imiation than these alterative effects. This point is dmirably illustrated in the case of Epsom, so greatly elebrated for its races, yet now scarcely known as a pa; although, in the designation of Epsom, it has given a name, known to the whole civilised world, to hat valuable salt, sulphate of magnesia, now chiefly procured from dolomite or the waters of the ocean. The remarks above made on the various action of nineral waters, according to their mode of administration, especially apply to this order. Different vaters in this class, closely allied by their more chenical contents, or even the same waters, differently nandled, will often be found to have widely varying effects on the system. Nor need this excite our surprise more than those every day facts we observe in the use of other remedies,—calomel, opium, colchicum, and a host of other drugs, produce entirely different effects in accordance with their dose and circumstances of administration. In the use of stimuants, tonics, etc., we are often puzzled, amongst substances chemically closely allied, to select the one which will suit the case or the idiosyncrasy of the patient.

The diluent action of nearly all mineral waters must materially influence their other sensible qualities, and none more so, perhaps, than those which belong to the alterative and deobstruent order; whilst the state of the solution of their mineral contents must, according to the laws of endosmose and exosmose, exercise most important influences in relation to their absorption, permeation of tissues, metamorphosis, and excretion. Hence, perhaps, it occurs that the waters most in public favour are by no means necessarily the most rich.

That the quantitative analysis of mineral waters is a difficult and delicate task, is shown by the variety of results often arrived at by different analysts; whilst this great difficulty meets the qualitative analyst, that, having no exact clue as to what he is to seek for, he is liable to overlook some of its ingredients. As to the synthesis of mineral waters, Messrs. Chatin, Poggiale, and Lefort, who constituted a commission appointed by the Société de Pharmacie of Paris, frankly admit that, in the present state of our knowledge, the exact imitation of a natural water is not possible.

It is obvious, therefore, from many circumstances, that a mineral water, whatever it may be (and especially if belonging to the latter class) cannot be regarded, in a therapeutic point of view, as identical with an ordinary prescription. To the distinctions already laid down must be added others not less important. First, their use generally implies change of air and scene—no trivial agent in the treatment of disease. Then those of the home habits prejudicial to the patient's recovery are easier thrown off and changed, and the doctor's hands are strengthened. Early rising and retirement to rest, and regular exercise, with all which domestic duties interfere at home, may be better enforced. To the latter the patient is often tempted by the mere novelty of the situation and surrounding scenery and circumstances. Much anxiety and care is left behind, as are all the toils of business and of pleasure (for pleasure too has its toils). The patient is resolved to make the restoration of his health his only business—a resolution how often urgently but vainly enforced upon him by his friends and medical attendant. He starts from home determined to get well; and his determination is half the battle. What profound pathological and therapeutic truths are contained in these few words no one knows better than myself; and, long before circumstances placed my lot in a spa, I have received the grateful thanks of many whom I have almost driven from the desk, the bank, the counting-house, the shop, the pulpit, and, dearest of all, their homes, to seek in change of air and scene, and the use of mineral waters, that which they had vainly sought for at home, but which they have happily brought back with them—renewed vigour, energy, and health.

With regard to thermal springs, a theory has been set up that their heat differs in sensible qualities as well as in its physical effects from artificial heat communicated by our ordinary processes of warming. During a tour amongst the German baths some years ago, I made several experiments to test this statement, which I believe, in common with Dr. Althaus and others, to be a mere fiction. Whether any occult differences of physical action exist between them, I will not pretend to say, but should feel equally sceptical on this point. One very important fact in connection with thermal baths is the general equable warmth of all parts of the building, resulting from the warmth of the water, a condition that has been carefully imitated in our Pump rooms.

It has been asserted that the mineral waters of our own country have been losing favour in popular esteem. I am not aware that such a statement admits of statistical proof, but am inclined to think it not without some foundation. Endless theories have been set up to account for this state of things, which, like the parenthetical remarks of Sir Walter's Scott's old lady, are "no way material to the story." One source of this change lies in the fact that during the French Revolution and the succession of wars that came out of it, the English, ever fond of foreign travel and research, were pent up at home, and on the removal of this restriction a great rush was made to the continent in search of pleasure, excitement, novelty, change, and also of health. This movement was facilitated by the rapid development of steam-travelling by land and water, and encouraged by the comparative cheapness in those days of continental living. Another theory, not perhaps without foundation, is the rapid rise of many of our spas to large fashionable and populous cities; and it is to be feared that not only the profession, but the governing bodies, have too often neglected the springs, the real "*fons et origo*" of their greatness and success. This is a great mistake for all

parties, for nothing can be more advantageous for a spa than a large house accommodation, varied in size, locality, aspect, etc. But Dr. Granville, of whose labours and writings on the subject of mineral waters I cannot in the main speak too highly, and who by the way has most dwelt upon the decadence of popularity of the English spas, has largely contributed to fulfil his own assertions. In his *Spas of Germany*, published antecedently to his *English Spas*, he gives the following extraordinary advice: "Haste away, and make the trial" (of German spas) "by any means. Do not waste your life and your purse in swallowing endless drugs, and ringing the change of remedies and doctors, pent up in a hot-house in London during the summer months, or in being lifted in and out of the carriage, the prey of some chronic and insidious disorder, which baffles your vigilant physician's skill; or in being sent from Brighton to Tunbridge, and from thence to Leamington or Cheltenham, merely to return again to Brighton or London exactly as you left it, having in the meantime tried as many doctors as places, and as many new places and new remedies as doctors, to no purpose. Fly, I say, from all these evils; proceed to some spring of health, and commit yourself for once to the hands of nature—of medicated nature—assisted by every auxiliary which an excursion to a German spa brings into play; and depend on it that either at the first, or at the second, or third occasion, you will have reason to rejoice that you have exchanged art for nature." Such remarks need no comment. One great cause of the popularity of foreign spas may be found in the greater simplicity and gaiety of life of foreigners, and in their unwillingness to take, and of their doctors to give, much medicine. Foreign medical literature, too, is far richer than our own on the subject of mineral waters.

I have endeavoured to give a brief sketch of the therapeutical powers of some of our English springs; and, whilst unwilling to detract from any, and admitting the superiority of many foreign sources, I must confess that the number of cases amenable to cure under their influence, which could not have been cured at home, is not very great; and I should form rather a hopeless prognosis in the cases of those persons who, having failed of cure here, fly from home evils to plunge themselves into a maze of German spas. *Cæteris paribus*, the home cure is the best, where the patient gets home fare, home habits, and home surroundings; and in those chronic forms of malady, in which he annually resorts to some spa, not for the cure of maladies which have been long beyond cure, but for their alleviation, for change, for repose, and for the mitigation of suffering and prolongation of life, it is comfortable for him and his friends to feel that, with the aid of electricity and steam, a few hours may bring to his bedside the familiar faces of the long-cherished family doctor, and of loving friends and relatives. And, further, though entertaining the profoundest respect for the learning, skill, and kindliness of many foreign physicians, it must, I think, be conceded that they are less conversant than ourselves with the habits, feelings, and constitution of our countrymen.

Acting, I presume, on some such views as these, confident in the virtues of its springs, and hopeful for the future, Buxton took the initiative in putting its house in order, and is now, thanks to the munificence of the Duke of Devonshire, in a more finished position as a spa than at any previous period of its history. Leamington has followed, I trust not unworthily, in the wake of her sister spa, and has already expended sixteen or seventeen thousand pounds in placing her sanitary springs and appliances in a more useful and commodious form before the public. So far from being actuated by any purely selfish motive, I believe that both places would rejoice to see their example followed by every watering-place in the kingdom.

Leamington derives its name from the river Leam, a small stream which empties itself into the Avon about one mile to the west of the town. Its situation is so central that an oak tree on the boundaries of this parish and Lillington is commonly asserted to be the centre of England. Its average altitude is about two hundred feet above the level of the sea. The existence of the saline springs of Leamington is noted by Dugdale, Fuller, Camden, and Speed; and Dr. Loudon asserts that "Guidot, a physician of Bath, examined the waters of the old well scientifically as early as the year 1688; and that several analyses of its contents were given in the following century by different physicians." It was not, however, till the end of the last century that any really scientific researches were recorded on this subject. About this period, Dr. Lambe, F.R.C.P.L., was engaged in practice at Warwick. Somewhat eccentric in some of his practical views, Dr. Lambe was not the less a scientific man, an intelligent observer of Nature, and an accomplished physician; and was, moreover, one of the most elegant medical writers of his day. The springs of the neighbouring village did not escape his observation; and, having carefully studied and analysed the waters, he published an account of them in 1797, in the fifth volume of the *Transactions* of the Philosophical Society of Manchester—a society embracing the respected names of Priestley, Dalton, Watt, etc., and not, perhaps, inferior to any contemporary association in Europe. About the same period, the elder Kerr had obtained a justly merited reputation at Northampton. One of, if not the most successful provincial practitioners of the day, Dr. Kerr was too sagacious not to see the practical advantages of this neighbouring spa, and was in the habit of sending many of his patients to it during the summer months.

From this period, the growth and prosperity of Leamington were truly extraordinary. The village which, at the close of the last century, numbered about three hundred souls, has now grown into a spacious and handsome town of not much short of twenty thousand inhabitants. Abundant notice of these springs exists in the works of most systematic writers upon mineral waters, whether English or foreign; but I am not aware of more than two monograms upon the subject written by resident practitioners. In the year 1828, the success of Leamington being then well established, Dr. Charles Loudon published his *Practical Dissertation* on the waters of Leamington Spa, a work which is in every way creditable to its author, who, so far from exaggerating, rather underrates the value of the spa. Later, a short pamphlet was published by Dr. Middleton. It may not be uninteresting to state, that not only has that popular estimation which has been found to invest this and most mineral springs suffered no abatement in this instance, but that the waters have always

been highly esteemed by the great bulk of resident practitioners, and have by many of them been freely used in the persons of themselves, their families, and their patients.

The great bulk of the town of Leamington occupies the north side of the river from which it takes its name, on a gentle declivity sloping to the south. The lower and middle portions of the town are mainly situated on the "lower-level gravel"; the upper and western portions of it, on the keuper or sandstone rock; the extreme northern and north-eastern, on the red marle which intersects the keuper rock. In its earlier days, Leamington tended to spread to the south; and those parts of it adjoining and to the south of the old London Road are frequently spoken of as "the old town". These parts are mainly situated on a deep bed of gravel, and slope to the north, and are marked by a considerable difference in temperature and climate, as compared with the other portions of the town.

Deficient in any striking architectural features—due, perhaps, to its almost unprecedented rise, which led to a hurried and ill-digested effort to accommodate its rapidly increasing requirements—it nevertheless has the rudiments of what will ere long be a fine Parish Church; a handsome Grammar School; a fine substantial building in "The Regent Hotel"; and a handsome pile of buildings in its Pump-Room and Baths. It also contains a spacious Club House, with a fine tennis and racket court; and a Hospital, partially founded and largely endowed by my late revered friend, Dr. Samuel Wilson Warneford, in gratitude for the benefits he had derived from the waters, and with a noble and generous desire of extending their benefits to the humbler classes. In furtherance of this charitable disposition, the Pump-Room Company give annually six hundred baths for the use of the hospital patients. The streets are wide, spacious, and airy; its house accommodation of the first class, meeting the requirements of the most wealthy and fastidious on the one side, or those of the most moderate means on the other. Its beautiful public gardens, comprising some twenty acres, and situated in the very centre of the town, will not escape your attention. Its numerous boulevards, and the general interspersion of fine timber and shrubs throughout the town, give it quite the character of the *rus in urbe;* whilst its cleanliness and thoroughly excellent drainage and water-supply contribute to make of one of the prettiest towns within my experience also one of the most salubrious. Its climate, by many asserted to be relaxing, is really a very medium one, and consequently well suited to the majority. In a town frequented by visitors from such various quarters, it is curious to observe how each one criticises its climate in relation to the parts they have previously inhabited. Thus, in a single morning's round, I have been told by different persons that they find the place "relaxing", "bracing", "hot", "cold", "damp", "dry", etc. Its rainfall is considerably under the average; and its streets, whether from the nature of the soil, good drainage, or other causes, have the property of drying up with the greatest rapidity—a consideration by no means unimportant to the invalid. There is a certain softness in the air; and I have found it admirably adapted to many cases of phthisis, chronic bronchitis, and asthma, especially during the winter months. Due probably to its soil, rather than its atmosphere, it will be frequently found, in the early spring and winter, that whilst, in Leamington and its immediate environs, the ground remains soft, it is frozen at no great distance from the town.

Besides the Pump-Room, Leamington contains four other sources of mineral water—Lord Aylesford's well, and one under the railway viaduct, both thrown open to the public for drinking purposes only; Wood's in Bath Street, and Hudson's in High Street, to which are also attached bath-rooms. The two latter, in common with the Pump-Rooms, contain sulphurous as well as saline springs. It is greatly to be regretted, that an excellent chalybeate spring, of which the analysis is given, has been allowed to go to decay; but I hope ere long to see this spring restored. It may be remarked, that Leamington possesses an inexhaustible supply of mineral water—always a great advantage in any spa, but especially so where bathing is carried on to a large extent. The Leamington waters (for I shall speak of them generally) belong to the class of mild evacuants; their chief evacuant action being on the alimentary canal; they act also on the kidneys, and in some few instances I have found them inconveniently diuretic, without some modification of their use. They are also slightly diaphoretic; and actively so, when their internal administration is combined with their external use in the form of baths. They also pre-eminently belong to the class of alteratives and deobstruents; and it is chiefly in this respect that they are so valuable—modifying the secretions of the liver, kidneys, skin, and all the excretory glands, as also of the mucous membrane of the alimentary canal, and acting strictly as a blood-remedy. The specialty of the action of most mineral waters probably depends more on those minute traces of certain subordinate components in them, than on those that constitute their chief bulk; and I am disposed to think, judging from their effects, that our waters owe much of their virtue to the presence of small proportions of iodine and bromine, as also, in some cases, of iron. The best period for their administration, is the spring, summer, and autumn. They are not inadmissible in the winter, if it be mild and open; but should only be given occasionally, or in short courses of five or six days. In intensely cold weather, I never recommend their use. They should always be taken on an empty stomach, from three-quarters of an hour to an hour before breakfast, in quantities varying in the adult from ten to thirty ounces. I most frequently give from twelve to eighteen ounces; and advise the dose to be divided into two or three draughts, with an interval of a few minutes between each, which promotes their absorption and assimilation, and prevents the inconvenience so often arising from too rapidly swallowing any large bulk of fluid. In some few cases of very weak and irritable stomach, they agree better cold; but as a general rule, I prefer to use them about new milk warm, as most conducive to their absorption and diffusion through the system. It is always preferable that they should be taken at the spring itself, when the weather and the physical powers of the patient will admit of it; if not, they may be brought home to the patient's house. In warming the waters, great care should be taken not to drive off their gaseous contents; and this is best contrived, by drawing them into a stone bottle, carefully corking down,

and then placing it in hot water. Their administration should, if practicable, be followed by a little gentle exercise, and that, if possible, in the open air. On the principle, I suppose, "that you cannot have too much of a good thing", the older attendants used to persuade their votaries to swallow enormous quantities of the waters, to the prejudice of their stomachs, and to the hindrance of their alterative effects by exciting too great alvine and renal excretion.

Some patients, from the first, rather like the water than not; but any distaste they may at first feel for it speedily passes off, especially when it agrees. I have very generally found that its use is followed, in the course of half an hour or so, by considerable increase of appetite, which, however, should be appeased by a simple breakfast, with or without a little broiled bacon, an egg, or a slice of meat, according to the requirements of the system. The duration of a course of the waters should never be less than two weeks, and may often be advantageously carried on to four or five. I have often been compelled from circumstances to give much shorter courses, and have occasionally, from the steady benefit obtained, carried on their use for a much longer period; but, in the main, it is preferable to continue their use from two to four weeks, then lay them aside, and resume them at the end of a week or two, or later in the season, or in the following season. Patients who have been greatly benefited, frequently visit the Spa several seasons in succession with great advantage. On the whole, the Leamington waters are but little injurious when not beneficial; but they should not be used without caution, especially in large quantities: since their accumulation in the system is liable to induce congestion of the abdominal viscera, brain, etc. I have been called to many patients, who, having come here with general instructions to drink the waters, have done this without advice, and have become exceedingly unwell, with fulness and distension of the stomach, loss of appetite, nausea, and even vomiting, with headache and vertigo. The surcharged system often relieves itself by free purgation; if it has not begun to do so, all disagreeable symptoms usually pass off rapidly on the administration of a dose or two of aperient medicine, pills being preferable. I have often had the curiosity to learn the subsequent effects of this mismanaged course of waters, and have found that the patients have got great benefit from them afterwards, in spite of the temporary inconvenience. They are inadmissible except as an occasional mild laxative in confirmed phthisis, and during the febrile stages of chronic maladies. In all congestive maladies attended by febrile symptoms, it is proper that these should be first reduced, and then the administration of the waters generally becomes useful.

The following is a synopsis of some of the cases in which the Leamington waters have been found useful within the range of my own experience. I should state, however, that in many of these cases the mineral and other baths have also been largely used; particularly in the cutaneous, rheumatic, gouty, and some of the hepatic and dyspeptic affections; in most skin-diseases; especially lepra, psoriasis, eczema, acne, acne rosacea, urticaria simplex and in veterata, prurigo, and in many anomalous and secondary eruptions; in gout and rheumatism, and more particularly in the sequelæ of its acute forms; in obesity; in hypochondriasis, hysteria, and some cases of paralysis; in a variety of hepatic affections, with or without jaundice; in a great variety of forms of dyspepsia; in chronic obstinate constipation; in most forms of hæmorrhoids; in many cases of kidney affection, especially congestion and lithiasis; in some cases of diabetes complicated with hepatic congestion; in some cases of chronic bronchial affections and asthma; in many instances of uterine disturbance, especially in menorrhagia and other functional disturbances associated with liver derangement, and in amenorrhœa connected with torpid bowels, debility, and deficient nutrition.

Time will not permit me to say much about the environs of Leamington. It may, however, be generally remarked that its soil is rich and fertile, abounding in luxuriant crops and fine timber, especially the oak; undulating rather than hilly, although the Campion Hill in the town, Blakedown, Coplow, on the road to Stratford, and the hills of Offchurch, Hatton, etc., are sufficiently high to command very beautiful and very extensive prospects; whilst the Burton and Edge Hills, some ten to fourteen miles off, constitute a lofty and extensive range. The scenery is eminently English, and much enriched by the warm tints and colouring of the soil. For the many interesting objects with which the town is surrounded I must refer you to the guide-books, and content myself with remarking that the beauties of nature have been amply enriched by art in the many noble parks and grounds by which we are surrounded, the charms of which, as well as of many of the neighbouring mansions, ruins, and towns, are intensified by the most interesting historical associations. The noble churches of Coventry and some other places will afford gratification to the admirers of ecclesiastical architecture, whilst the railways bring within an easy day's excursion the ancient and noble city and university of Oxford, the capital of learning; and the more modern busy manufactures of Birmingham, the capital of industry, machinery, and progress. The naturalist will not find the neighbourhood uninteresting; its botanical riches are fully average, and it contains a great variety of soils. It is especially rich in the carices, grasses, rosaceæ, and orchidaceæ. It is curious that, whilst improved drainage and the cultivation of commons have robbed the neighbourhood of many varieties that abounded formerly, the railway cuttings and embankments and the importation of ballast have introduced many plants hitherto rare in the district. The geological interests of the neighbourhood are not inconsiderable, embracing the study of the drift gravels, the lias, the new red sandstone, the Permian, and the coal-fields of Nuneaton and its neighbourhood.

Bathing may be defined as the immersion of the body into any medium. It may be general or local. We may be said to live in an air bath, but that immediate contact of this surrounding medium with the skin is more or less impeded by clothing. Hence the common air bath, which under the name of actinism has attracted the recent attention of Dr. Warren of New York, and some other physicians; modifying its temperature, we get the hot air and Turkish bath; cold air, not generally spoken of as a bath but with whose local use in arresting hæmorrhage and local and general application in fainting, etc. every one is familiar; next we come to various gases

of which oxygen and carbonic acid are the most in use.

But the most common vehicle of bathing is water—hence the hot, warm, tepid, and cold bath, embracing a range of temperature from one hundred and twenty degrees Fahrenheit or upwards, down to thirty-two degrees, at which point water becomes ice, the local use of which is well known. The application of water for the purpose of bathing may be further modified in the shape of vapour—the vapour bath; or it may be thrown with force in large masses on the body—hot or cold douche; or in minute subdivision of this element in the shape of the warm or cold shower-bath, hydrophers, etc.

Endless other media have been used for the purpose of bathing, amongst which are muds of various kinds; nutrient elements, such as animal broths, milk, whey, and even blood, which has lately been considerably in vogue in Paris.

What has been said of the history of medical springs is equally applicable to the history of bathing, which may be traced back to the prehistoric periods, with this remarkable exception, however, that whilst almost all waters worth calling mineral are somewhat uninviting to the palate, they have seldom been used excepting as remedies; whilst baths have constituted not only the remedies, but the luxury and fashion, not of individuals only, but of whole classes, nay, even nations. That baths, therefore, under such indiscriminate use, should have often proved useless, and even injurious, is no more chargeable to medical science than would be the abuse of foods, stimulants, and medicines, so highly beneficial in the hands of skilled practitioners in medicine.

The use of baths amongst the Romans, popular before, attained its height after their conquest of, and consequent introduction into, Greece. Their preference seems to have been for the warm bath, whether hot air or thermal springs. Like the Greeks, they established their watering-places, to many of which we find allusions in the literary pages of the day. So necessary had the bath become to the comfort of this extraordinary people, that we find they carried with them their habit over the whole tract of Europe and portions of Africa and Asia; and even in their military expeditions the Roman generals selected stations, if practicable, where they could find thermal springs. The emperor Augustus having been cured of fever under the care of Antonius Musa by cold bathing, this plan became so much in vogue, that even newly born infants were immersed in cold water; a custom in vogue even up to the time of Galen, by whom it was much condemned. Marcellus, son of Octavia, having suddenly died after taking a cold bath, this practice very much abated, and under the reign of Nero hot baths were again preferred. The Romans did not, however contribute much to the scientific and practical knowledge of the use of baths or mineral waters. With the decadence of the Roman empire the use of the bath much declined, although it is probable that the numerous bath establishments which they left in this and other countries (of which many interesting vestiges still remain) was subsequently resorted to by the inhabitants of their neighbourhood. With the renaissance of the sciences sprung up also a more scientific use and literary account of mineral waters and baths, the founder of which appears to have been the learned Monk Clement de Gratz in 1495.

When we regard the enormous extent of surface presented by the skin, and when we further examine the minute anatomy of this complex structure and its functions, we need not be surprised that the bath is a most powerful agent. Looking at the most obvious points in the anatomy and function of the skin, namely, its boundless supply of capillary blood vessels and nerves, so that it cannot in any place be touched with a pin's point without our perception, or pricked without bleeding, and at the rapid and sudden changes in the amount or character of this blood and nerve-supply, as evinced by the sudden change of colour from dark livid blue to the brightest crimson, or to perfect whiteness, and to the various degrees of diminished, increased, or perverted æsthesia—it may readily be supposed that influence directed to this great organ by accident or art must be most powerful for good or for evil.

The first subject of study, then, in connection with the use of baths, which would suggest itself would be their direct influence upon the vascular and nervous structures of this organ; next the reaction of these effects upon the entire vascular and nervous system.

Again, no one organ probably plays so important a part in the whole question of animal heat as the skin. The truth of this is too obvious to require illustration, and the practical application of it in the rough is almost an instinct of nature.

Regarded as a secretory and excretory organ, none is more important to our well-being than the skin. Looking only at the enormous bulk of fluid exuded from its surface, it is obvious that next to the question of supplies, nothing can more powerfully influence the bulk of the blood, and with the bulk its proportionate qualities, than cutaneous action. This fact is so obvious, that no trainers for racing or fighting have lost sight of it from the earliest times.

The bath was much used in training amongst the ancient Greeks and Romans, the common method of exercise and heavy woollen clothing of more modern times is beginning to be partially supplied by the use of the Turkish bath, as applicable to horses as well as men.

Passing from the mere quantity to the quality of the cutaneous excretions and exhalations, we find the skin to be the outlet not only of many foreign substances taken into the system, but of many chemical compounds originating in the complex laboratory of life, whose removal is essential to life's continuance. Thus it supplements the kidneys in the removal of nitrogenous, and the lungs so largely in the removal of carbonic acid gas, that an impermeable varnish spread over its entire surface is speedily followed by death.

That the skin is a powerful absorbent organ there can be no doubt, from a host of every day observations. Divested of its cuticle or varnish, we are enabled to adopt almost any medication with the greatest facility and even rapidity through this organ; and, when we reflect that this cuticle so readily admits of transudation from within upwards, as in the case of the perspiration and its constituents, I cannot see how one can doubt the possibility of a current in the opposite direction, under favourable circumstances. If, indeed, such were not the case, why do we so constantly apply remedies to the skin, and with such marked result? The inunction of mercurial ointments, the application of belladonna to the skin, or of atropine to the conjunctiva, narcotic lotions, and poultices, are of daily occurrence.

I have several times succeeded in mitigating pain and procuring sleep by opiate fomentations to the legs, where no opiate could be borne internally; and have long been in the habit of applying alkaline fomentations to joints affected by acute gout and rheumatism, with the most beneficial results. Some years ago, a very celebrated foreign surgeon fell under my care, suffering under hypochondriasis verging on insanity, whose urine was positively loaded with enormous oxalates. As no persuasions would induce him to take remedies, his medical attendant and myself got him to keep compresses of very dilute nitro-muriatic acid in the armpits—a practice which was followed in a few days by an entire disappearance of the oxalates. Bathing, therefore, in its widest sense, may be regarded as a part of the system of endermic medication—a subject yet in its infancy, and one of vast interest and importance. The obvious limits of my present task obliged me to treat the whole of this subject in a spirit rather of suggestion than of illustration; and I trust enough has been said for this purpose.

Apart from the wide relations of the skin and its functions with the whole frame, this organ itself becomes the seat of a great variety of diseases, on whose treatment we must bring to bear all the resources of our art, but which present opportunities of topical medication unparalleled by any other forms of disease.

It now remains to say a few words on the facilities presented by Leamington for what may be termed the bath-cure. Apart from other private baths, the Pump-Rooms contain, besides a spacious promenade-room, some fourteen ordinary baths of various dimensions, chiefly used for saline baths at different temperatures, but equally applicable for sulphureous, plain water, and other medicated baths. It further contains shower, vapour, and douche baths; a spacious swimming-bath; and a very perfectly contrived Turkish bath. Some few other varieties of bath I hope to see soon constructed, as the local douche baths for the uterus, electro-magnetic baths, etc.

As several of these baths are comparatively modern, we must regard the saline Leamington water baths as not only the specialities of our spa, but as hitherto the main staple feature of it. These, occasionally used cold as a mere plunge-bath, are more frequently resorted to in the form of tepid and warm baths, varying from 84 to 100 degrees; 96 to 98 degrees being, perhaps, the most common temperature. Their primary effect is very soothing and calming. Persons entering the bath in pain very generally state that their pains either cease entirely, or are much mitigated when they are in the bath. They are usually followed by slight lassitude and drowsiness, with increased action of the skin. It is advisable, after their administration, for the patient to get home quickly and without risk of chill, and to assume the recumbent position on a bed or sofa, lightly covered with a woollen shawl or blanket, to promote the drowsiness and action of the skin. After half an hour to an hour, some light food should be taken. I have frequently observed that general restlessness and insomnia speedily yield to their use; and that the patient feels more tranquil, and gets better nights. I have also very frequently found that torpor of the bowels is greatly relieved—partly, perhaps, from some absorption of the saline materials of the water; partly from the general influence of the bath on the nervous and vascular systems. After a few baths, especially where they thoroughly agree, this lassitude is followed by increased mental and bodily energy, greatly improved appetite, and a more normal state of all the secretions. It is seldom desirable to repeat the warm bath more than alternate, often not more than every third, fourth, or fifth day, especially in persons much debilitated; and it will usually be found that in such cases, with improvement of general health, the bath may be oftener used with advantage.

Looking at the statistics of the Leamington Hospital, it is found that the number of bathers for the five years ending December 31st, 1859, amounted to 654, giving an average of about 130 bathers per annum. The number of baths used amounted to 7,565, which allows an average of about twelve baths to each patient. Many, of course, bathed much fewer, and many a much greater, number of times. From January 1st, 1860, to December 31st, 1863, the number of bathers amounted to 454; whilst the number of baths is not recorded. Both these statements are probably rather under than over the mark, especially the latter one, which refers to the period in which the Pump-Rooms were being restored. The cases in which these baths were used, and generally with advantage, were skin-diseases of various classes; rheumatism and gout, and their sequelæ; and in many forms of dyspepsia, deranged liver, uterine affections, paralysis, scrofula, periosteal and some forms of secondary syphilitic affections.

Of the shower-bath it is unnecessary to say much, because no form of bath is, perhaps, so generally in use in private practice, whether tepid, as a soothing calming remedy, or cold, to produce shock, as in many cases of hysteria or other nervous affections, or as a tonic. Its temperature, bulk, and weight of fall require careful adjustment, as its success is mainly dependent on just the right amount of reaction. As a shower-bath, saline is preferable to plain water. In either case, care should always be taken that the patient's feet are placed in warm water.

The saline douche presents many advantages over the plain water douche, as being more stimulating to the part to which it is applied, and also from the partial absorption of the ingredients of the water. Its force, always commencing at a minimum, may be gradually increased; and it as well as its temperature will perhaps be best regulated by consulting the comfort of the patient. The application of the douche, occasionally useful in internal maladies, is too well known in the treatment of chronic thickening of the fibrous tissues, connected with rheumatism, sprains, etc., to need further comment.

The vapour-bath is an important element in a bathing establishment, and often presents great advantages over the ordinary warm bath. As a mere sudorific, it will often answer when the other fails, and may with safety be carried to a much higher temperature. It is also a convenient mode of applying other specific remedies to the skin, as sulphur, mercury, iodine, sedatives and narcotics, and is especially useful in many forms of skin-disease.

The swimming-bath rarely falls under the notice of the profession as a remedial agent, but is more frequently resorted to as a pleasure and luxury. That tolerably frequent immersion of the body into

water, as a measure of ablution and cleanliness, is salutary, and that swimming is a useful accomplishment and most healthful exercise, cannot be doubted. As a luxury, cold baths, of whatever kind, are frequently abused by too frequent and too prolonged use.

It is, therefore, no mean advantage to possess a spacious swimming bath, whose temperature is maintained at a point which always renders its use safe and agreeable, and which is rendered still further salutary by a large admixture of saline water. Under these advantages, many may safely learn to swim; and many expert swimmers may occasionally indulge in this their favourite exercise, whose health precludes them from remaining in perfectly cold water.

Whilst on this point, let me venture a few words of caution on the subject of sea-bathing. Change to the sea-side has of late years become almost a mania throughout Europe, and especially throughout England. That such a change is frequently beneficial cannot be questioned, and especially so when judiciously and advisedly adopted in many cases of general debility, arising from over-taxed mental or physical work, from too prolonged existence in crowded and perhaps relaxing cities, in the convalescent stages from accidents and acute maladies, etc. The profession must not be held accountable for the vast majority of visitors to the sea coast, who select such locality from their own choice and quite apart from any medical advice; nor for those who bathe in the sea under the same circumstances.

But the profession should bear in mind that sea air is by no means advisable in some cases, and those pretty numerous; I would especially cite phthisis, hepatic congestion with over-secretion of bile, and all maladies complicated with febrile disturbance. I have frequently had occasion to repent my permission rather than advice to phthisical patients to visit the coast; and could cite endless cases of hepatic derangement and febrile cases that have been sadly damaged by a sojourn at the sea-side. One serio-comic instance occurs to my mind, in which an atrobiliary patient was married to a lady of the lymphatic temperament. At the latter stage of many of her maladies, she was always set up by a trip to the sea-side; from which her husband always returned more or less of an invalid, and used humorously to charge me with a determination to gain a patient in himself, on the loss of one in the cure of his wife. In the case of phthisical patients, merely as a tonic, I have often seen advantage from a visit to the sea-side; but, as a general rule, I think it can seldom be advised for more than a week or two; and it is far better to repeat such short visits from time to time than to risk their prolongation, however much good they may seem to be producing.

Going back to the subject of sea bathing, I feel bound to say that within my own experience it is doubtful whether the great good which comes out of it, when judiciously advised and carried out, is not more than counterbalanced by the mischief accruing from it under its reckless unadvised use in the comparatively healthy, or its careless use by invalids. Many cases are benefited by sea air in which sea bathing is utterly inadmissible; and no year passes in which I have not seen deplorable instances of more or less severe mischief coming out of cold bathing, whether in fresh or in sea water. An absurd prejudice pervades the public mind that sea water can do no harm; truly it is less prejudicial than fresh water, but its beneficial action, whether in health or disease, depends entirely upon the same principle, namely, that of shock and reaction; and if carried on too long to admit of the latter, will induce, if by slower, yet by no less certain degrees, the same form of mischief. I generally premise the cold sea bath by the use of tepid baths gradually lowered in temperature, and for many years have been in the habit of writing down full directions for the plan of bathing for such of my patients as may use this remedy.

My own experience is as yet too limited to warrant my speaking largely on the subject of the Turkish bath; but it is fair to state that the doubts and anxieties with which I first regarded it have greatly subsided, and it continues to gain upon my confidence. In many cases of chronic gout and rheumatism, and especially in the sequelæ of these maladies, in some pulmonary affections, in several cases of diabetes, in sciatica, tic douloureux, obesity, some forms of dyspepsia, sluggish liver, and sluggish bowels, I have had the opportunity of seeing great benefit from this mode of treatment. It must, however, be borne in mind that its success depends upon securing free evacuation by the skin. In some few cases where it has failed to induce perspiration, the plan has proved rather worse than useless, a mishap, perhaps, less due to the system than to its management.

In some chronic maladies it is extremely probable that a more prolonged residence, if I may be allowed the term, in the bath is required than is implied in the mere prescription of an occasional bath. I have known of greatly improved health in those attacked or threatened with pulmonary disease who have been employed as Turkish bathers. Many years ago, I was called to a person labouring under pleuro-pneumonia at the point of death. I had at the time much reason to fear that tuberculosis was at the root of his malady, and his protracted restoration and great emaciation did much to confirm my fear. A year or two subsequently he set up a Turkish bath, in which he spent many hours daily, with a gradually progressive improvement of his general health, weight, and strength, and an entire immunity from any chest-symptoms.

On the wider application of the Turkish bath as the only means of maintaining health, preventing disease, and securing cleanliness, and on the Turkish bath as a fashion, or a mania, as the case may be, it is not for me to speak in this place. It is somewhat repugnant to the English notion to be told that we are a dirty set of fellows; that our baths, our sponges, our soap, and flannels, only increase our filth by rubbing the dirt in; and that cleanliness can only be obtained, not "by the sweat of our brows" only, but that we must be washed from within outwards by myriads of rippling streams of perspiration.

But the Turkish bath deserves our study as philosophers and physicians; and, in truth, we must study it more, or how can we answer the every day question put to us—what do you think of the Turkish bath; will it do me good? As a remedy I am free to confess that the Turkish bath, as at present conducted, is a great addition to our therapeutic resources, and promises still further advantages; and I for one should be sorry to see it thrown back into the oblivion which has hung over it in most civilised nations for so many centuries, by the zealous but injudicious encomiums of its supporters!

Original Communications.

PUERPERAL FEVER.

By Robt. Elliott Huntley, M.D., Jarrow-on-Tyne.

I believe there still exists in the profession doubt as to whether there be one form of puerperal fever which is exclusively confined to the practice of a particular medical man, and the cause of which is in some mysterious way connected with his person.

Having recently had an opportunity of becoming acquainted with this disease, it will, perhaps, not be devoid of interest, if I give some account of it as it occurred in my practice, more especially as I think my cases present a few features deserving of particular remark. I regret that I did not take more copious notes; but such as I have will be sufficient for the end in view.

On December 14th, last year, I attended the case which first showed symptoms of the disease. On the fourth day after delivery, she had a severe rigor, followed by fever, which profuse sweating did not seem to relieve. Her pulse was 100, full, but without force. The lochia were free; the bowels loose. She complained of great prostration. At the end of a fortnight, she gradually began to improve, but made a very slow recovery.

Dec. 16th. Case ii. This patient made a good recovery.

Same day. Case iii. On the third day, she was seized with rigor. When I saw her a short time afterwards, her pulse was 120, weak. She had great thirst and heat of skin; no discharge. The bowels were not open. She complained of great pain and tenderness at the lower part of the bowels. This pain increased, and extended over the whole abdomen. Vomiting came on, which could not be allayed. Tympanitis set in, and she sank on the fifth day of the disease.

Dec. 19th. Case iv. Similar in every respect to the last. She died on the fourth day.

Dec. 20th. Case v. She made a good recovery.

Dec. 22nd. Case vi. Fever set in, with uterine inflammation. After a severe and tedious illness, the patient is now well. This patient's child, a day or two after birth, was attacked by erysipelatous inflammation of the scalp, ending in suppuration, mortification, and death. This proceeded from a slight abrasion on the occiput, received during labour.

At this period, I spoke to some of my friends on the expediency of my ceasing the practice of midwifery. I was advised to desist, if I was not more fortunate; but to continue awhile longer.

After this, Cases vii, viii, ix, and x, to December 28th, did well. I took every precaution against contagion, and trusted that I had now seen the last of the disease.

Jan. 1st. Case xi. Difficult labour. Forceps used. The patient had slight fever.

Jan. 2nd. Case xii. The patient had a slight attack of fever. There was no inflammatory complication.

Jan. 4th. Case xiii. The patient had a rigor on the fourth day. Pulse 120, full, but soft. There was profuse sweating; no signs of abdominal inflammation. A few days after the commencement of these symptoms, the left calf became inflamed; pus quickly formed, and a large quantity was let out. Both knee-joints, arms, and left thigh were affected in the same way; and the case presented all the appearances of pyæmia.

Same day. Case xiv. Fever; no inflammation. The patient showed signs of amendment at the end of a fortnight.

Same day. Case xv. The patient made a good recovery.

Jan 7th. Case xvi. The patient had fever, with slight abdominal tenderness.

Jan. 9th. Case xvii. The patient was attended by a friend, and was visited afterwards by me. No bad symptoms occurred.

Jan. 14th. Case xviii. This was a severe case, accompanied by abdominal inflammation. The patient recovered.

Jan. 14th to 19th. Cases xix, xx, and xxi made a good recovery.

Jan. 22nd. Case xxii. This patient had fever, not complicated with inflammation.

Jan. 22nd to 25th. Cases xxiii, xxiv, and xxv were attended by a friend, and visited afterwards by me. No signs of fever were met with.

Jan. 25th to Feb. 12th. Cases xxvi, xxvii, xxviii, and xxix made a good recovery.

Feb. 16th. Case xxx. This was a shoulder-presentation. On the third day, the patient was attacked by peritonitis, and died on the seventh day of the disease.

Feb. 16th. Case xxxi. There was slight fever.

Feb. 21st. Case xxxii. This patient also had slight fever.

About this time, Cases xiii and xxx died; and I was so depressed in mind by such a continuance of misfortune, and the dire results, that I determined to leave home for a time. I procured a gentleman, Mr. Wilson, to attend for me in my absence; and started for Ireland on the 26th, leaving under his care Cases xxxi and xxxii. Case xxxi was long ill, and nearly succumbed. Case xxxii ran a short course, and died about the tenth day.

Commencing on February 26th, Mr. Wilson attended twenty-four cases, not one of which exhibited any sign of puerperal fever, although he had been in daily attendance on the two cases left under his care. I may add, also, that on two occasion he was required to introduce his hand into the uterus.

I again used means to rid myself of the noxious influence; took Turkish and hot baths, and changed my clothes a second time.

I returned home on April 3rd. On the 8th, I attended Case xxxiii; she took the fever. On the 22nd, I attended Case xxxiv, with a like result. Both these cases recovered, but were much debilitated.

I again discontinued the practice of midwifery for a similar time, and with a successful result.

With regard to the treatment adopted, the fever being asthenic, beyond the application of a few leeches in those cases complicated with inflammation, I did not consider myself justified in taking away blood, though I am aware it has been highly recommended by high authorities in some forms of puerperal fever. At first, I tried repeated doses of opium; but I soon lost faith in that drug, and placed my reliance more on a tonic and stimulating plan, with free purging where the bowels were confined. Warm fomentations and turpentine stupes were used as outward means.

I believe that the worst cases are beyond all hope of success from any treatment.

I cannot say that primipara were more liable to this disease than others.

Those cases in which there was no peritonitis were generally characterised by profuse sweats.

There are four medical practitioners in our town

besides myself, not one of whom had this disease in his practice. Can any one say this is mere coincidence? Surely there can be no other explanation of the origin of the disease in these cases, than that the *materies morbi* was in some manner connected with my person.

Was it connected with my clothes? This does not seem to me reasonable; for I changed them twice during my attendance. Moreover, Mr. Wilson would have then been nearly if not quite as liable to carry the contagion; and any one who has met with this disease can realise the facility with which, *cæteris paribus*, it could be transmitted by this means, owing to the peculiarly offensive smell which emanates from those affected.

Do I know any source from which the contagious principle might have been derived? Small-pox has been suggested to me as a probable one; and it coincides with this explanation, inasmuch as we have had this disease for months prevalent here in its very worst form. But here we are met by the difficulty, "How did it happen that I was the only one to have puerperal fever, seeing that all were exposed to the cause?"

Burns or scalds, from the suppuration which succeeds them, would seem likely to furnish the means of transmission. About December 12th, a case of this description came under my treatment; and, owing to the timidity of the patient's wife, I was required to dress the case during the first few days. Yet, considering the frequent ablutions which medical men necessarily use, and the continuance of contagion so long after exposure to the supposed cause, I cannot believe that this is a satisfactory explanation. It seems unlikely that the *materies morbi* could continue to exercise its influence with such unabated vigour, unless it were reproduced. Is it not possible that it may be derived from no extraneous source, but generated in the system of the accoucheur?

It is my firm conviction, that it is the hand of the accoucheur which communicates the disease; and the perspiration the channel through which it exerts its deleterious effects.

It is worthy of note, that the few cases attended by my friend recovered without any bad symptom, though I visited them afterwards.

It may be thought strange that the cause missed taking its effect in so many instances; but we see an analogous exemption from other diseases known to be contagious. Even in vaccination, where the intention is to transmit the disease, cases are met with which seem to be for a time exceedingly difficult to take effect.

Case XIII appears to have been a type of the rest, and determines the nature of the disease to have been phlebitis. I venture to express an opinion that there are three diseases classed under the term "puerperal fever", each having a distinct origin:

1. Sporadic cases, such as arise from conditions solely connected with the person affected;
2. That form of the disease which I have attempted to define, communicated by the accoucheur—phlebitis;
3. The true epidemic, allied to typhus fever.

I should not omit to mention that, about two years ago, I had three cases of puerperal fever under treatment at the same time, when I was not aware that it was prevalent apart from my practice. I should also state that my health has been uniformly good, so that I could not adduce any evidence from this fact in support of my view of the origin of this disease. I have come to entertain this opinion by a negative process of reasoning.

AUTOPSY OF A CASE OF LATENT CARCINOMA OF STOMACH AND LIVER: WITH A FEW REMARKS.

By Paul Belcher, Esq., L.R.C.P.Lond.

The examination was made on July 5th, 1865, twelve hours after death. The deceased was forty-one years of age, married, and had had one premature still-born child. The body was much emaciated; and the decay of the muscular was even more striking than of the adipose tissue. The rigor mortis was slight, and overcome by the gentlest effort.

The thorax, liver, stomach, duodenum, small intestines, and spleen, were examined. The organs in the thorax were healthy, except the apex of the left lung. This was firmly adherent to the ribs posteriorly for the space of an inch square. It was infiltrated with an evidently cancerous exudation, in which all lung-structure was lost. The stomach was distended by gas, and contained a little semi-digested food, looking like egg-flip. Its lesser curvature, and also the approximating edge of the liver, were a mass of carcinomatous matter, of a dirty white colour, and nodulated externally. The convex surface of the liver, as it was exposed *in situ*, presented three chief cancer-deposits, of a size varying from a hen's egg to a cob-nut. One of these was very striking in appearance, from the arborescent injected appearance of the surrounding structure. After removing *en masse* the stomach, liver, and duodenum, the former, when opened, presented an immense dirty white fungous-looking infiltration occupying all the lesser curvature, and in which the pylorus was lost. The œsophageal opening and the larger curvature were normal. The duodenum, except at its very commencement, was healthy; and the pancreas was not observed to be diseased. The structure of the liver, where the cancer had not encroached, was paler than natural; the capsule separated easily, and its total bulk was not much increased. The cancerous masses with which the liver was crammed were of firm consistence, almost crying under the knife. The spleen was free from disease.

Remarks. The history of the case of Mrs. M. is an instructive one, and illustrates the fact that a fatal amount of cancer may be developed so quietly and insidiously as to give but few and uncertain tokens of its presence. We may call it a case of *latent* cancer. Fourteen years ago, Mrs. M. was a remarkably fine, blooming, healthy woman, and as strong as she looked. She had been married some years, and there had been no issue. About the date mentioned, she began to fall off slowly, but progressively and surely. She had little medical advice, however; and there was no tangible evidence of distinct disease; no lung-disease; no heart-disease; no uterine disease; nothing that you could put your finger upon and say, "*There* is her complaint." She lost in appetite and flesh *pari passu*; ate little meat; felt weak, and sometimes dyspeptic. And so she went on year by year. About five years ago she became my patient—as fragile-looking a one as any would care to "take to". She had the aspect of one who was nursing a fatal disease, but rather that of a tuberculous than cancerous dyscrasia. She complained of ordinary dyspepsia, with sickness often matutinal. She had not been regular in her uterine functions for a year or more: now too much, now too little, and so on haphazard. She had had no catamenial relief for two months. I examined, and found the uterus healthy; but suspected pregnancy. She gained considerably in flesh and strength, and eventually was prematurely confined at between the sixth and seventh months.

She soon relapsed into her habitual ill health—the debility and want of appetite. At one time, considerable anasarca of both legs appeared, for which she took quinine and iron with diuretics, and which soon passed off. So she went on till, a month ago (during her husband's illness from hæmoptysis), overcome by anxiety and nursing, she seemed visibly to fade away. There had been a little hæmorrhage from piles: no other fresh symptom. A week before her death, she took to her bed; had vomiting and intense pain, horrid fœtor of the breath, tenderness, and an undefined thickening in the præcordial region. She had, moreover, percussion-dulness, harsh respiration, and bronchophony at the posterior part of the left lung apex.

This was her history. So vague were her symptoms, that not till the week before her death did I venture to express my diagnosis, which in every particular was confirmed by the autopsy. At what date was the first cancer-germ? Was it cancer *quia* debility, or debility *quia* cancer? There is no hereditary history of cancer; and I have little doubt that the commencement of cancer-formation and the debility were simultaneous; that the exudation was remarkably slow, and the symptoms more than usually obscure.

I must add, that a sister, twelve years younger, is wasting away as Mrs. M. did; and "there is no disease, *only* debility."

Reviews and Notices.

CONTRIBUTIONS TO ASSIST THE STUDY OF OVARIAN PHYSIOLOGY AND PATHOLOGY. By CHARLES G. RITCHIE, M.D., etc. 8vo., pp. 208, with Woodcuts. London: 1865.

IN medicine, as in every other branch of science, theory and practice are mutually dependent. Now theory is in advance, teaching us how to direct our treatment. Now we collect our facts, and by inductive reasoning string them into a theory.

Probably few of the surgeons who have practised ovariotomy reckoned among the advantages of the operation that it would provide a store for the labours of the pathologist; yet such is the case. Art has opened up a wide field to science; and there is now no internal organ for the study of whose morbid anatomy more opportunities exist than the ovary. Instead of wearily waiting for the chance of getting an ovarian case into the *post mortem* theatre, all that is necessary for the pathologist is to make interest with one of our busy surgeons, and he will be supplied almost *ad libitum*. Dr. RITCHIE was fortunate enough to have Mr. Spencer Wells as his purveyor of ovarian tumours, and he now publishes the results at which he has arrived.

"The great mass of ovarian disease is due to slight errors of nutrition. More serum is poured into a vesicle than is normal. The secretion is retained, instead of being got rid of, or is poured into a cavity which was not intended to receive it. Cells go on multiplying *ad infinitum*, and thus produce hyperplastic growths. Changes which normally occur in the contents of the vesicle, after they have been discharged, take place within the vesicles themselves, either in a perfectly regular series, or slightly modified by their novel situation. Such are the different situations in which ovarian cysts are produced." (Page 183.)

It has long been known that some of the more simple forms of ovarian cysts are due to simple dropsical enlargement of Graafian follicles. Rokitansky proved this by discovering ova in some of the smaller cysts. Dr. Ritchie has also discovered ova in ovarian cysts; and he has thus been able to demonstrate that not infrequently a space becomes hollowed out in the ovary, the walls of which space are formed by ovarian tissue with Graafian follicles, in which healthy ova may be found.

Dr. Ritchie argues, that if the cyst—perhaps a foot in diameter—has walls of ovarian tissue, it is evident that ovarian tissue is in excess; that there is hyperplasia of the ovary, or adenoma. He is here at issue with the later German authorities, who, while admitting that a healthy ovary may contain thousands of germ-follicles, still maintain that no new germ-follicles are produced after birth.

However, this is not the chief point which Dr. Ritchie wishes to establish. His chief object in writing the book before us is to show that some ovarian tumours are due to development of ova while still in their ovisacs; that they are unsuccessful attempts at reproduction; and that they ought to be classed along with "moles", which are found in the uterus. In proof of the correctness of this supposition, Dr. Ritchie first compares skin-cysts of the ovary with skin-cysts found in other parts of the body. He shows that these two varieties of skin-cysts have "an apparent but no real analogy"; that they differ in every respect, except that cutaneous structures may be found in each. He then gives a detailed description of a dermoid ovarian cyst which he examined after its removal by Mr. Wells from a virgin, and in which he found hair, skin, bone, and cartilage.

Dr. Ritchie next proceeds to show that dermoid cysts identical with those of the ovary may be found in the uterus, where there can be no reasonable doubt that they are "so-called blighted ova".

Having proved that an unimpregnated ovum may go on to the formation of such highly organised structures as bone and cartilage, it is by no means rash to hazard a conjecture that it may stop short at an earlier degree of development, and form a cystic tumour, the analogue of the hydatid mole found in the womb. And this is what Dr. Ritchie believes to be the case.

The question of the malignancy or non-malignancy of ovarian tumours has often been discussed. Some of them are undoubtedly cancerous; some of them are as undoubtedly benign; but many are very doubtful.

In speaking of dendritic growths, Dr. Ritchie says: "There is a great deal of doubt as to their nature; but, on the whole, I am inclined to look upon them as a kind of epithelioma, having some affinity to, or some tendency to degenerate into, true cancer." He, however, confesses that as yet we are almost entirely ignorant of the relation of cancer to ovarian disease.

Dr. Ritchie has considerably lightened the labours of future investigators by giving an historical summary of the different opinions which have been held on ovarian physiology and pathology at different periods and by different writers. This summary is carried down to the latest date, embracing the antagonistic views of Grohe and Pflüger in Germany, and giving the results which were recently arrived at in this country by Dr. Wilson Fox.

The volume also contains a reprint from the *Medical Gazette* of 1842-45, of a series of valuable papers on ovarian physiology, written by Dr. Ritchie of Glasgow, the present writer's father. In these papers was first enunciated the doctrine that active changes are constantly going on in the ovary, from the very earliest to the very latest period of life. This doctrine is the foundation of modern ovarian pathology; and, as it has been recently revived in Germany, we are not astonished that Dr. Ritchie should have taken the best means of proving that it originated in Great Britain. As ovariotomy is pre-eminently a British operation, so are British physiologists and pathologists leading contributors to our knowledge of the physiology and pathology of the ovaries; and the Ritchies—father and son—will always hold honourable positions among the men of our time who have upheld the scientific position of our country. No book has been issued for years past which more thoroughly associates the daily practice of our art with the science which ennobles it.

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1. Publications of the Anthropological Society of London. London: 1864 and 1865.
2. Ethnological Journal. No. 1, for July. London: 1865.

As a publishing Society, great credit is due to the Anthropological for its activity. It has already placed in the hands of the English student of man a group of interesting and instructive works—translations of Waitz's *Introduction to Anthropology*, Vol. 1; Vogt's *Lectures on Man—his Place in Creation, and in the History of the Earth*; Paul Broca, on *Human Hybridity*; Pouchet, on *Plurality of Races*; Blumenbach's *Life and Anthropological Writings*; etc. The publication of other works, by Retzius, Gratiolet, and Quatrefages, is promised. It is to be hoped that in future, as translators, the Council will select competent men; for this cannot be affirmed without reservation in reference to all they have published.

We hail with peculiar satisfaction, and as a valuable contribution to the literature of the subject, the appearance of the venerable Blumenbach's *Life and Anthropological Writings*. In these volumes will be found many conflicting opinions, and advocates both for the unity and plurality of the human species. Waitz's *Introduction* bears strongly the impress of the German mind; it is exhaustive, and full of collected and classified information. Vogt's *Lectures* are of a very different character, and contain many startling statements and views. Waitz has a firm conviction, and is a strenuous supporter, of the unity of the species; while Vogt not only advocates the plurality, but the simian origin of man. Following in the wake of Waitz, Paul Broca on *Human Hybridity*, and Pouchet on the *Plurality of Races*, will repay perusal.

The *Quarterly Review* of the Society excites public attention to the subject, and will do so whilst it contains, as in the present number, such sensible papers as that of the Bishop of Natal upon missionary enterprise.

But there has just appeared the first number of a new monthly, the *Ethnological Journal*, as an independent aspirant for public patronage; and, judging from the ability displayed, it is likely to achieve success. Its first article, on Ethnology and Anthropology, will be read with deep interest; for it is an able exposition. In it, the Introductory and the two Annual Addresses of the President of the Anthropological Society, Dr. Hunt, are severely but not unjustly criticised. Dr. Hunt, instead of "imitating the noble example set to him by M. Broca of Paris, who, rather than diminish by a single atom the glory due to his predecessors of any name, would, in his generous admiration, even exaggerate their merits," does not hesitate to assert that, before he founded the Anthropological, "no Society ever before attempted in this country to found a science of man or mankind." Thus he ignores the objects and labours of the Ethnological, and its first President, Dr. Prichard, who not only placed ethnology on a scientific basis, but of whom it has truly been said, in relation to all the collateral departments of inquiry, that he acquitted himself in each, whether physical geography, anatomy, physiology, psychology, history, or philology, as if each of these alone had occupied his attention. The reviewer justly observes:

"We shall search in vain for a genuine science of man until we thoroughly appreciate the fact that the study of race is its very essence, and must ever remain its principal occupation. A fortunate accident may ere long fix, as far as such things can be fixed, the proximate epoch of man's first appearance upon the earth. His zoological place and relations are questions so nearly under control, that they may even be already decided in the minds of some of our clearer thinkers, and the same may probably be true of the great problem of the origin of species; but race and its relations, its harmonies, contrasts, interblendings, and antagonisms, its growth, and its decay—this is the great staple of the science, this its practical anthropology; it is education, legislation, social organism, philanthropic plans—in a word, the great future business of man upon the earth as a ruler and a worker; and this anthropology is, emphatically, Ethnology."

We are opposed to the multiplication of societies having the same objects in view. Nor can we help saying, had Dr. Hunt roused into more efficient activity the Council of the Ethnological, and independently established a publishing society, like the Ray, or our own, the Sydenham, he would more effectually have served the science of man, than by founding his new society, the Anthropological.

The Elections. The opportunity afforded by the elections to advance medical claims has not been without some result wherever local associations or individuals have brought their influence to bear on candidates. In the county of Dublin, Mr. Hamilton and Colonel Taylor have, in reply to the circular note of the Irish Medical Association, declared that they "will give the superannuation of medical officers their fullest attention and support." In the city, Mr. Guinness has pledged himself to support a superannuation measure, and Mr. Pim feels well disposed towards the opinions set forth in the circular. Dr. Ball declares that he "will give his best assistance to elevate the status of the medical profession and procure for its members full and adequate remuneration." In provincial districts the profession have secured the support of Mr. Sergeant Armstrong, Mr. John Pope Hennessy, Mr. Maguire, Sir Colman O'Loghlen, Mr. Tottenham, Mr. J. O. Lever, Dr. Brady, and Mr. Spaight, besides several other candidates whose support has been secured by the individual efforts of medical men throughout the country. (*Dublin Medical Press.*)

British Medical Journal.

SATURDAY, AUGUST 5TH, 1865.

SMALL-POX AND VACCINATION.

ON a recent occasion, we alluded to the prevalence of small-pox in Liverpool, where, it will be remembered, of nearly five hundred deaths from variola in one year, not fewer than ninety-six occurred in persons said to have been vaccinated. The reappearance, from time to time, of epidemic small-pox, with more or less intensity, in different parts of the country, and the somewhat frequent occurrence of fatal *post*-vaccinal small-pox, have naturally excited the anxious attention, not only of the profession, but of the general public as well; and, it is to be feared, with the result of diminishing, to some extent at least, confidence in the protective power of vaccination. It would be difficult to over-estimate the vast importance of determining, as accurately as possible, the causes to which this apparent failure of vaccination as a complete protection against small-pox, are to be referred; and of endeavouring to trace them to their origin, as a means of recognising and suggesting the steps to be adopted for their removal. Whilst we add new lustre to the memory of our countryman, the immortal Jenner, we are, at the same time, in proportion to the success of our efforts, conferring incalculable benefits upon the community at large.

A complete analysis, or a detailed investigation, of the whole subject of vaccination in all its bearings, is, of course, very much beyond the compass of our limits. We must, therefore, confine ourselves to salient points of interest; and these we shall endeavour to illustrate as clearly and as comprehensively as space will permit.

Jenner himself believed that vaccinia and variola were identical, the one being a mild and the other a malignant type of the same disease; and, therefore, he affirmed, that cow-pox was not the preventive of small-pox, but small-pox itself; so that an individual who had been efficiently vaccinated, was in precisely the same position, in reference to liability to a subsequent attack of small-pox, as if he had taken that disease itself, either naturally or by inoculation. The observations and experiments of Ceely, Seaton, and numerous inquirers, in this and other countries, have so far corroborated the view held by Jenner, that quite recently we find Mr. Simon summing up the result of an exhaustive inquiry into the whole subject with these propositions; viz., 1, that vaccination, performed in infancy in the best manner, gives to most persons throughout life a complete security from small-pox; and 2, that, if vaccination were universally performed in the best known manner, deaths by small-pox would be among the rarest entries in the register.

Assuming the foregoing doctrines to be sound—and the accumulative evidence upon which they are founded, if we could reproduce it here, would, we feel sure, be found to be irresistible—how are we to account for the fact, that small-pox is still frequently an item of considerable magnitude in the death-registers of this country? The conditions most commonly assigned as the causes of the apparent failure in the protective influence of vaccination are, first, the degeneration of the vaccine virus, and consequent diminution or loss of its protecting power, in its descent from the cow and in its successive transmissions through the human body; and, secondly, the gradual decadence of the protective influence of cow-pox in the system with the advancing age of the individual, which, in the absence of systematic re-vaccination, leaves large numbers of the community unprotected during the greater portion of their lives.

As to the first of these alleged sources of failure—namely, the supposed impairment of the lymph by its passage through numerous human bodies—although there are considerable differences of theoretical opinion on the point; and, although the result of numbers seems to favour the possibility of its deterioration from that cause; yet, on the other hand, we have the weighty evidence of the National Vaccine Board, strengthened by the concurrent testimony of the Vaccination Committee of this Association, by that of Ceely, and of numerous other independent inquirers, in favour of the opposite view—namely, that vaccine lymph, when carefully managed, loses none of its pristine vigour by successive transmissions through the system.

It is quite true, that "lymph direct from the cow is very energetic in its action on the human system, and that this intensity gradually decreases for several successive removes from its original source. This, however, is simply the effect of transplanting the disease from the brute to the human subject; and the subsequent decrease in activity is not progressive, but ceases after a few removes, when the disease has become, as it were, humanised; it then assumes a definite and typical form, from which there seems to be no further tendency to deviate, so long as surrounding circumstances are favourable to its proper development." (On Vaccination, by A. B. Steele. BRITISH MEDICAL JOURNAL, 1862, vol. I, p. 276.)

It has been noticed by Ceely that, in what has been called retro-vaccination—that is, when human lymph has been re-communicated from man to the cow, and again transmitted back to man, it is found to have lost some portion of its activity; the phenomena appear later, smaller vesicles are produced, but ultimately, after successive re-inoculations on man, it

regains its original infective power. It is within our personal knowledge that, at one of the stations of the Vaccine Establishment, the lymph now in use was obtained originally from Jenner himself, and has never since been changed, and after upwards of fifty years has lost none of its activity. On the whole, therefore, we may conclude that, so far as the quality of lymph is concerned, there appears to be no necessity for a recurrence to the cow for its renewal, unless there should be a total failure in the supply of human lymph, a contingency that can scarcely be anticipated in this country.

The second point—namely, how far it is true, that the protection conferred by vaccination becomes gradually weaker, and at length dies out with the advancing age of the individual—must still be considered an unsettled question. We may, however, safely affirm, that the somewhat fanciful theory, which assigns seven years as the usual period of its duration, has no foundation in well ascertained facts; and may, therefore, dismiss the notion that, in order to secure immunity from small-pox, it would be necessary to vaccinate each individual once in every seven years; an undertaking which would probably be found, if not altogether impracticable, yet so irksome to the public, that many persons, rather than submit to it, would run the risk of small-pox infection.

By those who entertain a belief in the gradual impairment of the prophylactic influence of cow-pox, much dependence is placed on the frequency of *post*-vaccinal small-pox, and on the no less commonly successful result of re-vaccination. It has, however, been shown, by careful observation on a large scale, that re-vaccination will produce the ordinary local effects of primary vaccination in an equal ratio on those who bear regular cicatrices of good vaccination within the period usually assigned for the duration of its protective influence, and on those who have been protected by an attack of small-pox itself. (*Brit. and For. Med. Review*, vol. VII.)

Successful re-vaccination is not necessarily a proof of renewed susceptibility to small-pox; for, as Mr. Simon has observed,

"Inoculation of lymph, whether vaccine or variolous, is, so to speak, a finer and more delicate test of susceptibility to the small-pox poison, than is the breathing of an infected atmosphere; so that many persons, when lymph of cow-pock or small-pox is inserted in the skin, evince evidences of susceptibility, which no atmospheric influence would have elicited from them."

The impossibility of determining, especially in the case of adults, whether the first vaccination has been efficient or otherwise; the greater proclivity to small-pox, whether natural or after vaccination, between the ages of 15 and 25; and the increased liability to infection during an epidemic in persons protected either by small-pox or vaccination—are circumstances which will account for many of the facts which have been cited as proofs of the non-durability of the protective power of vaccination. We must not, however, be understood to deny altogether the possibility of a gradual impairment of vaccine protection from lapse of time, and as the result of physiological changes in the healthy body. Indeed, the observations of Mr. Marson at the Small-pox Hospital, and the records of the continental armies, appear somewhat to favour the conclusion that, in some instances, vaccination protects only up to puberty or thereabouts. Therefore, although we strongly incline to the opinion that the protection afforded by thoroughly efficient vaccination is as permanent as that conferred by small-pox itself, yet so long as any doubt remains upon a matter of such vast importance to the public safety, we hesitate to suggest the abandonment of a measure which may give any additional security; and, therefore, we think that re-vaccination should be adopted whenever there is reason to doubt the efficiency of the primary vaccination; and even in the case of persons who have been well vaccinated, who are over puberty, and who may be unusually apprehensive, or specially exposed to risk of infection in epidemic seasons, or in any other way.

The most important consideration of all in connection with the subject, and that upon which we desire to dwell most impressively, is a due attention to the efficient performance of primary infantine vaccination. It is not the insertion of lymph into the arm, nor the production merely of a vesicle, which constitutes vaccination. The vesicles produced must have a specific character, and go through a definite course indicative of a particular constitutional affection; and it is only when this character is perfect, and this course has been normally run through, that there is protection.

Of inefficient and spurious vaccination, there was plenty in Jenner's time; and he taught and wrote much about it. And the result of inquiries instituted by government during the last few years, reveals the fact, that a very large amount of bad, and a still larger amount of second-rate, vaccination still prevails in many districts; and there is but too much reason to fear that the protective powers of vaccination have been impaired to an incalculable extent by imperfect vaccination; and it is in this direction that efforts are most needed in order to secure to the population of the country which gave birth to Jenner all the benefits of the priceless legacy his genius has bequeathed to mankind.

We may perhaps avail ourselves of an early opportunity of returning to the subject, for the purpose of directing attention to the measures which appear to us calculated to remedy the defects of the system of vaccination in this country.

BEEF-TEA.

We are glad to find that the attention of the profession is at length being excited to the subject which has of late on several occasions been referred to in this Journal; viz., the dietetic value of beef-tea. Dr. Edward Smith, in the second edition of his work on *Food*, just issued, has fully confirmed all that we have said on this subject. We will give, in his own words, his estimate of the value of "essence of beef"; and we sincerely hope that his authority may induce our medical brethren to reconsider the very serious question, whether we are, or are not, labouring under a very erroneous impression as to the utility and value of beef-tea as an article of the sick man's diet. Dr. Edward Smith says:

"Preparations of meat called *essences* are now largely introduced into England, and are attracting an unusual share of public attention. They are prepared from fresh meat in such a manner that the fibre and fat are left behind, and only osmazome, or the flavouring property of meat, certain salts, and a very small quantity of albumen, remain. The quality of this food is determined by the first mentioned substance; and with a teaspoonful of the essence about a pint of soup may be made, which, although *thin* to the palate, is as full of flavour of meat as when beef-tea is prepared at home. The salts are not perceptible to the senses; but they consist, in part, of phosphates, and are very valuable. The albumen is necessarily in very small quantity, from the small amount of the whole essence which is used; but of the latter only a part consists of albumen.

"Hence, what is the dietetic value of this preparation? No *combination* of nutritive elements can be offered to the body in a form more concentrated than its own flesh; and, as has been shown in this work, the flesh of animals is almost identical in composition with our own flesh. It is true that flesh consists of water to the extent of 77 per cent., and that only 23 per cent. of the whole is nutritive material; but the solid elements cannot be obtained in a nutritive form without water, neither could they be digested in a solid state. Hence, whilst for the sake of argument it may be allowed that the bulk of flesh may be reduced without lessening its nutritive value as a food, this reduction can be carried only so far as to leave one-fourth of the whole, or 4 oz. in 16 oz. But it is affirmed that 1 oz. of the essence of beef is derived from 30 oz. of beef, and yet it contains the nutritive parts of the larger quantity.

"Can this be so? A large amount of fibre with fibrine, gelatine, and fat, and some albumen, is left behind; and it is affirmed that the former is not nutritious because dogs fed exclusively upon it do not live. There is a serious and obvious fallacy in this. That fibre is digestible, is proved by the fact that in fresh meat nearly all of it is digested—only a minute quantity passing off by the bowel; and that it is highly nutritive is proved by its chemical composition. Hence it is a folly of the grossest kind to throw away this material. That it will not alone support life is quite certain, from the facts that salts necessary to life, and fat highly important to life, have been removed; but this does not in the least prove that it is not of great value as a part of a dietary.

"As fibre and fat constitute by far the greater proportion of the solid parts of flesh, it follows that the so-called *essences* contain but a very small proportion of the nutritive parts of flesh, and that they can scarcely be regarded as nutrient foods.

"When one teaspoonful of the essence has been dissolved in about a pint of hot water, and seasoned with salt and pepper, it forms an agreeable and stimulating food; and in this respect, as also in the small quantity of nutriment which it offers, it must be ranked with tea, coffee, and chocolate. It may be advantageously thickened by adding a little sago; and vermicelli, maccaroni, and various Italian pâtes, are agreeable and proper additions.

"Its proper place is that of a luxury, and in some states of disease it is also a valuable food; but in health the quantity of nutriment contained is too small to be computed, and its action upon nutrition is rather indirect, by stimulating the vital actions, than direct, by supplying food. It is manifestly better for the housewife to make beef-tea from shins of beef, so as to obtain much gelatine, or from gravy beef, and to serve up the solid part as food at the same meal. Our continental neighbours eat their *bouilli* and *potage* at the same meal, and so should we."

The question of who will succeed to the vacancy in the Court of Examiners, made by Mr. Hodgson's retirement, is one which of course interests the profession at large, as well as private individuals. We remember once hearing a gentleman, who is now a member of the Council, say that no man is fit to be an examiner in anatomy who is not practically engaged in teaching anatomy. Without agreeing fully with his then strongly made assertion—which we suppose the gentleman alluded to will himself carefully illustrate by steadily refusing an Examiner's post when his turn comes—we may nevertheless fairly suggest that what was said on this score by Sir B. Brodie and Mr. Lawrence is right and proper. Sir B. Brodie strongly urged that a few younger men than Councillors are—men engaged in teaching anatomy, and well up to the anatomy of the day—should be elected to the Court of Examiners, to assist age and experience in the particular of anatomical examinations. Now, why should not the Council seize upon this occasion, and elect some such Fellow? Why should not the Council inaugurate a promise of better doings in the future, by so carrying out the Charter's injunctions and plain intentions? We suppose we may safely answer the suggestion by saying that the Council will do nothing of the kind, but will follow the old routine of appointing one of themselves to the vacancy; that they will continue to illustrate the truth and correctness of the position which has been for years past assumed by this Journal—viz., that the College can never, and will never, be properly and satisfactorily governed, so long as Examiners have a seat in the Council—so long as Examiners virtually elect and re-elect themselves to office. We have for years maintained that the only cure for College evils is a new Charter—a Charter which shall not only not tempt men beyond what they are able to bear, but which shall force them to do the right and reasonable thing.

The 21st ult. was the "Founder's Day" at Epsom College; and a gratifying day it must have been to the founder of that splendid monument. There are now two hundred boys in the school—its full number. That the education of the boys is well carried on is proved by the gratifying instances of success which many of them have met with at Cambridge and elsewhere. The prizes on the occasion were given by the Bishop of Winchester, and are as follows.

"Hodgkin (Good Conduct), Dinham; Sterry (Good Conduct and Divinity), Dixon; Carr (Scripture), Pope; Brande (Good Conduct), Wodehouse; Brande (Essay, "History of the Reformation"), Lever; Watts (Natural Philosophy), Allwork; Engledue (Essay), Wall, ma.; Engledue (Latin Verse), Lever; Greek Verse, Hay; Elocution, Yates (1), Lever (2).—Classics: 6th Form, Newton, mi.; 5th Form, Wall, ma.; Upper Remove, Sloman, ma.; Lower Remove, Wall, mi.; Upper 4th, Smith; Lower 4th, Lowe, min.; Upper Middle, Collins, mi.; Lower Middle, Williams, mi.; Upper 3rd, Blackmore, Sharples; Lower 3rd, Scannell; Upper 2nd, Greaves; Lower 2nd, Milne; Upper 1st, Sloman, mi.; Lower 1st, Newstead.—Mathematics: Bull.—Arithmetic; 1, Collins, mi.; 2, Allwork.—Divinity: 1, Elcum; 2, Duke.—English: 1, Adams, Elcum; 2, Sloman, ma.—French: 1, Tait, Taylor, mi.; 2, Locke, Wall, min.—German: 1, Elcum; 2, Allwork.—Italian: Newton, mi.—History: 1, Elcum; 2, Taylor, ma.—Drawing: Gall, Mott, ma.—Choir: Unwin.—Drill: White, ma."

Well does Mr. Propert merit all the good things said of him on the occasion.

Sir Charles Locock, as our readers are already aware, has not been returned for the Isle of Wight. Mr. Mitchell Henry and Mr. Smee have also been unsuccessful candidates for parliamentary honours. Mr. Clement of Shrewsbury has alone of the new aspirants been successful. It is something, however, to know that medical men are at last beginning to canvass constituencies for a seat in Parliament; and it may be fairly surmised that, now the example has been seriously set, it will again be followed. Mr. Mitchell Henry is certain before long to find his way into Parliament. A few men of his and of Mr. Clement's medical knowledge in the House of Commons would do more to right the wrongs of the profession than a score of Medical Councils will ever effect. What is wanted is, that the wrongs alluded to should be explained in the House of Commons—*i. e.*, to the country—by men who thoroughly understand them. Nothing can ever compensate the profession for the want of a sufficient voice of authority in the legislature of the country. What is the use of all our private efforts and Medical Council deliberating, if we get no hearing with the Government? The smallest village lawyer and country clergyman have their woes re-echoed to the country through the House of Commons. Every trade has its exponent there. Cotton-spinners, brewers, bakers, shoemakers, bill-brokers, discounters, railroad men, cattle-markets, the Stock Exchange, Westminster Hall, the Church—in fact, every profession and trade has its influence more or less powerfully exerted in the House of Commons, except that of medicine. Everything touching doctors and physic is a subject most distasteful to our men of legislation. On no subject mooted in the House is there amongst men of education so general and so gross ignorance and prejudice invariably expressed as on physic and physicians; and the reason of all this plainly is, that we have no one there to look after our interests. It is quite time the old-fangled notions adopted by Sir B. Brodie and other authorities, that men of medicine had no business to interfere with politics; that their duties lay in a very different direction; that the legitimate field of their exertions was the sick-room and private life; that their influence should be exerted only through their operations in private life,—it is quite time all such notions were abandoned. They were well enough in the time when the famous George the Third was king. In those days, the famous Lady Hester Stanhope, as we read in her memoirs, rebuked her private physician for having had the presumption to give an opinion on a matter of politics. She told him, in plain terms, in future to confine his attention and remarks to the legitimate and proper objects of his business—viz., the contents of a certain chamber utensil. We do most sincerely hope that throughout the kingdom our medical brethren will in the future do their best to further the object we speak of—viz., the obtaining, when possible, medical candidates for Parliament, and exercising their influence on candidates for Parliament by urging upon them a promise of fair consideration of all matters medical.

VISITATION OF EXAMINATIONS.

At a meeting of the Branch Medical Council of Scotland, on the 14th ult., the following orders, etc., were agreed to.

"The subject of the registration of medical students having been considered, the Registrar was directed—

"1. To issue the necessary forms of application to the universities and other licensing bodies in Scotland.

"2. To prepare a register for medical students, in conformity with the recommendations of the General Medical Council.

"3. To take means, by handbills and advertisements, to make the 'recommendations of the General Medical Council, in reference to the registration of medical students,' known to the students at the various medical schools in Scotland.

"It was agreed: that Dr. Christison and Mr. Syme should be deputed to visit the examinations held by the Royal Colleges of Physicians and Surgeons of Edinburgh; that Dr. Andrew Wood and Dr. Alexander Wood should be deputed to visit the examinations held at the University of Edinburgh; that the members of the Branch Council now present should visit the examinations held at the University of Glas-

gow, and at the Faculty of Physicians and Surgeons of Glasgow; and that the Registrar should write to the Dean of the Medical Faculty of the University of Aberdeen for information as to the dates at which the medical examinations are there held, in order that steps may be taken to exercise the supervision contemplated by the General Medical Council in their resolution of 6th April, 1865."

THE LATE JOSEPH DICKINSON, M.D., F.R.S.

It is with sincere regret that we announce the death of Joseph Dickinson, M.D., F.R.S., of Liverpool, which occurred at Waterloo, on July 21st, somewhat suddenly, although a protracted illness had prepared his friends for a fatal issue.

As a consulting physician, Dr. Dickinson had for many years enjoyed the confidence both of the public and the profession to an extent which secured for him a more extensive and lucrative practice than falls to the lot of most provincial practitioners. His success in consultation practice was probably due not more to his scientific attainments than to his high sense of professional rectitude and honour, and a constant regard for the reputation and position of those with whom he was called upon to act.

His literary acquirements were recognised in the scientific world by his admission as a Fellow of the Royal Society, and locally by his appointment as President of the Liverpool Literary and Philosophical Society, and of the Royal Institution. In the course of his professional career, he filled the offices of physician to the Dispensaries, to the Fever Hospital, and Workhouse; lecturer at the Royal Infirmary School of Medicine, on Materia Medica and the Practice of Physic; and for several years he was one of the physicians to the Royal Infirmary; and, when declining health obliged him to resign, he was elected consulting physician, and in that capacity retained his connexion with the institution to the time of his death.

He was the author of a *History of the Flora of Liverpool*, and contributor of several papers and reports to the medical and scientific journals. As a member of the British Medical Association, and President of the Lancashire and Cheshire Branch, he took an active part in its proceedings. On the occasion of the annual meeting of the Parent Association in Liverpool in 1859, he was selected to deliver the Address in Medicine; but, unfortunately, an attack of illness compelled him at the last moment to relinquish the task, which, under other circumstances, would doubtless have reflected credit upon himself, and added much to the interest of the proceedings.

His death may be said to have been premature, as he had only reached his fifty-fourth year. He had twice married; his second wife survives him. He lost his first wife under peculiarly distressing circumstances. Some years ago, a failure in health obliged him to relinquish practice, and to undertake a lengthened tour into Upper Egypt; and Mrs. Dickinson, who accompanied him, unfortunately contracted fever, and died abroad. A striking proof of the high estimation in which Dr. Dickinson was held by his patients, and by his professional brethren, was afforded by the fact that, although on the occasion alluded to he was entirely absent from the scene of his labours for more than twelve months, yet, within a very short time after his return, his practice was as extensive as it had ever been at any period of his career.

Association Intelligence.

THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The Annual Meeting for 1865 commenced at Leamington on Tuesday last. A full report will be given next week; but in the meantime we will give a short account of the proceedings up to the afternoon of last Wednesday.

According to notice, the Board of Directors of the Medical Provident Society met at twelve o'clock on Tuesday; the Committee of Council of the Association at half-past one; and the General Council at three o'clock.

The members of the Association held their first general meeting at 8 P.M., when Dr. Paget, the retiring President, opened the business with the following remarks.

"Gentlemen, I congratulate you on the prosperity of our Association—its prosperity both financial and social. I congratulate you on our meeting in this beautiful and pleasant place—this famous health-resort—where, under the able and genial guidance of our new President and his colleagues, we may observe the various aids in the restoration of health which here abound—the *adjuvantia* of the Leamington doctors. I mean not the mineral waters alone, but the cheerful walks, the charming scenery, and the many objects of interest, the contemplation and enjoyment of which are, as we all well know, as truly remedial in the influence, and at least as pleasant, as many of the articles in our *Pharmacopœia*. Gentlemen, the time is come for my retirement from the office of President, in which your favour placed me. Accept my thanks—many and hearty thanks—for the kindness which bestowed on me that high distinction, and for all the many courtesies which have been shown to me during my year of office. Believe me, I shall ever hold them in grateful remembrance. And now, my good friend Dr. Jeaffreson, let me wish you joy on succeeding to this same dignity. 'Tis one of the popular honours of a free country. Our profession does not, like the other learned professions, look to the Crown or State for its highest honours and rewards. But our aspirations are not less worthy—are not less lofty—when we seek our highest honours in the approbation of our professional brethren."

Dr. Jeaffreson then took the Chair, and delivered the address which is published at page 107 of the present number.

The Report of Council was then read by Mr. Watkin Williams, General Secretary; and its discussion was adjourned to the following morning. The following is a copy of the Report:—

"Your Council has much pleasure in meeting the members of the British Medical Association in the beautiful town of Leamington, and trusts this, the Thirty-Third Anniversary, will be found as agreeable a meeting as the most successful of its predecessors.

"The Committee of Council has, as usual, held its quarterly meetings in Birmingham, and each time under the presidency of Sir Charles Hastings; to whom the Association generally, but more especially the Committee of Council, owes a deep debt of gratitude for the efforts he has made during the past year to serve the Association, though suffering from very serious illness.

"Your Council rejoices to find Sir Charles in im-

proved health, and heartily hopes that his valuable life may be spared for many years.

"Since the last annual meeting, a very important addition has been made to the Association, by the formation of a new Branch for the counties of Durham and Northumberland. A large increase in the number of your members may be expected in this district.

"The number of members on the books in 1864, was 2,400. During the year 30 died, 65 resigned at the commencement of this year, and the Council, in accordance with Law XVI, have erased the names of 70 members for non-payment of arrears.

"This year 133 new members have been added; so that the Association now numbers 2368.

"Your Council has again to record its grateful acknowledgments of the very valuable services rendered by the Honorary Secretaries of the several Branches.

"At a large meeting of the Council held at Cambridge last year, a very hearty and unanimous vote of thanks was accorded to Dr. Markham for his excellent and able management of the JOURNAL. Your Council has much pleasure in bearing witness to the efficiency of the JOURNAL during the past year; fully justifying the resolution passed at Cambridge.

"The following is the Financial Report for 1864, published in the JOURNAL in accordance with Law XXIV.

"'*Financial Statement for* 1864. It is very satisfactory to be enabled to report a very improved condition of the finances of the Association, as compared with that of last year. The accounts have been audited by Dr. Melson and Mr. Hadley; and they find that after payment of all bills due from the Association, the Treasurer held a balance of £243:16:8½ on the 31st of December 1864; whereas, in December 1863, there was a balance of £8:0:3½ due from the Association to the Treasurer. This result is the more gratifying, as some extra sums have been paid, not of an ordinary kind, which have added to the amount of the expenditure.

"'The following is the statement of the accounts.

"'1864.—RECEIPTS.	£	s.	d.
Subscriptions	2501	2	0
Advertisements and Sales	633	11	6
	3134	13	6

"'1864.—PAYMENTS.	£	s.	d.
Balance due to Treasurer	8	3	0½
JOURNAL EXPENSES:			
Mr. Richards (Printing)	1792	9	0
Mr. Richards (for Directing, etc.)	50	0	0
Mr. Honeyman (Office Expenses)	81	13	10
Mr. Davidson (Commission)	70	10	1
Mr. Orrin Smith (Engraver)	3	12	6
Editor of Journal	200	0	0
Dr. Henry (Sub-editor)	50	0	0
Contributors	267	18	0
Dr. Henry (Salary)	50	0	0
EXECUTIVE EXPENSES:			
Mr. Williams and Clerk	157	0	0
Mr. Williams (Petty Cash)	33	10	5
Cambridge Reporter	12	12	0
Mr. Williams (Branch Expenses)	17	12	9
Birmingham Stationer	12	13	10
Anniversary Expenses	3	7	0
Collecting Expenses	9	11	4
Mr. Moore (Gold Medal and Die)	41	0	0
Provident Fund	25	0	0
Sundry Payments	4	3	0
	2890	16	9½
Balance	243	16	8½
	£3134	13	6

"'CHARLES HASTINGS, *Treasurer.*'

"In accordance with a resolution passed at Cambridge, a memorial was presented to the Council of the Royal College of Surgeons in favour of voting by proxy by Fellows of the College, similar to that presented in 1863. This year the Secretary received a reply to the effect that the Council of the College saw no reason to alter the decision it had arrived at the previous year. Your Council recommend that the Association should not falter in the course on which it has entered, but persevere until so just a demand shall have been granted.

"*Public Service.* Your Council has directed a Memorial to the First Lord of the Admiralty and the Secretary for War to be prepared and laid before the meeting, for approval, before presentation.

"*Poor-Law Medical Reform.* Poor-law Medical Reform has made but little actual progress in the past year, but your Council thinks that there is a disposition to a more friendly feeling to the Poor-law medical officers, and suggests that a committee be formed to report on the proceedings of the Poor-law Board.

"The Council congratulates the profession that a member of the medical body has been added to the list of the Poor-law inspectors—Dr. Edward Smith, F.R.S., a member of your Association.

"The Council trusts that this act will be followed by the appointment of members of the medical profession on the Poor-law Board.

"*The Charter.* Your Council begs to report that a committee has been actively engaged during the past year in drawing out, and considering the means of obtaining, a Charter of Incorporation for the Association. The report of the committee, together with the petition and draft of the Charter, have already been made public in the JOURNAL. The Council is of opinion that the cost of the Charter will be about £300, and has every reason to believe that the Charter may be obtained by united and unanimous action on the part of the Association. The Council invites discussion on this important subject.

"Since the last annual meeting, the MEDICAL PROVIDENT SOCIETY has been established. A report will be presented by the Board of Directors.

"*Medical Benevolent Fund.* This valuable society has continued its useful work with increased efficiency, having during the past year obtained considerable addition to its funds. A report will be read by the Treasurer.

"To Mr. Toynbee and his fellow-labourers a large debt of gratitude is due from the Association.

"*The Hastings Prize Medal.* This medal has been awarded by the adjudicators—Dr. Acland, F.R.S., Dr. G. E. Paget, and Dr. Parkes, F.R.S.—to Dr. T. Herbert Barker, of Bedford.

"*The Address in Medicine* will be delivered by Professor Stokes, M.D., D.C.L.

"*The Address in Surgery* will be delivered by Professor Syme, F.R.S.Ed.

"The Committee of Council has this year instituted open discussions on subjects of professional and public interest. The Council believes that this new arrangement will prove generally acceptable, and trusts that the members present will vigorously support this effort."

The Report of the Medical Provident Committee was read by Dr. HENRY, Secretary to the Society. The document will be given in the next number of the JOURNAL.

Mr. WATKIN WILLIAMS was, on the motion of Sir CHARLES HASTINGS, seconded by Dr. RICHARDSON, unanimously re-elected General Secretary to the Association.

Medical Provident Society. Mr. PROPERT proposed, and Dr. WESTALL seconded—

"That Dr. Richardson be re-elected Chairman, and that John Clay, Esq., be elected Vice-Chairman, of the Medical Provident Society."

Considerable discussion followed, in the course of which an amendment was proposed by Mr. HUSBAND of York, and seconded by Mr. A. B. STEELE, that the election of its officers should be left entirely in the hands of the Provident Society.

The amendment was defeated by a large majority; and the motion was carried.

A vote of thanks was unanimously given to Mr. Finlaison, Actuary to the National Debt, for his graceful and generous conduct in regard to the Provident Society.

On Wednesday morning, a large number of members partook of a sumptuous public breakfast, at half-past eight A.M.

The new Council assembled at ten o'clock, and elected the Committee of Council for the next year.

The members met at eleven A.M.; when Dr. PAGET proposed, and Mr. CLAYTON seconded, a resolution providing for the placing the President-elect on the Committee of Council. The resolution was unanimously carried.

The Report of Council was, on the motion of Dr. PAGET, seconded by Dr. MACKESY, put to the vote and adopted.

The Charter. Mr. STEELE opened the discussion on the Charter. He believed that the Association would be benefited by it; but saw a difficulty in obtaining the necessary funds. He therefore proposed—

"That the question of the Charter be deferred to the next annual meeting of the Association."

Mr. WOOD seconded the motion; but at the same time strongly approved of the Charter.

Dr. RICHARDSON moved as an amendment—

"That the Committee of Council be requested to continue their efforts to obtain a Charter of Incorporation, and that the matter be left in the hands of the Committee of Council."

He considered that the Charter was necessary for ensuring the stability of the Association. The Committee of Council had already entered into some expenses; and why should they not go on with that which they agreed to last year. As to the cost, he believed that the balance in their hands would be sufficient; and if not, he had no doubt that a necessary sum would be raised from the liberality of members.

Dr. TUNSTALL seconded the amendment. If the Association is to represent the profession, it ought to have a Charter at once. The Charter dealt only with general principles, and left much to details.

Mr. STEELE, with the consent of his seconder, withdrew his resolution.

Dr. STEWART advised that the members should be invited to communicate to the Committee of Council any suggestions they might have to make. Several members had made remarks to him on the Charter which showed that they had not read it, although it was published in the JOURNAL a fortnight ago.

Dr. J. SEATON asked whether the passing of the resolution would bind the Association to the Charter.

Sir C. HASTINGS explained that the Charter would still be subject to such alterations as might be thought necessary by the Committee of Council. It was impossible to do anything wholly unobjectionable; but the advantages of the Charter greatly exceeded its disadvantages. We had great power already with the Government; but this influence would be greatly increased if we could go to Government as a body incorporated by Royal Charter. As to finance, he agreed with Dr. Richardson that the promise was one of a larger balance at the end of next year. But, if it were not so, could it for a moment be doubted that the money would be obtained from the more wealthy members?

Mr. HECKSTALL SMITH hoped there would be no mistake as to what was delegated to the Committee of Council. He understood that it was desired that the meeting should approve of the principle of obtaining a Charter, but should leave the Committee of Council to carry out all beyond this.

Dr. GIBBON made some observations on the advantages of the Charter. As to expense, he believed the expense would not be merely £300, as a building would be wanted. Could not an union be formed with another society? He suggested that the matter should be referred to the Council.

Dr. RICHARDSON explained that this was inconvenient. All suggestions made by members would be carefully considered, and adopted if possible.

Dr. MACKESY thought it would be irregular to include Ireland without consulting the Irish Medical Association.

After a few remarks from Dr. STEWART and Mr. Z. LAURENCE, Dr. Richardson's motion was put to the vote, and carried.

Vote of thanks. Dr. SIEVEKING proposed a vote of thanks to the General Council of the past year.

Dr. RADCLYFFE HALL seconded the motion. Thanks were especially due to Sir Charles Hastings for having, even during illness, performed his duties as President of the Council. The services of the Committee of Council were also specially referred to by both speakers.

The resolution was unanimously carried.

Poor-law Medical Relief. Dr. HENRY proposed the motions of which notice has been given in the JOURNAL. He explained that his object was, not that the Association should at once pledge itself to details, but that it should sanction the appointment of a Committee to investigate the whole matter, and, if possible, to complete the work so well commenced and zealously carried on by Mr. Griffin.

Dr. G. B. MEAD, who had given notice of another resolution on the same subject, seconded the motion, and eloquently supported the necessity of action on behalf of the Poor-law medical officers.

After some remarks from Mr. STEELE, Mr. PROPERT, Mr. LORD, and other members, the motion was put to the vote, and carried unanimously.

Dr. HENRY proposed, and Dr. MEAD seconded—

"That the following gentlemen be requested to act on the Committee, with power to add to their number:—Dr. Sibson; Dr. Sieveking; R. Griffin, Esq.; Dr. R. Fowler; Dr. Anstie; Dr. Druitt; Dr. W. H. Colborne; C. F. J. Lord, Esq.; and Dr. Herbert Barker."

The motion was carried; the names of the proposer and seconder being added.

Parliamentary Committee. Dr. RICHARDSON proposed the motion of which he had given notice. He wanted to see medical men in Parliament, without respect to party. He wanted a small Committee to be appointed, to have its centre in London, and to raise from the wealthy members of the profession a sum of money, and place it in the hands of the Association, to be applied to bringing medical members into Parliament as opportunities might offer.

Dr. MACKESY seconded the resolution. He believed there was a great want of medical representatives to bring forward the claims of the profession in the House of Commons. He referred to the efforts of the Irish Medical Association in the same direction; and suggested that the claims of the profession to a special representation were worthy of consideration.

Mr. CLAYTON thought no more effectual means could be found for injuring the Association than the introduction of religious or political matters. He opposed the resolution.

Dr. GIBBON proposed as an amendment that the £50 be granted to the Parliamentary Committee of the Metropolitan Counties Branch. He referred to the action of the Committee in throwing out the India Medical Service Bill, etc.

Mr. ZACHARIAH LAURENCE seconded the amendment.

Dr. RICHARDSON said that, in consideration of what appeared to be the general desire of the meeting, he would withdraw his resolution.

The members then adjourned for luncheon. At 2 P.M. the President again took the chair.

The Hastings Medal was presented to Dr. Herbert Barker by Sir Charles Hastings.

The Address in Medicine was delivered by Dr. Stokes.

A vote of thanks to Dr. Stokes was proposed by Dr. SIBSON, seconded by Dr. SLACK of Leamington, and unanimously carried.

Place of Meeting in 1866. Sir CHARLES HASTINGS announced that a numerously signed invitation had been received from Chester, and proposed that the meeting should be held next year in that city, with Dr. Edward Waters as President. The resolution was seconded, and carried unanimously.

The BRITISH MEDICAL JOURNAL. Mr. CARTER proposed the resolutions of which he had given notice; and they were seconded by Mr. GAMGEE.

Dr. DAVEY proposed his resolution as an amendment to Mr. Carter's. It was seconded by Mr. ZACHARIAH LAURENCE.

The Rev. Dr. BELL then proposed his amendment, which was seconded by Dr. SIBSON, and supported by Dr. COWAN of Reading. Dr. Bell's amendment was carried by an overwhelming majority; only ten or twelve members, in a large meeting, declining to vote in its favour.

(The resolution and amendments have already been given in the programme of the meeting.)

ALPINE PLANTS. A more useful, though not so interesting Alpine ascent as that of the Matterhorn, has lately been made by M. Martins, Professor of Natural History at Montpellier. In a scientific ascent of Mont Blanc, M. Martins collected no less than 82 species of plants near the Grands Mulets, 24 of which were phanerogams, 26 mosses, 2 hepaticæ, and 30 lichens. (*Athenæum.*)

THE VALUE OF NOTE-TAKING. My custom has been to take short notes at the bedside of the patients in the day, and to expand them, with the aid of my memory, in the evening. After an experience of nearly fifty years, I am satisfied that no one can be well acquainted with his profession, either as a physician or surgeon, who has not studied it in that manner. It is only by these means that a case can be thoroughly and scientifically investigated, or that that minute and accurate knowledge of it can be obtained which is necessary to a right diagnosis. I have always, during the many years in which I was a teacher and a hospital surgeon, endeavoured to impress on the minds of my pupils the necessity of making and preserving such written records of their experience; and I have often been pained to observe how small a proportion have followed the advice which I gave them. The great mass of students, whose period of professional education is limited, are so occupied by the great (and, as I think, unnecessary) number of lectures which they are now required to attend, and in running from one class-room to another, that they really have neither the leisure nor the physical powers necessary for pursuing, in any efficient manner, the practical study of disease in the wards of the hospital. (*Sir B. Brodie's Autobiography.*)

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

FROM the Report of the Medical Officer of Health, it appears that in Liverpool the mortality, especially from zymotic diseases, although much diminished since the commencement of the summer, is still much above the average.

During the quarter ending June 30th, the average number of cases of typhus in the hospital at one time was 217, and the death-rate 16.5 per cent.; small-pox 33 cases, death-rate 12.5; measles 11 cases, death-rate 23.7 per cent. Infantile diarrhœa has begun this year earlier and more severely than usual. It is attributed by the medical officer of health "not only to the intense summer heat, but also to the singular dryness of the season, by which there has been an absence of the usual flushing of the sewers by rain." There has been a considerable amount of diarrhœa amongst adults also, for the most part of a mild character; and we have not heard of any cases at all approaching to cholera. The mortality from zymotic diseases has shown a rapid and sudden increase during the month of July; but this is mainly due to infantile diarrhœa, which in one week caused no less than seventy-four deaths. It is probable that amongst the squalid, ill-nurtured children of the extreme poor, many deaths registered as diarrhœa—that being the last and most prominent symptom—might, if they could be accurately traced to their origin, be more strictly attributed to some of the various forms of cachectic disease, such as marasmus, tubercular meningitis, and so on, to which this class of the population are so generally liable.

It is most unfortunate that just at this crisis, when every sanitary precaution seems called for to avert a possible invasion of cholera, the water-supply has been discovered to be altogether insufficient for the wants of the town. The extensive and costly reservoirs at Rivington are so nearly exhausted as to contain not more than a few weeks' supply; and I suppose this very serious failure of one of the most gigantic schemes of this kind in the kingdom is to be accepted as an argument against the principle of storing surface water as the main supply of large populations. Luckily, the sandstone beneath our feet still yields us a supplementary supply; and, as the necessity for immediate steps is fully recognised by the local authorities, there is no doubt that some efficient measures will soon be adopted to secure an ample provision of this most essential element.

The Select Vestry have recently introduced into the Workhouse Hospital a staff of trained nurses, some of whom have been sent from Miss Nightingale's Training Institution, and who are all paid for the services which, under the old *regime*, were performed by paupers, who received no further remuneration than certain indulgences, supplemented by

a species of black mail clandestinely levied upon the unfortunate patients or their friends. This may be fairly regarded as a step in the right direction; and the parochial authorities of Liverpool deserve some credit for having taken (we believe) the initiative in this matter. The general management of this enormous pauper establishment, the population of which is about three thousand, has always been very creditable, especially as to the medical department; and we venture to say that, if our contemporary sends down his special commissioner to Liverpool, he will find more to approve than to censure, and will probably give to the Liverpool Workhouse the first place on the list, not only as the most extensive, but as the best conducted establishment of the kind in this country.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

A SECOND SERIES OF FIFTY CASES OF OVARIOTOMY: WITH REMARKS ON THE SELECTION OF CASES FOR THE OPERATION.

BY T. SPENCER WELLS, F.R.C.S.

THE author had constructed a table showing at a glance the result of the fifty operations; the recoveries being to the deaths in the proportion of two to one. The most favourable age for the operation appeared to be before twenty-five or above forty. The conjugal conditions of the patients seemed to have little effect on the result. Hospital cases had been more successful than private cases. The result of the operation depended but little on the season of the year in which it was performed. Adhesions of the tumour to the abdominal wall and intestines were of little importance; adhesions to the bladder, iliac vessels, ureters, or rectum, were very unfavourable. A short pedicle was also very unfavourable. There was no doubt that the cases where the stump of the pedicle could be kept external to the peritoneum were much more uniformly successful than those in which the stump was allowed to sink into the abdominal cavity. Of this latter class of cases, the least unfavourable were those in which the ends of the ligatures were cut off short. The size of an ovarian tumour did not of itself affect the result; but size and solidity together, by affecting the length of the incision necessary for the removal, appeared to be of some importance. A short incision was much more favourable than a long one. The probable result of ovariotomy could be estimated with far greater accuracy by a knowledge of the general condition of the patient than by the size and condition of the tumour.

REMARKS ON SOME RECENT EVIDENCE AGAINST THE INTERNAL ADMINISTRATION OF MERCURY IN SYPHILIS: WITH CASES TREATED BY THE AUTHOR.

BY CHARLES R. DRYSDALE, M.D., M.R.C.P.LOND.

The author observed that, as a Commission was endeavouring to arrive at some conclusion on this vexed question, he thought the present a fit time to invite discussion on the subject. He believed, in common with Mr. Syme and M. Ricord, that this disease had always existed; and that before the time of Paracelsus it was mild, probably on account of the absence of mercury from the materia medica of the ancients. Dr. Ferguson, in his letter from Evora in 1812, had shown what terrible mutilations were caused by mercury amongst the British; whilst the Portuguese, treated without it, had no phagedæna. M. Ricord had for some twenty years been chief of an *eclectic* school, which, discarding the drug in soft sores, advised "six months of treatment with a daily dose of mercury (which influences the accidents we have to combat), followed by three months of iodide of potassium." Of this treatment Mr. Syme had written, that "it injures the health not less effectually than the process of poisoning it professes to have so advantageously replaced." Dr. Hughes Bennett said: "The idea that mercury is a specific for syphilis, and the incalculable mischief it has occasioned, will constitute a curious episode in the history of medicine at some future period." Mr. Weedon Cooke and Mr. Spencer Wells said that syphilitic bone-disease did not occur without the use of mercury.

The author had recently received from Dr. Boeck of Christiania two works: the one entitled *Recherches sur la Syphilis*, by Dr. Boeck; the other, *Aperçu des differentes Méthodes de Traitement employées contre la Syphilis Constitutionelle à l'Hôpital de l'Université de Christiania*, by Dr. Bidenkap. Dr. Boeck, in his *Recherches*, had shown that primary sores took, on an average, far longer to heal under mercury than without it (sixty-two to thirty-eight days); and also that the number of secondary appearances was far greater when it was used (twenty-four to fourteen). Dr. Bidenkap mentioned that for the last ten years there had been experiments, in Christiania, as to the treatment of constitutional syphilis, resulting in entirely expelling the drug. Besides syphilisation—employed by Dr. Boeck, and which, Dr. DRYSDALE observed, had, in his opinion, for sole merit its freedom from the use of mercury—Dr. Bidenkap gave a detailed account of 192 cases treated by means of two expectant methods: (1) sweating; (2) derivation—*i. e.*, the raising of pustules by tartar-emetic ointment over the body. In these 192 cases thus expectantly treated, no worse symptoms were observed than eruptions, alopecia, sore-throat; with only five cases of iritis, which got well without mercury; and two cases of peritonitis; and no bone-disease. Dr. Bidenkap wrote: "The very rare cases of tertiary syphilis are met with among patients who have undergone a mercurial course elsewhere, especially abroad. Formerly, on the contrary, obstinate tertiary cases formed the majority of those treated at the hospital. It appears, then, that the exclusion of mercury from therapeutics has been the cause of it."

Professor Bärensprung of Berlin, in his work on *Hereditary Syphilis* (Berlin, 1864), after enumerating mucous tubercles, sore-throat, and exanthem-like eruptions, had written: "The above rapidly described alterations are those of which, in the majority of cases, the picture of syphilis is entirely composed. These may remain for weeks or months, or vanish for a shorter or longer period, or finally disappear for life. At least, I can certify that, in the now countless cases where I have treated syphilis without mercury, and which I have seen completely recover, there have never appeared any other forms than those papular and exanthematous ones, with, in a few cases, iritis, periostitis, and orchitis; but in no single instance has destructive perforation or necrosis appeared, provided that no extraordinary circumstances prevailed which have the property, like mercury, of altering the character of syphilis. . . . A

rapid and well-marked mercurial cachexia is not the sole, but the most frequent, cause of phagedæna. . . . Tertiary syphilis is not mercurial cachexia; it is syphilis in a constitution modified by mercury."

Dr. Drysdale observed that his own experience completely corroborated the remarks of Bidenkap and Bärensprung. He gave the details of several cases recently treated by him without mercury, with immunity from any but trifling lesions.

In conclusion, Dr. Drysdale said he believed that syphilis in adults was not always, but almost always, a very mild disease, when treated without mercury; that rupia was extremely rare when no mercury was used; that bone-disease did not occur unless in mercurially treated cases; and that, in short, the internal administration of mercury in syphilis, or in inflammatory diseases, had neither any rational theory to appeal to, nor was it supported by the experience invoked in its defence. He trusted that the verdict of the profession would soon be against the internal use of mercury in syphilis.

Correspondence.

TYPHUS AND TYPHOID FEVER.

LETTER FROM A. B. STEELE, ESQ.

SIR,—The President of the Midland Branch, in his annual address published in your impression of July 15th, denies the distinction between typhus and typhoid fever, and regards this most important and well established advance in our pathological knowledge as "excessive refinement in the classification of disease," founded upon "the limited experience derived from the treatment of disease as it occurs in London."

Now, whatever may be the phenomena of the fevers of Leicester, which, according to Dr. Barclay, do not present "the distinction between typhus and typhoid as is observed in London," I can only assure him that in this town, where the field of observation, as regards fever, is greater even than in the metropolis, the difference between typhus and typhoid is recognised by almost every practitioner of observation who has had much experience in the treatment of these diseases. In Glasgow and Edinburgh, and in Dublin, the other great centres of fever, the leading authorities, men of known accuracy and talent—such men, for instance, as Christison, Gairdner, Corrigan, and many others—are all satisfied as to the reality of the distinction between typhus and typhoid.

It is, in fact, difficult to understand how any physician acquainted with the literature of the subject, and who has had sufficient opportunity of testing the validity of recorded opinions by clinical observation, can continue to dispute one of the most important and to my mind most clearly established doctrines of the present day, which, so far from resting solely on the dicta of metropolitan physicians, may be regarded as the generally accepted view of the profession of this country, as well as that of America, and probably many other countries. It was in Paris that the distinction was first noticed by Dr. A. P. Stewart; and his views have since been amply verified by the recorded observations of Jenner, Murchison, Tweedie, Watson, and are, I venture to say, fully accepted by nineteen out of twenty practitioners whose powers of observation and opportunities of clinical experience entitled their opinions to credit. It is true that some few physicians even of repute are still sceptical; but surely it is more reasonable to suppose that the few have failed to recognise the distinction, than that the many have discovered a distinction which has no real existence.

One source of error in the reasoning of those who deny the separate existence of the two forms of fever seems to be a misapprehension of the diagnostic signs; and Dr. Barclay appears to have fallen into this error. He says, for instance: "We see cases in the same family with spots and without, with typhus rash and with abdominal symptoms, and the converse; while at the same time, and under the same roof, there are others with the mulberry rash, the petechiæ, and the abdomen perfectly free." From this statement, I infer that he rests his objection on these two points:

1. That a case may present the characteristic eruption of typhus, and at the same time abdominal or enteric symptoms may exist.

2. That the distinctive eruption of typhoid fever may occur with little or no enteric complication or disturbance.

Such instances are well known to all experienced observers in fever, but yet in no way invalidate the soundness of the distinction between the two forms of disease. As a rule, and in a vastly preponderating number of cases in typhus, diarrhœa is absent; the eruption is diffuse; the accession is more or less abrupt and defined; the duration definite, seldom beyond twenty-one days; and the symptoms for the most part involving the cerebro-spinal and vascular systems; the patient presenting the peculiar dull heavy aspect which the term typhus implies, with more or less duskiness of the skin, and suffusion of conjunctivæ from congestion of the capillaries, and a tongue coated or brown and dry, with sordes on teeth and gums. In typhoid, on the other hand, the accession is prolonged, insidious, and undefined; the duration indefinite, extending often much beyond three weeks. The patient has a bright eye, often a hectic flush; surface free from rash, excepting a thinly scattered eruption of elevated bright red spots, confined to the anterior surface of the abdomen and chest. The tongue is fissured, with red edges, indicative of gastric irritation. Diarrhœa is almost always a prominent symptom; and the nervous system, as a rule, much less seriously involved. In short, the etiology, the history, the progress, duration, and symptoms of the two diseases, are prominently distinct. At the same time, we have certain exceptions. For instance, diarrhœa and abdominal complication sometimes accompany typhus; and, again, the eruption is occasionally so ill defined as to be difficult to recognise, and in rarer cases is altogether absent; while, in some cases of well-marked typhoid, there is almost entire absence of abdominal symptoms, and occasionally the head-symptoms run high. But a careful investigation into the history and a comprehensive view of all the diagnostic signs will rarely, I believe, fail to enable the practitioner to decide the nature of the case.

The importance of the subject must be my apology for trespassing upon your valuable space.

I am, etc., A. B. STEELE.

Liverpool, July 18th, 1865.

THE LATE DR. DANIELL'S valuable contributions to our knowledge of the economic botany of Western and Central Africa and China are well known. His latest paper, on the kola nut, a new source of theine, recently appeared, and further communications on the same subject were promised. Incessant labour in some of the most unhealthy parts of the world had effectually broken up a strong constitution, and the Doctor died on June 26th, at the comparatively early age of 47.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on July 25th.

Anderson, William, Newcastle-on-Tyne
Ashton, John Henry, L.S.A., Margate
Berry, Other Windsor, Canonbury Road, Islington
Butler, William Harris, Old Charlton, Kent
Creighton, Thomas, Morpeth
Gimson, Thomas Stevens, Cleveland Street, Fitzroy Square
Hett, Geoffrey, Brigg, Lincolnshire
Hoffmeister, William, L.S.A., Cowes, Isle of Wight
Hope, John, South Shields
Humphrey, Arthur, Balham Hill, Surrey
Jackson, Robert, Catchgate, Gateshead
Jones, Edward Scott, Weston-super-Mare
Lowndes, Frederick Walter, Southport, Lancashire
May, Willoughby, Barnstaple, Devon
Oldham, Samuel, Burslem, Staffordshire
Pugh, Richard, Llandovery, South Wales
Reid, Kenneth, Montreal
Stafford, Thomas Edward, Long Bennington
Stuart, Robert, Woolwich
Thorp, Disney, Maldon, Essex
Williams, Eyton Owen, Llanrhaiadar, Denbighshire

Admitted on July 26th—

Andrews, Richard James, Wisbeach, Cambridgeshire
Beck, Marcus, Isleworth, Middlesex
Branson, Henry John, Sydney Street, Brompton
Denne, Henry, Sandwich, Kent
Elphinstone, Robert, Streatham, Surrey
Gowing, Benjamin, Lowestoft
Grindrod, John Albert, Rochdale
Haydon, Nathaniel Thomas John, Bovey Tracey
Heald, Samuel Linley, Brighouse, near Normanton
Hicks, William Tatman Goodman, Toddington, near Dunstable
Hill, Frederick Adolphus, Wookey, Somersetshire
Kinnear, Richard, Weston-super-Mare
Kinsey, Robert Henry, Canterbury
Lyddon, Charles, Exeter
Morgan, John Thomas, Aberystwith
Palmer, Clement, Haddiscoe, Norfolk
Richardson, Arthur, Chatteris, Cambridgeshire
Rust, Henry Robert Glover, Weathersfield, near Braintree
Rutherford, William, Edinburgh
Sanders, George Cooper, Moulton, near Northampton
Weekes, Henry, Brompton, Kent

Admitted on July 27th—

Cadle, James Frederick, Usk, Monmouthshire
Drinkard, William Beverley, Trinity Square
Hughes, Pringle, Middleton, Northumberland
Nankivell, Herbert, Penzance
Powles, Revett Coleridge, Ipswich
Ransford, Gifford, Brompton, Middlesex
Ring, Charles Gore, Clifton, near Bristol
Seaman, Albert Baird, Isle of Wight
Smith, Charles James Hardy, Kentish Town
Tibbits, Herbert, L.R.C.P.Lond., Charterhouse Square
Turner, Ellery, Beverley, Yorkshire
Underhill, Francis William, Tipton, Staffordshire
Watson, George Samuel, Hammersmith
Wolston, Walter Thomas Prideaux, Brixham, Devon
Wyllie, John, Edinburgh

Admitted on July 28th—

Coghlan, Edward Francis, Limerick
Finden, Woodforde, Talbot Square, Hyde Park
Greening, Frederick Joseph, Bromsgrove, Worcestershire
Morrison, John, Stirling, N.B.
Saunders, Thomas J., London
Todd, John, Mile End Road
Williamson, Ninian Alexander, Edinburgh
Wood, Thomas Arthur, Isle of Man

At the same meeting of the Court—

Johnson, Arthur Borough, H.M.S. *Implacable*, Devonport
Mockridge, John, H.M.S. *Boscawen*, Southampton
Murphy, Alexander, H.M.S. *Cumberland*, Sheerness
Ridings, William George, Royal Marine Depôt, Deal

Passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College: their diplomas bearing date respectively June 13th, 1856; August 13th, 1858; June 28th, 1855; and July 9th, 1855.

It is stated that out of eighty-three candidates who presented themselves at the pass examination, seventeen were referred back to their studies for six months. This is the last meeting of the Court for the present session.

UNIVERSITY OF LONDON. Preliminary Scientific M.B. Examination. 1865. Pass Examination.

First Division.

Anderson, Tempest, University College
Baines, Albert Henry, Guy's Hospital
Blackley, John Galley, Owens College
Brailey, William Arthur, Guy's Hosp. and Downing, Cambridge
Butcher, William Deane, St. Bartholomew's Hospital
Cass, Henry University College
Colson, Edward, Guy's Hospital
Dessé, Ethelrid, University College
Dreschfeld, Julius, Owens College
Flowers, William Field (B.A.Oxf.), Guy's Hospital
Harris, Robert, Guy's Hospital
Hurlstone, Adam Payton, University College
Maxwell, Theodore, University College
Nettleship, Edward, King's College
Orme, Temple Augustus, University College
Price, William, University College
Railton, Thomas Carlton, Owens College
Ridge, John James, St. Thomas's Hospital
Roberts, Richard Lawton, University College
Robertson, Dalrymple Kinloch, St. Bartholomew's Hospital
Scott, Peter Thomas, Guy's Hospital
Shipman, George William, Guy's Hospital
Waller, Arthur, St. Thomas's Hospital

Second Division.

Allchin, William Henry, University College
Batt, Charles Dorrington, St. Bartholomew's Hospital
Black, John Gordon, College of Medicine, Newcastle-on-Tyne
Darby, John Thomas, University College
Davison, William John, Newcastle College of Medicine
Dukes, Clement, St. Thomas's Hospital
Hall, Francis de Havilland, Private tuition
Johnson, William Murray, King's College
Turner, William, Guy's Hospital

APOTHECARIES' HALL. On July 27th, 1865, the following Licentiates were admitted:—

Batteson, James, Chesterfield
Dunn, John Roberts, Warbleton, Sussex
Husband, Henry Aubrey, Green Vale, Jamaica
Popham, Henry Home, Hornsey Road, Holloway
Steell, Frederick, Cumberland Infirmary, Carlisle
Willmot, Robert, Stratford-on-Avon
Winn, Algernon William, Scarborough
Wood, Thomas Arthur, 119, Goswell Street
Wynne, John Frederick, Oswestry

At the same Court, the following passed the first examination:—

Brookes, R. Charles, Westminster Hospital
Cant, William Edward, St. George's Hospital
Colquhoun, Frederick Stuart, London Hospital
Cook, James Wood, Guy's Hospital
Crowther, Edward L., Guy's Hospital
De la Cour, George Francis, King's College Hospital
Dyer, Thomas Birch, Guy's Hospital
Lettis, Thomas, University College Hospital
Mann, William Slingsby, Birmingham
Spearman, George, Guy's Hospital
Thomas, John Davies, University College Hospital
Walters, James Hopkins, Guy's Hospital
Warlow, Henry, Guy's Hospital

As Assistant:—

Williams, Howell, Cardiff

APPOINTMENTS.

ARMY.

AVENT, Assistant-Surgeon N., 66th Foot, to be Staff-Assistant-Surgeon, *vice* T. Seward, M.D.

BAYFIELD, Staff-Assistant-Surgeon S. J., to be Staff-Surgeon, *vice* T. P. Matthew.

BRACKEN, Assistant-Surgeon J. H. N., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* S. J. Bayfield.

ROYAL NAVY.

MACIVER, Donald, M.D., Assistant-Surgeon, to the *Victory*, for service in Haslar Hospital.

STONE, John N., Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

CEELY, J. H., Esq., to be Surgeon 1st Administrative Battalion Buckinghamshire R.V.

COOPER, G. V., Esq., to be Honorary Assistant-Surgeon 15th Wiltshire R.V.

PRIDHAM, C., Esq., to be Honorary Assistant-Surgeon 1st Devonshire Light Horse Volunteer Cavalry.

DEATH.

BURNIE. At St. James Street, Nottingham, on July 31st, Emma Tooke, wife of Thomas Burnie, Esq., Surgeon.

The Congress of German Veterinarians takes place at Vienna on the 18th inst.

Professor Dietl has been chosen Rector of the University of Cracow.

Dr. Herpin. The death of Dr. Herpin of Geneva, after a long illness, is announced.

Deaths from Lightning in France. 2238 persons have been killed by lightning in France between the years 1835 and 1863.

Sir John Fisher has resigned the office of Head Surgeon of the Metropolitan Police, which he has held for fifty-one years.

Dr. Cundell Juler, of James Street, Westbourne Terrace, last week saved the life of a boy who was drowning in one of the Hampstead Ponds.

Dr. Eastlake has recently been made a corresponding member of the Hufeland Society, and an honorary fellow of the Medical Society in Berlin.

St. Mary's Hospital. The Governors of St. Mary's Hospital, Paddington, have lately received a munificent donation of £1,000 from a lady residing in the neighbourhood.

Senator Raffaele Piria, Professor of Chemistry at the University of Turin, one of the "forty" of the Italian Society of Sciences at Modena, is dead. He was born in Naples in 1805.

Ophthalmia in the Belgian Army. In twenty-five years—between 1814 and 1839—the Belgian army of 50,000 men has produced 100,000 cases of ophthalmia.

Prosecution for Illegal Practice. The Bourges Tribunal lately condemned a *Pharmacien* for making up and selling drugs without the order of a physician, and for practising medicine, 500 *francs* and the expenses. We may say "they manage these things better in France."

Mr. Wainwright, a surgeon-dentist, appeared in the Sheriff's Court to recover his fee for extractio dentis. Defendant swore that he pulled out a sound one by mistake; and therefore his honour decided that the dentist could not recover, and mulcted him also in costs.

Effect of Electricity on the Body. M. Boudin gives two instances in which the corpses of individuals killed by lightning seemed to be charged with electricity like Leyden jars, for in each instance people going to the assistance of the deceased received violent shocks.

St. Bartholomew's Hospital. Mr. Lawrence has resigned the office of Surgeon to St. Bartholomew's Hospital, in consequence, we regret to say, of illness. Mr. Wormald will, therefore, now be Senior Surgeon; and Mr. Luther Holden will take office as Surgeon. Mr. Willett and Mr. Baker are candidates for the office of Assistant-Surgeon.

Forfarshire Medical Association. The annual meeting of this association was held in Arbroath, on July 13th, 1865. Dr. Lawrence said that the Minutes read had suggested the question of medical ethics, and it seemed doubtful whether with its present laws the Association was entitled to take up such a subject as was there alluded to; that on a former occasion he had procured a copy of the laws of the Manchester Medico-Ethical Society, and that if the members thought it desirable, he would with the assistance of these consider the subject, and be prepared to bring some definite proposal before the next general meeting. This was agreed to, and Dr. Lawrence was requested to have the result of his deliberations submitted to the Council, and printed and circulated amongst the members previous to the general meeting.

Typhoid Fever in Pigs. Dr. W. Budd states that typhoid fever has destroyed 10,000 to 15,000 pigs in the south-west of England during the last eighteen months.

Conviction for Malpraxis. John Jerard was lately indicted for the manslaughter of Mary Ann Johnson. The prisoner, who is nearly 70 years of age, has been for upwards of twenty-five years in practice as a surgeon at Bardney in Lincolnshire, and has had considerable experience in attending the poorer classes. On April 25th he was called in to attend the deceased, the wife of a labouring man, in her confinement, and the present charge arose out of his conduct on that occasion. The substance of it was that the defendant, finding the woman in a very critical state, did nothing at all at a time when action was imperatively necessary, until she died from ulceration and the exhaustion consequent upon a very protracted labour. The learned judge (Mr. Justice Mellor) summed up the case with great care to the jury, who, after a short deliberation, returned a verdict of *Guilty*. His lordship, after observing that to a man in the prisoner's position the conviction itself was the greatest punishment that could possibly befal him, sentenced him to three months' imprisonment.

Infanticide. Mr. Simon said, in his evidence before the Committee on the Chemists' and Druggists' Bills: "There are some country districts of England where child killing by opium is monstrous. Every one knows that in some of the manufacturing districts, where mothers are employed and children are neglected, the mortality of infants is twice or thrice what one would call the nominal rate of dying, and that a considerable share of this undue mortality is caused by dosing with preparations of opium. But it is not equally well known that in certain country districts the same amount of mortality of infants is to be observed; and when the particulars of this are inquired into, it appears that the conditions are very similar to those which operate in the manufacturing districts, and that even a greater proportion of the mortality is caused by the domestic administration of opium." "I should not like you," Mr. Simon continued, "to suppose that I think much of it is intentional. I do not think that, but there is a carelessness as to the result that is hideous. On this subject the committee would find the facts given in my last annual report, and especially with reference to the marsh districts of England. The women work in gangs, and travel about the country, leading often a very reckless and rollicking life, and leaving their children a great deal to chance as they travel about. The children fare very badly, as the children do in manufacturing towns. To be kept quiet they are drugged with opium. The peasantry have a tradition that opium is useful in their ague, and have got so familiar with it that many of the adults are opium eaters. Having this local knowledge of opium, they use it to children very largely, the children dying monstrously. The mothers—namely, the agricultural gangwomen—appear often to be very reckless whether the children live or die. The children are an encumbrance to them."

Influence of the Mother on the Fœtus. A correspondent of the *Edinburgh Medical Journal* says that in his midwifery experience of nearly three thousand cases, he has "met with only two deformities of any kind whatever." These cases are the following: "Nearly two years ago I attended a very shrewd and intelligent young woman, about twenty-three years of age, of a thin, spare, strumous habit, and exceedingly nervous temperament, during her first confinement. The labour was severe and tedious, and the

child of great size and unusually muscular. It is either Mauriceau or La Motte who says that this is a very common circumstance in cases where there is great and irreparable deformity. In the case I am relating, the infant had a fearful-looking double-fissured hare-lip, with a broad and long cleft in the palate, and from this distressing and unlooked-for casualty there was an unusual silence in the apartment immediately after the birth; but the mother instantly suspected that there was something wrong with her child, and at once guessed, not only the nature, but the extent of the deformity. The second case occurred a little more than twelve months afterwards. The mother was a very accomplished and well-educated person. It was her fourth child. The other three were all well formed. The labour in this case also was more tedious than usual, and the child stout and muscular. Immediately after birth there was the same ominous silence, and from the same cause as in the last case, which was not at all lessened by my demeanour, impressed as I was with a feeling that certainly some fatality was attending my midwifery practice. Almost in the same language, and in a moment, the mother exclaimed that her infant was deformed, that she was sure it was so, exactly as in the case of her neighbour's child."

Preservation of the Remains of Extinct Species. Almost all the hard parts of animals—the bones and so on—are composed chiefly of phosphate of lime and carbonate of lime. Some years ago, I had to make an inquiry into the nature of some very curious fossils sent me from the north of Scotland. Fossils are usually hard, bony structures that have become imbedded in the way I have described, and have gradually acquired the nature and solidity of the body with which they are associated; but in this case I had a series of *holes* in some pieces of rock, and nothing else. Those holes, however, had a certain definite shape about them, and when I got a skilful workman to make castings of the interior of these holes, I found that they were the impressions of the joints of a back bone and of the armor of a great reptile, twelve or more feet long. This great beast had died and got buried in the sand; the sand had gradually hardened over the bones, but remained porous. Water had trickled through it, and that water being probably charged with a superfluity of carbonic acid, had dissolved all the phosphate and carbonate of lime, and the bones themselves had thus decayed and entirely disappeared; but as the sandstone happened to have consolidated by that time, the precise shape of the bones was retained. If that sandstone had remained soft a little longer, we should have known nothing whatsoever of the existence of the reptile whose bones it had incased. How certain it is that a vast number of animals which have existed at one period on this earth have entirely perished, and left no trace whatever of their forms, may be proved to you by other considerations. There are large tracts of sandstone in various parts of the world, in which nobody has yet found anything but footsteps. Not a bone of any description, but an enormous number of traces of footsteps. There is no question about them. There is a whole valley in Connecticut covered with these footsteps, and not a single fragment of the animals which made them has yet been found. Let me mention another case, while upon that matter, which is even more surprising than those to which I have yet referred. There is a limestone formation near Oxford, at a place called Stonesfield, which has yielded the remains of certain very interesting mammalian animals, and up to this time, if I recollect rightly, there have been found seven specimens of its lower jaws, and not a bit of anything else, neither limb-bones nor skull, or any part whatever; not a fragment of the whole system! Of course it would be preposterous to imagine that the beasts had nothing else but a lower jaw! The probability is, as Dr. Buckland showed, as the result of his observations on dead dogs in the River Thames, that the lower jaw, not being secured by very firm ligaments to the bones of the head, and being a weighty affair, would easily be knocked off, or might drop away from the body as it floated in water in a state of decomposition. The jaw would thus be deposited immediately, while the rest of the body would float and drift away altogether, ultimately reaching the sea, and perhaps becoming destroyed. The jaw becomes covered up and preserved in the river silt, and thus it comes that we have such a curious circumstance as that of the lower jaws in the Stonefield slates. So that, you see, faulty as these layers of stone in the earth's crust are, defective as they necessarily are as a record, the account of contemporaneous vital phenomena presented by them is, by the necessity of the case, infinitely more defective and fragmentary. (*Huxley.*)

The Transmutation of Rays. Eminent experimenters were long occupied in demonstrating the substantial identity of light and radiant heat, and we have now the means of offering a new and striking proof of this identity. A concave mirror produces beyond the object which it reflects an inverted and magnified image of the object; withdrawing, for example, our iodine solution, an intensely luminous inverted image of the carbon points of the electric light is formed at the focus of the mirror employed in the foregoing experiments. When the solution is interposed and the light is cut away, what becomes of the image? It disappears from sight, but an invisible thermograph remains, and it is only the peculiar constitution of our eyes that disqualifies us from seeing the picture formed by the calorific rays. Falling on white paper, the image clears itself out; falling on black paper two holes are pierced in it, corresponding to the images of the two coal points; but falling on a thin plate of carbon *in vacuo*, or upon a thin sheet of platinised platinum, either *in vacuo* or in air, radiant heat is converted into light, and the image stamps itself in vivid incandescence upon both the carbon and the metal. Results similar to those obtained with the electric light have also been obtained with the invisible rays of the lime-light and of the sun. Before a Cambridge audience it is hardly necessary to refer to the excellent researches of Professor Stokes at the opposite end of the spectrum. The above results constitute a kind of compliment to his discoveries. Professor Stokes named the phenomena which he has discovered and investigated *fluorescence;* for the new phenomena here described I have proposed the term *calorescence.* He by the interposition of a proper medium so lowered the refrangibility of the ultra-violet rays of the spectrum as to render them visible; and here by the interposition of the platinum foil the refrangibility of the ultra-red rays is so exalted as to render them visible. Looking through a prism at the incandescent image of the carbon points, the light of the image is decomposed, and a complete spectrum obtained. The invisible rays of the electric light, remoulded by the atoms of the platinum, shine thus visibly forth, ultra-red rays being converted into red, orange, yellow, green, blue, indigo, and ultra-violet ones. Could we, moreover, raise the original source of rays to a sufficiently high temperature, we might not only obtain from the dark rays of such a source a single incandescent image, but from the dark rays of this image we might obtain a second one, from the dark rays of the second a third, and so on—a series of complete images and

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

THE ADDRESS IN MEDICINE.

BY

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GENTLEMEN,—Before entering on the subject of the Annual Address, it is right that I should offer to the Association my thanks for the honour done to me in the request that I should deliver the Address in Medicine in 1865. It is unbecoming for any one to speak of his own labours; but, if I have a claim to your consideration, it is that, for the whole of my professional life, I have sought to improve the social position of medicine in this country. How far those efforts have been successful, is not the question here; but that this has been my object, I may simply aver. And here let me declare that which I believe to be true, that the cause of medicine, taken in its broadest sense, whether as to its social, political, or scientific relations, is to be advanced more by the cultivation of the minds, the morals, and the manners, of those who are engaged in it, than by all other influences whatsoever.

But, in your selection of a member from Ireland, I feel that you have honoured its School of Medicine—a school of which all portions of the United Kingdom may justly be proud—a school of which the leading feature has been its devotion to practical medicine, surgery, and midwifery; that is to say, that the application of every discovery in physiology, chemistry, and pathology, to the purposes and ends of the healing art in its widest signification, is, and has always been, the great object of our teachers.

There is a fitness, at all events, in a member of that school appearing before an Association mainly composed of the workers in medicine, who bear the burden and heat of the day, and the chill, and darkness, and storm of the night, bringing, as they best may, health and counsel and comfort to the suffering man.

If we look at the contributions to medicine by the Irish School for the last half century, we shall find that, with a few exceptions, they consist of works, reports, memoirs on clinical medicine, surgery, and midwifery, or of researches in pathological anatomy, mainly having reference to the diagnosis of disease. As compared with other schools, we have not much to show in the way of discovery in pure anatomy, in animal or vegetable physiology, in microscopic anatomy or pathology, or in organic chemistry; but what the School has done, or attempted to do, is, on the one hand, to enlarge our knowledge of medicine and surgery by careful clinical study of the characters and history of disease; and, on the other, guided by a sound eclecticism, which neither rejects nor blindly adopts a newly announced principle or observation, to test it by the light of experience, and find how far we can give it a place among the aids, the practical aids, of the healing art.

This character or tendency of the Irish School may be traced to traditional and accidental causes. Among the latter, one may be the existence of so large a number of hospitals in Dublin, which, with a population of about 300,000, has not fewer than twenty-one hospitals, each with its distinct staff, the members of which are appointed for life. In this way, the attention of a large number of the young men of the profession was, as they became hospital officers, necessarily turned to clinical study.

Medicine, in its great quality as a practical art, advances in many directions; of which two may be indicated as the most important.

One is the discovery of new facts, whether relating to physiology, pathology, or therapeutics, each of which, even although its practical bearing be not apparent, enlarges the boundaries of the field of certainty.

The second is the application of those new facts, on the one hand, to testing the value of methods long in use; and, on the other, as a guide in exploring the wilderness of the unknown which stretches around us, which we are seeking to discover, and which we hope in time to reclaim.

For example, it has been long admitted that internal solutions of continuity are so often attended with new, unforeseen, extraordinary, and, above all, sudden symptoms, that their occurrence may be taken as characteristic of this class of internal lesions, as applied to the viscera. Laying hold of this fact, we inquire, Does this formula apply to solutions of continuity of the fluids—say blood? Now, it is found, that new, sudden, and extraordinary symptoms referred to a particular organ, may often so occur, and yet be without change perceptible to any mode of investigation. But the researches of Virchow show that, even here, the truth of the principle is established; for there is, in one sense, a solution of continuity, not indeed of the tissues of the suffering organ, but in the current of the fluids which supply it. An embolus suddenly obstructs an artery, and causes symptoms having a common character, though, of course, varying according to the organ affected—symptoms which are new, sudden, extraordinary, often violent. Here the embolic pathology confirms principles already in use so far as the solids are concerned, and extends their application to the fluids.

Take it, again, as a lamp for guiding us to new knowledge, and therefore new power. The embolic pathology has at once discovered, as it were, a new set of diseases. It was long known, that interruption of the arterial supply would induce the death of parts for which that supply was intended, as in the disease described by Mr. Pott. Here the deficiency is caused either by feebleness at the centre of circution, or disease at the extremity of the arterial tree. The process, as might be expected, was slow and gradual. But, in this newly discovered class of diseases, we observe the sudden obstruction of a nutritive artery from an embolus, which often proceeds

from a disease of one of the valves of the heart; so that, from the sudden occurrence of paralysis of function, we may be led to suspect the existence of an embolus, and to seek for its source. But what if we could see the embolus in the central artery of the retina, as Liebreich did, in a case of sudden and complete amaurosis, and so was led to the diagnosis of a disease of the heart never before suspected to exist?

Here the new observation or discovery exhibits its twofold value. It confirms an important principle already acted on—it leads to a new mode of discovering changes far remote in nature and in seat from that which is the immediate subject of inquiry.

If we look at the collective mass of our brethren over the world, we may distinguish two groups, with lines of demarcation not indeed very sharply defined, but yet sufficiently distinct to justify their separation into categories. In one we find the workers in experimental physiology, in pathology, and in animal chemistry. I use the latter term, because it is not yet established that the laws of the inorganic chemistry are identical with those which operate in the living body. In the second category, we place those who practise the healing art as their daily calling, among whom is to be found a large mass of thinking men, who fulfil the great function of testers of the value of newly announced discovery—men whose minds, originally strong, and essentially of an eclectic mould, are trained and shaped by working on a more extended field, and by having to employ a more difficult, because less mechanical method.

Now, it is in this class that we find that great body of observers, among which medicine can point out most of her representative men; and this is true for all time past, and for the present also. The observers of disease in the living man, and the faithful recorders of its phenomena, these are or have heretofore been the men who have made medicine a science worthy of respect, even before the introduction of physical means of diagnosis; even further, before anatomy was known—before physiology had shed its light upon life in health or in disease—before chemistry was a science—on to the time of Morgagni and Bonetus, who studied the changes of organs in disease,—before the microscope, before the employment of those beautiful instruments and methods which in our day have done such wonders in advancing the certainty of our art—the ophthalmoscope, the laryngoscope, the endoscope, the galvanometer, and spectral analysis.

But all men are not, and cannot be, both observers and recorders. In the highest and in the lowest classes of our profession, the lets and hindrances of the daily work are so many and so great as to prevent the mass of practitioners from adding the fruits of their observations to the written records of medicine: whether it be from want of opportunity, of ambition, or of time or taste for writing, they simply work, apparently contented with the knowledge provided for them. But even in the hands of such the science does not stand still; for in their individual cases, at all events, it roots, and grows, and flowers; and so, it may be unconsciously to themselves, they acquire more and more the power of dealing with disease. For observation, even though it be best rendered fruitful by study, has its silent influence on our afterthoughts and actions, even when the special fact or circumstance is forgotten. So it happens that in this class there are many who advance the cause of medicine, inasmuch as they are in themselves exponents of its advance, and must influence more or less all with whom they come in contact.

We are now to study that state of mind by the help of which medicine is made useful. To acquire and improve this *mens medica*, as it has been termed, should be the labour of our lives. To find out its nature will not be a misspending of our time.

You will easily anticipate me, when I say that the condition of mind implied by the term in question is that which makes the good physician. It is not the age of the world that produces such a result, for there have been great physicians and surgeons from the earliest historic times. It is not—to put this in other words—it is not the number of established facts in medicine, nor the amount of such facts known to the particular individual, but it is the power of rightly using those which he does know.

And hence we can at once perceive, that what makes the great physician is less the possession of knowledge of isolated facts, no matter how numerous these may be, than that greater quality of judgment based upon observation—a function of the mind, which, like many others, may be indefinitely cultivated and developed, so that in its exercise it may become (if I am permitted to use the expression) an acquired instinct. This power of balance and of combination—ready for use at all times and in all emergencies, exercised rapidly, almost unconsciously, and leading its possessor to do that which is best and safest under the circumstances—is that which stamps, not only the great physician and surgeon, but all those who are leaders in government, in arms, in art, or in the liberal professions. We can conceive a practitioner at the present day who knows all the ascertained facts in physiology and pathology, and who may be, notwithstanding, inferior to many who have lived more than a thousand years ago. There is no more decided evidence of an unexpanded mind in our profession, than the decrying the knowledge and usefulness of our predecessors. This was the fault of Paracelsus and Broussais, and in the present day we do not want examples of it.

Looking at the state of medicine in our day, and putting aside the consideration of its vast advances in power and usefulness, as derived from discoveries in physiology, pathology, and diagnosis, we observe that there are some great questions still waiting their solution—questions combining considerations so wide, that they may be said to apply to every branch of the healing art. I will indicate one of such questions—namely, that of the change of type; first, as regards essential diseases; next, as to local affections.

There are many of us who can remember the treatment of fevers and of acute diseases in our student days, characterised by a free use of general and local bleeding, and the employment of other decided antiphlogistic methods. Such practice has now fallen, at least in these countries, into disuse; and even on the continent the employment of an opposite method has been gaining ground.

We can hardly conceive a revolution in practice more complete. Venesection is now, from being the most frequent, the rarest of operations. In place of the loss of blood, we have the exhibition of stimulants; in place of a system of almost starvation, we have the careful use of nutriment.

This change has given rise to the charge against

our predecessors and teachers, that they were bad practitioners, ignorant of true pathology, little better than blind followers of traditional error. Not only has their power of observation been questioned, but their morality and honour have been assailed; for it has been suggested that the doctrine of change of type was an invention to cloak their former errors.

It is interesting to note that this is not the first time that charges of the same kind have been brought against the profession. Of these, the most remarkable was that of Broussais, who arraigned all existing and former practitioners for not treating fevers and acute diseases by local bleeding and starvation. Can there be stronger evidence than this, that our modern practice is not a novelty? All his predecessors were in error, because they practised as we do now. I say that this charge was remarkable, inasmuch as its author's views largely influenced European practice for many years.

But the thinking man finds it hard to believe that the fathers of British medicine were always in error, and that they were bad observers and mistaken practitioners. They, indeed, have rested from their labours, but their works remain; and he who reads the writings of Sydenham, of Haygarth and Fothergill, of Heberden and Fordyce, of Gregory, Cullen, Alison, Cheyne, or Graves, must have a very inapprehensive mind, if he fail to discover that there were giants in those days, and that the advocacy of such ideas only indicates a state of mind not consonant with the modesty of science.

The declaration that it has been or can be proved by a more advanced pathology, that bleeding never was the proper remedy for fevers and inflammations, has as yet no scientific ground. It is not yet given to us, notwithstanding all our advance in normal and in morbid anatomy, in the physiology of health or in that of disease, to be able to say, from the most minute examination of the dead organ or structure, what were *all* the conditions which attended it during life, in health or in disease—what were its local vital phenomena, what was its accompanying constitutional state. The words of Goethe, so well rendered by Dr. Anster, convey a deep practical lesson to those who would base medicine on anatomical change:

> "Alas! the spirit is withdrawn—
> That which informed the mass is gone.
> We scrutinise it when it ceases to be itself,
> Finger and feel it, and call this
> Experiment analysis."

But let us ask, Which is the most probable of these two suppositions? First, that our predecessors, including such as I have named, were bad observers, incapable of divining the truth, and blind adopters of an antiquated and mischievous method; or, secondly, that the type of disease has changed, and that in our own time. It happens, fortunately, that we can examine two living witnesses of great authority in this matter, and can refer to the works of two more who have left us their written testimony. Dr. Watson and Dr. Christison are still among us, in health and intellectual vigour—long may they be so; Dr. Alison and Dr. Graves have been but lately removed.

Now, all these testify that the character of diseases has in our time changed from a sthenic to an asthenic type; that is to say, from a condition in which inflammatory reaction was the prominent feature, to another where that state was absent, or, if present, only ephemeral—a condition observable in essential and in local disease, in which the antiphlogistic treatment was well borne, and productive of great relief, to one in which a tonic and stimulant and supporting system was found the best method of guiding the disease to a happy termination.

It is very important to note that these views were not formed from any historical study of the recorded labours of others, but come before us as the actual observations of the great men whose names I have stated to you. They tell us that which they know—that which they themselves have seen. If we refuse this collective though separate and independent evidence—if we hold, with Professor Bennett and with Dr. Markham, that the doctrine of change of type is untenable—we must believe one of two things, either that these distinguished men were themselves deceived, or themselves deceivers. From this alternative there is no escape.

Let us hear Dr. Alison:—"When we reflect on these facts, we cannot think it unlikely, that the result of the inquiry which I have stated as so important, may be to show either that all causes capable of exciting diseased action in the animal economy, or, more probably, that the liability to diseased actions in the different departments of the animal economy itself, are subject to variations, which are made known to us only by the variation of such phenomena themselves; occurring merely in the natural course of *time*—an element affecting all vital phenomena quite differently from its agency on inanimate nature; and the effects of which, on living beings, we must take as ultimate facts, to be carefully observed, arranged, and classified, but which we are not to expect to be resolved into any others, which the study of this department of the works of Providence presents."

When I read these words of Alison—the best man I ever knew—it is with a feeling of wonder how it has happened that men should forget what reverence is due to his memory; whether we look on him personally as a man of science and a teacher, or at his life as an exemplar of that of a soldier of Christ. It was my good fortune to be very closely connected with him during my student days in Edinburgh, and to attend him by day, and more often far into the night, in his visits of mercy to the sick poor of that city, to whom he was for many a year the physician, counsellor, and support. This was forty years ago, and at that time he recognised the change. Often has he said to me, "We cannot bleed this man; we must get him wine"; and the wine was got, and given with an open hand, so long as it was required. He used to say, "I am not anxious to put these poor people into hospital; they will get on better at home, if we are guided by looking at their constitutional even more than their local state." This, however, has been well put by Dr. Watson, who dates the commencement of the change from that of the first presence of cholera in London in 1833. We can easily believe, however, that the change in question would not occur in all parts of these countries at the same time.

It is very important, however, to connect that which I have now detailed to you with the observations of Alison, published at the request of Dr. Christison in part in 1850, and afterwards in 1856, in another memoir, entitled *Reflections on the Results of*

Experience as to the Symptoms of Pulmonary Inflammation, and the Results of Blood-letting, during the last Forty Years.

In 1856, appeared Dr. Christison's *Memoir on the Changes which have taken place in the Constitution of Fevers and Acute Inflammation, in Edinburgh, during the last Forty-six Years.* This is a memoir eminently characteristic of its author; full of views and arguments which it becomes much more convenient to ignore than easy to confute. Dr. Christison shows, that the change of treatment in acute diseases is to be considered with reference to fever, as well as to local affections. He bears witness that the abandonment of bleeding in idiopathic fevers preceded by a good many years its abandonment in acute inflammation; and that this change in practice took place gradually, in all acute inflammations, not alone in pneumonia, because of the improved diagnosis of the disease, but in all others, in many of which no sensible progress in diagnosis had been made. Looking at the epidemics of fever in Edinburgh from the beginning of the present century, he shows conclusively that, in 1817-20, and in 1826-29, their characters were those of Cullen's synocha and synochus — inflammatory, relapsing, critical. Speaking of the epidemics of 1817-20, he dwells on the hard, incompressible pulse, the ardent heat of the skin, the florid hue of the venous blood, and the impetus with which it escaped almost *per saltum* from the vein, the vivid glow of the surface, and the distracting pain and pulsation of the heart and chest. Similar phenomena occurred in the epidemic of 1826-29; and, in both, bleeding was largely practised with the happiest effects; so that, in the epidemic of 1817-20, the mortality, which was at first one in twenty-two, fell to one in thirty—a result which disposes of the charge of malpractice against the profession. But, in 1834, Dr. Christison found that probably for two years previously a change had been going on:—synocha had disappeared; synochus had lost vehement reaction of its early stages; typical typhus was much more common; and what did not come up to Cullen's mark of fully formed typhus was what physicians would now commonly call mild typhus, with more of introductory reaction than we observe now, but with less than in the two epidemics of 1817-20, and 1826-29.

"Accordingly" (says Dr. Christison), "I doubted, and all the physicians of our hospital also doubted, whether blood-letting was applicable as a remedy to that fever. We could not bring about resolution by a sweating crisis with it; we could not lessen by it the depth of the typhoid prostration; and, worse than all this, our patients ceased to sustain free venesection, a few ounces of blood bringing on faintness, and the constitution refusing to rally afterwards."

Lastly, to prove that this statement is not the result of an afterthought of the present day, Dr. Christison refers to his clinical lectures, delivered between 1833 and 1835, to show that he then declared the necessity of a change of practice.

I shall not apologise for giving you another quotation. Speaking of the theory or generalisation of the facts ascertained, he says:

"In epidemic fevers, a change may take place in the constitutional part of the fever; and this change has been exemplified in Edinburgh during the last forty years, by a transition from the sthenic or phlogistic character in the first twelve years to the asthenic or adynamic character in the twelve years which have just elapsed."

And he adds these remarkable words:

"If this change be admitted to have been proved, there is an end to all difficulty in accounting for the abandonment of blood-letting in the treatment of our fevers. In point of fact, I am able to state very positively, that the abandonment of bleeding in fever was suggested by the observation of a change in the constitution of fever, and in the effects of the remedy on it, and not by any other circumstance, whether extraneous or intrinsic. It is impossible to ascribe such change of practice, as Dr. Bennett has done in the instance of pneumonia, to an improved knowledge of disease. We have improved our knowledge of fever so far as to have been, for some time, well acquainted with the form of enteric typhus (dothinenteritis), which was unknown, or not recognised, at the commencement of our epidemics. But this is a rare form of fever in Edinburgh, scarcely belonging to its epidemics at all. And as to our only undoubted epidemic fevers, typhus and synocha, with their intermediates, we cannot be truthfully said to be better acquainted with them in 1857 than we were in 1830.

"I have given, I hope, a sounder explanation; less flattering, perhaps, to the rising generation of physicians, but surely more honourable to physic itself, more creditable to medical observation and experience, more consonant with the advanced state of medical philosophy. My own convictions on the subject are so strong, that I regard nothing as more likely, than that in the course of time some now present will see the day when a reflux in the constitution of fever will present it again in its sthenic dress, and again make the lancet its remedy. And in that event it is not impossible that, while we are now charged with giving up blood-letting, because it was discovered to have never been the proper method of cure, we will hereafter be assailed by some new enthusiast in blood-letting, who, in imitation of Dr. Welsh, and regardless of the fate of his doctrines, will accuse us, with equal justice, of having made our late fevers asthenic and typhous by blindly withholding their fittest remedy."

In truth, the alternation of the epidemic character of sthenia and asthenia is established in the case of eruptive fevers, and by an observer who has been held up as a ruthless spiller of blood—Professor Gregory. He has described an epidemic of measles which occurred in 1807 and 1808 in Edinburgh, and which, he expressly states, was not to be treated on the antiphlogistic plan, but rather by tonics and stimulants. This fever was preceded by the inflammatory measles and scarlatina, in which the lancet was used with advantage until the type again changed, and the asthenic fevers, as we have had them for a quarter of a century, reappeared.

The change of type, too, of the local acute inflammations followed, as might be expected, that of the essential diseases; and the change in treatment resulted, not from any new light shed on the practice of medicine, not from any new views in pathology, not from our advance in diagnosis, vital or physical, but from the observation of the general symptoms on the one hand, and the results of treatment on the other.

I may now add the results of my own experience in this matter. I remember the period when the

change of type took place in Ireland; and am under the impression that it was observed earlier in Ireland than in Scotland, or at least in England. The great epidemic of fever in 1828 was a remarkable one from its compound nature, and seemed to be made up of synocha, synochus, and enteric typhus. But nothing was more remarkable than the vehemence of the inflammatory reaction in many cases; and it is a curious fact that this was sometimes seen at its highest pitch in the relapses, when it was often far more violent and dangerous than in the first attack. Local bleeding was largely employed. In many cases, venesection or arteriotomy had excellent results; so that, although there were abundance of cases with prostration, and others marked by the typhoid condition, the old sthenic character had not disappeared. The amount of wine used at that time in hospital was quite insignificant as compared with its consumption for the last twenty or twenty-five years. In Dublin, at least, this epidemic passed into one of intermitting fever; and it was then that I ventured on testing the nature of the practice recommended by Dr. Mackintosh of bleeding in the cold stage. The result of the experiment was against the use of the lancet; but I mention it, as indicating the time when it may be said that venesection was abandoned in our wards.

Thus, between 1822 and 1828, the sthenic character of essential and of local disease existed, and the lancet was freely used, often, as I believe, and as I have elsewhere stated, with too great freedom; but I well remember observing the frequent occurrence of the phenomena mentioned by Dr. Christison—the vehement action of the heart, the incompressibility of the pulse, the vivid redness of the venous blood, and the force with which it spouted, almost *per saltum*, from the orifice in the vein. I have myself taken as much as sixty ounces in a case of active congestion of the brain, with hemiplegia, before any impression was made on the arterial excitement: in this case, complete success followed. In rheumatic fever, too, we found the use of the lancet in the early stage of the disease to be productive of great relief. Venesection was seldom used more than once; but its effect was to shorten the duration of the disease, to lower the fever, to lessen the liability to the so-called metastases, and to render the whole case much more amenable to treatment. But I have not bled in rheumatic fever for the last quarter of a century; for the whole character of the disease has changed. We have not had for many years the bounding pulse, the exaggerated heat and sweating, nor the same liability to acute inflammations of internal parts. The action of the heart is often feeble; and the tonic and supporting plan seems called for from an early period. Another point worthy of remark is, that cardiac and aortic murmurs of the anæmic kind have for many years been much more frequently observed, both during the attack and in the convalescence, demanding the use of iron for their removal. Observations of a similar kind apply to other acute diseases; such, for example, as erysipelas and other affections of the skin. Before 1830, we had, as an ordinary disease, the acute phlegmonoid erysipelas, attended with inflammatory reaction, vivid redness, and great swelling of parts. The practice of free leeching gave great relief; so also did that of incisions. All these characters have, to a great degree, disappeared.

It is needless to add more examples; let us rather turn to another kind of evidence. Hitherto the change of type has been recognised and determined less by anatomical observation than by the observation of symptoms, and still more by the application of the therapeutic test. Remedial measures of a certain kind were found to fail and to be hurtful, where they were formerly safe and successful; and, conversely, the use of a supporting system of tonics and the free employment of stimuli were found necessary and safe where formerly they did injury. To the all-important subject of the value of therapeutic study as a means of elucidating the laws of disease, I may presently return. But I think that I am in a position, from actual observation, to declare that morbid anatomy adds its testimony to the truth of these views.

The Pathological Society of Dublin has been now established for twenty-six years, during which time it has held weekly meetings for six months of each year. As one of the Secretaries of that Society, I have had full opportunity of seeing and examining the recent examples of diseased structure brought weekly before the body—amounting to nearly 3,000 specimens—the collected products of the various hospitals of the city; and this result is remarkable, that the specimens of acute disease have had a character very different from that commonly met with in Dublin between 1820 and 1830. As a general rule, these specimens all showed appearances indicative of a less degree of pathologic energy. In pneumonia, for example, the redness, firmness, compactness, and defined boundary of the solidified lung was seldom seen; and that state of dryness and vivid scarlet injection, to which I ventured to give the name of the first stage of pneumonia, became very rare. In place of these characters, we had a condition more approaching to splenisation—the affected parts purple, not bright red; friable, not firm; moist, not dry; and the whole looking more like the result of diffuse than of energetic and concentrated inflammation; or we had another form, to which Dr. Corrigan has given the name of blue pneumonia, in which the structure resembled that of a carnified lung which had been steeped in venous blood.

Let us turn now to the serous membranes, and the same story is repeated. The high arterial injection, the dryness of the surface, the free production, close adhesion, and firm structure of the false membranes in acute affections of the arachnoid, pericardium, pleura, and peritoneum, with which we were so familiar before the time in question, ceased in a great measure to make their appearance. The exudations were more or less hæmorrhagic; the effused lymph lying like a pasty covering rather than a close and firm investment; it was thin, ill defined, and more or less transparent. In many of such cases, during the disease, as the late Dr. Mayne has shown in his memoir on pericarditis, friction-sounds were never presented. Serous or sero-fibrinous effusions tinged with colouring matter replaced the old results of sthenic inflammations, and all tallied exactly with the change in the vital character of the disease.

It has happened to me—and I mention this in evidence that we were not mistaken as to cases peculiar to the sthenic form—that a few instances of disease in its old inflammatory characters have appeared in isolated examples, and at irregular intervals of time; so that we at once recognised their

nature, and employed with success the old treatment in all its vigour—employed the lancet, although for many years its use had not been resorted to. This is very important, as showing that there are influences, the nature of which is as yet unknown, that affect the vital character of local diseases in an inconstant manner.

In an address of this kind, it is plain that this subject cannot be handled in an exhaustive fashion; it is enough that we touch upon a few of the larger subjects of inquiry. And now it will, I hope, be admitted that, with reference to the doctrine of change of type, we have brought to bear upon it the great sources of evidence as to the nature of disease.

Of these, the first is the study of vital symptoms —that study in which the older physicians so excelled, and which, from the very necessity of the case, they probably carried further than we now do, armed as we are with the many aids of physical diagnosis;

The second is the study of the characters of the anatomical changes induced by disease, and this in a comparative way, as referring to successive periods of time;

And the third is that which is derived from the results of therapeutic experiments.

Looking at the question from any one of these points of view, we come to the conclusion, that the doctrine of change of type is a true one; while, if we take all these facts, and observe how they point to the same conclusion, we must, to use again the words of Alison, accept the change of type as an ultimate fact in the history of disease.

But are we to conclude that this asthenic type of disease is always to continue? Are we to forget that in our own time we have witnessed its advent and growth? Is it not possible—nay, probable—that we or our successors may witness its disappearance, and, coincidently, the return to an antiphlogistic medicine, regulated and tempered by the advances in diagnosis and pathology which have been meanwhile made? I have given you the opinion of Dr. Christison on this matter; let us now hear Dr. Watson:—

"I am firmly persuaded by my own observations, and by the records of medicine, that there are waves of time through which the sthenic and asthenic characters of disease prevail in succession, and that we are at present living in one of its adynamic phases."

It is very important that the change of treatment of fevers and acute local disease be traced to its true sources. This change has not proceeded from any advance in our knowledge of physiology or of pathological anatomy, nor from any new principles of practice announced as applicable to all time, and therefore implying that our predecessors were groping in the dark, or wilfully and ignorantly following a system of traditional error. To each one of us the honour of our profession, which includes its scientific character and its power of development out of itself, has been intrusted. Medicine, like other professions involving human interests, has been continually assailed from without, and harmlessly. Attacks on her honour proceeding from her own children, no matter what amount of ability may be shown, while they inflict a deeper wound, ever recoil upon their authors. This has been well exemplified in the case of Paracelsus, who burned the books of the Greek, Roman, and Arabian physicians. It is well exemplified in the case of Broussais, who, in speaking of the Eclectics, spares no term of contempt. According to him, they were guilty of shocking contradictions and absurdities, even of imposture. But, he says, "What matter for all this? Falsehood is no longer a vice. Its apotheosis has been made by this famous party, who think that they are to reign for ever." He goes on to speak of their gratuitous suppositions, of their assertions void of truth, of false imputations, inaccurate quotations, and impudent denials and total perversion of the use of words. He is the only light, and in his devotion to truth he has scorned the miserable ambition of practising in gilded saloons, and the possession of the honours of the profession.

In common with Dr. Christison, I have to express my regret, if in the discussion of this great question I have to introduce something of the controversial element. Let us inquire whether the distinguished Professor of Clinical Medicine in Edinburgh, as well as Dr. Markham, have not in some degree followed the examples of Paracelsus and of Broussais, not indeed in violence of language and indiscriminate denunciation, of which they are incapable, but in the attempt to show that their predecessors were deficient in observation and erroneous in practice.

In the very limited analysis which I have given of Professor Christison's views on the subject of the change of type, and in the statement of such opinion as I have been led to form on the question, I have at least endeavoured to show that it is not one which is to be lightly disposed of. When I had determined on the general nature of a discourse fitted for this occasion and this audience, I felt a difficulty, on recollecting that in 1861 Dr. Markham, who then filled the place that I do now, had in his address argued against the doctrine in question. But, on referring to the *Gulstonian Lectures* of 1864, I was happy to find that Dr. Markham, when questioning the value of his predecessors' observations, does them the justice of declaring his belief, that, as they have advised their followers to try all things by the light of their own reasoning and observation, they will be the last who would object to the freest criticism of their opinions. Let me, who am one of those who hold views opposite to those of Dr. Markham, gladly reciprocate the compliment. It is but justice to Dr. Markham to remind you, that he holds that general and local bleeding are remedies of great value when employed on fit occasions, and that at the present day cases are sometimes injured from our timidity in using them.

It appears pretty certain, that the change in treatment of such physicians as Alison, Christison, Watson, and Graves, did not solely spring from the results of the therapeutic test; but that the study of the symptoms and general characters of disease was equally considered by them. In this change, too, they and their many followers in the three kingdoms have only done that for which a knowledge of the history of medicine has given abundant precedents. It would be well if it could be remembered that in the study of disease we are to look beyond anatomy, and beyond physiology—as Professor Autenrieth well observes, the "*constitutio morborum stationaria*" of Sydenham has been nearly forgotten, or else confounded with the permanent influence of the seasons, or accidental atmospheric changes.

"All diseases, contagious and non-contagious, acute and chronic (the latter, however, seldom except when attended with some degree of general excitement) have been observed to preserve a certain constitution

or general character, which continues for a number of years in succession, with occasional interruptions, until it is replaced by another constitution of a different kind."

"Again," he says, "accurate observations are still wanting to determine how this periodic constitution is confined to certain parts of the world, or extends over the whole, and whether its different species follow each other in a regular order of succession. If such should at any time be determined, it will enable the physician to foretell the character and most appropriate treatment of future diseases.

"The general indications, of course, vary with the nature of the prevailing constitution; and consequently during one period stimulating remedies, during another alvine evacuations, during a third venesection and the antiphlogistic plan, will constitute the most effectual treatment."

Let me now read another passage from Autenrieth. It is not very flattering, I admit; but it is well to know what other people think of us. This was written a quarter of a century ago.

"This very circumstance has caused much confusion in medical opinions, and has occasioned the reputation and the downfall of many an infallible system, each of which is in its turn consigned to oblivion, and perhaps again revived as a novelty at some future period. The English boast much of the astonishing improvements in science, and deride the ignorance of their predecessors, regardless of the old proverb—'Everything has its day.' Whenever, therefore, the periodic constitution undergoes an alteration, they either obstinately uphold their usual plan of treatment to the manifest injury of their patients, or else blindly embrace some system, to them new, but which really rests upon ancient and established principles. In general, they do not fail to make use of so much exaggeration in support of their opinions, and thus succeed in misleading so many, that none but very well informed physicians can distinguish the fallacy of their arguments.

"The medical history of Great Britain affords many striking proofs of the truth of these assertions, and is replete with examples of the singular obstinacy with which the English cling to opinions once formed, a circumstance which has materially contributed to obstruct their attaining to general views and impartial conclusions. Even to this day, a warm contest is carried on (less, however, in books than in the debates of learned societies) between the senior and the junior parts of the profession, the former still inclining to Brunonianism, while the latter attribute nearly all diseases to inflammation. Both, indeed, appeal to experience to prove the justice of their principles, and seem entirely to forget that, while the propriety of their practice, as applied to particular cases, remains unimpeached, the very nature of the diseases themselves may have been changed."

There is a statement made by Dr. Bennett in his great work on the *Practice of Medicine*, which is at least a startling one. It is, that in his treatment the mortality of pneumonia has been reduced by a large percentage. The mortality in Edinburgh, according to him, under the system of his predecessors, was no less than one in three—equal to that in the first outbursts of Asiatic cholera. The statistics belong to two periods—namely, from 1839 to 1849, and from 1812 to 1837. The mortality in the first division was even more than one in three. The results of other statistics are also given, of which the most valuable are those of Louis, who brings out the mortality of those bled moderately, and at an early period, as 1 in $7\frac{1}{4}$, and of those in which the blood was taken at any time from the first to the ninth day, as 1 in $3\frac{1}{2}$.

Now, it is unnecessary to remind an audience constituted as this one is, of the difficulties which attend medical statistics in general, and those relating to therapeutics in particular. When I began the study of medicine, pneumonia was considered to be far more manageable than other acute visceral inflammations; and that its rapid retrocession took place under the old treatment in a vast number of cases, no man can doubt who lived and practised in that time. But in these statistics of pneumonia I find an omission. If we look at the diagnosis of this disease in a purely physical point of view, we run the risk of committing the great error of confounding cases, the constitutional nature of which is widely different—cases on the one hand of original idiopathic pneumonia occurring from accidental causes, and cases in which the change in the lung is secondary to some form of fever. And this makes a most important difference. It is my conviction that many of the so-called cases of pneumonia which have occurred in the United Kingdom since 1830 were really examples of the latter form. But, further, it is certain that in many instances the occurrence of the pneumonia is attended with such a change in the constitutional symptoms as to deceive the practitioner, and hide from him the fact that he had to deal with a secondary, in place of a primary affection. In some cases we see a change from the essential to the symptomatic character, while in others this remarkable circumstance occurs that, coincidently with, or very soon after the development of the symptoms and the physical signs of pneumonia, the fever ceases; so that we have long come to the conclusion in the Meath Hospital, that many of these cases with every local symptom and sign, are in truth only examples of aborted fevers, ending critically in pneumonia, just as we see, in some cases of variola, the fever ceasing with the pustulation of the skin. If these things be true, how important is their recognition—how inconsequential the conclusions as to treatment, based on statistics from which such facts are excluded!

Let us now inquire to what sources Professor Bennett traces the changes in practice, and that success in the treatment which has reduced the mortality of pneumonia from one in three to one in thirty-six in complicated cases, while in the uncomplicated cases there was no mortality at all. They are stated to be the improvements in diagnosis on the one hand, and the adoption of a practice founded on the cellular pathology on the other. As to the first, how the improvement in the diagnosis of pneumonia could have led to the change of treatment of fevers, and cerebral or abdominal inflammation, is hard to understand—this has been well put by Dr. Christison—unless it could be shown that the failure of bleeding in pneumonia led men to think it would also be useless or injurious in other diseases. It must be remembered, however, that the change in treatment began first as to fevers; and it was the observation of the change of type in that class of diseases that led to the idea, and afterwards the demonstration of a similar change as to local affections.

But improvement in the physical diagnosis of pneu-

monia can hardly be said to have advanced since the time of Laennec. And it is clear that, looking at therapeutics, the influence on them of any such improvement is indirect, rather than direct. We know better the seat, the period of commencement, the periods of pathologic changes—their amount in some cases, and the complications with other forms and centres of diseased action; but we get little, if any, new light as to the proper remedy. Take any or all of the three great cases of intrathoracic inflammation. The physical signs as to character and succession are essentially the same in the asthenic or typhoid forms, as in those with the highest inflammatory reaction. Therefore, to say that the alleged improvement in treatment proceeded from the advance of the physical diagnosis, is a proposition which must be rejected.

The adoption of practice founded on the cellular pathology of Virchow is a much wider question. It is to be remarked here, that the therapeutic test of the value of these means is still to be applied. We find a treatment indicated as based on, or as directly flowing from, the new pathology. Yet what is this treatment? It consists in the use of certain measures, and the abstaining from their opposites; but neither in principle nor detail does it differ from that adopted by the older clinical physicians in asthenic local diseases, from the time of John Peter Frank downwards to that of Bateman in 1809, who was compelled to use venesection—a practice opposed to his former views. It is, then, no new treatment; and it, at all events originally, could not have been based on a pathology of which nothing was known at the time when it was first adopted. I do not say that, if the cellular pathology be finally demonstrated to be true, it will not—to adopt the expression of Dr. Bennett—be attended by cell-therapeutics as its necessary complement. New modifications of treatment may be discovered, and probably will be discovered; while on the other hand the old methods stamped by experience, and the discoveries of enlightened observation, may be brought to bear in confirming the new truths.

But, in the present state of our knowledge, it cannot yet be said that the views of Virchow have had any direct influence on the healing art—that is to say, they have not led us to any new remedy; they have not explained the action of many of the old ones.

I am not, you will believe me, speaking in a spirit of depreciation of the labours of Professor Bennett, and more especially those of Virchow. Looking at the practical results of Virchow's labours, we may separate the consideration of the cell-pathology from that which belongs to questions of another kind. The demonstration of the whole of embolic diseases, and the investigations of both Bennett and Virchow, as to the part played by the colourless globules of the blood, are priceless additions to medicine; not, however, as giving us directly any new means of cure, but as enabling us to avoid errors into which our ignorance of these things led us before. We shall not now confound a case of embolus of the pulmonary artery with asthma or with hydrothorax; nor, in a case of amaurosis from obstruction of the central artery of the retina, shall we be led to treat it as a symptom of disease of the brain. It is plain that, whatever be the result as to practical medicine of these labours, they are to be held in the highest estimation, as evidencing the onward march of discovery in a certain direction—as enlightened efforts to place pathology on a more definite basis. Yet, I repeat it, the cellular pathology with reference to practical medicine stands in a position analogous to that of our vastly improved diagnosis. Supposing all that is announced by Virchow, Weber, and Bennett, to be established, still up to the present time it would give to the healing art only indirect assistance.

Let us permit the elements of tissues, the ultimate cell, or granule, to share with the great compound organs of the body the property of specific action; let us admit that there is no spontaneous generation of cells from an amorphous blastema, but that every cell proceeds from a cell; that cells are the ultimate elements of animal as of vegetable structure; that differences of function depend on differences of their contents; that every animal is a sum of vital unities, every one of which manifests all the characters of life, deriving, it may be, its stimulus and intensity from other sources, but itself alone performing its actual special duties.

Let us hold, further, the whole doctrine of neoplasms, which sets forth that every pathological structure has its physiological prototype; and that even cancer has not its specific difference, any more than pus, but that its supposed peculiarity is traceable to the stage at which we examine it; that the law of histological substitution be accepted physiologically, as when one tissue of a similar type replaces another; and pathologically, when a different tissue, but still one having its physiological prototype, comes into play. Again, if it be found to be true that all dyscrasiæ have a local origin, and are dependent on a permanent supply from a local origin; that fibrine is not a constituent of living blood; that between the pus-cell and the colourless globules of the blood there is no difference, so that the term pyæmia must be given up as a condition susceptible of morphological demonstration, but implying a complex mass of conditions, the central point of which is not a purulent infection of the blood; that embolism is the key to the study of metastasis; and that inflammation is nothing, as Bennett teaches, but an alienation of nutrition,—if, I say, all these things be true, it does not appear that they furnish knowledge that would tell us why this or that line of treatment is from time to time found efficacious—a knowledge that would direct us in the cure, though to a certain degree it might to the prevention, of disease. In truth, such knowledge throws little light on the action of medicines, on the laws of periodicity, and on the great phenomena of essential diseases, as to their origin and specific character, spread, secondary lesions, their crises, and the influence of treatment on them. And therefore I conclude that, even if, under the treatment of a distinguished professor of this science, the mortality of a frequently recurring disease has been annihilated, that result cannot be as yet traced either to a new diagnosis or a new pathology, as exercised by him; nor, conversely, can the great alleged mortality of former times be attributed to imperfect diagnosis on the one hand, or to traditional errors in treatment on the other.

But let us ask, if it be true that the mortality of pneumonia has been in the latter years so much lessened, to what is this to be attributed? It may be that we have to deal with a disease of less organic

activity or tension, so that in certain cases it may, like a fever, subside spontaneously; perhaps, too, like a fever, under its own law of periodicity. And it is probable, at all events, that the more a local disease corresponds in its vital character to the epidemic constitution, to use the words of Sydenham, the more will it appear under the laws of periodicity, for good or for evil.

It is very hard to predicate the limits to which the study of healthy and of diseased structure in its mechanical or chemical relations may lead us; and it is possible that even such investigations of the laws of organisation may result in giving us power to infer the existence of phenomena not yet discovered —to proceed, as Adams and Le Verrier have so gloriously done, from the seen to the unseen, and approach one degree nearer to the solution of the great problem of life in health or in disease—or, again, that of the action of medicines. But we must take heed not to leave any path of observation unexplored, nor to despise those investigators who, from necessity or choice, follow a less mechanical method, but who have made medicine progressive—every day less an art, and more a science. Every established microscopic observation in normal or in morbid anatomy—every faithful analysis of any solid or fluid in the body—every discovery as to the spectral phenomena of the blood or of the liquid secretions of any gland, nay, of any cell in the organism, though to a one-sided view it appears useless, is truly a precious thing.

And here it is fitting to remark, that there is nothing in the doctrine of cellular unity, of cellular independent action, and in all the processes of cell-growth, proliferation, and decay, which is inconsistent with the doctrine of change of type of disease. Dr. Bennett allows that change of type may be admitted as to essential diseases, but seems to hold that, as to acute or chronic organic disease, the doctrine is to be rejected. But, if there be a change of type in the essential diseases, it is difficult to understand why there should not be a change in character of the secondary effects of those diseases, whether these are met with in the nervous centres, in the thoracic or abdominal organs; so that we may have sthenic or asthenic cell-growths, cell-proliferations, cell-transmutations, and cell-decay; and all this without referring to the notion that, because local disease, as well as general, exhibits now a lower activity, therefore the physical state of man *in health* has deteriorated.

We are still very far from determining the laws of the so-called zymotic diseases; but this seems certain, that at the invasion of epidemics the strong man is struck down, and often exhibits the phenomena of the disease in the most aggravated forms. In the epidemic of 1827 in Ireland, nothing was more remarkable than this, that its virulent forms, especially that in which it so closely resembled the yellow fever of the tropics, were at first seen in the finest and strongest men. It is even probable that in these diseases the very vigour of the system may imply a greater malignity or activity of the processes which constitute the disease. The existence, then, of a changed type of disease may be admitted without the necessity for believing that the human species has degenerated.

Before concluding, it is right that we should consider the relations of therapeutics to medicine. It will be admitted by most thinking men that the study of diseased or healthy organisation has revealed more of the effects than of the essence of disease. So subtle are the conditions by which the quality of life is preserved, that, in a vast proportion of instances of death, the most refined anatomy and chemistry fail in discovering a commensurate change, or in explaining why what was a living creature yesterday lies before us in a few hours a decomposing mass of clay. Hence, we must be cautious in extensively adopting any therapeutical system which is solely based on inference from visible organic change. In the present imperfect state of our knowledge, we must not neglect that study of therapeutics which is essentially experimental and inductive; and if there be one thing wanting more than another in our science, it is that men should know the nature and difficulties of therapeutic evidence. If, as I have often heard Professor Acland observe, only a few of our well instructed brethren who are in charge of public institutions, well aware of the established laws of disease, whether essential or non-essential, and good observers, were to take up any one remedy, whether new or old, say digitalis, and faithfully record on the one hand the character and history of the case, and on the other the results of the use of the particular medicine, or other therapeutical proceeding, we should ere long have such a mass of unbiassed statement of facts, that safe conclusions could be drawn. Until this is done, the position of therapeutics will be an inferior one. It will not be any trustworthy guide in practice, except in a few salient instances, and will be powerless in its other great function of being the key to, and the test of, pathologic conclusions.

To bring therapeutics up to this level, seems to be the great desideratum. We may fairly hold that the time is ripe for the commencement of its study with the view to its higher functions or development. Without placing limits to the material investigations in which we are aided by the microscope and by chemistry, we may believe that our knowledge of the intimate structure and composition of the solids and fluids of the body is so extended, as to give to the therapeutist reason for holding that he is now far better acquainted with the living organism than he was a quarter of a century ago; and that so he has a broader and more secure foundation to build upon. But the therapeutist must also possess assistance of another kind. He must know the principles of accurate reasoning; he must distinguish between the *post hoc* and the *propter hoc;* he must be content still to deal with vital phenomena as constituting a class of the nature of which our knowledge is so deficient, that we have still to study their modifications by external agents, experimentally, and without as yet much reference to their relations to structure or to vital chemistry; he must take into account the laws of periodic action in health and in disease, and determine, or seek to determine, as he proceeds, whether the simplest form of acute local as well as of general disease is not under some of these wonderful laws; he must study the question as to whether medicinal interference extinguishes morbid action, postpones it, or, by breaking its circle, as suggested by Professor Boeck, though this be followed by temporary good, deranges the process which is to end in its removal; he must well understand that certainty in medicine must be approached by the balance of probabilities, and have a full insight into the difficulties of medical statistics, which

result from the labours of more than one observer. Other circumstances will suggest themselves to you—as the influences of locality, of race, of age, sex, habit, and previous history. I will not dwell on them, further than to remark that, had Broussais attended to one of them, in particular, he would not, I think, have fallen into the error of declaring the non-existence of essential fever from observing disease within a narrow circle of the world.

If therapeutic science is to advance, it must be followed and studied in the most severe scientific spirit.

I have to thank you for the courtesy and patience with which you have listened to this somewhat dry discourse. We have indeed dealt with important subjects; and you will, I hope, believe me when I say, that no one in this room can feel more than I do how defective has been their handling. I say this in no guise of mock modesty. But I have endeavoured to speak as a practical physician, who has worked for forty years, to a body of his brethren engaged like him in fighting the same battle, using the same weapons, and bringing all their powers to insure the same result.

London Mortality. The deaths registered in London during last week were 1,311. Diarrhœa shows a decided decrease; the deaths from it reached their maximum in the first week of July, when they were 301; in the three following weeks they were 267, 280, and 261 successively; and last week they were 207. All the deaths from diarrhœa in the present return occurred to young children, except 21, which occurred to persons aged 20 years and upwards. Of 19 deaths from cholera in the week, six were those of adults. Eight deaths from small-pox were registered in London during the week. A boy died on the 2nd inst. of that disease. He had not been vaccinated. When the mother registered the death, she stated as her reason for not having had her child vaccinated, that her husband did not approve of it, and had beaten her on a previous occasion when she had got her eldest children vaccinated. The medical attendant adds on his certificate: "Not seen until in a dying condition. Five other children in the house have had the disease, and all without medical attendance."

Suicides. The verdicts of coroner's inquests found that there were 1,337 suicides in England in the year 1864, 978 men and 359 women committing self-murder. On an average of the six years 1858-63 the proportion of suicides in England was 67 to a million of the population. Even this matter admits of the application of the principle of average, and an order is observed which can be expressed in laws. In none of the six years did the number depart from the average to the extent of more than three to a million of the population. Fifty-six persons shot themselves dead in England in the year 1863, and if it were to be assumed that the same number did the like in each of the previous five years, the assumption would not be far wrong; the numbers were 60, 54, 59, 59, and 54, the deviation from the average of 57 extending only to three, or 1-19th, either way. If, as Dr. W. Farr thinks probable, the number of suicides is understated (as in the case of persons found drowned), the same law doubtless extends to errors. It extends even to the manner of self-murder. In the year 1863 the 66 suicides in a million of population were by these methods—28 by hanging, 13 by stabbing or cutting, 12 by drowning, 6 by poison, 3 by shooting, 4 by other ways; and the returns for the previous five years show substantially the same proportions.

THE

ADDRESS IN SURGERY.

BY

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Mr. President and Gentlemen,—It is said, with truth, that those only can appreciate the comfort of travelling by railway who have experienced the delay and fatigue of the old coaching system; and it is no less true that surgeons of the present day can hardly imagine the facilities they enjoy in discharging their professional duties, when these are compared with the difficulties experienced by their older brethren. Forty years having now elapsed since my first course of lectures on Surgery, I venture to hope that some account of the changes in practice which have taken place during this long period may not be without interest on an occasion that has afforded me the honour of addressing so many members of my profession.

But before proceeding further, I must entirely dissent from the opinion which was expressed by my respected friend who addressed you yesterday, that the progress of improvement implied a censure on those who had preceded it. On the contrary, I have always understood that there was nothing more creditable than the admission of error; and that every man, instead of being ashamed to do so, should be proud of taking a step in advance, whether he leads or follows.

Commencing with the treatment of inflammation and its consequences, I may notice a most remarkable difference between the old and present practice, in the almost entire disuse of bleeding instead of its nearly constant employment. On looking back, it is indeed difficult to realise the reckless and indiscriminate profusion with which blood was made to flow. When I was one of the dressers of the Royal Infirmary of Edinburgh, two of us went every evening, at a stated hour, to bleed the patients whose names were entered in a book, with the respective quantities due from each. On one occasion, I recollect of sixty-five ounces taken at once, and followed by thirty-five next day. At present, few surgeons carry a lancet, and still fewer ever employ it; so that venesection, instead of being the most frequent, has become one of the rarest operations in surgery. The reason of this is generally said to be a change in the type or condition of the human system; but may, I think, rather be attributed to the influence of more correct ideas in regard to the treatment of disease; since, it is certain, that operations no less bloody than those of the old time are now performed without any evidence of less ability to bear them.

Before being appointed House-Surgeon of the Edinburgh Infirmary, I was Medical Superintendent of the Fever Hospital; and there, under the direction of the attending physicians, both of whom were Professors of the University, I bled men, women, and

children, who were brown, emaciated, and reduced to the utmost degree of weakness. Afterwards, when House-Surgeon to the Infirmary, I had under my care a boy who suffered from compound fracture of the leg, which gave rise to profuse suppuration; and, about three weeks after the injury, seeing that his strength was much exhausted, I ordered him some porter with beef-steak. But, next day, the surgeon, who was one of the most largely employed medical men in Edinburgh, disapproved of this, which, he said, would feed the disease, and directed me to take fourteen ounces of blood from the arm. I obeyed with great reluctance; and need hardly add that, before the end of forty-eight hours, the boy was dead. Now, I would ask, could any man at present think of bleeding in such cases as these? and, if not, then I say, that whatever change there may have been in the type, there certainly has been a change in the practice.

In treating the sinuses which remain after the evacuation of abscesses, a great improvement has long been established through the substitution of effectual drainage, instead of the means formerly employed to promote a healing action. These were sponge-tents, stimulating injections, and external pressure. Nothing could be more absurd than the first of these, since their alleged use was to keep the orifice open, while, on the contrary, they effectually closed it, so that at every dressing the pent-up matter issued in a stream. The injections and pressure, though less hurtful, were equally useless and unnecessary; and there can be no doubt that, if recovery be not impeded by an unhealthy state of the system, by some morbid texture, or by the presence of a foreign body, nothing more is required than an aperture sufficiently free, and so situated as to prevent any accumulation of fluid in the cavity. The principle of drainage has been applied by M. Chassaignac to the treatment of chronic abscesses, through means of perforated India-rubber tubes; and, from my experience of this method, I can bear testimony to the advantage that attends its adoption.

The dressing of sores tending to heal has been greatly improved by substituting moist applications instead of the ointments previously employed; and any one who can recollect the old method of treatment by means of calamine cerate spread on lint or linen, with its pledgets of carded tow and long bandages, must rejoice in the simplicity, facility, and efficiency of our present system. Mr. Liston, to whom we are much indebted for advocating this method, had great confidence in the "red lotion", as it has been called, and for which the original receipt will be found in the *Surgical Essays* by Mr. Hey of Leeds; but, for my own part, I have long been satisfied that water alone is sufficient for the purpose.

At the time when I commenced practice, the callous or indolent ulcer, from which the labouring classes suffer so much, was treated by means of adhesive plaster and bandaging, not without much time, trouble, and expense. In 1829, I proposed a different plan, which was to apply a large blister over the swollen limb, in order to induce absorption of the indurating effusion, and allow the healing process to accomplish cicatrisation under the ordinary treatment of a granulating surface. In Edinburgh, and by Edinburgh students scattered over the world, this method has been found invariably successful; but it is still, I have reason to believe, not generally known in the profession, and I am, therefore, glad to take this opportunity of recommending its adoption, as being the most speedy, easy, and lasting mode of affording relief.

The sores that result from the use of mercury were formerly very frequent, and always occupied many beds of the hospital. My recollection hardly extends to the dark period during which these cases were treated by administering the poison that had produced them, but well do I remember the shrieks of unfortunate patients who were subjected to the means deemed requisite for their remedy. When superficial and affecting merely the integuments, their surfaces were repeatedly destroyed by caustic potass; and when more deeply seated so as to expose the bone through opening of periosteal abscesses, they were condemned to scraping, rasping, and the actual cautery, or even amputation. Such cases are now comparatively rare, and in Scotland are hardly ever seen except through importation from the southern side of the Tweed, where the Hunterian doctrines with regard to the use of mercury struck their roots more deeply in professional confidence; but when they do present themselves they are found to yield readily under the application of blisters with small doses of the iodide of potassium. Through this simple treatment I have repeatedly known patients who had come from distant parts of the world, prepared to suffer amputation, obtain speedy and complete relief.

The sloughing sore of old people, or senile gangrene as it has been called, used to be regarded as a disease no less hopeless than painful. Mr. Pott had pointed out the impropriety of stimulating local applications, but it was still thought proper to support the patient's strength by wine and brandy. The last case thus treated that fell under my observation, was one which the late Sir George Ballingall and myself were requested to visit at some distance from Edinburgh, as no improvement had resulted from the prescriptions of Mr. Liston, which we found to be two bottles of Madeira and half a bottle of brandy daily. The patient complained that his foot felt as if enclosed in a red hot iron boot, but we had no alteration to suggest, and he died before long in great agony. It soon afterwards occurred to me that if the disease, as it certainly did, depended on an inadequate supply of blood through ossification of the arteries, the limb must be nearly in the same state as after ligature of their trunk, when it is well known that the effect of stimulants would be the excitement of inflammatory action, and that the treatment therefore should be similar. Under this impression, I tried the employment of a milk and farinaceous diet, with simple poultices and opiates to relieve pain. The result fully answered my expectation, and in 1840 I published a paper on the subject, with the view of showing that the disease might thus be rendered much less painful and fatal than it had been under the stimulating plan; and the anticipation thus expressed, has since then been fully realised.

There is nothing more worthy of notice in our present inquiry, than the change that has taken place with regard to the old system of dressing wounds, which is painfully impressed on my recollection by personal experience. When about fourteen years of age, I was thrown from a pony, and had my knee severely lacerated, just above the patella, from

which the integuments were torn down so as to expose the bone completely. A very experienced surgeon who came to my assistance washed out some of the mud that lay in the cavity, and then brought its edges together by straps of adhesive plaster applied so closely that they overlapped each other, lint spread with ointment, and a roller six yards in length completing the process. Intense suffering and fever followed, with urgent petitions for relief, but all in vain till the fourth day, when the dressings were taken off and reapplied, as they were every day afterwards for six weeks. The gentleman who attended me on this occasion had been house-surgeon of the Edinburgh Royal Infirmary, and pursued the method then regarded as proper in all cases of wounds, whether resulting from operations or otherwise caused. In 1826 I published a paper on the treatment of incised wounds, in order to show the bad effects that necessarily proceeded from immediate closure of the aperture, since when this was done there could not fail to be such a quantity of blood or serum accumulated in the cavity, as must effectually prevent primary union; and in support of this position I appealed to the fact that students passed through the whole of their hospital career without ever witnessing an instance of healing by the first intention except in wounds of the cheek or lips, where, there being two orifices, the blood could not be confined between the raw surfaces. To avoid this great evil, I advised that the edges should not be brought together until the bleeding had ceased, and that then there should be no impermeable covering placed over them. The principle which I thus endeavoured to establish is now, I believe, generally recognised in practice.

There are few subjects of practical surgery that in recent times have excited so much discussion as the mode of performing amputation. When I entered the profession it was the invariable practice in Edinburgh, and I believe elsewhere, to operate by circular incision, even for removing the fingers and toes. At former periods, various surgeons at home and abroad had not only proposed, but to some extent adopted, the method by flap; and M. Lisfranc, more than forty years ago, taught it in his operative course on the dead subject as applicable to all parts of the extremities; but so far as I saw, it was never then employed in Paris on the living body. While things were in this state, Mr. Liston became a very strenuous advocate of the flap operation, and by his example, as well as teaching and writing, made a strong impression in favour of this method. I also published a paper on the subject, with the view of calling attention to the advantages for which we contended, and more particularly the saving of pain by rapidity of execution, together with the provision of a good covering for the bone. The expectations thus held out were fully confirmed by experience with regard to the arm, forearm, and upper part of the thigh, but led to disappointment in operating at the lower part of the thigh, and through the leg. In the latter situation it was found difficult to prevent the flap from dragging the integuments in front, and making them adhere to the bone, so as to ulcerate, or even slough, and thus occasion a sore of the most unmanageable character; while in the thigh the result was apt to be still more distressing, through retraction of the flaps and protrusion of the bone. For my own part, therefore, I have long abandoned the flap operation in the leg, and employed in its stead the circular method, by making two semilunar incisions from side to side through the integuments, and reflecting them to a sufficient extent for covering the bones, without any risk of retraction. I pursued the same course with regard to the thigh until a comparatively recent period, when I felt great pleasure in adopting the important principle which has been established by Mr. Teale of Leeds and Mr. Carden of Worcester, that a long anterior flap is not liable to retraction, so that it may be safely trusted for covering the bone. Amputation below the knee is seldom required, since all the diseases and injuries which were formerly held to demand it may, with few exceptions, be remedied by removing the foot at the ankle. This operation, when properly executed, without any of the complications that have been proposed for its alleged improvement, affords the most satisfactory results, by providing a perfect protection for the bones, by shortening the limb merely enough for fitting it with a boot, and by avoiding the risk of life attendant upon dividing the tibia and fibula through their shafts. Upon the whole, then, it would appear that amputation of the arm and forearm should be performed by a double flap, of the thigh by one long anterior flap, below the knee by two semilunar flaps of integuments, and at the ankle by a flap from the heel.

In treating diseases of the joints there have been many and great improvements, of which perhaps the most important is the substitution of rest for counter-irritation as a means of subduing the morbid action. The advantage of this is well illustrated by the different results obtained from the old and the present practice in cases of hip-disease. Within my recollection they were regarded as nearly, if not entirely, hopeless of recovery; and the caustic issues, always deemed proper for their treatment, were employed rather in compliance with established usage than with any expectation of a beneficial effect, the morbid process being expected to pursue its course until suppuration took place, and left no alternative to the patient but death from exhaustion, or escape from this danger with a distorted useless limb. Instead of the painful feelings with which the treatment of these cases was undertaken in those days, we now, through means of the "long splint," which, by preventing motion in any of the joints, maintains the one concerned in a state of absolute quiet, look forward with confidence to the accomplishment of recovery before the end of many weeks, unless the progress to destruction has advanced too far, and already led to suppuration.

There is another form of articular disease, in which the improvement has consisted, not in the disuse, but in the greatly increased efficiency of counterirritation. This is that which has been denominated ulceration of the cartilages, and is characterised by intense pain, aggravated through pressure or motion, and other symptoms well known to the gentlemen whom I have the honour of addressing. In addition to the suffering experienced by the patient from this disease, there is a great risk, or, indeed, almost the certainty, of suppuration and caries being ultimately induced by it, so that effectual means of remedy are of no small value. Bleeding, blistering, and caustic issues generally palliate the symptoms, but frequently fail so do so, and seldom, if ever, produce a decidedly curative effect. It was, therefore, with great satisfaction that, more than thirty years ago, having, on

he authority of the late Professor Rust of Berlin, adopted the actual cautery for the treatment of this disease, I found there was thus obtained relief no less speedy than complete. The actual cautery, I believe, had then never been used in Great Britain for the purpose of counterirritation, and for many years made slow progress in professional confidence, but is now, I fear, encountering a more serious difficulty from its too free and indiscriminate employment, which must tend to lessen the credit so justly merited in proper cases. In the most frequent form of articular disease, which proceeds from constitutional weakness, leading to scrofulous degeneration of the tissues—there being merely a colourless elastic swelling, without pain or other symptoms of inflammation—it seems difficult to believe that in such a condition local treatment of an active kind should ever have been deemed proper; and yet, within my recollection, leeches, blisters, and even stronger counterirritation, were employed for it. The more correct ideas now entertained have, it is to be hoped, greatly lessened, if not altogether prevented, such improprieties, and rendered improvement of general health the great object of treatment, the local means being simply of a protective character.

Notwithstanding the improvements to which I have alluded, and the consequently more satisfactory results of our treatment, it still unfortunately too frequently happens that the disease of a joint terminates in suppuration and caries. But in this event also we have made an advance in many cases, by removing the affected bone instead of amputating the limb. The elbow-joint is the one that most frequently requires this procedure, is most conveniently situated for the purpose, and affords the most valuable result by preserving the arm and hand hardly if at all impaired as to either mobility or strength. The success attending the operation on this joint has led to its employment in other articutions, with success more or less complete. In cutting out the shoulder-joint, great difficulty has been experienced in removing the head of the humerus and glenoid cavity through the same incision; and I have, therefore, adopted a different plan, which renders the process extremely easy. This is to cut directly downwards from the coracoid process, so as to accomplish the first part of the operation; and then, if the other is found requisite, to make a second incision through the posterior side of the joint along the inferior costa of the scapula, which affords free access to the neck of the bone. I may here remark, that both the scapula and clavicle admit of being treated with great freedom, and even removed completely, without materially impairing the arm in its usefulness. The wrist-joint, from the complexity of important parts lying over it, has until lately been deemed an improper subject for excision; but Professor Lister, by methodically attacking the different bones concerned, has succeeded in establishing a procedure by which the most extensive caries in this situation may be removed without injury to any of the digital tendons, blood-vessels, or nerves, and with the effect of preserving a perfectly useful hand. In the year 1830, I cut out the knee-joint; and four years afterwards exhibited the patient in the most perfect state of recovery at a meeting of the Medical Section of the British Association for the Promotion of Science. It may be asked why I did not continue to employ this operation; and my reply would be, for three reasons; since I feared, in the first place, that, in adults recovery would be very tedious; secondly that in children the limb would be stunted in its growth; and, thirdly, that some small sinus or oozing of matter, so frequent after excision of the elbow, might prevent the body from having a firm and useful support. It appears that these anticipations have been only partially realised; and that, in favourable cases, the operation may be performed with a fair prospect of success. There still, however, remains the question as to expediency in choosing between the prospect of a result thus obtained and that of a comfortable stump with an artificial limb; and here, I regret to say, the discussion has been characterised by a degree of fervour that savours more of personal acrimony than a simple regard for the relief of suffering. For the future, I hope that the exercise of a free choice on this point will not expose any of us to unworthy imputations.

The cartilaginous bodies, which are so troublesome in the knee-joint, were formerly regarded as an unsatisfactory subject of treatment, on account of the inflammation that was apt to attend their excision; but the subcutaneous operation suggested by myself in 1841, and afterwards improved by Mr. Square of Plymouth, has afforded a means of remedy both safe and easy.

With regard to the pathology of the osseous system, instead of the vague and erroneous ideas entertained forty years ago respecting the formation of new bone, we now possess a clear understanding of the source from which it proceeds. My probationary essay on necrosis was written with the view of showing that the periosteum had nothing to do with ossification; but, ten years afterwards, I was led by the observation of some facts in practice to take an entirely different view, and to perform experiments which completely removed any doubt that could have remained on the subject. By detaching the periosteum of dogs, and either removing the denuded bone or surrounding it with tinfoil, I obtained results that proved beyond all question the periosteum to be the great agent of osseous reproduction. Of late years, much attention has been devoted to this subject in France, especially by M. Ollier, who came to Edinburgh with his preparations of rabbit-bones, and was not a little surprised to find them anticipated by my own from dogs, which had been made and published twenty years before.

Our knowledge of the ossifying power which is possessed by the periosteum has improved the treatment of necrosis, and has led to other applications, of which the one most worthy of notice is that employed for the remedy of fissure through the hard palate, where, by detaching the periosteum and obtaining sufficient relaxation of the dense superjacent textures by means of lateral incisions, we are enabled not only to close the gap, but to do so by the formation of new bone.

In the early part of this century, a large share of attention was devoted to the suppression of hæmorrhage, which consequently became so perfect as hardly to admit of any improvement during the period at present under consideration. Mr. John Bell, followed by Mr. Guthrie, had established the great principle that bleeding should always be arrested by means applied at the seat of injury; and that, if the access for this purpose were not sufficiently free, it should be enlarged by extension of

the existing wound, rather than by making a new one. Dr. Jones, by his ingeniously devised and carefully executed experiments, had fully explained the different steps by which the blood is spontaneously prevented from continuing to flow. The tenaculum had given place to the forceps, and small silk ligatures had been adopted instead of the bookbinders' twine previously in use. Some attempts have lately been made to throw discredit on the ligature by attributing the most injurious effects to its action, and by proposing in its stead various contrivances of needles or wires, or a combination of both. Such proposals must be received with regret, as evincing an uneasy desire for innovation, and as calculated to confuse the sound principles of practice which have been established by men of experience and reputation. The truth is, that the ligature occasions no irritation, inflammation, or gangrene, as it has been said to do, and merely prevents union to the extent of its presence. Thus, when the femoral artery has been properly tied, the wound heals completely by the first intention, except at the point where the ligature lies, and from which a few drops of matter are discharged. Indeed, so far from regarding the ligatures as injurious, I believe them to be of great service, by maintaining an outlet for the discharge of fluids that might otherwise accumulate in the cavity; and, therefore, instead of cutting off one of the threads, as was formerly the custom, always preserve both with a view to this effect.

The treatment of aneurism also seemed to have been rendered perfect by the operation of Hunter being applied to all the branches of the aorta, primary as well as secondary; but during the latter half of our forty years' period there have been symptoms of a revolutionary tendency, which has led to important alterations of practice. Of these may be first noticed a revival and improvement of the treatment by pressure as a substitute for the ligature, which we owe to our brethren of Dublin, and more especially Drs. Hutton and Bellingham. There can be no doubt that by means of properly constructed apparatus, and with sufficient endurance on the part of the patient, aneurisms, and more particularly those of the femoral artery, may usually thus be remedied without any long delay. But, on the other hand, it cannot be denied that pressure sometimes fails, and may also be attended by unpleasant consequences; while it appears that, in so far as the femoral artery is concerned, the operation, if carefully and correctly performed, is nearly, if not absolutely, free from danger. I have done it in thirty-five cases, and never met with any bad result, except on one occasion when an attempt had been made, without success, to accomplish the object by pressure; and the sac suppurated without any blame being attributable to the ligature. The method by pressure, therefore, while justly regarded as a valuable addition to the resources of surgery, should hardly be considered as a substitute completely superseding the operation. The treatment of popliteal aneurism, by simply bending the knee, has frequently been successful, and seems the perfection of simplicity, but is by no means certain in its effect, and, as I have had occasion to see, may prove injurious by rupturing the sac. Various attempts have been made to induce coagulation by introducing foreign matters into the cavity, and of these the injection of perchloride of iron by M. Nélaton has been most successful. This plan seems most suitable for aneurisms affecting arterial branches of secondary size, and even here would appear to be not altogether free from serious danger, through its effect upon the circulating system. In another way I have endeavoured to improve the treatment of aneurism, by showing that the artery at the seat of rupture is not necessarily unable to bear a ligature, and that, therefore, in cases where the Hunterian operation is either impracticable or beset with peculiar difficulty and danger, it may be better to open the sac and secure the bleeding orifices.

Passing from general to more particular considerations, we may begin with the head, where much has been done in the way of improvement. The eyeball, instead of being roughly scooped out along with the contents of the orbit, is now delicately detached from its conjunctival covering and muscular attachments, so as to be removed with little disturbance of the neighbouring parts, which quickly heal, and, before the end of many days, may be able to receive an artificial substitute, except for the office of vision, in every respect perfect. Fistula lacrymalis, which was formerly with justice regarded as an opprobrium of surgery, and admitted of treatment only by the clumsy expedients of tubes or styles permanently retained in the duct, is now, through the ingenious suggestion of Mr. Bowman, no less easily than effectually remedied by slitting open the canal from the inferior punctum, so as to obtain room for the passage of probes sufficiently large for removing the obstruction. The distressing deformity of squinting, also, which was formerly deemed incurable, is now subject to an operation that, when properly performed, leaves nothing to be desired. Then the different sorts of nasal polypus are accurately discriminated, and when proper for extraction, instead of being nibbled away by the repeated application of clumsy forceps, are attacked by instruments sufficiently small for being insinuated to the point of attachment, and thus removed entire. Enlarged tonsils, too, no longer permitted to torment the patient by frequent sore-throat, impeded respiration, and husky voice, are readily removed by the simple means of a hook and knife, which are infinitely better than any of the complicated apparatus that has been contrived for this purpose.

But the most remarkable evidence of progress in this situation is afforded by tumours of the jawbones, which were formerly dug out from the centre towards the circumference without the slightest prospect of any better result than frightful deformity and increased activity of the morbid growth. It was, therefore, a great improvement which accomplished removal by dividing the bone beyond the part affected, where it was known to be sound. My attention was early directed to this subject by my respected friend, the late Mr. Cusack of Dublin, who adopted the new method before it was employed in either England or Scotland; I had thus an opportunity of performing the operation upon a very remarkable case, after it had been dismissed from the Royal Infirmary of Edinburgh, and also by Mr. Liston, as incurable. Some years afterwards, on the 15th of May, 1829, I removed the superior maxillary bone, for the first time in Great Britain, upon the same principle of cutting through the sound bone beyond the confines of the disease. It would be dif-

ficult to estimate the number of lives that have been saved by these operations; and I beg to express my hope, that no love of change or desire to act the part of an improver may ever resuscitate the old system of operating, with its chisels and gouges, and abortive efforts to accomplish what can be done effectually only in another way.

Descending from the head, we come to the neck, where the first difference between old and present practice that presents itself is in regard to the operation for admitting air into the lungs. Within my recollection, it was rarely performed, and still more rarely, if ever, with success, the reason of which was two-fold. For, in the first place, the tube employed was so narrow that, independently of obstruction from mucus in its cavity, there was not space sufficient for the passage of air; and, secondly, instead of being introduced into the trachea, it was thrust between the cartilages of the larynx, too near the seat of disease for rendering any service. It is needless to say how different the case is now, and how frequently life is saved by the timely performance of tracheotomy. But as it may not be generally known that we are indebted to Mr. Liston for the wide, conical, and slightly curved tube so generally in use, the circumstance which suggested its contrivance seems not unworthy of notice. This was the case of a gentleman nearly related to myself, who suddenly suffered from obstructed respiration, which, having resisted the ordinary means of treatment, urgently required an opening into the air-passage. Mr. Liston, finding that the tubes in his possession were quite useless, cut off a portion from the extremity of his largest catheter and inserted it into the trachea. Soon afterwards a case of œdema glottidis occurred, and afforded time for making the requisite preparation, when tubes of the present form were contrived, and found to answer the purpose perfectly.

Cancer of the tongue has always been regarded as a very unsatisfactory subject for surgical treatment, on account of the extreme tendency which the disease has to a rapid return; but complete removal of the organ has been found productive of more lasting benefit than a partial operation; and, if supported by further experience, may perhaps be available for the relief of a condition otherwise so hopeless and distressing.

The treatment of wry-neck has been greatly improved by the introduction of tenotomy, which was employed for this purpose long before its application to club-foot. On November 2nd, 1832, in the Edinburgh Surgical Hospital, I operated by subcutaneous incision on a boy suffering from wry-neck, with complete success, and the case so treated stands first in the records of British surgery. This I mention to account for the interest which I have taken in tenotomy, and the regret which I feel in seeing so excellent a means of affording relief to a large extent withdrawn from the ordinary practice of surgery by specialists, who, through the use of complicated and expensive mechanism, alleged to be requisite for the purpose, have been allowed, in no small measure, to appropriate its employment. But the members of our profession who tacitly sanction such an arrangement, and decline to practise tenotomy, may be assured that they must frequently withhold the assistance required when it would prove most useful, and by allowing the evil to gain strength through delay, afford occasion for the requirement of apparatus beyond the reach of those who suffer from poverty as well as deformity.

The thoracic region presents no more remarkable evidence of progress than that afforded by the method of treating serous cysts in the mamma, for which we are indebted to the late Sir Benjamin Brodie. Within my recollection, there was hardly any attempt to discriminate tumours of the breast; and all of them passing, as they did, under the title of scirrhous, were equally supposed to require removal of the whole gland. But even after the distinction had been drawn between those that were malignant, and those that, being of a simple or local nature, did not require the knife to go beyond the confines of their own extent, the cysts containing serous fluid were still believed to demand excision, until the late distinguished surgeon showed that mere evacuation of the contents followed by a rubefacient applied to the surface constituted an effectual remedy. I can bear ample testimony to the success of this treatment; and would only suggest that, instead of the lancet and embrocation employed by its author, a small trocar and blistering plaster will be found to facilitate the procedure.

The radical cure of hernia, so long an object of desire in the practice of surgery, has at length been to some extent attained by the method which Professor Wutzer of Bonn proposed some years ago; and the complicated apparatus originally employed having given way to more simple means calculated to produce the same effect, the procedure is now within reach of any one who chooses to execute it.

We now come to ovariotomy, which has of late been the subject of so much attention; and it will here, perhaps, be supposed that a claim for the honour of priority may be advanced on the part of Edinburgh, where the operation was first performed. But, to confess the truth, I fear that the northern metropolis, so far from deserving any credit on this account, should rather plead guilty to having invested the procedure with an aspect so repulsive as to impede rather than promote its adoption. It was brought forward by the same person who had proposed to remedy hypertrophy of the heart by blowing air into the pericardium, to puncture the brain in acute hydrocephalus, and to treat enlargement of the prostate by cutting out the entire gland; so that the profession in Edinburgh were not either disposed to adopt the excision of ovarian tumours, or at all surprised by the results of its attempted performance. From these it appeared that one woman was laid open from sternum to pubes without any tumour being found; that another so treated presented a mass of disease entirely beyond the reach of removal; and that a third, after having what was supposed to be an ovarian tumour extracted, was found, on dissection a few days afterwards, to retain both ovaries in a healthy state. These, and similar cases so ludicrous, if they had not been so shocking, led surgical teachers to conclude that the operation laboured under three serious objections—1. The uncertainty of prognosis; 2. The difficulty of diagnosis; and 3. The danger of execution; whence it happened that, notwithstanding more favourable reports that after a time reached us from Manchester, with the exception of a few cases, all of which proved fatal, no further attempt was made in Scotland to

establish the procedure until a recent period, when the successful experience of some gentlemen in London, and more especially Mr. Spencer Wells, gave the matter an entirely new position. The objections originally entertained with regard to both prognosis and diagnosis have been in a great measure removed through the careful discrimination of cases, while the operative procedure has acquired a corresponding degree of perfection, and the results are so satisfactory, that the proportion of deaths does not exceed from 30 to 35 per cent. The most successful operator in Scotland is my friend and former house-surgeon, Dr. Thomas Keith, who has operated in thirty-two cases, and lost only nine of his patients.

Descending to the pelvis, we find a great improvement in the treatment of hydrocele through the substitution of iodine for port wine, which very frequently failed, and, when unfortunately allowed to enter the cellular texture, produced the most violent disturbance, constitutional as well as local, or even proved fatal. When there was no better alternative than this, it is not surprising that many surgeons clung to the method of incision, which even now, in some parts of the world, is still deemed the most expedient means of remedy; but every one who has witnessed the certain success and freedom from unpleasant effects which result from the injection of iodine cannot hesitate in preferring it to any other mode of treatment. In order to obtain the good effect in full perfection, it is necessary that the tincture of iodine should be of proper strength, such as that of the *Edinburgh Pharmacopœia;* that the contents of the sac should be completely evacuated; and that the fluid injected, which need not exceed two drachms, should be diffused over the surface by a rough shake. The advantage of this treatment is not limited to hydrocele, since it is equally efficacious for the remedy of all cysts containing albuminous fluid, such as those of the thyroid gland or other part of the neck, and also those met with on the trunk or extremities.

Forty years ago, diseases of the rectum, being very imperfectly understood, were regarded with no less horror by patients than apprehension by surgeons. Fistula *in ano* was believed to require division of the septum to its summit, however high up the bowel this might be, whence followed profuse bleeding, protracted dressing, and frequent failure, from the internal aperture not having been included. Internal hæmorrhoids, under the title of prolapsus, were viewed with especial dread, on account of the hæmorrhage resulting from excision, and the inflammation apt to be caused by partial or imperfect ligature. Fissures and ulcers, when recognised, which was seldom the case, were held to require a complete division of the sphincter; while an ample field for quackery was afforded by the belief that curable strictures existed high up in the colon. The state of practice is very different now, when fistula is easily and effectually remedied by an incision extending merely to the internal opening, and therefore so slight as not to require any dressing, or hardly any confinement; when internal hæmorrhoids, and all the discomfort of prolapsus, are removed no less safely than certainly by ligatures comprehending the whole disease, and tightly drawn; when fissures and ulcers are known to require merely an incision no deeper than their base; and strictures, whether malignant or simple, are ascertained to exist only within reach of the finger.

For removing stones from the bladder, many attempts have been made to improve the process by cutting, though with little success; since, I believe, most surgeons are satisfied that the operation as performed by Cheselden is still the best for the purpose. But during the period under consideration, another method of affording relief has been devised, improved, and I may also say perfected, so as to render the knife of comparatively little value in the treatment of calculous complaints. Sir Astley Cooper's plan of extracting small concretions by means of curved forceps, was soon followed by the introduction of straight tubes containing branches that expanded, and held the stone while it was acted upon by a central drill. This lithotrity, in its turn, gave way to the safer and more efficient procedure of lithotripsy, by which the calculus, instead of being attacked from the centre, was broken into fragments by external compression—at first, through the force of a hammer, and afterwards through that of screws differently applied. From the improvements which have taken place in these instruments, and the mode of using them, there seems reason to hope that patients who apply for assistance before the disease has advanced too far, may, in general, obtain relief without submitting to lithotomy, which, however well performed, must always be regarded in adults as much more formidable than crushing, while in children, the absence of a developed prostate renders cutting perfectly safe.

During the last forty years, few surgical derangements have attracted more attention, or been the subject of more keen discussion, than stricture of the urethra. It would be no less tedious than unprofitable to review the controversies that have hence arisen; and it will be sufficient for my present purpose to consider the various modes of treatment under some general heads, to which they may be referred. These are—1. Caustic; 2. Dilatation; 3. Internal incision and rupture; 4. External incision. But before inquiring into the merits of particular remedial measures, it may be proper to remark that two pathological facts, ascertained in recent times, have had an important bearing on their application. It was formerly supposed that strictures were frequently impermeable, and consequently limited with regard to the means of relief, but they are now known always to admit the introduction of instruments, if sufficiently small and properly guided. It was also supposed that the seat of contraction lay most frequently in the membranous part of the urethra, while we now know that it is almost always anterior to the bulb.

The treatment by caustic has been so generally abandoned, and labours under so many objections, that it need not detain us at present. The process of dilatation may be conducted in three different ways, each of which has its respective advocates, and which may be distinguished as the gradual, speedy, and sudden methods. The first is effected by the gentle passage of bougies at considerable intervals of time, so as to induce absorption of the thickened texture that causes contraction; the second is accomplished by keeping a succession of gradually enlarged catheters in the bladder; and the third is completed at once by a sufficient amount of mechanical stretching. By the first of these methods,

in the great majority of cases, perfect and more or less permanent relief may be obtained, while the two latter are apt to produce only a temporary advantage by leaving the texture in its original state, and ready to contract when relieved from distention.

The plan of remedying strictures by internal incision or rupture has called forth an infinite variety of ingenious contrivances for accomplishing the object in view. Of these, the instrument brought into use by Mr. Holt appears to be the most efficient and safe when properly employed, but, like others of a similar kind, labours under the objection of requiring previous to its use such a degree of dilatation as in general yields readily to the simple bougie. It also cannot ensure complete division of the contracted texture, as I have seen in a stricture at the orifice, where the largest instrument produced merely stretching of the part, and my experience would lead me to believe that a similar condition may exist at other parts of the canal.

The remedy of strictures by external incision has long seemed to me the best way of affording relief in cases not amenable to simple dilatation. It met with strenuous, I might almost say intemperate, opposition, but has kept its ground, and will, I believe, continue to prove useful in cases of peculiar obstinacy. In cases anterior to the scrotum, it is best executed by subcutaneous incision, and whether here or elsewhere, may be performed upon a director of the smallest possible size, which greatly adds to its value.

With regard to the female organs, the most remarkable change that has taken place in the way of improvement is in the treatment of vesico-vaginal fistula, which was formerly held to be nearly, if not altogether, incurable, and is now remedied no less easily than certainly through means of silver sutures, for the introduction of which we are indebted to Dr. Marion Sims. But our American brethren have laid us under a still more important obligation by the grand discovery of etherisation, or the induction of insensibility by respiration of an ethereal vapour. To Drs. Morton and Jackson of Boston we owe this procedure, which has so wonderfully facilitated the practice of surgery, and divested it of its most painful features.

In conclusion, Mr. President and Gentlemen, I beg to express my hope, that from what has been said, surgery will not appear to have stood still or pursued a retrograde course during the last forty years, but, on the contrary, to have been improved in many important points of practice, and to hold out the prospect of further advance; so that when forty years hence some senior member of the Association shall take a similar retrospect, he will find no lack of materials for illustrating the march of progress.

The Vienna University Jubilee. At the jubilee of the Vienna University, the degree of Doctor in Philosophy was awarded to Mr. John Stuart Mill, M.P., and Sir Roderick Murchison. The precise words conveying the reason for the honour were in each case as follows:—"Joh. Stuart Mill, Londinensis, logices inductivæ auctor nunquam satis colendus;" and "Illustrissimus Dom. Rodericus Lib. Baro de Murchison, geologorum Angliæ princeps, qui tantos duxit triumphos, ut dum in vivis esset, mortalis esse desierit."

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SATURDAY, AUGUST 12th, 1865.

THE LEAMINGTON MEETING.

Once again we have to record the Annual Meeting of the British Medical Association as a great success. The invitation, cordially given by the medical body at Leamington to the members of the Association while assembled last year at Cambridge, has been as cordially accepted; and the reception with which they have met in that celebrated health-resort has left nothing at which even the most fastidious of fault-finders could take exception. Everything in their power, that could be done to make the meeting agreeable and successful, was done by the Local Committee of Arrangement, under the direction of the President, Dr. Jeaffreson, and of the honorary local Secretary, Mr. Ebbage. They were fully seconded by the various local authorities in carrying out their plans, and thus succeeded in providing for the Association a hearty welcome.

The meeting of this year presented several features distinguishing it from the meetings of past years. The duration was extended a day beyond the usual time; and for the additional day there was no lack of business, general or scientific.

One circumstance which, perhaps beyond all others, will make the Leamington meeting an epoch in the history of the Association, was the introduction of open discussions on subjects connected with pure medical science and with state medicine and hygiene. In the introduction of this new feature, the Association is indebted to Dr. Richardson, who, as a member of the Committee of Council, has taken an active part in suggesting and carrying out measures which may be calculated to benefit the Association, and to increase its influence both with the medical profession and with the public. This year, four subjects were selected by the Committee of Council; and the task of opening the discussions was entrusted to Mr. Moore of the Middlesex Hospital, Dr. Richardson, Dr. Symonds of Clifton, and Dr. Tindal Robertson of Nottingham. We hope to be able to publish, in subsequent numbers of the Journal, the able remarks with which each of these gentlemen—all fully competent for the duty—opened the debate. At present, we can give sufficient only to render the remarks of the subsequent speakers intelligible. With the consent of the Committee of Council, the public were invited, under sanction of the President, to be present at the discussions opened by Dr. Symonds and Dr. Robertson.

The President's address was a very interesting and instructive one on the use of mineral waters, and

on Leamington in particular. While there was a total absence of any attempt to unduly raise the estimation of the town in which he practises, Dr. Jeaffreson fairly set forth the circumstances under which its mineral waters might or might not be used. His address was published in last week's JOURNAL.

The Addresses in Medicine and Surgery were delivered by two of the greatest luminaries of their respective departments of medical science in the present age—Professor Stokes of Dublin, and Professor Syme of Edinburgh. The addresses are published in the present number; and the members of the Association will, therefore, have the opportunity of gaining possession, on the one hand, of a most able summary of the arguments usually adduced on one side of a widely debated question in medicine, and, on the other, of learning from the great surgeon of the northern metropolis what improvements in surgery he has witnessed during his career of forty years—improvements, it must be remembered, in the introduction of very many of which he has himself had an active share.

Among the papers read, was one of prominent interest in the present time, by Dr. William Budd of Bristol. Dr. Budd, who is well known as a most zealous investigator of the diseases of the lower animals and of their bearings on the health and disease of man, gave, in his full and impressive style, a description of the disease among horned cattle which is now causing so much alarm.* Several other instructive papers were read, of most of which abstracts will be furnished in our next number, reserving the publication of the papers in full to a future occasion.

Turning now to general business, the Report of Council first comes under notice; but, before proceeding to refer to its business details, we must offer a word or two in explanation of the reference at the commencement of the Report to the health of Sir Charles Hastings. The venerated founder of the Association has, for a considerable period of the interval between the last two annual meetings, been suffering from very serious illness; and all the members will, we are sure, join with the Council and those who were present at Leamington in rejoicing at his being able still to take an active part in the proceedings of an annual meeting, and in trusting that he may yet live long as the valued friend and counsellor of that Association which he founded and in whose prosperity he has taken such deep and lasting interest.

The Report presents a very satisfactory state of affairs. In numerical strength, the Association is somewhat below what it was last year; but this has arisen from the fact, that the Committee of Council has taken the judicious step of erasing the names of seventy members who have failed, after due notice, to pay up their arrears. The reduction of numbers thus made is so small, that no doubt the standard of last year will be ere long reached and even exceeded. It is satisfactory, too, to observe that the number of members quitting the Association by resignation was at the end of last year far smaller than it had been for many years; the total of resignations having been 65. The finances were represented as being in a flourishing state; the Association having at the end of 1864 a balance in hand of £243, notwithstanding that several payments of an extraordinary kind had been made. For bringing about this result, great credit is due to the indefatigable General Secretary, Mr. Watkin Williams; who, during the two years in which he has held office, has shewn that he possesses in a high degree the qualifications attributed to him by Dr. Richardson—tact, industry, conscientiousness, and economy. The aid, too, which he has received from the Branch Secretaries has been highly valuable; and was alluded to in the Report of Council as deserving of thanks.

The meeting, wisely as we think, abstained from discussing the details of the Charter of Incorporation; but merely expressed its approval of the principle of obtaining a Charter, and remitted the whole subject back to the Committee of Council with directions to continue in the course which had been commenced. The only doubt raised as to the feasibility of obtaining a Charter was a financial one; but, after the explanation given by Sir Charles Hastings and by Dr. Richardson, the objection on this ground was withdrawn, and the meeting arrived unanimously at the decision to which we have referred. Dr. Richardson, as one of the members of the Charter Subcommittee, invited the members of the Association to make suggestions as to the details of the document, and promised that such suggestions should receive every possible consideration; and promised that another amended draft Charter should be published in the JOURNAL before it received the Royal approval.

The Association again proved its readiness to use its power in behalf of all departments of the profession, without regard to the question whether or not those for whom it is endeavouring to act are or are not connected with it. A resolution was unanimously passed, providing for the appointment of a Committee to inquire into the subject of Poor-law Medical Relief, and to obtain, if found necessary, the amendment which has been so long urged on the

* Dr. W. Budd's paper on the Cattle Plague will, we trust, appear in our next number. It is, undoubtedly, the most valuable addition to our knowledge on the subject which has yet appeared from the pen of a scientific physician. It may be mentioned as a remarkable fact, that this paper (promised a year ago) should have been presented to the Association at the very moment of the advent of the plague to this country. To show the care and accuracy with which it has been drawn up, we may add, from what we hear, that the description of the disease, as given by Dr. Budd, fully accords with the actual facts now unfortunately brought under our personal observation.

Poor-Law Board by Mr. Griffin. A memorial to the Secretary of State for War and to the First Lord of the Admiralty, in behalf of the army and navy medical officers, was adopted; and, undeterred by the repulses with which they have already met from the Council of the College of Surgeons, the Association again agreed to the presentation of a memorial to that body, in favour of granting to the country Fellows the privilege of voting at elections by written papers, after the manner followed in the Universities of Oxford and Cambridge.

The Directors of the Medical Provident Society presented their first annual report: and in so doing expressed their belief that the Society was likely to prosper, and to be useful to the profession. No discussion on it took place; and therefore some members objected to the election of the Chairman and Vice-Chairman by the Association. Ultimately, however, the meeting by a large majority re-appointed Dr. Richardson as Chairman, and elected Mr. John Clay of Birmingham as Vice-Chairman. The non-discussion, we believe, arose from a misapprehension, as our readers will see on perusing the explanation given by Dr. Richardson; but, to remove all cause of dissatisfaction, the Directors have since resolved that means be taken to remove any technical difficulties which may exist in the way of discussing the reports which will be presented at future meetings.

Mr. R. B. Carter, undismayed by the warning conveyed in the resolutions passed by the majority of the Branches, brought forward his long threatened resolution for the suppression of the JOURNAL; and Dr. Davey followed him with a suggestion which, however well meant, would, we fear, have only had a very different effect from that intended. What was said by Mr. Carter and Dr. Davey and their seconders, and how their proposals were received, our readers will learn by referring to the report given in a subsequent page. The result of the discussion was, the unanimous adoption of an amendment proposed by an old and valued member of the Association—the Reverend Dr. Bell, and supported by two other members of long standing—Drs. Sibson and Cowan. The manner in which the Association assented to Dr. Bell's amendment showed that it regarded it not merely as a negation of the opinion of Mr. Carter, nor only as an expression in favour of the continuance of the JOURNAL, but as a vote of confidence in the Editor, and an approval of the manner in which the organ of the Association has been conducted by him.*

In concluding these remarks, we would repeat, that the Leamington meeting has shown the Association to be in a sound and prosperous condition. Our body is surely very far from being in a state of decadence, when it can seriously endeavour to become incorporated by Royal Charter, and when, at one single meeting, it can prevail on so many and so great luminaries of medicine to give it the benefit of their profound learning and practical sagacity. Let us hope that, when the members meet next year in Chester, under the presidency of Dr. Edward Waters, the Association will be found to have made an advance even beyond expectation.

* Dr. Bell's motion, which was, in fact, the negation of Mr. Carter's, was carried unanimously. Not a single hand was, as far as we could observe, held up in favour of Mr. Carter's views.

Medical News.

APPOINTMENTS.

*HEWITT, Graily, M.D., appointed Professor of Midwifery in University College, and Obstetric Physician to the Hospital.

HUGHES, E., M.D., Kirkdale Road, Liverpool, appointed Honorary Medical Officer to the Liverpool Dispensaries, *vice* Dr. W. P. Jones, resigned.

*MASON, Francis, Esq., elected President of the Medical Society of King's College, London, for the Session 1865-66.

MARRIAGES.

On the 20th ult., at Alrewas, Staffordshire, *David Henry MONCKTON, M.D., F.R.C.S., etc., of Rugeley, to Sara, second daughter of Thomas PARR, Esq., of Alrewas.

At the same time and place, William MONCKTON, Esq., of King's College, London, to Maria, eldest daughter of Thomas PARR, Esq., of Alrewas.

DEATH.

*WEST, John Wickens, Esq., at Poole, Dorset, aged 55, on June 1.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. The library will be closed from Monday, August 14th, to Saturday, September 9th, both days inclusive.

THE GRESHAM PROFESSORSHIP. Dr. Henry Powell, brother of Mr. Baden Powell, has been appointed Gresham Professor of Physic in place of the late Dr. Southey.

THE WILL OF SIR DAVID DAVIES, M.D., K.C.H. The personalty was sworn under £20,000. The testator was physician to William IV and the late Queen Dowager. His will is dated 1857, and he died on May 2nd last, at Lucca, Italy, at the age of 72. Sir David has devised his real estates to his son Robert, of the Bengal Civil Service, and leaves to his younger son, the Rev. W. H. Davies, M.A., a legacy of £8,000. To his niece, Mrs. Jane Morgan, he leaves a life-interest in £2,000. (*Illustrated London News.*)

MR. TIMOTHY HOLMES has been appointed Surgeon-in-Chief of the Metropolitan Police in the place of Sir John Fisher, who lately resigned the office. The salary is £800 a year. Private practice is not permitted to the holder of this appointment; but he may retain hospital appointments.

CAST OF PRITCHARD'S HEAD. The cast taken of the head of the murderer gives a different impression of the cerebral development from what one gets from the portraits. His baldness concealed the deficiency in the intellectual part of the brain, by making the forehead appear larger than it in reality is. The animal part of the brain was fully four-fifths of the whole; as an eminent phrenologist expressed it, the skull was bestial. The same gentleman remarked that he had only known one head of a sane person to equal it in its unfavourable development. The organ of amativeness was immensely large, and also that of love of approbation. (*Daily Review.*)

THIRTY-THIRD ANNUAL MEETING

OF THE

British Medical Association.

Held in Leamington, August 1st, 2nd, 3rd, and 4th.

TUESDAY.

THE Committee of Council met at half-past One in the afternoon; and the General Council at Three.

The First General Meeting of Members was held in the College, Binswood Terrace, which had been kindly placed at the service of the Association by the trustees.

The following is a list of the members and visitors who, as far as we have been able to ascertain, were present at the meeting.

Adkins, Harry, Esq., Meriden
Alford, Stephen S., Esq., London
Allwork, C. L., Esq., Maidstone
Anderson, M. F., Esq., Coventry
Armstrong, J., M.D., Gravesend
Ashton, T. J., Esq., London
Ballard, Thomas, M.D., London
Barclay, John, M.D., Leicester
Barker, T. Herbert, M.D., Bedford
Bartleet, E., Esq., Campden
Bartleet, T. H., M.B., Birmingham
Bartlett, Wm., Esq., London
Bassett, John, Esq., Birmingham
Beales, Robert, M.D., Congleton
Begley, Wm. C., M.D., Hanwell
Bell, Rev. David, M.D., Goole
Bellot, W. H., M.D., Yatton
Berry, Samuel, Esq., Birmingham
Bicknell, Edward, Esq., Coventry
Bidwell, Henry, M.D., Albrighton
Birt, Joseph, Esq., Stourbridge
Birt, Thomas, M.D., Leamington
Bishop, Edwin, M.D., Culworth
Bodington, George, L.R.C.P.Ed., Sutton Coldfield
Bodington, W., Esq., Kenilworth
Bottomley, George, Esq., Croydon
Bourne, T. S., Esq., Kenilworth
Bridgeman, G. W., Esq., London
Bridger, John, Esq., Cottenham
Brooke, John, Esq., Stockport
Brown, J., M.D., Edinburgh
Bryan, J. M., M.D., Northampton
Bucknill, S. B., M.D., Rugby
Bullock, T. W., Esq., Warwick
Burnett, C. M., M.D., Alton
Burrows, G., M.D., F.R.S., London
Busby, R. A., Esq., Leamington
Camps, Wm., M.D., London
Carden, H. D., Esq., Worcester
Carter, Robert B., Esq., Stroud
Ceely, Robert, Esq., Aylesbury
Chesterman, S., Esq., Banbury
Church, Wm. J., Esq., Bath
Clarke, John, Esq., Kenilworth
Clay, John, Esq., Birmingham
Clayton, M. H., Esq., Birmingham
Clement, William J., Esq., M.P., Shrewsbury
Cooper, William, M.D., Bury St. Edmunds
Cowan, Charles, M.D., Reading
Dartnell, G. R., Esq., Henley-in-Arden
Davey, J. G., M.D., Northwoods
Davies, J. B., M.D., Birmingham
Day, Henry, M.D., Stafford
Death, R., Esq., Buckingham
Desmond, L. E., M.D., Liverpool
Douglas, Archibald, M.D., London
Downs, Wm., Esq., Handsworth
Draper, Charles, Esq., Kenilworth
Dresser, Wm., Esq., Coventry
Duke, A., M.D., Rugby
Duncalfe, H., Esq., West Bromwich
Durrant, C. M., M.D., Ipswich
Ebbage, T., Esq., Leamington
Eddowes, Wm., Esq., Pontesbury
Edwards, James, M.D., Benarth
Elkington, Thomas, Esq., Fenny Compton
Evans, S. H., Esq., Derby
Everett, D., Esq., Worcester
Falconer, R. W., M.D., Bath
Fayrer, G., M.D., Henley-in-Arden
Fegan, Richard, M.D., Charlton
Ferguson, George, M.B., Birmingham
Firth, John, Esq., Macclesfield
Fleming, A., M.D., Birmingham
Fletcher, Bell, M.D., Birmingham
Flint, Richard, Esq., Stockport
Foster, B. W., M.D., Birmingham
Gabb, John, Esq., Bewdley
Garner, J., Esq., Birmingham
Gibb, George D., M.D., London
Gibbon, S., M.D., London
Girling, G. L., Esq., St. Ives
Goodchild, F., M.D. Warwick
Goodfellow, S. J., M.D., London
Gould, H. M., Esq., Wateringbury
Gravely, Richard, Esq., Newick
Hadley, J. J., Esq., Birmingham
Hailey, Hammett, Esq., Newport Pagnell
Hall, C. R., M.D., Torquay
Harrison, John, Esq., Chester
Hastings, Sir C., M.D., Worcester
Hatton, John, M.D., Belvedere
Haward, Edwin, M.D., London
Hemming, J. H., Esq., Kimbolton
Henry, A., M.D., London
Heygate, Thomas, Esq., Market Harborough
Higginbottom, John, Esq., F.R.S., Nottingham
Hitchman, J., M.D., Mickleover
Hitchman, J., Esq., Leamington
Hooper, Charles, Esq., Aylesbury
Hopkins, W., Esq., Handsworth
Horniblow, R. E. B., M.D., Leamington
Humphreys, J. R., Esq., Shrewsbury
Husband, Wm. D., Esq., York
Hutchinson, J., Esq, London
Inglis, A., M.D., Worcester
Irwin, W. C., M.D., Leicester
Jeaffreson, J. R., Esq., Leamington
Jeaffreson, Samuel J., M.D., Leamington
Jeston, Thomas W., Esq., Henley-on-Thames
Johnstone, James, M.D., Birmingham
Jones, R., Esq., Leamington
Jordan, F., Esq., Birmingham
Kelly, Wm. M., M.D., Taunton
Kidgell, S. W., Esq., Pangbourne
Kingsley, Henry, M.D., Stratford-upon-Avon
Kirby, Burrows, M.D., Warwick
Kite, W. J., Esq., West Bromwich
Lane, James R., Esq., London
Langmore, J. C., M.B., London
Laurence, J. Z., Esq., London
Lord, C. F. J., Esq., Hampstead
Lund, Edward, Esq., Manchester
M'Cheane, W., Esq., Liverpool
Machen, John, Esq., Leamington
Machin, E. S., Esq., Erdington
M'Intyre, John, M.D., Odiham
Mackenzie, M., M.D., London
Mackesy, Thomas L., M.D., Waterford
M'Veagh, D., L.K. & Q.C.P.I., Coventry
Male, J. E., Esq., Leamington
Manley, John, Esq., West Bromwich
Markham, W. O., M.D., London
Marriott, C., Esq., Leamington
Marshall, Henry, M.D., Clifton
Martin, A., Esq., Evesham
Mead, G. B., M.D., Newmarket
Meade, R. H., Esq., Bradford
Mellor, T., Esq., Manchester
Merriman, S. W. J., M.D., London
Moore, C. H., Esq., London
Morgan, M. B., Esq., Lichfield
Morgan, W. F., Esq., Bristol
Morris, Henry, Esq., Studley
Morris, J., Esq., Leamington
Nesbitt, F. A., Esq., Wolverhampton
Niven, D. G., Esq., Worcester
Nunn, J. R. Esq., Warwick
Nunneley, Thomas, Esq., Leeds
O'Callaghan, P., LL.D., Leamington
Paget, G. E., M.D., Cambridge
Paget, Thomas, Esq., Leicester
Parker, Langston, Esq., Birmingham
Parratt, J. E. T., Esq., Charlton
Paul, J. H., M.D., Camberwell
Pemberton, O., Esq., Birmingham
Philipson, G. H., M.D., Newcastle-upon-Tyne
Pitt, R., Esq., Wellesbourne
Prichard, T., M.D., Northampton
Propert, John, Esq., London
Ramsay, W. F. H., M.D., London
Ransome, Arthur, M.B., Manchester
Ray, Edward, M.D., Dulwich
Reid, Kenneth, M.D., Montreal
Rhodes, James, Esq., Glossop
Rice, D., Esq., Southam
Richardson, B. W., M.D., London
Robertson, W. Tindal, M.D., Nottingham
Routh, C. H. F., M.D., London
Royston, Christopher, Esq., Bath
Rumsey, H. W., Esq., Cheltenham
Russell, J., M.D., Birmingham
Ruttledge, T. E., Esq., Southam
Sadler, P. L., Esq., Warrington
Sankey, W. H. O., M.D., Cheltenham
Seaton, Joseph, M.D., Sunbury
Shaw, H. E. F., Esq., Sutton Coldfield
Sibson, F., M.D., F.R.S., London
Sieveking, E. H., M.D., London
Sims, J. Marion, M.D., London
Skeate, Edwin, Esq., Bath
Skinner, T., M.D., Liverpool
Smith, T. Heckstall, Esq., St. Mary Cray
Smith, William, Esq., Redditch
Solomon, J. V., Esq., Birmingham
Southam, G., Esq., Manchester
Spender, J. K., Esq., Bath
Steel, S. H., Esq., Abergavenny
Steele, A. B., Esq., Liverpool
Stewart, A. P., M.D., London
Stokes, W., M.D., D.C.L., Dublin
Stookes, A., M.D., Liverpool
Sturges, Octavius, M.B., London
Sutherland, Wm., M.D., Croydon
Swain, Thos., Esq., Birmingham
Swinson, G. H., Esq., Leamington
Syme, James, Esq., Edinburgh
Symonds, J. A., M.D., Clifton
Teale, T. P., jun., Esq., Leeds
Terry, H., jun., Esq., Northampton
Thomson, T., M.D., Leamington
Tibbits, John, M.D., Warwick
Torrance, D., M.D., Rugby
Tuke, T. H., M.D., London
Tunstall, James, M.D., Bath
Turner, G., M.D., Stockport
Turner, Thos., Esq., Manchester
Turnour, A. E., M.D., Denbigh
Underhill, Thomas, Esq., Tipton
Vose, Jas. R. W., M.D., Liverpool
Wade, W. F., M.B., Birmingham
Waters, A. T. H., M.D., Liverpool
Waters, Edward, M.D., Chester
Watkins, R. W., Esq., Towcester
Webb, Wm., M.D., Wirksworth
Webster, John H., M.D., Northampton
Welchman, C. E. E. Esq., Lichfield
Wells, T. Spencer, Esq., London
Welsh, F. F., Esq., Saffron Walden
Westall, E., M.D., Kensington
Whitfeld, Henry, Esq., Ashford
Wilkinson, Eason, M.D., Manchester
Williams, Joseph, M.D., London
Williams, T. Watkin, Esq., Birmingham
Williams, William, Esq., Guilsborough
Wood, C. W., Esq., Woodhouse
Wood, William, M.D., London
Wyman, George, Esq., Alcester
Yates, George, Esq., Birmingham

INSTALLATION OF THE PRESIDENT.

Dr. PAGET, the retiring President, having taken the chair, said:

"Gentlemen, I congratulate you on the prosperity of our Association—its prosperity both financial and social. I congratulate you on our meeting in this beautiful and pleasant place—this famous health-resort—where, under the able and genial guidance of our new President and his colleagues, we may observe the various aids in the restoration of health which here abound—the *adjuvantia* of the Leamington doctors. I mean not the mineral waters alone, but the cheerful walks, the charming scenery, and the many objects of interest, the contemplation and enjoyment of which are, as we all well know, as truly remedial in the influence, and at least as pleasant, as many of the articles in our *Pharmacopœia*. Gentlemen, the time is come for my retirement from the office of President, in which your favour placed me. Accept my thanks—many and hearty thanks—for the kindness which bestowed on me that high distinction, and for all the many courtesies which have been shown to me during my year of office. Believe me, I shall ever hold them in grateful remembrance. And now, my good friend Dr. Jeaffreson, let me wish you

joy on succeeding to this same dignity. 'Tis one of the popular honours of a free country. Our profession does not, like the other learned professions, look to the Crown or State for its highest honours and rewards. But our aspirations are not less worthy—are not less lofty—when we seek our highest honours in the approbation of our professional brethren."

Dr. JEAFFRESON, the new President, then took the chair vacated by Dr. Paget. He said that the feelings uppermost in his mind were hesitation and doubt; whether he should be able to discharge, with satisfaction to himself, the duties of the office in which the kindness of the members had placed him. But he could assure them, that no endeavours should be wanting on his part to fulfil the duties to the best of his ability; and hoped, when he retired from the chair, that the same kindly feeling would rest towards him that he was sure they all felt towards Dr. Paget. [*Cheers.*]

The PRESIDENT then read his address, which was published at page 107 of last week's JOURNAL.

THANKS TO THE RETIRING PRESIDENT.

Dr. FALCONER (Bath) said that one of the first business duties which the Association had to perform was to welcome their new President; and the manner in which they had received Dr. Jeaffreson evinced the gratification it afforded them to see him in that honourable position; and he had no doubt that, before the close of the meeting, they would find still further reasons to approve of the choice that had been made. There was an old Persian saying, that men are rather disposed to adore the rising than the setting sun; but still they must not be unmindful of the great benefits the Association had received under the late worthy President, Dr. Paget. [*Cheers.*] Many present, doubtless, remembered the pleasant reception which the Association met with the preceding year at Cambridge—[*hear*]—how, upon the occasion, the University was truly an *Alma Mater* to the Association. They would remember, too, the kindness which they met with from every resident of the University; and especially how the hand of fellowship was held out to every member of the profession. [*Cheers.*] He was sure, whatever successes had attended the Association in the past, or whatever happiness might attend the annual meetings in the future, they could never obliterate the recollection of the kind reception it met with from the University of Cambridge [*cheers*]; and, without at all depreciating the services of others, they must regard Dr. Paget as having been the guiding spirit on that occasion. Like a conquering general crowned with the victor's wreath, he would not consider the distinction depreciated, if upon the leaves might be found the names of those who had assisted him to achieve his triumphs. They had the honour on the occasion of having as their President one who was highly esteemed by the University, of which he was a distinguished member, and who called by the title of brother one who was equally distinguished in the metropolis. [*Applause.*] He proposed—

"That the cordial thanks of this Association be given to Dr. Paget, the retiring President; and that he be elected a Vice-President of the Association."

Mr. HUSBAND (York) seconded the motion. Not only must they be grateful to Dr. Paget for the manner in which he had filled the office of President, but for the zeal and assiduity with which he had watched over the interests of the Association during the past year. [*Cheers.*]

The PRESIDENT put the motion, which was carried by acclamation.

Dr. PAGET, in reply, said that he thanked the members for the flattering mark of their approbation. He would have great pleasure in repeating at Cambridge the kind words in which Dr. Falconer had referred to his colleagues there, and which, indeed, they had well deserved. For his own part, he felt that his thanks were rather due to the members of the Association who attended the meeting at Cambridge, for their willingness to be pleased, and for the good will they brought thither with them, which had made his remembrance of those three days an unmixed and lasting pleasure.

REPORT OF COUNCIL.

Mr. WATKIN WILLIAMS, General Secretary, read the Report of Council, which was published at p. 124 of last week's JOURNAL.

REPORT OF MEDICAL PROVIDENT SOCIETY.

Dr. HENRY, Secretary to the Society, read the subjoined report.

"The Board of Directors of the Medical Provident Society, in accordance with a resolution of the last annual meeting of the British Medical Association and with the Rules of the Society, beg to submit to the Association their first Annual Report.

"The first step taken after the meeting of the Association at Cambridge, when it was decided to form the Medical Provident Society, was the election of Directors. The Branches of the Association or their Councils, with one or two exceptions, elected from one to three Directors for each Branch according to its size. These, with five Directors elected by the Committee of Council to represent the members of the Association not included in Branches, and the chairman, Dr. Richardson, appointed by the Association at the last annual meeting, have formed the Board by whom the affairs of the Society have been managed.

"The Board of Directors thus appointed met for the first time on October 20th, and took into careful consideration several questions regarding the constitution and working of the Society, especially those which had formed the subject of debate at the Cambridge meeting. An Executive Committee, consisting of the Chairman, Dr. Westall, T. Heckstall Smith, Esq., Dr. Armstrong, Charles F. J. Lord, Esq., Dr. Falconer, John Clay, Esq., and Dr. Fayrer, was appointed, and was directed to draw up a code of Rules, embodying therein the decisions of the Board on the questions specially considered by them, and to submit the same to the next meeting of the Board.

"The Executive Committee accordingly met on November 18th, and agreed on a Draft Code of Rules to be presented to the Board. The rules, then agreed on, are duly entered in the Minute Book of the Society.

"The Board of Directors again assembled on January 27th of the present year, when it was decided that the Society should be registered under the provisions of the Friendly Societies' Acts, and that the Chairman and Secretary should be authorised to enter into the necessary communication with Mr. Tidd Pratt, and to make such alterations in the Rules, consistent with the scheme approved by the Directors, as might be required. By taking this course, the Directors rendered the Society financially safe, while at the same time they divested the Association from any possible liabilities. The Rules recommended by the Executive Committee were carefully examined and approved by the Board; and after revision, were registered by Mr. Tidd Pratt under the Friendly Societies' Acts.

"A copy of the Rules, as registered, is herewith presented.

"By reference to these Rules, it will be seen that the very generally expressed wish of the Association

that the Society should be open to the whole profession, and that its privileges should not cease on a member reaching the age of sixty, have been carried out.

"As the Rules have been printed, and the meeting is in possession of them, the Directors deem it unnecessary to enter into details. But there are one or two points to which they may refer.

"In the first place, they would point out that, while the Society stands on an independent basis as regards finance, the government of it, without any prejudice to members outside the Association, remains virtually in the hands of the Association. Some objections have been made to this arrangement; not, as far as the Directors are aware, by members of the Society, but by gentlemen who think that the Society, to be properly managed, should confine the power of electing officers to its own members only. The Directors are of opinion that this may ultimately be demanded and be advisable; and, so soon as the members of the Society themselves call for this change, they would be ready to take the matter into consideration, should it be the wish of the Association to effect this change. In the meantime, they believe that the Society rests firmly on its present foundation; that its government will be conducted in a manner that is sound, and satisfactory to all concerned; and that any alteration would be fatal to the very existence of the Society. Practically, indeed, they have learned that the success which has so far attended the Society during its brief career, has rested on the firmness with which it has been established by the energy of the Association. They are convinced that by no other means could a Board of Directors obtained from all parts of the kingdom have been brought together; and they trust that the Association will consider that it has been performing one of its most important functions in putting forth and fostering the Society. To use a plain simile, the Medical Provident Society is to the Association what a colony is to the mother country. It requires the protection of that body out of which it has sprung, until time shall give it strength to stand alone.

"The Directors have great pleasure in referring to the excellent financial condition of the Society. Through the liberality of members of the medical profession—mostly members of the British Medical Association — an Auxiliary Fund has been raised which far exceeds their first expectations. The Fund amounts to nearly £900; the greater part of which has been paid. A small part of the Fund has been applied to the payment of expenses; it will ultimately be invested as a reserve on which, in emergency, the Directors may draw. The Directors would specially point out, at the same time, that the Auxiliary Fund in no way interferes with the purely provident character of the Society. It simply provides for emergencies, and enables the Directors, in any extreme case, to supply any deficiency that may arise. The Directors hope that the wealthy members of the profession will therefore continue to enrol themselves as Honorary Members of the Society by subscribing to the Auxiliary Fund. The privilege of possessing such a Fund is one which belongs to every provident institution, and is considered by all as a valuable means of stability. They would also impress on every member contributing with a view to receive the advantages of the Society, that the existence of the Auxiliary Fund is not in any sense to be accepted as rendering the Society eleemosynary.

"The Directors have the satisfaction of stating that the Society appears to be in accordance with the wants and wishes of the profession.

"As, on the construction of the laws, the Board of Directors elected last year became entirely provisional and even nominal, the members have not thought it advisable to draw largely on the Funds of the Society for the purpose of making it widely known. A small grant of £25 has, however, been voted by the Executive Subcommittee, to enable the Secretary to send a prospectus to a limited number of the profession. As this issue has only been very lately completed, the Board is unable to report further than that upwards of ninety applications have been made, and that the sum of £81 2s. has been received for the contributors' fund.

"In connection with the case of contributing members, the Chairman has received numerous communications on the question whether the rate of annual premium, and therewith of payment during sickness, should not be allowed to be reduced. Some members of the profession desire to pay even such a sum as would enable them to receive during sickness half the weekly sum at present offered. The question will be left to the new Board for consideration; but the present Board recommends that, if such reduction be safe, it should be made.

"The Directors would take this opportunity of removing an impression which is somewhat detrimental. The Chairman has been frequently met with the objection that the old British Medical Fund failed, and that therefore the present Society is subjected to the same risk. The Directors would point out that this inference is groundless. The British Medical Fund was not provident for cases of sickness alone, but also provided insurances and annuities. It tried, in fact, to do too much in proportion to the premiums obtainable from the profession; and it was not supported by a reserve fund. The present Society is not only protected by an Auxiliary Fund, but its rates of premium are so calculated, that it is financially as safe as any other provident society in the kingdom.

"The cost of managing the Society is to be met from a special Management Fund; and the expenses connected with management are reduced to the lowest possible amount. Indeed, the only expenses incurred are the Secretary's salary, and the cost of printing, advertisements, and postages. It is arranged that the house of the Secretary shall be the office of the Society.

"In carrying out the work of the Society, the Directors have to express their thanks to the Executive Subcommittee; and especially to John Clay, Esq., of Birmingham, for the great service he has rendered in drawing up and revising the laws. They are also under a deep debt of gratitude to A. G. Finlaison, Esq., Actuary to the National Debt, not only for rendering his valuable aid in the framing of their tables, but for the admirable tone in which he asked the Directors to accept his labours as a recognition of the esteem in which he held the profession at large and of his indebtedness to it. The Board have had the pleasure of electing Mr. Finlaison an Honorary Member of the Society, and of offering him the post of Consulting Actuary, which he has willingly accepted. They respectfully suggest that it would be a fitting mark of courtesy to a distinguished layman, for the Association to accord him a special vote of thanks.

"The Chairman wishes also to tender his acknowledgments to Mr. Tidd Pratt for many acts of courtesy.

"Lastly, the Directors have to express their thanks to the Association for the sum voted last year, part only of which they have as yet applied for, but which enabled them to commence the preliminary work; and also to the numerous contributors to the Auxiliary Fund,—especially T. Taylor Griffith, Esq., of Wrexham, who has collected and forwarded, inclusive of his own donation, nearly £100; and to H. D. Carden, Esq., of Worcester, for his offer of £50 in addition to his former donation of 30 guineas, provided that

ten other members of the profession will each contribute a like sum of £50.

"The directors have the pleasure to announce that, at their first meeting, they elected Dr. Alexander Henry as Secretary to the Society; and that their labours have been greatly lessened by the energy and judgment which he has displayed in the discharge of his duties.

"In accordance with the desire of the Executive Subcommittee, the Directors recommend to the Association the re-election of Dr. Richardson as Chairman, and the election of John Clay, Esq., of Birmingham, as Vice-chairman of the Society for the ensuing year.

"The Board have full confidence that, in each succeeding year, their successors will have to report that the prosperity of the Society increases, and that its usefulness is more and more widely recognised.

"(Signed)

"B. W. RICHARDSON, M.D., *Chairman.*"

APPOINTMENT OF AUDITORS.

Mr. BARTLEET (Campden) moved, Mr. JONES (Leamington) seconded, and it was unanimously resolved—

"That the best thanks of this meeting be given to Dr. Melson and Mr. Hadley, for auditing the accounts of the Association; and that they be requested to continue their services for another year."

THE ORDER OF BUSINESS.

Mr. STEELE (Liverpool) wished to know whether they were strictly in order in proceeding to the election of officers before the Report of the Council had been discussed and adopted? He also desired to know, whether the Report of the Medical Provident Society was to be passed over in silence? [*Hear.*]

Mr. HUSBAND (York) thought the proper course would have been to have discussed the Report of the Council immediately after it had been read.

Mr. WATKIN WILLIAMS said, that this year there was an alteration in the order of business, which he would explain. The Report of the Provident Society was presented to the meeting, not that it might be discussed, for they had not the power of doing so; but because the Association elected the Chairman and Vice-Chairman of the Board of Directors. The Association had no power to discuss the Report; all they had to do, was simply to listen to it. ["*No, no.*"] They might say "no, no"; but what he had stated was perfectly true. With respect to the Report of the Council, Mr. Husband was perfectly right in saying, that it had hitherto been the custom to move its adoption immediately on its being read. But, on the present occasion, it had been arranged to defer the consideration of the Report until the following day, when the whole of the morning would be devoted to the discussion of it and of other matters connected with the Association. On the present evening, it was proposed to dispose of formal business merely.

Mr. STEELE wished to know, whether it was to be distinctly understood that a report was to be submitted to the Association, but that they were not to be allowed to express an opinion whether it was good, bad, or indifferent? Was the Association to accept a report, and to become responsible for its contents, without being allowed to express an opinion on its merits? He should like to ask, how many subscribing members of the Provident Society there were? He did not hear the number stated in the Report. He thought it would be very unwise for any section of the Association to attempt to force a report upon the meeting without allowing the members generally an opportunity of expressing their opinion.

Mr. WATKIN WILLIAMS said that the Report was not forced upon the Association in any way. They were not asked to approve of it, or in any way to sanction it. The Association was in no way responsible for the engagements of the Provident Society; and, therefore, they did not discuss the Report, nor approve of it; but simply listened to it, and, he hoped, were glad to hear of the success of the Society.

Mr. LORD (Hampstead) approved of the arrangement for the Report of the Council being discussed the following morning.

Dr. RICHARDSON (London) would assure the Association that there was no wish on the part of the Directors of the Provident Society to suppress anything; and he had come prepared to move the reception of the Report, so as to open discussion. But they had of necessity been placed in such a position that they could not ask the Association to discuss the Report in a way that would permit a vote to be taken involving alteration of the Rules. To protect the Association from any kind of responsibility, the Directors had placed the Provident Society under the Friendly Societies Act. They were bound to act in accordance with the law of the land; at the same time, as an evidence of their wish to preserve a connexion with the Association, they placed the proceedings of the Board of Directors before the Association. It was not legally possible for the Association to alter by vote the Rules of the Society. It had been provided by the Directors, that the Association should nominate the Chairman and Vice-Chairman; and on such nomination discussion might follow. As the Report stated, the Directors felt that the Society was accomplishing its object, which could never have been the case but for the Association leading it until it could stand alone. Some might say that it was derogatory to the dignity of the profession that there should be such a Society; but there could be no doubt that it met a great want, and the Directors had been even asked whether the scale of payments could not be reduced so as to give £1 or even ten shillings a week to the poorer members of the profession, to save them in time of sickness from actual want and destitution. The Society enabled members of the profession, who were earning small incomes, to take during sickness that rest which was essential to their recovery. The Directors had found, as they had gone on, that the scope of their labours had increased; and he hoped the connexion which existed between the two societies would not be broken, and that the Association would accept the explanation he had given.

The PRESIDENT thought Dr. Richardson's explanation so clear and straightforward, that it would only be wasting time to further discuss the matter.

ELECTION OF SECRETARY.

Sir CHARLES HASTINGS referred to the zealous, assiduous, and courteous manner in which the General Secretary had discharged his difficult and delicate duties during the past year; and moved—

"That Mr. Watkin Williams be reappointed Secretary to the Association."

Dr. RICHARDSON seconded the proposition, remarking that Mr. Williams possessed four great qualifications for the office of Secretary—tact, industry, conscientiousness, and economy.

The motion was unanimously carried.

MEDICAL PROVIDENT SOCIETY: ELECTION OF CHAIRMAN AND VICE-CHAIRMAN.

Mr. PROPERT (London) proposed—

"That Dr. Richardson be re-elected Chairman, and that John Clay, Esq., be elected Vice-Chairman, of the Medical Provident Society."

He thought it desirable that the British Medical

Association should still act towards the Provident Society as a foster-parent. They might run pleasantly and beneficially together.

Dr. Westall (Kensington) seconded the motion. Although the Association could not take part in the management of the Society, the provincial Branches took great interest in it. It was the opinion of many, that £2 a week in sickness was far too small a sum for the Society to give.

Mr. Husband (York) moved an amendment; not because he objected to either of the gentlemen proposed by Mr. Propert, but because he thought the Association would be put in a relation to the Provident Society in which it ought not to be, if they appointed those officers. The Association would be incurring a responsibility which he, as a member, protested against. [*Hear, hear.*] If they had no power to discuss the Report, they ought not to appoint any officers, as this would be indirectly sanctioning the proceedings of the Directors. He moved—

"That it is not desirable that this Association should name the Chairman and Vice-Chairman of the Medical Provident Society, but that the choice of its officers ought to be left to that Society."

Mr. Steele (Liverpool) seconded the amendment. He did so because, however ungracious it might seem to oppose a scheme which promised to do so much good, it would be better that a false connexion should not be allowed to spring up between the Association and the Provident Society; and that it would be an infinitely less evil that the project should fail now than in fifteen or twenty years' time, after members had been subscribing in the hope of subsequent benefit—a result which was not only possible, but, in his judgment, extremely probable. [*Hear, and dissent.*] He thought, after an examination of the tables drawn up, and a comparison of them with the experience of other societies, that the Provident Society was a scheme which was extremely unlikely ever to be successful; and that it was entirely unfitted to meet the wants of the medical profession. It professed to provide for medical men, in the exigencies of sickness and accident, by a paltry payment of two pounds a week. [*Interruption.*] Professional incomes varied from £200 to £2,000 a year. How absurd, therefore, to attempt to meet the wants of the profession by a uniform benefit allowance.

The President called Mr. Steele's attention to the fact that the subject before the meeting was the appointment of the Chairman and Vice-Chairman.

Mr. Steele merely wished to explain why he did not think the Society worthy of the support of the Association. By appointing the Chairman and Vice-Chairman, they would be sanctioning acts over which they had no control, and rules which had never been laid before them.

Dr. Sibson (London) supported the original motion; but he hoped that, at the next meeting, the Directors would lay their Report before the Association in such a way that they might not be mere listeners. [*Hear, hear.*] If the Provident Society was to succeed, it must grow as it had been planted —in connexion with the Association; but the Association must take some part in, and have some control over, what was done. He regretted that they were unable to discuss the Report presented; and it would be the last time he should vote for the appointment by the Association of the Chairman and Vice-Chairman, unless in future the Report could be considered and discussed before being adopted.

Mr. Nunneley (Leeds) protested against the consideration of the Report of the Council being deferred until another day, when the Council would not legally be in existence, and when many who had never heard the Report read would be present, whilst others who wished to say something respecting it would possibly be absent. He had not the least faith in the permanency of the Provident Society, and thought the Association ought not to elect the principal officers of a Society over whose proceedings they could exercise no control, and with which they could not in any way interfere. [*Hear.*]

Mr. Heckstall Smith (St. Mary Cray) expressed the interest he took in the Provident Society, but should feel a reluctance in taking the part he did in connexion with it, if the annual Report was not to be discussed by the Association. He was not present at the meeting of the Directors in the morning, and therefore he did not know how the difficulty arose; but he should think there was no earthly reason why the Report should not be discussed, whilst there was every reason why it should. It should be remembered that the British Medical Association proposed every member of the Directorate, and had desired them to make laws for the government of the Society. In obedience to those instructions, the Directors had done what they considered best in their power to do. He believed that the arrangement for the non-discussion of the Report presented to the Association arose out of a desire not to involve it in any way with the responsibilities or engagements, pecuniary or otherwise, of the Provident Society. [*Hear, hear.*] This was the sole motive which led them to register the Society under the Friendly Societies Act, so that it might be kept totally distinct from the Association as regarded pecuniary obligations. The difficulty had been, how to manage the *imperium in imperio*; and the Directors believed it had been solved by the steps which had been taken. He felt convinced that the Society would prove a great success, and hoped that no attempt would be made by the Association to get rid of a Society which it had itself established, except after due notice.

Dr. Stewart (London) explained that, when it was arranged to defer the discussion on the Report of the Council until the following day, it was anticipated that a copy of the Report would by that time be in the hands of every member. With respect to the Provident Society, he explained the position which the Board of Directors had found it necessary to take; and hoped that this would not at all interterfere with the interest that the Association would doubtless continue to feel in the success of the Society.

Dr. Richardson explained that what he said was, not that the Association could not discuss the Report, but that they could not by vote in any way alter the Laws. The Association, at its meetings at Bristol and Cambridge, had sanctioned the institution of the Medical Provident Society, had elected a Chairman, and had arranged for the formation of a Board of Directors with power to make Rules. If the Association did not wish now to remain connected with the Society, let it say so; but do not let them desert the Directors at once, as they had received nearly £1,000, had issued circulars, and could not at once stop operations. He thought that the Association would act very wrongly if it were to turn round and repudiate what it did last year. He, therefore, hoped that the Association would appoint the Chairman and Vice-Chairman; and that they would not be led away by the seductive speeches that had been made, but act like practical men, and carry out their previous decisions.

Mr. Husband contended that the Association had not discarded the Provident Society, but that the Society had by its own act severed itself from the Association [*No, no*], by putting itself under the Friendly Societies Act, and placing itself in such a

position that the Association could not discuss its Report, or exercise any control over its proceedings. It was contemplated last year that the Society would be in connexion with the Association, and form an integral portion of it; but this was not carried out; and he therefore thought that, as the Society was wholly separate and distinct, the Association ought not to appoint any of its officers. [*No, no, and applause.*]

The PRESIDENT then put the amendment to the meeting, when it was lost by a large majority. The original motion was then carried.

On the motion of Mr. HECKSTALL SMITH, seconded by Mr. CLAY (Birmingham), a vote of thanks was unanimously accorded to Mr. Finlaison, the eminent actuary, for his valuable and gratuitous services in the preparation of the tables of the Medical Provident Society.

The proceedings of the day then terminated, having lasted until 11 P.M.

WEDNESDAY.

The members re-assembled at 11 A.M.

ALTERATION OF LAW.

Dr. PAGET (Cambridge) proposed an alteration in Law 8, so as to make the President-elect a member of the Council for the ensuing year; which, he explained, would enable him to become conversant with the business to be brought before the meeting over which he would have to preside, and would also facilitate the arrangements for holding the annual meetings.

Mr. CLAYTON (Birmingham) seconded, and Dr. STEWART (London) supported the motion, which was carried unanimously.

REPORT OF COUNCIL.

Dr. PAGET moved the adoption of the report of the Council. He would only remark in doing so, that the Council had not gone so far as to recommend a Charter of Incorporation, but had invited the Association to discuss it, and express an opinion on the subject.

Dr. MACKESY (Waterford) seconded the motion. He considered the report a highly satisfactory one.

The GENERAL SECRETARY, at the request of several members, again read the report of the Council.

Sir CHARLES HASTINGS: Allow me to suggest, as time is valuable, we first pass the report, and afterwards make the discussion of the only points which will engage our attention—the question of the Charter and the management of the JOURNAL. [*Applause.*] The one is provided for by notices of motion, and the other by the invitation of Council; and I think the most convenient way will be to pass the Report and discuss these questions afterwards. [*Hear, hear.*]

Mr. CARTER (Stroud) would have no objection to the passing of the Report, if his silence would not be construed into joining in the expression of approval of the manner in which the JOURNAL had been conducted.

It was agreed to carry out the suggestions made by Sir Charles Hastings; and the Report of the Council was formally adopted.

THE PROPOSED CHARTER OF INCORPORATION.

Mr. STEELE thought the Association hardly strong enough at present, either numerically or financially, to justify the application for a Charter. They must remember that they had until very recently had a deficit instead of a balance in hand; and there was a possibility of such a thing occurring again. He also expressed regret that the annual meeting of the Medical Benevolent Fund had not taken place in Leamington, and that the Fund did not receive more general support from the members of the Association. He moved—

"That the question of obtaining a Charter of Incorporation be deferred till the next annual meeting of the Association."

Mr. WOOD (Woodhouse) seconded the resolution.

Dr. RICHARDSON (London) moved:—

"That this meeting approves of the principle of obtaining a Charter of Incorporation, and that the Committee of Council be instructed to continue their efforts to obtain a Charter."

He considered that a Charter of Incorporation would add to the influence of the Association, and secure its permanence after its distinguished founder, Sir C. Hastings, and those who surrounded him, had passed from amongst them. Other voluntary societies which had not possessed Charters had died out when those immediately connected with their formation had ceased to exist; and he could point to many examples of societies established during the present century, of which not one survived. Another reason why, if it was desirable that they should have a Charter, the present efforts should be continued, was—that the Charter Committee had already made many preliminary arrangements and had incurred expenses, which, if the matter were postponed, would have to be incurred again, if ever the subject was revived. The Association had a balance in hand, and the Treasurer would bear him out in saying that, if everything went right, they would have funds sufficient to pay the expenses of the Charter. But the financial question need not cause delay, as he felt satisfied that the requisite funds to defray the expenses of procuring the Charter could readily be obtained by voluntary contributions from members of the Association; and he should have no hesitation in undertaking to raise the amount in a week. [*Hear, hear.*]

Dr. TUNSTALL (Bath) said that, if the Association was ever to exercise that influence which it ought to do, both on the profession and over the public mind, it must be incorporated under Royal Charter. [*Applause.*] He had read the draft Charter published in the JOURNAL, and the great point in it was, that everything was to be provided for in bye-laws, which would thus give the Association the power and right to govern itself. He did not agree with Mr. Steele that it was a question which ought to be put off until next year; the time had arrived when the Charter should be applied for, and, if possible, obtained at once. [*Applause.*] He seconded Dr. Richardson's amendment.

Mr. STEELE said that he had brought forward his motion purely on financial grounds, because he was afraid the Association would not have funds to pay the expenses of procuring a Charter; but, having heard the explanation given by Dr. Richardson, he would withdraw it.

Dr. STEWART thought the Charter would give the Association prominence and influence, and materially aid in its perpetuation at a time when it might otherwise be liable to become a loose and disjointed body. He suggested that the question should be referred back to the Council, and expressed regret that many of the members had not more carefully perused the draft copy of the Charter, published in the JOURNAL.

Dr. WATERS (Liverpool) thought it desirable that the meeting itself should express a definite opinion, whether it was desirable to have a Charter or no; and that the responsibility of deciding should not be thrown upon the Committee of Council.

Dr. SEATON (Sunbury) asked whether the effect of the motion before the meeting would not be to commit the Association to the Charter, and would leave the final settlement of its terms to the executive?

Sir CHARLES HASTINGS said that the Association would be committed to the principle of a Charter; but not to the details of the draft published, which would be subjected to any emendations which might be thought desirable and necessary. In his judgment, the benefits that would result from a Charter

of Incorporation would greatly outweigh its disadvantages; and he had not a moment's hesitation in saying that it would give the Association great influence and weight, both with the public and with the Government. They would enjoy all the advantages they now possessed, and the advantages resulting from having been constituted a royal body. He thought the financial position of the Association such that they would have a larger balance in hand at the close of the year; but, if it should be found necessary to solicit contributions from some of the wealthier members of the profession, there would be no difficulty in raising sufficient to defray the expenses of the Charter. Under those circumstances, he felt wholly relieved of any financial difficulty, and had great pleasure in supporting Dr. Richardson's resolution.

Mr. HECKSTALL SMITH hoped that no indefinite instructions would be given to the Committee of Council; and that, if next year they should report the Incorporation of the Association, they would not be accused of having done more than was intended.

Dr. GIBBON (London) was favourable to the Incorporation of the Association, which he thought would be beneficial to the profession; but suggested amalgamation with the Royal Medical and Chirurgical Society, or any similar body.

Dr. RICHARDSON thought that the most convenient mode of procedure would be to refer the subject back to the Committee of Council, who would have to work with the solicitor in London; but every suggestion sent to the JOURNAL respecting the emendation of the draft Charter would receive careful consideration, and, if possible, be acted upon; and, further, before the Charter became law, the draft would again be published and put into the hands of every member of the Association, who would be afforded an opportunity of again expressing their views upon it. [*Cheers.*]

Dr. MACKESY (Waterford) and Mr. ZACHARIAH LAURENCE (London) also spoke in favour of the Charter of Incorporation.

The PRESIDENT then put Dr. Richardson's resolution; which was carried unanimously.

THANKS TO THE COUNCIL.

Dr. SIEVEKING (London) proposed, Dr. RADCLYFFE HALL (Torquay) seconded, and it was resolved—

"That the thanks of this meeting be given to the Council of the Association for their valuable services during the past year."

POOR-LAW MEDICAL RELIEF.

Dr. HENRY (London) moved the following resolutions:—

"That a Committee of this Association be appointed to inquire into the present system of Poor-Law Medical Relief, and to ascertain whether any, and what, alterations are required therein in order to ensure the efficient treatment of the sick poor and the just remuneration of the Poor-law Medical Officers.

"That the Committee be desired to report the result of their labours to the next annual meeting of the British Medical Association; and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the Legislature and on the Poor-Law Board."

He said that it would be unnecessary to occupy the time of the meeting with an exposition of the special points in which reform was demanded or necessary; nor did he wish to pledge the Association at present to any expression of opinion on matters of detail. It was obvious that all who were employed by the Poor-law Guardians to supply the poor with those necessaries which they could not obtain for themselves, should be properly remunerated, so that neither should they suffer loss nor the poor injury. In the case of the Poor-law medical officers, however, it was generally complained that this principle was not carried out. It was alleged, that the payment was so irregular, that it varied from fifteen shillings to about as many pence per case; that consequently in many localities medical men were put to a loss in doing their duty towards their poor patients; that the recommendation of the Poor-law Board for the payment by the Guardians of the cost of expensive medicines was set aside—the Guardians in one union having sent a circular to their medical officers, asking to what reduction of salary they would consent in consideration of the cod-liver oil being paid for by the Guardians. He mentioned these allegations, to show that there existed ground for the motion which he brought forward. For many years past, Mr. R. Griffin of Weymouth had been zealously endeavouring to obtain an improvement of the condition of the Poor-law medical officers: and the thanks of the profession were most justly due to him for his efforts. But he (Dr. Henry) believed that the combined action of the Association would have much greater force than the endeavours of any one man; and therefore he asked the Association to take the subject into consideration, and, if it seemed good to them, and if it were possible, to complete the work which had been so well commenced and so zealously and honestly carried on by Mr. Griffin.

Dr. MEAD (Newmarket) seconded the motion. If reform were needed in any one point, it was in the mode of administering Poor-law relief. He thought it would be beneficial to the Association, and also to Poor-law medical officers, that the subject should be investigated and dealt with in the way proposed. He believed the present to be an auspicious time for commencing the investigation, as the effect of the new Union Chargeability Act would be to render Guardians more liberal, because they would no longer have such strong incentives to keep the rates at the very lowest figures. He adduced several other arguments in favour of the motion; and observed that, if the Association obtained a Charter of Incorporation and was enrolled under the royal sanction, it would receive a status which would ensure attention to its claims for reform in this as well as in other departments where it was needed.

Dr. STEWART (London) said they might go to Government on the subject, but experience would only prove the truth of the remark—

> "How few of all the ills that men endure
> Are those which kings or laws can cure."

The fault rested to a great extent with the medical profession.

Mr. STEELE (Liverpool) dissented from the opinion expressed by Dr. Stewart. Medical men were badly paid by Boards of Guardians; and he thought they were utterly powerless to remedy the evil till Government could be induced to interfere. He wanted that Association to tell the Government that Poor-law medical officers must be properly paid if they were expected to perform their duties in an efficient manner. Boards of Guardians said they advertised for medical offieers, and appointed them in accordance with the terms of the advertisements; and it was too true that medical men offered their services, not for small salaries, but for next to nothing at all. He suggested that the committee should consist of gentlemen who represented rural districts as well as populous towns. They might depend upon it they would never get their grievances redressed until Government was called upon to step in. At the

same time, he hoped the committee would not go to Government with an application made in *formâ paupĕris*. [*Hear, hear, and applause.*] He made that remark because he heard it stated that Boards of Guardians should everywhere pay for the expensive medicines; and there was even a proposition that taxes should be paid for medical officers, and that vehicles should be provided for them when they had a great extent of ground to go over. He indignantly protested against such a want of independence as was implied in such applications. Let medical officers of Poor-law unions apply for due payment, and there would be no necessity for their taxes and their expensive medicines to be paid. Personally he had no ground for complaint, but should be glad to see the whole body of medical officers better paid.

After a few remarks from Mr. PROPERT (London), and Mr. LORD (Hampstead), the PRESIDENT put the resolution, when it was carried unanimously.

Dr. HENRY then moved, and Dr. MEAD seconded—

"That the following gentlemen be requested to constitute the Committee, with power to add to their number:—Dr. Sieveking (London); Dr. Sibson (London); R. Griffin, Esq. (Weymouth); C. F. J. Lord, Esq. (Hampstead); Dr. Fowler (London); Dr. Colborne (Chippenham); Dr. Druitt (London); Dr. Anstie (London); and Dr. Barker (Bedford)."

The resolution was carried unanimously; the names of the proposer and seconder being added.

MEDICAL REPRESENTATION IN PARLIAMENT.

Dr. RICHARDSON (London) moved the following resolutions:—

"That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections.

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

He explained that the object he had in view was simply to endeavour to have the profession fairly represented in Parliament, in such a way as to avoid the semblance of a political combination. The only condition required of a candidate should be, that he was a medical man; and it would be immaterial what his political views might be.

Dr. MACKESY (Waterford) seconded the proposition. He believed that a great want of the medical profession was the presence of representatives in the House of Commons to look after their rights and interests. The Irish Medical Society twenty-four years ago passed a similar resolution to that proposed, but the distress which shortly afterwards came upon that country (Ireland), prevented steps from being taken to carry it into effect.

Mr. CLAYTON (Birmingham) thought no more effectual method of excluding medical men from the House of Commons could have been devised than that proposed. He objected to the introduction of political matters into the Association.

Dr. GIBBON (London) thought the £50 would be more usefully given to the Metropolitan Parliamentary Committee, which did great good by examining all bills introduced into Parliament that affected the profession, and by endeavouring to get any objectionable provisions remedied.

Dr. RICHARDSON said that, in deference to what appeared to be the feeling of the meeting, he would withdraw the proposition.

The meeting then adjourned for an hour, and resumed at two P.M., the President (as on all other occasions) in the chair.

PRESENTATION OF THE HASTINGS MEDAL.

The PRESIDENT said the first business was the presentation of the Hastings Gold Medal to Dr. Herbert Barker, author of the prize essay on Hygiene.

Sir CHARLES HASTINGS, in presenting the medal, said that at the very commencement of the Association the founders thought it desirable, as one means by which medical science might be advanced, to award prizes to the authors of essays. For many years the determination on the part of the founders was not carried out; indeed, not until the Cambridge meeting last year, when the medal was for the first time awarded to Dr. Thudichum, of London. He had great gratification in presenting to Dr. Barker the medal, on the authority set forth in the report of the Council, which enabled him to say that Dr. Barker had carried out his investigations in a most able and scientific manner. [*Cheers.*] The subject of the essay was deodorisation and disinfection—one of the most important subjects of the present day, because there never was a time when the attention of medical science was so directed to the prevention of disease by hygienic measures. He considered it a great honour that this important subject had been taken up by a member of the Association—that the essay had been thought worthy of the Hastings Medal, which he had now the pleasure of presenting to Dr. Barker [*cheers*], with many good wishes on the occasion, and the earnest prayer that his life might long be spared to carry on his investigations. [*Cheers.*]

Dr. BARKER, having received the medal, said that his essay was based on a series of experiments which he had been making for a long time for another purpose. No one was more aware than himself of the imperfections and incompleteness and the fragmentary character of the essay; but, if his life were spared, he hoped he might produce something more worthy of the honourable distinction conferred upon him. He should prize the medal as long as he lived; not merely for its intrinsic worth, or as the evidence of some work done, but as being associated with the name of the distinguished founder of the Association—Sir Charles Hastings. [*Cheers.*]

THE ADDRESS IN MEDICINE

was delivered by WILLIAM STOKES, M.D., D.C.L., of Dublin. It appears at p. 133 of this week's JOURNAL.

Dr. SIBSON (London) moved—

"That the cordial thanks of the Association be given to Professor Stokes for his very able and valuable address."

During the last fifty years Dr. Stokes had worked hard for the advancement of his profession, and had made many most important observations, the value of which had been confirmed by experience. He alluded especially to the doctrines taught by Dr. Stokes as to the effect of internal effusions in displacing the adjacent organs. These discoveries reflected the highest credit on Dr. Stokes, not only for the profound insight which he had shown, but for the benefits which he had conferred on the human race.

Dr. SLACK (Leamington) seconded the motion, which was carried by acclamation.

PLACE OF MEETING IN 1866: PRESIDENT-ELECT.

Sir CHARLES HASTINGS said he was happy to announce that the Association had received a very pressing invitation to visit Chester, and the Council had that morning decided to accept it, and had elected Dr. Edward Waters as the President. [*Cheers.*] There was every reason to anticipate a successful meeting in that very ancient city, and he thought there would not be a moment's hesitation in agreeing to the following resolution:

"That Chester be the place of meeting in 1866, and that Dr. Waters be the President-elect."

Dr. FLEMING (Birmingham) seconded the proposition. In doing so, he alluded to the high esteem in which Dr. Waters was held as a student by many of the distinguished men to whom Professor Stokes had alluded in his address; and said that, judging from the manner in which Dr. Waters had officiated as President of the Royal Society of Edinburgh, he did not think they could have selected any one better qualified for the office of President, either physically or mentally. [*Cheers.*]

The resolution was carried unanimously.

Dr. WATERS (Chester) said it was with feelings of unmixed gratification that he had been the bearer of an invitation from the profession at Chester to the Association, requesting that its next meeting might be held in that venerable city. He begged to express his deep gratitude for the way in which the announcement of his appointment of President-elect had been received, and he could only assure them that nothing should be wanting on his part to make the meeting a successful one. [*Applause.*] He feared Chester did not possess the attractions of Leamington, but he was certain that the profession, one and all, would give a most cordial and hearty welcome to the Association. [*Cheers.*]

THE BRITISH MEDICAL JOURNAL.

Mr. CARTER (Stroud) moved the following resolutions:—

"1. That the continued publication of the BRITISH MEDICAL JOURNAL is unnecessary and inexpedient; and that it may with advantage be replaced by a journal that shall not absorb so large a proportion of the income of the Association, and that shall be directed with a view to increase knowledge, and to promote better legislation, on questions of public hygiene and of state medicine.

"2. That a Committee of five Members of the Association be appointed to consider the best way of giving practical effect to the foregoing resolution, and to report to the present Meeting."

He said that the motion would necessarily call forth a good deal of difference of opinion; and it would be almost impossible to discuss it without trenching very nearly on questions of a personal nature. He was, therefore, anxious to say, in the beginning, that he was desirous of keeping clear of personal topics; and would urge the meeting to give the most calm and judicial consideration possible to what he was about to bring before them. In order to facilitate the task he had undertaken, he sometime ago published a letter addressed to the members of the Association, in which he sketched an outline of the plan he was about to propose. He referred to this, because his attention had been called to one sentence by Dr. Paget, who held that it might be construed into casting an unfair reflection upon the Medical Council. He had no such intention; and the sentence in question referred only to one member. His remarks had called forth a number of letters, public and private, as well as articles in the JOURNAL; and amongst the gentlemen who had taken part in the discussion were some who had thought proper to refer to certain motives that he might have for bringing this subject forward. It had been suggested, that he was retained by the *Lancet* to attack the BRITISH MEDICAL JOURNAL, and that he was actuated by feelings of personal hostility to Dr. Markham. He had never had anything to do with the *Lancet*, and did not even know Dr. Markham when he saw him. He had never entertained feelings hostile to him, or in his favour. With respect to the first part of his resolution, he would say that the BRITISH MEDICAL JOURNAL, as the organ of that numerous and influential Association, ought to stand in a very different position from any publication started by private enterprise. If the *Lancet* were to fall below the high standard it set up, the subscribers and readers would have no personal responsibility in the matter. The evil would eventually cure itself. But, if the BRITISH MEDICAL JOURNAL, as the property of the Association, fell in any respect below its proper standard, and the proprietors failed to condemn its decadence, they condoned the offence. He thought that the Journal of the Association ought to be the mouthpiece of the profession; that it ought to be maintained with the very highest literary ability and the very highest professional learning; that it should be a publication on which they could look with just pride, and say, "This publication shows you the character of the British Medical Association." There was one thing, and one thing only, which stood in the way of the attainment and maintenance of that high standard. Such a publication as the BRITISH MEDICAL JOURNAL, to be well conducted, must be a most expensive one; because men who could write well, would not write well, except spasmodically, unless well paid for doing so. A large space must consist of editorial comments; and that department must be well supported by a large staff of writers, otherwise the productions would be tame and stale; and they must be well paid, otherwise the highest talent would not be available. The same remarks applied to original contributions. There could be no doubt that, the higher the tone of the editorial department, the better would be the contributions sent by medical writers. If the JOURNAL were such a publication that no one outside the Association cared to look at it, and even many of the members did not cut the leaves, physicians and surgeons of the highest eminence would not contribute to its pages; but would say, "We will send our contributions where they will be read, and not commit them to the BRITISH MEDICAL JOURNAL, where scarcely any one will read them." As an instance of the remarkable things that had appeared in the JOURNAL, he might say that an editor of the JOURNAL once came to him, and said he wanted a leading article, and did not know where to go for it. They discussed a great many things; and at last the editor said, "Could you not write me something on the Crystal Palace?" and an article on that subject was written and published. That was the way the BRITISH MEDICAL JOURNAL was supported as a literary enterprise. How much better it might be now he did not know; but he believed there was only £300 at the command of the editor to secure literary contributions. [*Interruption.*] This JOURNAL, which he took the liberty of considering a very inefficient and feeble organ ["*No, no*"], sat on the shoulders of the Association like the old man on the head of Sinbad—the moment the Association attempted to move, the JOURNAL strangled it. ["*No,*" *and interruption.*] When they attempted to influence the profession out of the Association by its agency, the attempt invariably and utterly failed. This being so, it might naturally be inquired, Why had the JOURNAL been suffered to remain so long? What were its supposed benefits? Why did they continue to publish it? It was said that it was a bond of connection between members of the Association, and afforded a valuable medium for the publication of papers which otherwise would remain unpublished. The first statement was easily made, and could not be refuted; but he took the liberty of disbelieving it entirely. [*Laughter.*] The Association had existed thirty-three years, and had only collected one-sixth of the whole profession into its ranks. [*Cheers.*] The

editor had recently put forward a statement that since his appointment, the number of members had increased from 1800 to nearly 2400 [*cheers*], and believed that the JOURNAL had influenced the increase of members. What evidence was there of that? It might be due to a great many other causes—to facilities of locomotion, to Branch meetings, and to the private influence of members. At the Bristol meeting, a physician, whom they all esteemed, told him that he had belonged to the Association, but that he considered it too much governed by a clique, and had retired from it. That objection was now, in a great measure, removed; and he thought the present representative government had greatly tended to the increase of members. He was convinced that the possession of a JOURNAL cut both ways with respect to the Association. If those connected with the profession could see that they were influencing those outside it by guiding public opinion and legislation, instead of the Association consisting only of one-sixth, it would embrace two-thirds of the profession. With respect to the JOURNAL being a medium for the publication of papers, if they were the productions of eminent men, they would be gladly received by any medical publication. He could not read an admirable paper like that delivered by Professor Stokes, without a mournful feeling that it should be buried in the pages of the JOURNAL. [*Hisses.*] One or two of the Branches of the Association had indeed passed resolutions in favour of the JOURNAL; but a leading member of the profession in Cheltenham had told him that he never read the JOURNAL; and Dr. Colledge, of the same place, had produced him a number that were uncut; so that he came to the conclusion that it was the practice with members of the Association never to look into it. He had intended resting his argument for the discontinuance of the JOURNAL on the fact that the Association did not possess funds to maintain a good medical journal, and that it was derogatory to its influence and position to support an inferior one which swallowed up the greater portion of the income; but circumstances had occurred which induced him to go further. He felt that the motion of which Dr. Bell of Goole had given notice, was a kind of distinct challenge to himself, as he had, on more than one occasion, expressed an opinion of what the JOURNAL was. [*Laughter.*] It was not long since that he expressed an opinion in the *Lancet* that the BRITISH MEDICAL JOURNAL was an organ for the expression of unworthy sentiments in illiterate language. [*Interruption, and cries of "order."*] That statement, which he would admit was a very strong one, he was perfectly ready to maintain. Up to 1863, he had not been very much in the habit of reading the JOURNAL. [*Laughter.*] From an article that he then saw in it, he came to the conclusion that the editor's ideal of a physician was a man who despised literature and science and concentrated his soul on pence; that the editor was of opinion that a man should learn as little as he could; and, when he had passed his examination, should forget that little as quickly as he could; and that he should treat his patients without any care whether they lived or died, except so far as it was likely to affect his pocket. [*Interruption, and loud cries of "time" and "order".*]

The PRESIDENT said he wished to give Mr. Carter every reasonable liberty, but he thought the question might be greatly simplified; because, if the majority were content with the JOURNAL, that was enough. He hoped Mr. Carter would curtail his observations as much as possible [*cheers*], and avoid entering into personalities.

Dr. STEWART. That is all I want. I wish the question to be discussed in a gentlemanly spirit.

Mr. CARTER said that, although he looked upon the editor's particular views of the profession as unsound, yet he gave him credit for having done so in good faith, until lately there appeared an article in the JOURNAL on the subject of gratuitous medical services. That article professed to be a refutation of another that had appeared some time previously in the *Psychological Journal*—a very feeble one, and very easily disposed of. But Dr. Markham—or at least the editor of the JOURNAL—rested his argument against the article in the *Psychological Journal* principally on the ground that its author had said all he could say on the subject. The following week he wrote to Dr. Markham, calling attention to the article in the JOURNAL of the previous week, and telling him that the one in the *Psychological Journal* was one in which, to some extent, he had had a hand [*laughter*]; and that it was so very different from his description of it, that he was anxious to correct him in one particular. [*Interruption.*] He informed Dr. Markham that he (Mr. Carter) had written an article and sent it to the editor of the *Psychological Journal*, who at first said it did not suit him, but afterwards requested to be allowed to use portions of it; and he gave him permission to do so. He explained to Dr. Markham that the article he supposed to be exhaustive was the patchwork of two men who did not at all agree—that paragraphs had been cut out of his article, and woven into a web of the editor's. Dr. Markham inserted in the JOURNAL one of those terse sentences which had gained him an unenviable notoriety, refusing to answer his (Mr. Carter's) letter at all. It was not a question of space, because the editor devoted as much to tell him that he would not do what he wished, as it would have required to have done what he requested him to do. He could not, under the circumstances, help saying to himself, "Here is a man who does not believe in his own false gods." [*Laughter.*] Had he believed in the soundness of his own case, he would not have resorted to so contemptible a subterfuge, but have at once admitted his letter. Mr. Carter then went on to speak of a criticism of the *Ophthalmic Review* which had appeared in the JOURNAL; and in doing so Mr. Carter accused the editor of having displayed gross ignorance, and of having misrepresented facts. He next said that, during the time the Provident Society was being instituted, a little controversy took place between himself and the editor, which he did not think was conducted as it ought to have been. The editor considered his (Mr. Carter's) opinion on the Society as an act of vanity or presumption; and he wished to know whether that was to be the sort of connexion between the editor and the members of the Association. The editor had recently compared himself to Apollo; but he did not know that he was the subject of any special illumination. [*Laughter and interruption.*]

Mr. EVERETT (Worcester) said that Mr. Carter's arguments would be appropriate, if his motion were for the dismissal of the editor; but it related simply to the expediency of publishing the JOURNAL.

Mr. CARTER said he would go on to the main object which he had in view; and that was, the substitution for the JOURNAL of a publication that would enable them to act outside the Association and influence the educated public. He did not know that at present there were any means of effecting this except by the exertions of individual members in their private capacities. Mr. Horsman, the member for Stroud, had expressed regret that he knew nothing of the views of the profession on certain medical bills brought before the House of Commons; and had said that he should be exceedingly glad if there was any agency

by which such information could be gained. If they looked round them, they could see vast principles and subjects on which the medical mind might be brought into contact with the public mind, with great benefit to both—on questions of education, hygiene, medical remuneration, and other subjects. In the BRITISH MEDICAL JOURNAL, Dr. Markham had opposed, to the scheme, now suggested, this objection—that the cost of such a publication would be too great for the Association. But he (Mr. Carter) had, in his pamphlet, based his argument on the estimate of a publisher; and he now found that a quarterly journal such as he proposed could be produced and supplied to members for less than £400 a year. Eight shillings out of every annual subscription would pay for a quarterly journal of the very highest class. They would be able to pay ten guineas an article to eminent writers; and they would be able to exercise an influence on the legislature and on those who form and guide public opinion.

Dr. RADCLYFFE HALL (Torquay). How would you deal with midwifery?

Mr. CARTER said that, if they wished to address the public, it was necessary that they should cease to address the profession on subjects of special interest to themselves. They could never influence the public generally through a journal that admitted medical papers. There were medical papers in abundance; and the journal which the Association ought to publish should be one which would deal with those points of friction between the profession and the public, such as medical attendance at hospitals, on clubs, and the poor generally. He thought the exclusiveness of the profession was to be blamed for many of the difficulties that now surrounded it. He had not come there with the expectation that he should carry his motion; but he hoped he had that day sown seeds which would ultimately bear fruit.

Mr. GABB (Bewdley) seconded the proposition.*

Dr. DAVEY (Bristol) moved as an amendment—

"That, with the view of dividing the present responsibilities of the Editor of the JOURNAL, and with the view of improving the general tone and management of the said JOURNAL, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character."

He said he considered it necessary and expedient to continue the JOURNAL; and, although he felt it his duty to criticise the conduct of the editor, and the contents of the JOURNAL, he should be very sorry to see its publication discontinued, as he considered it would be a great loss to the Association either to be deprived of the services of the editor or for the JOURNAL to become extinct. [*Cheers.*] Although he should be compelled to criticise the conduct of the editor, he wished to say that he owed Dr. Markham no grudge; but, on the contrary, felt the highest respect for him. [*Cheers.*] But, at the same time, he thought the editor at times required extraneous assistance. He was ready to confess that the JOURNAL had greatly improved under the management of Dr. Markham, but something further was still required. It wanted a little courtesy infused into its pages. [*Cheers.*] Many members complained of the uncourteous character of the editor; and it was the experience of that want which led him to bring the subject before the Association. In the first volume of the JOURNAL for last year, page 498, was an article, he presumed from the pen of the editor, on the conduct of the King and Queen's Colleges of Physicians in Ireland and the London College of Physicians in Pall Mall. He (Dr. Davey) took upon himself to say that the facts put forth in this article were wrong, and that the editor had exalted, as he ought not to have done, the College of Physicians in Pall Mall. With that impression on his mind, he wrote to the editor, telling him that which Dr. Markham also now knew to be true. But instead of accepting and publishing his letter, which he conceived he ought to have done, the editor took no notice whatever of the communication. The words to which he wished to direct attention were in the answers to correspondents in the number for May 28, 1864, and which he thought broke through the great principle which ought to be recognised in all communications between members of the Association. He wrote to the editor repeating the facts and complaining that his letter had not appeared, when he received an answer that his statements were mere fallacies. The thing passed by; but, some time afterwards, the editor discovered what a mistake he had made, and wrote to him (Dr. Davey) for certain information, in order that he might carry out a scheme of college reform that he had in view. The editor then made use of his letter, and inserted a leading article in the JOURNAL that fully confirmed all his (Dr. Davey's) previous statements, thus proving how truthful were the remarks he made on the editor's article respecting the two Colleges of Physicians. When this article of recantation appeared, he immediately wrote to Dr. Markham requesting him, as a gentleman, to contradict those charges of ignorance and misrepresentation that he had made against him. But not only did Dr. Markham omit to do what he requested; his letters were not even answered. Under pressure, the editor at last said, "I can do as I like". He thought a member of the Association ought not to be treated in that way by the editor of the JOURNAL; and if such conduct was allowed to pass by unnoticed, the Association must necessarily suffer. After quoting from a letter he had received from another member of the Association, expressing an opinion that Dr. Markham, when he discovered the mistake he had fallen into, ought to have corrected his comment on Dr. Davey's letter. Dr. Davey was about to quote from other documents, when

Mr. LORD (Hampstead) requested Dr. Davey to read the report of the Committee of Council on his difference with the Editor.

Dr. MEAD (Newmarket) thought Dr. Davey's motion was an appeal from the decision of the Committee of Council, of which due notice ought to have been given. [*Hear, hear, applause; "no, no."*]

Dr. STEWART (London) considered that the subject ought not to be gone into in an irregular way, the Committee of Council having already considered and given judgment upon it.

Dr. DAVEY said he would conclude by simply reading his resolution, which he did.

Mr. ZACHARIAH LAURENCE (London) seconded Dr. Davey's amendment. He did so with a view of improving the financial position of the JOURNAL. He could not understand why it should not, like the other two medical periodicals, become a valuable literary property, instead of, as last year, yielding a balance on the wrong side of the ledger. Far from agreeing in the indecent personal reflections cast on the Editor by previous speakers, he considered that the JOURNAL had undergone a manifest change for the better under his editorship, but that the expenses of the JOURNAL, especially those for printing, appeared excessive, and therefore he thought Dr. Davey's suggestion might perhaps assist.

* We regret to find that by an unintentional error, Mr. Gamgee was made (in our last number) to second the proposition of Mr. R. B. Carter.

The Rev. Dr. Bell, M.D. (Goole), said that he had listened with great pain to the charges which had been put forward against Dr. Markham, in a most uncharitable manner. [*Cheers, and "no, no."*] He did not say that in his capacity as a clergyman, but as a member of the Association, with which he had been connected for twenty-one years. The alleged sorrowful character of the Association and the Journal was a complaint of old standing. It had been made years ago, had been voted upon, and had passed away; and the Association was now in a more exalted and dignified position than ever it was before [*Cheers.*] They could not have had better advocates for the value of the Journal than Mr. Carter and Dr. Davey. He had listened to their remarks with mingled feelings of pleasure and of pain; and after what those gentlemen had uttered, he thought it almost unnecessary for him to say anything respecting either the Association or the Journal. It was his affection for the profession, his love for the Association, and his pride at the position it now occupied, that had brought him amongst them, and he trembled lest anything should be done that would injure, in the slightest degree, the position it had attained. With respect to the Journal, he believed that the Association, not only as a body but in detail, were satisfied with it. [*Cheers and "No, no."*] Whilst there must be dissentients in every large body, he thought it a matter of congratulation that there were so few in the Association who were dissatisfied with the Journal, and he therefore unhesitatingly and confidently moved—

"That it is inexpedient to disturb the existing arrangements with regard to the Journal—(*a*) because Dr. Markham has proved himself quite equal to the responsibilities devolving upon him; (*b*) because the tone and management have gone on improving; and that general support and sympathy from the members of the Association, especially of those connected with the public medical and surgical institutions of the kingdom, are alone wanted to make the Journal an organ suited to carry out the principles upon which the Association is founded."

He wished them to understand that he did not throw the Journal into the waste paper basket; he was in the habit of reading nearly every word of its contents. [*Applause.*] He did not speak in ignorance of the subject; but because, having carefully and regularly perused the Journal, he felt what a great advantage and benefit it was to the Association, and that anything which would injure the position that the Journal had attained would be a great misfortune. Would the Association be inclined to appoint either Mr. Carter or Dr. Davey to conduct the Journal, which they considered so greatly misconducted? [*Laughter, and "no".*] That was the grand point, he thought, which had been put before the Association; the matter had been made so personal that he could come to no other conclusion. [*Cheers.*] He felt confident that, by their votes, they would not trammel or fetter a mind so bold, so independent, and so intrepid as Dr. Markham's; but that they would support him in the management of the Journal, which would bear comparison with any similar medical publication. He was unwilling, even if he were able, to go minutely into the statements that had been made by Mr. Carter and Dr. Davey. Let the meeting use him (Dr. Bell) as an attached friend—as a fulcrum by which to upset such machinations, which ought to be dealt with in such a manner that there could be no mistake as to the views of the Association respecting them. He was satisfied that the Journal had improved, and was still improving; and that was not merely his *ipse dixit*, but the opinion of all the Branches of the Association throughout the kingdom. In conclusion, he expressed himself confident, that the amendment he had proposed would be adopted by a conclusive majority. [*Cheers.*]

Dr. Sibson (London) seconded Dr. Bell's amendment. He was satisfied that the editor was a man of honour [*cheers*], and that the Journal was of great value and benefit to the members of the Association. [*Hear.*] Let them then make no experiment with it; they knew that many experiments proved fatal to the being experimented on. [*Laughter.*] The Association was, financially and numerically, more prosperous than it had ever been; the Journal had improved, and was still improving; and he hoped that nothing would be done that would affect either the one or the other prejudicially. [*Cheers.*]

Dr. Cowan (Reading) supported the amendment. He considered that the members could not expect a better Journal than that which they possessed, for the annual subscription of a guinea.

Dr. Bell's amendment was carried unanimously.

SOIRÉE AT THE PUMP-ROOMS.

At 8 P.M., a very agreeable gathering took place in the hall of the Royal Pump-Rooms. Amongst the curiosities exhibited were a large collection of the portraits and autographs of distinguished members of the medical profession and other celebrated personages, a portion of the valuable collection in the possession of Dr. O'Callaghan, D.C.L. The specimens exhibited included, amongst others, Ambroise Paré, the father of operative surgery; Galileo; Olaus Wormius, the Danish physician and anatomist (1654); Harvey, the discoverer of the circulation; Glisson, the eminent English anatomist; Jenner, the discoverer of vaccination; Boerhaave, and his pupil Van Swieten; Radcliffe, the founder of the Radcliffe Infirmary at Oxford; Morgagni; Malpighi; Cullen; John Hunter; Scarpa; Blumenbach; Bichat; Broussais; Linnæus; Buffon; Cuvier; Galvani; Volta; Sir Humphrey Davy; Spurzheim and Gall; and Laennec, the inventor of the stethoscope. The majority of these personages were not only represented by portraits and autographs, but by characteristic letters and prescriptions. Messrs. Krohne and Sesemann exhibited a numerous and interesting collection of new instruments and appliances in surgery. Amongst them were various contrivances for the pulverisation of fluids for inhalation. The new dilating bougies, made of sea-tangle, for dilating the lacrymal duct, attracted considerable attention; as also the laryngoscopes and light-condensers exhibited by the same firm. Messrs. Savory and Moore displayed a variety of new medicinal preparations, including preparations of atropia and combinations applicable to ophthalmic diseases. They also showed specimens of Liebig's essence of meat and his new food for infants, improved enema-apparatus, eye-douches, and granular effervescing preparations of bismuth. Messrs. Garden and Robbins shewed oxygen-inhalers of varied construction, with materials for preparing oxygen. Mr. Salt of Birmingham shewed patent abdominal belts and spine supports, orthocnemic and umbilical trusses, and other similar surgical contrivances. There were also a number of microscopes belonging to residents in Leamington, a small telescope, and a large and powerful one of improved construction, the property of Mr. Southern, F.R.A.S. Mr. Redfern of Warwick supplied some rare and curious articles from his extensive collection. The most noticeable were, an old barber-surgeon's bleeding-basin; an antique marble foot, with sandals; large gallipots from Florence in majolica ware; an old pestle and mortar of bell metal, dated 1596; a small silver mortar beautifully chased; and a silver

caudle-cup apostle-spoon, alluded to by Shakespeare and Ben Jonson. Mr. Swinson of Leamington exhibited a rare print of Holbein's picture of Henry VIII presenting the First Charter to the Court of Barber Surgeons (one of the paintings in the Merchant Taylors' Hall); near to which was a photograph of the engraving, executed by Mr. Ebbage, the local secretary. Dr. Gibb of London contributed a collection of medals, in the various metals, of medical men and philosophers. Besides the well known large and scarce medals of Cheselden and Brodie, by Wyon, in bronze, were those of Todd and Cusack, struck within the last few years. Next in importance and rarity were the still larger Italian medals of Redi and Cocchius, of dates 1684 and 1745. In the English series were those of Roger Bacon and Harvey; Friend, Barker, Mead, and Fothergill; Sir William Brown (President of the College of Physicians in 1765), Saunders, Quekett, Liston, and Holmes. There were others of the Glasgow Academy, the Charing Cross, Westminster, and London Hospitals, and Royal Infirmary for Children. Amongst the foreign were Ambroise Paré, Jean Fernel, Vesalius, Bichat, and Gall; Corvisart, Linnæus, Boerhaave, and Hoffman; Guido Poterius, Sbaralea, Galvani, and Haller. The Medical Societies of London and of Paris, and the Faculty of Medicine of Paris, Rome, and Amsterdam, had their representatives. In addition, there were medals of Priestley, Hutton, Franklin, and Newton; Sir J. Banks, Francis Bacon, Locke, and Milton; Walter Scott, Samuel Parr, Voltaire, Folkes, Galileo; and Sir William Logan, just struck by J. S. Wyon. He also showed a very unique collection of tokens and medals of Shakespeare, which possessed considerable local as well as general interest. Mr. Vaughan Russell contributed a variety of mineralogical specimens, principally from South America. Upwards of two hundred persons were present, including several ladies; and a very agreeable evening was spent.

THURSDAY.

The fourth general meeting took place in the College, at 10.30 A.M., the President in the chair.

MEDICAL PROVIDENT SOCIETY.

The PRESIDENT read the following resolution, in compliance with the request of the Directors of this Society, who had that morning adopted it at a meeting of their body—

"That the Board of Directors of the Medical Provident Society, seeing no objection to the discussion of their annual report at future annual meetings of the Association, instruct the Executive Subcommittee to take steps to remove any technical difficulties that may lie in the way of such discussion."

This communication from the Directors was received with marked approbation.

MEDICAL BENEVOLENT FUND.

The report of the Medical Benevolent Fund was read.

On the motion of Dr. THOMSON, seconded by Sir CHARLES HASTINGS, both of whom bore testimony to the great value of the Fund, the report was adopted.

REGISTRATION OF DISEASE.

Dr. A. RANSOME (Manchester) moved—

"That a Committee be appointed to encourage the Registration of Disease, and to devise the best means of obtaining the evidence of members upon medical questions having a practical bearing."

He said that the returns of the Registrar-General were comparatively useless to the profession, because they neither fixed the time when nor the place where any epidemic made its appearance, and thus did not afford any clue to its origin. It might be urged that it would be impossible to obtain complete returns, but even something very short of national returns would be satisfactory. It would be sufficient if they could be obtained for large areas of population, steadily and regularly, so as to show the rise and fall of disease, and to endeavour to connect the causes with certain surrounding circumstances and conditions. Such a system of registration would enable medical men to follow the track of epidemics, and would assist in the efforts to reduce them to certain laws. A system of registration of the kind contemplated by him already existed in Manchester, London, Preston, Birmingham, and other places; and in Manchester, where it had been in operation four years, although the district included eighty-four medical men, only one report was missing.

Dr. PHILIPSON (Newcastle-on-Tyne), seconded the proposition. He explained that in Northumberland and Durham the local Branch of the Association had been endeavouring to collect such statistics. There would be no difficulty in obtaining the returns, although the scheme could only be successfully carried out by combination. By registering the number of deaths and of recovery from any disease, the profession would possess valuable vital statistics, instead of the mere records of death supplied by the Registrar-General.

Mr. TURNER (Manchester), supported the motion, which was unanimously adopted; and a committee was appointed.

DISCUSSIONS IN SCIENTIFIC MEDICINE.

The discussions on subjects in scientific medicine, a new feature in connection with the Association, came next on the programme.

1. Mr. C. H. MOORE, surgeon to the Middlesex Hospital, introduced the question—"Are there any antecedent conditions influencing the production of cancer?"

Mr. MOORE said that, in this inquiry, there must be agreement as to the conditions and the period of the disease which were to be the subject of discussion; and he expressed his own conviction that cancer commenced at the appearance of the first tumour. At the terminal examination of a case of cancer, there might be tumours throughout the body; but one of them had preceded all the rest, and one in many instances constituted the solitary and the fatal malady. To what antecedent conditions could this first tumour be traced? It had been alleged, that there was a prior disease of the blood; but neither chemistry, the microscope, nor argument had established that allegation as a fact. Dr. Fenwick had discovered changes in the gastric and intestinal mucous membranes of persons dying of cancer, but had not been in a position to demonstrate these or any other changes previously to the outbreak of the disease. Local irritations, both abundant and various, had their part as causes; but they were not of themselves adequate to produce cancer. The remaining occasion supposed to initiate cancer was comprised in the notion of its constitutional nature. This notion Mr. Moore examined at some length. The constitutional nature of cancer was held to be proved by the following chief reasons: 1. Its final universal diffusion in the body; 2. Its growth in various textures; 3. Its supposed outbreak in many tumours simultaneously; 4. Its local recurrence after operations on the primary disease; 5. Its appearance in internal organs, notwithstanding its final extirpation from its first site; 6. Its repetition in members of the same family; 7. Its relation to tubercle. These facts in some cases, and the bearing of others on the question of the constitutional nature of cancer, Mr. Moore

ontested, calling especial attention to the remarkble manner in which cancer was inherited as a local isease. He then gave reasons for concluding cancer o be primarily a local disease. 1. Its invariable rigination as a single tumour. 2. The dependence f the later tumours on the first, as proved by—*a*, he similarity of the morbid substance in various extures and distant organs; *b*, the order in which it s disseminated; *c*, the delay, the progress, and disersion of cancer by operation; *d*, the possibility of ts extirpation by an early and adequately extensive peration. 3. Its heritableness as a local more than s a general peculiarity. 4. Its preference of the ealthiest persons. In this last fact was comprised he chief observation as to the antecedent condition f those who become subjects of cancer. Their prerious life has been eminently healthy; their appearnce when attacked is healthy; the chief organs of he body are healthy; the adjoining tissues are natural; longevity is remarkable in the parents of these persons; those attacked are generally the strongest and often the eldest of a family; the disease increases numerically with the wealth and well-being f the nation; and it prevails in great excess in the healthiest divisions of the country.

Dr. Richardson (London) said that, by a curious coincidence, he had been instituting inquiries as to the prevalence of cancer at the same time as Mr. Moore, and could confirm many of the statistics adduced by independent evidence. He suggested that, in inquiring into the cause and origin of cancer, particular attention should be paid to the possible effect of certain diets.

Mr. Hutchinson (London) said that, some years ago, he had read a paper with the view of showing that cancer, in the majority of instances, originated from local causes. That was still his opinion; and it was borne out by the fact that, when the tumour was extracted in its early stages, a radical cure was effected; and he was convinced that it was only by such practice that it could be hoped to deal more successfully with cancer in the future. He regarded the commencement of cancer as a morbid activity of one or more cells, that had a tendency to develope themselves very rapidly, without regard to the requirements of other parts of the economy. In reply to the question, "How does any one cell take on such action?" they must suppose two causes at work—long continued irritation, and some defect in the regulating power of the economy. They might look upon cancer as a sort of mutiny on the part of certain cells, which took upon themselves to grow irregularly, without regard to the wants of the system. In illustration of continued irritation frequently giving rise to cancer, he cited the case of cancer occurring on the roof of the mouth, from the irritation of a clay pipe; and, in corroboration of this theory, he pointed out its tendency to attack the orifice of fistula. He had seen such lamentable results from waiting until cancer was fully developed, and until the diagnosis was perfectly clear, that he could not help urging the desirability of immediate excision in doubtful cases.

Dr. Mead (Bradford) had come to the conclusion, after devoting considerable attention to the subject, that cancer, in its early stages, was decidedly a local disease.

Dr. Stewart had seen one case, in Mr. Shaw's ward of the Middlesex Hospital, of continued fever coexistent with cancer, which went on favourably under stimulant treatment, until a slight delirium came on, when the patient refused medicine; and three or four days afterwards died. He coincided with Mr. Moore's proposition, that cancer often attacked the most healthy individuals; and mentioned a case which came under his notice, where a strong, powerful navvy, who had never felt any inconvenience until three weeks before his admission, died from a cancerous tumour on the liver, which could not have existed altogether more than six weeks; previously to which attack, the patient had enjoyed the most robust health.

Dr. Radclyffe Hall expressed an opinion that cancer frequently arose from local, and sometimes from constitutional causes. He asked Dr. Richardson the relative liability of herbivorous and carnivorous animals to cancer.

Dr. Richardson said there were no statistics on the subject; but he had seen a large soft cancer in the pike, and Dr. Crisp had seen three similar cases.

Dr. Budd (Clifton) said that, twenty years ago, in a series of papers in the *Lancet*, he put forward some speculations on the subject of cancer, and contended that it was a local disease. There might be constitutional or hereditary tendency to cancer; but, in the main, he considered it a local disease.

Dr. Carter (Leamington) dissented from the hypothesis of Mr. Moore, that the increase of cancer was attributable to the improved sanitary conditions of the people and better food. He thought it might rather be accounted for by the improvement in medical treatment, which preserved the lives of cancerous patients who would otherwise have died, and who, procreating children, increased the number of people predisposed to cancer.

Dr. Richardson moved the following resolution, which was unanimously adopted.

"That the subject of cancer and its origin having been discussed by this Association, and there appearing to the Association to be evidence that the disease may depend upon local or social causes, the Association respectfully requests the medical officer of Her Majesty's Most Honourable Privy Council to appoint a competent medical and surgical commission to investigate the question in relation to England, to publish the results of the inquiry in his annual report."

II. Dr. Richardson next introduced a discussion on the question:—"Is there any Foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment?"

In opening this discussion, Dr. Richardson said that the hypothesis that, in certain diseases, there is a fermentative process analogous to the fermentation of wine, was first advanced by Willis in the seventeenth century; and the hypothesis had held its ground until now. Was it true? It might be admitted that the introduction of certain organic poisons into the organism was followed by a divergence from the ordinary standard of health; whether the poison were introduced into the body from without, as in vaccination and syphilis; or from within, as in rheumatism. The diseases which seemed to be produced by such action of poisons were—small-pox; vaccinia; syphilis; gonorrhœa; rheumatism; scarlet fever; diphtheria; measles; typhus fever; typhoid fever; cholera; pyæmia; glanders; hydrophobia; and tetanus. Dr. Richardson said these poisons were separable—as separable as snake-poison. He related a series of experiments bearing on the separation of one form of pyæmic poison. He doubted the cellular character of the poisons as necessary to their construction, but said they were nitrogenous. They were all neutralised by bromine and by mercurial salts; and they seemed to form salts with hydrochloric acid, as morphia does. They were probably organic alkaloids, of the ammonia type. Of these poisons, some might be derived in the first instance from without the organism, and even from the vegetable world; but, in many instances, they were products of the body itself—excretions—modified

either by the oxygenation of the blood, or by exposure as secretions to the air out of the body, and by peculiar decomposition. The natural secretions of some animals—as the snake-poison—were poisonous to other healthy animals; and human saliva was poisonous to inferior animals, such as rabbits. The poisons differed in their action; and the same poison might produce different symptoms. Thus scarlet fever poison might cause malignant fever or mild fever. Dr. Richardson was of opinion that this depended on the organic constitution of the poison itself. The poison of pyæmia, which was present in the secretions of the wound, could produce two forms of disease—one in which the leading signs were those of typhus; while in the other they were those of inflammatory fever, with fibrinous separation and fibropurulent deposits. In the first class of cases, the poisons acted immediately on the blood, causing death from interference with the process of oxidation. In the latter class, the action was more prolonged; and new products of oxidation, lower than carbonic acid, were the result: these lower products—acids, such as lactic—acted as secondary poisons. In some diseases, the secretion first poured out might be simple; but, when exposed to air, it underwent change, became poisonous, was absorbed, and led to death from secondary action. In this manner, simple diseases often assumed a fatal form. A common illustration of this fact was afforded in tonsillitis merging into diphtheria from secondary absorption. The quantity of poison introduced into the system, or the rapid absorption of the poison, intensified the symptoms, but did not alter the type. The type was changed by the action of the air on the poison, and by the stage of the decomposition of the poison. The author held that there were conditions of the atmosphere in which these poisons underwent specific changes, giving rise to special disease. He accounted for surgical fever in this manner. The influence of the poisons in every case was on the blood, and was most simple. The poisons all more or less prevented oxygenation; and thus they changed, if they did not destroy at once, the character of the secretions of the body, rendering them in turn poisonous, and capable of reproducing their likes. In conclusion, Dr. Richardson urged that there was no foundation for the theory of zymosis, in the common acceptation of that term; *i. e.*, there was no propagation of the poison in the blood by formation of such poison from cell to cell. The process consisted of transformation of the natural parts of the organism, not of the production of new organic developments.

Dr. Budd (Clifton) differed *toto cœlo* from the views of Dr. Richardson. He thought the supposition that disease was in any way caused by a chemical alkaloid, was erroneous; and he adhered to the old theory started by Mr. Wells as the true one. Dr. Richardson appeared to have overlooked one great cardinal point—that the poison produced a disease which no earthly power could produce. He held in his hand a small phial filled with the poison of small-pox, which, if introduced into the human body, would reproduce itself in such a way as to affect millions of people with the malady. But what chemical alkaloid could be found to reproduce itself?

Mr. Steele (Liverpool) could not agree with Dr. Richardson that zymotic fever had one common origin. In was impossible to account satisfactorily for the vagaries of typhus and small-pox except by the theory of zymosis, which, although undoubtedly only a theory, he thought would ultimately be demonstrated to be true.

Mr. Wood (Woodhouse Eaves) considered Dr. Richardson's paper very important, because it brought before them both sides of a difficult question, and might lead to valuable results. There were so many different characters of disease resulting from Dr. Richardson's experiments, that he was inclined to think there was some truth in the theory he had advanced. He was not, however, prepared to say that he agreed or disagreed with it, but would suggest that the members of the Association should continue the investigation of the subject. He had great pleasure in proposing a vote of thanks to Dr. Richardson, for his valuable paper.

Mr. Propert seconded, and Dr. Radclyffe Hall supported the proposition, which was carried unanimously.

The meeting then adjourned for luncheon; and the members reassembled at 2 P.M., the President again occupying the chair.

MEMORIAL TO THE ROYAL COLLEGE OF SURGEONS.

Mr. Southam (Manchester) moved the adoption of the following memorial:—

"*To the President, Vice-Presidents, and Members of Council of the Royal College of Surgeons of England.*

"The Memorial of the President and Members of the British Medical Association

"Sheweth—

"That the Association consists of more than 2,400 members; the greater number of whom are either Members or Fellows of your College.

"That your memorialists are desirous of again bringing under your notice the general dissatisfaction of the Fellows and Members of your College at the mode of electing your Council.

"That the privilege of electing members of the Council is vested by the Charter in the Fellows generally without any personal distinction whatever, and that this is the chief or sole function of the Fellows in relation to the College.

"That nevertheless the personal attendance required at the election virtually deprives of their privileges a large proportion of the Fellows who reside at a distance from London, and makes the Council of the Royal College of Surgeons of England the representative body not of the Fellows generally throughout England, but of the more limited number who reside in London and its neighbourhood.

"That your memorialists therefore earnestly request that you will be pleased to obtain a new or supplementary Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford and Cambridge in their election of members of Parliament.

"Samuel J. Jeaffreson, M.D.Cantab., *President of the British Medical Association.*

"T. Watkin Williams, *General Secretary.*

"August, 1865."

Mr. Clement (M.P. for Shrewsbury) seconded the motion, which was adopted.

THE ADDRESS IN SURGERY

was read by James Syme, Esq., Professor of Clinical Surgery in the University of Edinburgh. It is published at page 142.

Mr. Clement (M.P. for Shrewsbury) proposed a vote of thanks to Professor Syme for his valuable address.

Mr. R. Jones (Leamington) seconded the motion, which was carried by acclamation.

Professor Syme, in acknowledging the compliment, said he considered it a great honour to have been requested to deliver an address. He had thought a statement of the views he had been led to form, for public and private practice during the last forty years, might be acceptable to the members of the Associa-

tion; and he was gratified to learn that they had not been disappointed.

The remainder of the afternoon was occupied with the reading of papers, of which a list will subsequently be given.

THE PUBLIC DÉJEÛNER

given to the Association by the inhabitants took place in a spacious marquee erected in the Jephson Gardens. The weather unfortunately proved wet, and the *fête*, with fireworks and illuminations, had to be postponed until the following evening. About two hundred members of the Association attended the *déjeûner*, and there were also several ladies, and a few of the inhabitants of Leamington. Dr. Jephson occupied the chair. The usual loyal, patriotic, and religious toasts having been duly moved,

Dr. JEPHSON said: I think this is one of the proudest and happiest moments of my life. To be surrounded by so many talented medical men—to be present on an occasion like this—is one of the most pleasant and gratifying things I can think of. My toast is of importance equal to those just toasted; for, without those medical gentlemen, we do not know where Her Majesty would be, or her children. I hope that we shall often meet again under similar circumstances, and be surrounded by the same talented men. Gentlemen, I have great pleasure in proposing "The British Medical Association", coupled with the name of Sir Charles Hastings. [*Much cheering.*]

Sir CHARLES HASTINGS (who, on rising, was received with loud and prolonged applause) said: Dr. Jephson, Dr. Jeaffreson, and brother members of the British Medical Association, I most deeply feel the compliment you have paid me on this occasion in connection with the toast of the British Medical Association. When I look back and consider the circumstances under which this Association was formed—when I look back to the state of the profession at the time when it was founded, and then upon the assemblage by which I am surrounded—I am struck with admiration at the results which have accrued from any feeble efforts of mine. I have always maintained that the success of the Association was not owing to any efforts of mine ["*yes, yes*"]; but I was surrounded by men of great talent, of great public usefulness, and of high moral character. And so it necessarily happened that this Association, being fitted for the age in which we brought it forward, has been successful; and, I venture to predict, will continue to be successful. I feel that the time is coming when I can no longer assist in carrying forward the noble objects of this Association; but I will say that, so long as I am able, I shall never fail to exert my influence on its behalf; to bring it before the public as its great benefactor, having in its power the means of successfully promoting measures of great importance to the country at large, and of forwarding the true interests of the profession. I cannot sit down without expressing the gratification I feel at our meeting this year in Leamington. We have often heard of its fame, and of those connected with this watering-place, and of whom I may say, "Si monumentum quæris, circumspice." [*Cheers.*] Sir Charles concluded by thanking Dr. Jephson and his fellow townsmen for having come forward in so handsome and liberal a manner; and wished health and happiness to all the inhabitants of that salubrious watering-place.

Mr. PROPERT proposed the health of the President of the Association, Dr. Jeaffreson. In doing so, he paid a graceful tribute to the beauty of the town of Leamington, and the attainments and gentlemanly bearing of the President.

Dr. JEAFFRESON said that he did not remember, in the whole course of his experience, that the Association had ever had a more brilliant meeting. But little merit, however, was due to himself; for he had been most ably assisted by the worthy local Secretary, the profession generally, and the inhabitants at large. It was gratifying to find that some of the most distinguished men of the age had been present amongst the members of the Association. It had robbed Ireland of its brightest gem, Professor Stokes [*applause*]; Scotland had contributed its most celebrated surgeon, Professor Syme [*applause*]; and, in addition, America's brightest ornament, Dr. Sims, its distinguished ladies' doctor, had been present. [*Cheers.*] In addition to that, when he told them that some of the most delightful, most practical, and best papers ever submitted to any meeting of the Association had been read, he thought Leamington might well be proud to welcome the Association; and, on his part, he had only to thank them for the kind compliment they had paid him. [*Cheers.*]

Dr. PAGET (Cambridge) proposed the health of Dr. Jephson; and adverted to the fact that Leamington owed its existence, not less to the professional reputation and skill than to the princely generosity and munificence of Dr. Jephson. [*Applause.*]

Dr. JEPHSON very briefly acknowledged the compliment; and excused himself, on the ground of his infirmities and indisposition, from making any long reply.

Dr. JEAFFRESON proposed the health of Mr. Haddon (coupled with "The town of Leamington"); and the health of Mr. Ebbage, the local Secretary, having been enthusiastically drunk, the toast of "The Ladies", responded to by Mr. Steele, concluded the proceedings.

THE PRESIDENT'S CONVERSAZIONE.

At nine p.m. the President gave a most agreeable *conversazione* at the Pump-rooms. In addition to the attractions of the preceding evening, Messrs. Ross, the opticians, exhibited specimens of microscopes and lenses; and additional interest was given to the proceedings by the reflection of opaque objects upon a large screen. This was accomplished by the aid of an instrument originally known as a proteuscope, an improvement of which has recently been brought out by Mr. Chadburn, of Liverpool. In this way were exhibited a section of the brain; drawings of the muscles of the human hand; portraits of Kepler, Linacre, Caius, Harvey, Mayow, Willis, W. Hunter, Radcliffe, Mead, Jenner, and other distinguished physicians; also of Dr. Barker, the recipient of the Hastings medal. The Fothergillian and Hastings medals, and other objects, were also shown. As each object was shown, Dr. Richardson gave a brief explanation of it, mentioning, in regard to the portraits, some of the principal circumstances for which each person represented was celebrated. Mr. Southern exhibited the phenomena of the gyroscope; and also a binocular microscope under polarised light. Mr. W. Ladd exhibited his new thermo-electric battery, with a working electro-magnetic engine, pump, bell, and magnet; spectroscopes, showing spectres of various gases; and the spectroscope applied to the microscope, according to the suggestion of Weston and Huggins. Microscopes were shown by Messrs. Ross, Crouch, Baker, and Wheeler, of London. The room was tastefully decorated with exotics and other flowers; and, although one of the most spacious in the town, was largely crowded.

[We are obliged, by want of space, to defer to next week the report of the proceedings of Friday, Aug. 4. EDITOR.]

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

WE have been obliged to postpone many interesting communications on account of the length of the Report, etc., of the Annual Meeting.

ST. BARTHOLOMEW'S HOSPITAL.—SIR: As exception may possibly be taken to the retention of Mr. Lawrence's name in our notices for the sessions 1865-66, I shall be obliged if you will allow me to state that our Prospectus and Handbook were printed and in great part distributed before Mr. Lawrence's resignation was known or anticipated. I am, etc.,

August 8th, 1865. GEORGE W. CALLENDER.

[The correction is made in the advertisements. EDITOR.

ORIGIN OF TÆNIA.—The ancients supposed all human parasites to be restricted to the intestines—an opinion expressed in a rather obscure passage in the works of the now little read poet Apophantiacus, which may be thus rendered:

Tell me, where is tænia bred,
In the guts or in the head?
In the former, truly.
Kindly Providence confines
To the human intestines
Parasites unruly.—(*Natural History Rev.*)

COMMUNICATIONS have been received from:—Dr. WILLIAM STOKES; Dr. TANNER; Mr. J. Z. LAURENCE; Mr. GAMGEE; Dr. MAYO; Dr. J. BULLAR; Dr. A. SMITH; Mr. OLLERHEAD; BONO PUBLICO; Mr. SYME; Dr. PEARSON; Mr. F. CROOK; Dr. RADCLIFFE; Mr. R. W. WATKINS; Mr. F. MASON; Dr. SANDERSON; Mr. CALLENDER; Dr. MONCKTON; Mr. J. RICKETTS; Mr. JAMES ROBERTSON; Mr. B. SQUIRE; Mr. J. IRVINE; Mr. F. JORDAN; Dr. GIBB; Mr. ASPINALL; and Mr. H. LOWNDES.

BOOKS RECEIVED.

1. Annual Announcement of the Faculty of Medicine, McGill University, Montreal. 1865.
2. Civilisation and Cerebral Development. By R. Dunn, F.R.C.S. London: 1865.
3. Du Suicide et de la Folie Suicide. Par A. Brierre de Boismont. Deuxième Edition, revue et augmentée. Paris: 1865.
4. The Principal Baths of Switzerland and Savoy. By Edwin Lee, M.D. London: 1865.
5. Recherches Chimiques et Physiologiques sur la Fève du Calabar. Par le Dr. A. Vée. Paris: 1865.
6. Suggestions for the Establishment of Convalescents' Retreats on the Sea-Coast. Manchester: 1865.
7. Annual Report of the Southport Convalescent Hospital and Sea-Bathing Infirmary for the Year 1864. Southport: 1865.
8. Systematic Ophthalmia; its Symptoms, Diagnosis, and Treatment. With Illustrative Cases. By George Lawson, F.R.C.S. London: 1865.
9. An Inquiry into the Causes of High Death-Rate in Leeds. By James Braithwaite, M.D.Lond. Leeds: 1865.
10. Traumatic Keratitis. By S. Watson. London: 1865.
11. Herbert Fry's Shilling Guide to the London Charities for 1865-66. London: 1865.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S. Eng. (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

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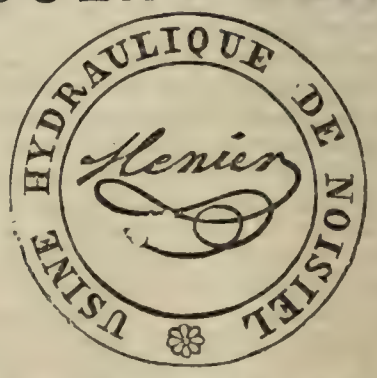
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READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

THE SIBERIAN CATTLE PLAGUE; OR, THE TYPHOID FEVER OF THE OX.*

By WILLIAM BUDD, M.D., Clifton.

"AS IN A MIRROR."

"These contagious fevers are like Fire, very easy to put out when you have only to deal with the first spark: very difficult to put out when the spark has grown to a conflagration." (*Letter from the Author to the Bristol Board of Health.*)

MAN and animals are, alike, preyed upon by a great and fatal brood of specific diseases, which spread in the same way, which destroy life by the action of the same powers, and which are so truly members of one family, that some among them are even common to animals and man; and pass, with their identity entire, from the bodies of the one to those of the others. Human small-pox and sheep's small-pox, glanders, hydrophobia, Asiatic cholera, plague, scarlet fever, yellow fever, the lung disease in cattle, and the great group of typhoid and typhus fevers, are but a few of the leading types of this great Army of Death.

As if to mark the poverty of our conception of their real essence, we think it sufficient to call some among them by the name of "fevers", an appellation derived from the Latin verb, *ferveo*—to be hot. "Plague" and "pestilence", words betraying the theological phase, which, according to M. Comte, characterises the infant state of all human knowledge, are the epithets applied to others.

Caused each by a specific entity, which, like the living types of organic nature, is endowed with that most significant of characteristics, the power to propagate its own species through indefinite periods of time; the law of propagation of one species may be applied to that of the others with the same certainty with which we apply the law of propagation of one mushroom to that of another mushroom, or of one species of infusoria to that of another. To know the law of one of these contagions is, in fundamentals at least, to know it in the rest; to know the law of the animal fever is to know that of the human fever; to know the law of sheep's small-pox is to know that of human small-pox.

How, and in what way, do these contagions swarm and multiply? Through what process do they thus perpetuate their species, from age to age, from country to country, and from race to race, through countless myriads of subjects? These are the great questions, or, rather, this is the one great question, for man to solve. All else; all clearness of view, all precision of aim, all certainty in practice, hang upon the answer to it. It is a question on which the history of the disease that is to form the subject of this report—the Rinderpest, or great Cattle-Plague of Siberia—throws the clearest light.

Definite in character; peculiar to a single species; having a period of incubation; occurring, as a rule, but once in life; specific in the highest sense of that word; and in its very essence a contagious fever—it is a perfectly typical member of that family of which human typhoid fever and human small-pox are familiar examples. Known to tradition from the remotest times, it is the same now as it was at first. Bearing the closest family resemblance to human typhoid, it can be inoculated like small-pox, and the mode of its propagation determined by the most decisive of experiments.

The Steppes of Siberia, in which it appears to have first come into being, are still its great stronghold. Somewhere or another in that wide area, which looks so blank on our maps, now in sporadic, now in epizootic form, it is always present. In these wild wastes, this fell disorder works its will on the hapless and unconscious cattle, unchecked by veterinary police or sanitary reformer. There is no Farr there to point, in words of real wisdom, the moral of pestilence; no Chadwick to preach a crusade against bovine stinks; no Florence Nightingale to teach physicians that contagion is an antiquated myth; no Murchison to commit himself to the hopeless task of showing that, although essentially contagious, this typhoid fever of the ox is caused, for the most part, by putrid fæces, or, in one word, is a pythogenic fever.

The one thing needful for prevention—separation of the infected from the healthy—being impracticable, the disease in the Steppe is, with few exceptions, left to its own course. Happy if its ravages always ended there. Like all other contagious disorders, it possesses, in virtue of the terrible gift of communicability, the fatal and characteristic power of migration.

Trade and war, those two inexorable tyrants, are the chief agencies by which it is disseminated. In the course of ordinary traffic, vast droves of cattle annually leave the Steppe for the markets of the west. Too often these droves carry with them the germs of the scourge. So prolific are these germs, and with such rapidity do they multiply, that, from a single case of Cattle-Plague, great outbreaks often spring, which, in a few months, spread over whole principalities, and count their victims by tens of thousands.

A circumstance of the deepest scientific interest, to which I shall hereafter refer, helps, at first, to dis-

* The circumstances under which this little essay on Cattle Plague makes its appearance are so remarkable, that it may be well to say a word in explanation of them.

Every one reading the title, will naturally suppose that the essay was suggested by the recent outbreak of this formidable disease in England. This is not the case. The history of the essay is simply this. At the annual meeting of the British Medical Association, held at the Royal College of Physicians, in August 1862, a resolution was passed, binding the Association to take up at once the study of epidemic and epizootic diseases. Shortly afterwards, I had the honour to receive from the Council of the Association a request that I should draw up a scheme for the conduct of the proposed inquiry. This I accordingly did; and a memorandum embodying my views on the subject was laid before the Association at the succeeding annual meeting held at Cambridge in August last year. In that memorandum, I mentioned Rinderpest, or Cattle Plague, as a disease of which it would be in the highest degree important to study the laws, on account of the striking analogy presented by it to the typhoid fever of our own species. In accordance with this suggestion, a resolution was passed appointing me to the work; and this essay, which was read at Leamington on the 4th of the present month, is the result.

The materials for the essay itself have been derived chiefly from the following sources. 1. Professor Simonds's able *Report on Cattle-Plague*. 2. Röll's *Lehrbuch*, and the writings of the other chief German authorities. 3. The Report of the Russian Government Commission; kindly lent to me by Professor John Gamgee. And, lastly, personal observation of the present epizootic in a recent visit made with that object to the Royal Veterinary College in London, and to an infected dairy in Marylebone.

arm suspicion, and to allow infection to steal unheeded, far and wide, through the land.

The Danubian Provinces and the eastern parts of Austria are generally the first to suffer. To keep the great Cattle-Plague at bay is at all times an object of national concern with the Austrian Government. Silesia, Podolia, Galicia, Moldavia, and Wallachia, are the seat of periodical outbreaks of it, which sweep away myriads of oxen.

In time of peace—by strict military cordon, and other measures directed solely against contagion—Prussia succeeds, to a great extent, in keeping the pest from her borders; and stands as a barrier between it and the North of Europe.* That it is by these measures, and by these alone, that the disease is excluded, is shown by the fact that, in time of war, when they can no longer be enforced, cattle-plague has more than once invaded Prussia also, and has spread far and wide through the north and west. In modern times, the results were first seen, on a large scale, in the wars of the first French empire.

In 1811, this epizootic, following in the track of the Austrian wing of the Allied Armies, was sown broadcast through Germany and the North of Europe and brought to the walls of Paris.†

For the first time on record, the French, in addition to their other calamities, had the bitterness of seeing their herds destroyed by an epizootic which was as deadly, as it was entirely new to their experience.

In the Crimean war, a similar chain of events occurred. Rinderpest, breaking out in the droves which issued from the Steppe to feed the Russian armies, spread widely through Moldavia and Wallachia; overran the Crimea; and, being carried from Turkey to Egypt (where, if I am rightly informed, up to that time, it had remained unknown), committed, in the two succeeding years, ravages which almost threatened to exterminate the cattle tribe in the valley of the Nile.

Contrast with this striking history the equally striking fact, which is complementary to it, that over wide tracts of the earth's surface—that in a great part of Europe, for instance, and over the whole of America, North and South—this disease is still unknown; and from these few salient traits the great truth already begins to emerge with a clearness which leaves nothing to desire, that we are here dealing with a contagion which no common contingencies of cattle-life, either single or combined, whether of breed, climate, country, fodder, or what not, have the power to engender, but for whose production the presence of the contagious germ is at once the necessary and all-sufficient condition.

The scale on which this scourge operates as a life-destroyer is truly enormous. In Europe, exclusive of Siberia and Tartary, it is computed to have carried off, in the last century, more than 200,000,000 head of cattle. In Germany alone, during the same period, 28,000,000 oxen are said to have died of it. By the very general and vigorous adoption of measures directed against contagion, although it has since been held somewhat in check, the aggregate mortality from this epizootic is still gigantic.

Until quite recently—with one signal exception—unknown to us here—in its own home known only by its effects—subtle and invisible, like all the rest of its class, this morbific agent is nevertheless, as we see, a great Power in Nature.

If we now come to scan more closely its mode of operation in the living body of its victim, remote from our experience though the case may be, we find ourselves at once on familiar ground. All the great relations which observation has taught us to look upon as essential characteristics of the fevers of man at once come into view in this fever of the ox.

First, let us note, as cardinal, the occurrence of a well-defined period of incubation. Caused, like typhoid fever and small-pox—and, indeed, like all the contagious fevers—by a specific *materies morbi*, which acts only by its own growth and multiplication, the morbific germ is too minute on its first introduction to exert any sensible action on the living economy. No matter how this germ finds its way into the body, whether in the natural way or by inoculation, from five to eight days always elapse before the patient gives any token of disorder. As we might have expected, from the more rapid course of the disease itself, the latent period, also, is considerably shorter than in the two human fevers just quoted.

The actual onset of the disease is marked by the constant and well known signs of violent disturbance which usher in all the contagious fevers. Rigor or shivering, followed by an increase in the temperature of the body, frequent pulse, and sudden prostration of the powers of life, are the leading and familiar signs. The coat is stark; all fodder is refused; and at the end of a few hours, at most, rumination finally ceases. The poor plague-stricken ox, standing with its back arched, its head hanging down, its ears lopped, and its legs gathered under the body, presents, to those who know how to interpret such signs, an unmistakeable aspect of grave illness. Transient quiverings of the muscles, especially about the neck and shoulders, betray already the severity of the nervous disturbance. The animal looks dull and dispirited; is reluctant to move; and, when made to move, often staggers from weakness. In the milch cow, the secretion of milk at once ceases.

In some few cases, the bowels are at first torpid; but in the great majority, in the course of a few hours, or on the second day at the latest, diarrhœa sets in; and the discharges, becoming more and more profuse, and at last dysenteric, plainly show on what surface the malady finds its chief outward development. The evacuations are more or less fluid, of a dirty yellow—sometimes blood-stained; have a peculiar sour smell; and, on minute examination, are found to be charged with flocculi derived from the diseased intestine. As the drain from the bowel proceeds, the loss of power makes rapid progress. The tail has lost its native function; and, in summer-time, flies, busy in their work of petty torture, swarm upon the hide, undisturbed by that once lively member.

In malignant cases, the discharges become involuntary; and the raw and fretted vent is often entirely prolapsed.

At an early period—sometimes, as I have myself seen, at the very outset—a mucous fluid weeps in abundance from the eyes and nostrils. Transparent at first, this mucus soon becomes laden with whitish flakes, and at length is entirely opaque. As the disease advances, this ill-conditioned stuff stands in viscid pools beneath the head of the patient. With the extension of the catarrhal condition to the throat and windpipe, cough sets in, and the breathing grows more or less hurried and embarrassed. Under these circumstances, the act of breathing is attended by a peculiar rough moan, which has appeared to myself to be very characteristic.

The temperature of the body, which at first was uniformly higher than natural, is now unequally distributed; so that, while the mouth and roots of the ears are still hot, the tips of the ears and the extremities often have a death-like coldness.

With failing strength, the animal finally loses its legs; and, lying with its head hanging back on its

* See Report on Rinderpest, by Professor Simonds.

† See Professor Simonds's Report, and a report of a recent debate on typhoid fever in the French Academy of Medicine.

shoulders, recalls to mind that look of abject prostration which is so familiar to us in the typhoid fever of our own species. As life ebbs away, the belly becomes distended; the limbs are agitated by involuntary twitchings;* and in some cases the back and loins crackle when pressed, from the extrication, while the animal is yet living, of putrid gases in the areolar tissue.

When things have come to this pass, the breathing becomes rapid, its rhythm irregular; and, the temperature of the body falling from hour to hour, the sufferer soon sinks.

This is the usual course of the disorder, when it affects a malignant form. In watching a series of cases, some variation in the type is observed, according as the catarrhal or the abdominal symptoms take the lead. Still wider variation depends on the greater or less rapidity with which the malady runs its course. As in all other contagious fevers, this varies much. As applied to the slower cases, the description just given would be too highly charged.

On a recent visit to London, I saw two cows, one of which had been ill eleven days, while the other was in the tenth day of a relapse following an attack which occurred six weeks before. Both were the subject of severe diarrhœa; in both, there was profuse discharge from the nostrils; both were suffering from difficult breathing, attended by the peculiar moan I have before mentioned. But these two cows were still on their feet; and, on being led out from the shed in which they were housed, to be taken away in a cart, both walked pretty briskly, and with a tolerably sure tread. And, although both were, I believe, doomed to a certain death, few persons, on seeing the disease for the first time, would have supposed, judging from the aspect of these animals, that it is the malignant thing it is known to be.

In all this there is, unfortunately, nothing very distinctive. We have not to do here, as in sheep's small-pox, with an outward eruption which at once challenges the eye, and whose nature cannot well be mistaken. But even in cattle-plague, with a little attention, the diagnosis cannot remain long in doubt.

It will be seen presently that the one characteristic of the disease is a species of internal eruption profusely scattered over the intestinal canal and air-passages. This eruption is the source of the discharges from these parts. When, therefore, we see an ox or cow suddenly seized by a fever characterised by great prostration, and by peculiar discharges from the bowels and nostrils, the presumption is already strong that the case is one of cattle-plague.

The rapid death of the patient, and the extension of the disease to other oxen that may have come into contact with it, will soon remove any remaining doubt, if doubt there be.†

* My friend Professor Simonds writes to me to say that these and other nervous phenomena are not so highly developed in the present epizootic as in the cases he saw in Galicia.

† In order to make this part of my essay complete, I subjoin Professor Simonds's description of the complaint, as communicated to the Privy Council, in a letter published in the *Times* of August 5th, 1865. This description, as being drawn by a master in the art, from a much wider field of observation, is, no doubt, more trustworthy than any description I can pretend to give.

"The early symptoms of the disease are usually a remarkably dull and dispirited condition of the animal, which will stand with its head hanging down, ears drawn back, and coat staring, refusing all food, and occasionally shivering. A watery discharge flows from the eyes and nostrils. The skin is hot, but sometimes chilly, the temperature varying from time to time. The extremities are cold; the breathing short and quick; being not unfrequently accompanied with moaning as an indication of pain. A slight cough is sometimes present. The inner part of the upper lip and roof of the mouth is reddened and often covered with raw-looking spots. The bowels are occasionally constipated, but in most instances diarrhœa soon sets in, the evacuations being slimy and very frequently of a dirty yellow colour. The prostration of strength is great, the animal staggering when made to move. In milch cows, the secretion of milk is rapidly diminished, and soon ceases altogether."

Of the various characteristics of this malignant epizootic, two of the most striking, and which are, no doubt, mutually related, are its extreme deadliness on the one hand, and the rapidity with which it kills on the other. In the majority of fatal cases, death ensues between the third and fifth days; and sometimes occurs, it is said, as early as the second.

Measured by the mortality it occasions, the virulence of the disease is equally striking. Among the native cattle of the countries which lie west of the Steppe, ninety deaths in one hundred attacked is not an uncommon average. In the Steppe oxen, in accordance what what appears to be a general law, the disease is much milder and much less fatal. The mortality here often falls as low as 25 per cent. This is the circumstance to which I before referred as helping so much, by laying precaution asleep, to spread the plague.

The disease, from its comparative mildness, being less characterised, is not detected; and infected Steppe cattle, travelling the roads and standing in fairs and markets, sow the fever far and wide before its true nature is recognised. The fact is interesting, not only as showing how various, and how incomparably subtle, are the conditions which determine the degree of power with which the morbific cause acts on the living body, but because this is only one example of a general law. As far as I know, there is no exception to this—that contagions which are at once wide-spread, and take effect through the blood, are, *cæteris paribus*, invariably more virulent in races, whether of men or animals, new to their action, than in those which have long been subject to it. When sheep's small-pox was introduced into Datchet some seventeen years ago, it was observed to be greatly more virulent and more fatal in the English flock of the infected homestead, than in the lot of Merinos which brought the infection from Denmark with them. In Wilts, in 1862, this disease caused a mortality among the native Southdowns for which no parallel can be found in continental outbreaks. Human small-pox was much more fatal on its first introduction into Europe than it is now; and, on passing from us to America, it was again incomparably more deadly to the races it found there than to us, who for many generations, then, had been scourged by the pest. From ancient records, it is plain that syphilis was far more virulent when first brought to Europe than at present; and, if we want to reproduce the picture it presented then, we must go for it to the races to whom the unbridled lust of Christian Europe has, for the first time in their history, communicated the loathsome taint.

I have elsewhere pointed out that, all else being equal, the degree of malignity of contagious poisons is due to the degree in which they multiply in the living body. Small-pox, when the inoculated germ has only fructified into some six or a dozen pustules, is a slight indisposition. Small-pox, when the whole skin is a confluent mass of variolous poison, is a deadly plague. To say that cattle plague is milder in the Steppe cattle is, therefore, to say, in other words, that the poison is less prolific in their bodies than in those of untainted breeds.

What can be the possible explanation of this enigma? Why, because their progenitors have for many ages been the subjects of a specific contagion, should the heirs of these subjects furnish a less fertile soil for its reproduction? This is a problem on whose discussion I have no time to enter now.

About two years ago, my brother, Dr. G. Budd, offered, in a short paper in the British Medical Journal, some speculations on it which have not, perhaps, attracted the attention they deserve. How far these speculations may be sound, I will not un-

dertake to say; but, in their bearing on the apparent diminution of the protective power of vaccination, they have at least the merit of showing how momentous are the practical questions, even, which hang upon a true view of these subtle relations.

If, in studying cattle-plague in the living ox, we have met with nothing, in the way of morbid phenomena, new to our experience, the morbid changes revealed by the dead body affect a form with which we are still more at home. While the phenomena of the malady itself stamp it as a contagious fever, its anatomical characters leave no doubt as to what particular type of fever it belongs. The one and only anatomical change characteristic of it is, in fact, the very "counterfeit and presentment" of the one morbid change which is equally characteristic of the typhoid fever of man. In general terms, it may be described as a specific disease of mucous glands, which, beginning with a peculiar cell-growth and issuing, for the most part, in ulceration, culminates in the follicles, isolated and clustered, of the small intestine.

The human disease is much less wide-spread and altogether less profuse—for the most part including, indeed, only the tract from the fauces to the rectum; whereas the corresponding disease of the ox always extends to the nostrils, and is often found in the air-passages of the lungs also. But this is a difference of degree, and not a difference of class.

In its early stage, the diseased follicle in the ox is the seat of an exudation or cell-growth, which, occurring amid all the phenomena of acute inflammation, and rapidly pervading the whole substance of the follicle, emerges on the surface of the gut, in the form of circular patches several lines thick, and of a pale yellow or yellowish-brown colour. Sometimes, the material of these patches is soft like cream or soft cheese; at others, compact and firm. More or less adherent at the centre, their edges are always loose. When they are removed by gentle traction, the membrane underneath is found to be slightly depressed, of a deep red, beset by numerous oozing blood-points, and fretted with minute ulcers. In this stage, the diseased follicle, with the exception of being more turgescent and more inflamed, presents a striking resemblance to what the French have called *plaques gauffrées* in the typhoid fever of man.

In Peyer's patches, the morbid process generally begins, precisely as in man, in many points at once, which go on multiplying until the whole patch is invaded.

In other cases, the disease affecting what, without metaphor, may be called the confluent form, lines the whole surface of the gut, sometimes, it is said, for many feet, with a continuous layer of the same material; the whole presenting an appearance which strikingly calls to mind what sometimes happens in human dysentery. As the fever proceeds, countless flakes of this peculiar morbid matter may be found, by minute examination, in the discharges from the bowel. Where the mucous membrane has been thus laid bare, ulceration succeeds, and is often carried to great lengths.

The isolated and clustered follicles, instead of being covered by an adventitious coat, are now the seat of deep excavations. In some cases, principally in ill-nourished beasts, the ulcerative action takes the lead to such an extent, that the mucous membrane, over a space of several feet, even, is entirely destroyed, and the underlying cellular or muscular coat laid bare.*

Regard being had to the natural difference of proportion, I have often seen a precisely similar result in the typhoid fever of our own species.* To complete the parallel, it is only needful to add that the mesenteric glands in physiological connection with the diseased parts are, as in human typhoid, invariably swelled and inflamed.

I have already said, that the affection here described reaches its height, and presents its most typical form of development in the isolated and agminated follicles of the small intestine. Far, however, from being confined to these, it is, in many cases, repeated, in less degree, in the follicles of the whole intestinal tract.

In the subjects which fell under the observation of my friend Professor Simonds, when sent into Germany by our Government to report on Cattle Plague, the local disease predominated in the large intestine. This, however, seems to be contrary to the general rule. According to Röll—and the statement appears to be borne out by the majority of individual *post mortem* accounts†—the colon is, in comparison, but slightly affected. An erythematous condition of its mucous membrane, with traces of excoriation here and there, especially in its lower part, are often the only morbid appearances. In other cases, the follicles of this intestine are more or less thickly beset with patches of the characteristic morbid material already described. In others, again, as Professor Simonds has observed, this section of the intestinal canal seems to bear the chief brunt of the disorder. It is interesting to observe that, in exact accordance with what happens in man, a thick cluster of these patches is often seen in the cæcum, and a corresponding cluster in the rectum also.

In the opposite direction, the disease repeats itself more or less profusely, more or less sparsely, in the mucous follicles, from the jejunum to the fauces and the hard palate inclusive.

Less profusely, on the whole, but scarcely less constantly, the same morbid process, with all its specific and characteristic features, is found on the mucous membrane of the air-passages also.

I show here a very beautiful drawing of the disease as it occurs in the windpipe; and you have only to compare this drawing with that taken from the ileum of the same subject, to see at once that, in these two parts, the morbid process is identical.‡ For reasons which will appear in the sequel, it is important to note, that the lining membrane of the nostrils is, in the majority of cases, affected in the same way. The flakes of concrete lymph, as, in the old phraseology, the product is called, which abound in the nasal discharge, have, like the precisely similar flakes seen in the discharges from the bowels, their source in exfoliation of the morbid matter, which is the common and specific basis of the local affection in both parts.

In order to appreciate the true significance of the peculiar morbid process which I have here attempted

* This description of the morbid anatomy of Rinderpest has been drawn in its main features from Röll's *Lehrbuch*; from the Report of the Russian Government Commission; and from the able Report by Professor Simonds, already referred to. One or two additional traits have been added from notes taken during the present epidemic, and from drawings of the local disease in my own possession. The description itself appears under the disadvantage which necessarily attaches, in greater or less degree, to all descriptions which are founded chiefly on written documents. I have, however, taken every pains to make it as accurate as I can; and if I have not succeeded in this aim, the fault lies rather with the authorities I have consulted than with myself. As far, however, as the pathological interpretation of the facts is concerned—and that is the essential point—I feel myself on perfectly sure ground.

* It will be readily understood that many of these alterations are only found in protracted cases. When the disease kills rapidly there is not time for all this structural havoc. In many cases, the local disease has not gone beyond the stage of exudation before death ensues.

† See, for a considerable number of these, the Report of the Russian Commission.

‡ These drawings were executed for the author by Dr. Carl Heitzmann, of Vienna, expressly to illustrate the essay.

o describe, it is only necessary to add, that this process is the one and only specific mark which Rinderpest or cattle-plague leaves in the dead body. Suppress it, and there is nothing to distinguish the carcase from that of oxen dead from many another cause; show it, and the disease is at once distinguished from every other to which the ox is liable. Other alterations there sometimes are, in the kidneys and lungs especially; but they are only alterations common to this and other contagious fevers, and therefore of no specific value. There is this qualification, however, as to the lung. As the bronchial tubes, as well as the windpipe, are often severely affected by the specific morbid process, their branches become choked by the resulting morbid products, and more or less extensive collapse of air-cells ensues. This change was very conspicuous in a lung which I lately saw at the Royal Veterinary College. When this bronchial eruption is severe, the whole bronchial membrane is highly erythematous; and catarrh and its concomitants, both in the living and in the dead animal, come to form a marked feature of the case.

The condition of the kidney closely resembles that which is seen in many human contagious fevers associated with acute albuminuria in the living subject. The general dropsy which Dr. Whitmore has observed in one or two protracted cases, probably had its root in this renal affection.

Even in what is absent, there is a striking agreement between this fever and other fevers of the same natural group. For instance, there is the same absence of disease in serous membrane, and, with great disturbance in function, the same striking absence of overt anatomical change in the nervous centres, on which Louis has justly laid so much stress as among the leading negative characters of typhoid fever in man.

With these data before us, there can be no difficulty in determining what is the true nature of the remarkable pathological change we have here been studying, or to what human malady we must go for its counterpart.

As I suggested at the outset, and as you have, no doubt, yourselves already inferred, this affection is the exact analogue of the precisely similar affection of the same parts which is so well known as characteristic of the typhoid fever of our own species. Developed in the same structures; alike in distribution in all general features; following the same law of evolution; beginning in a new cell-growth, and issuing in ulceration; attended by concomitant inflammation and swelling of the associate lymphatic glands; and, lastly, each the one and only specific mark of a contagious fever, it is beyond the possibility of doubt, that these two typical affections are exact pathological equivalents.

The same conclusion may, indeed, be arrived at in a more summary way. The case is, in fact, one in which what Mr. Lewes calls the Principle of Vision in philosophy may be confidently appealed to without any risk of our being misled by it.

In the actual view of the morbid change, the conclusion at which we have here arrived, as the result of laborious analysis, starts at once to the mind. It is impossible, I think, to compare this drawing of diseased Peyer's patches in cattle-plague with a good drawing of the same patches in human typhoid, without seeing at once, that we are looking on phenomena of the same order. And let it be particularly noted, that this is no illusion to be traced in any way to the hand of the artist. In the dead body, the resemblance between the two things is so striking that, as we shall see farther on, morbid anatomists from one of the great German schools were, on a memorable occasion, so far deceived by the aspect of the disease, as to believe the two affections to be, for all practical ends, identical.

But if these two forms of disease be exact pathological equivalents, the true significance of that which belongs to man has already been determined.

In a series of papers which appeared some years ago in the *Lancet*, I showed, by considerations which have never been controverted, that the intestinal affection of human typhoid fever is, in reality, as Bretonneau long ago suggested, neither more nor less than the specific eruption of a contagious fever. So that, while the follicular disease in the epizootic is the exact equivalent of that of typhoid fever, this last is, in its turn, the exact pathological equivalent of the eruption of small-pox.

In the disease of the ox, the truth of this doctrine receives at once a new illustration and its crowning proof. For not only can all that was said in favour of it, as applied to human typhoid, be repeated here with equal force; but, as we shall presently see, the follicular disease in cattle-plague is absolutely proved to be the exact analogue of the variolous pustule by the decisive fact, that matter taken from it may be used, like small-pox matter, for the artificial propagation of its own fever by inoculation.

With this fact, the chain of induction is complete. Sure in every link, it is as simple and severe in its logical coherence as it is momentous in the practical consequences to which it directly leads.

I have said that certain continental anatomists were led by the first aspect of the intestinal disease to pronounce it to be practically identical with that of the typhoid fever of man. It is well known that, in the same way, the late Dr. Gregory, on seeing for the first time the eruption of "variola ovina", was so impressed by its striking resemblance to that of human variola, as to fall into the mistake of believing the two to be one.

All four being, as we have seen, facts of the same order, the relation between the two last illustrates, in the most exact manner, the relation which the first two bear to one another. What variola ovina is to human variola, that precisely is this typhoid fever of the ox to human typhoid—not identical in either case; not intercommunicable; essentially different in species, but so nearly related as to admit, on a superficial view, of being confounded each with its counterpart.

It is, as I said, when speaking formerly of sheep's small-pox—and I can find no better illustration now—it is "as two kinds of thistle, as one sort of mushroom to another sort, or as two species of algæ, like almost to identity in looks and outward guise, identical in all their laws of growth and being, but yet specifically different." It is, in fact, in this close relationship that the scientific interest of this remarkable epizootic specially lies for us. For, whereas in sheep's small-pox and human small-pox we have experimental types which give us the power of determining with all the force and clearness which characterise the results of experiment, the laws of that group of contagious fevers in which the newly formed virus is projected on the skin; so we have in cattle-plague, also, an experimental type, by which to determine by the same rigorous and decisive method the laws of that equally important and strictly correlative group in which the newly formed virus is projected on that other part of the living surface which is constituted by the mucous membranes; a group of which the typhoid fever of man is so conspicuous an example.

Having finished what I have to say on the morbid anatomy of Rinderpest, it is time to speak a little more in detail of the great master fact which is the key to all the rest—I refer to the cardinal faculty which, in common with small-pox, human typhoid

fever, and others, this animal fever also has of spreading by contagion.

One of the most important of the characteristics of the contagion of cattle-plague, is the almost unerring certainty with which it appears to take effect. When this disease is once introduced into a farm or homestead, nothing short of the instant slaughter of the infected subjects, and the destruction of all exuviæ from them, seems to give any certain security in preventing its extension to the whole stock. Cattle of all ages, of all races, and in all degrees of what is called "condition," appear equally liable. To have had the disease once before, is the only circumstance which constitutes an immunity from it. In many instances, the oxen in direct relation with the first sufferers are not alone attacked.

In various ways, and through a great variety of media, the disease is often conveyed to neighbouring farms. Among the most efficacious of these media are the hides, the horns, and the hoofs of diseased beasts. Not that the fact is any certain proof that these parts are contagious by their own power. Largely tainted as they must necessarily be by what, in one form or another, is cast off by the internal specific disease, it is probably to this taint that they are chiefly, if not entirely indebted, for the part they play in sowing the pest. It is most likely in virtue of germs derived from the same pathological source, that men, oxen—themselves uninfected—horses, sheep, dogs, poultry, and other animals, domestic and wild, often fulfil the same function. Flooded with intestinal and other discharges as the places are where the sick cattle are kept, it is easily intelligible that persons visiting them may carry away in their shoes and in other ways enough of infection to taint the soil of distant places. In this way neatherds, farriers, sanitary inspectors, and lastly, farmers, curious about the new and fatal pest which has stricken their neighbour's cattle, may often become, as on the continent they are known to be, unconscious bearers of it.

Unless we have an eye to it in time, many of the modes of transmission here indicated are likely to have no little hand in spreading the pest. *A priori*, it would seem certain that the disease must be disseminated chiefly by the discharges from the intestine and the nostril, and by exhalations from them. Although the view does not appear to have presented itself to any of the scientific men who have written on cattle-plague, incidental evidence of its truth is not wanting in their works. Take, among others, the very general remark that the *manure* of infected homesteads has an especial virulence in conveying the contagion. As we shall see presently, however, on other grounds, no special evidence of this kind was needed.

As the discharges are liquid, their first effect must be to taint the soil on which the patient stands. In the same way, they taint the ship, the wharf, the cattle-truck, the public road, and the market.

In the country, taking the line of watershed, it would seem to follow that these discharges must often, like those of cholera and of human typhoid, contaminate the drinking water, which, when in the form of small running streams, may, in its turn, become the means of carrying the disease to distant spots. The attention of continental observers does not seem to have been called to this mode of transmission; but physicians here who are acquainted with the evidence collected upon it in regard to the two human diseases just named, will easily see how it may often intervene in causing many unexplained outbreaks.

In the town dairy, on the other hand, these discharges are distributed by the sewer. In certain districts of London, for many weeks past, the sewers have been constantly fed by this infectious stuff. From what we know of this mode of dissemination in the typhoid fever of our own species, it is more than probable that effluvia from this source, finding their way through untrapped drains, may carry the cattle-plague to cows that have had no other contact with it. Practically, the greater part of the poison cast off by the infected animal takes the form of manure. This being so, all thoughtful men must be anxious to know what has become of all the cattle-plague manure created in London and its suburbs within the last two months. If it be true, as many fear, that much of it has already been taken into the country to be spread over the land, the results may be disastrous indeed. I have myself reason to know that no longer ago than Saturday last (August 5th) a load of manure, which had undergone no disinfecting process, was sent from an infected dairy to one of the canals which radiate from London, to be dispatched thence into the country. It would be interesting to know what has become of that precious cargo. Did it perchance meet any droves of cattle in its way through London? Is it at this moment travelling in some slowly moving barge, with its trail of infection behind it, to the meadows of Berkshire or Bucks? To what manure-yard next were the horse and cart sent which first bore it away?

As to the greater or less degree of tenacity with which the specific poison retains its specific power, opinions seem to be somewhat divided. Some maintain that this power is very evanescent; while others as strongly hold that it endures for indefinite periods of time. If their opinions be taken absolutely, it is probable that both parties are right and both wrong. I have elsewhere endeavoured to show that the more rapid the natural development of a poison of this class, the more rapid, *cæteris paribus*, is its spontaneous extinction also: that here, in fact, as in all other parts of organic nature, rapid growth and rapid decay are strictly correlative. The poison of Rinderpest furnishes, no doubt, no exception to the rule. And so it may well be that, in wet seasons particularly, the infection often speedily dies a natural death. But the same probably no longer holds of the poison in the dried state. It is to be lamented that a point which admits of such easy determination by experiment should not have been so tested. This is an omission which will no doubt be repaired by some future observer. Meanwhile, we know that other contagious poisons, when dried, retain their properties for very long periods, and, as this state is one which almost entirely protects organic bodies from molecular change, there seems no reason why it should fare otherwise with the poison of Rinderpest.

Under the rapid evaporation which often prevails in the open Steppe, complete and rapid desiccation of the intestinal discharges of cattle affected with cattle plague must often occur on a very large scale. The resulting product resolved, as it soon must be, into impalpable dust, and rising into the air with the great company of other organic germs, by which, as Pasteur and Ehrenberg have shown, our atmosphere is so thickly peopled, may clearly, like these germs, give rise to a crop of representatives whose precise parentage it will necessarily be impossible to ascertain.

With these various modes of dissemination before us, two well known facts in the history of this epizootic may be easily understood. The first is that, when the disease is imported into the west, in addition to the outbreaks which can be directly brought home to contagion, other and outlying outbreaks occur, whose exact origin cannot be determined; and the second, that in the Steppe cases often spring up

whose exact lineage it is as impossible to trace, as it would be to trace that of particular generations of fungi or infusoria.

Should the disease unhappily become rife among us, incidents of this kind—with our active trade, dense population, and incessant intercourse—are sure to be of frequent occurrence. In that event, we need no prophet to tell us that men who have never devoted an hour to the study of these arduous problems will write to the *Times*, citing the facts in triumphant proof of spontaneous origin, and arguing, with all the flippant self-confidence which is so characteristic of ignorance, that cattle-plague, which, with one exception, has not visited our shores for a thousand years, is a home-product which may turn up at any time, anyhow, and anywhere.*

Reasoning like this, absurd though it be, will not fail to impose on the unscientific. And then will arise in many minds doubts as to the use of preventive measures at all; and vacillation and feeble and uncertain action will ensue, where the most decided and vigorous action is the one thing needed.

The precise way in which the dissemination of the disease is affected by season, by temperature and other meteorological conditions, has not been studied with the attention the subject deserves. Whether this fever, like the typhoid fever of man, be more prevalent in the autumn and in dry seasons, interesting as such an inquiry would be, there are no data sufficiently exact to show. Nor is it known to what degree the specific poison has the power of resisting extremes of heat and cold. A statement which occurs, I think, in the Russian Government Report, to the effect that the disease, on a particular occasion, was communicated by the dung of some diseased oxen, which had lain for months under the frost and snow of a Russian winter, is the only fact with which I have met which bears in any way on this question. Here is a point, again, which might be decided at once by appropriate experiments.

In this history there is much, it will be objected, which differs widely from anything we know of in the typhoid fever of our own species, between which and Rinderpest it is sought to found here so close an analogy. But the differences, whatever their amount, are clearly differences of degree only, and not differences of kind.

To teach that what holds of the law of propagation of the typhoid fever of the ox cannot be applied to the typhoid fever of man, simply because the one is more virulently contagious than the other, is exactly the same thing as it would be to teach that what holds of the law of propagation of the common thistle cannot be applied to the dwarf thistle, because the seeds of the former are more vigorous and abundant than those of the latter. That there is a wide difference between the contagious power of cattle-plague and that of human typhoid fever, there is no reason to doubt. But even this difference is, in part, more a thing of circumstance than of essence.

If men and women affected with typhoid fever were condemned to lie through the whole course of the disorder on a bed saturated with the hourly accumulating discharges from the diseased intestine —and this is precisely the case of the sick cattle—we know enough, from what happens when there is any, the most distant approach to these conditions, to be sure that few indeed of those exposed to the contagion would escape it. And who does not see that instances of mediate transmission in various ways, and through various channels, would, of a certainty, be much more common than they are now? For myself, I have no doubt that the disease so contracted would affect a much more malignant type, and would in the same degree be at once more fatal and run its course more rapidly. And if it be true, as many surmise, that the length of the latent period varies with the amount of the initial dose of the specific poison, it is not unreasonable to suppose that this period, also, might be materially shortened.

With the termination of this account of the propagation of the disease in the natural way, we reach a point in which the human interest of our subject becomes consummate;—in that cattle-plague—exact correlative of human typhoid fever, as I have shown it to be—may be inoculated like small-pox. This is a fact the importance of which, in all its relations, it is simply impossible to exaggerate.

First, in regard to the source of the virus which is used for this most remarkable of operations. I have already stated that the source generally had recourse to, is the discharge from the nose. We have seen also that the specific disease of the intestine, which is the one mark of the malady, is repeated with all its specific characters in the lining membrane of that organ. The disease of the intestine has, on the other hand, been equally shown to be the exact pathological equivalent of the follicular disease of human typhoid.

I have placed the several steps of this induction before you once before; but its importance is so great, that, even at the risk of wearying by repetition, I will set it down once more here. For the sake of clear apprehension, as well as for the objects of criticism, the propositions of which it consists will be best stated in the simple form of a series of syllogisms.

1. The follicular disease of the intestine in cattle-plague and that in typhoid fever are exact pathological equivalents.

2. The follicular disease of the intestine in cattle-plague, and the follicular disease of the nose in the same malady, are identical.

3. The follicular disease of the nose is, in its turn, the exact pathological equivalent of the eruption of small-pox; seeing that, like that eruption, it furnishes a virus by which the disease may be artificially propagated.

4. The follicular disease of the intestine in typhoid fever, therefore, must (as we had already seen on other grounds) be, also, the exact pathological equivalent of the variolous eruption.

Look at it in whatever aspect we may, this conclusion appears to be irresistible. Seldom or ever, perhaps, in medicine at least, did a truth so fertile in practical consequences of the highest order admit of being stated in words so few, and of such severe simplicity.

The order of events which follows the inoculation of the epizootic exactly corresponds with that which follows the inoculation of small-pox. First, comes a latent period, during which the poisonous germ, too minute to exert any sensible action on the living body, appears to lie dormant. Next comes the development of the disease with all its specific characters, including that most remarkable of all, the power to confer immunity from all future attacks.* If we add that in Rinderpest, as in variola, the inoculated disease is, as a rule, much milder than the disease when taken in the natural way, we may be absolutely sure that the whole process is the same in the two cases, and that

* This prediction has already been more than verified. A more than commonly foolish letter by a writer of this class appeared in the *Times*, on Thursday, August 10th, under the signature of W. R. This writer has the assurance to say, that the well weighed opinion of my friend Professor Simonds, founded on a deep study of this and kindred questions, that Cattle-Plague never springs up spontaneously, is an opinion which "common sense" stamps with utter absurdity.

* See for all details regarding this operation and its results, the Russian Government Report.

what we actually see with the eye in the one is the perfect image of what occurs in the other. But what we do see in watching the inoculation of variola, is the development from a germ impalpably minute of a new crop of the same specific poison, often sufficient in amount to inoculate with small-pox myriads of other subjects.

Here, then, in results open to the eye, and which rival in clearness and precision those which form the basis of the physical sciences, the question to which I referred at the outset as the great question of all is answered for us.

It is in the body of the living ox, and by that most specific of processes which constitutes the disease itself, that the morbific agent is bred and multiplied, which sweeps through the herd with such fatal rapidity. By a limitation which is none the less remarkable because an exactly similar limitation applies to many another member of the same family group, this agent, prolific as it is in the body of the ox, has no power to breed in that of any other creature. Though other animals be made of flesh and blood like this, the flesh and blood of this one species furnish the only soil in which this seed will germinate. To see the bull—the sculptor's favourite type of physical strength—stricken down and done to death by an invisible agent, which neither in earth nor air gives any other token of its presence, is, in every sense, a remarkable sight. To see countless herds smitten at once by the same fatal stroke, is still more so. But what infinitely enhances the scientific interest of the spectacle is, that this agent, deadly as it is to this paragon of living strength, is entirely without power over any other living thing. The fact has not been put, as it readily might be, to the final and decisive test of inoculation; but, as it now stands, the evidence of it appears to be sufficiently conclusive. In the most fatal outbreaks of cattle-plague, no other live stock, no wild denizen of the fields or Steppe, has ever been known in a single instance to suffer from it.

Especially remarkable is the fact that man himself is so entirely proof against it. Not merely because men, in ministering to the sick cattle, are constantly brought into the closest contact with the specific poison; not even because, under the form of beef, they are constantly converting the flesh of the ox into their own; but because men are themselves subject to the action of another specific poison, so nearly kindred in its nature to this, that the most characteristic effects of the two can scarcely be distinguished one from the other.

Once more, it is the case of sheep's small-pox and human small-pox over again. It is, in fact, because these very relations recur in so many instances of the same sort that they are so singularly important. In either case, each animal is proof against the pest whose very counterpart is so deadly to it. What can show in a more striking way than this double contrast, how intensely specific in their nature these morbific agents are, and how intensely specific the conditions needed for their growth and development?

If aught else were required to cap this already consummate climax, it would be the fact, which I need scarcely say is also a generic fact, that oxen which have once passed through the disease are for the remainder of life proof against it. Not only do they never take it again in the natural way, but experience has shown that they cannot even be inoculated with it. The disease may have occurred in the sucking calf, and the subject of experiment may be this same calf grown to the stature of an ox, on whose horns time has engraved some fifteen or twenty rings.

Physiologists teach that in the course of these physiological changes no single atom of the original flesh and blood is left. And yet, amid all these transmutations of matter, the new matter inherits from the old the immunity acquired in that one first attack. The morbific agent, once so prolific in the body of the very same creature, has now no power even to germinate in it. So subtle—as I have elsewhere observed—so incomparably specific are the conditions on which the generation of these poisons depends.

Bred in the living ox by a process so peculiar, and bred there only under conditions so subtle and specific as to transcend the power of language to follow or define them, has this morbific agent any other source? Can it, as some seem still to think, spring up spontaneously? The product of a disease which only one agent in nature can set up, and that again, only in the yet virgin body of a single species, is it also the product of the common chemical processes which surround both man and ox in the external world?

After what has gone before, this is a question which it seems hardly worth while to discuss. The least objection to such a supposition is that it is entirely gratuitous, and that the known facts are more than adequate to explain all the phenomena of the case. It is, besides, a supposition which has not even the pretence of coming before us in a definite form. No one of the few writers of any consideration who still hold to it has given the remotest suggestion, even, as to the nature or *locus in quo* of the hypothetical process of which this morbid poison is supposed to be the spontaneous offspring. No one has ventured here to start the preposterous notion that the specific poison of Rinderpest—generated by the disease itself though it be—is generated likewise by the natural dung of the same animal.

Gratuitous on the one hand, and without definite form on the other, this figment of the uncultured mind is wanting in the two primary conditions which science has a right to exact of any hypothesis before she condescends to its serious examination. I may add that it is entirely without any real or solid foundation in fact.

After what we know of the actual mode of genesis of the morbid poison, how severe, how exact, how binding, how positive, should be the evidence that it has another and entirely different mode of genesis. To admit of no other possible interpretation is, in the face of this knowledge, the only warrant for such a belief that deserves even to be entertained. But, instead of this, the only plea put forward for it at all is the simply negative fact, that, now and then, in countries in which the disease is not indigenous, and somewhat more often in the Steppe where it is so, outbreaks of it arise whose germ cannot be traced to any distinct and specific origin. In other words, the only plea for this belief consists, as I have already said on a former occasion, "in our inability to follow with the eye the continuity of a chain whose links are known to be invisible."

It is a plea that, if valid at all, would, by parity of reasoning, prove mushrooms and thistles to be bred spontaneously; and, by a single blow, would sweep to the winds the one great result of Pasteur's labours.

But, if this hypothesis, besides being at once gratuitous and vague, be irreconcilable with the known mode of genesis of the morbific agent, it is, if possible, still more hopelessly irreconcilable, as I have already hinted in a former page, with the geographical distribution of the pest.

A single fact, in addition to those I have mentioned before, will put this in the clearest light. I have said that Rinderpest is unknown here. In the latter part of last century, by one of those striking incidents which are so full at once of teaching and of deep and various warning, we ran a great risk of

having this disease naturalised among us. In 1744, its germ was introduced into England. Dr. Layard, who wrote an essay on the disease, seems to have ascertained that it was brought to us by an English tanner, "who had purchased a parcel of distempered hides in Zealand very cheap, because they were forbidden to be sold and ought to have been buried." From this parcel of hides, there issued a power never known in these islands before, which, rapidly reinforced as it went by its own offspring, grew to such a height as to slay myriads of oxen. For ten whole years, this epizootic raged with unheard of severity. In the third year of the disease, 80,000 oxen affected with it were killed; and nearly twice that number died of it. £135,000 were, in the same year, paid out of the Treasury to farmers in compensation for slaughtered cattle. In Nottinghamshire alone, 40,000 head perished in six months; and in Cheshire, upwards of 30,000 in the same space of time.

So great a price did the nation pay for the little lot of distempered hides imported by that sordid and ignoble tanner.

But if the mode in which the disease was introduced into England be instructive, the means by which it was finally extinguished were not less so. By order of the King in Council, the following stringent measures were prescribed and rigidly enforced.

1. All infected animals to be killed and buried entire, with their skins on, slashed from head to foot.
2. All hay and straw used about the sick animals to be burnt.
3. The sheds occupied by them to be cleansed and fumigated, and not to be re-occupied by sound cattle for the space of two months.
4. No recovered animal to be allowed to mix with others for a month after convalescence.
5. No diseased cattle to be driven to fairs or markets, nor their flesh to be used as food for dogs.
6. No healthy cattle to be removed from a farm where the disease had prevailed, in less than a month after its disappearance.

To insure the more certain execution of these measures, Government undertook to pay forty shillings for every ox, bull, or cow, which was killed, and ten shillings for every calf, with a corresponding price for their skins.

In 1747, the disease being still rife, but being then confined to the southern counties, another Order in Council was issued in the month of January, forbidding any cattle, whether sound or sick, to pass the Humber or Trent northwards, from that date to the end of March.

By continuing to execute to the letter every detail of this preventive code—and not, be it observed, by improved drainage of cattle-sheds—the epizootic was at last got under, leaving nothing behind it but this simple and pregnant history.*

These events speak for themselves. All hanging together, as they do, by a single thread, each is, in its way, decisive.

According to the partisans of spontaneous origin, never a year passes that cattle-plague does not frequently arise spontaneously. But, here we have a thousand years, with all their variations of wet and drought, and heat and frost, and blight, and infinitely various chances of peace and war, of plenty and scarcity, and of breed and keep and condition, bringing back their myriads of departed oxen to bear witness against such a notion.

From the time when he first issued from the loins of the wild Urus, to the date of this outbreak, the British ox, girt in by the sea, had remained protected from this plague, as English sheep had in the same way remained protected from sheep's small-pox.*

That this long immunity was not due to the absence of any of the natural conditions necessary for the manifestation of the disease, was proved by the fact that, when its germ was introduced, it multiplied as rapidly here as in its native home, and with precisely the same results, untraceable outbreaks, without number, included. That the disease when imported was solely due to the continual fructification of the imported germ, was finally proved by this other fact, that it was extinguished by measures in no way affecting the common conditions of cattle-life, but solely directed to the extinction of the specific cause.

Had the pest, of which this is the history, been some newly imported animal or plant, the events could not have testified in a more clear and decisive way against spontaneous origin on the one hand, and in proof of the simple law of propagation by continuous succession on the other.

One narrative more shall be its own apology. The events it records have this striking interest, that they illustrate, in small compass, nearly all the leading positions taken in this essay; while the very blunders of the chief actors in them only serve to put in a brighter light, and, by showing the width of their application, still further to enhance the importance of more than one of the great truths which it is my chief object to establish. The narrative itself, which I owe to the masterly *Report on Cattle Plague*, by Professor Simonds, runs thus:

"Towards the end of 1844, the Rinderpest, which had prevailed among the cattle in Galicia, passed through Moravia, and made its appearance in Bohemia, in the circle of Königgrätz. The malady had already made some progress in the district, when M. Verner, chief of the Veterinary Department of Bohemia, was sent from Prague by the government to inquire into the precise nature of the affection. This gentleman, who had had many opportunities of seeing the Rinderpest, had no difficulty in recognising this disease in the malady in question; and, with a view to arrest its further progress, he recommended to the superior authorities the adoption of those measures which experience had shown to be best calculated not only for this, but to cause its quick extermination; namely, to slaughter the sick animals, isolate those which had been exposed to the contagion, and establish a *cordon* around the infected places. These measures were put in force at once, and soon had the effect of arresting the further progress of the malady, when some young physicians," (disciples of the pythogenic school, I fear) "who had had an opportunity of making, for their instruction, some *post mortem* examinations of the cattle, thought that they recognised in the affection an analogy to that of the *typhus abdominalis* of man. They, therefore, communicated their opinion to some members of the faculty of medicine at Prague, who, after mak-

* From the length of time during which the epizootic lasted, it will, no doubt, be objected, that its extinction was rather due to natural causes than to the preventive measures adopted. That such causes may have had something to do with the decline of the pest, seems probable enough; but that they were powerfully seconded by the steps taken for the direct extinction of the morbid poison, whenever and wherever it cropped up, is absolutely sure. That alone these causes would not have sufficed, seems equally so. There is no instance on record, in fact, in which this terrible disease, once introduced into a country, has died a natural death. That the measures enforced by Government did not shut up the epizootic sooner, is to be explained, partly, by the difficulties attending their application; and partly, by the fact that the disease had already made a great head before they were adopted.

* I have made a pretty careful study of the history of past epizootics in this country, as far as the local resources of a provincial town will allow me; but although in Matthew Paris and in other works relating to the Middle Ages, there is mention made of many fatal murrains among English cattle, I can find no account which at all corresponds with the present malady. We may be pretty sure from the way in which it thrives here, that, had it once been imported, it would not have died out again.

ing several autopsies, came to the same conclusion. A report was accordingly sent to the government, setting forth that the malady was not contagious, that it could rise spontaneously amongst the horned cattle of the country by other influences than those of contagion, and that the means which the government had adopted were not only useless but vexatious. As the faculty had great authority in all sanitary matters, the government, although it did not entirely remove the restrictive measures, still did not enforce them with its usual rigour; the result of which was that in a few weeks the malady had extended into several other circles of the kingdom, committing such dreadful ravages, that the Austrian government took alarm, and forthwith sent M. Eckel, Director of the Imperial Veterinary Institute, into Bohemia. He at once found that it was the Rinderpest, and recommended the rigorous enforcement of the former measures, the result of which was that in six weeks or two months afterwards the malady had entirely disappeared in the kingdom of Bohemia."*

With this narrative I bring the evidence to a close. Precise in character, admitting nowhere of more than one interpretation, sure in all its steps, and bound together by strict logical connexion, this evidence places the following propositions on unassailable ground.

1. Cattle-plague is a contagious and eruptive fever peculiar to the cattle tribe, in which the eruption, instead of occurring on the skin, as in small-pox, occurs on the internal surfaces of the alimentary canal and air-passages, nostrils included.†

2. The poisonous germs thrown off by the eruption are cast out of the body in the discharges from these surfaces, which thus become the chief means of propagating the disorder. In Russia, the plague is often actually inoculated by virus from this source.

3. The specific poison which causes cattle-plague is, like the poison of small-pox, the product of the disease itself; and the living body of the animal affected with it is the only known medium in which it is bred.

4. (A proposition which is merely a corollary of the last). Cattle-plague, like syphilis, like human small-pox and sheep's small-pox, and, I may add, like the living organisms which people the earth, having first come into being under conditions of which we know nothing, is never known to spring up spontaneously now, but is self-propagated only.

To be successful, all attempts at prevention must be based on these principles. It is from want of clear apprehension of some among them, that certain foreign governments, in spite of an otherwise very stringent preventive code, have often failed to stay the pest. It will be from want of applying these principles sufficiently early, or with sufficient vigilance to meet every incident of the case, that we, in England, shall fail now, if fail we do.

To succeed, three things only are necessary; but they are all three vital:

1. To destroy the further manufacture of the poison by the instant slaughter of infected cattle.
2. To get rid of all poison cast off by them.
3. To prevent the reimportation of the pest.

All three, but the second especially, are things which require great knowledge and still greater vigilance—qualities which are only too likely often to be in default in this emergency. The first needs, in addition, a loyalty to high principle in the execution of measures seemingly adverse to the money interests of the hour, which, I fear, is likely to be often wanting in the farming class. Could all this be accomplished, cattle-plague in England would be no more. Let us strive to go as near it as we can.

So far as to cattle-plague itself. Now for the application of these principles to other contagious diseases, and especially to our own case.

If it be true that the specific poison of cattle-plague is only bred in the body of the ox already infected with it, the fact is one which, I need scarcely say, carries us very far.

We have already seen that this fever of the ox is a perfect type of all the other contagious fevers, human as well as epizootic. From this it inevitably follows, as I pointed out at first, that the same law of propagation must apply to these also. The very characteristics which unite them all into one family group constitute, in fact, the most telling part of the evidence on which the law here referred to is based. And herein, if I mistake not, we shall find the chief answer to the question which Dr. Tindal Robertson brought before us this morning—the question, namely, why sanitary measures are not always followed by a reduction of mortality. It is because in these measures, as hitherto conceived and executed, this law has until lately been almost wholly ignored. While it is to the living body that we must look as the exclusive source of the morbific agents against whose attack sanitary works were first principally instituted, the sanitarian for a long time sought their source, not in the living body at all, but in conditions altogether external to it. Practically, under this *regime*, sanitary improvement simply meant improved drainage and pure drinking-water. I need not say that I have no desire to underrate the importance of these two cardinal things. On the contrary, no one can think more highly of them than I do. As conditions of health, they are primary and fundamental. They admit neither of equivalent nor substitute. One result they have of a more special kind. As typhoid fever, Asiatic cholera, and some other very fatal diseases, are propagated by specific germs which are cast into drains and often soak into drinking-water, improved drainage, and drinking water secure against this sort of contamination, are among the best safeguards against these scourges. But, if we wish to make sure of preventing their spread, clearly the most direct and effectual way is to destroy these germs immediately on their issue from the body. Under the present conditions of human life in this and other countries, this is our only certain security.

Holding these views, it was no common gratification to me to find that the plan for preventing the spread of typhoid fever and Asiatic cholera by destroying the infectious properties of their characteristic discharges—a plan which I was the first to propose so many years ago—had been incorporated into the excellent code for the prevention of these diseases which was issued by the Privy Council in 1859, and has lately again been made public.

If the views put forward in this essay be in conformity with Nature, the same principle—the principle of destroying, or in other ways rendering of none effect, the specific germs they breed and cast off, each in its own mode—must be applied to all the other contagions also. Until this be done, as I have often said before, and can never weary in repeating, we shall make small way in the great work of prevention. When it is universally done, and when general sanitary improvement goes hand in hand with it, our preventive armour will be complete. And I will venture to prophesy that, whenever this great consummation is reached, we shall no longer have reason to discuss the question why sanitary measures are not always followed by a reduction of mortality.

* Report on Cattle Plague, by Professor Simonds, pp. 55-6.

† By the word "contagious", wherever used in this essay, I simply mean "communicable", whatever the medium, direct or indirect, through which the poison may pass from the infected to the uninfected.

But if the conclusions drawn from the study of the typhoid fever of the ox apply to contagious fevers generally, I need scarcely say that they apply with peculiar emphasis, and in still more specific detail, to the typhoid fever of man. Each having a period of incubation; each being a contagious fever; each destroying the living organism by multiplying within it; each occurring, as a rule, but once in life; each, as far as present evidence goes, confined to the species it is known to infest; each characterised by an internal eruption, not only the exact pathological equivalent the one of the other, but so nearly like as to admit of being confounded by distinguished anatomists—the law of the one fever is clearly, and beyond the possibility of doubt, the law of the other. For these points which the two diseases have in common are not superficial things, but points which touch and grow out of their very essence. To be able to say all this of these two fevers, is to say, in other words, that the specific agents which are their material cause, are things of the same nature, having the same law of specific origin, growth, and evolution, with all the same specific limitations.

Some years ago, in a series of papers published in the *Lancet* and in the British Medical Journal, I endeavoured to show that the follicular disease of human typhoid fever is the pathological counterpart of the eruption of small-pox. In the typhoid fever of the ox, this doctrine receives, in the inoculability of the morbid product, absolute demonstration. In the same series of papers, I showed that the popular notion, that typhoid fever springs up spontaneously, has no scientific foundation. In the case before us, this notion is not only proved to be untenable, but to be wanting in even a plausible pretext to sustain it. I further showed, on the same occasion, that the common idea, that human typhoid fever is caused by the putrescence of healthy fæces, is founded on a limited and false induction. In the case of the bovine analogue, such an idea is seen at once to be nothing less than preposterous.

And here I draw this already too long essay to a close. Although originally written with an eye to human disease only, the course of events has given it a two-fold interest. Intended to illustrate the mode of propagation and prevention of the typhoid fever of man, it may be employed in the same degree to illustrate that of the typhoid fever of the ox. Of the two, the latter is likely for the moment most to absorb the public mind. Seeing the magnitude of the interests at stake in the great calamity by which we are threatened, this is not to be wondered at.

It would task a powerful intellect to comprehend at a single glance all their variety and importance. Born and brought up in the country, and having conceived in early life a deep love for farming—that living partnership with nature, in which man and nature work so mysteriously together for the better endowment of life, and "the relief of man's estate," I cannot venture to hope that you will share all my sentiments on the subject. And, indeed, I feel that I am quite taking you into my inner confidence, when I say, that my chief delight in journeying hither was to watch the numerous herds of cattle which, grazing peacefully in the green meadows, or lying in the sun, chewing the cud, were the very image of placid animal enjoyment. Beautiful pictures, at once the pride and vindication of the English farmer, and far more lovely than any which ever came from the brush of Cuyp or Paul Potter, Ansdell or Cooper, were the laborious ox, strong in the plough, a great helpmate to us; the heifer, with udder rich in milk, butter, and cheese, the gentle foster-mother of the English child. But it is not in a rapid journey by rail that it is possible to form an estimate of the amount and variety of our national wealth in this noble race of animals.

Those who are doomed to live in towns—may obtain some notion of it by looking over the *English Herd-Book*, the "*Burke's Peerage*" of horned cattle. The long pedigrees, illustrated by portraits of prize oxen, after the manner of "*Lodge's Portraits of Illustrious Persons*", will give some idea of the care and expense, and profound sagacity invested in the production of these fine creatures.

For myself, I never can forget the impression made on my own mind, some twenty years ago, when the Royal Agricultural Society met at Bristol, on seeing a long procession of stately short-horns pass in single file into the show yard; the Aristocracy of bullocks: types of ideal perfection, conceived more than a thousand years ago in the fancy of the sculptor and the poet, but now first seen in the flesh: bulls fit to personate Jupiter, and bear away Europa captive; milk-white heifers, in whose lustrous, placid eye, and lovely form and mien, Io might seem to live once more. And although this may be thought to be too Arcadian a view for so prosaic and severe a thing as a scientific essay, I am sure it is a view which Colonel Townley, one of the greatest of modern artists in modeling this beautiful living clay, will entirely appreciate, should this deadly pest attack his herd. But even if we descend from these Parnassian heights to the level of the market, we find ourselves still on touching ground.

For although the matter here be ostensibly one of mere buying and selling, it strikes, in the act, the tender chord of human want and human suffering. Beef, butter, and cheese at famine price; the arm of the English workman robbed of one of its main sources of strength; the English child languishing for want of its accustomed milk. And this, be it remembered, is not a picture drawn merely from the imagination, but one that was seen in all its bitter reality in a thousand homes when the plague was last here.

I confess that feelings of no common bitterness come over me, when I think of the havoc that may possibly be made of all these great things by an agent which is not only so low in the scale of being that the toadstool may be said to rank high in comparison, but whose advent to our shores might have been altogether prevented by precautions which science could have suggested.

But these, as I have said before, were not the objects with which I undertook to write this little essay. What first induced me to bring the subject of cattle-plague under your notice, was the brilliant light which the demonstrable laws of this disease throw on the laws which govern the analogous diseases of our own species. Viewed in this relation, this fever of the Siberian ox acquires an interest which, without exaggeration, may be said to be august. If physicians will only take the pains to draw from its history, and will lay to heart, all the deep lessons it is capable of teaching, these poor Siberian cattle will not have perished in vain, but, out of their bones which whiten the Steppe yonder, weapons of defence may be fashioned which, in future time, will often guard our own homes from the fatal stroke of many an invisible power, whose attack no other weapons will suffice to avert.

Medical Evidence. In the Ashburton poisoning case, Mr. Justice Keating said it appeared to him that all the medical men had given their evidence in a way that was highly creditable to them. He saw no pretext for placing blame on one side more than on the other. He thought it a case proper for investigation.

Original Communications.

ON THE LIABILITIES OF CRIMINAL LUNATICS.

By Thomas Mayo, M.D., F.R.S.

In an article in the Journal of July 29th (pages 95 and 96), on the Hanging of Criminal Lunatics, two antagonistic paragraphs occur, which I proceed to quote, and shall then venture to make some remarks upon them.

"The proposition that every lunatic is irresponsible for his acts, is most clearly not law. In order that a man may be irresponsible for his acts, he must labour under such a defect of the mental powers (or to put it in one word, under such delusions), as *either* not to know the nature of the act he does; *or*, not to know that it is wrong."

"You consider that lunatics who know they are committing a crime when they commit murder, ought to be hanged. I do not. You consider that a man who may properly be made a lunatic, as regards the custody of his person and the management of his estate, may still be considered sane and liable to the penalties of criminal law. I do not. You consider that a man who has an irresistible impulse to kill (for example) his own son, who is horrified at the thought of his being the victim of such an impulse, and who seeks the restraint of a mad-house in order to prevent his carrying out the impulse, ought to be hanged if he does manage to commit murder. I do not. You consider (though, if you were a married man and your wife were the victim, I think your logic would hardly hold you good) that a mother seized after childbirth with temporary mania, marked mainly by an irresistible impulse to kill herself or her innocent infant, should be hanged if she effected the deed. I do not."

The first of these paragraphs I believe to be a sound one—that is to say, I think it ought to guide the verdict of the jury.

The second paragraph, forming part of an avowed reply to the first, I believe to be unsound; but only so far unsound as the powerful reasoning which it contains is inapplicable to that stage of the case in which it is applied by the writer.

In a case in which these questions arise apparently and reasonably modifying the ultimate result to the criminal, they required an ulterior and strictly judicial decision—not one arrived at by a probably incompetent jury under the influence of advocates; I say incompetent, because I do not consider that adequate enlightenment can be expected of the jury on questions so refined and so esoteric as these. The depositions taken in the course of the trial, the summing up of the judge, the medical opinions, and possibly the argument of counsel, would enable the Lords Justices (supposing that tribunal chosen) to determine the all important question, whether the impulse to kill ought, in the case before them, to be considered irresistible. To leave this question in the hands of the Home Secretary, as is the case at present, involves an absurdity on which it is unnecessary to dilate. To leave it in the hands of medical experts, is to subject it to the intense though honest differences of opinion entertained on the subject by our profession.

One additional remark I will venture to make. There are criminal cases of this kind in which the result to the criminal ought to be penal, though the sympathies of mankind would justly revolt at its being capital. I have seen such cases admirably determined in French courts (see Reports of M. Georget). At present, in this country, the infliction of confinement during her Majesty's pleasure on criminal lunatics, is not preventive of crime, from wanting the name and attributes of punishment.

UTERINE HYDATIDS IN FOUR SUCCESSIVE GESTATIONS.

By Ashby G. Osborn, M.R.C.S., Dover.

Under the head of "Uterine Hydatids in Three Successive Gestations", this case appeared at page 390 of the second volume of this Journal for 1864; and I now continue the history to the end of the patient's fourth hydatid gestation.

She gradually regained her strength last summer; and the menses returned with regularity in the autumn and winter. The catamenial period for Feb. 25th, 1865, was missed; and shortly afterwards morning sickness commenced, increasing till it continued all day and all night; and by April, the vomit was grumous. A magnesian mixture, with nitric ether and an aperient, relieved all this distress.

In the night of April 21st, some liquor amnii escaped, and flooding came on, continuing with uterine pains for an hour. A trifling loss, just sufficient to stain her linen, returned every other day, and then every day towards evening. This lasted a month; when, at about the usual hour on May 20th, it became more profuse, and was attended with labour-pains. Considerable loss occurred; and she became very faint at 9.30 P.M., on the removal of a few vaginal clots. The os uteri was then of about the size of a florin, and very firm; within it, I could feel the ragged hydatid growth, and could tear away a few vesicles, which convinced me that the disease had recurred, as, indeed, we had suspected, from the violent gastric irritation following the cessation of the menses as on former occasions, the loss of the liquor amnii, and recurring hæmorrhage.

As any attempt to insert the fingers within the os to extract the hydatid mass gave her great pain, and I did not expect any more hæmorrhage now that the uterus was contracting strongly, I simply applied cold wetted napkins, kept her head flat on the mattress, and waited the effect of Nature's efforts. These, in a couple of hours, were sufficient to separate and expel the diseased mass, and a large portion of, if not all, the decidua. It filled a pint pudding-basin; and the hydatids themselves were much smaller, and the whole texture more flocculent, than these growths generally are, or than my patient's had been on previous occasions. There was not a trace of an embryo.

There was scarcely any loss after the uterus had begun to contract, and none after delivery; and, on the whole, she suffered less and lost less than she ever did, which I impute to the uterine contractions being regular and continued; thus rendering unnecessary the insertion of the hand into the uterus, which gives such terrible pain during the early months of gestation, when the organ has not been much dilated and is scarcely dilatable.

The peculiarities of the case are—

1. Its occurrence in a healthy young primipara; hydatid degeneration of the chorion appearing, I think, more frequently in the debilitated and multiparæ than in the young and strong.

2. The singularly defective power of this woman's uterine vessels to support an ovum in health; for the cause is certainly in her case maternal, as she has four times been pregnant, twice by her husband, and twice before marriage by another young man.

3. The excessive gastric disturbance on each occasion.

4. The smallness of the cysts this time. Does this show a diminishing tendency to dropsy of the chorion; and will this dropsical tendency in time cease, and enable her to bear a child?

If any of the readers of the JOURNAL have met with a similar case of repeated hydatid gestation, I should feel obliged if they would state so in the JOURNAL, even though they may not be able to give many particulars.

Transactions of Branches.

NORTHERN BRANCH.

CASE OF ADDISON'S DISEASE.

By DENNIS EMBLETON, M.D., Physician to the Infirmary, Newcastle-on-Tyne.

[*Read at the Annual Meeting, June* 28, 1865.]

CHARLES LENDFOLS, aged 33, married, seaman, of Abo, Sweden, was admitted into the Newcastle Infirmary, June 9th, 1865. He is about five feet eight inches high, of stoutish build, with light brown hair, and small grey eyes; rather weak voice; of average intelligence, and speaks English well.

At the age of 17 years, he had, whilst in the Baltic, an attack of ague for four weeks; before and after which he was in good health. At 19 years, being at Rio Janeiro, he had a mild attack of yellow fever, from which, in a month, he quite recovered; and was well up to last spring, when he had a catarrh, attended by no cough, but by a little pain of the head. About this time, he voided about forty feet of tapeworm; and first observed a change of colour in his skin, from light to dark; but he did not suffer the slightest uneasiness or inconvenience, and was quite able to do his work.

He was at Shields in December last, and sailed on the 28th for Constantinople, healthy (as he thought), but observing an increasing coloration of the skin. When at sea, he got wet, and had another attack of catarrh; this time with troublesome cough. He arrived at Constantinople in February, and remained there in hospital six weeks. He still had his cold there; and first experienced a severe pain at the epigastrium, but had no vomiting. He worked his passage back to Shields. The pain became worse; he turned weak and languid, lost his appetite, and suffered from vomitings. Any attempt to eat food was attended with severe pain; he felt easiest when the stomach was empty. He remained six days at the Sailors' Home before coming to the Newcastle Infirmary.

His mother, who had always been healthy until two years before her death, died (he thinks) of some chest-disease. His father lives, and has always been a strong and healthy man. He has two sisters; one older, the other younger, than himself. The elder had tænia at the age of 20, when her health was deranged; after getting rid of the worm, it was restored. The younger has always been healthy. This is all that can be obtained of personal and family history.

On admission, his skin, which, eighteen months ago, he said, was fair, was remarkable for its dark mulatto colour, which was most conspicuous on his hands, face, and neck—the parts most exposed—and on the chest and abdomen. The nipples and their areolæ were as dark as in a dark-skinned woman at the end of pregnancy. There was no increase of colour about the navel. The genitalia were rather darker than the rest of the skin; the thighs lighter. The skin, on the whole, was rather hot and dry. His muscles were rather flabby; but he did not appear much emaciated, though he stated himself to be thinner by a good deal than he was eighteen months ago. He was languid, weak, and consequently disinclined to exertion of any kind, even of talking. He presented no other perceptible affection of the nervous and muscular systems.

His chest was well formed, giving no dulness on percussion; and respiration was free and regular. The action of the heart was regular, and the sounds were quite normal; the impulse of the ventricular contraction was weak; and the pulse was especially feeble, small, and short—about 80 in the minute when he was sitting quietly, but, as soon as he stood up, rose immediately to 100-104. The extremities were cold from deficient or weak circulation. His tongue was clean. The mucous membrane of the lips, velum, fauces, and pharynx, was irregularly mottled with groups of dark pigment grains.

There was no abdominal tenderness, except over the epigastrium, and there it was not severe. There was no perceptible enlargement of the liver or other organs; no tenderness nor pain over the region of the kidneys and suprarenal bodies. He had no constant pain anywhere.

His appetite was bad, and he vomited and had pain after almost everything he took, whether fluid or solid; and the pain, accompanied with short breathing, was aggravated by his moving himself about; the whole being accompanied and followed by great exhaustion.

The urine was voided freely and easily, in usual quantity; of pale straw colour, rather muddy; of specific gravity 1010; reaction acid. The usual tests for albumen produced no change, and those for sugar gave the same negative result. Urea and the earthy phosphates were deficient.

On June 26th, the blood was examined under the microscope. It was difficult to obtain a specimen from the hand, which was cold and exsanguine. An unusual scarcity of the white cells was remarked. The red discs appeared plentiful, and here and there arranged themselves in a little time in *rouleaux*, which coming variously into contact adhered to each other and formed the usual network. At the edges of the little masses of blood on the slide, numerous discs were seen apart, many of which were reniform, pyriform, and of other irregular shapes, as if broken or worn down; many of unusually small size, though circular, were observed; of white cells, scarce one in a field could be seen.

Treatment. The patient had two fluid-drachms of oil of male-fern, followed in a few hours by a dose of turpentine and castor oil, soon after his admission, as his symptoms were vaguely those of intestinal irritation, and he stated that the head of the tapeworm had never come away. The medicines operated very freely, but no worm was voided. Castor oil was given afterwards to keep the bowels free; but the pain and shortness of breath were not abated.

June 19th. The pain in the epigastrium was a little better. The tongue was good; breathing improved; appetite poor; bowels regular.

June 21st. There were more dyspnœa and pain, which appeared constant. No worm was passed. The bowels were open. He lay in bed. He was ordered to take compound iron mixture with decoction of aloes (half an ounce of each) twice a day; and anodyne drops at bed-time.

June 26th. He was improving and sitting up. His

appetite was better. The epigastric pain had abated; and he felt stronger.

℞ Quiniæ et ferri citr. ʒss; aquæ ʒviiss; acid. sulph. dil. ʒss; strychniæ gr. ¼. M. Capiat ʒj bis die.

Note after the Meeting on June 28th.

June 29th. The pain is gone, and the vomiting has ceased. He breathes better, and feels stronger; but the skin remains as at first. He is thinner, and his muscles are more soft and flabby, than when he entered the hospital twenty days ago.* At his own request, he is to-day discharged.

The case is submitted to the inspection of the members of the Northern Branch of the British Medical Association, as a specimen of a somewhat rare disease.

The symptoms and signs quite agree with those first pointed out by the late Dr. Addison—a Newcastle man—Senior Physician to Guy's Hospital. We have the general languor and depression of the whole nervous system, the flabbiness of the muscles, the weak but excitable heart, the feeble and small pulse, the dyspnœa on slight exertion, the epigastric tenderness and pain, with nausea and vomiting after food, and the mulatto bronzing of the skin coming on gradually with the increasing weakness.

From such history as could be gathered from the patient, he having been little at home since he went to sea at 17 years of age, no hereditary tendency to cancer, scrofula, or other specific disease, can be inferred.

Whether his tapeworm may have brought on his disease, or whether this is idiopathic, it is difficult to say. His ague and yellow fever attacks, having occurred respectively sixteen and fourteen years ago, may perhaps be left out of consideration as causes; since for fourteen years the man has apparently enjoyed good health.

He is weak and anæmic, but not leucæmic. The white cells of his blood are deficient, not redundant, in number; and his debility appears to depend upon an altered and depraved state of the red discs, such as may be seen to a much greater extent in cases of debility and anæmia from chronic disease of the kidney or chlorosis.

It is unfortunate that no more time is allowed for the observation of the case.

* The preceding report is from notes taken by Mr. J. Parkinson, Clinical Clerk.

Casualties at Wimbledon. Mr. Wyatt, Surgeon-Major of the Coldstream Guards, gives the following details of the medical and surgical occurrences which have taken place at Wimbledon camp. The total number of volunteer troops camped on the ground averaged daily 680. The greatest number camped on any one night was upwards of 1,066. The total number of regular troops stationed here were 539. There were also 221 police. The number of competitors daily firing cannot have been less than 3,000. The number of casualties admitted into hospital on account of gunshot injuries were six, of which three occurred at the review on July 22nd. The volunteers and regular troops requiring medical treatment during the entire period were 107, less than a daily average of 2 per cent. Of gunshot accidents, the most severe were the cases of Sergeant Cousins, who shot himself through the great toe, requiring subsequent amputation; and Private Walton, who was shot in the back of the thigh by the accidental discharge of the rifle of the rear rank man. The total nominal return of diseases and accidents treated was 107: in hospital 17; in camp 90.

British Medical Journal.

SATURDAY, AUGUST 19th, 1865.

RUDDOCK *v.* LOWE.

It is not often counsel avow in open court that they are ashamed of the business they have in hand. We may, therefore, assume that the case of Lowe was really very bad, when Serjeant Ballantine felt it necessary to apologise for dirting his fingers in holding a brief in its defence. Lowe, as all the world by this time knows, is the owner of the "Strand Anatomical Museum", which his counsel calls "a nuisance". Of the owner of the nuisance, and of his practices, the serjeant says:

"Whether the defendant was living reputably, and carrying on a reputable trade, was perfectly immaterial. Except for the obligation cast upon him by professional duty, he would not be a party to defend a man who had resorted to the publication of such pamphlets as those which had been referred to, in order to obtain patients. Such practices were most mischievous and injurious; he denounced and discountenanced them in the strongest terms. They admitted of no palliation; and he agreed with all that had been said upon that point. He quite admitted the evil of such an establishment as that kept by the defendant. 'I,' said the learned serjeant emphatically, 'say nothing whatever in defence of the means adopted by the defendant to carry on his business. Such means are, I consider, disgraceful; and I should be ashamed of myself if I said a syllable in their favour. I feel bound to go further, and to declare that such means of carrying on such a business are a disgrace and a scandal to the metropolis; and that it is most desirable that the proceedings of such persons should be put a stop to, if they can be, by any means which are just, proper, and fair.'"

The character of the owner of this "nuisance"—of this client tabooed by his counsel—may be best gleaned from his own evidence.

The defendant admitted that he was not a regular practitioner; and that he had connected himself with Abercrombie as a "protection", Abercrombie being, he said, a registered member of the Royal College of Surgeons. In cross-examination, it was elicited that he had, since the age of 16 or 18, been connected with the turf. He had not qualified in this country as a medical practitioner; but he said he had a diploma from the "Reformed Medical Society of America", for which he was examined and paid two guineas. He had practised in Glasgow for some years in the cure of these disorders; and had issued there, as here, little books of the character described. Copies of two books put forth from the Strand Museum—one under his own name, and the other in the name of Abercrombie, were put into his hands, and passages therefrom were read to him, and he was challenged, amid roars of laughter, to verify them upon oath. He admitted that as many as three-quarters of a million of copies had been issued. He declared that the letters put forth, purporting to have been received from patients, had been so received; but he admitted that some addressed to himself had been published as addressed to Abercrombie.

He was challenged particularly with this passage in his book—"I seek my remedies in far off climes; some in the distant prairie; some in the ever-blooming balsam; in the western climes, where eternal summer reigns"; and, amid roars of laughter, he was asked to state what remedies he got from the far off climes or the distant prairie, and, after much pressure, admitted that he could not state any, though he had been, he said, abroad—in America.

Now, this member of the Reformed Medical Society of America, requiring a "protector" in the way of practice, hires a regular registered practitioner. Casting about, he finds ready to his hand one Abercrombie.

"He made arrangements with a person named Abercrombie, a registered member of the College of Surgeons, that he should attend patients. Mr. Abercrombie was a friend of his, and was sitting by him yesterday in court. He had not seen him that morning; and they did not part upon friendly terms, for he told him he should not come down to Croydon the next morning, as he was afraid of his name getting into the papers. When witness first knew him, he was acting as 'protector' to another quack doctor. Mr. Abercrombie was not engaged as his 'protector'. He was his paid servant; at least, he paid himself out of the moneys he received."

We have heard of druggists keeping "prescribing doctors"; but we believe it is quite a novel thing to find a registered member of the medical profession assisting in the furthering and carrying on of these disreputable nuisances. Even he, it appears, was not without a sense of the degradation entailed upon him by the connection; and was afraid, through fear of exposure, to appear in court at Croydon to defend his doings in the Strand. We trust, however, that his conduct may not escape the inquiry of the Medical Council. It would be, indeed, a scandal to the profession, and to the Medical Council, if men like Lowe could manage successfully to perpetrate their Strand Museum practices on the public through the aid of a qualified and registered Abercrombie.

Every one will, indeed, cordially second the words of Serjeant Ballantine.

"Perhaps that person (Abercrombie) might fancy that, by skulking out of court in this way, he might escape the consequences of his conduct in connecting himself with such practices and such an institution. But he hoped that in this Abercrombie would prove quite mistaken, and that proper inquiries might be made by those to whom the care of the profession was intrusted, which might lead to the exclusion from its ranks of a person who could lend himself to the purposes of such an establishment as this."

The position of this registered gentleman in the social scale of doctors is still further defined by a note in the *Daily Telegraph*, from "A. J. Coffin, M.D.", who indignantly repudiates the notion of being protected by Abercrombie. Abercrombie, says "A. J. Coffin, M.D.", was my "paid servant".

"In reference to the statement of Lowe, in the trial of Ruddock *v.* Lowe, the defendant said that 'when he first knew Abercrombie he was acting as protector to Dr. Coffin, another quack in a legal point of view.' I beg to state that this statement is false in every particular, as Abercrombie was my paid servant, and that, under the present laws of England, I do not require any protection but the law.—I am, sir, yours, etc., A. J. Coffin, M.D."

As a fitting sequel to this case, counsel appeared in court a few days later, and stated that,

"Immediately after the verdict, the museum was closed, and bills had been posted outside notifying that all the effects of the defendant were to be sold. Advertisements to the same effect had been published in the newspapers; and he had, therefore, to apply to his lordship to grant immediate execution against the defendant. The learned judge upon this ordered execution to issue on Thursday next."

Happy as the conclusion of this particular case may have been, there is nothing, unfortunately, in the trial, which in any way shows that the law has power to screen the public against practices of this kind, but rather the contrary. The case, from beginning to end, simply hinged upon the question, whether or no the plaintiff was ill-treated; and, in fact, could just as well have been brought against a registered or qualified practitioner of medicine. There is nothing to prevent another Mr. Lowe from starting again in the same line of business to-morrow, and nothing to prevent him from hiring another "protector", in the shape of a Mr. Abercrombie, to do his respectable work for him. Indeed, the "protector" is not necessary. The only use of the registered "protector" is, that there may be on the premises some one who can legally call himself surgeon or physician, and who can legally sue for medical debts, and so throw an air of respectability and genuineness over the concern. There is in truth nothing, as the law now stands, to prevent any man in the country from practising medicine or surgery. Every one who does so practise, whether he be a registered practitioner or an ignorant scoundrel, stands in the eye of the law on an equal footing. Both are equally, and only equally, liable for malpraxis. The only difference *in fact* is, that the law usually rather excuses or protects the quack, and punishes severely the regular doctor, in cases of malpraxis.

The very same fact is illustrated in the case of Jones *v.* Fay, lately tried at Croydon.

"The action was brought by a house-painter against a druggist, for unskilful or careless medical treatment, whereby the patient had, as he alleged, been brought near the grave. The appearance of the plaintiff in the witness-box justified the eloquent appeal which was made by his counsel for redress; and, indeed, the trial would have had an excellent dramatic effect but for the unfortunate circumstance that it had been sworn that, if the trial were put off to November, there was danger of the plaintiff getting well before he could have an opportunity of exhibiting his pitiable condition to a jury.* According to medical testimony, the plaintiff's illness had been caused by salivation produced by mercury, upon which bronchitis had supervened. It was charged against the defendant, that he had given this mer-

* The poor fellow actually died within twenty-four hours after the trial.

cury improperly in treating the plaintiff for what was called painter's colic. The plaintiff answered by denying that he had given mercury to the plaintiff, and describing an entirely different course of treatment as having been adopted by him. His own oath was supported by those of his assistant and other witnesses; but the jury would probably have been more easily persuaded to believe that mercury had not been given, if an attempt had not been made at the same time to show that, if it had been given, it would have been suitable, according to old-fashioned authorities, for painter's colic. A further difficulty in the defendant's case was that, if no mercury had been given, it was necessary to account in some other way for the symptoms which had been exhibited by the plaintiff; and, accordingly, an attempt was made to show that the effects of mercury were ordinarily produced in painters by handling the materials of their trade. It was said that mercury might be taken into the system by the pores of the skin, and by the breath, as well as by the stomach; and that the two former methods were as effectual as the latter. The constant use of red lead and vermilion, it was alleged, caused painters to be often ill, and to die while yet in middle life. On the other hand, it was said that the dangers of the painter's trade had been exaggerated. To breathe air impregnated with mercury was not nearly so injurious as to sit all day in the vitiated atmosphere of courts of justice; and yet there were barristers who, after many years practice, had not died, and did not mean to die, by any such means. The jury gave the plaintiff £100 damages."

In this case, Mr. Baron Pigott struck out the words "as a surgeon and apothecary" in the declaration. They were, he said, quite immaterial; for the substance of the case was, whether the defendant had, in fact, properly treated and attended the defendant for his disorder. The only point to be considered was, whether or no the druggist had, by his ignorance or carelessness, injured the plaintiff. There was no question at all as to his right to practise on the fifty or sixty patients who, we were told, daily sought advice in his shop.

THE VIENNA UNIVERSITY JUBILEE.

The Jubilee was neither began, carried out, nor concluded, to the taste of the liberal German medical and other journals.

"This shame might have been spared thee; hide thy head, my *Alma Mater!*" says the *Wiener Medizinische Wochenschrift* as its peroration over the University Jubilee. The journal is outraged that Virchow and others of his class should not have been included among those to whom honorary distinctions were awarded. Virchow, Gneist, and Waldeck, are "stars of the first magnitude" in the German firmament. The University, which has to deal with philosophy alone, has descended into the field of political passions. As philosophers, and as writers, those men have never given offence; they belong not to that class of materialists whom Rector Hyrtl, in his inaugural address, stigmatised as revolutionists, murderers, and Heaven knows what besides. What honour can any physician gain from an University which declares Virchow to be unworthy of belonging to it? Virchow has been excluded, we suppose, in deference to Herr von Bismark. Never did we believe, that this jubilee would have so wretched an end. The only real jubilee is one for the enemies of Austria.

"On August 3rd, ended the University of Vienna Jubilee. It began without a show of sympathy, and so it ended. The hall on the second and third days was not filled; the collegiate professors were few. The Joseph Academy was altogether unrepresented. On the third day, Rector Hyrtl spoke in Latin, and as fluently and as elegantly as in German. The clerical colouring of his discourse came strongly out in Latin. His praise of the theological faculty was beyond words. At the conclusion of the sitting, he was unexpectedly presented with the Crown Order of Prussia of the second class. Was this his reward for excluding Virchow, Gneist, and Waldeck, from the list of honorary members?"

Rector Hyrtl, in giving the name of Professor Carl Ludwig as Honorary Doctor of Philosophy, announced him simply "as a clever dissector of living animals"—*animalium vivorum dissector.*

"The whole festival was more like an ovation of Rector Hyrtl than of the University. It is asserted, that Hofrath Hyrtl has his eye upon the portfolio of the Minister of Instruction, and is, therefore, playing into the hands of the clerical party. We hope he will have his wishes satisfied; but we doubt it; for we estimate the wisdom of his Eminence Cardinal Rauscher higher than the cunning of Rector Hyrtl. His Eminence the Cardinal sees through his Magnificence the Rector!"

The following are the names of those who have been made honorary members of the Medical Faculty of Vienna, on the occasion of the festival to celebrate its five hundredth anniversary; the University having been founded by Rudolph IV on March 12, 1365. E. Gräfe, R. Bunsen, Baron von Liebig, K. G. Mitscherlich, R. B. Langenbeck, A. Y. Middeldorpf, M. Pettenkofer, G. J. Henle, M. H. Romberg, H. Helmholz, M. Chelius, F. von Scanzoni, C. Donders, T. Frerichs, O. Weber, J. Purkinye, G. K. Carus, K. Reichert, T. C. Ruete, V. von Bruns, W. Baum, E. von Baer, W. Griesinger, A. Kölliker, G. Valentin, M. Huss, A. Nélaton, C. Bernard, N. Pirogoff. Not a single English medical philosopher was known to our Vienna Faculty brethren as worthy of so much honour!

What shall we say? Are the Viennese Professors utterly ignorant of the English tongue; or is there really not a man amongst us worthy of standing by the side of the worthies here mentioned? We fear that one of two things only can account for the fact—viz., gross ignorance or gross jealousy; and we believe the former is the cause—ignorance founded on a tolerable share of that vanity which has so very much of late ignored in Vienna everything which was not intensely German.

The town of Berkeley is dear to every lover of our noble profession as having been the birthplace of one who, perhaps more than any other single individual, has added to its lustre. It is with pleasure that we learn from our advertising columns of to-day that a Committee has been formed for the purpose of erecting a memorial window to Jenner in the church where he was baptised, and where he was buried. We have no doubt that the Committee will be successful in their excellent effort; indeed, we learn that a considerable sum has already been subscribed. We strongly recommend the proposal to the consideration of our readers.

A non-medical journal thus speaks of some *very striking* woodcuts which lately appeared in one of our cotemporaries. It is well for us to note how the public view these sort of things.

"We are prepared to allow great scope to the expositors of science in the language they may use and the illustrations they may employ; but when physiology is adopted as a mere mask for gross obscenity—when the engraver's art, under cover of a scientific purpose, is made to pander to the lowest and foulest tastes—we have a right to utter a protest in favour of the purity of periodical literature. We need not describe more pointedly to what we allude. We unhesitatingly say that the article referred to, with its pictorial illustrations, was not ministrative to any sound scientific result whatsoever. Everything appertaining to science contained in it could have been said in twenty lines, without a word to offend the most refined and delicate mind. But, the fact is obvious, a disgusting monstrosity was expounded with an elaboration, and illustrated with a minuteness, which appealed to lascivious curiosity much more than to a legitimate thirst after knowledge and the truth. The regret which that gross indiscretion has awakened prompts us to declare with much less reserve than we should have otherwise cherished, that the *Lancet* does not represent the moral sense or the social obligations of the medical profession."

It is surprising that some serious inquiry is not made into the character of the accidents which every week occur in the streets of the metropolis. Surely something might be done to prevent the weekly mortality which in this wise characterises our bills of mortality. Again, this week, we find that no fewer than seven fatal accidents by horses or horse-carriages were registered. A lad, aged 13 years, was run over by a cab; a labourer fell from a cart; the wheel of a cart passing over a carman; a printer's boy fell from a horse; a cabman, aged 71 years, was thrown from a cab; the widow of a chandler, aged 74 years, was run over by a dray; the daughter of a warehouseman was run over by a van. No one can walk in the streets of London without noticing constant examples of the most careless and reckless driving; and equally also the most careless and reckless exposure of themselves to danger from passing carriages by women, children, and half-witted men.

THE LATE SIR WILLIAM JACKSON HOOKER.

Sir William Jackson Hooker, Director of the Royal Gardens at Kew, whose death is lately announced, was born at Norwich in 1785, and from a very early age manifested a taste for botanical studies, which ultimately resulted in his being appointed Regius Professor of Botany at the University of Glasgow, an appointment which he subsequently resigned for the curatorship of the gardens at Kew. Sir William was a member of nearly all the learned and scientific societies on the continent and in America. He received the honour of knighthood in 1835, and the degree of D.C.L. in 1845 from the University of Oxford, on the nomination of the Duke of Wellington. He was the author of *The British Flora, Flora Borealis Americana, Icones Filicum, Genera Felicum, Musci Exotici, Flora Exotia, Musculossa Britannica*, etc., and contributed the botanical portion of the work to Admiral Beechey's account of his voyage of discovery in the Arctic region. He was a Knight of the Legion of Honour. It is to be hoped and expected that he will be succeeded in his office by his son, Dr. Joseph Hooker, who has been so long distinguished as a traveller, as a man of science, and a highly accomplished naturalist.

Sir B. Brodie's Choice of a Profession. It was determined that I should embark in some part of the medical profession. Dr. Denman had married one of my father's sisters. Dr. Baillie and Sir Richard Croft had married my first cousins. In the autumn of 1801 I was sent to London. Others have often said to me that they supposed that I must have had, from the first, a particular taste or liking for my profession. But it was no such thing; nor does my experience lead me to have any faith in those special callings to certain ways of life which some young men are supposed to have. For the most part, these are mere fancies, which are liable to give way to other fancies with as little reason as they themselves first began to exist. Such persons take the *ignotum pro magnifico*; and when they find that the *magnificum* is not equal to their expectations, they as readily fly to something else. The persons who succeed best in professions are those who, having (perhaps from some accidental circumstance) been led to embark in them, persevere in their course as a matter of duty, or because they have nothing better to do. They often feel their new pursuit to be unattractive enough in the beginning; but as they go on, and acquire knowledge, and find that they obtain some degree of credit, the case is altered; and from that time, they become every day more interested in what they are about. There is no profession to which these observations are more applicable than they are to the medical. The early studies are, in some respects, disagreeable to all, and to many repulsive. But in the practical exercise of its duties in the hospital, there is much that is of the highest interest; and the collateral sciences, to those whose position gives them the opportunity of cultivating them, offer at least as much to gratify our curiosity and excite our admiration as any other branches of knowledge, not even excepting the sublime investigations of astronomy. (*Sir B. Brodie's Autobiography.*)

THIRTY-THIRD ANNUAL MEETING
OF THE
British Medical Association.

*Held in Leamington, August 1st, 2nd, 3rd, and 4th.**

FRIDAY.

The sixth general meeting took place at Ten A.M., Dr. Jeaffreson presiding at the commencement, and Sir Charles Hastings during the latter portion of the proceedings.

REGISTRATION OF ATTENDANCE AT HOSPITALS.

The PRESIDENT wished to take the sense of the meeting on the following question:—

"Whether it be consistent for physicians or surgeons of hospitals to sign, by the order of the managing committees, a return of the time they enter on their duties each day of attendance, the time of leaving, and the amount of professional labour performed?"

It was unanimously decided:—

"That such registration is inconsistent with the position and dignity of members of the medical profession."

BIOGRAPHIES OF LIVING MEDICAL MEN.

Dr. STEWART (London) moved—

"That this meeting sees no reason to dissent from the strong and very general verdict of condemnation, which was pronounced, in 1854, on the practice of publishing the Biographies of Living Members of the Medical Profession."

He said that eleven years ago the subject excited a great deal of attention, and it was thought to have been definitely settled that the practice of publishing biographies of living members of the profession was a practice deserving of the strongest condemnation. Had the practice been revived under the same circumstances as before, he should not have troubled the Association by referring to the matter; but when it had been recommenced by a gentleman of such high character and standing as Dr. Barker of Bedford, he thought it was calculated to be prejudicial to the profession. He did not think it possible to form a correct estimate of any man until after death, because some who were thought moderately of in life had subsequently been discovered to have been great men, whilst others who had held prominent positions during life, were lost sight of altogether after death. There could be no doubt that the three distinguished members of the profession already noticed were fully worthy of the distinction; but who was to decide where the series should end, and what degree of eminence should be the line of demarcation? Some might to-day be considered worthy of the honour, who in a few years' time might forfeit all claim and title to be included amongst the eminent of the profession. In the former series, he knew that several of the medical men noticed spread their biographies over the length and breadth of the land, until it became positively sickening; and so strong was the indignation of the profession generally, that they would not tolerate it. The fact of the name of Dr. Barker being associated with the present series might induce those who would scorn to defile their fingers with the biographies previously published to regard them as something totally different; but the principle was essentially the same, whatever difference there might be in the mode of carrying it into practice. [*Hear.*] One evil would be that men would be anxious to get their biographies published, in the hope that it would assist them in their profession, and thus it would become a fulsome system of puffing.

Dr. BURNETT (Alton) seconded the motion. The practice had been generally condemned some years ago, and he did not see that it was now any the less objectionable.

Dr. BARKER (Bedford) said that, so far from the principle itself being objected to, some of the most distinguished members of the Association had consented to the series of biographies he had had the honour to commence. With respect to the individuals to be selected, he did not apprehend there would be any more objection to those hereafter published than to those whose biographies had already appeared. In preparing biographies, his object would be to faithfully record all that the subjects of them had accomplished for the profession or for science, and to avoid all kind of personal details. He hoped to make these works useful, and to render them perfectly unobjectionable. He did not believe that any gentleman whose biography would be included in the series would make any improper use of the distinction.

Mr. ZACHARIAH LAURENCE (London) thought that if the motion were put, it would be placing the members of the Association in a very invidious and disagreeable position [*No, no*]; and he suggested that no vote should be taken on the subject.

The PRESIDENT then put Dr. Stewart's motion to the meeting, when it was carried unanimously.

DISCUSSIONS IN STATE MEDICINE.

1. Dr. J. A. SYMONDS (Clifton) introduced for discussion the following subject:—"What Measures should be advocated by the Association for Securing an Improved Position to Medical Scientific Witnesses in Courts of Law?"

He began by speaking of the difficulties under which medical witnesses laboured in Courts of Law—difficulties which often neutralised their evidence. For instance, they were often called upon to give direct answers to questions put on the spur of the moment; and, in addition to that, they were required to cast aside the current language of their profession, and utter their opinions in words which did not fully convey their meaning. There were also other difficulties; and the existing practice was disadvantageous to the witness, not only on account of the incapacity of his audience to understand him, but also because he was constantly endeavouring to accommodate himself to them. The best witnesses were those who gave their evidence without any anxiety as to the impression which their statements might produce; but medical men, feeling the responsibility of their position, and the serious results depending on their words, and knowing that most of those who heard them might not comprehend them, naturally felt very solicitous to express themselves in such a way that they might be understood; and, in consequence of that, the value of their evidence was frequently much deteriorated. Dr. Symonds also mentioned that medical men were very much underpaid for the scientific evidence they were called upon to give. The great question to consider then was, whether some amendment in the mode of obtaining medical evidence could not be obtained? In his opinion, that amendment might be obtained; and he believed that the Association might be instrumental in inaugurating certain reforms. As a remedy for these inconveniences, he thought that regularly qualified practitioners should be established by the Government, and placed where medical men could consult them in cases of great difficulty, and some-

* Concluded from p. 167 of last week's JOURNAL.

times delegate to them certain extra duties. Medical men were called upon occasionally to give certificates of insanity, and those certificates might be the means of bringing them into courts of law in the character of defendants. It should be borne in mind, that in giving those certificates, they have often conferred a benefit on the family of the insane man by separating him from them; and also on himself by removing him to a place of safety; and, in the third place, on society, by taking away a person dangerous to life and property. In granting these certificates, medical men ought to have the support of officers appointed by Government; and he thought they ought to be released from the responsibilities of those certificates; and if the Legislature refused to take away the responsibility, they would be justified in refusing to give certificates. He suggested that these medical officers should be placed on Boards of Health. In conclusion, he moved—

"That a Committee be appointed to take into consideration the present position of medical practitioners in respect to medico-legal investigations, and to confer as to the expediency of pressing upon the legislature the appointment of State physicians, whose duties might embrace both medico-legal inquiries and the care of the public health; that the Committee be requested to present their report at the next annual meeting of the Association, or to report to the Committee of Council; that the Committee of Council be requested to devote a sum not exceeding £20 to the purpose of carrying out the objects of this resolution; and that the following gentlemen be requested to serve on the Committee now appointed: Dr. Jeaffreson; Sir Chas. Hastings; Dr. Richardson; Dr. Stewart; Dr. Barker; Dr. R. Hall; Dr. Acland; T. Heckstall Smith, Esq.; Dr. Robertson; Dr. Westall; and Dr. Tuke." [The names of Dr. Symonds and Mr. Rumsey were subsequently added.]

Mr. Rumsey (Cheltenham), had for years worked, thought, and written on this important subject; and he began to hope that it was beginning to attract more attention both in and out of the profession. It would be requisite—in the future, at least—that there should be thorough preparation for the office which Dr. Symonds had suggested; that undivided attention should be given to the subjects with which the officer appointed would have to deal; and that such an officer should be placed in a thoroughly independent position by the legislature. [*Hear.*] The officer should not be a witness either for the prosecution or for the defence, but should act as *amicus curiæ*. He did not advocate specialities in the profession, of which he thought they had more than enough already; but he looked upon this as a totally different matter; and therefore thought certain bodies should have the power of certifying that certain students were specially qualified for medico-legal investigations. It was impossible for one engaged in the ordinary practice of the profession to bring to bear the knowledge which might be required instantly for some difficult inquiry; and although Dr. Taylor and a few others were available as witnesses on scientific and abstruse matters, yet the number of such required to be greatly increased. The independent position of such officers as Dr. Symonds contemplated was very essential, and could only be secured by their being paid adequate salaries by the state, according to the amount of duties which they would be likely to be called upon to perform. These officers should have certain definite districts assigned them; and in addition to acting as medical jurists, they might also discharge the equally important duties of officers of health; and if they had charge also of the registration of births and deaths, much more accurate statistics than those at present collected would be obtained. For the elucidation of the more difficult questions that might be brought before these medical jurists, he would suggest an ambulatory commission, composed of men of the highest eminence, who should go, like the judges on circuit, wherever their services might be called into requisition.

Dr. Radclyffe Hall observed that the cases which usually brought the members of the medical profession into collision were those of poisoning, lunacy, and accidental injury. He did not see any way of getting out of the dilemma of medical men giving conflicting evidence in a case of the latter description, where the question to be solved was whether the injured persons would recover from certain anomalous nervous symptoms. After alluding to several recent cases of poisoning, he suggested, as a means of obviating conflicting medical evidence, that certain medical men, not less than three, should meet and deliberate upon the facts, and then pronounce a decision on the matter to be investigated. In that way individual responsibility would be lessened, greater justice would be done, and it would materially tend to put an end to conflicting medical testimony in the cases to which he had adverted.

Dr. Markham pointed out that one argument had been overlooked by Dr. Symonds, which was likely to have great influence on the minds of those engaged in the administration of the law. It was that, often, in deciding whether a criminal was lunatic, the investigation was not conducted according to law; in illustration of which he cited the cases of Dr. Smethurst and of Townley. This brought justice into disrepute; because, after a criminal had been found guilty by a jury and sentence had been passed, the Lunacy Commissioners, or some other authority, interposed and overrode the decision of the court and the jury. He thought that, in all cases of difficulty or doubt, the assistance of an expert should be called in to decide the point at issue, and that then the jury should give their verdict, which should be strictly adhered to.

Dr. Harrington Tuke also spoke upon the question, and in doing so pointed out that the judges themselves did not agree in their ruling as to what exonerated a prisoner from responsibility for his actions.

The President put the resolution to the meeting, and it was carried unanimously; the names of Dr. Symonds and Mr. Rumsey being added to the Committee.

II. Dr. Tindal Robertson (Nottingham) opened for discussion the question—"Why are Sanitary Measures not always followed by a decrease of Mortality?"

He adduced, as the first reason, the imperfect organisation of Boards of Health. In London, Liverpool, etc., Medical Officers of Health were the advisers of the Boards; in most places, however, the boards consisted of laymen, of whose inability to perform the duties Dr. Robertson drew an amusing picture. Secondly, he believed that the Boards of Health had not sufficient power. The number of deaths from phthisis was from one-fourth to one-seventh of all who die. Further compulsory legislation was requisite to prevent the origination of the tubercular diathesis. Two especial points were noticed: the great importance of attention to the skin, and the reluctance of many of the patients to admit fresh air into their dwellings. Allusion was also made to the improvement in mortality from burns and scalds. The annual sacrifice in England from this cause was 2841; 127 lives had been saved last year by proper precautions. The absence of vaccination to a great extent was also touched upon. Out of twenty-two cases in the Nottingham Hospital this year, five had

contracted diseases in the wards. As shewing the propriety of isolation, out of five private cases, two only had been vaccinated for the second time. The machinery for epitomising reports of health throughout the country was imperfect. No reliable data for connecting sickness with meteorological phenomena existed. In connection with the necessity for light, air, and water, the experience of Higginbottom, Ward, and others, were adduced. As a question of economy, the hardness of water was shewn to have cost Liverpool an annual sum of £50,000. The faulty state of drainage in towns, the absence of plans was commented on, and the necessity for abolishing the present system of water pollution was enforced. Statistics were given to show the necessity for better ventilation, especially in schools, theatres, churches, etc. The amount of sickness ought to be better known. In Staffordshire potteries it was in the year 9·03 days; in silk mills, 7·08 days; in woollen mills, 7·08; in the cotton mills of Glasgow, 5·06; in dockyard servants, 5·38 days. The state of the tenements of the poor was a frequent and frightful source of disease. The absence of baths, the sale of patent medicines, the adulteration of drugs, the enormous amount of infant mortality, and the frequent insufficient system of nursing, were each enlarged upon. The present cattle epidemics Dr. Robertson said he would not enlarge upon, as they would be taken up by Dr. Budd later in the day. The conclusions arrived at from the data given in the paper were—1. Boards of Health should be established in every township, composed of two laymen, one medical man, one lawyer, one civil engineer, and other inferior officers, all properly qualified for the office by their talents, their education, and their experience. 2. These Boards, while endeavouring to carry their wishes into effect in a conciliatory manner, should, on the principle of *salus populi suprema lex*, have full compulsory powers when the public good required it. 3. Each Board should form an annual digest from its reports, and transmit this for incorporation into the annual report of the General Board. 4. A systematic and uniform plan of registering atmospheric phenomena, in connection with disease, should be carried on at certain stations throughout the kingdom. 5. In laying out new streets, and in altering and extending old ones, ample provision should be made for a supply, in purity and abundance, of light, air, and water. 6. Drainage, sewerage, and paving should be carefully attended to. 7. In the erection of churches, schools, and in other public buildings, and in private ones so far as possible, ventilation should be more carefully attended to. 8. Measures should be taken to ascertain the amount and character of sickness in different localities. 9. The habitations of the poor should be placed under special superintendence. 10. Baths (if on ever so small a scale) should be established in every city, town, and village. 11. The sale of patent medicines should be discouraged instead of encouraged by the legislature. 12. Unwholesome, spurious, and adulterated articles should be confiscated, and their vendors fined. 13. Institutions should be formed to train and qualify nurses for the sick. 14. The subject of infant mortality should be referred to a committee and brought under the notice of the legislature.

Mr. Whitfeld (Ashford) said that, with the view of checking the spread of any infectious disorder in the locality where he resided, he had built a cottage to which all such cases might be removed, the charge for the right to do so being secured by the annual payment of sixpence for each individual. This institution had been in existence for six years, and had been the means of completely checking the spread of small-pox on four different occasions. But he had found by experience that, although those afflicted with small-pox would readily pay £5 to be cured, very few would give sixpence a year to prevent the danger of being attacked by it. Amongst the great causes of disease in the present day, he included the habit of juveniles smoking, the universal and habitual use of stimulants, want of ventilation and cleanliness, and overcrowding in cottages. These, he thought, were far more than sufficient to explain why improved sanitary measures were not attended with a corresponding reduction of mortality.

Dr. Budd (Clifton) exhibited a wire dog-muzzle, prescribed by the authorities of Berlin for the prevention of rabies. He explained that the use of the muzzle had reduced the cases of hydrophobia from the bites of dogs, from the large number of 123, to, at the very most, three, during the years in which its use had been enforced by the authorities.

Dr. Ransome (Manchester) thought one important cause why there had not been a corresponding reduction in mortality had been overlooked; and that was the increasing tendency to overcrowding the population of large towns. All the other causes alluded to had, to some extent, been dealt with by legislation; but, as yet, nothing had been done to prevent the overcrowding of the population of large towns. It was a fact that, whilst the population of the country at large had only doubled during the present half century, the population of many large towns had quadrupled. There was, therefore, intense compression of human life in great centres; and the result was necessarily increased mortality, notwithstanding all the sanitary improvements that had been effected.

Mr. Turner (Manchester) agreed in the main with what had been advanced by Dr. Robertson and other speakers; but he also thought that one fruitful cause of the apparent failure of sanitary measures to promote longevity was, the entire ignorance which prevailed amongst the masses of the people respecting sanitary measures. The Sanitary Society of Manchester had been endeavouring to remedy this, so far as that city was concerned, by giving periodical lectures on sanitary matters, when they usually obtained crowded audiences, so anxious were the public to gain information on so important a subject. The poor especially were grossly ignorant of the laws of existence, and had no conception of the possibility of poison entering the system except through the mouth. Another cause of mortality was the overcrowding of the population of large towns, the wretchedness of the homes of the poor, and the disregard of cleanliness that was often so lamentably prevalent amongst the lower orders of the people.

Dr. Richardson (London) thought they must all admit that there had been a considerable revolution, both in the public opinion and in the opinion of professional men, on the question under discussion. There was a time when sanitary science was almost totally unknown; and there was a time when it was thought that its perfection would result in a millennium of health. In the parish of Marylebone, the mortality in 1863 fell lower than he had ever known it before, being only 19 in every 1000 of the population; whilst, in the Cavendish Square district (where Dr. Burrows resided), the mortality was only 16¼ per 1000 inhabitants. But, whilst there had been a gradual extension of sanitary measures and regulations, the mortality of the parish had increased, until, by recent returns, it was shown to be nearly 28 in every 1000. He thought that there were two reasons for this failure of sanitary measures to reduce the mortality. The first was, that in this country the legislature did not, and perhaps never would, directly legislate for the individual. The other was, that there were causes at work which science only could

fathom and elucidate, and which the present state of knowledge did not enable them to cure.

Dr. Burrows (London) thought there had been unusual causes in operation which had affected the mortality of Marylebone, to which Dr. Richardson had not adverted. The construction of the Metropolitan Railway, and the great middle level sewer, through the centre of the parish, had, in his opinion, prejudicially affected its healthiness. Soil saturated with animal matter and excretions had been thrown to the surface, the exhalation of the gases from which into the atmosphere would certainly be detrimental to health. Besides, schoolchildren and workmen were in the habit of standing by the side of the works for a length of time, inhaling the noxious effluvia. When he held the office of Physician to St. Bartholomew's Hospital, it was remarkable what an increase there was in the number of patients brought to the institution whilst the Metropolitan Railway was being constructed through the parish of Clerkenwell. Had Dr. Richardson, with his usual penetration and ability, taken what he (Dr. Burrows) had stated into consideration, he would probably have admitted that the construction of the works referred to had had something to do with the increase of mortality to which he had alluded in the parish of Marylebone. He was frequently called to consultation in towns in the vicinity of London, and had invariably noticed that, whilst any great sanitary improvement was in progress, there was positively a great increase of disease, although eventually the healthiness of the locality would be materially augmented.

Mr. Propert agreed thoroughly with the remarks of Dr. Burrows, and only wondered that the explanations had escaped the notice of so astute a reasoner as Dr. Richardson.

The meeting then adjourned, and re-assembled at 2 P.M., Dr. Jeaffreson in the chair.

MEMORIAL TO THE ADMIRALTY AND TO THE SECRETARY OF STATE FOR WAR.

Dr. Falconer (Bath) moved the adoption of a memorial to the First Lord of the Admiralty, and the Secretary of State for War.

Dr. Burrows (London) said that the memorial seemed to state the case plainly but temperately, and he had great pleasure in seconding its adoption.

The resolution was carried unanimously.

VOTES OF THANKS.

The President moved, and Dr. Barker seconded, and it was unanimously resolved—

"That the cordial thanks of the meeting be given to those gentlemen who have contributed papers and cases."

The President proposed, Mr. Shaw seconded, and it was unanimously resolved—

"That the cordial thanks of the Association be given to the Trustees of the Leamington College, to the Committee of Management of the Jephson Gardens, to the Leamington Board of Health, and to the Directors of the Pump Room for the accommodation rendered, and the hospitality shown, to the Association during this meeting."

The President proposed, the Rev. Dr. Bell seconded, and it was unanimously resolved—

"That the cordial thanks of this meeting be given to Thomas Ebbage, Esq., the Hon. Local Secretary, and to the Local Committee, for the admirable arrangements made for the reception of the Association.

Mr. Turner (Manchester) having taken the chair,

Dr. Merriman (London) proposed—

"That the very cordial thanks of the Association be given to the President Dr. Jeaffreson, for the very able manner it which he has conducted the proceedings of this annual meeting."

Dr. Richardson. Some of us may remember the old proverb, familiar to us in our schoolboy days—"Boni rari sunt." I think we have found that rare treasure in our President. [*Cheers.*]

The motion was carried by acclamation.

Dr. Jeaffreson, in acknowledging the compliment, said that if he had thus far succeeded in discharging the duties of President to the satisfaction of the Associates, it was a great happiness and consolation to himself. When they elected him to the office, he promised to do his best; and he had endeavoured to do all in his power to fulfil the promise. [*Cheers.*]

PAPERS.

The following papers were read on Thursday and Friday.

1. Notes on Injuries near Joints in Children. By Jonathan Hutchinson, Esq.

Mr. Hutchinson's paper was illustrated by diagrams, photographs, and specimens. The author commenced by stating, that injuries near to joints in children and young persons differed from similar ones in adults, in that very frequently separation occurred at the line of junction of the epiphyses. These lesions were, he felt certain, very much more frequent than they are generally thought to be. The immense casualty practice of the London Hospital had afforded him unusual opportunities for their clinical investigation. After adverting to the special peculiarities of a detachment of an epiphysis, as distinct on the one hand from a true dislocation, and on the other from a fracture, the author described the symptoms which usually attend these accidents when occurring near to any one of the several principal joints. He devoted attention particularly to the shoulder, elbow, knee, and ankle. After asserting that these injuries were much more difficult, both in diagnosis and in treatment, than simple dislocations or fractures, the author concluded by urging the great importance of the use of chloroform in the first instance as an invaluable aid to both. Attention was also called to the need for great caution in prognosis, and to the impropriety of keeping the injured joint motionless for any long period.

2. Abscesses of the Abdomen. By Furneaux Jordan, Esq.

After pointing out the numerous localities in which an abdominal abscess may arise, and suggesting that all localities may be classed under two heads, visceral and parietal—the latter including the iliac and lumbar glands, in connection with which, the author contended, syphilitic and gonorrhœal abscess might arise—Mr. Furneaux Jordan proceeded to treat more in detail two varieties of abdominal abscess. There was, he said, one form of abdominal abscess which had been very imperfectly studied—that which contains extraneous bodies. It was commonly held, that these abscesses contain fæces; that they are almost exclusively confined to the iliac region; that they are accompanied by symptoms of obstruction; and are almost invariably fatal. The author's cases, and those which had come under his notice, led to conclusions precisely the reverse. Such abscesses pointed as frequently at or near the umbilicus as at the groin; frequently they contained no fæces, and were accompanied by no symptoms of intestinal obstruction. The author was not acquainted with a single case of abscess of the abdomen, containing an extraneous body, which had terminated fatally. The subject of syphilitic and gonorrhœal abscesses of the abdomen, Mr. Furneaux Jordan treated at some length. Nearly ten years ago, he published a case in the *Edinburgh*

Medical Journal, entitled "Bubo within the Abdomen." After ten years of further experience and reflection, he still believed his diagnosis to have been correct. Cases of bubo within the abdomen were undoubtedly rare; but either he was mistaken in his view of the affection, or it was sufficiently common to deserve attention. After some remarks on the probable reasons why this condition had not been discovered before, the author said: In bubo within the abdomen, one of two conditions is present, either a noxious agent passes through the inguinal glands without causing irritation in them, or, more probably, the lymphatic tube which transmits the virus passes directly to the iliac glands. Bearing in mind the known variations of arteries and veins from the normal type, it would be truly marvellous if the lymphatic vessels never deviated into the abnormal.

3. A Case of Progressive Muscular Paralysis of the Tongue, Soft Palate, and Lips. By J. K. Spender, Esq.

4. On Extraction of Soft Cataract by Suction; and on Suction-Curettes. By T. P. Teale, jun., Esq.

Having described the details of the operation, and the most recent improvements in suction-curettes, Mr. Teale referred to the special advantages which the operation pcssessed over other methods of treating soft cataract, and of certain difficulties which might arise during its performance. He concluded by relating several cases from his own practice, in which the operation had been followed by signally rapid and perfect results.

5. The Influence of Uterine Displacement on the Sterile Condition. By J. Marion Sims, M.D.

Dr. Sims did not propose to give a complete paper on the subject of sterility, but only to present it in one of its relations—viz., that of its dependence upon misplacements of the uterus. He divided his sterile patients into two classes: 1. Those who were married a sufficient length of time and did not conceive; 2. Those who had borne children, but for some reason ceased to do so long before the termination of the child-bearing period. The first he called "natural sterility;" the second, "acquired sterility." To show the frequency of uterine displacements in this relation, he said that of 250 cases of "natural sterility" that had fallen under his observation, 103 had anteversion, and 68 retroversion; and of 255 cases of "acquired sterility," 61 had anteversion, and 111 retroversion, the anteversions predominating in the first class, the retroversions in the second, the two opposite displacements being almost in inverse proportion in the two classes, and forming about two-thirds of the whole number, being 343 out of 505 cases; which proved beyond question the bearing and importance of these displacements in connection with the sterile condition. He illustrated by diagrams the normal position and relations of the uterus, explained the various causes and complications of anteversion, whether dependent upon fibroid tumours, elongation of the infra- or supra-vaginal cervix, shortening of the utero-sacral ligaments, or hypertrophy of the fundus. In all these cases, he said, not much could be done for the relief of the sterile condition by merely mechanical means; but efforts should be directed to seeing that the os tincæ was properly open, that the canal of the cervix was free from engorgement, and that the secretions, both vaginal and cervical, were not poisonous to the spermatozoa. One form of anteversion was easily cured by a simple operation, which he originated eight or nine years ago. He illustrated this by cases and diagrams. It was as follows. The uterus lies on the anterior wall of the vagina, and parallel with it. The fundus is most usually the seat of a fibroid growing anteriorly. The anterior wall of the vagina is greatly elongated, the os tincæ pointing directly backwards. Under these circumstances, he has shortened the anterior wall of the vagina an inch and a-half, by denuding a surface a half-inch wide and two inches long across the axis of the vagina in juxtaposition with the cervix uteri, and making a similar transverse scarification parallel with the first, about an inch and a-half, more or less, anteriorly to it, and then uniting these two transverse cut surfaces by silver sutures, as in uniting the edges of a transverse vesico-vaginal fistula. This necessarily shortens the elongated anterior wall of the vagina, draws the cervix forwards into its normal relations, and as a consequence elevates the fundus. He related several successful cases of this operation, and had seen it followed by conception and child-bearing. He then passed to the consideration of retroversion as influencing the sterile condition, pointed out its varieties and anomalies, and showed how it was to be diagnosed and how replaced. By diagrams, he illustrated various modes of reduction, showed how conception was difficult, and sometimes impossible, in some forms of retroversion, advocated mechanical treatment, pointed out the dangers of pessaries, but advocated their use when judiciously applied under proper circumstances. He preferred a malleable ring, either of block tin or a ring of copper wire covered with gutta-percha, and then bent or curved to the proper diameters of the vagina of each patient. He said this was a modification of Hodge's pessary. Under some circumstances he also used Meigs's ring pessary, made of watch-spring covered with gutta-percha. He pointed out the peculiar advantages of each of these, and paid a just tribute to his countrymen, Drs. Hodge and Meigs, who were the earliest advocates of the mechanical treatment of uterine displacements. The great secret of treating the sterile condition when dependent upon retroversion was to adjust a malleable ring which would hold the uterus in its normal position, and which was to be worn always during the act of coition. He explained its philosophy, its efficiency, its safety, and its harmlessness, and related many cases in which its use had been followed by conception: one after a sterile marriage of six years, another of ten years, another of fifteen years, and others at various periods of time after sterile marriages. He also showed how miscarriages, often dependent upon this displacement, were prevented by the use of a properly fitted malleable pessary. He then pointed out the course to be adopted when it was impossible for the patient to wear a pessary, showing why it was so, and what was to be done.

6. The Siberian Cattle Plague, or Typhoid Fever of the Ox. By William Budd, M.D. [This paper is published at page 169 of the present number.]

7. The Treatment of Stoppage of the Bowels; with special reference to the Use of Atropia and Galvanism. By Alexander Fleming, M.D.

In this paper, the author referred to his success in the treatment of constipation and of obstruction of the bowels by the use of atropia and of galvanism; illustrating the action of the drug on the bowels, by comparison of its effects on other parts of the body, such as the throat and bladder. The advantages of atropia over irritant purges were also explained. The author's method of administering the drug in *constipation* was as follows. Ten minims, containing one-sixtieth of a grain, of a solution were added to a gentle saline draught and given every evening. The dose was increased nightly by two minims, till a slight degree of the physiological effects of the atropia was induced. It was then somewhat diminished, and continued as long as might be necessary at the reduced quantity, being finally replaced by strichnia. In obstruction of the bowels, the atropia was directed to be

given in conjunction with a saline draught every four hours; and the patient should be seen frequently, in order that the action of the medicine might be carefully regulated. In conjunction with this medication, enemata, introduced by means of a long rectum tube, were enjoined. Dr. Fleming used a tube marked off in inches, to indicate the length of insertion, and to prevent its doubling upon itself during introduction. It was fitted with a stilette. Between the enemata, Dr. Fleming recommended galvanism to be applied to the bowels, and so conducted into the rectum, by means of a copper wire passed through the tube, as to traverse, as nearly as might be possible, the paralysed gut. Much care was enjoined in applying this agent; so as, on the one hand, to secure its full value, and, on the other, to avoid undue suffering and exhaustion. Dr. Fleming had employed galvanism in this way at the Queen's Hospital, Birmingham, since 1857. In conclusion, the author narrated several cases of much interest, which exhibited, in a striking manner, the success of the modes of treatment recommended.

8. Life Insurance Offices and Suicides. By James G. Davey, M.D.

The object of Dr. Davey's paper was to prove that the rules accepted by the Government, and having reference to the insurance of lives through the Postmaster-General, were not what they should be. Objection was taken to Clause x, Part 1; which provides that, "if any person whose life the Postmaster-General has insured shall die by his own hands, he will by so doing cancel the contract made with him; all the payments made by him will be forfeited; and no payment will be made to his family or representatives." It was assumed by the author that, the act of suicide being a consequence of cerebro-mental disorder, and therefore not voluntary, the contract made ought not to be forfeited or cancelled, but duly and faithfully observed. The newspaper press, it was said, contained an abundance of evidence in favour of the position taken. The tendency to suicide, Dr. Davey affirmed, exists not unfrequently as a primary or monomaniacal form of insanity; and this tendency is found to assume a paroxysmal or recurrent character. In such cases, the patient will conceal from others the feelings which oppress him, and so it happens that the verdict of *felo de se* is recorded; a coroner's jury not being very likely to credit the fact, that madness can exist and its indications be kept in any thing like abeyance; or, in other words, that the pains of the mind, like those of the body, may be endured in secret, and remain unknown to all save him most concerned. The author recited cases occurring in his practice; and these, he declared, went far to illustrate the views insisted on, as well as to demonstrate the desirability of omitting in the future the aforesaid rule, as above quoted.

Mr. Lord (Hampstead) coincided with Dr. Davey, that suicide was frequently caused by cerebral disease; and that, if the brain were in a morbid condition, it could not produce either the proper moral or mental phenomena. He had often been pained to find coroners' juries recording verdicts of *felo de se*, when there was absolute proof in the evidence before them of the insanity of the suicide. He was of opinion, that no sane man would commit suicide, and that the act itself was one of the most conclusive evidences of insanity.

Dr. Burnett (Alton) said they would all admit that the question of cranial insanity was a very important one to decide. They would all probably agree, that many of the suicides which came under their notice were attributable to cerebral disease; but crime stood in relation to the law paramount to the laws of pathology. Let them endeavour, then, to ascertain what were the evils in relation to the influence of the profession, and what was the evil in relation to the law, civil and criminal.

9. On the Non-Transmission of Syphilis by Vaccination. By W. Boeck, M.D., Christiania.

A translation of Professor Boeck's paper was read by Dr. Henry. In it the author stated that he had most carefully examined the question, whether syphilis could be transmitted by vaccination; and had been unable to find any evidence in favour of such transmission either in published records or from experiments performed by himself. He related instances in which he had vaccinated syphilitic children, and had endeavoured, but without producing any result, to inoculate with the matter obtained from them two patients suffering from elephantiasis. He considered that no doubt should be thrown on vaccination unless on the most convincing evidence; and, while he did not deny that syphilis might be transmitted by vaccine matter, he must withhold his belief that such an event could occur until he saw it. The facilities for observation were great in Norway; but the transmission of syphilis by vaccination had never there been observed.

10. The Relief of Near Sight (Myopia) without Spectacles. By J. Vose Solomon, Esq.

The author commenced his paper by stating that five years had elapsed since he discovered that an intraocular myotomy of the ciliary muscle increased the range of vision of near-sighted persons, and conferred other remarkable advantages. After explaining the optical condition of the perfect (emmetropic), the myopic, and the hypermetropic eye, he remarked that these opposite (a too high and too low) refractive conditions presented certain points of resemblance. 1. The apparent size, especially in their transverse diameters, of the myopic and hypermetropic eye, may not differ. 2. In each optical defect, the patient may acquire the habit of contracting the brow and eyelids. 3. In both, the farthest point of distinct vision for natural landscape is not nearly so great as when the eye is perfect. 4. In each instance, *concave* glasses may render remote objects more distinct. 5. In either, the fundus of the eye, when examined by the ophthalmoscope, may present a whitish or grey crescentic patch at the outer side of the optic nerve entrance. 6. The hypermetropic eye is much assisted in reading by a convex glass of suitable power. So likewise are some myopics who are far-sighted in respect to their nearest point of distinct vision, while they require concave spectacles to obtain a clear outline of distant objects. 7. The myopic and the hypermetropic are again alike, in that one eye is commonly of far inferior optical value to its companion; amblyopia being frequently present. 8. These opposite refractive conditions are often hereditary. Mr. Solomon then pointed out the points of contrast. Of these, we have space only for the following. *a.* In numerous examples of hypermetropia, impaired vision of grave degree of one eye receives no explanation by careful exploration of the eye with the ophthalmoscope; and, moreover, there is a tendency rather to improvement by exercise of the worst eye, than to further deterioration. In myopia, the ophthalmoscope reveals morbid changes of tissue which fully account for the impaired vision, which has a tendency to terminate in amaurosis. *b.* Hypermetropia and cataract bear no relationship as cause and effect. In myopia, such connexion had appeared to the reader of the paper not uncommon. In some, he had found it to be congenital. When the cataract was zonular—more or less opalescence of the nucleus of the lens, surrounded by a transparent belt—the patient appears to get on tolerably

well up to about the middle period of life, when, the zone losing its perfect translucency, vision becomes so much impaired as to oblige the patient to seek advice from an oculist. In speaking of the congenital malposition of transparent lenses, which he had noticed in patients affected with myopia, Mr. Solomon related an instance where those bodies occupied the upper and outer quarter of the vitreous humour, and in which full dilatation of the pupils and glasses afforded striking relief to the vision. Before operating for the relief of near sight, the condition of the lens and vitreous humour, and the absence of syphilitic taint, must be carefully ascertained. He advised that, subject to the exceptions indicated, *all* children and young persons should be disallowed spectacles, and submitted to intraocular myotomy. The paper was concluded by the narration of three cases; two of them were treated in the present year, and one five years ago. A girl of thirteen, with extreme myopia, was enabled by the operation to perform with efficiency the duties of housemaid, for which she was before quite incompetent. She also read Snellen's largest type at a distance three times greater than before treatment. A woman, aged 44, of languid mental energy, in four months after operation gained four inches and a-half in the distance at which she read brilliant type, and seven feet for eight-line Roman. Also a concave glass, of six inches less power than one she was tried with before the treatment, now affords greater advantages to her vision—a conclusive proof that intraocular myotomy lessens the refractive power of the near-sighted eye. A boy, aged 16, on May 16th, 1865, read brilliant type at fourteen inches, and small pica at thirty-four; Snellen's I at sixty feet, and the first two letters of XL at the same distance. The two last observations were made in the open air, with the sun shining on the printed characters. On May 29th, 1860, this patient could read small pica at six inches, and distinguish features at twelve yards only.

11. New Forms of Anæsthetics. By Thomas Nunneley, Esq.

Mr. Nunneley showed to the members two substances, the bromide of ethyl and the chloride of olefiant gas, which for some time past he had used as anæsthetics. He stated, that he had not lately performed any serious operation, either in private practice or at the Leeds General Infirmary, without the patient being rendered insensible by one or other of these agents; each of which he believed to possess important advantages over chloroform. They were amongst the many analogous bodies experimented upon by him; and were favourably mentioned in his essay upon Anæsthesia which was published in the *Transactions* of the Association for 1849. At that time, the difficulty and cost of their manufacture were too great to allow of their being commonly used. This difficulty had, however, been overcome; and, should their use become general, they can be made at a cost not exceeding that of chloroform, if not at less. They both act speedily, pleasantly, and well. The patient might be kept insensible for any length of time; while the most painful and prolonged operations were being performed. No disagreeable symptoms had, in any case, resulted from their use. They were prepared for Mr. Nunneley by Mr. Squire of Oxford Street, London, from whom they might be obtained.

12. The First Attempt in England to Remove a Growth from the Larynx through Division of the Pomum Adami. By George D. Gibb, M.D.

In his preliminary remarks, the author dwelt upon the views entertained by various writers upon obtaining access to the larynx through section of the thyroid cartilage, a proceeding first introduced by Desault. Before the use of the laryngoscope, Ehrmann had removed growths from the larynx in this manner; and when the author attempted it in 1864, he was not aware it had been done since the revival of the laryngoscope. He subsequently learnt that he had been preceded by Boeckel of Strasbourg, some weeks prior to the date of his doing it. Both observers had, however, conceived the idea of its performance independently of one another. Dr. Gibb's patient was a single lady of 29, whose voice had been affected two years, with obstructed breathing for two months. This depended upon a rather large growth, springing from the root of the epiglottis, extending to the right side of the larynx, involving the false cord and concealing the true. A portion of this he succeeded in removing with a loop of wire through the mouth; the remainder he contemplated getting rid of through the pomum Adami. Tracheotomy became necessary from urgent dyspnœa through increase of the growth; and some days later the thyroid cartilage was opened by Mr. Holthouse, and the remains of the growth removed by Dr. Gibb. Good results followed; speech returned; and the patient became convalescent. Unfortunately, the disease proved malignant, and recurred some months later; and ultimately destroyed life a year after the operation. The objections to the operation, and arguments in its favour, were considered in detail; and the author concluded by a chronological summary of cases in which this mode of operation had been practised.

13. The Inhalation of Atomised Liquids; with a Description of a New, Cheap, and Portable Atomiser. By Morell Mackenzie, M.D.

After giving a short sketch of the history of the subject, the author observed that, in order to reduce a liquid to such a fine state of subdivision that it could be inhaled, two principles are employed. In one, a fine column of liquid is driven out by a projecting body, and thus becomes dispersed; and, in the other, the liquid is reduced to a state of subdivision by the velocity with which it is driven through a very minute aperture. The former might be called the *concussion principle;* the latter, the *velocity principle.* In the latter kind of instrument, the atomised liquid is accompanied by a strong current of air; but, in the former, there was no draught. Siegle's apparatus acted on the velocity principle; but steam was used instead of air, and this was a great advantage. Unfortunately, however, Siegle's apparatus is constantly getting out of order, and is very expensive. The author next described and exhibited his atomiser. It consist of a little bottle, to the mouth of which, through the interposition of a piece of vulcanite tubing, a small India-rubber ball fits. Between the mouth of the glass bottle and the India-rubber ball, there is a minute opening; and, by pressing the ball, the liquid is driven through the opening on to a disc, on which it breaks into a very fine spray. The instrument is very cheap when compared with those hitherto in use; it costs only ten shillings. It is not liable to get out of order. It can be made to act either by gently pressing the ball with two fingers, or by allowing a piston to descend upon it. There is no metal in the instrument, hard and soft India-rubber being the only materials employed. The system had been most advantageously used in phthisis, bronchitis, and asthma.

14. A Few Words against the Habitual Use of Purgatives. By C. B. Radcliffe, M.D.

Dr. Radcliffe considered the habitual use of purgatives to be needless in all cases, and harmful in very many. The bowels would act well enough if the diet were properly regulated; and the natural way of preventing constipation was to take care that the

food be not deficient in oily and fatty matters, and (in suitable cases) in green meat. He stated, also, that the cases in which purgatives were habitually resorted to were very generally cases of old age or of debility—in various other forms—cases in which the constipation which it was intended to correct, was a salutary condition rather than otherwise. The kind of diet most suited to the wants of the system in all these cases, was one which (by the exclusion of the more indigestible and unnutritious kind of food) did not dispose to stools; and the same result was brought about in some measure by the digestion being much slower than in vigorous health. In these cases, in fact, constipation, within certain limits, was a state to be encouraged rather than corrected; and he protested against the common notion that the bowels ought to act every day. Such a practice was nearly as bad as that of Sancho Panza's mock doctor at Baratraria; which was, to take away each dish from the table before there had been time to make use of it.

15. Extensive Carbuncular Disease Cured without Stimulants. By J. Hitchman, Esq.

16. Mr. J. Z. Laurence exhibited a series of Ophthalmic Instruments, which he had invented during the last four or five years. He said that, as he had already described these instruments at length in various periodicals, it would be unnecessary to do more than briefly enumerate their leading properties.

1. *The Eye-lid Tourniquet.* This instrument was intended to facilitate operations on the eyelids; it so completely checked the afflux of blood, as to permit the surgeon to perform his operation as leisurely and easily as if he were operating on the dead subject.

2. *An Improved Eye-speculum.* The author had found that the utility of the ordinary wire-speculum was seriously impaired by the patient in many cases spasmodically attempting to resist the action of the speculum by forcing the skin and conjunctiva of the lids over and under the wires; thus, the field of operation of the surgeon became sometimes practically annihilated. Mr. Laurence remedied this defect by replacing the wires by *grooves which received the free borders of the lids.* He stated that, with the aid of his head-rest and this speculum, he had over and over again operated on the eyes of the most unruly subjects with perfect ease and without employing chloroform.

3. *The Strabismometer.* This was a simple instrument for accurately measuring the deviation of a squinting eye. Mr. Laurence urged the importance of always measuring the amount of squint before operating on a case, as on the results of that measurement depended the extent of the operation to be performed. If, in a squint of (*e.g.*) one line, the tendon of the muscle and the subconjunctival fascia were separated as freely as in a squint of four lines, the result would probably be to substitute a divergent squint for a convergent one—a greater deformity for a less one.

4. *A Pupillometer.* This was an instrument for accurately measuring and registering the size of the pupil.

5. *An Astigmometer.* For determining the proper direction the axis of a cylindrical glass should be inclined to accurately correct a case of astigmatism.

Mr. Laurence likewise exhibited his binocular ophthalmoscope; for a description of which he referred to the printed directions for its use published by Murray and Heath.

Finally, Mr. Laurence handed round a specimen of Pagenstecher's yellow amorphous oxide of mercury ointment; which, he stated, was peculiarly applicable to cases of phlyctenular inflammation of the conjunctiva and cornea. He said that the ointment should be applied under proper indications and precautions every night before the patient retired to rest; referring for further particulars to Dr. Pagenstecher's own paper in the sixth number of the *Ophthalmic Review.*

17. Dr. Richardson exhibited some Preparations of Iron, etc., in Oxygenated Water, which he had had prepared.

NEW MEMBERS.

The following new members were elected during the meeting.

Bartlett, J. J. H., Esq., Kensington Dispensary, London
Birt, Joseph, Esq., Dispensary, Stourbridge
Bright, John M., M.D., Forest Hill
Busby, R. A., Esq., Leamington
Goodchild, Frederick, M.D., Warwick
James, Alfred, M.D., Forest Hill
Jeaffreson, J. R., Esq., Leamington
Jenner, William, M.D., F.R.S., Physician to the Queen, Harley Street, London
M'Veagh, Denis, L.K.Q.C.P., Coventry
Nason, John J., Esq., Stratford-on-Avon
Nunn, J. R., Esq., Surgeon to the Dispensary, Warwick
Perkin, Richard C., Esq., Warwick
Rice, D., Esq., Southam
Royston, Christopher, Esq., Bath
Ruttledge, T. E., Esq., Southam

REGISTRATION OF DISEASE.

The following are the names of the Committee appointed to carry out Dr. Ransome's proposal regarding the Registration of Disease (see Journal, August 12th, 1865, p. 164):—Dr. Acland, Dr. Hughes Bennett, Mr. Crompton, Dr. Farr, Dr. Fleming, Dr. Harley, Dr. Hodgson, Dr. Handfield Jones, Mr. R. C. Browne, Dr. Morgan, Dr. W. Ogle, Dr. Philipson, Dr. A. Ransome, Dr. Stewart, Dr. Sibson, Mr. Thomas Turner, Dr. Waters, and Dr. Eason Wilkinson.

LUNCHEON.

Through the kindness and hospitality of the local members, a sumptuous and elegant luncheon was provided each day, in the basement of the College, for the convenience of gentlemen attending the meetings of the Association.

THE DINNER.

At 6 P.M., the President and about one hundred members of the Association and visitors dined together at the Regent Hotel. The President, Dr. Jeaffreson, occupied the chair, supported by Lord Leigh (the Lord Lieutenant of Warwickshire); the Rev. Archdeacon Sandford, Dr. Jephson, Dr. Paget, and others. Amongst the guests were the Rev. J. Craig, Vicar of Leamington; the Rev. T. B. Whitehurst, and Mr. John Haddon. The vice-chairs were occupied by the Local and General Secretaries, Mr. Ebbage and Mr. Watkin Williams.

The usual loyal toasts having been given from the chair and enthusiastically received,

Mr. Carden, of Worcester, proposed the "Army, Navy, and Volunteers," coupled with the names of Mr. Jeston, as the representative of the army; and Major Machen, as the representative of the volunteers, who both responded in brief but appropriate speeches.

Dr. Thomson proposed the "Bishop and Clergy of the Diocese." He would not enter then into any remarks upon the affinity between the two professions; but he would observe that the most likely way to secure mutual regard and respect was by neither interfering with the other. [*Cheers.*] The Bishop of the diocese had been invited to be present, but previous engagements prevented his attending. He coupled with the toast the name of Archdeacon Sandford. [*Cheers.*]

The Ven. Archdeacon Sandford, in responding to the toast, thanked them very much for the compliment they had paid to his excellent diocesan, who was at once the

pride and the model of his clergy. [*Cheers.*] He was proud that he was able to say that the clergy of the diocese merited any kind of tribute which could be paid them. They were earnest in the discharge of their sacred duties, and he was sure that the compliment which had been paid them by Dr. Thomson would be doubly welcome as coming from a body of men whom they (the clergy) venerated and esteemed, whose profession they considered allied to their own, and from whom he, as the representative on that occasion of the clergy, was ready to admit they often received most noble examples of devotion to the cause of their common humanity. [*Applause.*] A liberal profession engendered affinities and sympathies with all kindred pursuits—with law and with medicine; with the arts which embellished and protected life; and with science, which had realised astounding results, and was riveting the attention of all thinking men. For his own part, he had a devoted and passionate attachment to the profession of his choice—to which he had dedicated his life, and which he had preferred to the fascinations of the army and navy, and to those more attractive and more lucrative professions which were presented to him. And after the experience of a long life, he had no cause to regret his choice; but felt towards that noble and sacred profession to which he belonged an ever deepening devotion. [*Cheers.*] At the same time, he had often felt the claims of other professions; and when he had read of the noble deeds of a Nelson, of a Wellington, of a Napier, when he thought of a Parry and a Franklin,—he had often thought he wished he had been a soldier or a sailor. Then, again, when he had been hearing a Derby or a Gladstone, he wished he had entered the arena of political life; and when he had contemplated the great works of the Stephensons and the Brunels, he sometimes wished he had been an engineer. But he could truly say that, if his affections had ever been likely to swerve from his church, it would be when he looked at the great benefits conferred on mankind by medicine and surgery. When he had heard what had been done to assuage human suffering by an Abernethy, a Brodie, and an Astley Cooper, and, as he (Archdeacon Sandford) was born in Edinburgh, he might be permitted to add a Gregory, a Liston, and a Syme—when he had heard blessings pronounced on the medical attendant in the mansions of the opulent and the cottages of the poor—when he had witnessed the devotedness, the superhuman exertions, and self-sacrificing labours of the poor country practitioners [*cheers*], who were continually rising from their beds to go long journeys through miry lanes in inclement weather at the bidding of some poor man who might never pay his bill [*hear*]—he had felt within himself, "I wish I had belonged to the medical profession;" and he had thought that, if he had to begin life again, he might render more glory to God and greater service to his fellow-men, by being a country practitioner instead of a Christian pastor. [*Cheers.*] It had been justly remarked by Dr. Thomson, that the medical and clerical professions were akin. He must confess himself that he considered them to be identical, for, considering the reciprocal action of the mind upon the body, and the body upon the mind, he had often as a pastor to thank God for the labours of the medical profession; and he felt confident that the medical man must admit the curative influence of the Gospel. He had sometimes wondered how it was that the two professions did not work more harmoniously together, and that it was not until the medical practitioner resigned his work, that he said to the weeping relatives: "Now, you may send for the minister of religion." But his esteemed and venerated friend, Dr. Jephson, had explained to him the cause of this apparent want of harmony in the professions; and he was afraid that it was because clergymen were not always sufficiently gentle, judicious, and self-restrained in the sick room, that they were not more popular with the medical profession as joint-labourers. He wished everyone of his brethren had heard the lecture delivered in his ear that day by Dr. Jephson; and he felt satisfied that if a clergyman administered strong meat when meat was not tolerated, he must bear the displeasure of the medical man; and that it was only when Christian pastors understood how to attend a sick room that they would be popular with medical men or with their patients. [*Applause.*] At the same time, he must be permitted to say that the great physician of the soul was also a physician of the body; and the more they trod in His footsteps the greater benefits would be derived. There was one point of similarity between the two professions—they were both pledged to the pursuit of truth, the whole truth, and nothing but the truth [*Applause*]; and in their researches into the book of Nature, or into the book of Revelation, they must pursue it to the end, undeterred by any fears of injuring their personal interests or reputation. He did not mean that every one should arrogate to himself the right of pronouncing on questions with which he might be very imperfectly acquainted. He did not mean that we were to put aside all the instructions given by the experience of past generations; but simply that, whether as divines or as medical men, they should make truth their first object, and not be deterred by any personal consideration from stating the results of their own personal researches. [*Cheers.*] He felt that there was much of petulance and intolerance in the way in which many questions exciting great interest amongst scientific men were dealt with in the present day. He did not think it was right that they should condemn books which they had never read, [*Hear*] or theories which they had never investigated. He felt satisfied that men of genius did not propound their theories until they had carefully examined them, and were satisfied of their soundness; that they did not begin cackling over their incubation until they knew whether it was to be a mountain or a mouse, a cock or a cockatrice. [*Laughter.*] But, having satisfied themselves of the soundness of their premises, and the truthfulness of their deductions, they staked their credit on the result. This was how a Humphry Davy, a Hunter, a Galileo, and a Jenner, had thought and acted, and had encountered a great deal of contumely and reproach; but they stood firm, and truth had triumphed. [*Cheers.*] He trusted that this might be the experience both of the clergy and of the medical profession; and that the former would investigate doctrines before they asked their fellow men to peril their souls upon them. [*Cheers.*] The venerable Archdeacon alluded to having, years ago, when his health was shattered by close study at college and arduous duty in a populous parish, consulted Dr. Jephson, and expressed his thankfulness that the doctor's treatment had been the means of greatly prolonging his life. He concluded by formally returning thanks for the honour that had been done him in associating his name with the toast of the Bishop and Clergy of the Diocese.

The PRESIDENT proposed the toast of the evening, "The British Medical Association," coupled with the name of Sir Charles Hastings. [*Cheers.*] He said: As there are amongst us to night some members who know little about the purposes or objects of our Association, I shall make no apology if I briefly explain what the Association is, and what are its objects. [*Applause.*] This Association was started about thirty-three years ago by our respected friend Sir Charles Hastings. [*Cheers.*] The first object of the Association was to collect useful information, whether speculative or practical, through original essays, or reports of provincial hospitals, infirmaries, or of private practice. I think we cannot do better than appeal to the present successful meeting for an answer to the question of whether the Association has not carried out this object for which it

was established. That the Association has carried out this is proved by the numerous and valuable papers which have been read. It is unnecessary for me to allude to all those papers, and I need only to say that they are equal to any that have been read at former meetings, whether medical or surgical. I may, perhaps, be allowed to particularise the admirable Address in Medicine by Professor Stokes, and the equally admirable Address in Surgery—practical, sound, and truthful—by Professor Syme. The next object for which this Association was established is the increase of knowledge of the medical typography of England, through statistical, meteorological, and geological inquiries; the investigation of endemic and epidemic diseases in different situations, and at various periods, so as to trace, so far as the state of art will permit, their connection with peculiarities of soil or climate, or with the localities, habits, and occupations of the people. The discussions in scientific medicine, a new feature in connection with the meetings of this Association, have been admirably conducted and ably opened by Dr. Symonds and Dr. Robertson; and I must also refer to the most interesting and valuable paper by Dr. Budd, upon the Typhoid Fever of the Ox, and its relation to Typhoid Fevers in General. This is the first meeting, I believe, at which open discussions have been held on scientific and state medicine. These have been most instructive and most practical, and, I think, are calculated to promote the interests of the Association, as well as to be productive of great good to humanity at large. [*Hear.*] Another object for which this Association was founded was the maintenance of the honour and respectability of the profession. Whether it has accomplished this object or not, I must leave you, gentlemen, to judge. I think the time that this Association has existed is the best evidence of its healthy condition; and this meeting seems to have carried out, as far as possible, all the five great cardinal points on which this Association was founded. I think, too, we may congratulate ourselves on having done more; I think we have shown ourselves in a more healthy state than we ever were before. Our finances are in a more satisfactory state than they have ever been, and we have been able to cast off seventy members who had failed to pay their subscriptions. [*Laughter and applause.*] I enumerate all these evidences of stability and success, because I think it must be a subject of congratulation to Sir Charles Hastings, our founder and firm friend. [*Cheers.*] I am sure I do but give utterance to the sentiments of every one present, when I say with what exceeding great pleasure we see him amongst us, after a period of fear and anxiety respecting him, and that we have the gratification of again seeing him, "Mens sana sano in corpore," enjoying, as I trust he will long enjoy, the meetings of the Association. [*Cheers.*] I call upon the members to drink to the success of the British Medical Association, coupled with the name of Sir Charles Hastings. [*Continued cheering,*]

The toast having been drunk with three times three,

Sir Charles Hastings said: Mr. President, Lord Leigh, and brother members of the British Medical Association: I have ever maintained, and I still continue to think, that you have always over-estimated my services with regard to the formation of this noble institution. [*No, no.*] But my services were but small in comparison with those of individuals who surrounded me at the formation of the Association, and to whom I attribute the marvellous success which has attended our exertions. [*Cheers.*] It is indeed a proud position to stand as I now do—in the thirty-third year of the existence of the Association—to find it, after a vigorous childhood, and a still more vigorous adolescence, now in its manhood still more vigorous, and producing a still more decided effect in advancing the interests of our great and noble profession. [*Cheers.*] At the same time, when I look back, and when I think that we have just passed through a meeting of more than ordinary interest, and more than ordinary importance, and find myself the only individual who was present at its formation thirty-three years ago, is, as you will admit it should be, a matter giving rise to a feeling, I may say, of regret. [*Hear, hear.*] But when at the same time it is evident that those who have since joined the ranks of the Association have been imbued with the same spirit as those who originated it, I hope and believe—aye, am strongly convinced—that this Association is destined to exist for years to come. Long after I have ceased to advocate its interest, and long after my cold remains are covered by the sod, and the cold winds whistle over my lifeless remains, this Association will continue to flourish and produce benefits to mankind in general, and assist in placing our noble profession on a more firm and enduring foundation. With the assistance of those who have rallied round it, I believe that in years to come it will continue to hold out the same advantages, and to produce the same beneficial effects, in advancing the common interests of humanity, in soothing the sufferings of those who are afflicted, and in comforting those who mourn. [*Cheers.*] Gentlemen, this present anniversary, as I said before, has been pre-eminently productive of great results. There have been peculiarities connected with this meeting which will leave their mark behind to distinguish it. One bright star from the sister isle has illumined our proceedings; and Scotia has sent her surgical oracle. [*Applause.*] Then, gentlemen, it is known to you all that the authorities of this town have received as with open arms, [*Cheers*] and have shown us their splendid hospitality, which clearly convinces us that they feel great admiration of the objects which engage our attention. And this is no small advantage. I hold that it is a great benefit that in our migration from town to town we enlist the sympathy of the inhabitants in our proceedings and our progress. [*Applause.*] At Cambridge last year the distinguished authorities of the University came forward and told us we were doing a work in which they were anxious to assist us, and there can be no doubt that there is implanted in that celebrated University a favourable feeling in behalf of the objects which engage our attention. Then, looking to our Association in a social point of view—and I confess that this is a view of it that has always appealed to my heart—we cultivate the amenities of life. We have in connection with the Association a Benevolent Fund; and recently we have advanced further, and added a Provident Society, in order that those of the profession who are not wealthy may have an opportunity of providing for themselves an independency in their downward career. I hold that this marks out this Association as contemplating in every possible way the desire to advance the interests of the profession at large, as well as to cultivate the amenities of the heart and mind. Looking at what we have effected, and at what we hope to effect, you cannot but suppose that it is the crowning event in my humble life that I have in any way assisted to carry forward this great, this noble Association. But while I disclaim any exclusive title to having been the person who has carried it forward, I glory in the reflection that, as a humble individual, I have forwarded this great cause, and, God willing, I will continue to do so to the last [*Cheers*]; and nothing but death, debility, or decrepitude, shall separate me from the Association. [*Cheers.*] I have to thank you, gentlemen, for the honour that you have done me, and wish you all health and prosperity; and, with regard to the Association, "esto perpetua." [*Cheers.*]

Dr. Paget proposed the "House of Lords, coupled with the name of Lord Leigh, Lord Lieutenant of Warwickshire." [*Cheers.*] In Lord Leigh, his neighbours and those who knew him best recognised the best characteristics of an English nobleman, [*Cheers*] truly

English because he preferred work to idleness, duty to pleasure; and an English nobleman, because his time was at the service of all who desired and deserved it, regardless of his personal convenience. [*Cheers.*]

Lord Leigh, in acknowledging the toast, thanked the assembly for the way in which they had received his name in connection with so honourable a roof as the House of Lords. He hoped that that distinguished assembly would ever so discharge its duties as to retain the affection of all classes of Her Majesty's subjects. [*Cheers.*] The medical profession in this country might justly be said to be pre-eminently successful as well as humane. [*Cheers.*] He hoped he should never receive a less pleasant invitation than that forwarded him by the Association, and he rejoiced at having been afforded an opportunity of meeting his friend Dr. Jeaffreson, whom he had known for eighteen years, and who, both in and out of the profession, enjoyed the respect of all present. [*Cheers.*]

Dr. Radclyffe Hall proposed the "Magistrates of the County," coupled with the name of Dr. Jephson. He expressed the gratification it afforded him to find Dr. Jephson occupying a most honourable position amongst the magistracy of Warwickshire. [*Cheers.*]

Dr. Jephson briefly returned thanks.

Dr. Richardson proposed the "Local Authorities, coupled with the name of Mr. John Hitchman." He alluded to the beauty and salubrity of the town, the hearty welcome which the Association had received at the hands of the local authorities, and contrasted the present appearance of the Royal Spa with its condition when a local rhymster sang:—

> "Leamington without its doctors
> Were a thing without a name;
> Doctors elsewhere—what's their waters?
> Here the waters makes their fame." [*Laughter.*]

As it was admitted that Leamington owed its existence to the doctors, he thought it was only a piece of retributive justice that the doctors should return *en masse* to Leamington. [*Laughter.*] They had received the greatest possible kindness from the local authorities, the Trustees of the College, and the members of the Tennis Court Club. [*Cheers.*] He begged to couple with the toast the name of Mr. Hitchman as the representative of the local authorities. [*Cheers.*]

Mr. Hitchman, in responding to the toast, said that the quotation of Dr. Richardson had reminded him of another distich, also the effusion of a local poet:—

> "Come hither, ye Britons, with your sons and your daughters,
> For ye never will die, while ye drink of the waters."

He did not fully endorse the sentiments of the writer of the couplet, but he certainly did affirm that, if Dr. Richardson came to reside in Leamington, and drank judiciously of the waters, his health would be greatly prolonged. After some further humorous observations, he expressed the gratification it had afforded the authorities and inhabitants of the town to welcome amongst them the Association, which he thought could render valuable assistance to the legislature in the settlement of many difficulties with regard to lunacy, forensic medicine, and the sanitary regulation of towns, a subject in which the Association at the present time was deeply interested.

Sir Charles Hastings proposed the health of the President, Dr. Jeaffreson. [*Cheers.*] The Association was indebted to Dr. Jeaffreson for the manner in which he had discharged his duties, for the success of a meeting very much depended on the president.

The President, in returning thanks, said that he had accepted the office with great diffidence, observing that Leamington was a smaller and far more modern town than the Association had been in the habit of visiting; but rejoiced that he had been of any service to a body in which he felt such a deep personal interest, and for which he had so much respect, as the British Medical Association. [*Cheers.*]

Dr. Falconer proposed the "Medical Council and Corporations," coupled with the names of Dr. Burrows, Mr. Turner, and Dr. Goodfellow. [*Applause.*] It was a matter of common fame, how well and ably Dr. Burrows discharged his numerous and onerous duties as President of the Medical Council. [*Cheers.*] It was a matter of peculiar gratification that he (Dr. Falconer) was also enabled to associate with the toast the name of a provincial surgeon, who, by the force of his surgical knowledge, had been placed on the Council of the College of Surgeons, and who possessed the reverence, regard, and affection of his professional brethren—Mr. Turner. [*Cheers.*] He had also to mention the name of Dr. Goodfellow, as the representative of the Royal College of Physicians, with whom he had had a long personal acquaintance, and who was held in the highest esteem by the profession in the metropolis.

Dr. Burrows expressed sincere thanks, not only on behalf of himself, but in the name also of Dr. Paget and Professor Syme, for the compliment that had been paid the Medical Council. As President of the Medical Council, he was only expressing the views of his colleagues when he said that they felt the Council should not only hold its proper relation to the profession, but should hold a friendly social intercourse with the members of it; and this, he thought, was practically evinced by the fact that five out of the twenty-four members composing the Council had attended the meeting of the Association. He could not refrain from adverting to some strictures which had recently appeared in the Journal, with respect to the proceedings of the General Medical Council. The Editor had asked what the General Medical Council was going to do, and had appealed to him (Dr. Burrows) for an explanation. That, therefore, was his justification for adverting to the subject. Although he had the honour of presiding over the deliberations of the General Medical Council, he was not prime-minister, and he was obliged to keep himself perfectly independent and impartial with respect to all matters brought before the Council; and, so far from being in the confidence of the Colleges, he really did not know what they were going to do. No doubt, the first duty of the Medical Council was to carry out faithfully the Act of 1858. But this Act, although it embodied most valuable principles for which the Association had long contended, was clogged and obscured by phraseology that it would almost require some one with superhuman powers to resolve the problems it contained. Magistrates in one place construed it in a very opposite sense from what had been adopted by the magistrates of another; whilst even the judges gave different interpretations of it. They were, therefore, constantly experiencing great difficulties in their efforts to carry out such an act. If the Editor of the Journal, instead of finding fault with their efforts, would bring the weight of the publication to bear on public opinion, so as to assist in getting a better act of Parliament, he would render far better service to the profession. They had endeavoured to secure the registration of all medical men in England, Scotland, and Ireland, but their efforts had to a certain extent failed, because many members of the profession had refused to register. Thus their *Register* was a very imperfect document; but the fault lay entirely with the profession. As to professional education, after having bestowed many years' labours on the subject, when they attempted to act, the opinion given by the law officers of the crown was that they had no right to proceed as they were going on; that they might establish a minimum standard of education before a licence should be granted to practise as a surgeon, but that they had no power to impose any restrictions on the higher degrees. The consequence was that they were obliged to begin again, and establish a code of laws in relation to medical education. Until the passing of the Act of 1858, the profession in England, Scotland, and Ireland, were totally

different, and now they were attempting to lay down regulations suitable to the three countries. Could anything do more to raise the status of the profession, than taking care that every man who entered it had received something of the education of a gentleman? Had that been the only result of the labours of the Council, he thought it would have been a great boon conferred on the profession. Composed as the Medical Council was, of the representatives of every medical college and corporation, they were naturally the proper guardians of the material interests of the profession. The answer to the question, "Quis custodiat ipsos custodes?" was, that the proper censorship by the free press was the proper mode of keeping the General Medical Council in order. [*Cheers.*] He would not for a moment attempt to stifle free criticism and discussion of the proceedings of the Medical Council. It must be most beneficial to that body that they should know what was the well expressed opinion of the profession generally respecting them and their proceedings. One of the inducements, in fact, that had led him to attend the annual meeting of the Association was, that he might gain an insight into the views and requirements of his provincial brethren, and thus make himself acquainted with the views of the profession in different parts of the kingdom.

Mr. TURNER was at a loss to divine why his name was associated with the toast, unless it was to give him an opportunity—which he appreciated most highly—of thanking the members of the Association and his professional friends for having elected him a member of the Council of the Royal College of Surgeons. He felt the responsibility of the post, and assured them that he would endeavour to do his duty to the very utmost [*cheers*], whilst he should ever have a regard and consideration for the honour and privileges of the College of Surgeons of England. He believed the College of Surgeons to be a most valuable corporation. Like all human institutions, it was defective; but he believed its defects might be remedied, and that there was a disposition on the part of the Council to remedy them. Reform, however, was not a tree of rapid growth; and he should always be an advocate for the College of Surgeons reforming itself, not that he would exclude external pressure [*hear*], which had already been brought to bear, and, he might say, with advantage.

Dr. GOODFELLOW, in returning thanks, observed that the College of Physicians was gradually adapting itself to the altered condition of the times and the requirements of the age. The Fellows of the College of Physicians were most anxious to promote the interests of the profession generally; and the proceedings of the College for some time past had tended very much to the general improvement of the status of the profession.

Dr. SYMONDS proposed "The BRITISH MEDICAL JOURNAL", coupled with the name of the editor, Dr. Markham. [*Cheers.*] He thought it would be admitted that Dr. Markham occupied a very difficult position as the editor of the JOURNAL. [*Applause.*] He had not only to keep himself on a level with the progress of medical science, but to regard it as a person out of the profession; to keep the profession supplied with a due proportion of editorial matter, and yet to make the JOURNAL the organ of the Association. He had to find space for the proceedings of the different Branch Associations; to ever be alive to the interests of the profession; to conduct the JOURNAL with due regard to the views of the Association, and yet to perform the very delicate task of maintaining the literary character of the JOURNAL. He thought that, for the performance of all those duties in the most satisfactory manner, Dr. Markham was entitled to the gratitude of the Association. [*Loud cheers.*]

Dr. MARKHAM (who, on rising to respond to the toast, was received with loud cheers) expressed his sincere thanks for the manner in which the toast had been proposed and received. As Dr. Symonds had said, the task of editing the JOURNAL was a very difficult one; the person representing it was placed in a very anomalous and difficult position. The JOURNAL was criticised as he believed no other publication was criticised; it was so situated that every person considered himself not only capable of, but justified, in criticising, and that his opinions should be considered as representing the true facts of the case. He had felt it a great consolation that he had the sympathy of the Association. [*Cheers.*] He did not refer to what had taken place at another part of the proceedings, but would only say that, unless it had terminated as it had done, it would have been utterly impossible for him to have remained one moment longer in the position he occupied. He must not only receive their tacit, but their overt and most unmistakeable confidence. But he must say, that it was a matter of great personal satisfaction to him that, after they had been called upon to express their opinion on the management of the JOURNAL, they had done so in the determined manner they had done. When he undertook the post of Editor, he did it from no mercenary motive. But he felt that he should like to assist in any way in the interest of the profession. From the nature of the case, it happened that all the evil that he did—the slightest slip of the pen—was remembered and recorded against him; whilst the good was speedily forgotten. He might be allowed to indulge in a little editorial personality, although it was anything but pleasant to do so; but, after what had occurred elsewhere, it might be forgiven. It had been said that nobody listened to what he said in the JOURNAL. He had had one most flattering contradiction of that statement—that the President of the Medical Council had not felt it beneath himself to listen to the words of the Editor of the JOURNAL, as the mouthpiece of the Association. [*Cheers.*] With reference to his friend Dr. Burrows, he thought he had been a little too hard, and had not answered the question fairly. One of the greatest difficulties in the way of the proceedings of the Medical Council existed in the very nature of the Council itself. Dr. Burrows, if he understood him correctly, stated that the Council was composed of such heterogeneous particles, that every man was thinking of the individual place he represented rather than of the benefit of the profession generally. When he (the Editor) asked the question, what the Council intended to do, he intended rather to ask how they intended to conciliate those heterogeneous elements. [*Cheers.*] He would ask the members who were inclined to criticise the JOURNAL in future, to take a commercial view of the question. He did not shrink from a comparison of the Journal with other similar publications. He believed that one of its volumes would contrast favourably with any other medical publication in existence. But he would ask his critics whether it was reasonable or fair to compare a JOURNAL upon which the Society spent a certain sum with a publication upon which double and treble that amount was expended? [*Hear.*] When any gentleman made up his mind to criticise the JOURNAL, let him make a fair comparison, and not expect those who conducted it to find straw as well as bricks. [*Applause.*] He did not say this to cast any blame, but simply in justice to those who had the management of the JOURNAL. He concluded by expressing his thanks for the honour that had been done him, and the flattering way in which the toast had been received.

Mr. TURNER proposed the health of Dr. Waters, the President-elect. [*Cheers.*] He thought there was every prospect of the next meeting at Chester being a most successful one, and that they could not have selected a better President than his respected friend Dr. Waters.

Dr. WATERS said that the chief object of the Association selecting different localities for holding its anniversaries was to bring home, by its direct presence, the actual weight of its vast influence on the most remote parts of the kingdom. He should have shrunk from

attempting to welcome the Association to Chester, which possessed none of the facilities of the great seats of learning, or any of the attractions of Leamington; but, in the selection of Chester, facilities would be offered for associates in Wales attending the annual meeting, and they would be gratified in consequence, whilst the old city would be honoured by the presence of the Association. He thanked the members for selecting him as as President-elect, and he trusted that when he vacated the office, he should have so conducted himself as to secure their approval. [*Applause.*]

Mr. BARTLEET proposed the "Readers of Addresses," coupled with the name of Professor Syme. [*Cheers.*]

Professor SYME said that his attendance at the meeting had brought him into contact with many of his former pupils, who, having fought the battle of life with success, still cherished a kindly feeling towards himself. [*Cheers.*] He believed they had communicated that feeling to other members of the Association, and, therefore, they had listened with favour to the imperfect attempt that he had made to discharge the duty with which they had honoured him. He expressed his good wishes for the success of the Association, and his sincere gratitude for the flattering compliment paid him.

Dr. STEWART proposed the health of the General Secretary, Mr. Watkin Williams; who, in responding, proposed the health of Mr. Ebbage, the Local Secretary, whose valuable assistance and energetic services, he acknowledged in the warmest and most complimentary terms.

Mr. EBBAGE said that he had been most ably assisted by the local Committee and the President in any efforts he had made to welcome the Association in a proper manner; and, although he could not take the credit ascribed to him, it was nevertheless a source of intense gratification to him to know that the members were pleased with the reception they had met with in Leamington, and that the meeting had in every respect been most successful.

"The Ladies", responded to by Mr. STEELE, brought the toast-list to a conclusion.

THE SLOW POISONING PANIC. The sympathetic public have, since the revelations of the Pritchard case, been smitten with an imitative idea similar to that which follows cases of suicide. Two cases have within the last week been decided in the English law courts, in which medical men were accused under the most improbable circumstances of slow poisoning, and in both the accusation was proved to have no shadow of foundation. Mr. Sprague of Ashburton was brought to trial for having attempted to poison three of his own relatives. Of motive there was only the vaguest suspicion, and of evidence of the existence of poison no greater surety. Dr. Jervis communicates his suspicion as to the nature of the poison to Professor Herapath, and that gentleman having moistened his conjunctiva with the washings of the pie-dish in which the poison was supposed to have been, and imagining that he observed an unusual dilatation of his pupil, at once assumed that atropine was used with a view to poisoning. The second case is more ludicrous still. Dr. Bradshaw gets rid of his cook, who, it appears, is of an hysterical temperament. The woman is smitten with the idea that she has been slowly poisoned, though she is sworn to have been to all appearance in good health, and on retailing her story to another medical man is assured by him that she has been slowly poisoned. After a careful investigation, the charge is discovered to be perfectly absurd, and the result only of the hysterical ravings of a woman and the foolish and hasty judgment of a doctor. (*Medical Press.*)

Medical News.

UNIVERSITY OF LONDON. 1865. First B.Sc. Pass Examination. Entire.

First Division.
Anderson, Tempest, University College

Second Division.
Duer, Sidengham, Private study
Scotson, James, University College
Smith, Alfred Micaiah, Owens College

Excluding Mathematics.

First Division.
Martin, William, B.A., Private study

Second Division.
Griffith, Arthur William Kay, B.A., Spring Hill

APOTHECARIES' HALL. On August 10th, 1865, the following Licentiates were admitted:—
Leach, John Comyns, Crediton, Devon
Lowndes, Frederick Walter, Southport, Lancashire

At the same Court, the following passed the first examination:—
Baron, Thomas, St. Thomas's Hospital
Hedley, Charles, Guy's Hospital
Howard, Charles Edward, St. Mary's Hospital
Wood, Robert, London Hospital

APPOINTMENTS.

COOPER, G. H. Cresswell, Esq., elected Surgeon to the Holloway and North Islington Dispensary.

MILITIA.

VIPAN, H., Esq., to be Assistant-Surgeon 5th Middlesex Light Infantry Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—
ADYE, W., M.D., to be Ensign 9th Wiltshire R.V.
BENNETT, F. G., Esq., to be Assistant Surgeon 1st London A.V.
EWINGTON, C. H. T., Esq., to be Surgeon 1st London A.V.
KYNOCK, P., Esq., to be Honorary Assistant-Surgeon 4th Berwickshire R.V.
PRESTON, A. R. R., Esq., to be Assistant-Surg. 3rd Devonshire R.V.
SPRATLEY, S., M.D., to be Honorary Assistant-Surgeon 1st Cheshire Engineer Volunteers.
TULLOCH, J. S., Esq., to be Assistant-Surgeon 38th Middlesex R.V.

MARRIAGE.

On August 8th, at Walsall, *Alfred James HARRISON, M.B.Lond., of Walsall, to Selina, youngest daughter of George Bradurch STUBBS, Esq., of Walsall. No cards.

DEATHS.

ELSTON, William A., Esq., Surgeon, at Bugbrook, Northamptonshire, aged 53, on August 4.
GREENISH, John, Esq., Surgeon Royal Navy, at Stubbington, Hants, on July 29.
WHITE, Samuel, Esq., Surgeon, at Sherborne, aged 70, on July 25.

DR. NICHOLAS M'CANN, of Parliament Street, has been placed on the Commission of the Peace for Middlesex and Westminster.

THE ASTLEY COOPER PRIZE of £300, on the subject of "Injuries to the Head and their Treatment," has been awarded to Mr. Jonathan Hutchinson. The subject of the next Astley Cooper Prize, to be awarded in 1868, is Pyæmia.

MADEMOISELLE R. has passed her Bachelor of Arts degree at Algiers; and is about to enter the school of medicine there, with the intention of hereafter practising medicine.

THE ITALIAN COUNCIL OF HEALTH. The medical element has been introduced for the first time into the Superior Council of Health in Italy. Of thirteen members, nine are medical men; and Buffalini is the president.

Royal College of Surgeons. The museum and library will be closed as usual during the ensuing month of September.

Quack Medicines. Upwards of £55,333 has been paid during the past year for the government duty on quack medicines.

Queen Charlotte's Lying-in Hospital. The governors of this hospital have decided to increase the medical staff. There is a vacancy for a medical officer for the *out-patients*. Candidates may be either fellows or members of the Royal College of Physicians or fellows or members of the Royal College of Surgeons not practising pharmacy.

Society for Relief of Widows and Orphans of Medical Men. The last of a series of adjourned meetings of this Society was held on Wednesday evening, when the new bye-laws, the formation of which had been rendered necessary in consequence of the granting of a Charter to the Society, were approved.

Charge of Improper Druggists' Treatment. The deceased was plaintiff in the action lately tried at Croydon. He obtained damages £100 from Mr. Fay, a chemist, on the plea that he had been wrongly treated by Fay. At an inquest held on his body, the jury returned the following verdict:—"We find that the deceased, Henry Fitzroy Jones, was found dying, and did die, from the mortal effects of an attack of bronchitis, with emphysema of one of the lungs, and other diseased conditions; and the jurors further say that the said death of the said deceased was the result of natural causes, accelerated by a weakness produced by excessive salivation."

Dr. Bradshaw, of Welbeck Street (who a few days ago applied to the magistrate for advice in consequence of his cook hurriedly leaving his house and subsequently spreading a report that she had been slowly poisoned), wishes it to be stated that the woman, when in his service, suffered from diarrhœa, vomiting, and uterine irregularity, which subsequently assumed the form of hysterical mania, and for which diseases he had prescribed the usual medicines. Dr. Bradshaw further states that it was never insinuated that he had administered poison to his servant, but that the entire allegations referred solely to his butler, whom the cook had constantly suspected of administering poisons to her when she was in a paroxysm of hysterical mania.

North of Scotland Medical Association. A meeting for the purpose of forming this Association took place in Aberdeen on the 5th inst. Professor Harvey presided, and more than sixty other members of the profession were present. A series of resolutions, establishing the Association was moved by Drs. Gavin, Keith, Bruce, Brown, Struthers, Mortimer, and Mackie, and unanimously adopted. The Association comprises the members of the Aberdeen Medico-Chirurgical Society, the Buchan Medical Society, the Garioch and Northam Medical Association, and the Banff, Moray, and Nairn Medical Association, and other members of the medical profession in the North, irrespective of their being connected with any society. The various societies are not amalgamated in the new Association, but confederated, each retaining its independent existence in its own district. The object of the Association is to unite the members of the medical profession in friendly intercourse, and to enable them to express their views on questions affecting the profession. Dr. Kilgour was unanimously elected president. The members reassembled at three o'clock at Douglas's Hotel, when upwards of sixty sat down to dinner.

Guy's Hospital. Examination of Students in Medicine and its Allied Sciences, August 3rd, 1865. *Third Year's Students: The Treasurer's Gold Medals:* Henry Denne, Sandwich, for medicine; John Gill, Weston, Hawkstone, Shrewsbury, for surgery. *Prizes:* Henry Denne, Sandwich, first prize £40; John Gill, Weston, Hawkstone, Shrewsbury, second prize, £35; Henry S. Taylor, Alton, Hants, honorary certificate. *Second Year's Students:* Benjamin Neale Dalton, South Lambeth, first prize, £35; William Johns, Haverfordwest, second prize, £30; William Spratt, Tottenham, honorary certificate; James Rawlings, St. Pinnock's Rectory, Liskeard, honorary certificate; Arthur Bowes Elliott, Richmond, Yorkshire, honorary certificate; Samuel John Truman, Nottingham, honorary certificate. *First Year's Students:* William Bevan Lewis, Cardigan, first prize, £30; John F. Codrington, Newcastle, Australia, second prize, £25; Frederick William Salzman, Brighton, third prize, £10 10*s*. (presented by one of the governors); James William Barry, Ramsgate, honorary certificate; Charles John Sells, Guildford, honorary certificate.

The Cholera was, on August 9th, diminishing in Ancona, where it has prevailed with much severity; but that isolated cases, traceable to communication with the above named place, have appeared at Rimini, Ravenna, Bologna, and Milan. The *Official Gazette*, August 8th, contains the following:—"The increase of cholera at Ancona, and the occurrence of isolated cases in some other towns of the kingdom, induce the government to call upon the most willing medical men, and those not bound by public service, to register their names at the offices of the prefects, in order to immediately assist the sanitary corps in Ancona or other localities, if the necessity may hereafter arise. The government being certain of meeting a ready response to this appeal, from the tried abnegation of the Italian medical profession, will not fail on their side to duly take into account any extraordinary services they may render to humanity and their country." According to a telegram, the Italian government has ordered a quarantine of seven days for all arrivals from French continental ports on the Mediterranean, on account of the existence of cholera at Marseilles. In Constantinople, 1,442 persons were reported to have died of cholera from July 26th to August 1st inclusive. By the latest telegrams, the disease is said to have nearly disappeared from Pera, but to have extended greatly in Stamboul and the Bosphorus villages, the daily average of mortality being 380. The cholera has ceased, or nearly so, in Alexandria and other parts of Lower Egypt; but it is still prevalent in Upper Egypt, and a sanitary commission of ten medical men is consequently to be sent thither by order of the Viceroy. The Viceroy has presented 7,500 *francs* to the Prussian Hospital, in recognition of the care bestowed on the sick during the epidemic.

The Cattle Disease. A few days ago a meeting of the medical officers of health of the metropolis was held, for the purpose of considering the probable effect of the prevailing cattle-plague on the health of the public, etc. Dr. Druitt presided. There were present Drs. Whitmore, Hillier, Ballard, Gibbon, Vines, Messrs. Lord, Beale, and the medical officers of health of most of the metropolitan districts, as well as a number of members of the profession. Dr. Whitmore moved a resolution to the effect: "That each of the medical officers of the metropolis be requested to furnish to the secretary of the Association, without delay, the number of cowsheds in their respective parishes and districts, the number of cows usually kept, the number that had been attacked with the disease, the number of infected cowsheds,

the number of cows that had actually died in the sheds where they were attacked, with such other information as to symptoms, sanitary condition of the cowhouses, and other matters bearing upon the subject, as it was possible to obtain." It was further resolved, on the motion of Dr. Whitmore, that a letter be addressed to the Secretary of State for the Home Department, praying that the act 11th and 12th Victoria cap. 107, which provides for the prevention and against the spread of contagious and infectious diseases amongst cattle, might be rigorously enforced and carried out by the police authorities, under the advice and instructions of competent persons. A discussion then arose as to the effect produced by the disease on milk; and the general impression seemed to be that during the incubation of the disease, or until the symptoms of the malady manifested themselves, there were no grounds for supposing that the milk was unfit for human consumption, and the fact of the drying up of the milk being one of the first symptoms of the disease was in itself a satisfactory assurance that milk of diseased cows would not be sold. The meeting was adjourned for the receipt of the returns referred to in the first resolution, and for the reply of the Secretary of State as to putting the Diseases in Cattle Prevention Act rigidly in force.

UNIVERSITY COLLEGE, LONDON. At the last session of the academical year, held by the Council on August 8th, the result of the class examinations of the medical faculty for the summer term was declared as follows:—*Medical Jurisprudence: Gold Medal and First Certificate:* H. C. Wigg, of Geelong, Australia. *Silver Medal and Second Certificate:* Thomas Hopgood, of Chipping Norton. *Certificates:* 3. W. B. A. Scott, of London; 4. C. J. Hardy Smith, of London; 5. Thomas B. Hay, of London; 6. Richard M. Pryce, of Caersws, Montgomeryshire.—*Materia Medica: Gold Medal and First Certificate:* W. R. Gowers. *First Silver Medal and Second Certificate:* Henry N. Martin, of Boyston. *Second Silver Medal and Third Certificate:* David Harvard, of Newport. *Certificates:* 4. Lewis A. Killick, of Maidstone; 5. Essex J. Williams, of Penberry; 6. Henry C. Gill, of London; 7. Robert Pollock, of London.—*Pathological Anatomy: Gold Medal and First Certificate:* John Williams. *Second Certificate:* William A. Stuart, of Barbadoes.—*Practical Chemistry: Gold Medal and First Certificate:* A. P. Hurlstone, of Cheltenham. *Certificates:* 2. Henry Seward, of London, and Temple A. Orme, of London (equal); 3. Milward Harding, of London; 4. A. Hensman, of Northampton; 5. W. Price, of Cardiff; 6. Robert Pollock and David Harvard (equal); 7. W. H. Allchin, of London, Henry Cass, of Cowes, and Henry C. Gill (equal).—*Midwifery: Gold Medal and First Certificate:* Francis J. Buckell, A.A., of Romsey. *First Silver Medal and Second Certificate:* Henry Clothier, of Haslemere. *Second Silver Medal and Third Certificate:* Edward C. Shoppee. *Certificates:* 4. Thomas Hopgood; 5. Edgcumbe Cornish, of Tavistock; 6. S. Morrisson, of Tasmania; 7. R. M. Pryce.—*Botany: First Silver Medal and First Certificate:* Alfred H. Garrod, of London. *Second Silver Medal and Second Certificates:* A. N. Martin and A. Payton Hurlstone, of Cheltenham (equal). *Certificates:* 3. Henry Cass; 4. S. B. Brooks, of London; 5. Samuel Pidwell, of Penzance; 6. Tempest Anderson, of York.—*Fellowes' Clinical Medals: Gold:* Edward L. De Morgan, of London. *Silver:* William A. Stuart, of Barbadoes.—*Medical Entrance Exhibition:* Second Moieties were paid—£15 to T. Anderson, £10 to T. A. Orme, and £5 to H. Cass.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ERRATUM.—In last week's JOURNAL, p. 164, col. 2, lines 14-17, for "and in Manchester, where.....one report was missing", read "and, in four years' time, during which eight thousand separate returns had been made, only one return was missing."

JOURNALS WANTED.—A member requires, to complete a volume, the numbers of the BRITISH MEDICAL JOURNAL for January 2nd, 9th, 16th, 23rd, and 30th, 1864. Any gentleman who may have no further use for these numbers, will oblige by forwarding them to Mr. Honeyman, 37, Great Queen Street, London, W.C.

F. P.—The grace given by Dr. Jeaffreson at the public breakfast at Leamington was Shakesperean: "May digestion wait on appetite, and health on both."

THE BRITISH COLLEGE OF HEALTH boasts in its advertisements, and as a claim to public consideration for its pills, that it has paid £150,000 to the Government.

"Morison's pills is the only medicine that strikes at the root of all disease. This has been proved by an experience of forty years, during which time upwards of 500,000 cases of cure have been effected; and stamp duty on that medicine, to the amount of £150,000, paid to the English Government."

VACCINATION FROM THE COW.—SIR: Allow me to draw your attention to an advertisement which appears in the medical papers, upon Vaccination by Animal Vaccine Lymph. At a considerable expense, I have been induced to allow a number of experiments to be made upon cows kept for the use of my family; and having entered fully into the subject of vaccination as carried on so successfully in Naples and France with unfailing good to the public, I have advertised to the profession the fact of my having—and if the profession and the public support me, I shall continue to have—cows always in a state of vaccination, to supply the pure lymph.

I trust the importance of the subject will be a sufficient excuse for the liberty I have taken in thus addressing you.

I am, etc., F. CROOK.

Vine Cottage, Forest Hill, July 29th, 1865.

THE SOURCE OF CANCER.—SIR: Under the head of "Discussions in Scientific Medicine", I see that the subject of cancer is introduced by Mr. C. H. Moore, in this question: "Are there any Antecedent Conditions Influencing the Production of Cancer?" After many members had given their opinions, the subject was still environed in its usual mystery. Many years ago, a contribution of mine appeared in our JOURNAL, in which I attempted to prove that cancer was a blood-disease, that its *fons et origo* was in the liver; and the longer I live and meditate thereon, I am more and more convinced that this is not far from the truth, and that if this be kept steadily in view, cancer is preventable.

If this be worthy a place in our admirably managed JOURNAL, perhaps you can refer the readers to my said contribution.

I am, etc., THOMAS POPE.

Cleobury Mortimer, Salop, August 14th, 1865.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

THE ANTECEDENT CONDITIONS OF CANCER.

By CHARLES H. MOORE, Esq., F.R.C.S.,
Surgeon to the Middlesex Hospital.

[At the meeting of the Association on August 3rd, Mr. Moore opened a discussion on the question, "Are there any Antecedent Conditions influencing the Production of Cancer?"—with the following remarks.]

Before presenting my contribution in reply to the question I have the honour to introduce to you, I will endeavour to give a brief definition of what we may agree to include in the term Cancer. Such a definition is necessary, chiefly for the purpose of precisely limiting the conditions and period of time to which our inquiry should extend. It is a disease originating in a single spot as one tumour or new growth. In that spot it mixes with the natural tissues, which are destroyed in it, and never reproduced. Its component microscopic cells having a greater power of multiplication than those which it displaces, but less of vital stability, the tumour is liable to early degeneration, ulceration, and gangrene. Its elementary parts are capable of filtering or being shed into the adjoining healthy tissues, and they may thus be dispersed over a very wide area; they may also be conveyed to parts remote from their place of origin, travelling with the circulation, or sinking by gravitation in the liquids of a serous cavity. Afterwards, when attached in a new site, they manifest a power of growing, as they might have done where they first sprang. In each new place, they thus give rise to a separate tumour similar to the first. The disease, so far as we know, is common to men of all nations, all times, and all parts of the world; and it is not limited to the human species, being met with also in the domestic animals, both herbivorous and carnivorous.

These qualities and characteristics are not all possessed by every example of the disease; and, happily, the most virulent are the most rare. It is in some cases limited to the part in which it first arose; whilst in others, not apparently dissimilar, it becomes widely dispersed. Every degree of malignancy in this respect is, in fact, observable in different cases; from that which remains for twenty years a local, albeit an advancing disease, to that which is diffused all over the body in as many weeks. The solid growth which slowly creeps over the face, and is followed so closely by ulceration that the substantial disease of the margin rarely exceeds the thickness of an old penny-piece—that growth misnamed an ulcer, which scoops such hideous caverns in the human visage—is no less a Cancer than the occult tumour which forms in the male or female mamma, and which, when "open", as we term it, has a like ulcer with only a thicker edge. So, too, a capacity for diffusion is possessed by all Cancers; and it also varies in degree. The Rodent Cancer, and some of the mammary, may yield up to the absorbents no more of their substance than a fatty tumour, the elements of which, when taken into the circulation, display no power of reproduction in the next place they come to occupy. Cancers of such a kind may never pass out of the vicinity of the original tumour, or reach beyond the glands; yet, in the peculiarities of their local progress and in their common hostility to every indigenous texture, they are equally Cancers with those which can spread to distant regions and luxuriate in dissimilar organs, and which possess sufficient vitality to grow after transplantation, not only from one organ to another, but from one to another animal. It is to Cancer thus broadly defined that the chief remarks which I venture to submit to you apply.

"*Are there any Antecedent Conditions influencing the Production of Cancer?*" Our question relates to that which precedes what has been defined as the commencement of the disease—precedes, that is to say, its first appearance in the form of a tumour. Is it possible to discover any anterior condition which can be assigned as the cause of this earliest local outbreak of Cancer? The question is one passing all description in the importance of its bearing upon the treatment of the disease.

Now, I must at once avow that I am not in a position to demonstrate any such anterior occasion of the disease. Excepting local irritation, no prior cause is known from direct observation.

Rokitansky has drawn attention to the resemblance between the acutest forms of Cancer and the effects of typhoid fever on the intestines. The two diseases have, indeed, some likeness in the microscopic cell-growth which occurs in them, and in their invasion of the adjoining lymphatic glands; but I need not say that the resemblance does not show their identity, and that there is no probable similarity in their causes. It has been argued, that there must be a preliminary fault in the blood; but chemistry and the microscope have alike failed to show any, even after the disease has begun; and the arguments on which that theory rests (too lengthy here to dispute) are, I think, in collision with facts. Were Cancer in the blood before its deposition in the tissues, it should be far less subject than it is to the local influences of the part in which it breaks out. The acute diseases affecting that fluid should also have an appreciable effect upon it. I have searched for such effects, endeavouring to discover if Cancer were arrested, and its local tumours subsided, during acute diseases which alter the condition of the blood. It has never happened to me, however, to see continued fever in a patient suffering from Cancer; and I have, consequently, been unable to study its effects on a cancerous tumour.

In looking round upon other known diseases as probable sources whence Cancer may spring, we cannot but regard Tubercle and Syphilis as having a suspicious alliance to it, from their manifest similarity in several pathological and clinical points. But suspicion is disarmed in the case of Syphilis by the observation of Cancer where Syphilis does not occur—namely, among the lower animals. And the concurrence of Phthisis and Cancer in the same persons or the same families is not more frequent than the

fearful prevalence of the former disease among us may explain.* Dr. Fenwick has begun an investigation into the origin of Cancer by a microscopic and chemical examination of those blood-making organs which are not involved in the fatal cancerous disease, and in which, therefore, any changes tending to a preparation of materials for the morbid growth might be detected. In a paper communicated to the Royal Medical and Chirurgical Society during its last session, he reported that a majority of fifty-seven cases, of which he had procured specimens from the Middlesex Hospital, had afforded him proofs of both physiological and chemical defects in the gastric and intestinal mucous membrane. Whether these followed or preceded the outbreak of the disease, he was unable to assert, as the cases had, of course, proved fatal before the changes in question came under his eye. It would be premature to pronounce upon the value of such an investigation. Though promising, it has thus far shed no light on the first period and cause of the disease. The same remark applies to all other modes of conducting the inquiry. Only after the malady has already declared itself can the search for its cause be undertaken, and it can be directed only to antecedent facts of which we can then take cognisance; for the disease always creeps forth insidiously, and we may not institute examinations of apparently healthy people with a view to its possible development in them.

Setting aside merely mechanical irritation, as inadequate of itself to determine the growth of Cancer, I suppose that all our present conceptions of the efficient cause of this disease are embraced in the idea of its constitutional nature. However broad or however partial the idea we form, whether we connect it with the blood, or with the system as a whole, or with one offending organ, that, in some degree or other, is our explanation of the origin of Cancer. It is probably pictured in our minds as an innate or an acquired misdirection of natural growth; and that not as a consequence of some fault resident in the structures showing the disease, but as enforced upon them by a concealed control on the part of the general system. It is an antecedent constitutionalism, ensuring the production of a local tumour, possibly in some elected spot; but, if that most appropriate for its development be wanting, or have been removed, then in some less disposed structure; still, however, and always, under the constraint of a general necessity somewhere and somehow to deposit the characteristic material. The constitutional influence may be itself disease, or the accumulated and overflowing product of a still anterior disease; this matters not to our idea, the essential point in which is, that the causation of Cancer is not solely in the part where its first independent tumour springs.

Perhaps no opinion bearing on the pathology and surgery of Cancer more needs investigation than this. It is an opinion which stops inquiry, anything constitutional looking so like an ultimate fact. If it be incorrect, it diverts attention to wrong and profitless channels; to the state of the blood; to previous or concurrent ailments of the patient; to peculiarities in the habits or construction of himself or of some of his ancestors. It seriously vitiates practice; inducing hesitancy and delay in operating during the early and really hopeful period of the disease. It is an opinion, moreover, which goes far to pervert even our perception of facts; leading some surgeons to dissociate from Cancer, the presumed constitutional malady, certain other diseases which are obviously cancerous, solely because they are usually devoid of this conjectural antecedent malignant element. It would be impossible to obtain a satisfactory reply to the question before us, without examining the foundation on which the theory of the early constitutional nature of Cancer rests.

The grounds on which Cancer is held to be originally of constitutional nature are, I apprehend—

1. Its final universal diffusion throughout the body.
2. Its occasional commencement in many primary tumours simultaneously.
3. Its capacity to grow in various textures.
4. Its local recurrence after an operation on the primary tumour.
5. Its appearance in internal organs notwithstanding the extirpation of the primary tumour.
6. Its repetition in families (hereditary nature).
7. Its relation to Tubercle.

1. The opinion that Cancer is constitutional is not an unjust one, if it be restricted to the final and widely spread condition of the disease; for nothing can be more nearly universal than the dispersion of tumours through the body sometimes is, or more plainly tainted and infected than the organs through which they are scattered.

But if this conclusion, which expresses the result of the disease, be reflected back upon its earlier nature, and an inference be drawn, that as it is finally constitutional, it must have been so from the beginning, more is asserted than the multiplicity of tumours proves. Common as it is in the end to many regions and to diverse structures, Cancer is not proved to be constitutional in the sense of each several tumour having originated directly and apart from all the rest in some prior general disease. For, in the observation of many cases, the sequence in growth of tumour from tumour is to a great extent demonstrable, which sequence, as it explains the successive appearance of tumours by continuity and vascular connection, supersedes the necessity of referring them to any other cause. We thus trace back the disease to a period at which but one tumour existed; and we come upon cases in which one tumour alone constitutes the total and final disease.

It follows from this that, if multiplicity of tumours in the later stage of Cancer does not prove their common derivation from the constitution, one chief reason for regarding the original tumour as constitutional is taken away. On the theory which attributes Cancer to a prior universal disease, the first tumour is but one of many which will be certainly evolved from their common cause, whether that first remain in the body or be removed from it. But, if the later tumours are all traceable, directly or indirectly, to the first, the origin of that one can only be referred to the constitution on grounds which are altogether independent of any subsequent progress of the disease.

2. An argument for the constitutional nature of

* After the discussion on the question treated of in this paper, the President of the Association, Dr. Jeaffreson, drew my attention to a frequent and marked coincidence of Cancer and Rheumatism in the same persons, which he had observed. Such clinical remarks are highly valuable, and they may be confirmed in our JOURNAL by the experience of the members of the Association. They will also be found to bear upon chemical and geographical investigations of the subject.

Cancer is drawn from its occasional outburst in multiple primary tumours. If it do thus originate in many parts at the same time, its dependence on the constitution would not be worth contesting. For a common tendency of the whole body to the disease is much the same as a liability of many of its separate parts. The removal of a tumour from one part could not then hinder, as it does, the production of the disease in other parts; and surgical operations would be useless, offering neither a prospect of delay in the development of the coming tumours, nor hope of a permanent exemption from them. In fact, however, these cases of simultaneous multiple Cancer rest only on traditional authority. They are not met with under the more exact observation of the present day. The most rapid outbreaks of the disease are as orderly as the most chronic; and the appearance of a contemporaneous origin of many tumours is due to the rank growth of medullary Cancer, and to the rapidity with which its soft materials are conveyed to all parts with the circulation.

3. Its capacity to grow in various textures furnishes another reason for attributing Cancer to the constitution. Distant tumours in the same body are alike, and their manifest unity demands that they should be referred to a single source. What source so natural as the constitution, which, at any rate, can be assumed to be one, whilst the organs occupied by the tumours are so dissimilar? But the production of multiple tumours is as conceivable out of the travelled elements of the first tumour, as it is out of a cause so indefinite and imperceptible as the constitution; and we are not compelled to adopt the constitutional theory, if a mechanical distribution of living elements from the first tumour suffices to explain the origin of the later growths.

4. An influential argument for the constitutional nature of Cancer, is derived from the results of surgical operations for the removal of the primary tumour. Either, as in the majority of cases, the disease re-appears in the wound, or in the neighbourhood of the scar; or, without any recurrence in its first site, a tumour of the same nature grows up in the subordinate lymphatic glands. Again, it returns neither in the region it first occupied, nor in its lymphatics, but in some internal organ of the body, and then pursues its course as if the original tumour had never existed; or, once more, by one of the rarest successes in operative surgery, the entire disease is finally extirpated. It is cut out, and it never returns.

Now, it is impossible to call in question such imposing and practical evidence for the constitutional nature of Cancer, without seeming to impugn the practice of surgery. For, on the hypothesis of the primarily local character of the disease, its return after operation proves it to have been but partially removed. But, although Cancer be thus local, yet recurrence of it will take place without fault in the surgeon. Of many cases, it is enough to explain that the exigencies of practice demand incomplete operations; and that they must be done, not unwittingly, but deliberately, for the sake of advantages far short of a complete extirpation of the disease. With regard to the remaining cases, the alternative of a constitutional or a local origin of Cancer must be decided by an examination of all the facts. If the disease do not return in the site of the operation, the possibility of finally extirpating it, at least from a part, and, therefore, its independence on the constitution when once locally deposited, are established, whatever be the constitutional influence under which it is assumed to have originated. And if, after such complete local eradication, Cancer nevertheless show itself in an internal organ, the local character of the original tumour is the more confirmed, since this conjectural constitutional influence, which is alleged to be ample to produce secondary internal disease, is powerless to resuscitate that of the region first selected for its growth. But, if operation avail in one case for the extirpation of the primary disease, its failure in another case, or even in many other cases, proves, not the constitutional nature of the malady in those instances, but the incompleteness of the operation. And, indeed, it cannot be doubted that, notwithstanding the utmost circumspection, inappreciably minute fragments or prolific elements of the disease are sometimes left in the wound at the time of the operation; and that others may exist which are beyond detection, in the glands, in an internal organ, or in transition from one part of the system to another. And, further, some operations are done with more regard to neatness in the scar than to the free removal of suspected parts. So long as it can be reasonably doubted whether the whole of the morbid structures existing at the time were removed, no light whatever is thrown on the nature of the disease by any number of disastrous recurrences after such operations. Recurrence is inevitable, with disrepute, which is shared in unfair proportions between the operator and the disease.

Could any circumstances have been more likely than others to confirm, by the results of surgical operations, the constitutional nature of primary Cancer, they would have been those of a family well known at the Middlesex Hospital, of which six female members had that disease in the same organ, the left breast. What more hopeless, apparently, than operations in persons in whom constitutionalism seemed so pronounced? Yet, two sisters in this house passed eleven and twelve years respectively after the removal of the breast without recurrence of the disease; and, upon its return at those dates, and a repetition of the operation, each remained healthy for seven years more. No further recurrence of the disease is yet known to have taken place in these persons.

5. Notwithstanding its complete and final extirpation from the part first attacked, Cancer sometimes eventually appears in internal organs. Is it not there an independent disease, and a product of a morbid tendency common to the whole body? In the present state of our knowledge, I cannot think this a proof of the constitutional origin of the disease. For it is not shown that the internal disease originated of itself subsequently to the removal of the primary tumour. Unless that be proved, the appearance of secondary Cancer in the internal parts, or indeed in any distant region, can equally be referred to dissemination from the primary disease, as when that is not operated on, or when it has been but partially removed. Even a considerable delay in the growing of the secondary tumours, does not show that they were not initiated by materials which had travelled from the original disease; for I have known six years to elapse from the removal of a cancerous breast to the time of troublesome growing of the disease in an unsuspected gland behind the

pectoral, and twelve years in one of the cases just referred to before the local recurrence of Cancer of a breast removed by Mr. Arnott.

6. The opinion long prevailed in the profession, and still more out of it, that Cancer is an hereditary disease. The facts, however, on which the opinion is founded, do but partly support it. Still less do they prove that, in its transmission by inheritance, Cancer passes as a constitutional disease.

For first it is to be noticed that, while the disease is traceable in more than one member of a family once at most in six times, yet five times out of the six it is not to be found in any of the relatives of the affected person. Even the rule of inheritance is, therefore, far from being established. And next, although the disease may occur in two or more persons who are related to one another, the circumstances attending its repetition in a family vary much, and consequently bear with unequal importance upon the argument for the constitutional nature of the disease. It will be convenient, and, I think, accordant with facts, to separate and study in two classes, the few examples of multiple Cancer occurring in families.

a. The fact is a very imposing one, when two, when three, even four, or six members of one family connexion are known to be cancerous. It is, indeed, impossible to question the reality of such an occurrence, and consequently to deny to inheritance some influence in the generation of Cancer.

This conclusion is confirmed to some extent by an examination of particular instances of concurrent Cancer in families. It is found that the disease is traceable in a direct descent from parent to child. I saw a case with Mr. Nunn and Mr. McOscar, in which a woman died of Cancer of the mouth, who had recently for a long period attended her father with Cancer of the lip. Mr. Sibley has recorded an instance in which a mother and two daughters were affected with Cancer; another, in which two sisters and the daughter of one of them suffered from it; and a third, in which a mother and five daughters were cancerous. Mr. Paget met with the disease in a grandmother, mother, and daughter; and Dr. Warren, in a note in his book on *Tumours*, refers to six cases of Cancer distributed in three generations of one family.

A yet closer hereditary relationship is to be acknowledged when the disease of the allied members of a family is found in the same organ. This fact was very strikingly pronounced in the three families last referred to. The persons in Mr. Paget's observation were grandmother, mother, and daughter, and the disease in each of them was situated in the uterus. I know of a family in which all the sisters had Cancer of the breast, while the brothers were free from the disease. Dr. Warren's observation is as follows. In the family of a man who had Cancer of the lip, a son and two daughters had each Cancer of the breast. In the succeeding generation, a daughter of this son and a daughter of one of the daughters had again Cancer of the breast. Dr. Warren added that he suspected other members of this unfortunate family to be suffering from the same disease, but to be carefully concealing the fact. In Mr. Sibley's last example, the mother and five of her daughters had each of them Cancer of the left breast.

Another fact illustrating the inheritance of Cancer is its tendency to repetition in one sex. Out of all proportion to their liability to Cancer above men, it is among women that multiple family Cancers prevail. The occurrence of Cancer in women above its frequency in men is nearly as 5 to 2; but in Mr. Sibley's inquiries, it was found traceable among the women of a family nearly eight times as often as among the men. Where a family proclivity to the disease was manifested by its occurrence in more than two related persons, it was found almost only amongst the women. This limitation of repeated family Cancer to one sex, tends to withdraw Cancer from its present isolation among diseases, as the peculiarity is one which is shared with it by deformities, and by some remarkable cases in which progressive fatty degeneration of muscles was absolutely limited to the boys of one family.

It was remarked to me by Mr. Paget that Cancer appears to increase in intensity with repetition, for it begins at an earlier age in a second generation than in that from which it was derived. The observation corresponds with what has been noticed at the Middlesex Hospital; and it appears to be most distinct when the disease presents itself in the same organ in persons of the same family. Hence, it may happen that a parent and child may be suffering from the disease at the same time. Mr. Nunn had, at one time, under his care a mother and her daughter suffering from Cancer of the breast; and Mr. Lawson attended a young man with Cancer of the stomach, whose father was at the same time a patient of Dr. Budd's for the same gastric disease. In a family referred to by Mr. Sibley, a daughter died at 32, and her mother at 52, of Cancer of the uterus. Mr. Paget's observation extended to an additional generation; and the granddaughter died of Cancer of the uterus at an earlier age than the mother, as she in her turn had died of the same disease earlier in life than the grandmother. From Mr. Sibley's report, I find that the remarkable Middlesex Hospital case illustrates the same fact, the five daughters being all attacked at an earlier age than their mother with Cancer of the left breast. And it can be further made out that almost uniformly each daughter was successively attacked at an earlier age than the one next older than herself. The disease thus appeared to increase in intensity in the children as they were born nearer the time when the disease broke out in the mother; and it happened that the eldest of the five was attacked with Cancer subsequently to its appearance in the second, third, and fourth of her sisters.

These several facts, the occurrence of Cancer in plural members of a family, its direct descent, even through more than two generations, its appearance amongst relations in corresponding organs of the body, and at an earlier age in a child than in his parent, when both are similarly affected, as well as its tendency to repetition in one sex, these facts insuperably prove some effect of parental influence in the production of Cancer. Were they the only facts bearing on the subject, the hereditary nature of that disease might be taken as established. But how rarely do such facts present themselves! The concurrence of them all is not met with once in a hundred times. Can circumstances so rare, or the comparatively less infrequent event of any one of them, be held to decide the hereditary, and therefore the constitutional, nature of the disease, considering how far more numerous are the instances in which it happens to a single member of a family? In some

relative, the disease is traceable once in six times; to a parent, it can be referred but once in thirty-eight times: or, to state the same fact conversely, a direct inheritance of the disease from a parent does not happen thrice in a hundred cases.

b. The second class of cases of multiple Cancer in families is, by itself, of no great force in proof of the hereditary nature of the disease; yet it both gives and receives importance when taken together with the first. Affecting more than one member of the same family, the disease, in cases of this class, presents itself in distant relatives, or in dissimilar organs, or in both. It may thus, in members of several families, attack respectively the lip and the liver, the lip and the mamma, or possibly any other diverse parts. The argument for inheritance is plainly weakened, even when the Cancers are alike, in proportion as the affected persons are distantly connected with one another; that is to say, in proportion to the number of persons intervening in the relationship without presenting the disease. It is further weakened, or else it is entirely altered in its bearing upon inheritance, and therefore on constitutionalism, according to the interpretation which is put upon dissimilarity of the disease in the several affected relatives. If it be usual for dissimilar Cancers to prevail in direct inheritance—for the children of cancerous parents to have primary Cancer of various organs—then Cancer passes from parent to offspring as a general and not a local disease. It belongs indifferently to all the body. Its constitutional nature is established. But if dissimilar Cancers prevail only or chiefly in persons remotely connected to one another, the probability increases that the disease is independent of the relationship. It is certain that near relatives do sometimes have dissimilar Cancers. Perhaps the most convincing example of the fact is one in which two sisters in middle life were attacked with Cancer of the breast; and their father after them, in a ripe old age, had the disease in the humerus. In Warren's case of Cancer in the breast of both the males and females of two generations, the disease of the grandfather was in the lip. Nevertheless, it may be asserted, though I cannot state the fact numerically, that this multiplication of dissimilar Cancers amongst near relatives is exceptional. Compared with the more striking repetition of similar Cancers in the same household, it is certainly rare. And a connection between them, when they do occur, cannot be established without a satisfactory exclusion of the influence of the other parent (as of the grandmother in Warren's case), through whom, after all, the singular repetition of the disease in one organ of several of the offspring may have been brought about. On the whole, it may be concluded, that distant relatives having similar Cancers, and near relatives with dissimilar Cancers, may possibly owe their common disease to its prior existence in some ancestor; but the evidence is not such as to establish the fact. Relatively to the whole number of cases in the community, the concurrences in question are so infrequent and uncertain as to be more probably due to accidental conditions in the lives of the several persons than consequent on their family alliance.

Such being the principal evidence for the hereditary, and therefore the constitutional, nature of Cancer, what are the arguments against it?

There are circumstances in which the hereditariness of Cancer may be a reasonably doubted when it happens in a scar; but perhaps the most obvious objection to the notion is contained in the inquiry, If Cancer be heritable, what becomes of it? Reversing the information derived from cancerous children in respect to their ancestors, we may assert that, more than ninety-seven in every hundred times, a parent who dies of Cancer has—that is, is known to have—no instance of that disease in his progeny. In the vast majority of cases, Cancer dies out in the affected person, and is lost. And this failure to propagate it cannot be from want of offspring; for the women in whom the disease occurs are notoriously prolific. But if it be heritable, in those ninety-seven times it is averted. We may more reasonably conclude that, in this great proportion of cases, it is a personal disease of the parent, and one not capable of transmission.

This conclusion is supported by an examination into the prevalence of the malady at different ages. No period of life being absolutely exempt from Cancer, the influence of inheritance in its production can be tested. Were it inherited, it should be most common while the influence of parental structure and character is yet strong over offspring; and it should diminish in frequency with the augmenting independence of the individuals. The Cancer of infants should be the most numerous in the community; and the proportion of it should regularly lessen with advancing age.

The reverse of this expectation is the fact. Of 60,196 deaths from Cancer in England and Wales during the ten years 1851-60, not more than 559 occurred in the first five years of life; of which 178 took place in the first twelve months after birth. As this last number represents the largest mortality from Cancer in any of these five years of life, it might seem that the influence of the parents contributed to this small excess of the Cancer of the newly born over that of young children generally. But there is doubt even as to this trifling fact; since in 1855-6, the number of cases of Cancer in the first five years of life suddenly diminished, and the proportion of the disease is now actually less in the first than in any other year of life. From 1851 to 1855, the deaths from Cancer under 5 years of age were 361; whilst those in the next equal period were but 198. In the former half of the decade, the deaths during the first twelve months were 141; in the latter half, they were only 37.

I have characterised such a proportion of Cancer in early life as of trifling importance; and, in view of the opinion that Cancer is derived by inheritance, it appears so. For even were there a preponderance of Cancer in early infancy above that of childhood generally, yet the great rarity of the disease, both then and in youth, is destructive to the theory of inheritance, when contrasted with its prevalence in later life. And, when it is remembered that the influence upon offspring is necessarily most strong and continuous on the part of that parent who is the most liable to Cancer, and is liable to it, moreover, pre-eminently in respect of her child-bearing faculty, the argument becomes increasingly forcible against the notion that any regular or effectual influence is exerted by either parent in subjecting the offspring to Cancer.

There are distressing cases, in which unborn infants are exposed, not to the supposed influence of predisposition only, but to that of actually existing Cancer of their mother—cases in which a woman having Cancer of the breast, is pregnant. Is the fœtus

born cancerous, or early infected with the disease? I believe this to be by no means usual. In one such instance, in which Dr. Protheroe Smith took my opinion as to the propriety of removing the breast, the infant was born puny, and soon died. But the cases are happily rare in which a woman already cancerous conceives. For every fatal case of Cancer in infants, a thousand woman die of that disease. Again, is it the youngest children of a mother soon to die of Cancer who become cancerous? I shall offer a negative reply to this question in a later part of my remarks.

Yet, notwithstanding these considerations, some kind of inheritance of the disease must be admitted. The early and the later statements I have made on the subject are alike facts; and they may, I conceive, be harmonised. Cancer of the uterus in three successive generations, Cancer of the left mamma in a mother and five of her daughters, Cancer of the breast both in the males and females of one family, these diseases are hereditary; and they are the more plainly so because of their likeness to various defects and peculiarities which pass from parents to offspring in corresponding organs. But, in tracing deformities to their source in inheritance, there is no thought of resorting, for the explanation, to a constitutional, that is, an universal disease. The inherited peculiarity is clearly a local one. And it is equally so in Cancer. Whatever its eventual progress when once established in the system (and it is not this, but only the condition of its origin, which is at present in question), the disease is initiated under a parental influence which dominates only in a part, and determines a local malady. It is only when the attempt is made to prove Cancer constitutional, that the other great fact, viz., the rarity of its ancestral descent, conflicts with it. If Cancer be commonly hereditary, an appropriate ancestry is wanting for that of the mother and her five daughters—a case as conspicuous as it is unique. So too are the cancerous descendants wanting from our many Cancer-patients. But, if it be not necessarily hereditary, but may originate in a generation (that is, five times out of six, at least), it is equally likely to be a local as a general disease.

Whilst these several arguments have afforded a semblance of reason for the opinion that Cancer is originally constitutional, there are others tending to establish the opposite opinion, which I venture to think more consistent with facts. I can but briefly touch upon them, and, indeed, can only enumerate the first, that I may leave time for a longer attention to the rest.

Cancer appears to me to arise as a local disease, independently of a constitutional or general cause:

1. Because of its invariable origin as a single tumour.

2. Because of the manifest dependence of the later tumours upon that first. This opinion is supported by the observed similarity of the morbid substance, in whatever organ or texture it may grow; by the order regulating its dissemination; by the interruption of the progress and dispersion of the disease, if the primary tumour be removed; and by the possibility of extirpating that tumour by an early and adequately extensive operation.

3. Because of the remarkable manner in which it is inherited as a local, and not as a constitutional peculiarity—a disease of the corresponding organ of plural members of one family; whilst at the same time any inheritance of the disease is uncommon, and that by infants extremely rare.

4. And, lastly, because of its preference of the healthiest persons. Upon this subject I venture to speak more at large.

Cancer is eminently a disease of persons whose previous life has been healthy, and whose nutritive vigour gives them otherwise a prospect of long life.

The first ground for this statement is the assertion of the patients themselves. With remarkable uniformity they allege that they do not remember to have been laid up in their whole lives; and that strength and vigorous feeling, excellence of appetite, digestion without discomfort, and habitual regularity and ease in the natural functions of the body, have been the prevailing and constant rule with them. The surprise which is manifested, and the descriptions of the patients, are sometimes very graphic. "She had a constitution that might have lived on till ninety." "There was never anything the matter with me till this lump came." As the persons who form exceptions to this rule are not more than one in ten, and the previous ailments of those few are not uniform, the conclusion that Cancer is neither connected with nor dependent on a foregoing morbid condition is confirmed.

The appearance of a patient recently attacked with Cancer generally bears out this statement as to his generally healthy life. I meet with none of the alleged cases in which cachexia can be deciphered in the countenance of persons recently attacked with Cancer. Often, indeed, the copious flooding which first betrays the existence of uterine Cancer produces pallor and emaciation in that class of patients; and a marked sallowness and emaciation are early symptoms when it is situated in the vegetative organs. Sometimes, also, the disease comes on in the spare and ill-fed, whose aspect is, of course, unhealthy, but not characteristic of Cancer. With these exceptions, which might, indeed, be anticipated, persons recently attacked with Cancer are, as a rule, well nourished and strong. Their wounds heal readily, and their various functions are well performed. The first onset of the disease is sometimes accompanied with even a general impulse of growth, and some *embonpoint*, which may continue throughout the period in which the disease remains local, and occasionally persists to the end. Even medullary Cancer of the breast, in its first stages, generally produces little pain; and it may continue a year, and reach a considerable size, before inducing weakness or wasting.

It is important here to observe, that these statements have reference only to the previous condition of the patient, and to his state in the early period of the disease. It would be incorrect to allege that this healthy and vigorous habit prevails throughout the progress of the disease. On the contrary, after long infection of the system, this character is changed; and the patients, in the later stages of their illness, need much support and watchful care, from their proneness to succumb to moderate causes of exhaustion.

Should death happen from any cause in an early period of the cancerous malady, all the structures of the body are found, as a rule, conspicuously healthy. The organ in which the disease originated is not perceptibly morbid at the parts not yet invaded; and, as to other organs, the secondary deposits are usually found in structures which are

perfectly normal. At a late period of the case, when secondary tumours lie scattered throughout the liver, the intermediate tissue of that organ most commonly presents no sign of disease. It may, however, be fatty, or cirrhosed; or, together with the cancerous masses, there may be others quite distinct, which can be recognised as syphilitic. There is no appreciable morbid character common to all the cases, to which the production of Cancer could be assigned. On the contrary, when, in the microscopic examination of a doubtful cancerous gland, I have lighted on a very minute nodule of Cancer, its abrupt outline and contrast with the absolutely normal and not even compressed glandular tissue next it were such as inevitably to suggest that it did not spring from or spread by means of any prior disease of the part itself, but was an independent and interjected matter. Whilst, therefore, the capacity to grow indifferently in natural and in altered structures subverts the notion that Cancer is the product of any one antecedent local disease, it is in no way inconsistent with the observation of its origin in persons who were theretofore generally healthy.

A healthy life in the period preceding the outbreak of the disease might further be looked for from the prevalence of longevity among the parents of Cancer-patients. Seventy and eighty are frequent figures in a list of the ages of those persons; and I accepted it as a fact, that her mother's mother had died very old, when a woman with Cancer of the breast told me that that ancestor of hers had reached the age of 109.

With the view of establishing or confuting this observation as to the previous healthiness of the persons who become the subjects of this disease, I have made inquiry into the comparative liability to Cancer of the different children of mothers. It appears from common observation that, with occasional exceptions, the earlier children of a family are the stronger and the longer lived. Conceived during the youth and vigour of their parents, they might be expected to possess the most robust health of any of the family; while the constitutional energy of the younger would progressively deteriorate with the increasing age and much previous childbearing of the mother. Now, as Cancer-patients come of large families, the distinction, if any exist, between elder and younger children, would be conspicuously shown in their comparative liability to Cancer. Two sources of fallacy affect, though they do not vitiate, the conclusion from such an inquiry. One is, that younger children, being weaker, die earlier than elder; many of them succumbing in infancy, or early in mature life, to external causes of mortality. The proportion of elder children surviving to have a disease of declining life would thus be too large; and their numbers would further be swelled, with some unfairness to the comparison, by the occasional occurrence of Cancer in an only child. The exact result could only be obtained by comparing those elder and younger children together who should attain the same ages. But such an investigation would lead to no conclusion until every younger child had reached the age at which his elder brother or sister had manifested Cancer; and it could not be carried out at all without a prolonged and rare acquaintance with many families. The result of the inquiry is, therefore, to be taken with this reserve, that it is not strictly a comparison of the elder and all the younger children of each family, but an arrangement of the patients I happened to find suffering from Cancer according to their place in the family of their mothers. The value of the result is, however, not materially, if at all, affected by this mode of conducting the inquiry, since it is supported by the two collateral facts, that these particular patients had lived to an age at which they could become the subjects of Cancer, and that their previous lives had been eminently healthy. The result may even be regarded as a sufficient approximation to the truth for the purpose in hand, on the sole ground that, taking the community at large, we are sure at all times to find many more younger than elder children alive; while juniors, as a rule, and especially in the prolific families in which Cancer occurs, are far in numerical excess of the single eldest born.

With the kind aid of my colleagues at the Middlesex Hospital, and of a few medical friends in different towns, I have ascertained the place of 101 Cancer-patients among the children of their mothers. The result of the inquiry shows that, while no position in the family exempts a child from cancer, yet there is a decidedly greater liability to the disease among the elder born. One patient was the twenty-first child of her mother; and three, as it happened, were thirteenth children; but more than half the cases of Cancer occurred among the first three of the children, more than one-third in the eldest two, and more than a quarter of them in the first-born. If the number of only children in these families be excluded, the proportion of Cancer among the first-born is still in excess of that in any younger member of a family. I have added to the table a list of the families among whom most of the cases in the table occurred, arranging them according to the numbers of children in each family.

Table showing the place of* 101 *persons affected with Cancer in the family of their mothers.*

Eldest child	26	Seventh	5
Second.....	11	Eighth.....	3
Third	19	Ninth	2
Fourth.....	13	Eleventh.....	1
Fifth	9	Thirteenth	3
Sixth	8	Twenty-first	1

An arrangement of the families, among whom 89 *of the foregoing cases of Cancer occurred, according to the whole number of the mothers' children.*

Families consisting of		Families consisting of	
An only child.....	5	Ten	4
Two children	6	Eleven.....	5
Three	5	Twelve.....	4
Four.....	3	Thirteen	4
Five	10	Fourteen.....	2
Six	9	Fifteen	1
Seven	9	Sixteen	2
Eight	7	Seventeen	1
Nine.....	8	Twenty-one	1

Although this result is such as to confirm the opinion which it was designed to test, yet I cannot pretend that it conclusively establishes the superior healthiness of those who become cancerous. The numbers are too small to be convincing. I offer it to your consideration for what it is worth; and also because the inquiry is one which can be pursued to advantage by the several members of an Association like this, united for scientific purposes.

* This table includes cases of Cancer occurring in more than one member of a family.

Trustworthy results could be secured in so plain an investigation; and they might be accumulated in such measure as to confute or to establish an additional fact, which appears in my small figures, but which I have not ventured to assert—viz., that the proportion of first-born who have Cancer is greatest where the conditions of health are worst. Certainly I have found more Cancer among eldest children in my inquiries in London, than my friends who have supplied me with information from the country.

An examination into the distribution of Cancer in the community leads to results which bear upon the general state of the persons who are particularly liable to this malady. Such an inquiry offers much interest and much promise; for not only has cancer existed in all time, so far as surgical records extend, but it is also every where to be found. Now, if a disease common to all the human race is yet unequally distributed, some cause influencing its prevalence or its rarity might be disclosed by an examination of the circumstances.

In the first place, as there are some families in which Cancer constitutes the disease of a majority of the individuals, so there are other families in which it has been never known to occur. Is it possible to detect any differences in such families upon which this exemption from Cancer, and the prevalence of it, respectively depend?

This inquiry needs peculiar opportunities for being fairly and exhaustively conducted. Only now and then could it happen even to a discerning and trusted family practitioner that he should be at liberty to impart from his experience one contribution to such an investigation. I can myself do little more than indicate the direction it might take. The solution of it, as of too many other important questions, must await the accumulation of sufficient facts.

On the one hand, one old English family, in which the occurrence of Cancer is doubtful, and another, of which I happen to have private cognisance, in which it is unknown, are distinguished by the absence of phthisis, syphilis, and disease of the lungs, kidneys, and liver; by moderate longevity (up to the ninth decade) amongst the elder born; by deaths from diseases of the circulating system; and by an ample supply of good air and other external conditions which tend to invigorate the body and mind.

On the other hand, the history, procured by Mr. Sibley, of the remarkable family well known at the Middlesex Hospital, in which the mother and five of her daughters suffered from Cancer of the left breast, comprises residence, I believe, in London, longevity on the father's side, and phthisis on the mother's, and possibly on both sides. It is evident that this information offers no distinct clue to the generation of Cancer in the one house, and its absence in the other.

But, failing this narrow inquiry, can we find in the distribution of Cancer among large masses of people, any rule which would connect its rarity or frequency with the general conditions of their life?

It is impossible to institute a comparison between different nations in respect to their liability to Cancer. The knowledge of disease in other countries than our own, and the sources of governmental returns, even where these are rendered, are not satisfactory. I do not in this refer to the United States of America. They possess public records of mortality, but I have not yet had access to them.

Again, in our own country, there is no method of determining the prevalence of a disease, but by the Registrar-General's records of the deaths which may be due to it. As, however, in the instance of a malady so fatal as Cancer, the death-rate only too accurately represents its numerical prevalence among the people, the Government returns are suitable for the inquiry before us.

The various facts to which I have to refer are contained in the following tables.

Table showing the Annual Mortality from Cancer in England and Wales from 1850 *to* 1862.

1850	4966	1857	6201
1851	5218	1858	6433
1852	5477	1859	6676
1853	5663	1860	6827
1854	5826	1861	7276
1855	6016	1862	7396
1856	5859		

This table exhibits an almost regular increase in the number of yearly deaths from Cancer. There is too much uniformity in the variation of the figures for the progression they represent to be due to error only, or to a better recognition of the disease in the later years. Were the returns thus worthless, they would, in all probability, be very unequal; but they do, in fact, show an annual increase of about 200 in the mortality from Cancer throughout the country. If the fact be further investigated, it will be found that the increase is shared with considerable exactness both by the deaths of males and females, and also among the mortuary returns from all the eleven divisions of the country. The exceptional instance of the year 1856 furnishes a remarkable confirmation of the general correctness of the returns. In that year the mortality did not increase, but fell short of that of the previous year, and the usual increase of 200 deaths was postponed till the following year. On examining in detail the returns for 1856, the depression of the numbers below those of the previous year is not abrupt and confined to only a few localities; but a lessened increase of the deaths from Cancer is found in ten of the eleven divisions, and an actual diminution of the numbers is common to eight of them. Five years afterwards, in 1861, the usual annual increase by 200 was more than doubled. This great increase, again, was not a result of local error; but was shared by ten out of the eleven divisions, and the lowest share among seven of them was 37.

This general fact, that Cancer increases amongst us, is not to be explained by the simultaneous advance of the population. The disease has an increment of 2000, or about two-fifths, in ten years; the people multiply by one-tenth only, or about 2,000,000, in the same period. Unless, therefore, mere fecundity produce the disease (a notion which throws very far back the cause to which it may be due), it follows that there must be some considerable change in the general condition of the people. This change, to be effective in producing Cancer, must have acted, not during the recording of the cases, which did not happen until after the death; but must have been in operation before the outbreak of the disease. Now, the only great changes in the general condition of the people, preceding by a few years this increase of the disease, are those which result from accumulated wealth and sanitary improvements. Cancer has augmented with the well-being of the nation. A disease characteristic of the healthy may be expected to

abound amid conditions of health; and thus, from our present point of inquiry, Cancer may be ascribed to corn-laws and good living, to the discoveries of gold, to the good government which has reared to adult life and to old age a larger proportion than heretofore of the entire population.

The next table to which I have to direct attention is one showing the relative proportion in which Cancer prevails in separate parts of our country. It is notorious, that very different states of general healthiness exist in large divisions of the community. If there be any foundation for the notion, that Cancer bears some relation to the healthiness of a people, the fact should be discernible on comparing unlike parts of England together. Is the distribution of cancer equal among equal numbers of the population; and to what differences may the varying proportion of the disease, if it do vary, be traced? In making this inquiry, I have ascertained the proportion of the population in which the disease prevails, and have given that number in which one case of Cancer occurs. To avoid the necessity of correcting the numbers, I have selected the years 1851 and 1861, in which the census was taken. I have added a comparison of the deaths from Cancer with the total mortality; and, as the facts relating to the two sexes materially differ, I have made the calculations for them separately.

Table showing the Proportion of the Population, and of the Total Mortality, in which One Death from Cancer occurred in England and Wales, and in the Eleven Divisions, during the Year 1851, *and also during* 1861.

	1851. One Cancer-death to Population.		One to total Mortality.	
	Male.	Female.	Male.	Female.
England and Wales (or average Cancer mortality)	5846	2461	133	52
London	4884	1778	113	38
South-Eastern Div.	5362	2206	105	41
South Midland	4304	2163	87	42
Eastern	7226	2131	150	42
South-Western	4921	2343	103	45
West Midland	7478	2479	177	55
North Midland	6417	2692	131	54
North-Western	7946	3263	214	80
York	5881	2869	141	65
Northern	5454	2970	119	60
Wales	7166	3833	149	74
	1861.			
England and Wales (or average Cancer mortality)	4484	2019	101	41
London	3758	1553	95	34
South-Eastern Div.	4419	1697	86	30
South Midland	3520	2141	72	41
Eastern	4553	1713	98	34
South-Western	4309	1920	85	34
West Midland	5057	2175	109	42
North Midland	4499	2329	96	47
North Western	6249	2454	166	59
York	4634	2068	110	45
Northern	3983	2258	92	49
Wales	4282	2962	92	59

The table may be read thus. In the South-Eastern Division, 1 out of 5362 of the male population died of Cancer in 1851; while of the male population in 1861, 1 in 4419 died of Cancer. Or, thus: in 1861, one of every 30 deaths of females in the South-Eastern Division was due to Cancer; while the deaths of females from Cancer in the North-Western Division were about half as many, or 1 in 59 of the total female mortality. Any of the numbers may be compared with that corresponding to it in the first row, which represents the average Cancer mortality, or that of the whole of England and Wales.

It thus appears, that there is a most marked difference in the relative number of deaths from Cancer in different parts of England and Wales. If the country be divided by a line from Bristol to Peterborough, the mortality from Cancer in the five southern divisions is considerably in excess of that on the north of the line. Its greatest prevalence, according to the records, is in London and the counties south of it; the least is in Lancashire, which constitutes, with Cheshire, the North-Western Division, and Wales. And this diminution is almost regularly progressive from the South-Eastern to the North-Western regions, and uniform across the whole breadth of the island. Contrasts so great appear to give a prospect of distinguishing conditions of people as determining a greater prevalence of the disease.

I may not stay to discuss the trustworthiness of the several figures from which these results have been obtained; those, namely, representing the population, the total mortality, and the special mortality from Cancer. I have examined them with reference to the proportion they bear to one another in parts where children and young people abound, as well as in the two sexes, and also with regard to a prominent mortality of particular Divisions. I have also compared the South-Eastern Division with the North-Western in their liability to Cancer at all ages, and in respect to the proportion in which the causes of death are uncertified; and the general result is the same—a diminution of Cancer from South-East to North-West. Fallacies, indeed, there may be, and doubtless are; but if these are to be regarded as fatal to the use of the Registrar-General's figures in a disease so well marked as Cancer, they would show the figures to be not worth the trouble of collecting. These are, I am persuaded, far more accurate than a cursory examination of them would suggest; and I am the more disposed to trust the conclusions to which they lead, because the distinctions they bring out between the Divisions in respect to proneness to Cancer, are not minute and doubtful, but are most striking by their largeness and extent.

Need I detain you to point out the prominent distinction between the people of the South-East and the North-West? It sufficiently appears in their general aspect, in the nature of their occupations, in the mortuary returns of the two Divisions. It may be summed up, for our present purpose, in a difference of their general health. From this cause more than any other, it probably happens that but one in six of the entire population survives the age of forty-five in the North-Western Division, while in the South-Eastern the proportion is so high as one in five. Longevity is absolutely greater in the South-East, though its population numbers a million less than that of Lancashire and Cheshire; for it possesses nearly the same number of persons alive from sixty-five to seventy-five, and five thousand more than the North-West above that age. Were this difference due solely to the removal of adults from Lancashire by emigration, its healthiness might still not be called in question, and the liability of the two divisions to Cancer might be alike; but, in the foregoing

investigation, the cancer-mortality has been regarded, not in its absolute numbers, but in its proportion to the population and to the total mortality respectively. The tendency to Cancer is thus by every proof shown to be less in the North-West.

I have added another table, which exhibits the very different proportions in which the people of a few of our towns are affected with Cancer. One death from that disease occurred during ten years in the number of the population which is set after the name of each town. There are here, again, some striking contrasts in the figures, even between towns which appear to be very like one another. I have verified the facts in some instances by personal inquiry; but I forbear to comment on them, as I have not the local knowledge which might enable me to suggest an explanation of the differences.

London	237	Great Yarmouth	194
East London	342	Scilly Isles	133
West London	80	Bristol	193
St. George's, Hanover Square	156	Clifton	319
Birmingham	288	Uxbridge	318
Mansfield	460	Reading	156
Manchester	302	Kingsclere	414
Liverpool	337	Newbury	275
Wolverhampton	362	Warwick	270
Norwich	210	Anglesea	469
		Penzance	435

The foregoing considerations tend to show—I may not say they prove—the correctness of the proposition, that Cancer has no dependence on any malady anterior to the appearance of the first tumour, but that it originates in persons otherwise healthy and strong. If this conclusion is inconsistent with prevailing opinions as to the cause and nature of the disease, the collision of the facts proves the need for more satisfactory evidence on behalf of those opinions than is at present in our possession. The existence of an antecedent general malady is, as far as I can perceive, pure conjecture, being entirely destitute of proof, or even of reasonable support. The idea sprang up in error; and it has been perpetuated by the erroneous conclusions drawn from repeated want of success in surgical operations. But, if the opposite opinion be well founded, it furnishes a valuable argument for early operations in Cancer, and an argument which corresponds with their comparative success. Whilst yet the first tumour has undergone little diffusion, there is hope of a complete extirpation of the disease—a hope which quickly fades away as the tumour grows. I know nothing more distressing in practice than to meet a patient, who has carefully concealed this disease till she could bear it no longer, with a refusal to operate on it at all; yet this is the too frequent result of delay on the part of patients in consulting a Surgeon, and of early uncertainty as to the nature and probable progress of the disease. The conclusion at which I have arrived may possibly be of some advantage, if it only remove from the minds of patients the dread of discredit which too many suppose to attach to having Cancer; for, in fact, the power of generating the disease is rather a proof of a strong than of a tainted constitution; and, on the whole, its appearance in one member of a family is likely to prove the exemption of all the rest. The horror connected with the avowal may thus be spared, and the fullest advantage of treatment may be gained by an earlier recourse to medical aid.

Original Communications.

ON THE ANATOMICAL LESIONS OF THE CATTLE-PLAGUE NOW PREVALENT IN LONDON.

By Charles Murchison, M.D.

During the last few weeks, I have dissected a considerable number of cattle, which have died of the present epizootic disease in all its stages. Although my observations are not yet ready for publication in detail, a brief notice of the principal morbid appearances which I have found will, at the present moment, not be devoid of interest.

The main anatomical characters of the disease, according to my observations, are catarrhal inflammation of the lining membrane of the respiratory passages, of the digestive canal, and, in fact, of the mucous membranes generally; a more or less fluid condition of the blood; and ecchymoses or hæmorrhages in various parts, such as beneath the skin, beneath the mucous membrane of the stomach and bowels, beneath the endocardium, and beneath the arachnoid on the surface of the brain. The parts which are most altered from their healthy condition vary considerably in different cases.

The lining membrane of the nasal passages, and more particularly of the windpipe and bronchial tubes, is invariably inflamed. The membrane is more or less reddened; and its surface is coated with a viscid fluid, and with numerous soft membranous flakes of yellowish exudation, some of them an inch or more in diameter. These flakes are easily scraped off from the subjacent membrane, which often presents a raw or excoriated aspect, but never any appearance of an eruption on the surface or of submucous deposit. The bronchial tubes are often filled up with frothy mucus, and with the inflammatory products thrown off from the mucous membrane; but the lungs and pleuræ exhibit little congestion, and no sign of inflammation, except as occasional complications.

The mucous membrane of the digestive canal is inflamed throughout; but in some parts the inflammatory signs are more intense than in others. On scraping off the thick layer of epithelium from the first two stomachs, which is done with abnormal facility, the subjacent membrane is found to be intensely red. The mucous membrane of the third stomach, or *omasum*, is still redder, and often presents patches of ecchymoses. It is in the fourth stomach, or *abomasum*, however, that I have found the inflammation most advanced. Here there is not only intense redness with much adhesive mucus on the surface, but the membrane is often studded with innumerable minute superficial ulcers, like those erosions which are so common in the ordinary catarrhal inflammation of the human stomach. In addition, the membrane often presents extensive patches of claret-coloured discoloration, apparently due to submucous extravasation. These patches are often surrounded by a distinct fissure in the mucous membrane; and, in some instances, the mucous membrane corresponding to the patch is in a gangrenous state, and more or less detached.*

* Mr. Simon informs me that he has found these appearances most marked in the omasum.

The small intestine is more or less inflamed throughout; but the inflammation is usually most intense about the middle. The coats of the bowels are much attenuated and softened; while the mucous membrane is intensely injected, and sometimes ecchymosed and deprived in a great measure of its epithelium covering, but coated with a quantity of transparent and viscid, or opaque and puriform, secretion. I have failed to discover any change of the solitary glands of the ileum which could be ascribed to the disease. Peyer's patches are usually less vascular than the surrounding mucous membrane, and throughout the disease very much less elevated and thickened than in a healthy animal. Their component glandules are more distinctly seen, because the epithelium covering which obscures them in health has been mostly removed. Many of the glandules seem empty, while others contain a minute drop of softened secretion, like pus, which can be squeezed out on the slightest pressure. There are no submucous deposits, and none of the lesions running through the definite stages which I am familiar with in the typhoid or enteric fever of man. In this opinion, I am corroborated by Dr. A. P. Stewart, Mr. Simon, medical adviser of the Privy Council, Dr. Buchanan, my colleague at the Fever Hospital, Dr. J. Burdon Sanderson, and many other physicians who have dissected the animals, either in conjunction with me or independently.

It is right to mention, however, that in all of the cases which I have examined, many of the solitary glands, and sometimes certain of the component glandules of Peyer's patches, have been greatly enlarged, filled with a soft cheesy matter, and sometimes even ulcerated on the surface. A drawing of an inflamed piece of bowel, studded with these enlarged glands, might readily be thought to represent the lesions of enteric fever. Careful examination, however, clearly shows that the appearances in question are of old standing, and quite unconnected with the disease of which the animals have died. This view of the matter is confirmed by the fact that I have found precisely similar appearances—in some cases, indeed, even more strongly marked—in the small intestines of every one of four healthy oxen which I have examined. I remember also Professor Goodsir of Edinburgh describing this common condition of the intestinal glands in cattle, in his lectures on comparative anatomy, nearly twenty years ago.

The lining membrane of the large intestine is also inflamed. It is always more or less reddened, the redness being greatest over the prominences of the rugæ. Here also may be seen patches of ecchymoses, and sometimes superficial excoriations. The surface is coated with a quantity of viscid mucus, often mixed with blood.

The contents of the bowels are fluid, and consist of fæces mixed with inflammatory products, and often with blood.

The vagina, bladder, and urinary passages often, but not always, present signs of inflammation. The kidneys are often intensely hyperæmic, and the uriniferous tubes gorged with finely granular epithelium.

The liver and spleen appear healthy. The bile is thin, and of a light green colour. The mesenteric glands contain none of the abnormal deposit met with in the enteric fever of man.

The tissue of the muscles presents no alteration of its microscopic structure.

Lastly, it is worth mentioning, that in several animals suffering from the disease, which had been killed, the diseased organs appeared to me to be returning to a healthy condition; and that, from personal observation, I am satisfied that many animals are now condemned and sent to the knacker's yard, which are suffering from maladies totally different from the present epizootic.

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

Partial Procidentia at Four Months: Delivery at Eight Months. Dr. C. A. Voorhies was called to visit a woman, aged about 24, the mother of one child. The patient was on her knees, holding on to the bedpost, with her hips thrown backward, and her abdomen forward, labouring under intense agony. She had for several days past voided only enough urine to make herself tolerably comfortable; and for eighteen hours had not been able to void any. She was labouring under the most intense excitement, with a quick but feeble and irregular pulse, pallid and anxious expression of countenance, and obstinate vomiting. On making a vaginal examination, Dr. Voorhies found in the external opening of the vagina a large protruding substance, having the tenacity of a fœtal head. There was such violent tenesmus of the lower parts, that all efforts to reduce the protruding mass were in vain. He also discovered great distension of the bladder. With considerable difficulty, as the parts were entirely out of their natural position and shape, he introduced a catheter and drew off a large amount of urine. After the bladder was fully evacuated, the patient expressed himself relieved. On making another examination, Dr. Voorhies found that the mass had receded to just within the margin of the vaginal opening. A solid round tumour occupied the pelvic cavity. She acknowledged that she had arrived at about the fourth month of pregnancy. The os was pointing upward toward the symphysis pubis; and the fundus lay low down in the hollow of the sacrum, whence it had receded after the evacuation of the bladder.

On making an effort to reduce the organ, but little difficulty was experienced in carrying it back under the promontory of the sacrum; but all efforts to carry it up out of that position proved fruitless. Dr. Voorhies had her put in position in bed, regulated her bowels (which were obstinately costive), and watched the condition of her bladder, the latter relieving itself without further interference. She was treated on these principles for three or four days, not expressing any very great discomfort.

From this time Dr. Voorhies lost sight of her until he was called to attend her in confinement. This was just four months after he had attended her in the above described difficulty; which made her period of gestation about eight months, or a little less. When he arrived, the child was already born—a small shrunken-featured female, which afterwards lived and did well. Before the expulsion of the child, the woman had hardly discovered that she was in labour. She informed Dr. Voorhies that she never had quickened, or grown large as she had done before, and that at times she doubted her pregnant condition. The womb evidently did not become an abdominal viscus at any time during her pregnancy; and this fact, taken in connexion with the free expulsion of the child at eight months, led him to form the conclusion that in all probability the gravid womb remained in its state of displacement, and never took its rise out of the cavity of the pelvis during the whole period of gestation. (*Philadelphia Medical and Surgical Reporter.*)

Facilitating the First Stage of Labour. Dr. Andrew Inglis endeavours to show that separation of the membranes for some distance round the os will promote dilatation far more effectually than any means hitherto proposed. The following is the practice which he recommends in regard to separation of the membranes. 1. It should always be the initial measure in the induction of premature labour; and until complete relaxation of the os has resulted from it, there should be no further interference of any other kind. 2. When labour has begun without previous separation of the membranes, and these are still adherent, they should always be at once separated, as the best means of overcoming the rigidity of the os, and the painful and prolonged first stage, which almost invariably accompanies such a state of matters. The separation of the membranes he has generally effected by the finger; though in some cases an instrument (Dr. Hamilton's uterine bolt) was required. (*Edin. Medical Journal*, July 1865.)

Action of Ergot on the Fœtus. Dr. M'Clintock, in a paper read before the Dublin Obstetrical Society, arrives at the following conclusions. 1. As a general rule, the danger to the child, after giving ergot, is exactly in proportion to the energy of the uterine contractions. 2. It is no less true that where but little uterine action is excited by the ergot, it does not seem to exercise a noxious influence on the fœtus. 3. The evidence that ergot is acting injuriously on the child is derived from the cardiac sounds, which become reduced in strength and frequency. 4. The immediate effect of uterine contraction upon the fœtal pulse is to produce a temporary diminution of its force and rapidity. 5. And, lastly, in the few cases he has seen where violent and continuous uterine action took place from natural causes, the fœtal pulse underwent the same changes as after ergot, and the children were born in a highly congested state, dead, or partially asphyxiated, unless delivered soon after the accession of these tetanic contractions of the uterus. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

Action of Labour-Pains on the Fœtus. Dr. M'Clintock believes that the vital condition of the fœtus may be affected in three ways by the pains. 1. The umbilical cord may be subjected to direct pressure from the contracting uterus; and if this pressure be so great as to completely stop the circulation through the funis, the death of the fœtus certainly and very speedily ensues. 2. The compression which the brain and medulla oblongata undergo, where the head is wedged or impacted in the pelvis, has been deemed sufficient to endanger or destroy the life of the child. It is very remarkable how great a change of configuration the head may bear consistently with the preservation of the fœtus. But here the change is slowly and gradually effected, whereas in the cases under consideration—namely, those of strong and continuous uterine action—the change must, if it take place at all, be effected quickly and under "high pressure." It is only when there is resistance from the hard structures that pressure on the head can be really dangerous to the child, and therefore he believes that pressure on the head is very rarely a cause of fœtal death. Lastly, persistent uterine contraction may affect the child by causing imperfect oxidation of its blood in the embryonic villi of the placenta. There are the strongest anatomical and physiological reasons for supposing that the current of blood through the maternal cells of the placenta is checked during uterine contraction. We can, then, understand why pains of a violent kind, recurring at very short intervals, or succeeding one another without intermission, must operate prejudicially on the fœtus—and why the child, when born under these circumstances, so commonly presents a congested livid appearance, and is so apt to be expelled in an asphyxiated condition. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

Protracted Gestation. Dr. John Kingland relates the case of a lady under his care who, in his opinion, presented the phenomena of protracted gestation. Owing, he says, to a variety of circumstances, there existed no possibility of the lady proving pregnant during the course of the year 1864, excepting on May 23rd, June 12th, or September 15th. She quickened early in October following, and was delivered of a healthy, mature, and full-grown child on the morning of April 10th, 1865. Had pregnancy dated from the first of these periods, the ordinary term of two hundred and eighty days would have expired on February 27th, 1865; dating from the second period it would have terminated on March 19th; whilst, counting from the last specified period, it would not have come to a close until June the 22nd next. The maturity of the child at its birth, as well as the period of quickening, preclude from consideration the last of these dates; while the long interval of forty-two days between the specified time and the actual delivery, combined with the occurrence of a slight catamenial period shortly subsequent thereto, dispose of the probability of pregnancy having resulted on the first of the dates noted, although the period of quickening (four months and a-half thereafter) corresponded with that at which it had usually occurred in former pregnancies. There thus remains only June 12th, 1864, from which to calculate; the interval between which date and that of delivery, on April 10th, 1855, was *three hundred and two days*. This lady in a former pregnancy suffered from excessive dropsy of the amnion, the discharge of liquor amnii, in enormous quantities, recurring almost daily for many weeks antecedent to her delivery of a healthy child, now four years old; and, having no similar attack during the two next ensuing pregnancies, she experienced, on February 7th last, a discharge of a large quantity of liquor amnii, accompanied by irregular uterine pains, which, however, yielded to treatment, and did not recur until March 12th, two hundred and seventy-three days from June 12th, the date already specified, from which the foregoing calculation has been made. From that time, despite all treatment, it frequently returned, at greater or shorter intervals, and in larger or smaller quantities, but always accompanied by uterine action, which at first produced only slight dilatation of the cervix uteri. This enlargement of the os, however, continued to increase from day to day during the ensuing fortnight, on each recurrence of uterine contraction, until it had attained the size of about a half-crown piece, when no further enlargement whatever took place until the morning of her delivery. No untoward event followed the excessive and continued discharge of liquor amnii in either the present labour of this lady or in the former one already alluded to. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

Asylum for Intemperate Females. The ceremony of laying the foundation-stone of the "Queensberry Lodge" was lately performed by the Lord Provost of Edinburgh. The purposes of the institution are the safe accommodation and reformation of females in a respectable position of society addicted to habits of drunkenness, being the first establishment of the kind in the United Kingdom. (*Caledonian Mercury.*)

British Medical Journal.

SATURDAY, AUGUST 26TH, 1865.

THE ASHBURTON CASE.

In the Ashburton poisoning case, no evidence to bring the act of poisoning home to Mr. Sprague was produced. The Judge stopped the case; and the jury immediately acquitted him. Still a point of great interest, in a medico-legal point of view, remains unsatisfied; and that is, whether or not the statement of Mr. Herapath, respecting the presence of atropine in the pie, as determined by his method of analysis, is, or is not, to be accepted as a positive fact acquired to science. Mr. Herapath, indeed, expects, as he says, to be "put upon his trial" in this matter.

"I believe atropine has never been eliminated from an animal substance before. It has never been communicated before to the scientific world; but it is now through my evidence, and I shall be put on my trial quite as much as the prisoner.

"I have no doubt whatever," says Mr. Herapath, "that there was atropine in the contents of the pie. I have also examined the vomit, and though the indications were not so good, I have no moral doubt there was atropine there. I obtained some from the scrapings of the surface of the leg of the rabbit. If a rabbit had died from taking atropine, I should not expect to find the poison in the surface of the leg, but in the liver and stomach. In the present case, I should expect to find it in the brain and the sheath of the spinal marrow. If the rabbit had eaten of belladonna, I should expect to find the poison in the liver and the brain. All parts of the belladonna plant, I believe, are poisonous. I have never heard of any animals but goats eating hemlock, and I don't know what the effect on them is. I wrote to be supplied with the symptoms—as I always do—immediately I received the box. If I had not had the symptoms, I should have had a great deal more difficulty in finding the poison. Perhaps I should not have found it at all. It would be useless for me, as there are at least two hundred poisons, to commence a series of experiments which might exhaust the material long before I had finished the tests. In the interval between the Wednesday and the Sunday, my tests gave me indications of one of the three cerebro-spinal poisons—atropine, daturia, and aconitine—but the matter was not sufficiently clear of foreign mixture to be quite certain."

The inquiry, although the verdict was given in favour of Mr. Sprague, was admitted to have been a very proper one; and of this no person can doubt who has read the evidence, and the remarks afterwards made by Dr. Macgill of Ashburton, one of the witnesses.

"That there was a quantity of the alkaline atropia put into the pie, or in the substances of which it was composed, no one can doubt. Four lives were placed in danger, one almost past hope of recovery; and, as this was the third case of poisoning by atropia in Ashburton during the last four months, I think that, had the medical practitioners called in attendance not reported the case to the proper authorities, they would have been remiss in the duty they owe to the public."

An interesting discussion has arisen incidental to the case; viz., as to whether the poison might not have been introduced into the rabbit through its eating belladonna. Dr. W. Ogle, who has taken up this view of the case, admits that the Chalker family were poisoned by belladonna, and that the poison was contained in the rabbit; but says that rabbits can eat belladonna with impunity.

"Some forty years since, this fact was demonstrated by M. Runge of Berlin. A rabbit was fed for no less than eight days exclusively on the leaves of belladonna, hyoscyamus, and datura—all poisonous plants of the order solanaceæ; and at the end of the time the animal was as healthy as at the beginning. There was not even the slightest dilatation of the pupil."

Now, he argues, had that rabbit been made into a pie, those who ate of it would doubtless have shown symptoms of poisoning. Dr. Ogle, therefore, concludes that the Ashburton rabbit had fed abundantly on this plant, and that its flesh was impregnated with the poisonous principle; and that in this way the family were poisoned. Dr. Ogle, in answer to Dr. Macgill's remarks, writes as follows on the subject.

"We have positive evidence that the flesh of animals, fed without harm to themselves on poisonous herbs, becomes poisonous to man. The pheasant of Pennsylvania feeds during the spring on the buds of the kalmia latifolia, one of the few shrubs which preserve their verdure during the cold season, and is deemed poisonous at that season—an opinion in which Beck, a valuable authority on medical jurisprudence, agrees. In the *Medical Gazette* (xxxi, 237), the case is recorded of a family who fell victims to a dish of snails, which had been collected from the poisonous plant known to botanists as coriaria myrtifolia. An example still more to the purpose is that of bees fed on datura. The honey derived from these bees has long been known to be poisonous."

But Dr. Ogle's arguments, or rather facts, can hardly be held as conclusive. An experiment made forty years ago lies under the shadow of much doubt, and especially when it is one so easy of confirmation at the present moment, and still apparently wants confirmation. Then, again, the different statements made as to animals—certain game birds, for example—eating seeds which do not poison them, but which render their flesh poisonous to man, require scientific investigation. We know that game birds from Canada often come here in a very putrid state; and that putrid flesh will, under certain conditions, produce poisonous effects on man. And then, again, we have no proof that the birds which eat the *kalmia* berries do not die from the effects thereof; and that their bodies do not find their way into the market, as we know, for example, that partridges have done after being killed by eating poisoned wheat. Dr. Fuller, if we remember right, some years since published a case of arsenical poisoning in man thus pro-

duced. The statements reproduced by Dr. Ogle may be true; but certainly, until scientifically proved to be so, they ought not to be accepted as such, and particularly as they are, in general terms, contradicted by our physiological knowledge. What will become of all M. Claude Bernard's late laborious researches into the effects of poisons, if we are to assume that poisons which will destroy man may be innocuous to lower animals? One of M. Bernard's principles of action is, that the physiological effect of poisons is alike on all animals of the same class, at all events. Indeed, if it should turn out that animals are affected by poisons, etc., otherwise than men are, where are we to look, or how hope for, any addition to our therapeutical knowledge from experiments upon animals? As we have said, however, all our positive knowledge goes, in the main, to show that poisons act on the lower animals as they act on man, and therefore contradict Dr. Ogle's view. Dr. Ogle seems to us to accept too readily as true the statements put on record. It seems to us very clear that, in such a very simple and easily proved case as this, we ought not to abide by the experiments of M. Runge of forty years ago, nor to trust to anecdotes in Beck's *Jurisprudence*. We have a right to expect and ask for something positive at the hands of physiologists of this day.

Dr. Ogle concludes that

"He has, he thinks, clearly established the following points:—Rabbits will eat belladonna without injury to themselves. Animals fed on poisonous plants, though themselves uninjured, may be poisonous to man."

For the reasons above given, we must take exception to these conclusions. We do not think any one of his propositions can be held as scientifically decided.

Since the above lines were written, we have read Dr. Macgill's answer to Dr. Ogle; and we need hardly add, that we fully agree with his conclusions. Dr. Macgill says:

"In the right eye of a rabbit I put one drop of a weak solution of atropia. In forty-five minutes, the pupil of the eye operated upon was visibly dilated, the other eye being in a normal condition. In an hour and a half, the iris of the right eye was almost invisible, while the pupil of the other eye was much dilated. Into the mouth of another rabbit I introduced four drops of the same solution; four hours afterwards, it was unable to run straight, had the pupils much dilated, and appeared confused and stupefied; it gradually recovered, and ten hours afterwards was apparently quite well."

"These experiments conclusively prove that rabbits are not (as Dr. Ogle seems to believe) insensible to the action of belladonna; and to suppose that a rabbit could eat belladonna with impunity, even to the extent of having its system so full of atropia that the poison would ooze out during the process of baking a pie in sufficient quantity to poison four persons, and yet by experiment find a rabbit showing all the therapeutic effects of the alkaloid, is certainly anomalous.

"The second point sought to be established by Dr. Ogle is, that 'animals fed on poisonous plants, though themselves uninjured, may be poisonous to man.'

"With reference to this hypothesis, I assert that in no instance has the flesh of animals so feeding been proved to be poisonous to man, unless when the animal itself has been poisoned. The case quoted by Dr. Ogle of the Pennsylvania pheasant being supposed to be poisonous at certain seasons of the year, and the cause assigned being its feeding on the buds of kalmia latifolia, is simply a supposed case, as it has never been proved that any ill effects arising from eating the pheasant were really due to that plant, nor were the symptoms observed such as would arise from partaking of the kalmia latifolia; and there is every reason to believe that the bad effects observed were entirely due to a septic poison generated in the bird from modified decomposition, as may be occasionally observed in hares that have been killed by coursing.

"Dr. Ogle supposes that the flesh of goats feeding on hemlock would not be poisonous when cooked, on account of the poisonous principle of the plant being volatile. Most chemists are aware that the active principle of belladonna is equally poisonous with that of hemlock, and more liable to decomposition.

"The conclusion arrived at by Dr. Ogle would seem, therefore, to be fallacious; and, indeed, his supposition 'that there is no evidence such was not the case with the famous rabbit of Ashburton' is entirely at variance with all evidence adduced. The poison found in the pie was the atropia of commerce, and not combined with malic acid as it exists in the plant; and, had the rabbit been feeding on belladonna—a very unlikely circumstance, as the plant does not grow in Devonshire—traces of the component parts of the plant might have been found in the stomach, liver, and secretions; but atropia would certainly not have been found in a pure and uncombined state in the flesh of the animal."

SUSPICION OF POISONING.

THE famous Pritchard case has been followed throughout the country by several charges of suspicious poisoning, or inquiries tending in that direction. We had the Sprague case. Then came another instance, related by Dr. Bradshaw, of Welbeck Street, to the Marylebone police-magistrate.

"A short time ago, his cook left his service in a very abrupt manner; and, two days afterwards, he received a message that she was at the point of death. On going to the house mentioned, he ascertained that two days previously the cook had arrived there, saying she was very ill. A medical man was sent for, who, after asking certain questions, exclaimed, 'Good God! you have been slowly poisoned.' He then advised that a bottle of medicine which the applicant had prescribed for his servant, and also a small quantity of wine his wife had given her, should be analysed. He called in two medical men, both of whom stated that nothing was the matter with the woman. He then saw the first medical man, who would give no explanation of his conduct, and he wanted to back out of what he had said. When the cook was in his service, she was much subject to hysteria. Her disease appeared to have become more serious on reading the report of the trial of Dr. Pritchard. The woman's brother had been to his butler and charged him with having administered mineral poison to his sister. Mr. Mansfield said that he had no jurisdiction in the matter. Who

on earth would poison a cook, when she could be discharged at any time? As a rule, hysterical people were full of vagaries, and they would be affected nervously by reading reports of the Pritchard case."

Another case, though in this instance a very proper one for inquiry, occurred lately at Towcester. We refer to it in order to note some sensible remarks made upon it in the *Northampton Herald*.

"Medical men are often placed in situations requiring the greatest delicacy of conduct and the most consummate judgment. In a recent notorious trial for poisoning a wife, a physician, who was called in to see the patient, admitted in his evidence that he suspected that poison was being administered, but was restrained by professional delicacy from taking any steps to prevent the fatal result. The press and the public have been unanimous in their condemnation of the doctor's conduct; and loud has been the outcry against the reticence so frequently maintained by members of the medical profession under similar circumstances. It is easier, however, to condemn a practice than to know how to remedy it; and a recent occurrence in our own county, a report of which will be found in our paper, has shown how careful medical men are obliged to be even when they have very strong grounds for suspecting that unfair practices are being resorted to. Mr. Watkins of Towcester was sent for to the child of a woman who had been deserted by her husband. The child was visited both by Mr. Watkins and his assistant, Mr. Garlick, and was prescribed for under the impression that it was suffering from diphtheria. The child died; and a second was taken ill, and died also. From certain symptoms, not generally attendant on diphtheria, which manifested themselves in the second case, suspicions were excited in the minds of both the surgeons as to the cause of the illness. These suspicions were, to a certain extent, strengthened when, on the death of the second child, a third was taken ill in the same manner, but recovered almost immediately after a threat that, if this child died, an inquiry should be made as to the cause of death. Under these circumstances, Mr. Watkins brought the matter before the magistrates; and, at their suggestion, information was given to the coroner, by whom an inquest was held. The result of the inquest was to leave the matter where it stood. On examining the stomach of the second child who died, no mineral poison was found; and there was no proof, therefore, that foul treatment had been resorted to. In consequence of this, one or more of the jury expressed an opinion that they had been called together on light grounds; and Mr. Watkins was obliged to appeal to the jury for a deliberate expression of opinion as to whether he was or was not justified in the course he had taken. The jury almost unanimously decided that he was, and the public will agree with them. Mr. Watkins pursued a course very different to that pursued by the physician attending Mrs. Pritchard, and he is entitled to the thanks of the community for his promptness in the matter. It was not until the second child was dying that suspicions were excited that foul play might be at work; and, the moment the third child was taken ill, steps were taken to prevent any further mischief. Throughout the whole of the two cases, Mr. Watkins and Mr. Garlick evidently paid anxious attention to the children; and, before any public steps were taken in the matter, the suspicions which had been excited in the minds of these gentlemen were the subject of long discussion between themselves. The crime of poisoning has of late become so common in this country, that it is on the watchfulness of medical men that, in many cases, the security of life depends."

Another case is related as having occurred at St. George's Hospital.

"A young woman, who seems to have been under medical treatment for some time, was admitted to St. George's Hospital on July 19th, with all the symptoms of arsenical or antimonial poisoning, and she died the next day. Dr. Barclay made a *post mortem* examination of the body, and found no natural cause for the symptoms under which the deceased had laboured. The stomach was in a state of extraordinary congestion; and he was led to the conclusion that the girl had died from poison—either antimony or arsenic. The Secretary of State was communicated with; and he ordered that the services of Dr. Taylor should be called in for a scientific analysis to be made of the viscera of the deceased. At the inquest, Dr. Alfred S. Taylor, Professor of Medical Jurisprudence at Guy's Hospital, said he received a jar containing the stomach, etc., of the deceased on last Friday. The stomach had been opened. He examined the parts soon after. The stomach and intestines were very much putrefied; and he could not form any opinion of their state at the time of death. He analysed them to ascertain if there was any arsenic or antimony present in them. The result showed that there was no trace of either. He, therefore, concluded that the deceased had not taken any dose of either of these poisons for at least three weeks before her death. In his opinion, therefore, her death could not have arisen from poison. The symptoms mentioned by Dr. Barclay were just such as antimony or arsenic would cause; but the result of the analysis showed that those poisons were not administered. Death could only be attributed to those poisons when traces of them were found. Dr. Barclay said that, after hearing the result of the analysis, he could only attribute the deceased's death to natural causes. Dr. Taylor, in answer to the coroner, said that Professor Rudersdorf of Holland took part in the analysis; and he was of the same opinion as witness—that no arsenic or antimony could have been taken by her for weeks before her death, and therefore they could not have caused death. The coroner having summed up, the jury returned a verdict of 'Death from natural causes.'"

The Italian Government has called upon medical men to volunteer their services to meet the ravages of the cholera. It promises them that their services so rendered shall not be forgotten by a grateful country.

L'Imparziale says: "The London College of Physicians has written to the Minister of War and First Lord of the Admiralty, begging them to take into consideration the just complaints of the army and navy medical officers. It is much to be desired, that some such constituted body in Italy would take up in a like way the cause of our military brethren."

M. Beau has died from cerebral congestion; he was also affected with albuminuria. He was under sixty years of age.

The *Vienna Journal* announces the death of Professor Semmelweis, in his forty-seventh year.

CONFERENCE ON CHOLERA.

On the 17th inst., a conference of medical officers of health, members of the Epidemiological Society, and others interested in the sanitary condition of the kingdom, was held in the Library of the Social Science Association; the Bishop of London in the Chair. The conference was convened to consider what steps can be taken in view of the threatened epidemic of cholera.

Dr. Greenhow read a statement of the Subcommittee of the standing Committee of Health on the threatened epidemic of cholera. The Report pointed out the great deficiencies which still everywhere exist in our sanitary arrangements, and the necessity for urgent action in the matter in view of threatening cholera. To our professional brethren the details of the Report are simply repetitions of a very old and too well-known tale; but brought prominently before the public at such a critical moment, they may, perhaps, have some effect in inducing our countrymen to set their houses in more decent and healthy order. There exists sure signs of the possible or probable early advent of cholera. The enemy is travelling on as it formerly did from Alexandria to Constantinople, Malta, Ancona, Spain, and Marseilles, quarantine regulations proving as ineffectual as usual. The outbreak of 1848-49 commenced in the autumn of 1848, subsided during the winter, and reappeared in force in the following spring and summer. However powerless we are in the treatment of cholera, we know well enough the places in which it may be expected to break out, the conditions favourable to its development, and the means by which it may be averted. Cholera rages in the very same places where fevers are prevalent, and the classes who suffer most severely are those most exposed to ordinary epidemic diseases. Thus it was shown, in the Report alluded to, that of the deaths by cholera in Shoreditch during 1848 less than 2½ per cent. occurred among the gentry, while 66·6 per cent. were of the small tradesmen of the neighbourhood, and 30·9 among the labouring class. A discussion followed the reading of the Report.

Mr. W. Rendle, late Medical Officer of Health, Southwark, said he should be sorry if the public supposed that because we now had medical officers of health and vestries, the public might rely on their action and need trouble itself very little about the cholera. That would be a great delusion. The medical officer of health might give his vestry good advice, but the majority would usually be found to be composed of interested persons. Typhus, for example, had been ravaging the metropolis for five years; yet what had been done towards routing typhus fever? He had no confidence in the vestries carrying out measures of sanitary prevention until the disease was upon us and people died by scores. The persons elected into the vestry should be the best men in the respective parishes. Too often, however, the persons most qualified refused to act, and thought it a trouble and a disgrace to serve.

Mr. Chadwick said that as regards treatment the commission collected the results of very opposite modes of treatment, and they found that in a given stage of the disease—he did not now speak of the premonitory symptoms—almost all the methods of treatment were equally efficacious, or rather equally inefficacious. When the disease raged in its full violence it killed a great majority of the people it attacked. As the influence of the disease declined the mortality diminished. When the disease became very mild almost any method of treatment succeeded.

The Bishop of London believed that the conference would have an important practical result. The press would take care that their proceedings would have due publicity, and the circulation of the report read by Dr. Greenhow would, he thought, have a beneficial effect. Until he read it he owned he was of opinion that the metropolis was well prepared against an outbreak of cholera. It was now conclusively shown, however, that a great deal still remained to be done. He trusted that all who were invested with authority would exert themselves to the utmost for the benefit of their poorer neighbours, as well as for their own sakes.

WHAT TO AVOID.

The old motto teaches us that no one ever became most vile suddenly. "Nemo repente fuit turpissimus." By slow and gradually downward steps, the soul becomes deteriorated to its worst grade. What are the steps which lead a man to this deep degradation, must be an important question; and, as we have had a most painful instance of a member of our own profession who was "turpissimus", it is scientifically right to endeavour to trace effects to causes, and to examine the antecedent characteristics of a man who was led to such vile ends. Two women, his wife and her mother, who confided in him with all that unlimited confidence which women do who love a man, Edward Pritchard most cruelly and basely poisoned; and another woman—a mere girl—with fiendish wickedness (whom he had first seduced, and then produced abortion upon), he endeavoured to accuse of his crimes, in order to escape himself.

And what were the professional characteristics of this villain? How did he behave to his brethren, and to his patients? The Glasgow correspondent of the *Daily Telegraph*, who evidently knew him so as to shake hands with him, has given a sketch of him when at Glasgow. He was, when known, "regarded as a pushing adventurer of no little effrontery." He lost his patients; for "he showed too much of the money-grubbing spirit to be long retained in a family;" and the anxiety was to get rid of him, which was difficult. "I have known people to whose bedside he went uninvited, by desire, as he averred, of a friend of theirs; and, after making a careful diagnosis, he left a prescription, and said he would call again," etc. He tried to get himself a "testimonial", and sent donations himself. He told anecdotes of himself, full of exaggeration, which those who knew him disbelieved. Indeed, there is much more of these characteristics, showing him to have been personally vain—a bragging, self-asserting fellow, advertising himself in all ways; the whole professional character illustrating those faults which a gentleman instinctively avoids, and which stamp a man as a vulgar pretender of the Barnum genus. He confessed that his morals were of the worst kind.

This is the way downwards; and, although no man would exult over a fallen fellow-man, nor think of himself that he might not fall to any depth if not upheld by a higher power, yet it is a duty to draw a lesson from such falls; to examine the downward steps; and in this case to show that, before he had attained the full measure of his iniquity, he was just the stamp of medical practitioner we all regard as a black sheep, and quietly avoid and repudiate.

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Tuesday, September 12th, at Three o'clock *precisely*.

T. Watkin Williams, *General Secretary*.

13, Newhall Street, Birmingham, August 22nd, 1865.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

June 5th, 1865.

Robert Barnes, M.D., President, in the Chair.

Specimens. Dr. J. Braxton Hicks showed a Uterus from which a large Fibrous Tumour had been expelled in a sloughing state a few days before death.

Dr. Hicks also read a case and showed a specimen of Extrauterine Fœtation, the abstract of which will appear in the next report.

ON THE DYSMENORRHŒA, METRORRHAGIA, OVARITIS, AND STERILITY ASSOCIATED WITH A PECULIAR FORM OF THE CERVIX UTERI, AND THE TREATMENT BY DIVISION. BY ROBERT BARNES, M.D.

The author described and figured the form of cervix uteri which projected into the vagina as a conical body, the vagina appearing to be reflected off at a point nearer the os internum than normal. The os externum was usually minute, scarcely admitting the uterine sound. This (the os externum) was the real seat of constriction. The os internum normally was a narrow opening; and in these cases of dysmenorrhœa and sterility it was commonly found to be of normal calibre. It was therefore unnecessary to divide it. It was, moreover, dangerous to divide it, on account of the close proximity of the large vessels and plexuses running into the uterus on a level with it. The author maintained that this form of cervix was a cause also of retro- and peri-uterine hæmatocele, and of peritonitis. All these consequences might arise in single women. In the married state the evils enumerated were aggravated, and new ones arose. Women with this peculiarity were generally sterile; and if they became pregnant it was early in life, before the further consequences were developed. These were flexions, deviations, inflammation of the cervix and body, hypertrophy. Discussing the question of treatment, the author showed that dilatation was unsatisfactory; that incision of the os internum, as practised by Dr. Simpson's single bistouri caché and by Dr. Greenhalgh's double bistouri caché, was unsafe and superfluous. He objected to the latter instrument, especially, that it must cut as it was set —that it was too much of an automatic machine, not leaving scope for the judgment of the operator. His (Dr. Barnes's) own instrument, constructed like a pair of scissors, acted on the same principle as Dr. Sims's: it divided only the os externum, so as to open the cavity of the cervix; the part to be cut being first seized between the two blades, the operation was perfectly free from risk; the hæmorrhage was usually slight; and a good os was made. He had performed the operation many times, both in hospital and private practice, and was well satisfied with the results. One advantage of incision over dilatation was, that it relieved the engorgement and inflammation.

In illustration of the behaviour of the conical cervix uteri under labour, two cases were narrated. In one, the cervix and os uteri had returned to their original state, although a fœtus of four-and-a-half or five months' development had been expelled through them. In the other case it was necessary to open the cervix artificially by means of the author's cervical dilator and incisions in order to deliver a full-grown child. In both cases pelvic cellulitis followed labour.

Mr. Baker Brown thanked Dr. Barnes for having brought the subject forward. He agreed with most of what had been stated in the paper; was opposed to dilatation as being inefficient and temporary. He described his mode of operating, which was to place the patient in the lithotomy position, and, having introduced a bent speculum, he seized the os with a pair of forceps, and divided it with Simpson's hysterotome. He never divided the internal os; always used a plug of oiled lint to prevent hæmorrhage. He regretted that the operation had lately been condemned by a high authority, but believed it was the only efficient and permanent remedy for these painful affections.

Dr. Greenhalgh was surprised to hear the President's opinion that the seat of stricture in these cases was mostly at the external os. He (Dr. Greenhalgh), on the contrary, expressed his conviction that in the great majority of cases the stricture is situate at the internal os, and consequently he recommended division of the internal as well as the external os. After division he usually introduced one of his bilateral expanding stems, which keeps up steady dilatation, and prevents contraction. As regarded hæmorrhage, which some appeared so to dread, he had never but once met with it, though he had operated in nearly one hundred cases. He always used his own bilateral instrument, which cuts both sides at once. The advantages of his plan of operating were, he believed, extreme exactitude, facility, painlessness, and the avoidance of any personal exposure. He expressed his surprise at the remark of Mr. Brown that he never divided the internal os, when he (Dr. Greenhalgh) had seen him on several occasions freely incise the internal os in the cases under consideration.

Mr. Baker Brown, in reply to Dr. Greenhalgh, said that that gentlemen must be mistaken in what he had seen at the London Surgical Home. He repeated that he never in cases of dysmenorrhœa cut through the internal os. Dr. Greenhalgh was evidently confounding this operation with that for fibrous tumour, retroversion, retroflexion, etc., of the uterus, in which he (Mr. Brown) incised freely, and generally through the internal os.

Dr. Routh fully confirmed Dr. Greenhalgh's view. For his own part, he believed in by far the majority of cases the obstruction was at the *inner* and not the *outer* os; although he did not deny that in some cases of conoid cervix it was present at the external os. He agreed with Dr. Gream in believing that Dr. Sims's plan of operation would occasionally leave a deformed cervix for life; and he did not think it was necessary to cut through the entire cervix. The instrument Dr. Greenhalgh had invented obviated all danger from hæmorrhage. The same was true of his (Dr. Routh's) instrument, which he, however, preferred, because of the bend, and, therefore, more easy of application in *flexion* cases. A little bleeding was salutary. In most of these cases there was a complication of congestion, which the very incision by the subsequent hæmorrhage relieved. But there was no doubt that such incisions, however freely made, had a tendency to contract again. Hence it was necessary to keep the cut made patent by some internal

uterine pessary, and for some time, it might be for months, so as to allow it to become properly lined with mucous membrane and incontractible. He knew several persons now walking about London with these. In other cases their removal had been followed by conjugal relations and pregnancy, though previously sterile for years. Of the use of sponge-tents and other modes of artificial dilatation, in these cases, he spoke disparagingly. He had seen cellular abscess and death follow their use. They should be used with the greatest caution. He also believed cases of dysmenorrhœa were more common than was generally supposed. Not only was the seat of obstruction more frequently at the *internal* os than the *external*, but, indeed, in many cases, the external os was patent and abnormally so, as shown by Dr. Henry Bennet. And there were many, and by far more numerous, cases of dysmenorrhœa which were in no way due to stricture at either os. As these cases were not, however, referred to by Dr. Barnes, he did not allude to them further.

Dr. Savage laid before the Society an injected preparation of the Virgin Uterus, and detailed with great minuteness its several dimensions and the shape of the various parts. The vaginal portion varied considerably in length and size, the orifice sometimes scarcely admitting a probe, at others being a considerable slit. He then described the arrangement of the vessels, and drew the following deductions from an examination of the preparation: —1. Except in cases of irregular vascular distribution, which happen far from seldom, the vaginal portion of the cervix could be divided without risk of hæmorrhage; division beyond this would endanger the lower cervical arteries. 2. An incision laterally deeper than one-eighth of an inch at any part of the canal of the cervix would be unsafe. 3. An internal os surrounded by a ring of muscle, as asserted by Mr. Wells, does not exist; it is surrounded by muscular fibres subjacent to the mucous membrane, but the complete identification of the latter with the rest of the uterus, and the extremely oblique decussation of the former, could not contribute to the formation of a so-called inner os. The uterine isthmus could never form a stricture. 4. The instruments vaunted for surgical dilatation, most fortunately for operator as well as patient, did little else than divide half through the vaginal portion of the cervix, and even this not efficiently; the complete division of the vaginal part of the os required the scalpel or scissors. 5. The least bending of the isthmus would cause obstruction without organic constriction. In all these conclusions he was borne out by experience. He believed the obstruction was generally due to curvature. He could not understand Dr. Sims's denunciation of mechanical dilatation; but agreed with Dr. Gream that it was quite as safe and efficacious as division. The nature of the operation which Mr. Wells had said he was in the habit of practising under the bed-clothes, unless it were the same as that introduced by Dr. Simpson or Dr. Greenhalgh, Dr. Savage said the preparation entirely failed to elucidate. Mr. Wells did not perform them at the Samaritan Hospital.

Dr. Graily Hewitt thought that the two questions of the treatment of dysmenorrhœa and of sterility by means of incision of the cervix uteri had been too much mixed up together. He would say a few words first respecting dysmenorrhœa. He believed that in bad cases of dysmenorrhœa the condition present was frequently retention of the fluid in the uterus, and that this retention caused the pain; and he had been at some trouble to prove this. But, on the other hand, he also thought that the condition was capable of being relieved, in most cases, without resort to mechanical treatment of the cervix uteri. The great thing was to diminish the flow of blood, and this could be regulated by general measures; but that there were a few cases in which such general measures were useless he admitted. He differed from the President in reference to the most common seat of the constriction; for although there were cases in which the os uteri was congenitally extremely small and narrow, yet in the larger number of cases of dysmenorrhœa the impediment was situated at the junction of the cervix with the body of the uterus. With regard to the best method of applying mechanical relief when such was required, he thought that cases must be treated on their own merits. Where the cervix uteri was hard and dense, the cutting operation was most indicated, the difficulty being here the greatest; but under other circumstances he preferred the use of tents as dilators. The sea-tangle tent was, he considered, a perfectly safe means of dilating the cervix uteri; but, he would repeat, the cases were few requiring this treatment. As to the mode of incising the cervix or os uteri, here again the operation must be selected according to the case; no one operation could be suited to all circumstances. He would next say a few words on the subject of sterility. It was undoubted that in certain cases the cure of sterility could be effected by dilating the cervix uteri, and much had been said as to the superiority of one mode of dilatation over another. The fact was, that so long as the canal of the cervix was a little enlarged, whether by incision or by dilatation, the necessary end would be served. The great object was to secure a tolerable patency of the canal at about the menstrual period, when conception was most likely to occur. Supposing the sterility to be cured, the dysmenorrhœa which might be associated with it would be also, in all probability, permanently relieved.

Dr. Wynn Williams remarked that he thought no one would deny that surgical interference was required in some few cases of dysmenorrhœa, but that he considered they might be reduced to almost a minimum by proper therapeutic treatment He remarked that cases were frequently operated upon without benefit, and related the case of a patient who had been so operated upon, but with no good result, the neck of the uterus forming two large protruding lips. The patient was suffering from an enlarged and congested state of the uterus, due to gout. By free leeching, rest, the injection of a weak solution of iodine and appropriate constitutional remedies, she got rid of her troubles. He considered that the seat of the stricture might be in any part of the uterine canal, and that in advanced cases it was difficult to decide where the stricture was first situated, as in most cases the uterus became flexed upon itself, with enlargement and thickening above the seat of flexure, which thus formed a stricture. These cases would frequently get well by leeching, rest, the injection of iodine, lotions, and appropriate constitutional remedies. In the few cases where incision was necessary, the incision should be made to commence at the seat of the upper stricture, and gradually enlarged to the external opening. Dr. Williams remarked that, as no surgeon would think of cutting through the whole of the tissues of the penis for stricture in the male urethra, so he considered it quite unnecessary and unjustifiable to cut through the tissues forming the neck of the uterus, though it may be necessary to keep the incision distended by means of tents or dilators.

Dr. Marion Sims was surprised at the great difference of opinion expressed by previous speakers as to the seat of the obstruction, but he agreed with those who thought it was at the lower orifice. He then went into some statistical details of his own practice,

and laid great stress upon the frequency of curvature of the cervix as a cause of obstruction at the internal os. Though it might, he thought, lead to an actual narrowing of the canal, yet he believed this was an extremely rare occurrence. But in cases of induration and conoidity the os tincæ was abnormally contracted in every case he had seen. Indeed a conical indurated cervix was incompatible with a normal os tincæ, the existence of the one almost necessarily implying that of the other. With regard to cases referred to by Dr. Gream and Mr. S. Wells, in which the tissue of the cervix had been too largely incised, so that the lips of the os were everted and rolled backwards, he had never seen any such after his method of operating, but had witnessed that result after the use of the metrotome caché ; and he attributed it to this—because it cut deeper into the sides of the supravaginal portion of the cervix, and so divided the circular muscular fibres, which are naturally antagonistic to the longitudinal fibres. By his (Dr. Sims's) plan of operating, the incisions upwards were more superficial, though the opening of the os was about the same in both methods.

The PRESIDENT, in closing the discussion, said that he only directed attention to one class of cases of dysmenorrhœa—that, namely, associated with the peculiar projecting form of cervix uteri, and usually attended by sterility. This was the form that required treatment by incision. The obstruction that required division was the os externum or vaginal portion. The os internum normally was a narrow canal. Dr. Greenhalgh passed his instrument through it as preliminary to his operation. If it admitted this instrument, the os was of full normal size, and could not require cutting. His the (President's) instrument and operation were perfectly safe and efficient. He thought, after hearing Dr. Sims's remarks, that he had underrated the importance and frequency of flexion at the neck as a cause of obstruction.

CHEMISTRY AT OXFORD. Some weeks ago the University of Oxford advertised for a Waynflete Professor of Chemistry. People not in the secret supposed that Oxford had become so convinced of the importance of chemistry that they intended to endow a second professorship. Dr. Daubeny, however, has made known that the new professorship is of more value than the Aldrichian, which Sir B. Brodie now holds, and consequently this gentleman is expected to apply for the new appointment. In the event of his election to it, Dr. Daubeny states that the old professorship will be suppressed, and its endowments applied to other purposes.

ILLEGITIMATE CHILDREN. The proportion of the children born who were illegitimate—6·5 of every 100—was rather higher than in the two preceding years. More than 47,000 children were born out of wedlock in England in 1863. The proportion varied much in different parts of the kingdom. In London it was very low, but in all great towns some of these births escape registration. South of the latitude of London the proportion was generally below the average, but not often in other parts. In Bedfordshire 7·1 per cent. of the children were illegitimate, in Hertfordshire and Oxfordshire 7·3, in Suffolk 7·9, in Norfolk 11·3 per cent. In all the north-midland counties—Notts, Derbyshire, etc.—the proportion was high; in Shropshire it was 10·1 per cent. In North Wales it was 8·6, in the North Riding 9·2, in Westmoreland 9·2, and in Cumberland no less than 12 per cent. The Registrar-General considers it surprising that so little attention is paid to the disclosure that year after year a rate of illegitimacy far above the average prevails in certain counties.

Correspondence.

CONTEMPORARY BIOGRAPHY.

LETTER FROM T. HERBERT BARKER, M.D.

SIR,—I hasten to correct a mistake in your report in this day's JOURNAL. You state that Dr. Stewart's motion was carried unanimously. This was not the case. I sat far back in the room, and therefore could see the hands which were held up. There were seven or eight hands held up for the motion, and six or seven held up against it. The majority was a very slender one. *A greater number of distinguished members of the profession were present at the meeting, whose names are announced for the series by their permission, than all who voted both for and against Dr. Stewart's motion; and they took no part in the voting.* The votes would, in all probability, have been reversed, had a more able advocate than myself spoken in favour of contemporary biography. But the fact is that, having decided to take no part in the debate, I was quite unprepared; and I should not have spoken, had I not received a message from the President requesting me to attend the meeting. Before putting the motion to the meeting, and as a reason for not continuing the discussion, the President remarked, as nearly as I can recollect the very words, "I suppose the result, either way, will have no influence upon Dr. Barker's publication;" and, appealing to me said, "You will go on with it, whether or no?" and I said, "Certainly; it will not make the slightest difference."

The objections urged by Dr. Stewart against the publication of contemporary biography are thus summed up: 1. The difficulty of deciding who are eminent members of the profession; and 2. The fact that some unworthy use had been made, or might be made, of such publications.

With regard to the first objection, I accept the responsibility, and will bear all blame, if I make a mistake. I would, however, remark in passing, that my list of distinguished members of the profession, foreign as well as domestic, will not speedily be exhausted. It consists of men all of whom have made their position, and many of them have retired from active life. All of them, whether retired or not, are utterly incapable of the unworthy practices alluded to by Dr. Stewart—as incapable, in fact, as the three distinguished men in the present number. A distinguished foreign professor will appear in an early number, and I am making arrangements for a series of the most eminent men on the continent to appear with our own men.

Dr. Stewart argued that, some years ago, some persons were found to abuse the system. I express no opinion on this point. But, suppose it to be true, is it a fair sequence that the profession is to have no classified record of the labours of their great compeers, simply because these are alive? Nearly thirty years ago, Mr. Pettigrew brought out a very interesting series of medical biographies. There was no outcry against them. The same kind of biography is extensively published on the continent; and a successful series of portraits of men of eminence in science, literature, and art was commenced by Lovell Reeve sometime ago, and is now being published monthly. This series includes some distinguished members of our own profession. Thanks to photography, the portraits are unequalled as likenesses, and beautiful as works of art; and the biographical sketches may be made both interesting and useful.

The *Lancet* puts the subject correctly last week

(Aug. 12th). "The demand for medical biography," writes the editor, "is as reasonable and legitimate as the demand for any other kind of biography. If medical biographers select lives worthy of notice, they will be rewarded by success; if they write sketches of unimportant lives, they will be equally certain to fail of it. They may safely be left to the fate of other biographers."

The editor of the *Medical Times and Gazette*, too, remarks: "Now that every drawing-room table groans with *cartes de visite* of relatives and friends, and of personages who have attained celebrity in every walk of life, from royalty downwards, we should be indeed an unnatural and cold-blooded set, did we not wish to possess some of these mementoes of those members of our own profession whom we have been wont to look up to as public teachers or private friends. Equally natural is it that we should like to know something of their history; where they were born, and of what family; what advantages they enjoyed as to education; what gave them their bent towards medicine; what was the peculiar scope of their early studies, and what they have since contributed towards our stock of knowledge." (July 15th.)

But my plan does not *necessarily* include biographical details. Some of the members prefer that their portraits should appear without a line of biography; and I have been happy to meet their wishes, restricting myself solely to a brief analysis of their writings. The first sketch of this kind, accompanying the portrait of one of our oldest and most distinguished men, will appear, I hope, in No. v of the work.

I am happy to say that I have succeeded far beyond my most sanguine expectation in securing the hearty co-operation of men of undoubted distinction; and I am quite confident that no unworthy use will ever be made of any publication in this series. The rest remains with myself. I know that the sketches could be written by very many in a much better style; but I will do my best to make them useful, avoiding all useless personal details, and especially everything which Dr. Stewart dreads of a "fulsome" or "puffing character". Happily for me, my texts are sermons also. I am, etc.,

T. Herbert Barker.

3, Harpur Place, Bedford, August 19th, 1865.

[Dr. Barker is quite correct in his statement, that Dr. Stewart's motion was not carried unanimously. The insertion of the word "unanimously" arose from a *lapsus calami* on the part of the reporter, and the error was overlooked in correcting the proof. Editor.]

HOW THE MEDICAL PROFESSION IS DEGRADED.

Letter from John Spurgin, M.D.

Sir,—As you have said, "it is quite time the old-fangled notions adopted by Sir B. Brodie and other authorities, that men of medicine had no business to interfere with politics; that their duties lay in a very different direction; that the legitimate field of their exertion was the sick-room and private life; that their influence should be exerted only through their operations in private life"—yes, I fully agree with you, "it is quite time all such notions were abandoned."

Lady Hester Stanhope's counsel has been of late years most wonderfully acted upon by our profession throughout the length and breadth of the land, in giving great attention to the contents of certain chamber-utensils. The fact is a most rampant one, of the great faculty being reduced to such practices as literally degrade it and keep it degraded. As a physician, I feel insulted by the Lady Hester Stanhopes of the day referring me to their close stools and chamber-utensils for an insight into their ailments. It is a very different thing to require their production, when this may be necessary occasionally for our own judgment, but not habitually, as if it were a part of the claim precedent to the honorarium. The pulse, the respiration, the tongue, the countenance, the voice, the skin, the bodily movements, the spirits, and the replies to well-put questions, are the grand indices for the physician carefully to notice; and, if he cannot proceed without the help of the excreta in the majority of his cases, he is but a second-rate doctor at his best. Well may the public exclude us as they do from the council of the nation, from public boards, and other posts of distinction!

How often, again, does a professional man observe upon some one of his brethren, "Oh, he has not given his attention to some particular complaint, as Dr. So-and-so has done or does. In so speaking, he recommends a specialist as he would a remedy, as a prescription merely, to the exclusion, perhaps, of a physician of a far more enlarged sphere of observation, as well as of power of mind, with commensurate skill to grapple with the malady of a patient who, in all probability, has his brain, his lungs, his heart, his kidneys, and his liver, at once assailed by disease. I am certain that the profession is seriously damaged by this proceeding, of such universal adoption now-a-days—universal, because it is not confined to the profession; for it is now the habit of society in general, insomuch that I never have a patient but I expect that a kidney specialist or a lung or a liver specialist will supersede me, or that I must give place to him, when I feel quite as competent as any specialist in particular to bring out a happy issue in proof of my title to general confidence; and this upon the honest ground of varied experience and lengthened observation, such as the mere specialist precludes himself from. Doubtless this feeling is participated with myself by the majority of my class. The effect of this current of medical and general procedure is the degradation of the faculty in chief; it is reducing the faculty to the level of low mental acquirement and power, excluding the classic, the philosophic and humantarian elements—the *literæ humaniores*, in fact—which dignify, because they exalt and enlarge, rather than limit and specialise, human capability, intended as this was to resemble its Divine Giver, and to glorify Him in fulness.

I am, etc., John Spurgin.

17, Great Cumberland Street, August 10th, 1865.

HAY-FEVER, HAY-ASTHMA, OR SUMMER-CATARRH.

Letter from W. Abbotts Smith, M.D.

Sir,—In the Journal for July 22nd, a letter appeared from the pen of Mr. James Bird, upon the subject of this very interesting, and, I would venture to add, too little understood affection. Permit me to avail myself of your columns for the purpose of thanking that gentleman for the terms in which he has spoken of my pamphlet on this disorder, and of adding my evidence to his respecting the frequency with which hay-fever may be traced to the influence of the emanations from the substance whence it derives the name by which it is commonly known.

I have, in several cases, succeeded in tracing the affection to this particular exciting cause, even when probability, and sometimes almost possibility, seemed to be against the hypothesis. A patient, who came under my notice at the Metropolitan Free Hospital

this year, resided in Houndsditch—no very likely *locale*, certainly, for the production of the disorder through the aroma of hay; but, upon inquiry, I cleared up the case satisfactorily, by ascertaining that the patient worked in a room close to a livery-stable; and that, with a regard for ventilation almost unparalleled in this part of London, he was accustomed to keep the window open, so as to admit air into his room. His illness, which, when he first applied at the hospital, had lasted six days, had commenced on the morning after some very strong-smelling new hay had been brought into the stable-lofts. In two other cases, related in a communication of mine to the *Medical Times and Gazette* for 1863, a man and his wife, living in Whitechapel, were both affected in a similar manner—viz., by being temporarily exposed to the emanations of some new hay brought into a yard where they resided.

Occasionally, however, the disorder occurs under circumstances which preclude a resort to the hay-hypothesis; and, in cases of this kind, we must look to some other causes, such as the excessive heat and strong light of summer, the irritating effects of dust, etc. Some curious instances of this nature, which have come to my knowledge, are worthy of record. In one, the patient stated that he had suffered for many years from annually recurring attacks of summer-catarrh, which occurred about the same period (synchronously with the first heats) of summer, no matter where he might happen to be at that season; and that, some few years since, he was seized with unmistakeable symptoms on board ship, several hundred miles from land. In another case, which was communicated to me by Mr. Hardwicke, the publisher, a gentleman, who was at his place of business in Piccadilly, mentioned to Mr. Hardwicke, in the course of conversation, that he was a victim to hay-fever, but that he thought that he had escaped it this year through residing in town. Subsequently, he called on Mr. Hardwicke to tell him the singular fact that, in walking home from Piccadilly to his residence, not more than a quarter of a mile distant, he felt the symptoms of the disorder coming on; and, by the time that he reached home, they had become so severe that he was compelled to remain indoors until the following day.

These, and other cases of which I have been informed, point to the existence of other causes of the affection besides the emanations from hay; but, so far as my experience goes (and that of Mr. Bird leads to the same conclusion), the cases arising from the latter cause are much more numerous than those produced by all of the other causes taken together.

I fully coincide with Mr. Bird in the opinion that quinine is the most successful remedy for hay-fever; although, owing to the variety of the symptoms in different cases, it is out of the question to expect to obtain relief in every instance from the administration of this drug. Hay-fever may be divided into three classes—viz., the catarrhal, the febrile, and the asthmatic; and we must select our remedies according to the preponderance of either form of the disorder. In a case of which I have a vivid recollection, owing to the extreme dyspnœa and other asthmatic symptoms which were present, quinine entirely failed to give relief; but lobelia effected a cure in a few days. In some cases, other tonics besides quinine, such as iron, either alone or in combination with quinine, arsenic, and the bitter infusions, are very useful. Upon one point, insisted upon by Mr. Bird, too much stress can scarcely be laid; I refer to free purgation, which is important at the commencement of the treatment of every case of hay-fever.

I am, etc., W. Abbotts Smith.

August 1865.

Medical News.

Royal College of Surgeons of England. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on August 16th.

Antonini, Charles, L.S.A., King's College Hospital; diploma of membership dated May 20, 1862
Dod, Harry Davenport, Great Coram Street; April 28, 1865
Hoffmeister, Wm., L.S.A., Cowes, Isle of Wight; July 25, 1865
Leake, Jonas Richard, L.R.C.P.Edin., Wingfield, Upper Norwood; April 26, 1865
March, John, L.S.A., New Wandsworth, Surrey; Nov. 15, 1860
Ray, William, West Square, Southwark; Nov. 18, 1864
Tibbits, Herbert, L.R.C.P.Lond. and L.S.A., St. Bartholomew's Hospital
Tindall, A. M'Ivor, St. Bartholomew's Hospital; April 25, 1865
Woodman, William Bathurst, M.D.St.And. and L.S.A., London Hospital; April 12, 1861

Royal Colleges of Physicians and Surgeons, Edinburgh. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Gass, J. B., Dumfriesshire
Griffith, W. B., Edinburgh
Jones, Charles, Herefordshire
Kerr, J. C., Edinburgh
Long, Bourke
Mitchell, J., Kirkcudbright
Macrury, C. Wm., Inverness-shire
Oliver, Wm., Coleraine
Wood, William Dyson, Wakefield
Woodcock, Samuel, Glossop

And the following gentlemen passed their final examinations, and were admitted L.R.C.P.Edinburgh, and L.R.C.S.Edinburgh.

Archdall, T. G., co. Fermanagh
Budge, J. T., Caithness
Buscarlet, Albert, Pau
Campbell, D., Perthshire
Coppinger, A. W., Cork
Cote, W. N., United States
Crabbe, W. T., Kirriemuir
Currie, T., Fifeshire
Duguid, William, Elgin
Fletcher, R. V., Dublin
Gilruth, G. R., Leith
Hill, Matthew, Dublin
Kane, Thomas J., Galway
Kilroy, P. Le Feuvre, Plymouth
M'Nutt, W. F., Nova Scotia
Martin, T. F., co. Louth
Moir, John, Edinburgh
Mulcahy, James, Blarney
Reynolds, E. J., co. Dublin
Tarbolton, A. S., Leeds
Veitch, W. Y., Durham
Wardle, J. H., Duckinfield
Waring, R. W., Cavendish
Wilkinson, H. H., Rotherham
Wilson, R. F., Carlow
Young, David, Perth

Royal College of Surgeons, Edinburgh. The following gentleman passed his first professional examinations during the recent sittings of the examiners.

Mackeown, William, co. Derry

And the following gentlemen passed their final examinations, and obtained the diploma of the College.

Alexander, W., Rathfriland
Barbour, John, England
Boyle, A. A., Glasgow
Chisholm, W., Roxburghshire
Christison, J., Forfarshire
Compigné, H. D. S., Hampshire
Currie, John, Dunfermline
Gentle, David, Kinross-shire
Hamilton, T., Edinburgh
Holden, J. S., Belfast
Johnstone, Charles H. L., New Brunswick
Johnston, Wm., Aberdeen
M'Crystal, Edward, co. Derry
Macfee, John, Buteshire
Manley, H. C., Lisburn
O'Hare, Thomas, co. Down
Smith, D. S. H., Louisiana
Strange, Arthur, Ashton-under-Lyne
Thomas, J. B., India
Turner, Duncan, Argyllshire
Williams, R. G., Kinsale
Young, A., Portglennie, Ireland

Apothecaries' Hall. On August 17th, 1865, the following Licentiates were admitted:—

Fairland, Edwin James, Guy's Hospital
Gittins, John, Shrewsbury
Heaven, Charles Thomas, Thistle Grove, Brompton
Hilder, Nelson Albert, New Terrace, Camberwell Park
Hughes, John Pearson, Llandovery, South Wales
Lundy, Louis Francis, Feltham, Middlesex
Madeley, George Henry, Holland Road, Kensington
Smith, Chas. James Hardy, Upper Craven Place, Kentish Town
Weekes, Henry, Brompton, Kent

At the same Court, the following passed the first examination:—

Yeomanson, John, St. Bartholomew's Hospital

UNIVERSITY OF ABERDEEN. The ceremony of conferring degrees in Medicine and Surgery took place on August 4th; Dr. Macrobin presiding. During the past year, the following candidates, after the usual examinations, have received Degrees in Medicine and Surgery.

The Degree of M.D.

Batt, Edward, M.R.C.S.E. and L.S.A., Oxfordshire
*a*Carless, John. Woolwich
*ab*Evans, John Tasker, M.R.C.S., Hertford
Farquharson, James, Edinburgh
*a*Findlay, George, A.M., Keith
*ac*Fowler, James E., A.M., Aberdeenshire
*ab*Gage, James Thomas, Aberdeen
*a*Jones, Alfred O., M.R.C.S. and L.M., London
*a*Lucey, William C., M.R.C.S., L.S.A., and L.M., Surrey
*ac*Muskett, Edwin B., Norfolk
Seccombe, Thomas, F.R.C.S.E., Plymouth
*ab*Siddall, Joseph B., M.R.C.S.E. and L.S.A., Derbyshire
*ab*Sutcliff, Edward, M.R.C.S. and L.R.C.P.L., Surrey
Taylor, James, Banffshire
*ab*Ward, Martindale C., M.R.C.S.E., M. and L.S.A., and L.M., London

At the same time—

Keith, Robert, M.B., C.M.
Knowles, Benjamin, M.B., C.M.
Thursfield, Thomas Greville, M.B., C.M.
Watt, Thomas, M.B., C.M.

were promoted to the Degree of M.D.

The Degree of M.B.

*ac*Anderson, George Henry, M.A., Aberdeen
Birnie, William S., New Pitsligo
*a*Campbell, Alex., L.R.C.S.Ed., L.R.C.P.Ed., Aberdeenshire
*a*Campbell, John Millar, Aberdeen
*ab*Center, William, A.M., Aberdeen
*ab*Colborne, Anthony C., L.R.C.P., L.S.A., London
*a*Dawson, John, M.R.C.S., L.S.A., Norfolk
*ad*Duncan, William, Aberdeen
*ac*Fowler, John Smith, M.A., Aberdeen
*ab*Galloway, William Walker, Aberdeen
*a*Garvin, George, Colombo, Ceylon
*a*Grant, Alexander Gibb, Aberdeen
*a*Gray, Edward, London
*a*Gray, Alexander Riddoch, Aberdeen
*a*Kerr, David A., Aberdeen
*ab*King, George, Aberdeen
*a*Macpherson, John, Huntly
*a*Milne, Robert M., Dunnottar
*a*Milne, Thomas, Aberdeenshire
*a*Mitchell, Alexander G., A.M., Rayne
*a*Murray, John, M.R.C.S.Eng., Aberdeen
*ab*Ogston, Alexander, Aberdeen
*a*Reid, Alexander Campbell, Aberdeen
*ab*Rodger, James, Aberdeen
*a*Rowe, Samuel, M.R.C.S.E., London
*ac*Saunders, Charles E., M.R.C.S., London
*a*Simpson, John, Kintore
*a*Snaith, Francis, M.R.C.S., L.S.A., Lincolnshire
*a*Strange, William Heath, M.R.C.S., L.S.A., L.M., Reading
*a*White, William Leavens, Shropshire
*a*Young, David, L.R.C.S.Ed., L.R.C.P.Ed., Perth

Of the above-named graduates, those marked *a*, together with

Carnegie, John

received also the Degree of Master in Surgery.

(C.M.) Those marked *b* received their degrees in Medicine and Surgery, with highest academical honours; those marked *c* received their degrees in Medicine; and the graduate marked *d* his degree in Surgery, with academical honours. At the same time—

Lethbridge, Alfred Swaine
Wadd, Frederick John
White, John

were certified as having passed all the examinations, and are entitled to receive degrees on attaining the necessary age.

APPOINTMENTS.

CHURCH, W. T., M.B., elected Assistant-Physician to the City of London Hospital for Diseases of the Chest.
DAVIDSON, John H., M.D., appointed Assistant Medical Officer of the Birmingham Borough Lunatic Asylum.
DUDLEY, John G., M.D., appointed Surgeon to the Surrey Dispensary, in the room of E. Head, M.B.
FENWICK, Samuel, M.D., elected Assistant-Physician to the City of London Hospital for Diseases of the Chest.
*MACKENZIE, John Ingleby, M.B.Cantab., elected one of the Medical Officers of the Sidmouth Dispensary.

ARMY.

ADAMS, Assistant-Surgeon R., M.D., 81st Foot, to be Staff-Assistant-Surgeon, *vice* D. C. Grosse.
BAXTER, Surgeon F. H., M.D., 12th Lancers, to be Surgeon-Major, having completed twenty years' full-pay service.
COATES, Surgeon J., M.D., 26th Foot, to be Surgeon 24th Foot, *vice* Surgeon-Major R. Gamble, M.D.
GAMBLE, Surgeon-Major R., M.D., 24th Foot, to be Surgeon 26th Foot, *vice* J. Coates, M.D.
GROSSE, Staff-Assistant-Surgeon D. C., to be Assistant-Surgeon 109th Foot, *vice* N. Carter.
HINTON, Assistant-Surgeon J., 10th Hussars, to be Staff-Assistant-Surgeon, *vice* J. T. Milburn.
HUISH, Staff-Surgeon H., M.D., to be Surgeon 3rd Hussars, *vice* Surgeon-Major W. O. Mackenzie, M.D.
MACKENZIE, Surgeon-Major W. O., M.D., 3rd Hussars, to be Staff-Surgeon-Major, *vice* Staff-Surgeon H. Huish, M.D.
MILBURN, Staff-Assistant-Surgeon J. T., to be Assistant-Surgeon 10th Hussars, *vice* J. Hinton.

ROYAL NAVY.

ARMSTRONG, Alexander, M.D., to be Deputy Inspector-General of the Royal Marine Infirmary, Chatham.
BARRY, John S., Esq., Assistant-Surgeon, to the *Dasher*.
BIRCH, Edward A., Esq., Acting Assistant-Surgeon, to the *Donegal*.
COURTENAY, J. P., Esq., Assistant-Surgeon, to the *Princess Royal*.
EGAN, F., Esq., Assistant-Surgeon (additional), to the *Cumberland*.
FLETCHER, Wm. B., Esq., Assistant-Surgeon, to the *Research*.
FLYNN, F. F., Esq., Assistant-Surgeon, to the *Victory*, for Haslar Hospital.
HARDING, Robert, Esq., Assistant-Surgeon, to the *Donegal*.
KING, John, Esq., to be Staff-Surgeon of Chatham Dockyard.
LUCAS, Leonard, Esq., Assistant-Surgeon, to the *Princess Royal*.
MACDERMOTT, William L., Esq., Assistant-Surgeon, to the *Victory*, for Haslar Hospital.
M'DONALD, Alexander, Esq., Assistant-Surgeon, to the *Linnet*.
M'DONALD, T. W., Esq., to be Inspector-General of Hospitals and Fleets on the retired list.
M'MORRIS, Robert J., Esq., Assistant-Surgeon, to the *Himalaya*.
PIERS, Henry, Esq., Staff-Surgeon, to the *Wellesley*.
PURVES, Robert, Esq., Assistant-Surgeon (additional), to the *Princess Royal*.
REES, J., Esq., to be Inspector-General of Hospitals and Fleets on the retired list.
ROCHE, William, Esq. (*a*), Assistant-Surgeon, to the *Indus*.
SAUNDERS, William M'K., Esq., Staff-Surgeon, to the *Victory*, for Haslar Hospital.
SHEA, H. D., Esq., to be Inspector-General of Hospitals and Fleets on the retired list.
WASHFORD, John, Esq., Assistant-Surgeon, to the *Tyrian*.
WILLIAMS, Charles F., Esq., Assistant-Surgeon, to the *St. Vincent*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BROWNE, W., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Staffordshire R.V.
MASFEN, W. E., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Staffordshire R.V.

BIRTHS.

CARTER. On August 19th, at Leamington, the wife of *T. A. Carter, M.D., of a son.
SANSOM. On August 23rd, at 29, Duncan Terrace, N., the wife of *A. Ernest Sansom, M.B., of a daughter.

DEATHS.

BAKER. On August 11th, at Southampton, aged 67, Christian, widow of the late William Baker, M.D., of Derby.
CREAN, Robert C., Esq., Assistant-Surgeon Royal Artillery, at Wexford, on August 3.
DAVIDSON, John, M.D., at Brighton, aged 49, on August 17.
FURLONG. On June 14th, at Mhow, Florence Emma, youngest child of John S. Furlong, M.D., Surgeon 6th Dragoons.
HAWKINS, Fredk. R., Esq., Surgeon, second son of *J. V. Hawkins, M.D., of King's Lynn, on board the *Lady Melville*, on June 25.
ROWDON. At Tyler, Texas, aged 20, lately, Henry Mortimer, eldest son of Henry M. Rowdon, M.D., of Nottingham Place, Marylebone.
*WHITESIDE, James H., M.D., at Stockton-on-Tees, aged 46, on August 12.

A MEDICAL CORONER. Dr. Dill has been chosen coroner for Belfast. He beat a lawyer who opposed him by a majority of eighteen against seven votes.

M. CLAUDE BERNARD gives, in his work which is about to appear entitled *Introduction to the Study of Experimental Medicine*, a chapter on Vivisections. This chapter is given in *L'Union Médicale*.

TESTIMONIAL. The friends of Dr. E. J. Hall have presented him with a handsome testimonial of their esteem on the occasion of his leaving Henley-in-Arden to practise at Prescot, near Liverpool.

Proposed Statue to Cirillo. A subscription has been opened in Italy for the raising of a statue to Cirillo, celebrated at Naples for his great medical knowledge, as well as for his civic virtues and heroic death.

The Macintosh Lunacy Case. Subscriptions have already been commenced in Scotland to raise a fund as a testimonial to Drs. Lowe and Smith, in consequence of the great expense and hardship to which they were undeservedly subjected through the Macintosh lunacy case.

Deaths of Foreign Medical Men. The Paris journals announce the death of Dr. Beau, Physician of La Charité, from an attack of apoplexy; and also of Dr. Buchez, who was President of the Constituent Assembly in 1848. Dr. Buchez died at Rodez, whilst travelling in the South of France. M. Pagenstecher, a distinguished Baden oculist, is dead.

Charge of Rape. Charles Gordon Sprague, who was recently tried and acquitted at the Exeter assizes on an indictment charging him with administering poison in a rabbit pie to Sarah Chalker, his mother-in-law, with intent to murder her, has been committed for trial for rape, for an assault, and attempting to commit it, and for an indecent assault.

Newcastle-on-Tyne College of Medicine. The following gentlemen have recently been elected the Council of Management for the ensuing year: *President*, the Rev. C. T. Whitley, M.A.; *Registrar*, D. Embleton, M.D.; *Treasurer*, T. Humble, M.D.; *Secretaries*, G. H. Philipson, M.A., M.D.; E. Charlton, M.D.; and W. Murray, M.D.

Dirty Naples the Beautiful. Naples appears to be in the most wretched sanitary state. The municipality are happily being frightened into action by the cholera. What can be done on the spur of the moment is being done. A central sanitary commission has been formed, one of whom especially—Dr. Mariano Turchi—is spoken of in the highest terms for his benevolence, his activity, and his great medical knowledge.

Carbuncular Fly-Bite. Another death is recorded as having taken place in consequence of the bite of what the French call a *mouche charbonneuse*, literary a carbuncular fly—a fly which had been feeding on some putrified substance. At St. Maximin, Department of the Isère, a lady of about thirty years of age was bitten on the arm, towards the end of last month. She took no precautions, a pustule appeared, she did not have it cauterised, and on the second day her arm was so swollen, and the venom had made such progress, that it was found impossible to save her, and she died on the 6th inst.

The Copper-Smoke Question. For many years past the subject of utilising or neutralising the effects of the obnoxious copper-smoke has received much attention from practical chemists and the smelters engaged in the trade. In the neighbourhood of Swansea, the effect of the smoke is such that vegetation is completely destroyed for miles around. Various remedies have been attempted to neutralise the poisonous effects of the smoke, but only a limited degree of success has been attained. Messrs. Vivian and Sons have recently determined to adopt the patent of a German chemist, and Mr. H. H. Vivian, M.P., the senior partner, has stated publicly that he believes, after a careful investigation, that the invention will prove completely successful, and that it will enable the firm to make 1,000 tons per week of sulphuric acid from the copper-smoke, which is now not only of no value, but a source of great loss, owing to its injurious effects on the surrounding vegetation.

Vital Statistics. In 1863, the latest year for which returns have been issued, the birth-rate was 3·539 per cent. in England, 2·686 in France, 3·988 in Austria, 3·912 in Italy. The marriage rate (persons married) was 1·688 per cent. in England, 1·600 in France, 1·734 in Austria, 1·626 in Italy. The death-rate was 2·305 per cent. in England, 2·244 in France, 3·113 in Austria, 3·115 in Italy. Commonly the mortality is higher in France than in England; and to a certain extent the French ratio is lessened through the returns for that country including Frenchmen dying abroad, whether civil or military.

Belfast. Belfast is in the midst of a water famine. Not one drop of the stuff which is being supplied by the Water Commissioners is fit for human use. Perhaps there is not in Europe a town which, for its size, contains so many filthy entries and crooked abodes of vice and infamy and beggary as Belfast. All the waters of the ocean would not wash them. There is no sewerage save on the surface of these places. Children are sitting at the doors, and women, horrible in their aspect, are squatting here and there and supposing that they are taking the air. This is what may be seen from the outside. If we penetrate beyond the margin the sights are sickening, and no one would dare to pen a description of them. (*Belfast News Letter.*)

Supervision of Examinations. In the *Lancet* of August 12th, it was stated that Dr. Sharpey had entered the room where the examination in Anatomy and Physiology was being lately conducted by the University of London Examiners, and had exercised the functions of a member of the Medical Council in supervising the questions. Dr. Sharpey, however, in a letter published in the same periodical last Saturday, states that his presence at the examination was merely the result of his having, in the absence of the Registrar, undertaken with Dr. Storrar to attend on the days of the *vivâ voce* examination, in order to see that there was proper accommodation for carrying them on. Nothing, he says, was farther from his mind on the occasion than to criticise or amend the written or oral questions—and that in the presence of the candidates. At the same time, he expects confidently that the Branch Medical Council of England will in no long time be able to arrange a visitation of examinations as effectually as present circumstances will admit. Our readers are already aware that a system of visitation has been organised in Scotland.

University of Edinburgh. On the 1st of August, 67 graduates were capped at Edinburgh University; 46 of whom were Doctors of Medicine, 4 Bachelors of Medicine, and 17 Bachelors of Medicine and Masters of Surgery. Of the graduates, 32 were Scotch, 22 English, and 2 Welsh; 3 came from India, 3 from the Cape of Good Hope, 1 from Mauritius, 1 from Guiana, 1 from Prince Edward's Island, and 1 from Smyrna. The following gentlemen received gold medals for their theses: Dr. W. H. Lightbody, "On the Comparative Anatomy of the Cornea of Vertebrates"; Dr. John Wyllie, "On the Physiology of the Larynx"; and Dr. J. B. Clark, "On the Reproduction of the Limbs of the Crustacea." The theses of four other graduates were deemed worthy of competing for the prizes; and nineteen other graduates were commended for their dissertations. Two of the medalists were from Scotland and one from Wales; of those considered worthy of competing for medals, 2 were from England, 1 from Scotland, and 1 from Wales; of those commended for their dissertations, 7 were from Scotland, 9 from England, 1 from Cape of Good Hope, 1 from India, and 1 from Smyrna. The address was delivered by Professor Spence.

New Method of Salting Meat. At the last meeting of the Academy of Sciences, M. Pienkowski detailed some experiments which showed that meat salted with acetate of soda is easily dried, keeps an agreeable odour, and, moreover, is more easily *unsalted* than meat prepared with common salt.

The Mortality of 1863. In relation to mortality the returns for 1863 are noticeable as marking the commencement of a death-rate beyond the average, after three years of health. The death-rate varied from 1·735 per cent. in Westmoreland to 2·629 in Lancashire—three deaths in one country to two in another. The ratio in London was 2·447, the highest since the cholera year 1854. The death-rate of Scotland was almost identical with that of England, showing England, with her metropolis almost as populous as the northern kingdom, and with many other great city populations, as healthy as Scotland, which affords an average space of six acres to a person, while in England the area is less than two acres.

Death after the Bite of a Fly. Mr. Fisher, a veterinary surgeon, a short time ago went to examine a horse which had just died. At the time the carcase was covered with myriads of flies. Mr. Fisher, in the course of his examination, saw that two of the insects had settled on one of his arms. He took very little notice of the circumstance, but in a few days two minute lumps presented themselves. He felt no pain until about a week after, when he found it advisable to call in a medical gentleman. The arm continued to swell, and, notwithstanding the greatest attention of the medical man, death occurred shortly afterwards. It is said the horse had suffered from a disease similar to that now raging among cattle.

Scottish Registrar-General's Return. The return for the quarter ending June 1865, shows deaths above the average, but very slightly so. Scotland added to its population 2,889 illegitimate children. The population of Scotland was in its usual health. Diarrhœa and cholera in the autumn are very apt to be followed by a renewed outbreak of typhus fever, as the temperature decreases. Generally speaking, the Vaccination Act is described as working well, but in part of the north-western district complaint is made of the distance the people have to go to the vaccinator, who may live twenty or thirty miles from a parish, with some thousands of inhabitants, and be gone from home for days on the arrival of the parties. In a north-eastern parish four deaths from diphtheria in one family are reported; the registrar notes that they lived in a house with the dunghill quite near the front door, "as is the fashion in the district."

The British Association. The arrangements for the annual congress are nearly completed. The meeting at Birmingham will commence on Wednesday, September 6th, on the evening of which day the President will deliver the inaugural address. On Thursday and Friday there will be sittings of the different sections, and also on Monday and Tuesday, 11th and 12th of September. On Saturday there will be excursions to Worcester and Malvern, to Shrewsbury and Wroxeter, to Warwick and Stratford-on-Avon, and to the Wrekin and Coalbrookdale. The concluding business meeting will be held on Wednesday the 13th, but on the following day there will be, as usual, excursions to attractive places in the neighbourhood. Among these the famous caverns at Dudley will be visited, and Lord Dudley has given directions that special provision shall be made for the visitors. The mines and large ironworks of South Staffordshire and the Burton breweries are to be visited. There will be *soirées* of a scientific character on the 12th and 17th. A geological collection will be got together for the occasion in the museum of the Midland Institute at Birmingham. The president is J. Phillips, M.A., LL.D., F.R.S., Professor of Geology in the University of Oxford.

Varieties.

Our Great Towns. An estimate has been made by the Registrar-General of the population of ten large towns in the United Kingdom in the middle of the year 1865. The estimate is as follows:—London, 3,015,494; borough of Liverpool, 476,368; city of Manchester, 354,930; borough of Salford, 110,833; borough of Birmingham, 327,842; borough of Leeds, 224,025; city of Bristol, 161,809; city of Edinburgh, 174,180; city of Glasgow, 423,723; city of Dublin (and some suburbs), 317,666.

An Apothecary of the Old School. Mr. Clifton had in his shop five large bottles which were labelled *Mistura Salina, Mistura Cathartica, Mistura Astringens, Mistura Cinchonæ*, and another, of which I forget the name, but it was some kind of white emulsion for coughs; and it seemed to me that out of these five bottles he prescribed for two-thirds of his patients. I do not, however, set this down to his discredit; for I have observed that while young members of the medical profession generally deal in a great variety of remedies, they generally discard the greater number of them as they grow older, until at last their treatment of diseases becomes almost as simple as that of the Æsculapius of Little Newport Street. (*Sir B. Brodie's Autobiography.*)

An Enlightened Age. The following advertisement appeared in the *Times* of April 4th, 1865:—"*To Students in Alchymy.* Any gentleman who may require an assistant can be recommended to an industrious foreigner, who has studied the books of the alchemists for the last fifteen years, and is a good experimentalist. He is now in Transylvania, but every information will be given by applying to Charles F. Zimpel, M.D., 182, Marylebone Road." Rumour asserts that an extraordinary rise in the price of bismuth which occurred last year was caused by the purchases of a joint-stock company, established for the purpose of carrying out on a large scale the discoveries of a gentleman who, it was understood, had succeeded in perfecting the preparation of the "Stomach of Anthion," or the "Sharpness of the Eagle," or whatever may be the name of the needful alkahest.

The Milk of Diseased Cows. Dr. Whitmore says:—"A very important subject for consideration presents itself, and one in which I, as medical officer of health to this large parish, am especially concerned—it is the extent to which this disease may affect the condition or supply of one of the most nutritive and important of all human aliments—viz., milk. In this, as in most other complaints to which cows are liable, a very early symptom is the drying up of the secreting vessels or organs which supply the milk. If, therefore, during the period of incubation of the disease, or before any symptoms present themselves, the constituent properties of the milk undergo no change, there will then, I apprehend, be no great cause for anxiety, but the subject is one which demands and will no doubt receive the immediate attention of those who are best informed and are most competent to investigate it. I have made careful inquiries whether any of those persons who attended upon the diseased cows had been in any way affected, but no single instance of the kind has at present come to my knowledge."

Disease and Drunkenness. Dr. Hardwicke lately held an inquiry at Stoke Newington touching the death of Mr. Gully, who was found insensible in the street, surrounded by a crowd. The police rubbed his ears and slapped his face, believing he was drunk. He was then placed in a spring cart and removed to the station-house. His wife was refused admission to see him there. Five minutes after his arrival, however, the divisional surgeon attended, and recommended his removal to his own house. He fell down in an epileptic fit, and on Monday he died from rupture of a bloodvessel in the lungs. The foreman of the jury thought that the wife should have been admitted to the station where her husband was lying under the necessary care of a surgeon, and the jury hoped that in future the police would be more careful in ascertaining whether a person was suffering from a disease or from drunkenness before using violent measures of any kind.

Seaside Home. The Herbert Memorial Committee have purchased a piece of land at Bournemouth, situated on a high cliff facing south, at a short distance from the town. An elaborate plan prepared two years ago under the direction of Miss Nightingale by some of the civil servants of the Crown employed at the War Office has been put into the hands of Mr. Wyatt, the architect, to be adapted to the locality, and it is proposed to obtain estimates and commence the actual building during the ensuing autumn. It has been determined to unite "The Herbert Convalescent Home" to the Salisbury Infirmary, the terms of union being that, though both are to be under one trust—namely, a Royal charter, each will be independent in respect of funds. The treasurers report that the balance of subscriptions paid or promised, after the payment of £2,000 to Baron Marochetti for the statue at Salisbury, and £201 for expenses, is £3,975.

Sewage Irrigation. Dr. C. L. Robertson writes as follows in the *Medical Times and Gazette* of Sewage Irrigation. "I have for four years used the whole of the sewage of this asylum for the irrigation of grass land (meadow and Italian rye) within 225 yards of my own lodging and of the asylum wards, and I have had no case of dysentery or diarrhœa during that time. I therefore most strongly dissent from my friend Dr. Clouston's views that it is unsafe to apply sewage on clay soils within 350 yards of human habitations. I rather assert that with reasonable precautions such irrigation is free from all risk or unpleasantness. These precautions, as used here, are: 1. The addition twice a-day to the sewage at its outlet from the main buildings of a mixture of a carbonic acid and lime in the proportion of 1 gallon of the acid to 8 lbs. of lime and 100 gallons water. 2. In order to stop the solid matter of the sewage, it is made to pass through an open tank filled with ashes, which are also a disinfectant, and which by the process are converted into valuable manure, especially for clay land. 3. Thus roughly filtered and deodorised, the sewage is allowed to flow over the meadow by the open-channel system. I visited last year the meadows near Edinburgh, where the sewage is similarly applied in large quantities, and very near to the cavalry barracks and other dwellings. I am not aware of any instance of epidemic diarrhœa there, although it has been in use for eighteen years. But then the sub-soil is sand, and therefore my own experience on heavy clay soil, though on a much smaller scale, is a better antidote to Dr. Clouston's fears and misgivings on the use of sewage irrigation—a question, indeed, of national importance, and which I should much regret to see in any way retarded by the uncontradicted record of careless experiments like those at the Carlisle Asylum."

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Cholera Specifics.—Dr. Garth Wilkinson assures the public that cholera patients treated homœopathically recovered much better than those treated under the ordinary system. Dr. Poggioli assures the French Academy that the best treatment of cholera is static electricity. "An Old Indian" declares that inoculation of tincture of quassia is a sure cure of that same disease. Is it surprising that Beaumarchais makes Figaro exclaim: "Que les gens d'esprit sont bêtes"?

Why don't the Medical Council Prosecute Offenders?—

Sir: The enclosed certificate, one of many that has come under my observation from the same party these last few years. The Registrar under the Act informs me Mr. Mason has not registered, nor does he possess any legal qualification whatever. He practises surgery extensively, and has done many years with impunity, in the Isle of Ely, to my knowledge. Is the law or Act relating to non-registration in such cases a *dead letter*, or how is it the authorities of the Medical Council do not enforce the penalty in a case like this, for the common protection of those who have registered?

I addressed the Registrar, Dr. Francis Hawkins, only last year relative to the same individual, who gave a similar certificate as the one enclosed under like circumstances. Who are the proper parties to prosecute in this case? Is it incumbent upon any one in particular to do so?

Please return the enclosed certificate, in case it is left for me to proceed in Petty Sessions for the protection and vindication of our common profession. I am, etc.,

Ely, July 31st, 1865. Henry Pearson.

[The certificate forwarded to us is signed by a person who writes himself down as surgeon. There can be no doubt that a person so calling himself, and having no legal right to the title, is liable to prosecution. We quite agree with our correspondent, it is very hard that the prosecuting of offenders in this wise should be forced upon any individual member of our profession. Naturally, he turns his eyes in such case to the Medical Council, who makes him pay five guineas for the honour and advantage of being registered; but then he finds that it is unfortunately not the duty altogether of that Council to prosecute. Still we cannot but think it would be of great advantage to the profession if the Medical Council would assume to itself the onus and expense of such prosecutions. Many, no doubt, will say that a positive act of this kind would be of as much service to the profession as interminable debates on medical education, which have no practical conclusion. Editor.]

THE JOURNAL.—Dr. J. C. Murray of Newcastle writes: "I gladly take the opportunity of expressing the pleasure I felt in seeing that the Rev. Dr. Bell's amendment to Mr. Carter's proposal was unanimously carried. I beg to assure you and Mr. Carter that I regularly and diligently peruse the JOURNAL with much profit and pleasure; and that some members, I know, would never have been such had it not been for the BRITISH MEDICAL JOURNAL. What I have said, I believe to be only an expression of the general feeling in this quarter."

QUACKERY.—SIR: A remarkable instance of the assumption of one of the profession of quackery, occurred a few weeks ago in a local paper. Under the head of "Small-Pox", he profoundly informs the public that he has "had great experience in the treatment of the malady"; and goes on to say, that "it has been the custom of late years for surgeons to vaccinate with artificial matter", and that "the result of being vaccinated with artificial matter is death". He also dictates to surgeons on their carelessness and mode of keeping vaccine lymph. The query has been put more than once in the same paper, "What is artificial matter?" As yet, no response has been given; neither do I fancy there will be. It is no wonder that mothers are against having their children vaccinated, when, through the carelessness of some editors, letters are inserted in their columns calculated to fill the minds of those who are not particular in getting at the root of the "matter" with vague ideas of a matter that never was, is, or likely to be. Very likely the poor man is at present labouring under the delusion, that he has made his name immortal (by his wonderful discovery of artificial matter), and that he is classed amongst the Jenners.

There is another quack in our neighbourhood who is actually in possession of a horse to go his rounds. He attends some few works, and signs himself "Chir", and has a comfortable practice; whilst a surgeon, who has devoted the flower of his existence (and pocket very often), to sign his name "Surgeon", has only the same privilege as this quack.

I am, etc., FAIR PLAY.

COMMUNICATIONS have been received from:—Dr. WILLIAM BUDD; Mr. S. H. STEEL; Mr. CHARLES H. MOORE; Mr. J. KENT SPENDER; Dr. J. I. MACKENZIE; Mr. B. SQUIRE; Dr. BARCLAY; Mr. A. H. DOLMAN; Dr. J. GARDNER; Dr. MUNROE; Mr. WILLIAM PARKER; Dr. E. F. HALL; Dr. MURCHISON; Dr. T. HERBERT BARKER; Mr. R. HARRISON; Dr. T. A. CARTER; Dr. G. D. R. MACCARTHY; Mr. H. M. MORGAN; Mr. J. H. JAMES; Dr. GEORGE JOHNSON; and Mr. T. G. CUNNINGHAM.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S. Eng. (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

Within ten miles of London, a very eligible Nucleus for transfer. Receipts about £300. Opposition quite unimportant. Patients of a good class. Neighbourhood rapidly improving. Midwifery fees from £1:1 to £3:3. Terms £250.—Address "T., 702," Mr. Langley, as above

In a good Suburb of a large Town. In consequence of ill health, a General Practice for transfer. Hospital appointment and three clubs can be transferred. One horse necessary. No assistant. House (occupied by a Surgeon for fifty years) contains twelve rooms, with garden and stabling; in an excellent position. Income about £400. To a suitable gentleman prepared to make an immediate arrangement, very advantageous terms would be conceded.—Address "T., 701," Mr. Langley, as above.

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Cambs.—In one of the best Towns, an old established Practice for transfer. House commodious and well situate. Receipts £500. Appointments £100.—Address "T., 699," Mr. Langley, as above.

In a pretty Village, an unopposed Practice, capable of great extension, for transfer. Present income (the vendor being an invalid) £200. Clubs £50. House with land and garden. Rent £22.—Address "T., 698," Mr. Langley, as above.

Proposed Memorial Window to

DR. JENNER IN THE PARISH CHURCH OF BERKELEY.—The body of EDWARD JENNER rests in the Chancel of Berkeley Church—The only Memorial there is a small plain marble slab bearing the inscription 'Edward Jenner, M.D. born 1749, died 1823.'

This Church is now undergoing extensive restoration, under the direction of Mr. Gilbert Scott, and Mr. Christian, the Architect for the Ecclesiastical Commission. The present has been judged, therefore, a fitting opportunity by many of the inhabitants of Berkeley to procure a more lasting memorial of one who spent the greater part of his life at Berkeley; made there his world-renowned experiments, died in the family house, Chantry Cottage, and was buried in the Church where his father, the Vicar of Berkeley, had baptised him.

Whilst other monuments, in other places, testify to the universal esteem in which their gifted townsman was held, it seems to the people of Berkeley that they have good grounds for asking aid from the medical profession and the public generally, in order to erect a handsome memorial of his worth in the Church where he lies.

The west window of Berkeley Church, a fine specimen of early English, with five lights, offers a suitable means of carrying out this intention. It is proposed to fill this window with appropriate subjects, to be approved by the Committee, in the best English style of stained glass, with a suitable inscription to the memory of Dr. JENNER.

The following Noblemen and Gentlemen form the Committee, and will receive Subscriptions:

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Hon. Secretary—CHARLES G. RITCHIE, M.D., 36, Mount Street, London, W., to whom, or to any Member of the Committee, Subscriptions may be forwarded.

The first List of Subscriptions will be published on September 15th.

The College, Birmingham.

(Incorporated by Royal Charter & by Supplementary Charters.)

Patron—THE QUEEN.

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Warden.	*Dean of the Faculty.*
The Rev. J. E. Espin, B.D.	William Sands Cox, F.R.S.

The MICHAELMAS TERM will commence on MONDAY, October 2. The Introductory Address will be delivered, on TUESDAY, October 3, at One o'clock, by Professor HINDS.

The Lectures qualify for appointments in the Army, Navy, and Indian Service; for the degrees of M.B. and M.D. in the University of London; for the Diploma of the Royal Colleges of Surgeons of England and Edinburgh; and for the License of the Society of Apothecaries, without any residence elsewhere.

The Composition Fee for the three years Courses of Lectures required by the Colleges of Physicians and Surgeons, Society of Apothecaries, Army and Navy Boards, is £42. Attendance on the Medical and Surgical Practice of the Queen's Hospital, £21. Total, £63. Fees to be paid half on entry, half at the commencement of the second year.

In the Arts Department Students are prepared under the Resident Classical, Mathematical and Medical Tutors, for the Preliminary Arts Examinations required by the Examining Boards. Inclusive Fees, £15:15 per Annum.

Resident Students of the Arts and Medical Departments are received at a charge of £50 per Annum, for Board and Furnished Rooms, and live in the College, during term time, under the supervision of the Warden and Tutors.

There are four Scholarships to be awarded to deserving Students resident in the College.

Application for detailed Prospectus to be made to Professor Dr. SUCKLING, Hon. Secretary to the Professors; or to Professor POSTGATE, Hon. Treasurer, to whom, under resolution of the Council, all fees for attendance on Lectures and on the Medical and Surgical Practice of the Queen's Hospital are required to be paid.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

ON MEDICAL EVIDENCE IN RELATION TO STATE MEDICINE.

By J. A. SYMONDS, M.D., F.R.C.P., Clifton.

BEFORE offering any remarks on the subject of the discussion in which we are about to be engaged, I beg to be allowed to say that, though I accepted the duty which the Committee of Management did me the honour of confiding to me, yet it must not be inferred from their appointment, or from my acceptance of it, that the subject is one that has attracted or received my attention in any particular manner. I profess to treat of the subject with about as much knowledge of it, and with as much reflection upon it, as may have been all but forced on the observation and thought of any one who has been working in the practice of our profession for a considerable number of years. Perhaps, therefore, my views, representing as it were the average experience and thought of the profession, may be more appropriate to the commencement of this debate than if I were in the possession of any peculiar amount of knowledge, or the propounder of any peculiar schemes of improvement. Not but that, as you will find, I entertain some rather decided opinions as to reforms that are required.

I think we must be all agreed that medical evidence in courts of law is not what we could wish it to be, whether with reference to what is just and what is creditable to the profession, or to what is required by the interests of the public. And, first, let us consider it with respect to ourselves—our character, rights, and interests.

Medical evidence in general—that is, with the exception of the evidence specially given by *experts*—is *mixed* evidence. It is partly common, and partly professional or scientific; for it testifies both to what might have been seen and heard by any person who happened to be present at certain transactions, and also to what could have been correctly observed only by instructed senses. Likewise, it embraces inferences from the facts observed—inferences that have the authority of the presumed scientific judgment belonging to a well-informed practitioner of medicine.

The quasi-scientific evidence of the medical witness is not delivered in the form of a written report, carefully considered and carefully expressed; but it is given *memoriter*, *vivâ voce*, and for the most part in answer to questions propounded by persons to whom the subject is new, and to be heard and understood and estimated by persons who have no knowledge whatever of the subject scientifically considered.

The evidence, though often involving nice and scientific distinctions both as to description and as to inference of cause and effect, has to be delivered by the medical witness in language as free as possible from the terminology through which much of his professional knowledge was learned, and which very terminology was invented to convey knowledge which could not be expressed with requisite precision in common language.

Again, the evidence is often of a kind that involves minute investigations, and an exact knowledge of subjects that may not be actually required by a medical man more than once or twice in a lifetime, however experienced and eminent he may be as a practitioner. He may have got up the subject thoroughly when going through his academic curriculum, and he may be an old man before he has had to draw upon such knowledge for juridical purposes. It may have been as latent, or unemployed, or well-nigh forgotten, as the processes and foramina of the sphenoid bone or the reflections of the peritoneum; or as the natural history of some plant, in some remote corner of the globe, that furnished some dusty old drug once in favour with doctors; or as the composition of some obsolete but once fashionable pharmaceutical formula. Which of us would like to have to recount on a sudden the ingredients of pulvis contrayervæ compositus? And which of us would like to have to tell all the proofs that an infant had never lived an extrauterine life?

Let me endeavour to relieve the dulness of this part of my communication, by relating what on one occasion passed between a most eminent member of the legal profession and myself, not in a court of law, though at a public meeting. After a learned and highly interesting lecture on certain points of the English language, delivered at the Bristol Institution, by the Rev. J. Earle, formerly Professor of Anglo-Saxon at Oxford, a vote of thanks to the lecturer was proposed by a legal friend, a gentleman not more eminent by the high office which he holds, than distinguished by the ability and philanthropic zeal with which he has instigated various social reforms. In the course of some most valuable remarks on language, he said that those spoke best, and with most clearness and precision, who thought least of the effect which what they were saying would produce upon their hearers; and he declared that it was the want of such unconsciousness that made medical witnesses the worst of all witnesses in courts of law. And he clenched his remarks by alluding with playful malice (seeing that many of his medical friends were present) to a very sarcastic account of medical evidence in cases of lunacy with which a Lord Chancellor amused the House of Lords a few years ago. It happened to be my duty to second the vote of thanks; and I should have been a recreant, had I not availed myself of the opportunity of endeavouring to wipe away the aspersions cast by my learned friend on the character of medical witnesses. I ventured to say that, whatever psychological or philological truth there might be in the remark that a speaker should be free from self-consciousness or thought in regard to the effect of his words, yet my learned friend had omitted to mention the chief cause of the disadvantageous figure made by medical witnesses, which was, that

they had to speak of things about which their audience, including the simple-minded jurors, the quick-witted gentlemen of the bar, and even the august occupants of the bench, were profoundly ignorant; and, moreover, that such witnesses had to translate as they were speaking, to put aside the language in which their professional knowledge and ideas most naturally flowed, and to accommodate what they had to say not only to the uninstructed understanding of their hearers, but also to the vernacular language; that, in the course of this process, much might be lost both of force and accuracy; and that the process required some presence of mind, especially under cross-examination, which mental quality was not likely to be aided by a severe injunction from the bench to give a plain answer to a plain question, or by an ironical petition from counsel that the witness should for the time being disencumber himself of his superfluous learning, and condescend to the language of ordinary mortals. And, as to the allusion to the Lord Chancellor's mocking description of medical evidence, I could only say that, till I read his lordship's speech, I did not think that even a Lord Chancellor could, upon a medical subject, display so singular a lack of information. After the meeting, my friend told me that what I had said was not only fair in the way of retort upon an antagonist, but also that it was strictly and literally true.

I cannot conclude this part of my subject, the unsatisfactory position of medical witnesses as seen from our side, the side of the profession, without touching on the injustice with which they are treated as to remuneration for the professional evidence which they give, and for their loss of time. Were their evidence only such as might be imparted by ordinary spectators of a transaction, they would not be entitled to more consideration than the latter, who have only to tell truthfully what they have seen and heard. But when a man has to enlighten the court with knowledge derived from his art, and resulting from laborious and (it may be) refined researches for the elucidation of the point at issue; and when, owing to the difficulties incident to speaking in a witness-box, he may incur the risk of having his professional reputation seriously damaged by the reckless attacks of a counsel who does not hesitate to sacrifice any individual to the cause of a client, it is certainly hard that for all his trouble and danger he should receive no higher compensation, than if he had testified to having seen one Thomas Hodge stealing stakes out of a fence. Yet such is the fact. A surgeon to a hospital who, almost every day, devotes a vast amount of time and skill to the gratuitous relief of the poor, may be summoned to a court twenty or thirty miles distant from the sphere of his practice, and be kept for two days from his patients, in order that he may help the jury to decide whether a man died in the said hospital from the effects of a blow on the head received in a brawl, or from the effects of his previous habits of drunkenness.

Many grievances of like kind might be adduced. I will give only one other example. A friend of mine in large practice, Mr. Greig of Clifton, was subpœnaed upon a trial in the Court of Queen's Bench. A gentleman, who had formerly been under my friend's care, resisted the exorbitant claim of an empiric, to whose treatment he had foolishly submitted himself. Mr. Greig was for two days dancing attendance on the court, to the very serious inconvenience of himself and his patients; and, after all, no trial took place, and he received only a very paltry sum for his expenses. Yet his evidence, if called for, would have been purely scientific evidence as to the condition of the defendant's health.

I think I have read somewhere that medical men ought not to complain of these public requisitions, because forsooth they are generously exempted by the State from certain offices or services which might interfere with their professional duties; for example, they are not called upon to act as jurors, nor to collect taxes, nor are they drafted for the militia. But it is obvious that these exemptions are quite as important to the welfare of the public as to the convenience of our profession. Besides, they are not peculiar to medical men. There is a long list of classes of persons equally exempt, and among them are practising barristers and attorneys. Has any one sufficient power and liveliness of imagination to conceive that these latter gentlemen would bestow gratuitous services on the public in courts of law in consideration of their exemption from certain public demands for services, which exemption they share with medical men? Fancy how the Temple and Lincoln's Inn and Westminster Hall would ring with inextinguishable laughter at a proposal so unspeakably ridiculous!

Let us now consider our subject from another point of view—that occupied by the public; and it will scarcely appear more satisfactory. First, it cannot be satisfactory to the public to observe the chances run by justice in the accidents of a coroner's inquest. The important evidence to be delivered by the medical witness has to be elicited by the questions of the coroner and the jurymen. The explanations of the witness are often scanty and imperfect when freed from technical details; and confounding and bewildering when imparted with the fulness and minuteness which such an inquiry demands.

But, perhaps, under no circumstances does medical evidence appear to more disadvantage in the eye of the public, than when, in criminal trials, members of our profession give conflicting opinions. In trials for murder, was the perpetrator of the crime so far disabled by mental disease as to be irresponsible for his actions? Did the diseased person die of natural disease, or of the effect of injuries? of disease or of poison? It has often been very difficult for the laity to judge on which of the conflicting opinions most reliance is to be placed. And the difficulty is often still greater in civil suits; as when one eminent medical witness declares that a person was competent to the making of a will, or to the management of his affairs, and another, equally eminent, no less emphatically denies it; or when one pronounces, in an action for nuisance, that a miasm or the product of a manufacturing process is deleterious to the health of a neighbourhood, and another assures the court that such agency is innocuous or even salutary; or when, in an action for *mala praxis*, one witness approves and another condemns the treatment of a patient whose fractured limb has left him lame for life.

In many of such cases, a difference of opinion is almost inevitable. There are probabilities on either side; and the preponderance will be determined differently by different minds. In all departments of

science, in theology, in law itself, such differences arise; and it is no special reproach to medical science, that it has not attained to a precision, or an exemption from doubt and controversy, that can be predicated of very few departments of human knowledge.

But, notwithstanding the doubtfulness and ambiguity belonging to certain questions, it cannot but be regretted that such conflicts as I have hinted at occur so frequently; and I think it must appear to us that they are susceptible of abatement. Some diminution is to be expected from the advance of our knowledge, and its increased exactitude. Improvement in this direction will require time; but it is for the Association to consider whether some amendment might not be effected by changes in the mode of obtaining medical evidence in legal cases of all kinds. It seems to me that the dissatisfaction of the profession and the dissatisfaction of the public —the causes for both of which I have so slightly sketched—might be obviated by certain reforms in medico-legal processes; reforms that might be worthily inaugurated and promoted by the force of this great Association. On this subject, I will venture to throw out one or two suggestions. First, then, I would say that, considering the enormous interests involved in medical evidence, considering the complexity and intricacy of the questions belonging to it and the processes for solving them; considering, also, the importance of having such questions treated by men of special culture and training, of minds and avocations free from the embarrassment, fatigue, engrossment, and distraction, contingent upon ordinary medical practice—I cannot but think that it would be highly conducive to the public good, and that it would be most advantageous to our profession (for it would relieve individuals from anxiety, vexation, and peril to fame and fortune, now too often forced upon them, and remove from the profession generally the chances of unjust reproach, ridicule, and obloquy) were the state to appoint medical officers whose duty it should be to assist, or advise, or altogether supersede the ordinary practitioners in the conduct of medico-forensic inquiries. The medical practitioner has, in the discharge of his ordinary duties, enough of solicitude and painful responsibility without the addition of forensic functions; and it may be confidently affirmed that, after taking into consideration the amount of unpaid or miserably ill-paid service rendered by the profession to the public, they would be asking for bare justice in begging to have their extra duties removed or made more tolerable. But, as I have said, a reform in this matter concerns the interests of the public no less than those of the profession.* Within easy reach of every practitioner there should be a state officer, to whom the former could refer a difficulty, or to whom he might relegate the conduct of a medico-legal investigation. Setting aside cases in which public inquiry is inevitable, I ask experienced brethren whether cases have not more than once occurred under their observation, regard to which it would have been an unspeakable relief to them to have been able to confer with a person of authority, and thus to divide the responsibility, whether of initiating a delicate and painful inquiry, or of preserving reticence until further light should appear.

There is one kind of evidence which is being continually demanded of a medical man in respect to the administration of the law, which, although it is not given in a court of law, may at any time be the means of taking him into it, and even of causing him to appear as a defendant or culprit rather than as a witness. I refer to certificates of insanity. On this subject, I confess that I marvel at the long suffering—I should almost say the stolid supineness, the pachydermatous patience—of the profession. By these certificates we confer inestimable boons—first, on the family of the patient, by separating a member whose presence is distressing and often absolutely dangerous to that family; on the patient himself, by removing him to a place where he may have the best chance of cure, or be best cared for; and on the public, to whom the liberty of the patient might bring peril of life and prosperity. And for these services medical practitioners are liable to be held up to public scorn and obloquy as conspirators with mad doctors, as they are called by a vulgar and insulting metonymy, and even to be sued in courts of law for damages. How long the patience of the profession will allow itself to be thus abused, I know not; but it seems to me that, whether or not any other changes be effected in the collection of medico-legal evidence, the profession should, if it have any self-respect, move for a change in the law as to these certificates. If they are still to be signed by ordinary practitioners, it might not unreasonably be stipulated that indemnity should go with the signatures. In signing such a certificate, according to the best of his knowledge and belief and conscience,—a certificate involving, though it does, the personal liberty of a follow-subject,—the practitioner ought not to incur more risk than when he signs a prescription, on the issues of which attend not only the well-being and the life of the patient, but the maintenance of a family, its happiness, and that of circles of indefinite extent. The public have a sufficient security that such certificates will be carefully considered, in the disgrace that is the inevitable portion of those who have signed them in bad faith, or even without proper caution. Unless the law is altered, I think that the members of our profession would be justified in binding themselves by an engagement to one another, to refuse to sign all such certificates. The legislature could not compel us to sign them. Let it provide officers for that onerous and dangerous duty. But although by our passive resistance we could prevail, I trust that no such unseemly contention may be forced upon us.

Should the good time arrive when there will be such medical state officers distributed over the country, performing functions such as we have seen occasionally performed to the great furtherance of justice by a Christison, a Taylor, a Herapath, whether father or son, a Geoghegan, a Maclagan, or a Penny, it would not be difficult to arrange that their duties should also extend to the supervision of public health; for they should not only be assistants in courts of law, but also counsellors at Boards of Health, where their presence is frightfully needed.*

In the course of the debate which followed the reading of this paper, Dr. Markham made some excellent observations on the rdity of consulting experts after the conviction of criminals.

*Any one who wishes to satisfy himself of the manifold benefits likely to accrue to the public in regard to sanitary matters from the appointment of state physicians, should study the very able and instructive essays on State Medicine, which we owe to Mr. Rumsey.

It is a melancholy thought that in this great nation, so advanced in its civilisation, so zealous, and in many respects, so enlightened in its philanthropy, justice and life should be left to the protection of such rude primitive processes as those of coroners' inquests, where there is not always the saving genius and science of a Lankester, and to the chance of competent witnesses; and that the lives and comfort and well-being of millions should be left to the ignorant minds and obstinate wills and parsimonious propensities of Boards of Health; and that, in all departments where medicine and law should be brought to work together for public and individual good by the conference of highest wisdom and largest and exactest knowledge, interests so momentous should be left to chances so perilous. A coroner *may* be capable of requiring and even directing a scientific investigation; the witness *may* have competent knowledge and sufficient presence of mind to give satisfactory oral evidence (though a carefully drawn up report by a commission would be far preferable); a certifier *may* have psychological discrimination and experience; and Boards of Health and Registrars of Births and Deaths *may* have some tincture of sanitary information; these are *chances;* but ought justice and life and liberty and public health and well-being, to be left to such chances?

I venture to think that something more productive of security should at least be attempted; and, at all events, that the subject is worthy of the attention of the British Medical Association.

And so thinking, I beg leave to propose that a committee be appointed, to take into consideration the present position of practitioners in regard to medico-legal investigations, and especially to confer upon the expediency of pressing upon the legislature the appointment of state physicians, whose duties might embrace both medico-legal investigations and the care of public health.

In submitting this resolution, I am not at all unaware of the opposition which such a proposal is likely to incur from the public. It will be said at once that the plan suggested would involve a great outlay of public money—an outlay not to be thought of when medical evidence can be extorted as at present from our too yielding profession. Nothing can be expected unless the public advantage can be shown to be seriously involved. There is nothing to be expected from a consideration of what is due to us as a profession; and if we move at all in the matter, it should be with all the force of united action. The great professional corporations of the United Kingdom, the College of Physicians, the College of Surgeons, the Company of Apothecaries, the Council of Medical Education,—all should be invited to co-operate. When every method of conciliatory representation to the legislature has been exhausted without avail, it may then be for the profession to consider its resources in the way of passive resistance to demands as inequitable to its members, as they are inexpedient for the public good.

Deaths of Eminent Naturalists. During the last quarter have died three eminent naturalists: Valenciennes the Ichthyologist, for many years the *collaborateur* of Cuvier, and the friend of Humboldt; W. S. MacLeay, author of *Horæ Entomologicæ*, who died at Melbourne; and Mr. Charles Waterton, author of *Wanderings in South America.*

ABSCESS OF THE ABDOMEN.

By FURNEAUX JORDAN, Esq., Surgeon to the Queen's Hospital; Lecturer on Anatomy at Sydenham College, Birmingham, etc.

By the term "abscess of the abdomen," I mean any abscess which implicates either the parietes or the viscera of the abdomen. In order to maintain the greatest simplicity of classification, I would include in the expression "parietes" all structures adjacent to the abdomen in which an abdominal abscess may arise. Caries of the thoracic vertebra, hip-joint disease, and stricture of the urethra, may cause abscess of the abdomen.

Touching the two varieties of abscesses of the abdomen, we shall find it not uninstructive to consider how numerous they are. Among the causes operating on the abdominal parietes are injury and disease of the skin, of the several strata of connective tissue, of the several strata of muscular fibre, and I will add (a point to which I shall give special attention) disease of the lymphatic glands, which lie externally to the peritoneum. The abscesses which arise in the bones and articulations adjacent to the abdomen are those connected with the vertebral column, the sternum, costal cartilages and ribs, the pelvic and sacral bones, the hip-joint, the sacro-iliac and the pubic articulations, and the sternal articulations of the costal cartilages.

In considering the causes connected with the viscera, it must be admitted that an abscess may arise in each or in the adjacent connective tissue of each abdominal organ—the intestinal tube, the liver, the kidneys, the spleen, the pancreas, the uterus, the ovaries, the bladder.

It will be seen that the localities in which abdominal abscesses may arise are very numerous. If we turn to authorities, however, we shall find that all abscesses which can possibly involve the abdomen are classed under a few heads such as renal abscess, fæcal abscess, iliac abscess, psoas and lumbar abscess, pelvic cellulitis, and abscess arising in the adjacent bones and articulations.

I would suggest here the desirability of giving every abdominal abscess the name which will best indicate its origin. This system is already partially adopted, and as the names would explain themselves its complete adoption would give rise to no inconvenience. The change would certainly necessitate the disuse of names which are based on some accidental peculiarity, or merely point out the locality in which the abscess points. Thus the word "fæcal" is objectionable, because quite different abscesses may contain fæces. If the word fæcal abscess has any value, it should be as a synonym of intestinal abscess; but in this sense it is worse than useless, because quite commonly intestinal abscess does not contain fæces from first to last; and, on the other hand, a spinal or vertebral abscess may communicate with the intestine and discharge fæces. The expressions "psoas" and "lumbar abscess" have a more recognised, but no a more definite meaning. The phrase "spinal abscess" is more accurate, because renal and other abscesses may be lumbar in position, and several abscesses may occur in the site of the so-called psoas abscess. Perhaps the most objectionable of all diagnostic expressions is "iliac abscess". Five modern authorities apply the term to five different abscesses. Under this title one describes pelvic cellulitis, another fæcal abscess, a third intestinal abscess, a fourth cæcal abscess, and a fifth applies it to two abscesses—abscess from disease of the iliac bone, and abscess arising

the connective tissue of the iliac fossa. It is preferable, therefore, in place of the terms fæcal, iliac, psoas and lumbar, to use such expressions as spinal or vertebral, intestinal, hernial (where an abscess occurs in a hernial sac), hepatic, splenic, pancreatic, vesical, uterine abscess (pelvic cellulitis), prostatic abscess of the abdomen, urethral abscess of the abdomen, abscess of retained catamenia, abscess of retro-uterine hæmatocele, abscess of extra-uterine fœtation, abscess of costal, or iliac, or pubic caries, abscess of the hip or of the sacro-iliac or pubic or costal articulations, abscess of the iliac or lumbar glands. I readily admit that, if the words fæcal, lumbar, and iliac could be used *merely* to denote our ignorance of the real origin of an abdominal abscess, they would give rise to no inconvenience.

With these general observations on abscesses of the abdomen, I purpose now to draw attention to two particular varieties. There is one form of intestinal abscess—that namely, which contains extraneous bodies—which, although of great interest, has been very insufficiently studied. It is commonly called fæcal abscess, is supposed to be almost exclusively confined to the right iliac region, and is considered to be very fatal. My cases, and the cases which have come under my notice, lead me to conclusions precisely the reverse. A middle-aged man came into the Queen's Hospital, under my care, with a purulent discharge from the umbilicus. The history was very obscure. During his stay in the hospital, two or three hard brown-coloured spherical masses of apparently crystalline fat, of the size of small marbles, escaped together from the umbilicus, and in a few days the abscess was closed. At no time had there been any intestinal obstruction or fæces in the discharge. A middle-aged woman attended my out-patient room at the Queen's Hospital, with a large irregular mass of induration in the wall of the abdomen, above and to the left of the umbilicus. She ceased attendance for several weeks, and then reappeared, stating that "the lump" fell out. There probably had been an abscess with large destruction of the integumental coverings. After some months she again presented herself, with a small mass of induration nearer the umbilicus. This also burst, and one day she brought a rabbit's rib which had escaped at the opening. She was soon quite well. From first to last there was no intestinal obstruction, and no fæces appeared in the discharge. I was called in consultation to see a case of strangulated hernia in a man who shortly before, the medical attendant told me, had had an abscess in the groin, through which, when it burst, a round worm made its appearance. The same practitioner informed me that, when a student at Guy's, he found a fish-bone in an abscess of the liver, at the very moment a late distinguished pathologist was describing the case as a curious specimen of tubercle of the liver. There are a few cases recorded of the escape of extraneous bodies from abscesses of the abdomen. In one case, liquid mercury made its escape from an abscess in the groin.

The cases recorded, so far as I have met with them, have occurred in the groin. In two of my cases, one was at the umbilicus, and another near it. There can be no doubt, I think, that an abscess, like a hernia, will present itself at the weakest point. Besides, the loose subperitoneal connective tissue, in which the abscess originates, communicates most readily with the subcutaneous tissue at the localities in question.

In my cases, as already seen, no trace of fæcal matter was present, and no symptoms of intestinal obstruction occurred. I am not acquainted with a single case in which an abscess of the abdomen containing an extraneous body terminated fatally. There is thus a great contrast between these cases, and the more frequent cases where a foreign body in the intestinal tube sets up symptoms of obstruction, and quickly proves fatal.

I believe that many abscesses of the abdominal wall are of intestinal origin, and arise from ulceration of foreign bodies, which, nevertheless, pass onwards to the natural outlet. An intestinal abscess, notwithstanding the absence of symptoms of obstruction, has characteristic peculiarities. It begins with symptoms of peritonitis. When the more acute symptoms of peritonitis have passed away, a very irregular, extensive, and deep-seated induration remains. This induration diminishes in extent, but remains irregular. The induration softens and points at some spot near the umbilicus or the groin. If the pointing be in the vicinity, but not near the umbilicus, a second pointing will occur close to it. Feverishness occurs early, and is supposed to be due to peritonitis. In a mere phlegmon of the abdominal wall, there is either no fever or it occurs with the appearance of an abscess. A lad was admitted under my care, at the Queen's Hospital, with an affection of the abdominal wall. At first, he had all the symptoms of peritonitis, and was treated accordingly. Then extensive deep-seated induration occupying almost the whole front of the abdomen was discovered; this slowly diminished, and ultimately localised itself between the left groin and the umbilicus. Pointing slowly occurred near the centre of the induration; but, before this was opened, a second rapid and circumscribed pointing was effected at the umbilicus and at the margin of the indurated mass. The two prominences did not appear to communicate. Both were opened, but no extraneous body could be found.

The irregularity of the subperitoneal abscess is remarkable. The subcutaneous abscess invariably tends to the circular form. The irregularity is due, I presume, to the unequal distribution of the subperitoneal tissue; to the irregular disposition of the several structures external to it; and to the tendency of the abscess to reach the surface, where the deeper and more superficial strata of connective tissue are in closest proximity.

Another form of abscess of the abdomen not yet recognised in surgical literature is that arising from syphilitic or gonorrhœal inflammation of the iliac or lumbar lymphatic glands. Nearly ten years ago, I recorded, in the *Edinburgh Medical Journal*, a case which I entitled "Bubo within the Abdomen." A young man entered the Queen's Hospital with soft chancres. Before these were healed, symptoms of apparent peritonitis came on, and the patient died. Examination of the body revealed an abscess in the left iliac fossa in the connective tissue external to the peritoneum. The peritoneum was inflamed; but the abscess had not burst. At the deepest part of the abscess, there was a lymphatic gland greatly enlarged, and its centre was hollowed out by a large irregular cavity. After ten years of further experience and reflection, I am still of opinion that the correct designation of the case was "bubo within the abdomen." The young man was suffering from that variety of chancre which is confessedly prone to be associated with bubo; and there was unquestionable proof that the abscess had originally formed within an iliac gland. If an abscess were to occur in the iliac fossa during the existence of certain varieties of syphilis and gonorrhœa, and the lymphatic glands were found to be enlarged, all other causes being eliminated, it would be correct to regard the case as one of specific abscess.

No doubt, cases of bubo within the abdomen are rare; but it will be conceded, either that I was mistaken in attributing a syphilitic origin to the case to which I have referred, or that specific abscess within

the abdomen is sufficiently common to deserve attention and classification. Why this condition should not have been recognised before, is not more singular or inexplicable than the delayed discovery of many now recognised lesions. I do not doubt that, in some cases where no *post mortem* examination is made, peritonitis is supposed to be the cause of death. Very probably, too, the medical attendant is occasionally called in to treat peritonitis where the presence of syphilis or gonorrhœa is concealed or overlooked. Where a *post mortem* examination is made, there is a convenient and elastic phrase—iliac abscess—which may be applied to many doubtful and different conditions. Parenthetically, I do not hesitate to say, however, on grounds of analogy, that an abscess commencing primarily in the connective tissue of the iliac fossa, independently of constitutional conditions such as pyæmia, is a very rare, if not an impossible, affection. Unfortunately for the progress of science, it is always considered a mark of higher ability to refer an uncertain condition to a certain categoric head of classification than to make a confession of ignorance. If, again, the abscess should have opened into the bowel, it is probably regarded as intestinal in its origin. In the female, many of the so-called cases of ovaritis (especially in gonorrhœa, where suppurative inflammation of the glands is less frequent) are probably cases of inflammation of the iliac lymphatic glands. I cannot but think, on anatomical grounds, that the analogy which it is attempted to draw between consecutive orchitis and inflammation of the ovary, is one of the most strained hypotheses in surgery.

When syphilis, and possibly gonorrhœa, gives rise to abscess in an iliac or lumbar lymphatic gland, one of two conditions must be present. Either the noxious agent passes through the inguinal glands without producing any specific effect; or, more probably, the lymphatic tube which conveys the fluid proceeds directly to the iliac glands without communicating with the inguinal. Bearing in mind the known variation of even the larger arteries and veins, is it more marvellous that a lymphatic tube should pass from the glans or labium to the iliac or lumbar glands, than that the internal carotid artery should arise from the arch of the aorta, or that the right pulmonary veins should open into the superior cava?

It would not have been respectful to this audience to have dwelt on the general classification, diagnosis, and treatment of abscesses of the abdomen. I have preferred rather to bring forward new material for reflection and examination, particularly as regards the classification of abdominal abscess, abscesses containing extraneous bodies, and specific abdominal abscess or bubo within the abdomen.

[Mr. Furneaux Jordan will feel greatly indebted to any gentlemen who will forward to him brief reports of cases bearing on the subjects of abdominal abscesses containing extraneous bodies, and on abscesses of the abdomen in connection with syphilis or gonorrhœa.]

Bell's Surgery. Sir B. Brodie speaks thus of Bell's *System*. "I borrowed Benjamin Bell's *System of Surgery* from Mr. Wyche, one of the surgeons to the Salisbury Infirmary. I found it, however, a most unreadable production; indeed, I doubt whether it was ever read by any one. Yet, somehow, it had a sort of reputation in its day, which, I imagine, is to be attributed to its being the work of a leading surgeon in Edinburgh, and to its consisting of some half-dozen thick octavo volumes." (*Sir B. Brodie's Autobiography.*)

Transactions of Branches.

NORTHERN BRANCH.

PUERPERAL TETANUS.

By George Hare Philipson, M.A., M.D.Cantab., M.R.C.P.; Physician to the Newcastle-upon-Tyne Dispensary and Fever Hospital; etc.

[*Read at the Annual Meeting, June 28th*, 1865.]

After the process of parturition, evidence is rarely absent of more or less shock to the nervous system. The different manifestations are fertile of extreme concern, and very perilous to life. At a varying time subsequent to the birth of the child, delirium, convulsions, or mania, frequently occur. Even spasm of the muscles of mastication is not infrequent, relaxation following after a few hours; but when general, and accompanied by unchanging rigidity, it would appear to be very uncommon. Of the latter complication, a well marked example occurred in the practice of my friend Mr. T. Y. Thompson, who has kindly permitted the particulars to be thus placed upon record.

On the 19th of February, 1865, Mrs. B., aged 39, was attended in her third confinement by Mr. Thompson. The presentation was natural, delivery being easily completed. The placenta was adherent, necessitating detachment, in the accomplishment of which a rather large amount of blood was lost. The advance towards convalescence was rapid; for on the eighth day she was able to leave her bed, and on the ninth to engage in her household duties. On the 1st of March, ten days after delivery, some difficulty was experienced in opening the mouth, and in turning the head from side to side. As she had been sitting near a window imperfect in obstructing the external air, the symptoms were attributed to the effect of cold, and were not regarded with much concern. The parts were well fomented, and a stimulant application applied.

By degrees the rigidity increased; and, on the morning of the 5th of March, the mouth became closed, and I was requested in consultation. The patient was in bed, on her left side, inclined to the prone position, with the head supported towards the chest by a pillow placed behind the occiput. When undisturbed, she was free from pain; but, on the least movement, felt oppression at the chest and difficulty in breathing. She had obtained sleep during the previous night. The surface of the body was cold, and bathed in perspiration. The pulse was 100, small, regular, and easily compressed. The jaws were immoveably fixed, the upper teeth slightly covering the lower. The temporal and masseter muscles were firmly contracted and hard. On being raised up, the head was forcibly drawn backwards, and instantly she complained of pain, and implored to be laid down again. The muscles attached to the sternum and scapulæ were rigid; those of the abdomen and extremities being perfectly flaccid. The fundus of the uterus was able to be felt just above the brim of the pelvis; but no pain was experienced on deep pressure. The lochial discharge was slight, and not offensive; the secretion of milk was small; the urine was natural, and had been voided without difficulty; the bowels had not been moved for two days. A pill of calomel and croton oil was introduced behind the molar teeth; and, two hours later, an enema of turpentine and croton oil administered. Wine, beef-tea, and milk, at short intervals, were also ordered.

When visited the same evening, she was still lying on the left side, more prone, and with the thighs flexed on the abdomen. The pulse was 90, and quite regular. Since the forenoon, fully a pint of beef-tea and three glasses of wine had been swallowed. After the injection, the bowels acted freely, the urine being passed at the same time. The stools were very offensive; but did not contain any joints of tapeworm. During the afternoon, she was thrice severely convulsed; in the words of her husband, "jerked upon the bed." Deglutition was difficult, respiration impaired, and the lips slightly turgid. The jaws were unable to be moved or separated, even in the smallest degree. The muscles were more rigid, especially those of the back. The croton oil was repeated; and a blister applied to the nape of the neck.

About 12 P.M., she was again severely convulsed, and died very shortly afterwards. The friends would not allow an examination of the body.

Without a knowledge of the anatomical characters, the precise cause of this remarkable condition can be little more than guessed at. The latest writers on tetanus and medicine, either make not the slightest reference, or merely hint at the probability of this state arising in the puerperal condition. After careful search in the various periodicals, no similar case has been discovered. Yet Aretæus, in his remarks on tetanus, observes, "*σπᾶται δε καὶ ἔπι ἀμβλώματι ἡ γυνὴ, ἀτὰρ καὶ ἤδε ὀυ μάλα περιγίγνεται.*" Women also suffer from this spasm after abortion; and in this case they seldom recover. Whytt gives the case of a girl, aged 20, who caught cold during the menstrual period, and who died of tetanus in eighteen hours. Dr. Watson, in his lectures, makes mention of a mare dying of tetanus a few days after foaling.

The convulsive spasm and the tonic contraction were well marked. At first, the muscles of mastication were alone influenced; but during the last day of life, the muscular system generally became affected; rendered evident by the difficulty in respiration and deglutition.

The entire absence of symptoms directly connected with the nervous centres, render it highly probable that the irritation was eccentric in its source. Of such causes of idiopathic tetanus, irritation of the intestinal canal from tapeworm, is by far the most common. In this case, no such evidence was obtained. Hence, it may be supposed, that the nervous excitement was the result of uterine irritation, perhaps caused by a portion of the placenta having remained adherent to the uterine wall. Thus, a close resemblance to ordinary traumatic tetanus may be recognised.

EAST ANGLIAN BRANCH.

ON THE COMMENCING CLIMACTERIC PERIOD IN THE MALE.

By C. M. DURRANT, M.D., Ipswich.

[*Read at Ipswich, July 14th*, 1865.]

WE are so much accustomed to regard with interest and anxiety the peculiar changes which take place in the constitution of the female at mid-age, that we are apt to forget and overlook the phenomena which, in a more or less marked manner, attend the turning-point towards a downhill course in the opposite sex.

That a change takes place in man, but varying in the period of its occurrence, from physical, moral, and hereditary causes, is a fact sufficiently evident to the careful observer; and it is one that in many instances cannot be neglected without serious consequences ensuing. And this commencement of the "decline of life" in the male is often attended by many and distinct evidences of a marked change both in the physical and in the moral constitution of the individual. The period to which I am now referring, cannot be estimated with anything like exactitude in reference to age; for, while the constitution and habits of life are favourable to nutrition and longevity in some, the same causes, under different circumstances, equally modify the period of climacteric change, and hasten the tendency to decay in others.

Thus a range, varying between the ages of forty and fifty-five, may be taken as the one within which these constitutional phenomena in the male are most frequently primarily observable. But while, for the sake of practical limitation, we refer to the above ages, we must strictly bear in mind that no marked or definable interval obtains between the full vigour of healthy nutrition and the descending phenomena of declining life. Still, for the most part, the cycle alluded to is very generally attended by distinct symptoms; and the vital powers clearly indicate a want of balance in the circulation, the immediate result of derangement in the vaso-motor nerve-influence. Hence we have, as the consequence of commencing imperfection in the nerve-nutrition, which takes place at this period of life, either an excess or a deficiency of vaso-motor nerve-excitement, which induces in the capillaries either over-stimulation, or more frequently the reverse—a diminished and insufficient energy. This again, in its turn, gives rise to an altered hydrostatic condition of the fluids generally, all of which, by their conjoint influence, tend to produce the constitutional disturbance to which I shall now refer.

The symptoms to which my attention has been more particularly directed have been referable chiefly to the head and to the liver—the result of altered vaso-motor nerve-influence on the capillaries of the cerebral and hepatic circulation.

The patient's description of his feelings is often vague and indefinite; and his condition has been too frequently regarded as hypochondriacal, more particularly as the countenance seldom betrays marked indication of disordered health.

The symptoms usually come on insensibly; and the patient feels ill and languid, but in his own mind not sufficiently so to induce him to consult his medical adviser. Fatigue upon slight exertion, unwonted depression of spirits, vertigo, disturbed sleep, anomalous neuralgic pains, with anorexia, and a strong and almost overpowering presentiment of coming evil, are among the leading characteristics of this altered nerve-nutrition, as it affects the cerebral capillaries. In addition to these, may be mentioned loss of sexual appetite, with its exaggerated anxiety, which is often a very prominent feature of this climacteric epoch, indicative of commencing nutrient decay.

If the hepatic capillary circulation be the first to feel the effect of this altered nerve-nutrition and disturbed vaso-motor nerve-function, we then find, in addition to mental and physical exhaustion, a marked disturbance of the assimilative phenomena, with weight, pain, and other symptoms, indicating hepatic congestion; all of which, however, are greatly exaggerated by the constitutional peculiarity of this particular period.

It is at this time, and under these circumstances, that insanity, when a predisposition to this malady obtains, is so likely to become developed; and it is impossible to exercise too great vigilance in carrying out a judicious plan of treatment, with a view to counteract and prevent this and other forms of nervous disturbance, contingent upon climacteric change and faulty nerve-nutrition.

Another feature, which shows itself in the peculiar circumstances of the commencing decay to which we

are referring, is an altered structural condition of the walls of the heart. The effect of diminished vaso-motor nerve-influence in producing imperfect cardiac nutrition very seriously affects the muscular texture of its walls. Hence to this period may be traced the commencement of some of the worst forms of cardiac dilatation. Again, the disturbing influence of imperfect vaso-motor nerve-function is at this time especially seen in its effects in lighting up and bringing out hitherto latent hereditary diseases, more particularly gout. The experience of every one present will not fail to afford evidences of the truth of this proposition, both in reference to gout and to other maladies of an hereditary or family tendency.

Among the causes, independently of constitutional idiosyncrasy, which influence and accelerate the commencement of the earliest period of climacteric change in the male, may be enumerated pecuniary losses, or the anxiety attendant upon doubtful and uncertain speculations. And how fruitful a source is this of what is popularly denominated a "premature break-up" in the present day! These troubles are better borne both in earlier and later life than at the period of the commencement of the downhill course, to which they give so powerful and so prejudicial an impetus. An ill-assorted marriage, or the sudden loss of one with whom the affections have been long and closely united, must not be overlooked as an incitor to malnutrition of nerve-structure, and a possibly rife cause of too early climacteric decay.

Very slight apparent causes will sometimes suffice to bring out the phenomena of this commencing vital change. The following is a case in point.

A gentleman, aged 50, called upon me, and stated that he had enjoyed good health up to within a fortnight of the period of his consulting me. He was much depressed in spirits; but at the same time his nervous system was in a state of unnatural exaltation. He was nervous, fidgety, and undecided, with a painful dread of anticipated evil.

Without any reservation, and almost before I had time to investigate his symptoms, he stated that he could fully enlighten me as to the cause of his illness. He said that he had been perfectly well until the last fortnight, when his coachman informed him that his carriage-horses had failed, and that it was necessary for him to purchase a fresh pair. He said that he was satisfied that the worry attending this announcement, was the sole and unmixed cause of his present illness; and, so far as I could ascertain, no other influence existed to which his then painful feelings could be attributed.

This period was, I believe, the commencement of a deteriorated condition of the vaso-motor nerve influence, under which his system gradually but surely succumbed to the molecular changes of increasing climacteric decay.

Under treatment, the excitement and nervous symptoms were quieted, and apparently removed; but he never again enjoyed the same amount of uninterrupted health. At the end of two years, his physical and mental energies failed; loss of memory with indications of cerebral anæmia set in, and he ultimately died at 53 years of age, with all the symptoms of non-inflammatory softening of the brain.

The treatment of the condition to which I have ventured to call your attention, is a matter of the utmost importance. Although it may not be in our power actually to stem the downward course when it has fairly set in, still we may, by judicious management, so far influence nerve-nutrition, as to moderate, if not entirely to alter for a time, the imperfect cell-development which takes place at this the commencing period of climacteric change. For this purpose, the remedies mainly indicated are tonics, and especially change of air, or rather change of scene, and the adoption for a time of an entirely new mode of life.

By tonics, I imply every remedial measure which can be brought to bear upon the system by increasing its vitality, or, in other words, by checking or retarding the perversion of tissue.

If the digestive organs be faulty, these must be at once corrected as a *sine quâ non*; for, without healthy assimilation, we must have imperfect nutrition, and consequently rapidly increasing climacteric degeneration. Having corrected the impaired digestive function, the drugs and tonics from which most benefit may be expected, may, I think, be enumerated in the following order in reference to their value. I would place cod-liver oil first on the list, as I believe that it especially tends to improve faulty nerve-nutrition; next iron, strychnia, arsenic, the mineral acids, and quinine. The hygienic tonic of change of scene is, however, to my mind, of more value in retarding commencing organic decay, than any other remedial measure which I could name.

The records of statistics prove that the duration of human life in the present day is on the increase, and such is unquestionably the fact, patent even to the daily reader of the third class announcements in the *Times*. But, again, we are told—and this is also, I believe, true—viz., that life is shortened by the daily and rapid locomotion to which many business men subject themselves. In considering this circumstance, which is an important one as bearing upon our present subject, since it chiefly affects men at the commencing climacteric period, we cannot too strongly censure the habits of the present day of living too fast; or, in other words, of crowding an undue amount of business into the limits of a few hours. Added to this, the vital energy being subjected, both before and after, to hurried locomotion at express speed, we cannot be surprised if the nutrient powers of the system are perverted, and the vaso-motor nerve-influence dangerously interfered with.

On the other hand, we cannot deny that the advantages of the present day are very much in favour of the successful treatment of this commencing climacteric change. The great facilities for travel, and the almost universality of locomotion, offer advantages, which, in the past age, were obtained only by a very few, and in a very limited degree.

In recommending change of scene and novelty of life, as a most important element in the treatment of the condition which we have been considering, we should be guided less by our own preconceived idea of a particular locality than by the suggestion and choice of the patient himself.

Perhaps, continental travel affords, in the present day, the greatest amount of change of scene; and this may be obtained at a comparatively moderate cost. The Highlands of Scotland will, perhaps, be found to offer still greater advantages in this particular transitive condition of the system; and as an additional benefit, the combination of sea and land travel may be very usefully recommended.

To those whose means will not afford the more lengthened distances, short and frequently repeated trips, with cheerful society, will effect very much as a restorer of faulty nerve-tone.

One other suggestion I would mention before concluding; tending, as it does, in so large a degree, to retard a too early degenerescence of the nutritive process. I allude to sleep; that great restorer of the lost energy and diminished nerve-tone which has been consumed during the busy and waking hours of the day.

It will be all important, then, to insist upon the patient taking a full amount of rest, even if he do

not sleep; and he should be persuaded to retire to bed early, and to rise early, so that the system may be invigorated by the powerful influence of the morning sun.

With this, the daily tepid or cold bath, and free and perfect ventilation both by night and day, must not be neglected.

To sum up; in addition to these hygienic suggestions, I would state that change of scene by travel, combined with healthy excitement, and conducted without excessive fatigue, will prove of the utmost value in retarding the progress and altering the character of perverted nerve-nutrition, the immediate exciter of commencing climacteric decay.

Progress of Medical Science.

SURGERY.

Destruction of a Fibro-Cellular Tumour of the Pharynx by Electro-Puncturation. Professor Fischer of Innsbruck relates a case of fibrous tumour destroyed by electricity, after the plan practised in a case of nasal polypus by Nélaton. A man, 40 years old, who had always enjoyed good health, found, in consequence of suffering pain on swallowing, a tumour on the left side of his pharynx in Nov. 1864. It rapidly grew. He came into hospital on February 25, 1865; he was wasted, and had a pallid, suffering aspect. The pharyngeal cavity was obstructed by a solid tumour attached to its left wall. The tumour pushed forward the soft palate. The compressed left tonsil was pushed forward towards the dislocated uvula. With some difficulty and bleeding from the tumour, the finger could be passed over the larynx, which was pressed towards the right side, along the unaffected pharyngeal walls, but could not reach either the upper or lower boundary of the tumour. Externally the tumour was visible from the angle of the lower jaw to the circoid cartilage. The left nasal opening was also obstructed. The respiration was difficult; speech incomprehensible; the swallowing of fluids was difficult, of solids almost impossible. The suffering at times was very great. The glands around were unaffected. The tumour was regarded as fibro-cellular. Extirpation seemed impossible. Professor Fischer, therefore, resolved to attempt its destruction by electro-puncture. The first attempt was made on February 26th. Grove's battery, with a platinum surface of 100 square inches, was employed. Two electro-puncture needles —one connected with the zinc, and the other with the platinum pole—were inserted through the soft palate deep into the tumour. After the stream had been passed for about six minutes in one direction, other points of puncture were made, until all parts of the tumour which could be reached had been subjected to the electricity. At the puncture points of the zinc pole, a whitish scum, accompanied with a hissing sound, was observed when the circle was closed; but no change was perceptible at the platinum pole. The operation lasted about twenty minutes. The patient felt, in addition to the punctures of the needles, a moderate sensation of burning when the stream was in action. During the night following the operation, the patient suffered great pain in the tumour and increased dyspnœa. Next morning, the tumour was found enlarged, and the needle-points ulcerated. On March 3rd, the operation was repeated; and, in consequence, the pain, dyspnœa, and dysphagia, were so increased, that Dr. Fischer feared to repeat the operation. From the 5th to the 27th March, the ulceration of the punctures increased; the stench from the mouth was insufferable; the glands of the neck were infiltrated; and the fever high. The tumour, despite of the partial gangrene, gradually increased; so that, at the end of March, swallowing was almost impossible, and the patient exhausted to the last degree. On March 29th, the electro-puncture was repeated; and from this time forward, the tumour began gradually to decrease, the ulceration of the punctures still increasing. The patient, who was reduced to a skeleton, gradually recovered, as the dyspnœa and dysphagia diminished. On the 6th and 25th of April and on the 17th of May, the electro-puncture was repeated; and at the end of May, the patient might be considered as cured. In fact, on the last examination made on June 2nd, no tumour could be found in the pharynx; but only a callous thickening of the left wall of the pharynx. The uvula had returned to its proper place; speech was perfectly restored; and breathing and swallowing in no way impeded. (*Wien. Med. Wochenschrift.*)

Acupresssure. Dr. P. H. Watson thus sums up in the *Edinburgh Medical Journal* his opinion of the value and uses of acupressure. 1. Acupressure may be employed as a hæmostatic agency in the instance of vessels as large as the posterior tibials without risk, so far as bleeding, immediate, consecutive, or secondary, is concerned. 2. Acupressure is easy of application, while its adaptation to situation and circumstances is as great, or it may be even greater, than that of the ligature. 3. Acupressure is more trustworthy and satisfactory than either torsion, compression, or the use of the cautery. 4. Where primary union can take place, acupressure is likely to favour its occurrence; and, in three of the cases described, seemed of material service in this respect. 5. In the cases described, where suppuration or sloughing occurred, this was altogether independent of the use of acupressure, or the absence of the employment of the ligature, and referable to causes inherent in the individual cases. 6. In my opinion, the employment of acupressure in one or other of the methods suggested by Professor Simpson is safe, satisfactory, and well worthy of an extended trial.

Excision of the Elbow-Joint. Mr. William Stokes relates and comments on a case in which he performed excision of the elbow-joint by a long vertical incision (Park's method), and gives the following reasons for adopting this process. In the first place, the suppurating surfaces are necessarily less in extent when the vertical than when the ordinary H incision is made, and consequently the chances of rapidity of healing will be increased if the opportunities for suppuration be diminished. Another obvious advantage arising from the vertical incision is, that the numerous muscles in the neighbourhood of the elbow-joint are not divided transversely, consequently there can be no transverse cicatrix in these tissues, the existence of which would certainly impede their subsequent action; and thirdly, the formation of a broad external cicatrix is avoided, which, when it exists, must necessarily, as Professor Syme has observed, impede in no slight degree the flexion and extension motions of the joint. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

Extirpation of the Contents of the Orbit for Lupoid Ulceration: Rhinoplasty. Mr. William Stokes of the Meath Hospital relates the case of a lad aged 19, admitted into hospital with rodent ulceration of the eyebrow, lids, ocular conjunctiva, and cornea of the right eye. Sight was totally lost, but the retina remained sensitive to light. The dis-

ease had lasted about seven months. The ulcerated parts, including the contents of the orbit, were removed on September 2nd; in six weeks the orbital cavity was filled up and the wound cicatrised. The patient's nose having in early youth been much damaged by lupus, Mr. Stokes performed a rhinoplastic operation on October 26th. Having dissected off the remains of the nose, he formed a flap from the forehead, adopting Langenbeck's modification of the Indian operation. On the twenty-fourth day, adhesion was perfect; and five weeks after the operation, the bridge of skin at the root of the nose was divided. The result has been successful, with the exception of a slight tendency to falling in of the right ala of the nose. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

Reviews and Notices.

OPINIONS AND STATISTICS ON THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA BY THE EMPLOYMENT OF THE "STRICTURE-DILATOR." By BARNARD HOLT, F.R.C.S., etc. Pp. 55. London: 1865.

THIS little pamphlet is mainly made up of letters to Mr. HOLT, written by different surgeons who have employed his method of treating stricture. The letters are, in fact, answers to an "appeal for information respecting the number of cases operated upon, and the results", made to them by Mr. Holt.

Mr. Holt remarks upon these letters, etc.:

"Here there is the record of 742 cases of stricture, irrespective of those operated upon by Mr. Campbell de Morgan, Mr. Shaw, Mr. Birkett, etc., in which the immediate treatment has been employed by surgeons of the highest celebrity, and with almost uniform success; certainly, death has not occurred in a single instance where the patient was not otherwise so seriously diseased as to render the most careful passage of an ordinary catheter full of peril."

Of these 742 cases, eleven died; but, says Mr. Holt,

"In not one of these cases, is it satisfactorily shown that death was caused by the extreme measures that are supposed to be exercised by the adoption of the immediate method."

We must remark, in reference to the above statement of the operation being employed "with almost uniform success", that in many of these letters nothing is said as to the *actual results* of the operation. Mr. Paget says he has operated six times "with your instrument, and has met with no fatal or untoward result." Mr. T. Holmes has used it five or six times. Mr. Birkett has known no fatal result to follow its employment. Mr. Moorhead has "performed your operation on thirteen occasions without a fatal result." Mr. C. H. Moore has "used your dilator perhaps four times, and certainly with no fatal result." Mr. Campbell de Morgan has "never had a fatal case." Mr. Hulke "has never had extravasation or fatal result." We conclude, however, that the fair inference to be drawn is, that the operation was successful in all the cases here alluded to in which it was employed. Undoubtedly, the general tenour of all the letters published appears to be strongly in favour of Mr. Holt's dilator. Mr. A. Shaw is "much impressed in its favour." Mr. Curling says that, of four cases treated at the London Hospital, three were quite successful and one died. Mr. Nunneley has "done it some four times, with excellent result." Mr. T. P. Teale, jun., "firmly believes that your operation is one of the greatest improvements in modern surgery." Mr. F. Jordan speaks highly of the operation; and so also do many other surgeons.

British Medical Journal.

SATURDAY, SEPTEMBER 2ND, 1865.

THE JOURNAL.

THE vote of the Association at the meeting at Leamington, on the subject of the JOURNAL, may be regarded as a declaration, distinct and unmistakeable, that it is resolved to have and maintain a journal.

For years past, our cotemporaries have endeavoured to impress upon the members of the Association the exceeding mistake which it was making in maintaining a weekly journal. We may fairly say, indeed, and we are sure our weekly medical cotemporaries will not dispute the fact, that everything which their eloquence and argument, and we might add even other weapons, could do, has been tried for the purpose of persuading the Association to put down its JOURNAL. And not only has pressure from without been busily occupied with demonstrating the absurdity of the JOURNAL. It is a fact that, for many a month past, the question of the JOURNAL has been constantly kept under the consideration of the Association itself—of those whose property it is. One member of the Association has prominently distinguished himself by addressing his sentiments to the Association on the subject. During the past year, he has kept the question of the JOURNAL—of JOURNAL or no JOURNAL—well alive before its members; so that every member of the Association has had full opportunity for digesting and considering the whole matter. The Association has had ample time to reflect upon all that can be said in favour of no JOURNAL, and of all that can be said in favour of various proposed substitutes for the JOURNAL. We may say, with truth, that the adversaries thereof have had the fullest opportunity for doing their best or worst to put it down.

At the Leamington meeting, again, one of the most important questions for consideration, which excited most attention, was this one. Every member who went there was prepared to hear it discussed; and every member who was not there equally well knew that it would be discussed. If ever, therefore, there were an occasion when the opinion of the Association might be taken as fairly and decisively expressed on the subject, it was at this meeting. The question was, indeed, then brought to a distinct issue

before a large assemblage of members of the Association. And what was the result? Not one single hand was held up against the amendment of the Rev. Dr. Bell, which extinguished Mr. R. B. Carter and his JOURNAL-suppressing resolution. And let it not be said, that this vote was the vote only of those members who were met together at Leamington. Our pages record the fact, that the Branches of the Association all over England have passed similar resolutions in favour of the JOURNAL. If ever, therefore, there was a resolution passed, declarative and affirmative of the wishes and the will of the Association to have its JOURNAL, it was the amendment of the Rev. Dr. Bell. The members of the Association believe that, without a medium like its JOURNAL, the Association could not be kept together; and, from our knowledge of its constitution, we have no hesitation in expressing the very positive opinion, that no JOURNAL would be synonymous with no Association. Now, surely, a vote of this kind ought even to satisfy our cotemporaries; but it does not do so; for we find the *Lancet* still urging its captious and fallacious arguments against the uses of the JOURNAL.

The great and constant objection thrown at the JOURNAL is, that it absorbs the funds of the Association; which funds might be much more usefully expended than in keeping up a journal which, we are assured, no one reads, and has no influence on the profession; and here we might stop to remark that the objectors never think it necessary to argue out the assumption upon which their objection is based. They never stop to ask the question, Where would the funds of the Association be—the £2000, which they say is wasted in printing—if there were no JOURNAL? They assume that which every member of the Association knows to be an unmitigated fallacy; viz., that the balance-sheet of the Association would shew as large an income if there were no JOURNAL as it does at present.

Now, we will join issue with these objectors, and assert, without hesitation, our belief that the Association could in no way expend its money so usefully as in maintaining a journal; that in no other way could it so effectually perform its objects—"the promotion of medical science and the maintenance of the honour and interests of the medical profession."

We will not stop to discuss the question, whether the JOURNAL is or is not read; whether it has or has not influence in the profession. Its influence has been, we may safely assume, frequently enough demonstrated during past years to render such discussions superfluous. But let us just consider for a moment the real value of the proposals made by those who would see the funds of the Association turned, as they think, to some really useful account.

The proposal of substituting for the JOURNAL a first-rate quarterly, under the guidance of a really powerful editor—a journal which shall influence society at large—has already had full justice executed on it; and has been consigned to the spacious limbo of abortive resolutions, where we will leave it in peace.

But let us consider the proposals of our cotemporary, the *Lancet*, who, once again this year, assures us that

> "A more useless outlay of £1700 could scarcely be imagined, than the sacrifice of that sum on the *Journal* of the Association. If its members have anything really important to say, the organs of the whole profession are open to them. If they have nothing to say, it is a pity that they should keep up so expensive a medium for saying it.
>
> "It is in no spirit of jealousy or unfriendliness, that we urge upon the Association to consider whether it cannot make itself a more useful, a more powerful, a more popular body than it has yet been. We are impressed by the conviction, that if it only knew how to use its resources, it might share with the Medical Council the determining influence in public medical questions."

Now we are sure that every member of the Association who has its welfare at heart, will gladly listen to any suggestion whereby its influence and usefulness may be increased; and we, therefore, trust that the *Lancet* will really argue out the question, and show, to the satisfaction of reasonable minds, how, by the putting down of the JOURNAL, the Association would advance its own position. Surely 2400 men of common-sense, such as at present compose the Association, would never consent to carrying on a journal which was destroying the Association, *i. e.*, themselves, if they knew it. They only require to have their eyes opened to the fact by a little plain reasoning, and will soon cease such suicidal folly. Let the *Lancet* do this for them; and we can only say, that we ourselves will back it in its efforts of extinguishing the JOURNAL, if only it will shew, reasonably and to common-sense minds, that extinguishing the JOURNAL will exalt, not seriously injure or destroy, the Association. In the meantime, let us see how the *Lancet* would have us spend our money. "Facilitate experiment and encourage discovery"; "establish an efficient provident society"; "further the public interests of the profession"; "assist medical practitioners badly used by unprincipled patients." Spend your money on such things as these.

Now, we may say to our cotemporary, that every association has a particular object in view; and the object of this one is "the promotion of medical science, and the maintenance of the honour and interests of the medical profession." It is, consequently, not a charitable Association; and, therefore, to establish a Provident Fund, *and expend on it any considerable portion of its funds*, which we suppose is here meant, would be a perversion of its functions. As regards the fact itself, surely the *Lancet* knows that the Association *has* established a Provident Society—a Society which, without its

assistance, would never have existed. But a Provident Fund, to be worthy of the term, is by its very nature self-supporting. It becomes simply a charitable institution, if its primary basis be one of charity, such as the *Lancet* would apparently have it to be. To recommend the British Medical Association, therefore, to expend its funds in support of a Provident Society, is simply to recommend it to do an egregious act of folly.

Having in this way attended to the *private* interests of the profession, the *Lancet* next advises the Association to "devote a portion of its funds to the furtherance of the public interests of the profession." But what are these *public interests* which require money-fostering? And what, indeed, is such a proposal, when closely considered, but a wordy generalisation, absolutely devoid of all practical meaning—a mere empty and well-sounding phraseology? When we are told more particularly what these *public interests* are, then will we more particularly answer the proposal.

As for the other idea—viz., of supporting "practitioners badly used by unprincipled patients"—we have already sufficiently disposed of it on former occasions. We have shown, as we think, to demonstration, that a defence-fund of the kind suggested is both impracticable, undesirable, and assuredly not required. (See JOURNAL, Feb. 4, 1865.) No professional brother, who deserves the support of the profession under such circumstances, will, we venture to say, ever seek for it in vain.

The other proposal—of fostering experiment—is, no doubt, a very laudable and captivating one; but we should like to know how many of our brethren there are who would subscribe to a fund got up for such a purpose. How many are there of the members of the Association who would agree to their money going in that direction? Our Association is not a therapeutical or physiological society. If the *Lancet*, however, can argue our members into that way of thinking, why does not it do so?

Such are the schemes on which the critics of the Association bid it spend its money. They all seem to concur in this note: Do what you like with your cash; but do not keep a Journal. The Association's unanimous and clear-sighted logic, however, carries it still to its JOURNAL. And we would ask the opponents of the JOURNAL this plain question: Has not the Association the right, if it have the will, to support a Journal? Is not the Association as likely to know what its own interests require, as the proposers of rival schemes and the proprietors of other journals? Who is most likely to be under a cloud of unreason—the two thousand four hundred members of the Association, or the opponents of its JOURNAL? The Association knows and feels that a Journal is a necessary link in the chain of its existence; that it would lose the main bond which combines and consolidates it, if it were to put down its JOURNAL; and it concludes that it best invests its money in supporting a Journal. We shall not stop to tell the uses and the value and the immense services which have been done by the JOURNAL. All this was sufficiently and unmistakeably acknowledged by the Association at its last annual meeting. The Association unanimously ruled to have a Journal; and we think our cotemporary must argue a little more to the purpose than he has lately done, before he operates on the members to the altering of their resolution.

JUSTICE TO CRIMINAL LUNATICS.

ON the 29th July, we commented on the case of George Broomfield, who had been tried for murder and left for execution—the man being a manifest lunatic. Notwithstanding his trial by judge and jury, the man has since been reprieved and converted into a criminal lunatic. Again, on August 3rd, a man was tried for murder of his wife. The crime of murder, and the responsibility of the murderer, according to law, were as certain and clear in this case as in the case of Broomfield; but Mr. Justice Montague Smith saw the case in a different light from the Judge who tried Broomfield, and actually stopped the trial; and the man was acquitted on the ground of insanity.

We venture to think that, in both these cases, there is a grievous miscarriage of justice; and that the conclusions arrived at in both cases must tend to bring judge and jury and criminal law into disrepute. In the case of Broomfield, the man, *after* being tried by judge and jury, is again tried by a Government expert (whose name even does not appear); and by the sentence of this expert is upset the solemn verdict of the jury.

This sort of upsetting of justice is becoming an everyday occurrence; and it will continue to be so, until Government has the good sense to send an expert in lunacy to examine and give evidence in court concerning the mental condition of criminals, who are supposed to be, or who are, lunatic. What can be more outrageous to reason and justice—more brutal, we might say—than to throw upon a lunatic the *onus probandi* his lunatic state of mind? What, again, can be more dissonant from our English idea of administering justice, than that the verdict of the jury should be reconsidered and settled *after trial* by an unknown and irresponsible lunacy expert? What can more tend to throw the opinions of judges and the verdict of juries into disrepute—to render justice uncertain—than the fact that, after the solemn judicial trial of a criminal, he is to be tried again in private by an individual who is responsible to no court of law? Is it not a scandal to our laws, that cases of such kind should be now of constant occurrence? Smethurst, for example, was condemned to death by

judge and jury; but his fate was finally decided by a report of the late Sir B. Brodie, who thus revised the jury's verdict! Consider, again, the scandal of Townley's case. He is first made a lunatic by the jury and sent to a lunatic asylum; and afterwards declared sane by Government experts, and sent from the lunatic asylum into penal servitude for life.

All such constantly recurring scandals to justice can be prevented by making the impartial Government expert give his evidence in court during the trial, and, therefore, of course, before the jury deliver their verdict. Such a course of proceeding is demanded by humanity as well as by justice. Humanity requires, that a skilled and impartial inquirer should investigate and report upon the condition of supposed criminal lunatics; and save them—if they be really lunatic in the eyes of science—from the hangman's hands. Why should a poverty-stricken wretch be put in a worse position than the rich criminal who is able to fee heavily some high authority in lunacy? And again, justice demands, on the other side, that criminals who have the means of paying heavy fees in order to bring witnesses with high names into court, should not thereby escape the just reward of their crimes. Justice demands that, in such cases, also, an impartial Government expert should be there to counteract the evidence of the authoritative names; *i. e.*, if the evidence be guided by party considerations rather than by the actual facts of the case.

Our readers may remember a discussion which once took place in the journals, on the subject of a pretubercular stage of phthisis. Some writers had given their opinion that there was an abnormal condition of the body, and even of the lungs, which preceded the deposition of tubercle, and *which was appreciable to our senses by certain physical signs.* To this it was answered by others, that no doubt such an abnormal state did exist, but that it was, at all events in the present condition of our knowledge, not capable of being noted by our senses; and that, to speak of phthisis apart from tubercular deposit in the lungs, was much the same thing as speaking of cancer without cancerous deposits, or of the play of *Hamlet* in the absence of the hero of it. Now, we fancy, a clever counsel, if he had Dr. Bucknill in the witness-box, in reference to Constance Kent's case, might put him into difficulty. Dr. Bucknill says (as the report runs):

"An opinion has been expressed that the peculiarities evinced by Constance Kent between the ages of 12 and 17 may be attributed to the then transition period of her life. Moreover, the fact of her cutting off her hair, dressing herself in her brother's clothes, and leaving her home with the intention of going abroad, which occurred when she was only 13 years of age, indicated a peculiarity of disposition and great determination of character which foreboded that, for good or evil, her future life would be remarkable. This peculiar disposition, which led her to such singular and violent resolves of action, seemed also to colour and intensify the thoughts and feelings, and magnify into wrongs that were to be revenged any little family incidents or occurrences which provoked her displeasure.

"Although it became my duty to advise her counsel that she evinced no symptoms of insanity at the time of my examination, and that, so far as it was possible to ascertain the state of her mind at so remote a period, there was no evidence of it at the time of the murder, I am yet of opinion that, owing to the peculiarities of her constitution, it is probable that, under prolonged solitary confinement, she would become insane. The validity of this opinion is of importance now that the sentence of death has been commuted to penal servitude for life; for no one could desire that the punishment of this criminal should be so carried out as to cause danger of a further and greater punishment not contemplated by the law."

This must mean that there is such a thing as a preinsane state of insanity; and is an argument of the kind used by those who argue for a pretubercular stage of phthisis. But how would Dr. Bucknill have been able, in a court of law, if he had then ventured such an opinion, to separate the premonitory insane signs, on which he must have argued, from insane signs themselves? How could he draw the distinction between signs indicative of coming insanity and those indicative of existing insanity? Surely these abnormal conditions could only represent degrees of the same condition; and we apprehend that Dr. Bucknill would have been forced, in a witness-box, to confess as much, and, in truth, from his own showing of the case, have been compelled logically to the conclusion, that Constance Kent was already in an appreciable degree insane. If put to the proof to show that she would one day become insane, he would assuredly have been compelled to tell the signs on which he founded the opinion; and, it seems to us, that he could only have told of signs which were those indicative of an existing abnormal mental condition.

The list of successful candidates for the Army Medical Service, published at page 248, contains thirty-eight names; and, comparing it with the list published in the Journal of March 11th, we find results which may be stated as follows. The number of successful candidates at the recent examination is just one-half of those who passed on the former occasion. The localities of the education of the thirty-eight candidates are: London, 7; Birmingham, 1; Leeds, 1; Edinburgh, 3; Glasgow, 2; Aberdeen, 1; Dublin, 19; Galway and Dublin, 3; Cork and London, 1. The latter candidate stands at the head of the list, with 5602 marks—far beyond any of the others. Ireland, as before, furnishes the majority of candidates, in about the same proportion. As regards marks, the following comparative statement shows the results of the examinations in August 1864 and

in February 1865—the latter being that now published. The total number of marks obtainable is 6900.

	Aug. 1864.	Feb. 1865.
Above 6000	0	0
„ 5000 and under 6000	2	1
„ 4000 „ 5000	14	1
„ 3000 „ 4000	46	27
„ 2000 „ 3000	15	9
Two-thirds and upwards of marks	4	1
One-half and upwards	39	17
Total number of candidates	77	38

The lesson to be derived from these statistics is plain. There is no improvement—but the reverse—in the professional qualifications of the gentlemen who offer themselves as assistant-surgeons in Her Majesty's army. In the former examination, out of 77 candidates, 16 had more than 4000 marks; now, out of 38, two only are in that position. And, at the end of the list, the lowest candidate is lower in marks than the gentleman who occupied a corresponding place on the previous occasion.

We have much pleasure in stating that, in consequence of the remarks made at different times in this Journal on the subject of Beef-tea, a great alteration in the manufacture of the article has been made at St. Mary's Hospital. At present, the whole of the meat (the *bouilli*) from which the beef-tea is made, is consumed with the soup. The meat (the *bouilli*) is, by means of a machine, broken down into a fine paste, and then mixed with and served up with the beef-tea. The patients appear to prefer this compound to the clear, gelatinous, wishy-washy stuff which constitutes ordinary beef-tea. The saving to the hospital in this way of meat must be something very considerable *per annum*. Previously to the plan now adopted, the whole of the *bouilli* was sold for a mere trifle to some fortunate huckster, who, no doubt, sold it again for purposes of sausage-meat making. We hope the value of this practical fact may be carefully considered by the medical men of all our hospitals.

Who is the medical inspirer of the *Times?* The question is one of no little importance to our profession. Assuredly, scientific medicine holds no seat in the council which appears, as a rule, to preside over the medical aspects of that journal. No doubt, in dealing with the great, broad, and patent sanitary questions of the day, the *Times* goes with common sense and its own clear interests. But let any question touching the practical doings of the physician—the physician engaged in his daily routine of business—turn up, and we have the cynical philosophy of the Mephistophilean School of Medicine spread broadly before the public. In fact, one would think, from the constant exhibitions of this sort in the *Times*, either that the medical correspondence of the *Times* was dishonestly regulated by some downright cleft-hoof Mephistophiles, or honestly by some Strand or Fleet Street Museum herbalist. There is no journal, we will venture to say, which so regularly insults medical science as the great *Times*. The last thing which we read of in this way is a new cure for cholera. An "Old Indian" gets a quarter of a column in that journal in order to inform the public that inoculation of tincture of quassia is a sure cure for cholera! Here is the "Old Indian's" specific.

"The specific was introduced by a Dr. Honinburgher in Calcutta, during 1857 and 1858. Government at this time provided Dr. Honinburgher with a building for a cholera hospital, to test the merits of his treatment. I went to Calcutta, introduced myself to the doctor, saw his practice at the hospital, and returned to the factory with a pair of lancets and a bottle of tincture of quassia, with which I at once inoculated three natives, all of whom appeared to be in a very hopeless state. Two recovered, as usual, very rapidly; the third sank, being too far gone before I arrived. At other parts of the country in the North-West Provinces, my efforts with the quassia were the means of saving several lives. The inoculation may be done by anybody with sense enough to avoid making an incision in one of the principal veins; the quassia is dropped into the wound; the body should be shampooed; and nothing given to the patient but cool water in small quantities. Cramps rapidly cease, and fair circulation of the blood is restored; the invariable exclamation of the invalid on recovering consciousness being '*Hum gurhm hòta hei*' ('I'm getting warm). A relapse during the first few hours may be feared; in such case, a second inoculation, in two or more places, must be performed. I have no pretence to a knowledge of medicine or surgery beyond that so needful and so often forced on a man who travels for months and years out of the reach and advice of professional doctors, who, however, have thought well of inoculation with quassia as a remedy in many cases; a relief from the agonies of cramp in almost all attacks of cholera. In speaking of Dr. Honinburgher, let me add that he was of venerable age and vast Indian experience, in the service of a native prince the greater part of a long life; the Government of India in recognition of his indefatigable exertions at the cholera period gave him a pension of £120 *per annum*, although he did not belong to either the Indian or Her Majesty's service."

The Christiania *Morgenblad* says that Professor Boeck has been invited to London, where sixty-five beds will be placed at his disposal for the purpose of applying syphilisation to the patients.

Professor Bezzi of Modena has successfully performed ovariotomy.

The Italian Medical Association will hold its meeting this year at Florence in September. A Branch of the Association lately formed at Reggio in Calabria has started a medical journal.

M. Karl Pagenstecher, a distinguished oculist of Baden, has lately died.

The Emperor of Mexico has conferred the order of grand officer of the order of Our Lady of Guadeloupe on MM. Andral and Velpeau.

THIRTY-THIRD ANNUAL MEETING
OF THE
British Medical Association.

Held in Leamington, August 1st, 2nd, 3rd, and 4th.

PAPER.

[THE following abstract of a paper, prepared for the meeting, was omitted from our report in the JOURNAL of August 19th.]

On Animal Parasite Diseases of the Skin. By Balmanno Squire, M.B.

A very considerable share of the attention of dermatologists, both at home and abroad, has recently been attracted by those diseases of the skin that depend on the growth of a vegetable parasite in the substance of the epidermis and of its appendages; and it is in the pathology, diagnosis, and treatment of these affections, that our knowledge of the diseases of the skin has of late years made most progress. But, while the study of this division of parasitic cutaneous diseases has been thus advanced, our information regarding the part played by animal parasites in producing disease of the skin has remained almost at a standstill.

The diseases produced by epizoa in this country are not only of extremely common occurrence, but are some of them most obstinate. That they are so prevalent, is doubtless owing to their contagiousness; and their character for obstinacy is due solely to their cause, in the majority of instances, having been hitherto unknown.

Many cases of urticaria, more especially of chronic urticaria, of eczema, of prurigo, of lichen, and of impetigo, or rather of diseases that pass by these names, are as distinct in their etiology and pathology, as well as in the treatment that they require, from cases of these affections properly so called, as they well can be; since, in place of being of constitutional origin, they depend essentially on the presence of an animal parasite on the skin.

Often an acute eruption, having apparently all the characters of urticaria, after having been steadily and perseveringly treated as if it were dependent on gastro-intestinal disorder, is found to remain unchanged, or to have become worse, rather than better. No disease is looked on as more hopeless than chronic urticaria; and prurigo senilis has ever been an *opprobrium medicinæ*. These last two diseases, indeed, well deserve the serious attention of all who are engaged in the practice of medicine. They are certainly common enough to render it most desirable that their origin and nature should be generally understood; and they are at least severe enough, both as regards the degree of distress they occasion and the length of time over which their course usually extends, to make it advisable that some more efficient means should be employed for their relief than what are generally thought to be the appropriate remedies for them.

Many of the most intractable cases of eczema and of impetigo of the scalp—intractable only so long as they are treated on the assumption of their being of constitutional origin—might readily and speedily be got rid of; and many ingenious theories that have been broached on the subject of contagious impetigo might be dispensed with, if the influence exercised by animal parasites in the causation of these diseases were properly appreciated. Many obstinate cases of lichen, too, if separated in like manner from the category of constitutional affections, would be found much more amenable to treatment than they are generally thought to be.

The limits of a short paper precluding any detail on the etiology, diagnosis, and treatment of this important class of cutaneous diseases, Mr. Squire would only here point out their claims to a more attentive consideration than they have yet received, and mention some of the results at which he had arrived.

Cases of acute urticaria are sometimes occasioned solely by the presence of the *acarus scabiei* in the epidermis. The author was not aware that this fact had as yet attracted the attention of other observers. He referred to cases where the skin of the person affected, instead of presenting the ordinary appearances of scabies, was covered with a copious eruption of urticaria—apparently, at first sight, the only phenomenon present. There were no signs of gastro-intestinal disturbance; no history either of any previous attack, or of any of the ordinary causes of urticaria having been present. On searching, in these cases, for some other cause, the acarus was discovered, and the condition of the acarian furrows corresponded to the duration of the eruption.

He had also seen cases of urticaria in which the cause of the eruption had been set down to gastro-intestinal disturbance, but which, as a more careful examination proved, were really produced by the *pulex penetrans*.

In many cases of scabies, too, he had known a copious eruption of eczema to form so prominent a symptom, that the patient has been treated, without success, for chronic eczema; whereas, if its origin had been rightly apprehended, the affection need never have been prolonged sufficiently to entitle it to the name of chronic.

A large proportion of the cases of eczema and of impetigo of the scalp, that occur in private as well as in public practice, are, the author had had occasion to notice, due to the *pediculus capitis*. At least, this parasite is often present; and, as soon as it is destroyed, the disease ceases, without the employment of any further means.

Many cases of lichen—affecting the temples and the upper part of the back of the neck—he had found to be due to the same cause.

The great majority of the cases of chronic urticaria that he had met with, and all cases that he had yet investigated (amounting to a large number) of prurigo senilis, were due to the *pediculus corporis*. The "prurigo senilis" was not restricted to old persons (though more common with them than with the middle-aged or young); for Mr. Squire had seen it in a child of four years old. Nor did he include under the title the various forms of circumscribed prurigo occurring in old persons, and regarded generally as equally hopeless with prurigo senilis commonly so called.

These local varieties of prurigo, though in many cases the result of a lichenous or eczematous affection happening in the localities, are in the majority of cases merely sympathetic with, and symptomatic of, visceral derangement. Thus, if a careful inquiry be instituted, prurigo podicis will be found to depend on hæmorrhoids, prolapsus ani, fistula or fissure of the rectum, on accumulation of fæces in the sigmoid flexure, dysentery, intestinal worms, or the presence of some other irritating cause in some portion of the intestine. Prurigo pudendi muliebris—a no less distressing and inveterate affection—is similarly symptomatic of some abnormal condition of the vagina or uterus; while prurigo scroti is occasioned either by psoriasis or eczema of the part in the great majority of instances.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Tuesday, September 12th, at Three o'clock *precisely*.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, August 22nd, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of this Branch will be held at the Ship Hotel, Dover, on September 21st, 1865.

Gentlemen intending to communicate papers or cases, are requested to send notice forthwith to the Honorary Secretary.

Robert L. Bowles, *Honorary Secretary.*

Folkestone, August 30th, 1865.

Correspondence.

CHANGE OF TYPE IN DISEASE.

Letter from John H. James, Esq.

Sir,—I regret very much not being present at the meeting of the Association at Leamington; but an illness of long duration prevented me. I have, however, with great pleasure, read the Addresses in Medicine and Surgery which were delivered there by two of our ablest professors. That of Dr. Stokes I was particularly gratified with, inasmuch as he vindicated the character of those able practitioners who flourished at the earlier part of this century, and long before; and very successfully endeavoured to show that, in their days, blood-letting was not manslaughter; but that the present diminished employment of that important remedy may be fairly traced to an alteration in the type of disease.

To the forcible proof which he has adduced, I may perhaps be permitted to add two or three other important facts, which illustrate the characters of diseases themselves. In the earlier part of this century, neuralgia was so rare a disease, that the division of the nerves was often employed to cure it; and I remember myself seeing one of our most eminent surgeons, Sir B. Brodie, divide the portio dura where it emerges from the stylo-mastoid foramen, for the cure of neuralgia of the face. I need not say how much he has since contributed to the just pathology of neuralgia—a disease which has since extended to the better classes of the town population to a frightful extent.

Another disease has also prevailed in a very remarkable manner; viz., influenza. I believe this was formerly understood to recur only at long intervals. The first epidemic I remember was in 1803, when I was a lad just entering the profession. The second occurred in 1831, in the finest summer weather. It again occurred in 1833, 1837, and 1847, with very great severity; and, I believe, many more deaths may be traced to it than to the cholera itself. Other diseases, such as boils and carbuncles, have notoriously increased—all pointing to the same conclusion; and if, as Professor Stokes truly says (and he only urges a maxim which, although little regarded, I ventured to assert some forty years ago), remedial means are an excellent test of the character of disease, I may suggest that diseases themselves, such as those just enumerated, become themselves tests of the character of other diseases, and the peculiar constitution of the air at such periods. But, although we may look for an opposite change of type, as he strongly impresses, yet, in this kingdom at least, there is a circumstance which will materially modify it; viz., the astounding increase of our town populations. With reference to this point, I cannot help alluding to the fact, that almost all the young men of the present day obtain their teaching,

"Where London's smoky cauldron simmers";

or, in towns, though less populous, not less objectionable. It may be well for those among them who purpose to practise in rural districts, to well consider this circumstance as affecting the complete correctness of the views proposed to them; and probably they will still find country practitioners using their lancet, and not without success, though not to the extent they formerly did. I am, etc.,

J. H. James,

Vice-President of the British Medical Association.

Exeter, August 21, 1865.

Letter from Egerton F. Hall, M.D.

Sir,—Reflecting on Dr. Stokes's Address in Medicine, with regard to change of type in disease, is it not probable that this change may have been brought about by the different modes of treatment adopted by the physicians themselves? Thus, in the period preceding 1830, sharp antiphlogistic treatment was adopted. May not this very lowering course of treatment have been the cause of the present "type of disease"? Looking back at the different periods, and observing how regularly the dynamic and the adynamic forms of disease have alternated immediately upon the periods in which the tonic and the lowering methods of treatment have been adopted. One cannot but be struck with the analogy.

I merely bring this forward as suggestive, "That we should not prescribe our strengthening medicine too indiscriminately on the rising generation."

I am, etc., Egerton F. Hall, M.D.

The Ash Trees, Prescot, Lancashire, Aug. 17, 1865.

VENESECTION IN DISEASE.

Sir,—I trust you will allow me to offer a few observations on a subject which I am glad to see is not yet thought unworthy of notice, and which has been afresh impressed on my mind by reading what Dr. Stokes has said in his excellent Address in Medicine, published in your Journal of August 12th; I mean venesection as a therapeutic agent, which, from once being the sheet-anchor of our profession, has been for years falling into disuse.

It has been my lot, in the earlier part of the present century, to see many of the palmy days of the lancet, and to have used it myself pretty freely, though generally with caution; and I have lived through its transition age. But though I have not very often used it of late years, I still carry it in my pocket, and every now and then find it a valuable instrument. I must say, however, that I never depleted to the (heroic?) extent which many have done, and which is seldom necessary, or even admissible, now; and I question if it was, even when the type of diseases was of the sthenic kind. There may be something great in the sound of thirty, forty, sixty ounces; but I really think, in the present age, when our surgeons do not amputate a limb if it can possibly be avoided, but excise only the diseased portion, we should act on the same conservative principle in medicine, and not take away more blood with the lancet than is necessary. What if a small bleeding, general or local—timid as it may appear—acts on the

system or local affection requiring depletion, so as to relieve the congested vessels? Should we not be satisfied, nay pleased, that we have shed no more blood in fighting with the enemy?

Whatever may be the opinion of our medical brethren on the difference in the type of diseases, which seems to have passed from sthenic to asthenic, I cannot see the propriety of relinquishing venesection, when we meet with a hard pulse, a dry tongue and skin, oppressed breathing, especially with a fixed pain; taking, of course, for our guide the force with which the blood flows and continues to flow from a good orifice, the manner in which it is borne, and the persistence of arterial power in producing a tolerable stream, even when the fillet above the elbow is slackened.

I believe it would be well if we were sometimes to make trial bleedings, by which we could do no harm, as it is always in our power to desist if we perceive the patient's constitution will not bear it. But I believe I am not mistaken, when I state it as my conviction that much of the unwillingness we feel at the present day to employ venesection arises from its having passed into such general disuse. We have scarcely practised it for a long time, and have at last become really afraid of it. Fear makes us cowards, and we consider the lancet a formidable instrument. From this fear we, however, derive the consolation that we have killed no patient by it. How many may have died for want of it, we do not care to know. A medical friend was telling me, many years ago, that he knew a blacksmith, a clever fellow, who had operated on a number of persons for cataract, and that successfully. He asked him if he was aware of dangerous consequences which might follow? Some time after, seeing this surgical Vulcan, and inquiring how he went on with his couching, he said, "Oh, sir, you have spoiled my trade; for since you suggested there was danger, I have not had the courage to couch any more."

There is one class of affections in which I have uniformly found venesection useful—epileptic convulsions. A few days ago, I was sent for to see a married woman, aged 48, stout, and of a strong constitution, but unfortunately addicted to occasional inebriation. She had never been pregnant. Several years ago, she had had a violent attack of convulsions in the night, which was soon subdued by a free bleeding; and since then has been bled whenever she had reason to fear a return of them. On the day she last applied, I bled her, in consequence of her being affected in her head with symptoms somewhat alarming. As she had a pretty strong pulse, and had always been benefited by bleeding, I took away about eight or ten ounces, which she bore well, and, having had some tea, went to bed. About 12 P.M., I was called in great haste, as they thought she was dying. Indeed, I thought so myself, on account of the interrupted breathing and the clammy state of the skin. Her pulse was not much amiss. The teeth were closely set, the eyes quite insensible, and the heat of the head intense. I ordered leeches to the temples, but only two would fasten; also, mustard to the feet and legs and epigastrium. The writhings and strugglings of the trunk and limbs became so violent as to require several to hold her on the bed; and the arm began to bleed again, which appeared to relieve her. I then sent a blister to be applied to the nape of the neck, and two powders with a drop and a half of croton oil rubbed with loaf sugar in each. When I visited her at 10 A.M., she had spoken once and been asleep, the fits having ceased; and when I saw her again in the evening, the first powder had operated freely. Doubtless, all these appliances contributed to her relief; but I am inclined to think the arrest of the symptoms attributable to the abstraction of blood, as they abated before the blister and croton oil had time to act. She is now recovered.

I have not unfrequently been called to drunken men with violent cataleptic spasm, requiring several men to hold them to prevent them throwing and dashing themselves on the floor, and the head much affected. These cases are always relieved by bleeding, and a strong dose of purgative medicine as soon as it can be swallowed. The object in these circumstances is evidently to take off the pressure from the brain by lessening the action of the heart.

Indeed, I look on bleeding as a sedative, which we may safely employ, within proper limits, when the head and chest is the seat of strong arterial action; recourse being had, at the same time, to counterirritation and medicine.

I used formerly to bleed young children with benefit, and I still think it would be exceedingly useful in cases of congestion of head and chest, to which they are so subject; but, as there is often much reluctance on the part of mothers to any thing unusual in treatment, and as it is sometimes not easy to find a vein in the fat arm of a child, I have somehow discontinued it; though not without an intention of using it again should I think it clearly indicated.

Perhaps this letter, should you not consider it too lengthy to insert in your valuable publication, may elicit further observations on the subject from some of our brethren. I have felt the more confidence in offering my remarks from being an old practitioner, and yet, I am thankful to say, unprejudiced and open to conviction. I am, etc., G. D. R. McC.

W. W., near Wellington, Salop, August 22nd, 1865.

THE MEDICAL PROVIDENT SOCIETY.

Letter from A. B. Steele, Esq.

Sir,—Having carefully read and patiently listened to all that has been written and said in favour of this Society, I am still of opinion that it will not fulfil the objects set forth in the prospectus, but must, sooner or later, end in disappointment and failure; and, therefore, in the interests of the Association which has adopted it, as well as a caution to my professional brethren who may be induced to join it, I feel constrained to state the grounds upon which my conscientious objections are founded, and thus to elicit a discussion from which nothing but good can result; for, if my arguments be refuted, the Society will be stronger than ever; and, if otherwise, the sooner the difficulties are removed, or the speculation abandoned, the less will be the loss of time and money incurred. I am driven to your columns as the only arena now available, having been prevented from stating my views at the annual meeting by the peremptory ruling of the General Secretary, who will not, I hope, feel called upon to intervene between the editor and his correspondents, as he did on another occasion between a public meeting and its chairman. I adopt this course the more unhesitatingly, as it is only anticipating that which the Directors themselves have pronounced desirable; and, whatever imaginary technical difficulties might have obtained at Leamington, there is surely no act or statute to hinder a full discussion of the subject in your pages.

I assume that the Society is uncalled for, because it was not originated by the special class for whom it is adopted; and because, although the prospectus has been now for several months (since April) almost weekly brought before more than two thousand medical men (excepting Mr. Carter's Cheltenham friends, who throw it into the waste-paper basket), not more

than ninety have come forward to join it; and of these, it appears, many were dissatisfied with the rates, as being too high for their means. This shows that, although there are unfortunately some very poor men amongst us, yet the notion of a sick-club is not acceptable to the general body, and therefore not likely to receive general support. The promoters themselves have so little confidence in the safety of their own calculations, that they dare not venture to deviate one iota above or below the fixed rate of payments and grants; and this inelasticity renders the scheme unsuited to any but one class of the profession; and this, together with the fact of being partly—at present, indeed, mainly—supported by voluntary contributions, gives it essentially an eleemosynary character; and the recipients of its benefits will so far be pensioners on the bounty of their richer brethren, and are marked out as a special class of dependent members, which is at variance with the self-reliant and independent instincts of professional men, and is in itself, to my mind, an insuperable objection to the whole affair. The Committee who sat in London some ten years ago, to sift this subject thoroughly, came to the conclusion, after much patient deliberation, that "the two principles (*benevolence and providence*) ought, upon every motive of sound policy, to be kept distinct." This principle has been ignored on the present occasion; the Society having been called into existence, and kept afloat thus far, entirely by the praiseworthy exertions and contributions of philanthropic and zealous, but, in my thinking, entirely mistaken and misguided individuals, for the benefit of their poorer brethren—a motive and action meritorious in the extreme, but in direct violation of the principle alluded to, and therefore, under the circumstances, injudicious and detrimental to the object in view.

The Society possesses no guarantee for permanent security. Registration under the Act, and the certificate of an actuary, confer no financial security beyond that of many other similar schemes which have come to grief. The expressed anxiety of the actuary for a good reserve-fund at the commencement indicates his doubt as to the sufficiency of the contributions to give it stability. The benevolent contributions of honorary members certainly give it a prosperous appearance at present; but experience has shown that sick-clubs require less subsidising in their early stage than when, after a few years, their liabilities become greater; and, therefore, it may be assumed that, as the Society could not be started without large voluntary aid, it must always be greatly dependent upon benevolence, which, beside destroying its provident character, is confessedly no safe security against insolvency.

The management expenses are not defined; and these may become a serious item, if the operations extend over the whole country. Two or three members in a remote district may cost as much as twenty or thirty in a large town. Thus we find that the tables do not state all that contributors will be called upon to pay; nor does this apparently constitute an item in the actuary's calculation.

The anomalous and hitherto undefined connexion of this financial undertaking with the Association is entirely opposed to the result of experience in benefit societies. As one fact is worth a dozen arguments, I may state that in this town there are hundreds of sick-clubs, many of which, although founded on principles which have been condemned as unsound, go on, to my knowledge, successfully for many years, the secret of their stability consisting in their being entirely self-governed and thoroughly suited to the means and wants of the members, who are all on the spot, and are free from patronage or external aid of any kind; while, as a contrast, a very large benefit club was organised here under the especial patronage of the clergy and gentry, and was supposed to be free from the vices of the ordinary benefit clubs. It comprised several hundred members, and for some years was prosperous, but ultimately dwindled and was abandoned, leaving large numbers of working men utterly helpless as regards provision in sickness, as they were too old to join other clubs after having paid for many years to a fund which failed them in their extremity.

The Committee appointed at Cambridge to organise a society appears to me to have exceeded the prescribed functions of committees, which are, as I understand, considered provisional until they have reported progress and received the sanction of the body from which they emanate. But in this case an *imperium in imperio* was constituted. Rules were not only framed, but enacted; and the legislature was invoked to place the whole matter beyond the control and interference of the very body who was expected to become godfather to the scheme; and the Association has thus become responsible for the working of laws which have never been before them.

The British Medical Parliament was involved in an interesting but puzzling discussion as to what was to be done with a report duly presented, but which, by some strange misapprehension of the provisions of the Friendly Society's Act by those who ought to be familiar with its bearings, it had no power to deal with in the usual way. This ominous hitch at the very outset pretty clearly presages the probable fate of a financial scheme managed by Directors who are carefully absolved from all responsibility, and whose very avocations, and the nomadic character of their official life, peculiarly unfit them for the direction of a Society which requires the close attention of a central resident Board, and which, under the most favourable circumstances, may prove a commercial difficulty.

It must be remembered that to keep a Society of this kind in permanent efficiency is even more difficult than to give it a start. Many may be attracted at the outset by the prospect of aid in sickness, and by the handsome donation fund; but, as time wears on, calculating economists will discover that the so-called Provident Fund is, to the great majority of contributors, a sinking-fund; that they will be providing, not for their own sickness, but for the sickness of others, which, however commendable on the score of benevolence, which calls upon "the strong to bear the burdens of the weak", is not sound economy in a provident point of view.

Thus far as to what may be considered general objections. In my next, I shall take up particular defects in the rules, etc., and endeavour to show that the scheme itself is practically unmanageable in its present shape. I would suggest, as a saving of time and space, that any reply to my statements would be conveniently postponed until I have completed my case. I am, etc., A. B. Steele.

Liverpool, August 1865.

Sir,—Ever since the first intimation in the British Medical Journal that a Medical Provident Society was contemplated, I have taken great interest in all the articles and correspondence which have been written on the subject, and I have twice been on the point of offering myself as a member; but I cannot satisfy myself that the Society may not be much improved in operation. I wish to make a few remarks in the most friendly spirit possible, and with an earnest desire for the benefit of the profession generally. I have delayed making my views public, as I

thought some one more able might, perhaps, write on the subject.

a. According to the rules, each member pays the same contribution (according to age), and will receive the same in sickness. Would it not make the Society far more useful, if members could pay more or less, at their own option, with the view of obtaining more or less in sick-pay? To the medical man in good practice (say £1,000 *per annum* and upwards), £2 per week is a paltry sum to receive. When insuring our lives, we insure for any sum we please; and why not so in case of sickness?

b. No sick-payment is allowed for a fraction of a week; therefore any one ill for six days will have no allowance, unless he choose to remain idle for two days longer, so as to make up his week.

c. A member, whilst receiving pay, must not discharge *any* of his professional duties; so, of course, strictly, he must not even dictate a prescription to his assistant. Could not half-pay be allowed when not entirely disabled?

d. Sick-payment is to cease entirely after having been received for two years consecutively; and it is not to be allowed in cases of illness rendering the member "liable to recurrent attacks of disability". Now this regulation is entirely at variance with the practice of any club or benefit society I ever heard of, and will diminish greatly the usefulness of this Society. Surely it would be better policy to allow payment for any length of time and for any cause, even though it would probably be necessary to increase the amount of annual contribution.

These four points seem to me to require reconsideration; therefore I have ventured to trespass on your valuable time and space. The importance of the subject must be my excuse.

I am, etc., "PERFECT ASHLER."

BEEF-TEA.

LETTER FROM W. PARKER, ESQ.

SIR,—Your leading paragraph and notice at various times on Beef-tea merit some remarks, as it is an article of such general daily use with thousands of men skilled in practice of medicine. However, doubtless, an evil has greatly existed in throwing away the beef after it has been used for the infusion, yet good will result from this discussion. It may here be stated, that beef so used in my house has, for some time past, been consumed, as conviction from other facts told me its nutritive qualities would not be exhausted. This view may be further illustrated in the infusions of senna and rhubarb, as directed in the *Pharmacopœia*, wherein an hour's or two digestion is directed, as if the purgative effect could be drawn out in this period. The active principle of senna or rhubarb is left behind, and the patient gets the less or no active part, according to the theory of your authors on beef-tea.

Notwithstanding all attempts to depreciate beef-tea, experience at the bedside tells us, that it is highly pleasant and desirable for the weak stomach —I may say the first, or one of the first, foods that can be taken with impunity in case of vomiting, etc., especially in cholera.

In further expatiating on the merits of a black draught, we are not to presume that it is of first quality because it looks clear and enticing to the druggist or patient, as physic will be physic at all times. We should seek the most efficacious dose; and the acetous action or solution of the active principle will be found to expedite its efficacy; and we should not throw away the ingredients before they are used up according to the present *Pharmacopœia*.

Your quotation, on the 5th instant, from Dr. E. Smith's work *On Food*, has been read by many general readers; one says, although he had read your several remarks, he was not a judge of the subject, yet he ventured an opinion that the doctor was right. Another could not comprehend the exact meaning on account of its ambiguity; and a third was equally at a loss what it meant, except in rejecting the use of beef-tea altogether. Such are the opinions of unbiassed and literary men.

I am, etc., WILLIAM PARKER.

27, Daniel Street, Bath, Aug. 17th, 1865.

THE ASSOCIATION AND ITS JOURNAL.

SIR,—The lateness of the hour, the length of Mr. Carter's philippic, and the wholly personal character of the discussion at Leamington on the JOURNAL question, prevented the possibility of many members taking part in it, or of their objecting to the expression of such statements regarding the management of the JOURNAL otherwise than by energetic "order-orders" and a silent vote. But, as little was then said of the opinion of the members as to the duties of the editor, perhaps you will allow an old associate to express his views in your columns.

The duties of the editor appear to me to be of a threefold character: 1. To the Association; 2. To the correspondents; 3. To himself.

1. *His Duties to the Association.* The editor is not a free agent in the sense that the editor of any medical journal conducted as a private speculation is. That is to say, he is not free, as they are, to consider mercantile success as the first desideratum. It is quite true, that the numbers of the Association have increased *pari passu* with the improvements in the JOURNAL; but his first duty is so to conduct it as to forward the highest and best interests of the profession at large, of which the British Medical Association may justly be considered as the representative body. Thus it is his duty to keep us well informed as to the progress of science; to provide us early and well-digested reports of the proceedings of scientific bodies; to encourage members to send reports of interesting or instructive cases, or statistical observations of disease and of treatment; and, lastly, to foster the spirit of unanimity and oneness of purpose in the members of the Association. These duties are self-evident; but there are other matters on which there are divisions of opinion. They are not many; but, where they do exist, the editor must be trusted, and must here be a free agent to decide for himself what course is most for the advantage of the honour and high standing of the medical profession, and to act and write accordingly. To take an example, the almost unanimous opinion of the Association is, that the JOURNAL is essential to its success. The editor of that JOURNAL is justified in so conducting the JOURNAL that it shall be essential to the success of the Association, and in utterly ignoring, except in reports of debates, the opposite opinion of the miserably small minority.

2. *His Duties to Correspondents.* We all have an interest in the character in the JOURNAL. I wish that more of us felt it in a greater degree, and that some of those whose notebooks are full of interesting cases would oftener let the other members profit by their observations and experience. But, as regards controverted subjects, the editor is free to reject any "correspondence" that seems to him to militate against the interests of the profession or the success of the JOURNAL. It would have been preposterous, for instance, to have admitted Mr. Carter's late speech into the pages of the JOURNAL as "corre-

spondence". No solitary member can have a right to insist on such a suicidal proceeding. Above all, he is free to reject any correspondence that is personal or offensive to other members or to himself. The freedom of discussion on matters on which opinion is largely divided has never been impugned.

3. *His Duties to Himself.* The first is, to be pachydermatous. The showers of missiles sure to be directed at a publication, the success of which irritates invidious speculators, should roll harmless from him, as arrows from the hide of a rhinoceros. Their assault is an inevitable consequence of that success; and, if treated with apathetic silence, they will be deprived of their only expected gratification—the honour (?) of annoying the editor. Above all, it is undesirable that he should be assailed and baited and worried by members of the Association itself. By this his energies are liable to be dulled, his exertions to be paralysed, when, in place of devoting his time to proper editorial duties, he has to defend himself from unworthy attacks. The editor must be a medical man; he must no less be a gentleman; and he has his dignity to support both as one and as the other. We do not keep a tame editor, to be abused at our leisure. He is not a mere delegate, to act as our mouthpiece; but a responsible agent, in whose abilities we must believe, in whose honesty we must trust, and whose feelings we must respect.

But, having considered the duties of the editor, let me for a moment refer to the duties of the members of the Association to him. We provide for him no bed of roses. The money payments to him are very greatly less than what is spent on the editorial department of other weekly journals, so invidiously contrasted with ours. To accept such a post, a man must have much more of the love of the profession about him than of the love of money; and the members should never forget this while they cuddle their petty grievances, or pass such harsh judgments on his capacity. Above all, let us remember that it is in our own power to make our JOURNAL the first in the kingdom. It is wholly beside my purpose to pass an encomium on the present editor. Let the vote at Leamington be sufficient to assure him of the generous feelings of the Association towards him.

I am, etc., AN OLD MEMBER.

IS THE PROFESSION DEGRADED?

LETTER FROM GEORGE KENNION, M.D., F.R.C.P.

SIR,—I cannot but think that my old friend, if he will permit me to call him so, Dr. Spurgin, has arrived at false conclusions, drawn from wrong data.

In the first place, I do not admit that our noble profession is either degraded or is on the eve of becoming degraded. I believe that at no time did it rank higher in public estimation than it does at the present moment; and, as the education of its members becomes each year higher and higher, and as the social position of those who enter its ranks is in a corresponding proportion elevated, so will it, I make no doubt, obtain an increasing hold upon the respect and esteem of society. Thus I do not agree with Dr. Spurgin's deductions; nor do I consider the data from which they are drawn as more correct.

Dr. Spurgin says: "The fact is a most rampant one, of the great faculty being reduced to such practices as literally degrade it and keep it degraded;"—these practices being the certainly not very agreeable duty of inspecting the various excretions in cases where such an examination is called for. And he adds: "If the physician cannot proceed without the help of the excreta in the majority of his cases, he is but a second-rate doctor at his best." There are unquestionably a large number of cases where such an examination is uncalled for, and would be useless; but, in the still larger number of cases which take their origin in functional or other derangements of the abdominal viscera, I contend that an examination of the alvine or renal excretions (according as the case may be) not only ought to be made, but is essential to a correct diagnosis of such cases; unless, indeed, we choose to rest contented with "I suppose", instead of using every endeavour which may enable us to say "I know". And, if the *laissez-aller* mode of practice which is thus recommended is to be held as what is due from the physician to the patient, then should I consider that our self-denying scientific profession is fast merging into the regions of a selfish empiricism! Then indeed would our profession and its members be degraded from their high standing, if they suffered to pass by unnoticed any means which might conduce to their knowledge of disease, or their power of healing it. "Homo sum: nihil humani alienum a me puto."

The further subject of speciality in the study and treatment of disease, upon which Dr. Spurgin writes, I pass without much comment. Much may be said on both sides; and yet, practising as I do in the provinces, I can scarcely be considered as giving an *interested* opinion on the subject when I venture to express my disagreement with Dr. Spurgin in his sweeping condemnation of specialists. Just as we, physicians, may be considered as specialists on a large scale, inasmuch as we do not study or practise surgery or midwifery, and therefore are supposed to make medicine our more particular study, so those who take up special subjects in medicine can hardly be blamed for doing so; nor should the profession be blamed for seeking the opinion, in any one class of disease, of those who have, perhaps for years, made that disease their particular study.

I am, etc., GEORGE KENNION.

Oak Lea, Harrogate, August 28th, 1865.

VACCINATION.

LETTER FROM S. H. STEEL, M.B.

"Successful revaccination is not necessarily a proof of renewed susceptibility to small-pox." (BRITISH MEDICAL JOURNAL, Leading Article, Aug. 5th, 1865.)

SIR,—Within the last six months—that is, during the period of the epidemic of small-pox now subsiding—I have performed 132 revaccinations (in private practice only), of which I have records. All these, except three, were successful on the first attempt. The three failures were distinctly attributable to defective lymph. In two of these, a second operation succeeded perfectly; the third patient did not present himself a second time.

My custom has been, when called to attend a case of small-pox, to urge the revaccination of all adults living in the house who had not given evidence of insusceptibility by previous safe exposure. Also, when consulted on the propriety of revaccination in consequence of the prevalence of small-pox, I have recommended its performance in all cases, but with more or less urgency, according to the greater or less distinctness of the marks of the first operation. Thus, though a considerable number of my revaccinations were done on persons whose primary vaccine marks were imperfect, in the majority of instances the marks were distinct; yet I have had but one failure; and that one, doubtless, attributable to bad lymph.

I have been led, therefore, to the conclusion that failure of revaccination, considered as a test of previous protection, is delusive; and that all adults, and probably children also, are, speaking generally, susceptible of revaccination. These results are re-

markable when compared with those obtained in the armies of Russia, Würtemburg, and Bavaria, in which, when revaccination was first adopted, out of every 1,000 operations, an average of about 400 were failures. My number of cases is too small to justify any decided conclusion, especially as compared with the large experience of the continental armies; but I submit that they are sufficient to warrant my calling attention to them. Besides, all my professional friends with whom I have had an opportunity of conversing bear similar testimony. They have found revaccination, during the recent epidemic, almost uniformly successful.

It would appear, then, that a remarkable change has recently taken place in the general susceptibility to revaccination. In 1833, when the system commenced in the Prussian army, 33 per cent. of the cases were failures. I believe that, during 1864-5, failures in this country will be found to have been rare. To what is this change attributable? Probably to two causes: 1. The progressive diminution of the protective power of the vaccine virus, which is also manifested in the increased frequency and severity of post-vaccinal small-pox. This appears certain from the Prussian military experience which is given (with other facts I have noted) by Mr. Simon, in his Report of 1857. The annual percentage of successful revaccination in the Prussian army increased by a tolerably regular progression from 33 in 1833 to 70 in 1856. 2. It is probable that susceptibility to revaccination is increased during an epidemic of small-pox. So far as I know, this supposition waits to be tested by future experience; but it is strengthened by an observation first made to me by Dr. Richard Steel of Blaenavon, that primary vaccine vesicles yield, during an epidemic of small-pox, a much more scanty supply of lymph than usual.

A revaccination may be regarded as successful when it is followed by the formation of a vesicle with a central depression, surrounded by an inflamed areola, and drying off with the formation of a black or brownish scab. The vesicle varies greatly in the perfection of its characteristics, and is generally less defined and less pearly than the primary cowpock. The areola also varies greatly. As a rule, it is more extensive, and the inflammation more severe, than in primary vaccinations; and the pain and fever are often considerable. Pain in the axilla is a very constant symptom. The affection also runs an irregular course, the areola usually forming earlier than in the normal disease. Sometimes the vesicle is very imperfect in shape and fulness, though still distinct and characteristic; and the areola limited in extent. This is the nearest approach I have met with to failure of the operation attributable to insusceptibility.

Are we to regard the severity of the affection resulting from revaccination as any indication of a returning liability to small-pox? I think, decidedly not, but rather the contrary. I believe the more nearly a secondary cowpox imitates the primary in its course and characters, the more probable it is that the protective power of the first has been lost.

I am, etc., S. H. Steel.

Abergavenny, August 16th, 1865.

Gentle Physicians. The Female Medical College of Pennsylvania, now in the sixteenth year of its existence, has just graduated a class of twenty-three students; and judging from the success that other lady physicians have had in America, there is little doubt that they will find enough to do. The Philadelphia *North American* says there are some six or eight regular female physicians in that city, whose daily practice is equal to that of the average of male physicians. (*The Reader.*)

Medical News.

University of London. 1865. The following are lists of successful candidates at the recent First M.B. Examination. Entire.

First Division.

Garrett, William James, St. Bartholomew's Hospital
Haynes, Frederick Harry, St. Bartholomew's Hospital
Kenyon, George Arthur, St. George's Hospital
Langmore, John Wreford, University College
McCarthy, Jeremiah, M.A.Dub., Trinity College, Dublin
Parsons, Henry Franklin, St. Mary's Hospital
Richards, William Alsept, King's College
Smith, Robert Shingleton, King's College

Second Division.

Archer, Herbert Ray, Charing Cross Hospital
Buck, Thomas Alpheus, Guy's Hospital
Buckle, William Turberville, King's College
Cavafy, John, St. George's Hospital
Groves, Joseph, B.A., King's College
James, John, University College
Maclure, D. McLachlan (st. bef. 1839), Westminster Hospital
Morris, Henry, B.A., Guy's Hospital
Poore, George Vivian, University College
Sawyer, James, Queen's College, Birmingham
Thomas, William, Queen's College, Birmingham

Excluding Physiology.

First Division.

Raine, George Rolph, Guy's Hospital

Second Division.

Aveling, Charles Taylor, St. Thomas's Hospital
Berridge, Edward William, St. Bartholomew's Hospital
Cheetham, Joseph Priestnall, Guy's Hospital
Dove, John Reuben Bathurst, London Hospital
Eager, Reginald, Guy's Hospital

Physiology only.

First Division.

Evans, Julian Augustus Michael, University College
Ferris, John Spencer, King's College
Gooding, Ralph, B.A., King's College
Grabham, George Wallington, St. Thomas's Hospital
Grimes, John, King's College
Hughes, John Pearson, University College

Second Division.

Barter, Clement Smith, St. Bartholomew's Hospital
Birtwell, Henry Hargreaves, St. Thomas's Hospital
Legg, John Wickham, University College
Orton, George Hunt, St. Bartholomew's Hospital
Stokoe, Paul Henry, Guy's Hospital

First M.B. Examination. 1865. Examination for Honours.

First Class. *Anatomy.*
M'Carthy, J., M.A.Dublin (Exhibition and Gold Medal), Trinity College, Dublin

Second Class.
Kenyon, George A., St. George's Hospital
Smith, Robert S., King's College

Physiology, Histology, and Comparative Anatomy.

First Class.
Parsons, H. F. (Exhibition and Gold Medal), St. Mary's Hospital

Organic Chemistry and Materia Medica and Pharmaceutical Chemistry.

First Class.
Richards, Wm. A. (Exhibition and Gold Medal), King's College

Second Class.
M'Carthy, J., M.A.Dublin, Trinity College
Parsons, Henry F., St. Mary's Hospital
Smith, Robert S., King's College

First B.Sc. Examination. Examination for Honours.

First Class. *Chemistry and Natural Philosophy.*
Anderson, T. (Exhibition), University College

Third Class.
Smith, Alfred M., Owen's College

Preliminary Scientific Examination. Examination for Honours.

First Class. *Chemistry and Natural Philosophy.*
Anderson, Tempest (Exhibition), University College
Flowers, William Field, B.A.Oxford, Guy's Hospital
Orme, Temple Augustus, University College
Ridge, John James, St. Thomas's Hospital
} equal.

Second Class.
Dreschfeld, Julius, Owens College
Maxwell, Theodore, University College

Third Class.
Butcher, William Deane, St. Bartholomew's Hospital
Dessé, Ethelrid, University College

First Class. *Biology.*
Brailley, William Arthur (Exhibition), Guy's Hospital, and Downing, Cambridge

Second Class.
Cass, Henry, University College
Dessé, Ethelrid, University College
Hurlstone, Adam Payton, University College

Third Class.
Allchin, William Henry, University College
Roberts, Richard Lawton, University College

APOTHECARIES' HALL. On August 24th, 1865, the following Licentiates were admitted:—
Barrett, John, Pierrepont Street, Bath
Colman, Thomas John, Pennywell Road, Bristol
Duke, Olliver Thomas, Guy's Hospital
Pitcher, Arthur Henry, Blackheath
Thomas, William, Newhall Street, Birmingham
Worthington, James Copland, Lowestoft

At the same Court, the following passed the first examination:—
Bush, Charles Arthur, Lansdown, Bath

As Assistant:—
Fell, James, Armham Lane, Preston

ARMY MEDICAL SERVICE. The Director-General presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and begs to enclose a list of the candidates for Commissions in Her Majesty's British Medical Service who were successful at the Competitive Examination in February last, and who have passed through a course at the Army Medical School; shewing the combined results of the examination.

Names.	Studied at	No. Marks.
Wearne, Vivian	Cork & London	5602
Collins, R.	Glasgow University	4080
O'Farrell, F.	Galway & Dublin	3995
Robertson, S.	Edinburgh	3979
Hinds, W. P. G.	Dublin	3940
Lewis, A.	Dublin	3937
Hogan, R. E.	Dublin	3915
Sanders, G. B.	Dublin	3910
Andrew, G.	Dublin	3737
Belemore, A. J.	Leeds School Med.	3728
Ruttledge, W. F.	London	3683
Powell, F.	London	3653
Robertson, W.	Galway & Dublin	3635
Traynor, G.	Dublin	3598
Fishbourne, J. C.	Dublin	3563
Tobin, R. F.	Dublin	3530
Jackson, R.	Birmingham	3500
Campbell, J. A.	London	3435
Haurahan, J. J.	Galway & Dublin	3435
White, W. O'B.	Dublin	3410
Carew, R. H.	Dublin	3398
White, C.	London	3313
Clapp, A. J.	Dublin	3263
Evatt, G. J. F.	Dublin	3252
King, T. R.	Edinburgh	3200
Creed, J.	Dublin	3149
Shedden, A. W.	Edinburgh	3145
Keith, R.	Aberdeen	3117
Bate, A. W.	Dublin	3035
Churchill, G. F.	Dublin	2965
Pickering, T. A.	Dublin	2915
Richardson, J. F. H.	London	2915
Purefoy, J. W.	Dublin	2858
Waghorn, H.	London	2770
Wakefield, W.	Glasgow	2635
White, G.	London	2532
O'Toole, G. R.	Dublin	2525
Thorp, J. C.	Dublin	2293

APPOINTMENTS.

*BARTER, C. S., Esq., appointed Surgeon to the Bath Western Dispensary, in the room of J. D. Harington, M.D., resigned.
SMITH, Henry F., M.B., elected Accoucheur to St. George's and St. James's Dispensary.
STEELL, Frederick, M.D., elected Resident Surgical Officer to the General Hospital, Birmingham, in the room of G. Ferguson, M.B.

ARMY.

BRYSON, Staff-Assistant-Surgeon A., M.D., to be Staff-Surgeon.
JARDINE, Assistant-Surgeon J. B., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* A. Bryson, M.D.
RAMSAY, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon Royal Canadian Rifle Regiment, *vice* R. W. Meadows.
THORBURN, Staff-Assistant-Surgeon D. A. S., M.D., to be Assistant-Surgeon 36th Foot, *vice* S. M. Webb, M.D.
WEBB, Assistant-Surg. S. M., M.D., 36th Foot, to be Staff-Surgeon.

ROYAL NAVY.

ANDREWS, John (*b*), Esq., Surgeon, to the *Irresistible*.
COWAN, Richard W., Esq., Surgeon (additional), to the *Mæander*.
HEATH, Edward, Esq., Surgeon, to the *Frederick William*.
PRATT, Alfred S., Esq., Surgeon, to the *Mæander*.

BIRTHS.

COCKEY. On August 17th, at Frome, the wife of *Edmund Cockey, Esq., of a daughter.
HEWITT. On August 27th, at Winkfield, near Windsor, the wife of *T. S. Hewitt, M.D., of a daughter.

DEATHS.

*CARTWRIGHT, Peploe, Esq., Senior Alderman and Magistrate for the Borough of Oswestry, at Oswestry, aged 65, on August 29.
DENNIS. On August 21st, at Spa, Belgium, aged 65, Mary Elizabeth, wife of Charles Dennis, M.D.
ELLIS. On August 26th, at Oundle, aged 16, Phineas Charles, youngest son of Phineas S. Ellis, Esq., Surgeon, Crowle, Lincolnshire.
KING, David, M.D., at Eltham, aged 78, on August 23.
PRICHARD. On August 27th, at Aspley Guise, Bedfordshire, Frances Charlotte, wife of John Prichard, Esq., Surgeon.
SERJEANT, James, Esq., Surgeon, late Royal Mail Company's Service, at South Petherwin, near Launceston, aged 32, on Aug. 21.
STEED. On August 29th, at Wicken Bonhunt Rectory, Essex, Georgiana Brown, widow of the late George Steed, M.D.
TOMPSON, John N., Esq., Surgeon, late of Totnes, at Blackwood, Victoria, on June 16.

ST. THOMAS'S HOSPITAL. The cost of building the St. Thomas Hospital which is to be, is put at about £350,000.

THE MORGUE. The old Paris Morgue which has just been pulled down, was built in 1804. It has received within its walls 23,000 dead bodies.

CONFLICTING EVIDENCE. At the last Leeds assizes, a young lady recovered £1,100 from the Manchester, Sheffield, and Lincolnshire Railway, for injuries received on that line. The medical evidence was peculiarly conflicting.

POISONING BY MISTAKE. Mr. Noakes, a druggist of Brighton, has been committed to take his trial for causing the death of Mr. Thomas Boys, an old gentleman upwards of 80 years of age. The deceased sent to the accused's shop for some tincture of henbane; and the charge is that he was supplied by mistake with tincture of aconite, of which he took a dose and soon afterwards died. The accused has been admitted to bail.

OUR NAVY MEDICAL SERVICE. Are the authorities waiting till they have succeeded in manning the navy, to consider the best means attainable for supplying the service with assistant-surgeons? Some decided action must soon be taken in the matter, or the fleet will have to dispense with the aid of these necessary and meritorious officers. In these days, when professional talent is highly paid, men of even average ability, who have devoted time and money on their education, will not enter a service where the pay and social status are insufficient, and the chances of promotion few. This fact is clearly proved by reference to the last *Navy List*, which shews that, while we have 280 ships in commission, the number of assistant-surgeons on the active list is only 285. The consequence is, that all our ships are short-handed; and that in foreign stations, where medical services are most needed, we are, it is said, obliged to employ civil surgeons at high fees to attend our seamen. In these enlightened days, when much is heard about the "health of the navy," a little more might be done to ameliorate the condition of its conservators. (*Sailors' Home Journal.*)

A New Periodical has just appeared in Germany, conducted by Max Schultze of Bonn, entitled *Archives of Microscopical Anatomy*.

Royal College of Surgeons. At the last meeting of the Council, Mr. Henry Hancock was elected Professor of Human Anatomy and Surgery in the vacancy occasioned by the resignation of Professor Fergusson.

A Female Medical Army Inspector. The *gentleman* entered the army in 1813, passed through the grades of assistant-surgeon and surgeon, and served as such in various quarters of the globe. His professional acquirements procured him promotion to the Staff at the Cape. He was clever and agreeable, save for the drawback of a most quarrelsome temper, and an inordinate addiction to argument. He was excessively plain, of feeble proportions, and laboured under the imperfection of a ludicrously squeaking voice. Any natural "chaffing" with regard to these, however, especially roused his ire; but was at length gradually discontinued on his "calling out" a persevering offender, and shooting him through the lungs. About 1840, he became promoted to be Medical Inspector, and was transferred to Malta. There he was equally distinguished by his skill and his pugnacious propensities. He proceeded from Malta to Corfu. When our Government ceded the Ionian Islands to Greece, Dr. —— left the army, and took up his residence at Corfu. He died a few weeks ago, and upon his death was discovered to be a woman. During his last illness, he had begged to be buried without any *post mortem* examination. This, most likely, only aroused the curiosity of the two nurses who attended him; for it was to them, it appears, that the disclosure of this mystery is owing. Under the circumstances, medical testimony was called in to record its truth. By this investigation, not only was the assertion placed beyond a doubt, but it was equally beyond a doubt brought to light that the individual in question had, at some time or another, been a mother. This is all that is as yet known of this extraordinary story. But thus it stands an indubitable fact, that a woman was for forty years an officer in the British service, had fought one duel, and had sought many more, had pursued a legitimate medical education, had received a regular diploma, and had acquired almost a celebrity for skill as a surgical operator! (Abridged from *Saunders's News-Letter*.) [The gentleman alluded to was well known to many members of the profession. It was always suspected by those who knew him well in the army that he was a she. We know not what the nature of the official evidence is referred to in the above; but it is just possible that the suspicion *ante mortem* may have produced the above *post mortem* tale. Editor.]

Army Medical School. The following questions were proposed at the close of the tenth session of the Army Medical School, Royal Victoria Hospital, Netley, between July 31st and August 5th, 1865. *A. Written Questions.* I. *Military Hygiene.* 1. What amount of sickness does a regiment on home service usually furnish? Supposing this sickness to be in excess, and to be in the form principally of dyspeptic and diarrhœal complaints with occasional cases of typhoid fever, and that you attribute this to something wrong in the barracks, what points would you particularly investigate, and how would you investigate them? 2. What has been the medical history of the white troops serving in Jamaica? Supposing the diseases which formerly caused mortality to return, what preventive measures would you adopt? 3. What are the weights carried by the British infantry soldier? How may these affect his health? What amount of daily exercise ought a healthy adult of the soldier's age to do; and what is the extreme amount of work which he may be called upon to do? What amount and kind of food would you give (*a*) under ordinary circumstances; (*b*) when men are undergoing excessive fatigue, as in war? II. *Pathology.* 1. Give an account of the appearances seen on examination of the body after death in cases of acute dysentery; and describe how the characters and extent of the lesions may be modified by the influence of certain dietic causes of ill-health (cachexia). State the place which dysentery holds in the classification of diseases you are directed to follow in the Army Medical Regulations. 2. Describe the anatomical characters of amyloid degeneration, as you have seen this degeneration in the kidney, the liver, and the intestines. Give the composition of the test solution used to determine the presence of the degeneration. 3. Describe the prominent lesions seen at the *post mortem* examination of ———, who died July 12th, 1865, and whose body was examined on the following day. He had completed ten years of service; and had served in Malta (one year), in Bengal (eight years), and (the remaining period) in England. He had suffered from ophthalmia at Malta; from erysipelas and remittent fever in Bengal, followed by ulcers on the legs, for which he was invalided, after suffering from them for five years. These ulcers occasionally healed up. He was admitted into this hospital on June 27th, 1865, with open ulcers on the lower extremities; and on the 2nd July (the fifth day after admission), he was seized with shivering. Two days after this shivering, he complained of pain on micturition, and great pains referred to the perinæum. He passed his urine with difficulty. There was no history of stricture. The urine passed was turbid, and contained both pus and albumen. The symptoms during the termination of the case indicated septicæmia, with evidence of an abscess in the region of the neck of the bladder. The case terminated fatally on the 12th July, ten days after the shivering. The points requiring your attention are as follows. What were the nature and condition of the ulcers? What the condition of the femoral veins? of each kidney? of the bladder and surrounding parts? and of the lungs and pulmonary vessels? And, lastly, give an account of the pathology of the case; the probable immediate cause of death; and connect the lesions seen in *post mortem* examination with the indications of disease during life. III. *Military Surgery.* 1. You are required to record in your case-book a full report of the case of an invalided soldier who has recovered from a gunshot wound of the chest. To what circumstances in the history of the case, and to what physical observations of the patient before you, would you chiefly direct your inquiries with a view to determine what the true nature of the injury has been; whether a non-penetrating or penetrating wound of the cavity; and, if the latter, whether accompanied or unaccompanied with a wound of the lung? 2. Describe and explain the different conditions of vision which follow the use of atropine, when employed so as to produce paralysis of the accommodatory function, according as the eyes thus acted upon are emmetropic, myopic, or hypermetropic. 3. To what causes may pyæmia be usually traced when it occurs in field hospitals, and what precautions should be taken to prevent its occurrence? IV. *Military Medicine.* 1. Give the best sketch you can of the influence of military life on the health of the British soldier in India; drawing your illustrations from what you have observed in the Royal Victoria Hospital, and gathered from your studies here. 2. Describe the different conditions under which insolation has been observed in India, and the causes which, in addition to heat, seem to

produce it. Give (*a*) the best preventive; and (*b*) the best curative treatment. *B. Practical Examination* (Friday and Saturday, August 4th and 5th, 1865.) I and II. *Military Surgery and Military Medicine.* Make an examination of the case of ———. You are required to write, concisely, a history of the case, your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease (or injury) on the man's fitness for service as a soldier. Twenty minutes allowed for the examination; half-an-hour for the description. Written notes may be taken. III. *Hygiene* (three hours allowed each day). First day—Chemical and microscopic examination of water. Second day—(1) Chemical examination of adulterated beer; (2) microscopic examination of adulterated milk. IV. *Pathology* (three hours allowed). 1. Describe the morbid specimens numbered respectively 1, 2, 3, 4, and 5; and in your description embrace the following points. (*a*) Name the part shown; (*b*) describe exactly the lesions which it exhibits; (*c*) describe how the lesions have originated, and name the diseases of which they are significant, and the period or stage of the disease which had been arrived at; and (*d*) connect your account of the condition of the parts with the probable phenomena during life. 2. Examine microspically the portion of organ given you; name the organ of which it is a part, and give an account of its morbid condition. 3. Demonstrate the urinary tubules with their contained functional cells, and leave the preparation properly displayed under the microscope.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

Diseases.	5 weeks ending July 1. A.	C.	4 wks. endg. June 24. B.
Small-Pox	48	36	6
Chicken-Pox	3	14	—
Measles	55	29	1
Scarlatina	17	33	10
Diphtheria	3	3	—
Hooping-Cough	42	59	—
Croup	1	3	2
Diarrhœa	335	997	26
Dysentery	21	18	6
Erysipelas	22	27	2
Insanity	67	16	1
Bronchitis and Catarrh	613	684	74
Pleurisy and Pneumonia	81	24	8
Accidents and other diseases	5149	4783	430
Totals	6457	6731	566

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

F. T.—We believe that the Lock Hospital has offered to place at the disposition of the Venereal Commission fifty beds; and that Professor Boeck has been asked by the Commission, and has consented to perform on their occupants, the operation of syphilisation. But when the experiments are likely to be performed, we know not. Some hitch, we have heard it said, has occurred about the beds. The Lock Hospital authorities are willing to grant the beds; but only on condition of being especially applied to by the Government. We hope these difficulties of detail will, however, be soon adjusted; and that the experiment of syphilisation—if experiment it must still be called—will be performed before us on the scale proposed, and by Professor Boeck himself.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—J. W. Combs, Esq. (Hurst Green), 2s. 6d.; Pleydell Carter, Esq. (Gloucester), 10s. 6d.

Amount previously announced, £124:16:9. Received at the *Lancet* office, £9:9.

I am, etc.,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, August 29th, 1865.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Mr. A. B. STEELE; THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT: Dr. ARTHUR RANSOME; Mr. JOHN MANLEY; Mr COCKEY; Mr. G. MALLETT; Mr. MACCARTHY; Dr. GEORGE JOHNSON; Mr. F. JORDAN; Dr. PHILIPSON; Dr. ROBERT FOWLER; Dr. JEANNERET; Dr. J. EDMUNDS; Dr. KENNION; Dr. SYMONDS; Mr. BLAIKIE; Mr. C. S. BARTER; Dr. T. S. HEWITT; Mr. MELLOR; Mr. T. M. STONE; Dr. ELLIS; Mr. R. L. BOWLES; and VERAX.

BOOKS RECEIVED.

1. On the Administration of Medical Charities, with Suggestions for a more Systematised Plan of Management. By Armstrong Todd, M.B., M.R.C.S.L., etc. London: 1865.
2. Thirty-Fifth Annual Report of the Belfast District Hospital for the Insane Poor. Belfast: 1865.
3. On the Efficacy of the Bromide of Potassium in Epilepsy and Certain Physical Affections. By S. W. Duckworth Williams, M.D. London: 1865.
4. Orthopraxy; the Mechanical Treatment of Deformities, etc. A Manual. By H. Heather Bigg. London: 1865.
5. The Physiological Action of Alcohol. A Lecture delivered at Hull. By H. Munroe, M.D. Hull: 1865.

ADVERTISEMENTS.

Manchester Royal School of MEDICINE, 10, Faulkner Street, behind the Infirmary. The WINTER SESSION 1865-66 will commence on Monday, October 2nd, at 12 o'clock, when the Introductory Address will be given by Dr. MORGAN.

LECTURERS.

Physiology—Mr. Turner and Mr. Smith.
Descriptive Anatomy—Mr. Lund.
Practical Anatomy—A. Gocsom, M.B.
Chemistry—Mr. Daniel Stone.
Medicine—Dr. Brown and Dr. William Roberts.
Surgery—Mr. Southam.
Anatomy of the Eye—Mr. Hunt.
Midwifery—Mr. Greaves.
Pathology and Morbid Anatomy—Dr. Morgan.
Materia Medica—Mr. Somers.
Forensic Medicine—Mr. G. M. Harrison.
Practical Chemistry—Mr. D. Stone.
Botany—Mr. Grindon.

Hospital Practice and Clinical Instruction at the Royal Infirmary.

Further information will be given on application to the Registrar, Mr. G. SOUTHAM, Lever Street.

Prospectuses may be had at the School.

Notes
ON
THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY
GEORGE JOHNSON, M.D., F.R.C.P.,
PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[*Continued from* page 608 *of* vol. i *for* 1865.]

In my last communication, I endeavoured to show that the effect of alcoholic stimulants and of venesection on the symptoms of collapse is such as to be quite irreconcilable with the hypothesis that the symptoms of collapse are due to a drain of liquid from the blood through the intestinal canal. I proceed now to examine the influence of other modes of treatment.

The Influence of Purgatives. If the symptoms of collapse were due to the drain of liquid from the blood, and its escape by the intestinal canal, it would seem to be impossible that the symptoms of collapse should pass away while the drain of liquid by vomiting and purging is continually going on. It would seem, too, that the action of purgatives during the stage of collapse must greatly increase the mortality. I do not here propose to consider the merits of the purgative plan of treatment. I wish only to refer to the indisputable fact that there are on record numerous well authenticated instances of recovery from extreme collapse, while the intestinal discharges were encouraged by repeated doses of emetic and purgative medicine. And, further, I challenge the advocates of the theory which I am endeavouring to refute to refer to a single case of recovery from collapse in which the intestinal discharges have not continued, in a greater or less degree, while the symptoms of collapse were passing off. If the theory in question were a true theory, the cessation of the intestinal discharges must always, and of necessity, precede recovery from collapse.

During the early part of the cholera epidemic of 1849, all the cases of cholera admitted into King's College Hospital were treated by liberal doses of brandy and opium. Under this mode of treatment, the mortality was very great. The treatment was then entirely changed; brandy and opium were discontinued; and large quantities of salt and water were administered. The effect of this treatment was to excite frequent vomiting, and certainly not to check, but rather to increase, the purging; and the result was a much larger proportion of recoveries than under the previous mode of treatment. I had no share in conducting the treatment on that occasion; but I was greatly struck by the different effects of the two opposite modes of treatment. I was also deeply impressed by observing that, during that epidemic, the arrest of the purging by opiates was in several instances *followed* by the worst symptoms of collapse; and a painful question arose in my mind, whether the collapse in such cases was not a direct result of the arrest of the purging.

At the commencement of the last epidemic—that of 1854—I had arrived at the conclusion that the commonly received theory of choleraic collapse is erroneous. I had the chief charge of the hospital during the whole period of the epidemic; and I gave emetics and purgatives to all the patients who came under my care. I have since published full particulars of all my cases.* I am convinced that in many instances I gave an excessive quantity of castor-oil; yet the result was a mortality, to say the least, below the average mortality in cases of equal severity. During that epidemic, many cases of choleraic diarrhœa came under my observation—cases in which there were vomiting, bilious purging, and cramps. These were all treated by castor-oil, without opiates. They all recovered; and not one case so treated passed into collapse. Several of the medical officers, pupils, and nurses, and a considerable number of patients who were in the hospital for other diseases, had the premonitory symptoms of cholera. All were treated in the same way, and all recovered. In contrast with this most satisfactory result, stands the fact that, during the previous epidemic of 1849, several inmates of the hospital, nurses and patients, having been seized with choleraic symptoms, and being promptly treated by opiates, passed into a state of collapse and died.

I see no way in which the facts here stated can be reconciled with the hypothesis that the worst symptoms of cholera result from the loss of liquid, and that the main object of treatment is to check the vomiting and purging.

The Effect of Injecting Hot Saline Solutions into the Veins. It is well known that the injection of a hot saline fluid into the veins during the collapse of cholera has often been followed by great temporary relief. The pulse improves; the temperature rises; the countenance becomes natural; the voice recovers its strength; and, in short, all the worst symptoms speedily disappear—usually, however, to return with all their former severity within a very short time. The late Dr. Mackintosh of Edinburgh, during the summer of 1832, injected the veins of 156 patients, of whom only twenty-five recovered. There are probably but few practitioners who now expect any practical benefit from this mode of treatment—few who would consider it right to repeat this experiment. But there are many pathologists who maintain that, since all the symptoms of collapse speedily disappear after the injection of a certain quantity of liquid into the veins, this experiment proves conclusively that the symptoms which previously existed must have resulted from the loss of a liquid similar in character to that which the operation restores to the blood. I believe, however, that the true explanation of the manner in which the hot saline injections afford the surprising temporary relief which they are acknowledged to have done, has been missed; and that, rightly interpreted, the results of this experiment afford as little support to the hypothesis that collapse depends on loss of fluid, as do the effects of other modes of treatment to which reference has already been made.

In a future communication, I will give what I believe to be the true pathology of collapse; and then I hope to explain the *modus operandi* of the saline injection into the veins.

Before attempting to give what I believe to be the true interpretation of the symptoms of cholera, I have thought it desirable to direct attention to some of the facts and arguments which are opposed to the commonly received theory. There is so much of apparent probability in the theory which explains the symptoms of collapse by the loss of the watery

* On Epidemic Diarrhœa and Cholera: their Pathology and Treatment. With a Record of Cases. Longman and Co.

portion of the blood, that the practice of giving opium and other astringents to arrest the intestinal discharges will continue more or less, in spite of failure and disappointment, until it can be clearly shown that the state of collapse has an entirely different origin and cause from that which the theory in question assumes.

[*To be continued.*]

Original Communications.

CASE OF PUERPERAL TETANUS, FOLLOWING ABORTION AND PLUGGING OF THE VAGINA.

By Joseph Blackshaw, Esq., Stockport.

On Saturday, November 8th, 1864, I was called to see Mrs. H., aged 48 years, the mother of a numerous family, of a highly nervous temperament, and whose general health had previously suffered from some domestic anxieties.

She was in bed, very faint from profuse hæmorrhage from the uterus. I made an examination, and detected an ovum of about ten weeks' growth within the os uteri. In consequence of the amount of the hæmorrhage, I plugged the vagina; ordered cold applications, stimulants, and the usual astringent remedies, including the ergot of rye; and she rallied in the course of the following day. The plug remained in the vagina twelve or fifteen hours, and, when removed, was not again resorted to, as the hæmorrhage had almost ceased, and the ovum was expelled a few hours afterwards. She progressed satisfactorily for about nine days, at the end of which time she was able to sit up, and about to leave her room. Thinking it unnecessary for me to continue my visits daily, I left her with directions to report to me her progress.

On the day following (Tuesday), just ten days from my first visit, I was unexpectedly requested to see her. She thought she had taken cold, and was then complaining of great stiffness of the deep-seated muscles of the neck and throat, with difficulty of swallowing, and was unable to open her mouth perfectly. As there was some febrile excitement, she was ordered to remain in bed, and to take a saline mixture with an aperient; to use hot fomentations; afterwards hot moist bran; to steam the fauces; and, if possible, to use a gargle.

On the two following days, Wednesday and Thursday, the painful tension of the masseters, as well as the muscles of the neck and throat, had so greatly increased as to prevent deglutition and bring on a state of perfect trismus. On Thursday afternoon and evening, the tetanic seizures became increasingly frequent, producing great muscular rigidity, contorsion of features, and slight opisthotonos. During the paroxysm, the pulse was small and feeble; but the consciousness was entire throughout. She continued in this state until Saturday evening, the tetanic spasms and opisthotonos gradually becoming more severe, when she died from exhaustion, five days from the first setting in of the tetanic symptoms.

Owing to the clenched state of the jaws, little was done in the way of treatment, beyond a little counter-irritation to the spine; the administering of a turpentine enema; and the removal of fæcal accumulations, which might prove a possible source of spinal irritation.

Puerperal tetanus is a very rare species of that disease in this climate; and this must be my apology for this communication. I have been in practice in this town for more than thirty years, the greater part of which I have been medical officer to a large district of a Poor-law union including the union workhouse, and must have attended three or four thousands of women in labour at different periods of utero-gestation; and this is the first case that has occurred in my public or private practice, or, so far as I can learn, in that of the oldest obstetrician either here or in Manchester, with the exception of one case mentioned by Dr. Whitehead. Dr. Radford considers it a rare disease, but has known it to occur. Mr. Roberton, of the same city, also says that obstetric tetanus is a novelty to him, and that he has never seen it during a long and laborious practice. Nor is the disease one usually recognised in treatises on midwifery and the diseases of lying-in women. The extreme rarity and infrequency of this disease, notwithstanding the various lesions from the application of instruments, manual interference, turning, and other violence that the uterus must often sustain in protracted and difficult labours, points to a very different state of the nervous system from that which gives rise to traumatic tetanus in the various external injuries to which the body is subjected. Physiologists attribute this to the uterus receiving its nerves from the great sympathetic. It may be so. But of what that peculiarity of the nervous system consists in these cases, where the irritation from the uterus, as in the case of Mrs. H., is propagated to the cerebro-spinal system, is still shrouded in mystery. We can only say that, in the case of my patient, cold applied to the body, previously lowered by mental anxiety and loss of blood, may have given rise to a state of reflex spinal irritation, followed by tetanus; though probably, in ten thousand other instances, the same exciting causes would produce no such effects.

I regret that chloroform was not tried, as, besides the good effects it is said to have in convulsive diseases, it presents facilities of application where no internal remedy can be given.

My object in this communication is rather to seek than give information; and I trust that some of our more learned associates will ere long throw some fresh light upon this class of diseases, which are yet among the *opprobria medicorum*.

CASE OF RUPTURE OF THE UTERUS: ABDOMINAL SECTION: SUBSEQUENT PREGNANCIES.

By Samuel S. Dyer, M.D., Ringwood.

July 29th, 1862, 8 p.m., I received a note from Mr. Clifton of Fordingbridge, stating that he was in attendance at a case of midwifery at Mockbeggar, midway between our respective residences; that the uterus had ruptured, and he believed the woman would die. He requested that I would meet him there at once. I went immediately, and found the patient, Mary Ann Woods, aged 37, in a state of great prostration, and evincing signs of severe shock to the nervous system. She was quite sensible; the pulse was quick and fluttering; the breathing short and hurried; the skin cold, and covered with perspiration, which stood in large drops on her face and forehead. On placing the hand on the abdomen, which was very tender, the outline of a fœtus could be distinctly felt lying beneath the parietes; the uterus, contracted to the size of the fœtal head, was evident; and, on examination *per vaginam*, it was clear that the uterus was emptied of what it had contained. This was the fourth labour of the woman;

and the three previous ones had been natural. Mr. Clifton told me he had been called this day at six o'clock in the morning, when he found the os uteri about the size of a shilling. The presentation was natural; the pains trifling and ineffectual. He waited two hours; and, as no progress was being made, he gave a dose of ergot, and continued in attendance another hour. But no increase of pains in force or frequency took place; and he left for his surgery and to see other patients, promising to return; and said that, if wanted before doing so, he was to be sent for. He heard no more of the case till the afternoon, and then drove down to Mockbeggar, taking his forceps with him. He was then told that no pains of any consequence had come on till the middle of the day, since which they had been steadily increasing in force and frequency. The os was now fully dilated, and the head at the brim of the pelvis. He went downstairs, determining to give more time for the natural termination of a case which now seemed to be going on favourably, leaving two female neighbours with the patient. In about an hour he was called hastily, and found the woman fainting, blood issuing from the vagina; the head higher than it had been, and rapidly receding. The bystanders said that there had been a violent pain, during which they heard a noise as if something had given way.

The result of our consultation was, that but one thing could be done to save the woman's life; and that it was our duty to give her this chance. I went back to the room to tell her our decision, to which she readily assented. Mr. Pridham of Broadway, my assistant at that time, drove back to my house, a distance of three miles, for instruments, chloroform, and appliances; and immediately on his return—four hours and a half from the rupture of the uterus—we performed the operation of gastrotomy for the removal of the child and placenta. The patient being well under the influence of chloroform, Mr. Clifton made an incision through the skin and cellular tissue, from an inch above the umbilicus to two inches above the symphysis pubis—the bladder having been previously emptied; he then divided the linea alba, and afterwards the peritoneum to the same extent, using the forefinger of the left hand as a director. The child and after-birth, with membranes and coagula, were quickly removed; and the uterus was seen to be well contracted. We exposed and handled the contents of the abdomen as little as possible, and brought the edges of the wound together, introducing silver-wire sutures through all the structures from the skin down to and including the peritoneum at short spaces. We applied long and broad straps of adhesive; dry lint, wadding, and a broad abdominal bandage.

When the patient recovered consciousness from the chloroform, she expressed herself as quite relieved, and feeling comfortable. We left a mixture of opium and brandy to be given at intervals during the night, and arranged to meet the next morning.

July 30th, 9.30 A.M. On entering the bedroom, we were as much astonished as gratified to see M. A. W. with a smiling, cheerful countenance, and to hear that she had passed a comfortable night, and felt as well as she had done after her former confinements. Such was her statement. The pulse was 110. She had no pain, and very little tenderness. Her urine passed freely, and there was some lochial discharge. We desired that the brandy should be continued in arrowroot, and the opium only given as occasion might require.

Aug. 1st. Mr. Rake met us. Matters were still favourable, though there had been some vomiting of fluid, which had a stercoraceous appearance; and, but for the absence of any concomitant symptom, we might have feared some impaction or gripping of intestine in the uterine rent.

Aug. 2nd. The patient was going on well; she had no further vomiting. The dressings were removed, and the wound looked well. The strapping, lint, and bandage were reapplied.

I will not prolong the details of this case, which went on to recovery most favourably. The sutures were not removed for a week or ten days. The wound healed entirely by the first intention. The patient sat up in her room in three weeks, came down stairs, and went out of the house at the end of a month; from which time she resumed her household duties.

On September 9th following, Mr. Clifton fully reported this interesting and instructive case at a meeting of the South Hants Medico-Chirurgical Society; and in that month he sent the history of it, as embodied in his paper, to the *Lancet*. Its receipt was acknowledged in the "Notices to Correspondents". When a year had passed without its insertion in the pages of that journal, the editor was requested to curtail it as much as he liked, provided he would record the facts of the case. The non-compliance with this request has enabled me to publish it, with the interesting addenda of subsequent pregnancies, in the pages of the BRITISH MEDICAL JOURNAL.

1863. August 8th. As medical officer of the union in which Mary Ann Woods resides, I was summoned to attend her. She told me she had menstruated regularly from the previous November till May, but not since. She now had somewhat copious discharge, accompanied with intermitting and evidently uterine pain. Early on the morning of the 9th, she miscarried.

1864. June 11th. I again attended her in a miscarriage—on this occasion, with a four months' fœtus.

1865. June 6th. M. A. W. came under my care for some functional disorder, when I found, too, that she was more than seven, if not eight, months advanced in pregnancy; and that she had obtained an order for my attendance upon her during her labour.

July 23rd. At 2.30 A.M. I was called to her, and found that she had been three hours in labour. The os was dilated to about the size of a half-crown. The membranes were not ruptured. The head was presenting, but high up. The promontory of the sacrum advanced into the pelvic cavity rather more than one is accustomed to find it. By four o'clock the os uteri was fully dilated; and now the liquor amnii escaped, but the head was still above the pelvic brim. The expulsive pains were acquiring considerable force; and, as a precaution, I at once applied the long forceps to lessen the strain upon the uterine fibres by a little leverage coincident with the pains. I cannot say that I did more than just assist a natural delivery. At 6.30, a fine living male child was born. The placenta was expelled in a few minutes; and there has been nothing unusual to check a rapid convalescence.

In the *Edinburgh Medical Journal* of August 1864, a case of gastrotomy for rupture of the uterus is reported by Dr. Crighton; it is fully recorded in Braithwaite's *Retrospect*, vol. L. In the remarks, it is stated that "the statistics of Dr. Trask of New York give great encouragement in undertaking the apparently hopeless operation of gastrotomy in cases of rupture of the uterus; yet, since the date of the publication of these (1856), I cannot find any successful case recorded as having occurred in Great Britain."

It is a question of interest in the case of M. A.

Woods, Had the administration of ergot anything to do with the rupture? From the length of time which elapsed after it was taken before the accident, we might say, Certainly not. It is hardly probable that a drug which generally produces its effect so promptly could have had its action so long delayed as to be in operation nine hours after its administration. If we want a cause, I think we have it in the combination of prominent promontory of sacrum and thin muscular fibre in an ill-fed, ill-nourished pauper, who eats animal food about once a year; the uterus falling somewhat forward on this account, and the axis of its outlet disadvantageously placed. Her rapid recovery after the operation is in great degree due to two things—the saving of any addition to the shock already existing by the administration of chloroform; and the use of metal sutures, producing as they do less irritation than those of other material; and our ability, therefore, of keeping them longer in the body. Operations of recent date—ovariotomy in particular—have proved how much more may be done within the abdomen by the surgeon than had been formerly supposed, without the risk of peritonitis; which fact, strengthened as it is by such cases as the above, should encourage us at once to act on the occurrence of like mishap, holding out, as we may do, to the patient and her friends, strong grounds for hope of recovery; and, with a view to extend still further this encouragement, I lose no time in making known the above facts.

Transactions of Branches.

NORTHERN BRANCH.

CASE OF OSTEOSARCOMA IN CONNECTION WITH THE HIP-JOINT.

By John C. Murray, M.D., Newcastle-on-Tyne.

[*Read at the Annual Meeting, June 28th*, 1865.]

By your leave, I will engage your attention for a short time with the consideration of a case in which I have been much interested.

The history is briefly this. A. B., a manufacturer, aged 59, of spare form, medium height, active habits, and healthy parents, had been robust until his 26th year, when he had jaundice; he has not been strong since.

Upon March 10th, 1863, the felicitous occasion of our youthful Prince's marriage, he occupied an official post in carrying out the pageant of the day, and suffered much from exposure; from that time he had not been well, but only complained of his inability to step over a "wide gutter," and of being easily fatigued. About the middle of January 1864, a friend observed to him that he walked lame, and asked if one of his legs was shorter than the other; he answered that he thought not; till then no attention had been directed to his limb. Soon afterwards, in coming out of his bath, he observed a hard swelling in his right groin, which continued to increase until May 20th, 1864. For a few days previously, he had had unusual fatigue; upon arising that morning, he found his groin more swollen and stiff than before. I was at once sent for, and on examination, found the right inguinal region œdematous; and, upon deep pressure, felt a firm, somewhat elastic, painless crepitating tumour of about three fingers' breadth, extending from the symphysis pubis to the anterior superior spinous process of the ilium, which it hid or had absorbed in its increase, so that the length of the femur could not be taken from that point. There was no perceptible flattening of the hip; no wasting nor eversion of the thigh; no pain or flexion of the knee-joint; pressure behind or in front of the trochanter, succussion, or pressure upward, was well borne. There was no affection of the glandular system; no cachexia; and little or no constitutional disturbance. After carefully examining the parts, I enjoined rest in bed, gave a mercurial preparation, and called upon Dr. Heath; who, upon visiting the patient with me, gave it as his opinion that the tumour was of the nature of osteo-sarcoma—thereby confirming my view of the case. He recommended iodide of potassium in bitter infusion to be given four times daily, and tincture of iodine to be painted on externally; the application to be varied by mercurial inunction.

On May 24th, the œdema had disappeared. The tumour was in *statu quo*; the integument stretched tensely over it, threatening ulceration; and I had grave fears of malignant accession. The measurement, as well as I could take it in the oblique direction of the course of the tumour and round the hip, was twenty-three inches and three-quarters against twenty-one and a half in the same direction on the opposite side. On June 1st, it was still unchanged; but from that day it appeared to decrease; for, on the 1st of July, and still more on the 1st of August, a diminution was apparent. I continued the treatment, giving occasionally mercury in alterative doses, and rubbing into the part mercurial ointment until September 19th, when it measured twenty-two inches and a half. To improve the tone of the system, I then gave tincture of the perchloride of iron, with quinine, wine, etc. The patient being sufficiently recovered to move about on crutches, I recommended him to go to the sea-side. Upon his returning after a month's stay, the tumour measured only twenty-two inches; he looked well, and had gained flesh; indeed, he was so much improved, as to resume his usual avocations, and is now about five hours daily on his feet with comparative comfort.

There still remains (June 14th, 1865) a less prominent tumour, of about the width of two fingers, extending from the tuberosity of the os pubis to immediately beneath the anterior superior spinous process of the ilium, which can now be made out, although less prominent than normal.

From the symptoms, I should imagine that the textures around the hip-joint unwillingly yielded to the pressure of the enlarging tumour, and gradually underwent absorption; and, as soon as the cause became less urgent, set about the work of repair, which fortunately proved short of excess. It would appear to me, from the absence of many of the pathognomonic signs of arthritis in this case, that inflammation had never occurred in the joint itself.

It being a disease that seldom comes under our observation, I took with me three medical friends at different times during its progress. One of them, while in charge of the surgical wards of a large hospital, had seen two similar cases, and had the advantage of inspecting the parts after death. He expressed himself satisfied that this was an undoubted case of *osteosarcoma*.

During the long period I was in attendance upon the foregoing case, I had some patients on my list with hip-disease, which afforded me opportunities of comparison, one of which is worthy of notice, being a case of chronic rheumatic arthritis. The patient, a plumber, aged 34, of spare form, had rheumatic fever fourteen years ago, which confined him to bed for five weeks, and rendered him very liable to be affected by vicissitudes of temperature. He thinks he first felt lame in June 1863, about which time, and frequently since, he suffered from attacks of rheumatism. He went, in August 1864, to witness a

boat-race on the Tyne for the championship. The day was cold and stormy, and he was much exposed. The excitement of the race being over, he found that he could not return home from severe pain in the outer surface of the left hip-joint, which ceased on his resting the limb, and commenced when he again walked. Upon examination, prominent bony masses were felt around the great trochanter and the neck of the femur, extending to even below its junction with the shaft. The left limb was about three-fourths of an inch shorter than the right; the pelvis twisted. There was pain upon pressure over the pectineus; and he could not stoop to tie his shoe. The hip and thigh were wasted; the trochanter was enlarged, and nearer the crest of the ilium than in the normal state. Recognising the rheumatic origin of the disease, I gave guaiacum, colchicum, nitrate of potash, alkalies, etc., without benefit, until, in December last, I gave him iodide of potassium, and painted tincture of iodine upon the stalactitical mass as an absorbent and counterirritant. He continued under the iodine treatment until March, when I prescribed dilute phosphoric acid in bitter infusion, varied sometimes by the other mineral acids and quinine. Upon seeing him on the 12th of June, 1865, I found the osseous mass apparently less extensive and less prominent. He daily walks a distance of two miles to his work; he stoops with more ease; and can sit comfortably with his leg (which is now an efficient member) in the usual position.

These two cases simulated in a marked manner disease in connexion with the hip-joint; for in both there was inability to walk, and shortening of the limb. In the first, however, there was the tumour—a ready explanation of the symptoms; in the second, the history of rheumatism—a guide to the nature of the affection. They further agree, in both being of adult age, and the same treatment in both instances proving beneficial.

EAST ANGLIAN BRANCH.

CASE OF ACUTE RHEUMATISM: SUDDEN DEATH.

By W. A. Elliston, M.D., Ipswich.

[*Read July 14th*, 1865.]

Walter Garnham, aged 34, was admitted into the Infirmary of the Ipswich Workhouse on June 13th, 1864. He was seen by me about an hour after admission. He then complained of much pain in the knees and ankles of both legs, in both shoulders, and also of a stitch in the left side. The sounds of the heart were somewhat muffled; but there was no *bruit* nor pericardial rub. He complained of some headache. He had passed no urine since his admission. He was ordered full doses of bicarbonate of potassa every four hours, and a low diet.

June 14th. I saw him at 11 A.M. I thought him better; and gave a favourable prognosis to his friends. His joints were more painful, especially to the touch. He had lost the pain in the left side. He had passed some urine, which appeared loaded with urates. His tongue was furred, but moist. He complained of headache.

At 7 P.M., he was taken suddenly worse, and became rapidly delirious. I was sent for; but, upon my arrival at 8 P.M., he had just died. His nurse said that he had taken food freely during the day; and that he had not appeared any worse until about an hour before death. He had passed some urine during the day, which had been thrown away.

From his friends, I subsequently learned that he had spent some years of his life in India; that he had been a loose fellow, and much addicted to drink. He had been ailing for some few weeks past; and had had occasional attacks of vomiting.

Post Mortem Examination, twenty hours after death, by H. G. Moore, Esq. The brain, together with the lungs and liver, were found to be free from any trace of disease. In the heart, there were signs of slight recent inflammation of the pericardium, together with some old adhesions. The kidneys were both in a state of fatty degeneration.

Remarks. But for a few rough notes hastily dotted down in my case-book, I should have forgotten the circumstances of this case; which, however, made a considerable impression upon me at the time. Here was a young man, with the ordinary symptoms of acute rheumatism, with no auscultatory proof of pericardial mischief, with no single symptom, indeed, of any kind whatever, to lead me to think unfavourably of his case—dying suddenly in the course of a few hours. Without the *post mortem* examination, it would have been inexplicable to me. Happily, however, there was no difficulty in getting the consent of the friends; and the diseased state of the kidneys can leave little doubt, that uræmic poisoning was the cause of death. Yet there was no coma, not even stupor, to lead one to suspect blood-poisoning. This case appears to me to exemplify well how insidiously the symptoms may become developed. Practically, it will teach me to be on my guard in cases of acute rheumatism complicated with a fatty kidney. It may perhaps hereafter be shown, that the unknown ferment, by means of which urea is converted into carbonate of ammonia, may be more active in acute rheumatism.

Forcible Vaccination. A singular case was heard before the Droylsden magistrates lately. A surgeon and a "public vaccinator" were charged with assault, for that is the legal form in which the vaccination of of a child without its parents' consent is put. In the case tried before the bench the child was seven years of age, and it was undoubtedly shown that the child was much frightened from the unexpected way in which the operation was performed, and that the parents' consent had not been obtained. A fine was therefore inflicted, and the other cases were withdrawn on the condition of the payment of expenses. The question of revaccination has occasioned a great deal of excitement in the unions of Oldham and Ashton.

Leprosy Committee of the College of Physicians. A large contribution of most valuable materials has been received, through the Secretary of State for India, from the Bengal Presidency. It forms a goodly printed volume of five hundred folio pages, containing the replies to the interrogatories of the college from medical men, of the civil and military departments, scattered over the wide domains which are under the administration of the Governor-General—viz., at stations in Bengal, the North-west Provinces, the Punjab, Central India, Rajpootana, British Burmah, and Singapore. They considerably exceed a hundred in number, and many of them have been very elaborately and carefully prepared. Altogether, the mass of information as to the history of the disease as it exists at the present time in the different provinces of India, and illustrative of the hygienic and social condition of the lower classes of the native population, thus brought to light, would alone have sufficed to have made the work, which the college has undertaken at the request of the Colonial Office, a matter of much public interest. The committee had previously received valuable communications from the Madras and the Bombay Presidencies, and also from Ceylon. (*Social Science Review.*)

Rebiews and Notices.

THE RESTORATION OF HEALTH; OR, THE APPLICATION OF THE LAWS OF HYGIENE TO THE RECOVERY OF HEALTH; forming a Manual for the Invalid and a Guide in the Sick-room. By WILLIAM STRANGE, M.D., M.R.C.P.Lond.; Physician to the General Hospital, Dispensary, and Orphan Asylum, Worcester. Pp. 434. London: 1865.

BOOKS are sometimes written by medical authors for the public, having as their real if not as their expressed end the making every man his own doctor. Of such books, we have had occasion to express disapproval, and to point out their mischievous tendency. There is, however, a kind of knowledge, the dissemination of which is calculated to prove of great utility, in enabling the public to give intelligent aid to the efforts of the medical profession in the treatment of disease—the knowledge how so to deal with the hygienic conditions surrounding the patient, and to act generally in matters which extend beyond the visit of the physician or the administration of his medicines, as to co-operate efficiently with him as the servant of nature in the restoration of health. To diffuse such knowledge, Dr. STRANGE has written this book; and beyond this he does not go. The work contains no prescriptions, except a very few of the most simple kind; and no details of the symptoms of disease by the reading of which a non-professional person may think himself competent to treat any malady that may befal him.

The book is divided into three parts; the first of which treats of Preventive Hygiene—the Nature, Causes, and Prevention of Disease; the second, of the Management of the Sick-Room; and the third, of Convalescence, and the Restoration to Health.

In the first part, the author first gives an introductory chapter on the Nature and Characteristics of Disease. He points out that disease is not, as is very commonly supposed, an entity—a thing which may be removed by medicine; but that it consists in a disturbance of the balance of the functions beyond that range of variation which may be included in the term health. The office of the physician, he shews, is not to put a damaged organ right in the same way as one would clean and repair an ordinary piece of mechanism; but to "withdraw the forces which are turning the vital stream into wrong channels, and to supply those other, without which the living engine is unable, as it were, to keep upon the proper line of rails."

A second chapter is devoted to the Causes of Disease; which, in accordance with time-honoured custom, the author divides into Predisposing and Exciting. The co-operation of these, he says, is necessary for the production of any disease; and he shews how the nature and seat of a disease, brought about by the same exciting cause, may vary according to the predisposition of the individual attacked. In speaking of hereditary predisposition, he insists on the fact that much more depends often, in regard to the health of the offspring, on the hygienic circumstances in which the parents are placed than on the presence in them of actual disease. The present prevalent tendency to force the intellectual development at the expense of the physical powers, is commented on by Dr. Strange; and the results of over-work of the nervous system—a characteristic of modern civilisation—are described. There is, we think, much truth in the following remarks.

"One of the signs of want of tone in the nervous system is moral indecision. The judgment, when actually called upon, may be as sound as ever, and the perception and apprehension as clear; but the will is deficient in force. Hindrances and difficulties before despised now assume gigantic proportions. There is always 'a lion in the way.' From ever taking a hopeful and cheerful view of affairs, a despairing melancholy and dread of ill take possession of the mind, damping its energies and quenching the fire of genius and talent.

"On the part of the bodily functions, this defect of nerve-force shews itself especially in slowness of movement—fatigue being more readily induced than formerly—and by a diminished action of nearly all the functions. In fine, the temper becomes uneven, the resolution unequal to the occasion, the judgment uncertain, whilst the animal functions become deranged from slighter causes than formerly.

"Debility and irritability now go hand in hand, and soon other and more serious consequences ensue." (Pp. 33-34.)

Dr. Strange divides the exciting causes of disease into two classes; viz.,

"*First.* The natural agents—air, light, heat, food, drink, exercise, etc.—applied in undue force or degree, although their normal application is productive only of health. *Secondly.* Unnatural and morbific agents (or the natural agents in an impure state) derived from animal or vegetable exhalations, or from some partially known atmospheric or telluric influence, or, as supposed by some philosophers, even from some universal cataclysmic actions." (P. 41.)

This latter class the author divides into the poisons of rheumatism, gout, etc., which originate within the body, and are incommunicable to other people; and those which are produced by the application of a poison from without—zymotic diseases. In regard to these, he points out that they never arise without the intervention of the specific germ of the particular diseases.

"Unsanitary conditions—filth, overcrowding, foul air, bad food or drink, impure water—by lowering the general tone of the system, predispose the persons so affected to these formidable diseases. Such conditions of living *prepare the soil* to receive and nourish the germs of specific diseases; and there they multiply and thrive. Hence it comes to pass that the inhabitants of the worst and filthiest parts of towns, as well as those who keep dirty houses anywhere, are more liable than others to these plagues, and succumb to these attacks with less resistance. But the germ *must* be applied.

"It cannot be denied, however, that the healthy, the strong, the cleanly, the well-fed, are often attacked by specific diseases; and some epidemics have been known to select such subjects by preference, as it were, for their victims. This was the case in the celebrated 'sweating sickness', which infected England and Europe in the fifteenth and beginning of the sixteenth centuries. At the same time, it is so difficult to know who is a sound and healthy person; and the germs of disease begin to vegetate and strike root so deeply into the frame before we become conscious of their doings, that mistakes are easily made as to the robust health of the victims to this or any other epidemic disease." (Pp. 48-9.)

Dr. Strange very properly insists on the necessity not only of sanitary provisions in the way of cleanliness, etc., but of avoiding contagion and destroying the power of the virus by isolating infected individuals.

The subject of prevention, however, is more fully treated of in the third chapter, the Art of Avoiding Diseases—General Preventive Measures. He insists on three conditions as essential to the general healthiness of a dwelling; viz., "the constant introduction of pure air from without, and the escape of foul and used-up air from within"; "the personal cleanliness of every inmate of the dwelling", and the regular and daily removal of all effete matter; and the "maintaining a proper temperature and abundance of light."

The author goes on to describe at some length the preventive and restorative measures to be adopted in tendency to derangement of the digestive organs; of the circulatory, respiratory, and secretive organs; of the brain and nervous system; and of the organs of locomotion. His instructions have reference to the use of hygienic agencies—air, food, clothing, exercise, etc.; and leave to the medical man the administration of medicines.

In the second part, on the Management of the Sick-Room, Dr. Strange describes, in seven chapters, the Sick-Room—its General Management, Temperature, Ventilation, Light, and Aspect; the Diet and Regimen of the Sick; the Qualifications and Duties of the Nurse; the Clothing, Bathing, and Sponging of the Sick; and the measures to be adopted in the Casualties of the Sick-Room. In this part, the duties of the nurse, not merely as the mere agent for the application of the remedies prescribed by the physician, but as his efficient aider by rendering the management of the patient such as to favour the curative operations of Nature, are fully and instructively described; and errors which have prevailed among the public are commented on and condemned. In the last chapter of this part, Dr. Strange gives instructions as to the measures to be adopted by the patient's attendants in those casualties which are liable to occur, and in some at least of which prompt action is demanded before a medical man can arrive; viz., fainting, shivering, vomiting, convulsions, delirium, incapacity to pass urine, hæmorrhage, and burns and scalds; and he concludes the chapter with a description of the ordinary signs of the approach of death, and of the proper management of the patient under this condition. The author judiciously takes care to point out, in several places, that the means which he recommends are only to be regarded as temporary substitutes for medical aid.

In the third part, on the Restoration of Health, the titles of the chapters are: 1. Characteristics of Convalescence; 2. Diet of Invalids and Convalescents; 3. Clothing, Exercise, Bathing, and Sleep of the Invalid; 4. Situation as to Soil and Climate—Household Cleanliness; 5. Change of Climate, Scene, and Occupation. Among these, the chapter on Diet is especially full, occupying nearly 100 pages of the book. In it the author gives his views on the choice and preparation of food; on the selection of animal and vegetable food; on the difference between albuminous and starchy food in regard of digestion; on the various modes of cooking; on the digestibility of food; on the nutritive properties of food; on the time of meals and order of taking food; and on drinks. We notice that Dr. Strange, in speaking of drink, in several parts of his book strongly condemns the absurd prejudice which exists on the part of the public against the use of pure water; which the author regards as one of the most valuable of Nature's remedial agencies.

"In fevers, cold water is by far the most effective drink. It quickly passes into the circulation, where it excites either perspiration or a diuretic effect; both of them natural means of relief in fevers. It should not be taken, however, just before or at meals, except in small quantities, as it is apt to dilute the gastric juice too much, and give rise to flatulence and indigestion. The morbid fear of cold water which still reigns in the minds of nurses and others who have the care of the sick, as well as in those of invalids themselves, is a remnant of the days when every chink and cranny was stopped up in the sick-room lest a breath of life-giving fresh air should blow upon the sufferer. How strange it appears to us, that through long ages (ages of darkness, it must be allowed) the restorative powers of nature and her principal agents were systematically rejected in the very cases in which they were most required! The very sources from which life and health are drawn were supposed to be converted into pestiferous or poisonous agencies, the moment the healthy functions are thrown out of gear.

"Even now the use of water in disease is but imperfectly acknowledged. The two processes which go on in unwonted activity in most diseases, the taking down and ejecting, and the rebuilding and restoring, both require a large supply of water. This is why thirst is so constant an accompaniment of illness. The effete particles of matter, and the noxious materials which the system is so anxious to get rid of, can be carried away only by means of a liberal supply of fluid; and the newly digested material with which nature endeavours to supply the loss will require water as a carrier in proportion to the quantity so to be conveyed to its new destination.

"A moderate allowance of fluid along with a meal is beneficial to digestion. The liquid assists the stomach to separate and dissolve the fibres of solid food, and it makes more, as it were, of the gastric juice when that is deficient.

"To many persons a draught of cold water on going to bed is serviceable. In America, it is the custom to take one on first rising in the morning. Neither of these habits can be adopted by the invalid indiscriminately. But, after confinement for hours in the heated atmosphere of crowded rooms, a draught of cold water refrigerates and refreshes the system; soothing the nerves and conducing to sleep. Also, a draught of cold water taken on first rising in the morning tends to cool and brace the system after the heat and perspiration of the night; and it often has the effect of opening the bowels." (Pp. 294-96.)

In speaking of alcoholic beverages, Dr. Strange has no doubt that much harm as well as good has resulted from their use as medicines; and observes that the dictum, that the timely use of a remedy makes it a remedy at all, is emphatically true with regard to alcohol. For invalids and convalescents, he holds, alcoholic drinks are useful as stimulants to digestion, and for this purpose they should be taken with food—either at dinner and supper or at luncheon and dinner.

This *Invalid's Manual and Sick-Room Guide* of Dr. Strange is a book from which members of the medical profession may derive much instruction, and which they may with advantage place in the hands of their patients and those about them. Here and

there, the author may express opinions which one may see reason to differ from; but, taken as a whole, his instructions are sound, and he has, as we think, very satisfactorily performed the task of showing the nurse how she may render herself the efficient colleague of the physician without intruding on his special province.

ORTHOPRAXY; THE MECHANICAL TREATMENT OF DEFORMITIES, DEBILITIES, AND DEFICIENCIES OF THE HUMAN FRAME. By HENRY HEATHER BIGG, Assoc. Inst. C. E., Anatomical Mechanist to the Queen and Prince of Wales; etc. Pp. 709. London: 1865.

MR. BIGG'S object, in publishing this book, is to describe the various mechanical means which have been used for the remedying of deformities and deficiencies, and to explain the principles which should direct their application. He thus aims at producing a manual of mechanical therapeutics. The necessity of a special knowledge of the application of mechanism to therapeutics is insisted on by him; and he believes that, if proper advantage be taken of the aid thereby afforded, "deformity will become comparatively rare in civilised communities."

Mr. Bigg makes some remarks on orthopædy as a speciality; which, coming as they do from a layman whose pursuits would seem to lead him in the direction of specialism, are interesting.

"It will not", he says, "be considered impertinent on my part to remark, that the treatment of deformities has not yet passed into general medical practice. It is still followed almost exclusively as a speciality. This appears to be to a large extent uncalled for. There is no sufficient reason why, in the majority of instances, every practitioner should not undertake the treatment of deformities as of any other lesions which come in the ordinary routine of practice. There is abundant reason why he should adopt such a course. It is in early childhood and youth that the prevention and treatment of deformities, to be of the fullest avail, should be pursued; hence the necessity for their becoming recognised parts of the general practitioner's duty. I have an impression that the reason why the treatment of deformities is not uniformly carried out by the general practitioner, is the want of a trustworthy guide to the mechanical aids necessary for its fulfilment. I am, therefore, anxious that the present work should serve this purpose. If it should answer this end alone, it will accomplish one of the objects which I have most at heart in its publication." (Pp. 9-10.)

After stating his reasons for regarding mechanical therapeutics as a subject to be studied separately from surgical mechanics (the production of various surgical instruments), Mr. Bigg gives an account of the various mechanical means used in the treatment of deformities from the days of Hippocrates to our own time; and shows how great has been the transition from the application of mere force to the modern system, founded on a study of the laws which maintain the symmetry of the human frame, and of the action of the different causes which lead to deviation from the normal standard.

In four chapters, which form the bulk of the book, Mr. Bigg describes the various mechanical appliances found useful in the deformities, debilities, and deficiencies of the Head and Neck, of the Upper Extremity, of the Trunk, and of the Lower Extremities. A careful perusal—which we recommend to all surgeons—will show to how remarkable an extent the structure and movements of the human frame are capable of being imitated by the exercise of that sagacity in mechanical matters for which Mr. Bigg is so distinguished.

THE ADVANTAGES TO BE DERIVED FROM THE ADOPTION OF THE LOCAL GOVERNMENT ACT, AS EXEMPLIFIED IN CROYDON. By EDWARD WESTALL, M.D. Pp. 45. London: 1865.

DR. WESTALL has republished, with the addition of statistical tables and other interesting matter, the instructive address which he delivered at the annual meeting of the South-Eastern Branch, and which appeared in the JOURNAL of July 15. The address is one of special interest at the present time, as shewing the great value of the adoption of sanitary measures, especially as regards drainage and the supply of pure water.

A CRITICAL INQUIRY INTO SUPERFŒTATION: WITH CASES. By GEORGE LINDSAY BONNAR, M.D., Cupar, Fife. Pp. 21. Edinburgh: 1865.

THIS is a reprint, from the *Edinburgh Medical Journal*, of a paper read by Dr. BONNAR before the Obstetrical Society of Edinburgh. The author brings a great amount of literary research—nearly the only available source of information here—to bear on his subject; and argues very ably in support of the doctrine of superfœtation.

THE BOOK OF PRESCRIPTIONS; containing more than 3000 Prescriptions collected from the Practice of the most eminent Physicians and Surgeons, English and Foreign. By HENRY BEASLEY. Third Edition. Pp. 559. London: 1865.

THIS book, as the title indicates, contains a collection of the formulæ in which some of the leading practitioners of this and other countries have prescribed the various articles of the materia medica. Mr. BEASLEY has made sundry additions—including the preparations of the *British Pharmacopœia*—since the second edition appeared.

SANITARY STATISTICS OF CHELTENHAM. By EDWARD T. WILSON, M.B.Oxon., M.R.C.P., Physician to the Cheltenham General Hospital. Pp. 46. London: 1865.

AN INQUIRY INTO THE CAUSES OF THE HIGH DEATH-RATE IN LEEDS. By JAMES BRAITHWAITE, M.D.Lond. Pp. 32. Leeds: 1865.

THESE are two valuable contributions to local sanitary statistics.

Dr. WILSON'S paper was read last year before the meeting of the British Association at Bath. It is one of those complete documents, of which analysis is almost impossible; and, therefore, we can say nothing of it beyond that it is published, and that it is well worth perusal.

Dr. BRAITHWAITE has made a most careful examination of the causes of mortality in Leeds. His researches will, we trust, be followed by the result which he hopes for—a diminution in the death-rate of the town.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

Malignant Pustule. At the meeting of the Academy of Sciences on June 19th, M. Cl. Bernard presented a paper by M. Davaine on the nature of the malignant pustule. The object of the author was to bring forward additional proof of the identity of the disease with the *charbon* of animals, as shewn by the presence in both of the filiform organisms called by him *bacteridia*. In September 1864, he, in conjunction with M. Raimbert, communicated to the Academy a case of malignant pustule in which bacteridia were present; and he now had some additional instances to adduce. Two pustules, removed on the second or third day of their development,* were immediately placed in a solution of chromic acid, and thus hardened. On placing very thin sections in a solution of caustic potash, the cutaneous elements were removed while the bacteridia were left. In both instances, these organisms were located in the rete mucosum, underneath the superficial layer of epithelium; they were arranged in groups, separated by collections of normal epithelial cells, with which the masses of bacteridia at their outer part became gradually blended. No other pathological element was discovered in the pustules.

Malignant pustule, M. Davaine observes, is a disease primarily of local origin, and may, within the first two or three days, be arrested by removal and by cauterisation; but, if this be not done, the constitution becomes affected. This succession of phenomena is explained by the anatomical constitution of the pustule. At first the bacteridia, developed in the non-vascular epidermic tissue, are isolated and may be destroyed; but, if left, they soon reach the true skin, from which they are carried into the circulation by the lymphatics and bloodvessels. In support of this view, M. Davaine relates the case of a man who was admitted into the Hôtel Dieu under M. Grisolle. On June 3rd, he perceived a malignant pustule on his neck; and on the 6th he died, in spite of the application of corrosive sublimate and the actual cautery. On *post mortem* examination, made on June 8th, there were observed: cadaveric rigidity; absence of putrefaction or gangrene; œdema of the subcutaneous cellular tissue of the chest, extending to the mediastina; partial congestion and sanguineous effusion at the apex of the left lung; sanguineous engorgement of the liver; enlargement and softening of the spleen; and black, fluid, diffluent blood in the heart and large vessels. The blood in the heart contained a large number of bacteridia. M. Davaine inoculated a Guinea-pig with a drop of this blood: in two days the animal died, and its blood was found to contain an immense number of bacteridia. (*Gazette Méd. de Paris*, July 1, 1865.)

Deglutition as observed by Autolaryngoscopy. M. Guinier, in a note presented to the Academy of Sciences, arrives at the following conclusions. 1. Deglutition may be effected without occlusion of the pharynx, by the application of the base of the tongue to the posterior wall. 2. The preliminary application of the epiglottis over the larynx is not necessary during the passage of the morsel of food from the pharynx into the œsophagus. 3. The morsel may come into direct contact with the mucous membrane of the glottis; and the mere contraction of the vocal cords is sufficient to prevent it from entering the larynx. 4. The mucous membrane of the base of the tongue, of the epiglottis, and of the interior of the larynx, appears to be endowed with a special sensibility; here the contact of food produces no painful sensation, but merely the need of deglutition, while the contact of a foreign body gives rise to cough or attempts at vomiting.

At the same meeting, a note was presented from Dr. Krishaber, in which the following conclusions were given. 1. During the act of deglutition, the alimentary morsel passes into one of the pharyngeal grooves along the side of the epiglottis tilted up by the elevation of the larynx; it thus reaches the œsophagus at the moment when, by the action of its constriction, the pharynx is narrowed. 2. Deglutition of liquids is effected in the same way; but they frequently pass over the epiglottis. 3. A small quantity of liquid comes into contact with the mucous membrane of the larynx and even of the vocal cords. 4. In gurgling, the larynx being widely open, a large quantity escapes into the organ. 5. The alimentary morsel is easily tolerated in the larynx as far as the vocal cords and even in the trachea. 6. The sensibility of the trachea to foreign bodies is much less than that of the larynx. 7. Hard cold bodies—a probe for example—are not tolerated in the air-passages; while soft bodies, having a temperature equal to that of the parts with which they come into contact, may remain in the trachea several minutes without producing cough. (*Gaz. Méd. de Paris*, July 15, 1865.)

Diverticulum of the Bladder. Dr. Klob shewed to the Vienna Medical Society an extraordinarily hypertrophied bladder with a diverticulum so large that, in earlier times, it would have been mistaken for a second bladder. The diverticulum was so firmly bound down to the periosteum of the sacrum that it could not be removed without tearing. It possessed a muscular layer, whereas diverticula of the bladder generally consist of the mucous layer alone. (*Wiener Med. Wochenschr.*, July 8, 1865.)

Bilious Vomiting from a rare Cause. Dr. W. Koster relates the case of a woman admitted into the hospital at Utrecht with uterine cancer, who in the last weeks of her life vomited matter strongly coloured with bile. The vomiting continued, varying in severity, until death; the patient was slightly jaundiced. The ingestion of food and drink was not directly followed by vomiting; hence the symptoms could not be due to cancer of the stomach or any obstruction of the pylorus; and this, moreover, would not have accounted for the discharge of bile. It was therefore only possible to arrive at the vague conclusion, that there was some obstruction to the escape of bile through the duodenum. On *post mortem* examination, there was found carcinoma of the cervix uteri. A fistulous opening had been formed between the bladder and uterus; and in the subperitoneal areolar tissue of the broad ligament a scirrhous hardening had taken place, and had extended upwards along the spine in the areolar tissue behind the peritoneum. The indurated tissue surrounded, but did not close, the ureters and the iliac vessels; and it extended along the aorta to the lowest transverse portion of the duodenum. The latter was half surrounded by the hard mass, which narrowed it so that only the little finger could pass. The coats of the intestine were not remarkably altered; the surrounding induration had more the character of a growth of areolar tissue followed by contraction than of true scirrhus. (*Archief voor Genees- en Natuurkunde*, vol. i, part 3.)

*Dr. Mauvezin, says M. Davaine, has in many instances obtained successful results by removing the pustules and cauterising the wound.

Suppurative Paracystitis. Dr. W. Koster, after alluding to inflammation and suppuration of the areolar tissue surrounding the abdominal and pelvic organs, speaks of a form of paracystitis which he considers less known. In the body of an aged man, who had suffered for many years from chronic inflammation of the bladder from an unknown cause, he found the summit of the bladder, especially on the right side, much enlarged and thickened. It formed a slight swelling, which pushed the parietal peritoneum from the anterior wall of the abdomen up to the umbilicus. The peritoneum lining the abdominal wall was healthy; that lying over the enlarged portion was easily removed; while that covering the summit of the bladder was thick and firmly connected with the underlying parts, but smooth. The mucous membrane of the bladder showed the usual traces of chronic inflammation—muco-purulent deposits, thickening, false membranes, and in some parts ulceration. At the summit, in the part corresponding to the swelling above described, the membrane projected into the bladder. Beneath this raised portion fluctuation was felt; and on pressure a small opening was formed, through which pus flowed. It was ascertained that inflammation and suppuration had taken place between the mucous membrane and the peritoneum of the bladder (no trace of muscular tissue could be discovered at this part), and that the pus had extended upwards in the course of the urachus. There had been no ulceration or perforation of the mucous membrane at this part. In the chain of pathological processes in this case, that which has now been described was probably secondary. The man suffered and died from consecutive disease of the kidney, and other disorders. The possibility, however, of the formation of fistulous abscess in the abdominal wall, and the difficulty of forming a correct diagnosis in such a case, are fully shewn. Diffuse paracystitis and abscesses generally arise from urinary infiltration. The parietal peritoneum is in such cases rarely perforated; the pus rather becomes infiltrated into the muscles and escapes outwards. (See Oppolzer in *Wiener Medizin. Wochenschrift*, 1864, No. 1.) In some cases, even, the gall-bladder may become united to the abdominal wall and an opening be formed, through which gall-stones escape into the subperitoneal tissue, where they follow the course of the suppuration set up, until they are discharged through abscesses at the umbilicus or groin. (*Archief voor Genees- en Natuurkunde*, vol. i, part 2.)

Lymphatics of the Intestines. Dr. Auerbach, in a communication to the Silesian Medical Society, says that in 1862 Recklinghausen found, after injecting lymphatics with solution of nitrate of silver, a net-work of dark undulating lines enclosing nearly equal spaces; he regarded this appearance as denoting the presence of an epithelium lining even the smallest lymphatics. This explanation, however, was doubted, especially as no trace of nuclei was seen. Dr. Auerbach has found a net-work of fine lymphatics in the muscular coat of the intestines, when treated with pyroligneous acid. The walls of the vessels consist of a very thin transparent membrane, studded around with numerous epithelial nuclei, placed at nearly equal distances in the thickness of the membrane. The vessels varied from 1-50th to 1-7th of a *millimètre* in diameter, and appeared at first to be formed of the simple membrane already described; but, on preparing other specimens by Recklinghausen's method, Dr. Auerbach was enabled to find cells and nuclei. The walls of the finest lymphatic vessels were then seen to be formed of a single layer of flattened nucleated cells, cemented together in an undulating manner at their edges. These lymphatics were seated between the two layers of the muscular coat of the intestine. Dr. Auerbach also stated that he had confirmed an observation of Recklinghausen and Hic, that the chyle-spaces of the submucous and mucous membrane, as well as of the cells, are bounded by a layer of very flat cells, with wavy outline, cemented together. The walls are formed of these cells alone, and are not surrounded by a layer of modified areolar tissue. (*Berliner Klinische Wochenschr.*, May 1, 1865.)

Structure of the Capillaries. Dr. Auerbach has investigated the structure of the finest capillaries by using injection of nitrate of silver. He has found the walls, generally described as homogeneous, marked with fine undulating lines limiting spaces of characteristic form, within which were often seen nuclei. These spaces, which represent cells, are generally spindle shaped, sometimes elongated; they lie either parallel to the long axes of the vessels or are arranged obliquely so as to form a spiral. In the transitional capillaries, the cells are shorter and broader and more irregular in shape. Hence Dr. Auerbach concludes that the wall of the capillaries, as well as of the finer lymphatics, is composed of cells. (*Ibid.*)

Anomalous Distribution of the Cœliac Axis. In a case described by Dr. W. Koster of Utrecht, the cœliac axis divided into three branches. The upper branch gave off the left coronary artery of the stomach, and then divided into an ascending branch for the left lobe of the liver, and a descending one which took the place of the right coronary artery. The branch corresponding to the hepatic artery thus came off in union with the left coronary. Another large branch, spreading from the cœliac axis, turned to the right, and divided into an ascending branch for the right lobe of the liver, and a descending (the gastro-duodenalis). This gastro-duodenal artery gave off, as usual, the pancreatico-duodenal and right gastro-epiploic arteries. The pancreatico-duodenal and superior mesenteric arteries were joined by a branch as large as the former. The splenic artery had its ordinary origin and course. (*Archief voor Genees- en Natuurkunde*, vol. i, part 2.)

Lymphatics of the Testis. Dr. C. Tommasi has studied the structure of the testicle in the dog, rabbit, and man, by the aid of a solution of nitrate of silver (1 part in 400) as recommended by Recklinghausen. He finds that there are open spaces between the seminal tubes and the septa dividing the lobes; and that these spaces, by injection with gelatine or with nitrate of silver, can be easily shewn to communicate with the lymphatic vessels. The periphery of the seminal tubes and the septa are covered by a layer of epithelium. (*Virchow's Archiv*; and *Gaz. Méd. de Paris*, August 12, 1865.)

Diabetes in a Monkey. Dr. Bérenger-Féraud recently related to the Société de Biologie a case of diabetes in a monkey. Being well aware of the liability to tubercular disease among animals brought from warm regions, he attempted to find the result of modifying their aliment; and for this purpose gave to two monkeys food more rich in nitrogenous matters than that which they ordinarily use. One of the animals refused to eat animal food, and soon died of acute tubercular disease. The other readily ate it, and at first appeared to thrive. But, during apparently flourishing health, and a full supply of rich food, the animal became rapidly lean; and was troubled with unappeasable thirst. The urine increased in quantity, and left by evaporation a residue recognisable by chemical tests and the taste as glu-

cose. Amaurosis and convulsions supervened; and the animal died three months after its arrival in France. There was found to be an extensive deposition of tubercular matter in the peritoneum, brain, liver, and other parts. (*Gaz. Méd. de Paris*, July 15, 1865.)

Tuberculosis. At a meeting of the Vienna Medical Society, Dr. Klob brought forward some rare specimens of tubercular deposit.

In one case, there was tuberculosis of the muscular tissue of the heart and of the endocardium. Only two similar instances were known to him to have been recorded: one by Recklinghausen, the other by Dr. Klob himself. The endocardium was covered with grey spots and somewhat softened; and microscopic examination shewed the presence of tubercle. No tubercular deposit could be found on the pericardium. In another case, in the body of a boy aged 16, affected with tuberculosis, two tubercular deposits, not miliary, were found in the muscular structure of the heart. They were of a bluish colour, and appeared to have been developed in the intestinal areolar tissue.

Another specimen was one of tuberculosis of the ovaries. The case was similar to one formerly described by Rokitansky, in which there was extensive tubercular deposit in the left ovary, and a few tubercles in the right.

He also showed a specimen of tuberculosis of the thyroid body. (*Wiener Medizin. Wochenschr.*, July 8, 1865.)

Retention of Urine in the Fœtus. M. Depaul related to the Société de Biologie a case in which a woman was delivered of an eight months' child presenting a great enlargement of the abdomen; there was very little amniotic fluid. The child died soon after being born. The bladder was about 4½ inches long and 2¾ wide, and was full of urine. The ureters were also irregularly enlarged, resembling at first sight the intestinal convolutions; and contained urine. The kidneys, especially the left, were also much distended; they were transformed into cysts with thin walls, filled also with urine. The cause of this distension was found to be an imperforate state of the urethra, at the junction of the muscular and prostatic portions. More than 500 *grammes* (upwards of a pint) of urine were removed. (*Gaz. Méd. de Paris*, July 15, 1865.)

Structure of the Membranous Labyrinth. Dr. R. Voltolini says that the structure commonly called the round sacculus does not exist. Nor is the common sinus closed, as described by authors; it communicates freely with the cochlea. There is no distinction between the perilymph and the endolymph; one liquid alone fills both the vestibule and the cochlea. (*Virchow's Archiv;* and *Gaz. Méd. de Paris*, August 12, 1865.)

Union of the Deltoid and Greater Pectoral Muscles. Dr. W. Koster relates an instance in which this anomaly was observed in a body in the dissecting room. No line of demarcation could be found between the two muscles, even at their origin; and the only indication of separation at their insertions was a line running in a spiral form on their tendon. (*Archief voor Genees- en Natuurkunde*, vol. i, part 3.)

Epilepsy and Cysts in the Brain. Dr. Saunders, Superintendent of the Devon County Asylum, relates the following case in his last annual report. M. W., an epileptic, had been in the asylum thirteen months. She was subject to slight epileptic fits at night, and on two occasions had severe fits with coma, which scarcely intermitted for thirty-six hours. In the intervals she complained of pain in the head, and weakness of sight. On her admission, she had a delusion that her food was poisoned. She died in an epileptic fit on February 9th, 1864. At the *post mortem* examination, the surface of the brain was dotted with echinococcus-cysts, ten or more in number, and varying from the size of a hazel nut to that of a pigeon's egg. The cysts were semitransparent and homogeneous in structure; they were filled with a serous looking fluid, in which floated a number of flocculent bodies. By careful dissection of the sac, the head of the worm with its short body was found adhering to the germinal membrane; and by the aid of the microscope the row of cephalic hooklets and suctorial disks were clearly demonstrated.

Congenital Dislocation of the Patella. At a meeting of the Dublin Pathological Society, Mr. William Stokes brought under the notice of the Society a case of congenital luxation of the right patella. This deformity occurred in a boy aged 19 years, who on October 15th last applied at the dispensary of the Meath Hospital to obtain relief from a severe pain in the left knee-joint. Upon examining the part, however, Mr. Stokes could not find that there was indication of any local inflammation, or of any other cause for the pain. Wishing to compare the two limbs, he requested the patient to expose the right knee-joint; and on this being done, he was struck with the remarkable deformity which it presented, the patella being completely luxated outwards. The patient could give no information as to the cause of this deformity. He stated that he had had it as long as he could remember anything, and that he had never consulted any physician or surgeon with regard to it, as the malformation had never given him any uneasiness, and interfered but little with his progression. From this account Mr. Stokes suspected that the case was one of congenital malformation; and this view was strengthened on carefully examining the joint, for on doing so, he found the external condyle of the femur was altogether deficient. This deficiency, then, and the natural anatomical causes for luxation of the patella outwards, appeared to be the two etiological conditions which produced the malformation. The mother of the patient also stated that her son had this condition of the knee from the time of his birth. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

Influence of Galvanism on the Heart. Dr. Emile Flies of Berlin has lately studied, in twenty-four cases, the influence of the constant galvanic stream on the impulse of the heart when increased in frequency and force. In some of the cases, the increase of the heart's action was distinctly traceable to organic disease, and in other cases was probably connected with an increased excitement of the sympathetic nerve-fibres of the heart, which, according to Bezold, act on its musculo-motor central organ, increasing its activity. Starting from the physiological fact, that the vagus fibres of the heart have an action antagonistic to that of the sympathetic—*i. e.*, a depressing influence on the moving power of the organ—he endeavoured to act upon the vagus in the neck at the inner border of the sterno-cleido-mastoid muscle. Dr. Flies found that, after the galvanic current had been employed several times, the intensity of the heart's action was diminished. (*Ber. Klin. Woch.* June 26.)

British Medical Journal.

SATURDAY, SEPTEMBER 9TH, 1865.

IS ALCOHOL FOOD?

DR. MUNROE of Hull has published a lecture lately delivered by him at the Royal Institution of that town, "On the Physiological Action of Alcohol"; and has adopted the uncompromising side of the anti-alcoholic question. He goes in for the teetotal system; and we feel bound to say, as the conclusion of the very long discussion which was published in this JOURNAL on the subject some time ago, that, on the face of it, teetotallers have, from a scientific point of view, the best of the argument. It is certain, for example, that our greatest and most esteemed authorities in the matter of dietetics have come to the conclusion that alcohol is not food; that it is not assimilated; that it does not undergo decomposition in the body, but, on the contrary, is eliminated as alcohol from the body. The body, in truth, seems to have a very decided antagonism to alcohol—regards it, we might say, as a very dangerous enemy; for, as soon as ever spirit of wine has found its way into man, his eliminating organs, every one of them, are called into operation for the very purpose of dislodging the apparently unwelcome stranger. With the sweat, by the kidneys, with the bile, and with the breath, is the alcohol separated from the body. And we may fairly add that, notwithstanding the stones which have been thrown at the experiments of MM. Lallemand, Perrin, etc., their conclusions still hold a solid scientific status. But yet, whether alcohol be food, physic, or poison, men of all classes, men of the highest intelligence, and men degraded to the condition of brutes, still drink of the stimulus! Human instincts are too strong for human science. *Les choses sont plus fortes que les hommes.* The very hand which pens and adopts the scientific conclusion yet does not hesitate to raise the sparkling and exhilarating glass to the lips! It is something refreshing, therefore, to met with one who, like our excellent friend Dr. Munroe, practises what science seems to teach. The fearful amount of crime and misery which the drinking of alcohol entails upon humanity may well drive a conscientious man to reflect whether he ought not to listen, in this case, more to science and less to his palatal instincts; and for this reason it is that those who do not adopt the practice of teetotallers must yet admire the creed. Teetotal efforts are certainly pointed in a direction which is, to say the least of it, highly laudable. And, honestly speaking, we believe that medicine owes a very great debt to society in this matter of alcoholismus. It would be difficult to show that the practice of modern alcoholic treatment of diseases, as mainly introduced by Dr. Todd, has not produced a large amount of evil, physical as well as moral.

We believe that there is rising up in the profession a general feeling at this moment that the indiscriminate practice of giving patients and lying-in women large amounts of wine and spirits has been carried to a most unwarrantable extent by orthodox practitioners. There can be little doubt that many a woman has been taught her first lesson in tippling through this indiscriminate custom of stimulus-prescribing. Dr. Todd's authority was the great incentive to this kind of treatment; and the time of the introduction of it was propitious to its spread, for great authorities were then assuring us that diseases of all kinds had assumed an adynamic type. It is fair, however, to Dr. Todd to remark, that he did not believe in the theory of a lower type. He gave his alcohol on totally other grounds. And what were those grounds? An answer to this question—a careful and critical examination of the principles or data upon which he founded his treatment—would be a very great boon to the profession. If we are not mistaken, all those data of his are actually in disaccord with the best teachings of modern science. He was aware that alcohol was rapidly absorbed as such into the circulation. It is, he says, a hydrocarbon, and acts primarily upon the nervous centres; all hydrocarbons having a great affinity for the nervous system. Its action, when properly given, is to "augment the generation of the nervous power"; but over-doses of it injure and ultimately destroy the nutrition of the nervous matter. The tremors of the drunkard are solely indicative of too great waste of nerve-matter. Drunkards die with shrivelled-up brains—with wasting and degeneracy of its grey and fibrous matter. Alcohol, applied directly, may inflame the conjunctiva or the stomach; but, absorbed into the blood, will not excite inflammation of lungs, heart, liver, kidneys, bowels, or brain. It is a complete fallacy to suppose that exaltation of nerve-force, excited by alcohol, is followed by a corresponding depression. There is no evidence, he says, to show that, as a sequel of alcoholic excitement, any increased waste goes on; or that the nervous power is at a lower ebb than before the alcohol was given. Moreover, alcohol increases animal heat. "Alcohol possesses its stimulating property because it is a form of aliment appropriate to the direct nourishment of the nervous system, and to its preservation; and its special adaptation to this system gives it an immediate exciting power superior to any other kind of food." Alcohol also upholds the calorifacient process, and is in this respect superior to oil and other hydrocarbons, which do not pass directly into the blood. Hence, then, "as a calorifacient form of food, as a promoter of the nu-

trition of the nervous system, and as admitting of easy and quick absorption into the blood, alcohol possesses a combination of qualities which render it of the utmost value in the treatment of disease."

Such were the data which guided Dr. Todd in his administration of alcohol. Need we add, that these data, in their main particulars, are, if not directly contradicted, at all events shown, by modern and the best scientific inquirers, to be unwarrantable assumptions. What, therefore, comes of the practical treatment of Dr. Todd, which was assuredly founded upon the incorrect physiological deductions alluded to?

The public, we think, are much indebted to Dr. Munroe for making popular the physiological side of this question; and, if he be in error in his teetotal conclusions, he errs, at all events, on the safe side, and errs in accordance with the teachings of physiology, so far as they guide us in this case. But man, fortunately or unfortunately, does not always accept the conclusions of bare reason. He, in some matters, puts his sentiments and instincts, his faith, above his reason; and he does so in this case of alcohol. The imbibition of spirituous drinks may be, in this sense, regarded as a kind of *credo*. Men have a sort of belief in it which supersedes all reason. As a leading physician once said to us, "Well, those arguments may be very sound and logical; but I am not going to give up my wine. It does me good, and I feel the better for it." Another gentleman, deeply engaged in engineering, said, "If the arguments of the teetotallers are absolutely true, I shall still take my wine; I can't do without it; and, if it comes to that, I would sooner shorten my life by a few years than give it up." Now, we would suggest to the teetotallers that they do not sufficiently recognise this feeling of highly civilised life. Civilisation is in itself—we mean the wear and tear, for example, of professional life—an unnatural state. Why, then, may not alcohol be, as drugs are, in themselves poisons to the physiological body, but correctives of the unnatural—the pathological—states of the civilised body of humanity?

We cannot do better than conclude these few suggestions with the calm judicial summary of the case as given by Dr. Parkes.

"It is certainly undesirable to draw any strong conclusions as to the use of alcohol in health from our present knowledge of its physiological action; but it is impossible not to feel that, so far, the progress of physiological inquiry renders the propriety of the use of alcohol in health more and more doubtful. It appears to decrease strength, and to impair nutrition, by hindering oxidation; and, if in large quantities, the reception of food. If we look upon the body as an agent of work, from which we desire to obtain as much mechanical and mental force as is compatible with health, we can consider the effect of alcohol, *per se*, as simply a means of preventing the development of force."

CHOLERA AND THE CATTLE-DISEASE.

It is interesting to note the difference in the remedies recommended for this disease by the profession and the public. The profession rely mainly on preventive measures; and the public, who are ever so ready to accuse us of drenching them with drugs, still stick to some special panacea. Dr. Fuller tells us that, in order that we may fairly meet the cholera, we must have our dust-bins emptied daily—this duty being rendered compulsory on the parish authorities, and not left to the volition of the householders; the traps and gullies of our sewers rendered impervious to the escape of gases; and the water we drink freed from the pollutions which are at present thrown into the Thames above London by various towns.

As regards the escape of noxious vapours from our sewers, we may remind our readers that we have already, on more than one occasion, called attention to this point. We have argued thus. The immense extent of our present system of sewerage probably converts the sewers into one enormous cesspool. It was, of course, the decomposition of animal excrements which gave rise to the dangerous vapours issuing from the cesspools. Now, if these excrements are allowed, in consequence of the length of the sewers through which they now have to pass, to decompose, as they decomposed in the ancient cesspools, why should not the vapours and gases arising from the decomposition in the sewers produce as noxious effects as they produced when they escaped from the cesspools? We some years ago suggested this question, Whether our present system of sewage would not become one enormous cesspool; and whether some special provision ought not to be made for the escape, by high shafts, or neutralisation of the products of decomposition. If it be true that the contents of our sewers in London undergo decomposition just as they underwent decomposition in the old cesspools, surely it was something akin to madness to set loose all the products of the decomposition at our very doors and under our very noses. But all this matter requires investigation; and interesting would it be, if we could get some sure information as to the ordinary health of those men who pass many hours in these sewers, and whom we occasionally see emerging from iron traps, with lantern and heavy jack-boots. What effect does the inhaling of the vapours of sewers have upon them? Perhaps some of our readers can tell us something of this; and we may add, that we wish Dr. Fuller had furnished the *Times* with some positive proof that the issue of gases from sewers had injured human constitutions and produced diseases.

Dr. Miller, Professor of Chemistry in King's College, says truly enough, that sewers must be ventilated—*i. e.*, the gases must be let out of them—so

long as it is necessary for men to pass through them; and he recommends the process of ventilation and disinfection proposed by Dr. Stenhouse.

"It consists in suspending charcoal in the ventilating openings. In London, the plan has been carried out by the engineer to the Commissioners of Sewers, with the sanction of Dr. Letheby; and both these gentlemen have reported strongly in its favour. There is placed in each ventilating opening a box, within which are three or four perforated shelves, and on each of these shelves is a layer of wood charcoal; openings are made at the top and bottom of the box, to allow the free passage of the air; the whole of the air which escapes from the sewer is obliged to pass through the box and over the charcoal before it reaches the outer atmosphere. The offensive and noxious gases are speedily absorbed by the charcoal, and are oxidised within its pores, by which means they are converted into harmless substances, destitute of odour. The method is so simple and so effectual," says Dr. Miller, "that it ought at once to be put in practice, while yet there is time."

Again, Dr. Fuller, in a second letter, objects to the process recommended by Dr. Miller, that it is unsafe and unsatisfactory; and recommends an arrangement of ventilating shafts.

"There can be only one effectual remedy—viz., to trap all the gully-holes and close the innumerable vent-holes with which our roads are perforated, placing in their stead a few large—not necessarily lofty—shafts and openings along the main sewers, through which a thorough system of ventilation could be carried on. Over these ventilators furnaces might be erected to burn the gases, or charcoal air-filters might be placed, if it can be proved that charcoal is no less efficacious as a disinfectant than it is admitted to be as a deodoriser."

Dr. Letheby, on the other hand, confirms Dr. Miller's statement; and says that, in a densely populated district of London, the experiment has been carried on with success since 1860.

"The results of it are, that the deodorising power of the charcoal has been very complete; for not only have there been no complaints of unpleasant smells from the ventilating openings, but we have ascertained by actual observation that the odour of the sewer-gases is not perceptible when they have traversed the charcoal-filters. . . . The effect of these air-filters in the ventilation of the sewers is not perceptibly injurious; there is no complaint of bad air from the sewer-men, and analysis of the sewer-air shows no difference in the composition of it."

Dr. Herbert Barker, who has proved himself to be a high authority on the subject of disinfection, speaks of ozone as being "Nature's grand atmospheric disinfectant". His observations are of much interest, and the practical conclusions recommended worthy of consideration, especially in reference to this matter of the cholera. We conclude that Dr. Barker has satisfactory proofs of the fact that ozone is really absent in the district where cholera rages, etc. Of course, the full establishment of this fact is very important.

"In the neighbourhood of cesspools, all evidence of the presence of ordinary atmospheric ozone is lost. When ozone is abundant in the air, it may be detected on the windward side of a stable, or cowshed, or manure-heap, but not on the leeward side. It may be observed abundantly immediately on the windward side of a town, and not a trace of it discovered at the same time on the leeward side. The ozone test-paper in an ill-ventilated church, when full of persons, will give no reaction. I have evidence from my own experience that the diffusion of ozonised air through the apartments of persons suffering from fevers is of immense service, in that it keeps the room free of oppression, and effectually destroys the offensive odours arising from the gaseous excreta of the subject. Ozone, in its action as a deodoriser, closely resembles chlorine. It can be employed permanently by a simple process with ventilation. Ozone may be prepared by Siemen's cylinder, the air driven through the cylinder being ozonised by sparks from Ruhmkorf's coil. This method can be adopted only in hospitals, as skilled hands are required for its management. Fortunately, we have a means of generating ozone from phosphorus, which is ready for use at any moment, and with little trouble. Two sticks of phosphorus, each two inches in length, made very clean by scraping, if covered with oxide, and half covered with water, will yield in an hour sufficient ozone, in a room of 3,000 cubic feet, to be detectable by Schönbein's test in every part, and this even when there is good ventilation. The objection to the production of ozone, that there is not a sufficient bulk of water to absorb the fumes of phosphoric acid, may be obviated by using a vessel containing a larger quantity of water, and by floating the phosphorus at the proper depth upon its surface. The degree of evolution of ozone may be tested by a slip of Schönbein's paper. It is very remarkable that, during the prevalence of cholera in any district, ozone has been observed to be absent in that district; not the smallest trace has been discoverable by the test-papers."

Dr. Barker does not, however, rely solely upon ozone as the antidote to cholera; he wisely recommends the "simple provisions of a true sanitary code", which sanitarians all understand, but which few persons have the good sense or power to carry out.

As for the public, they also have their cures for cholera and the cattle-disease. *Plebs amat remedia.* A. J. D. H. recommends for cholera "inoculating with quassia", whatever that may mean—the wonderfully successful remedy of a Dr. Honingberg. And then chlorodyne, again, is up in the market and public esteem, which mean the same. Consul-General Mansfield writes to the Secretary of State from Warsaw, that there is no remedy for the cattle-disease equal to profuse drinks of chalybeate water.

Mr. Harris of Constantinople knows of no cure for cattle, but has had practical experience of the great value of an exceedingly simple means of preserving cattle free from all contamination. This is merely to wash well every morning the nostrils, mouth, and tongue of each animal with vinegar. He has heard also from Danubian farmers that datura stramonium, thrown into the drink of cattle, constitutes an excellent preservative from the disease. Mr. Ayme of Bournemouth is more sure of a remedy. He gives the following "certain cure", as he calls it, for the cattle-plague.

"Two wine-glasses full of vinegar in a quart of

warm water, repeated every four hours, three times for the first day. Next morning, two teaspoonfuls of spirits of turpentine in a pint of thin gruel; and at night a pint of thin gruel, with a wine-glass of whisky in it."

Mr. Talbot, a large cowkeeper, gives one-third of a pint of charcoal to each cow every other day; and the same treatment by charcoal is said to be adopted by the doctors in Palestine in cases of cholera.

Such are a few examples of the recommendations with which the daily press teems. The medical profession—the reputed physic-givers—would show how to prevent disease, or to diminish its violence, by sanitary measures; the public think it more important to make known some infallible cure.

THE Minister of Agriculture, Commerce, and Public Works in France, a month since charged MM. Bouley and Reynal, Professors at the Veterinary School of Alfort, with the mission of investigating the cattle-disease in France and Germany; and a commission, consisting of M. de Monny de Mornay, Dr. Mélier, Dr. Tardieu, MM. Lecoq, Magne, Bouley and Reynal, Prevost, and Vanhuffel, have been appointed to examine and report on the information received, so that the proper measures may be adopted in the case of an outbreak of the epizootic in France. M. Bouley, at a meeting of the Academy of Medicine on the 29th ult., read an elaborate account of what he had observed and the conclusions at which he had arrived. After stating his reasons for believing the disease to have been imported, and describing the result of his inquiries as to its symptoms and morbid anatomy, he rebukes the English for their tardiness in adopting measures to prevent the spread of the disease. He believes, in a word, that the action of the English Government has been fettered by an undue regard for liberty; and that such a catastrophe as has occurred in England could not happen in France, where liberty is not the object of idolatry (*fétichisme*)!

"That it has attained such considerable proportions in England is," says M. Bouley, "due to sufficient barriers not having been raised against it at first. The animals which were first infected were, while in the stage of incubation, removed from their stalls and brought to the markets, and thus spread the disease in all directions. Whether it was that sufficient account was not taken at first of the gravity of the disease, or that the Government thought itself not sufficiently armed with legal powers, precious time was lost before adopting means for preventing the spread of the scourge..... But now, when the severity of the disease is demonstrated by its disastrous results, individual initiative, so powerful in England, supplements the defects of governmental action; the owners and keepers of cattle are combining in districts not yet infected; voluntary subscriptions are being raised; and the importation even of any animal of the bovine genus into these districts is forbidden. If the disease break out in an animal it is to be killed; and the owner is to be reimbursed from the common fund. These are," says M. Bouley, "excellent measures; and probably, if they had been adopted earlier, England would not be where she now is."

VETERINARY SURGEONS RIPPEN AND FASTING, from Nordenhamm, have recently visited this country to study the cattle murrain, and have reported to their employers.

"From the symptoms, and from the data arrived at by dissection of animals, it is apparent that the murrain in London is a typhoid disease, having very great resemblance to the cattle-plague (*Rinderpest*) prevalent in Russia. Attempt to cure the disease is but rarely possible. The opinion of the public and of practical men is at variance, whether the murrain was introduced from abroad, or has first developed itself in England. It is, however, generally agreed, that the introduction is more probably from Russia than from Germany. The inspectors of cattle and Professor Simonds do not say it was impossible that the disease might have been introduced from Russia; but they are also of opinion that it may well have arisen in the London dairies. Professor Gamgee firmly maintains that the disease was imported from abroad. Although we ourselves did not venture to express any decided opinion upon the question, we did state frankly and confidently that this epidemic disease never could have been introduced from Germany, and most especially not from Oldenburg and Bremen, as no malady of the kind has, thank God, occurred here for many years."

A CIRCULAR memorandum relative to the spread of cholera among Her Majesty's troops has been issued by the Commander-in-Chief. The following are extracts.

"His Royal Highness the Field-Marshal Commanding-in-Chief desires to draw the attention of general officers in command of districts, and commanding officers of corps in general, to the necessity of examining into the sanitary state of all barracks and cantonments occupied by troops. A permanent sanitary committee should be appointed at all camps and garrisons, consisting of a field officer, or captain when no field officer is present, an officer of the Royal Engineer department, if available, or an officer of the barrack department, and a medical officer, whose duty it should be to visit periodically all barracks or cantonments at the station, and satisfy themselves that the barracks are not occupied to a greater extent than authorised; that the barracks are clean, and that all the orders on the subject of ventilation are carried out; that the drains, cesspools, etc., are in good order; and that no accumulation of filth is allowed in the barracks or cantonment."

It will be seen that here, as is usual, the medical officer, who is evidently the only person who will really do the responsible work, is kept in a subordinate position. Even when the cholera is in view, His Royal Highness still takes due care to have the "doctor" kept in his right position—*i. e.*, to have him duly *subordinated*.

DR. DE LISLE, of St. Peter's, Guernsey, writes to the Guernsey *Star* on the unsanitary condition of that town, with regard to the drainage and water-supply.

"This town contains some 2000 houses; almost

every house has a cesspool. In other words, about every thirty square feet of surface is dotted with one of these pits, constructed designedly in open masonry to allow the more fluid and soluble contents to percolate the surrounding soil, and thus lessen the expense of frequent emptying. Now the inhabitants of St. Peter Port depend for drinking water upon wells sunk fifty or sixty feet below the surface; the sides of these wells are also of open masonry, and they are supplied in a great measure from the rain that drips into them through the surrounding soil..... In 1849, cholera broke out in the Town Hospital in a virulent form, and destroyed several lives in a few days. On examination, it was found, amongst other causes of disease, that the tank containing spring water used for drinking and for culinary purposes, was strongly impregnated with the leakage of defective drains. Some years since, the water of one of the public pumps was the subject of repeated complaints. After several examinations, it was discovered that this well received the oozings of a contiguous cesspool and the loathsome contents of a drain. Two adjoining houses were built at one and the same time, and the respective owners agreed to sink one well for joint accommodation. In a few years, the water became offensive and undrinkable through the oozing of the contents of a cesspool. Both houses were drained systematically, nuisances were suppressed, and the water recovered its pristine purity. As matters stand, we may rest assured that the water we drink is more or less tainted with poisonous matter; and that the evil is increased when the springs are low, and when heavy rains succeed a drought or a dry summer. Before sanitary measures can be effectively carried out, more stringent and comprehensive legislation than exists at present must be established."

The French Government has appointed a Commission composed of the Professors of the School of Medicine and Pharmacy, to prepare a new Pharmacopœia, or Codex. The work is to be printed by the publisher, who will publish it at the smallest selling price. The successful competitor is also to pay down £1000 for the expenses of correcting the manuscript, etc. Five Parisian publishers competed; and the work has been adjudged to Messrs. Baillière. The first *Codex* was published by Parliament in 1743. This was replaced by the *Codex Medicamentarius*, published in 1818 and in 1837. We need hardly say, that this *Codex* is no longer in harmony with science.

The French Academy of Sciences is receiving an inundation of cholera remedies. A reverend Capuchin, Father Raphael of Loretto, possesses a wonderful tincture, which which he cures hydrophobia. He believes that it will be equally effectual (quite correctly, no doubt) against cholera; and offers to send the Academy some bottles, with the receipt. M. A. Tortosi attributes cholera to miasmata, and proposes to dissipate them by discharging cannon in places attacked by the epidemic. Another correspondent boasts of santonine as infallible; and, in fact, *L'Union Médicale* suggests that it would be a saving of time to enumerate the things which have *not* been proposed as remedies in cholera.

In 1861, M. Diday challenged the homœopath-*en-chef* of Lyons, Dr. Gallavardin, to a medical combat in the Hospice de l'Antiquaille. "I challenge you to come here," he said, "and treat gonorrhœal patients with infinitesimal doses." "No", replied Dr. Gallavardin, "do you come to our dispensaries, and we will show you there how the thing is done." "That," rejoins M. Diday, "I cannot agree to. I do not for a moment doubt that a homœopath can cure gonorrhœa. What I want to see demonstrated is, that homœopathy can cure it. To speak plainly, I must believe that, if you homœopaths cure gonorrhœa, you give the patients the same drugs that we do, and not globules and dilutions. I, therefore, ask you to perform the experiment under the eyes of a third party in hospital. However, as you object to come to the hospital, I will accept your proposal of treating dispensary patients on one condition, and it is this, that, during the treatment by your method, *you shall allow the patient to urinate twice a day in my presence.*" Such is the challenge thrown out by M. Diday. Let us hope that the homœopath will not refuse it. The combat will be a very interesting one.

Cholera, says *L'Imparziale* of September 1, has notably diminished in Ancona. The disease, however, prevails with severity in the small town of San Severo in Apulia; and it is reported, but it is hoped without foundation, that several medical men have abandoned the town. Cases of cholera continue to appear at Bologna and Modena; and a laundress has been attacked at Grassina, near Florence. Several ports in Spain are officially declared to be infected with cholera; and some cases are reported to have occurred in Gibraltar.

A chair of Organic Chemistry has been, on the proposal of the Minister of Public Instruction, instituted in the Imperial College of France; and M. Berthelot has been appointed titular professor.

Dr. Beale's work on the Urine has been translated into French by MM. Ollivier and Bergeron, who have added two chapters, treating principally on the elimination of poisons and medicines by the urinary organs.

Professor Dietl of Cracow, who was lately appointed Rector of the University there, has, says the *Wien. Med. Wochenschrift*, been for some unknown reason pensioned off. Dr. Gilewski is supposed to be his successor in the clinical wards.

M. Rufz de Lavison, an associate member of the Imperial Academy of Medicine, places at the disposal of the Academy a prize of 2000 *francs* on the following subject: "Determine by exact and sufficiently numerous facts, in men and in animals passing from one climate to another, the modifications and alterations of function and the organic lesions which may be attributed to acclimatisation." The prize is to be awarded in 1870.

M. Velpeau presents to the Academy of Sciences, for insertion in the *Comptes Rendus*, the conclusion of a work by M. Caradec on the hygiene of hot climates; and asks that a committee of members, who have lived in tropical countries, be appointed to examine the work. The President thereupon nominates M. Roulin and M. Velpeau. "But," cries M. Velpeau, "I have never been in hot climates." The learned professor, says *L'Union Médicale*, regularly attends all the meetings of the Academy; and this is enough to give him an idea of intertropical climates!

Dr. Panum, in his observations on Transfusion of Blood, has come to some important conclusions. Defibrination of the blood, he says, exerts no particular influence over the excretion of urea. The fibrine is quickly reproduced, and, in fact, becomes normal again in forty-eight hours. The fibrine again exercises no influence on the restoration of vital manifestations—a fact which proves that this substance is only a secondary product of tissue-formation, and not, as has been hitherto held, a body presiding over their formation. Hence, therefore, defibrinated blood must be held as infinitely superior to non-defibrinated blood when used for injections; because, by its use, the danger resulting from the injection of clots is avoided, and because defibrinated blood is more highly charged with oxygen than ordinary venous blood. Healthy human blood should always be employed; because, spite of experiments which always show that in animals the blood of an allied species may be used, there is always danger of its undergoing decomposition. The fibrinated blood may be preserved in ice, and warmed when employed in injections; but fresh blood is always preferable. When the case is urgent, there is no need for heating the blood to the temperature of the body; nor is there any danger in injecting large quantities of blood into the vessels. The surgeon should not wait until the last moment before he proceeds to the injection; because the operation is not in itself dangerous, if all due precaution be adopted in its performance.

Dr. Potain of the Hôpital St. Antoine gives, in *L'Union Médicale*, an interesting case, in which aneurism of the thoracic aorta was diagnosed by means of the laryngoscope. The patient, on admission, suffered mainly from cough, aphonia, and dyspnœa, and was treated for laryngo-bronchitis. But as the treatment had no effect, M. Potain, convinced that the mischief lay in the larynx, examined the organ with the laryngoscope; and, to his surprise, found the mucous membrane in a perfectly healthy state. The cause of the aphonia, however, was at once explained by a complete paralysis of the left vocal cord. Hence, it appeared probable that the left recurrent nerve was affected in some part of its course. On further investigation, M. Potain was able to observe deep down in the trachea on its left side a reddish and projecting surface, which prevented the first division of the bronchi from being seen. No pulsation, however, was observed in it. This fact, however, with certain auscultatory signs, led to the diagnosis of aneurism, which was confirmed by autopsy. The recurrent nerve was found closely pressed between the tumour and the trachea; it was flattened and transformed into a kind of ribbon, and could only be recognised by its continuity with the pneumogastric nerve. All the laryngeal muscles supplied by the left recurrent were more or less atrophied.

"Oh! the Babel cry of therapeutics" (says the *Wiener Medizin. Wochenschrift*); "that which one prizes, another despises; that which one gives in large doses, another fears to give in small doses. What is prized to-day as a novelty, is cast aside to-morrow, because it has been found out to be an ancient thing! Confusion, contradiction, chaos unsurpassed! Not only has each country, every place, its own peculiar means of cure; but every doctor likewise has his method, without which he believes his patient cannot recover. And all this goes on, changing from year to year and month to month. In Vienna, for example, one physician employs opium in the cure of typhus; another, quinine; a third, ipecacuanha; a fourth, acids. In Pesth, hydriodate of potash is the remedy; in Paris, different kinds of tisans; in London, brandy and sherry. In the treatment of syphilis, again, what gigantic absurdities and contradictions are perpetrated. Each one believes he has the key to the only true treatment; and every medical Nathan the Wise regards his brother Nathans as fools."

Up to August 31st, there were 1599 cases of cholera in Malta, and 957 deaths. In Gozo, the cholera cases amounted to 241, and the deaths to 176. The Governor of Malta has declined to accede to a petition for imposing a quarantine of forty days on persons arriving from places infected with cholera. He "is of opinion that shutting people up for forty days in an ill-constructed, ill-ventilated, and unwholesome place, like the lazaretto now is, would probable generate cholera, and certainly induce attacks of typhus fever among the persons detained there."

Dr. Descieux has published a pamphlet, in which he asserts that, during the last third or quarter of a century, the human constitution has undergone a change in France; that diseases have become asthenic; and that, consequently, bleeding is not required now as formerly. He finds the causes of this change in the immoral state of society, in the ardent love of riches, in sensuality, and in the abandonment of moral and religious principles. Dr. Descieux does not, however, produce any proof of his assertion.

THE LATE PEPLOE CARTWRIGHT, ESQ., OF OSWESTRY.

With extreme regret we have to record the loss of one of the oldest and ablest members of the British Medical Association. Mr. Cartwright was stricken with apoplexy on the 28th of August; he never rallied, and expired on the day following. His death is an irreparable loss to his sorrowing family, and to his many sincerely attached friends. It has cast a gloom over the town of Oswestry, which owes so much to his public spirit and untiring exertions.

Mr. Cartwright was foremost in the promotion of every measure having for its object the improvement of his native town, and the prosperity and welfare of its inhabitants.

As a member of the British Medical Association, he took a deep interest in its success, and, except at Leamington, was present at every one of the annual meetings. He was an active member of the Council, and some years ago exerted himself much in the Medical Reform movement.

As a medical practitioner, he was distinguished for the soundness of his judgment, which secured for him the respect and confidence of a very wide circle of patients. His professional brethren can testify to the integrity of his conduct, and his never-failing desire to uphold the honour and dignity of their common calling. He was most generous, unselfish, and open-hearted; and he has left behind him a name that will long be held in grateful and affectionate remembrance.

Female Physicians. The Philadelphia *North American* says there are six or eight regular female physicians in that city, whose daily practice is equal to that of the average of male physicians. One of them keeps three horses in constant use.

Aphasia. A case of this infirmity is reported by Dr. Courties, in the *Abeille Médicale*. Some time ago he was sent for to visit a lady who, while preparing to go to a railway station, was suddenly seized. She could only articulate single words and broken sentences, which were utterly unintelligible. Her cousin asked her to write, but her hands only traced words and sentences quite as incoherent as those she had uttered. At this moment Dr. Courties arrived; the patient had melancholy depicted on her face; her eyes and pupils were in their normal state, her reason was unimpaired, and she perfectly understood what was said to her. He questioned her, and her tongue only articulated incoherent words as before. He tried to make her write, but her hand only wrote the words she had spoken. He then told her he would ask her some questions which she should only answer by nodding or shaking her head. He thus learnt that she had never before experienced similar symptoms, and that she was quite well before this indisposition. Her tongue presented nothing remarkable; she was 63, and of a strong constitution. The muscles of her neck were obedient to her will, and her tongue and hand only were rebeliious. Dr. Courties gave her an etherised draught and applied mustard poultices to her feet. By these simple means she was restored to her ordinary state of health in the course of six hours; that very evening all the symptoms ceased, and nothing remained of her indisposition.

WINE, MIGHTY WINE.

Dr. Jules Guyot thus says or sings of his country's wines in *L'Union Médicale*.

However far back we look into Pagan, Jewish, or Christian civilisation, we find the vine, and its fermented juice, wine, in the highest repute as an inspirer of the human heart.

In Pagan times, the vine and wine had their gods, their priests, and worship. Wine inspired the poets, and in their mouth celebrated love, glory, and genius, the agents of all civilisation.

In Jewish days, sacred history every where offers us the vine as a symbol of fecundity and riches, and wine as the source of force and contentment of the human heart. From the days of the Deluge, the vine and wine are linked to man's existence as forming, in some sense, a part of his first regeneration.

Then comes the Christian era, when we find Jesus showing the necessity of the use of wine in family repasts and social meetings, by the miracle at the marriage at Cana.

The pure fermented juice of the grape—natural wine—is, in fact, the most generous inspirer of the heart of man; it opens a new era to man's spirituality, and conducts him upwards towards perfection by inspiring him with love and genius. This is one of the great truths inscribed in the sacred writings, accepted originally by ingenuous faith, rejected by pride and philosophic ignorance, but soon recognised by the true science of observation.

Read the history of ancient and of modern peoples, and you may calculate their degree of civilisation, their courage, their goodness, their genius, by the use of wine as an alimentary constituent of their ordinary repast.

The surface of the earth is large, but the spots where the vine will grow are small; and we find that true genius has arisen at those spots, and has extended thence, and only into those parts into which wine has been imported.

Where the wine enters not, there exist neither science, nor arts, nor manufactures. Islamism owes its imperfectibility and its decay chiefly to its proscription of wine.

There is only one true wine proper to nourish and fortify the heart and the mind of man fraternally and socially and christianly; and that is the pure juice of the grape, obtained by simple fermentation. Wines that have been boiled, sweetened, and distilled, are no longer natural alimentary and physiological wines. These may please the taste and nourish the body; but they have not the power of uniting men in spirit, and of elevating their hearts.

He who uses grape-wine is of good and generous heart, joyous and prompt in spirit; he produces much, and is bountiful to his brothers. He who drinks of other wines is cold and heavy in heart and spirit, and is rather disposed to take than give.

France has for centuries cultivated the grape. First it was established in its hotter provinces; now it is cultivated in eighty departments. To it France owes a great part of its population and its riches, its force, its contentedness, its bravery, its genius, and, above all, its love and devotion to all humanity.

Wines pure and natural, associated as drinks with ordinary food, are essentially hygienic. Cheap wine is the wine of the people. Drunk in moderation—one bottle to two or three people—it gives force and courage, and nourishes like bread and wine. The wine-grower sells his best wine, and drinks the weakest; but he is strong, and contented, and happy. If he drink beer or cider, he is strong, but he is also

saddened. If he have only water, he is feeble and wretched. Tea and coffee have their bodily and spiritual influence; but wine alone bears with it the traditional inspiration of humanity.

Pure natural wines, even when taken to excess at the festive board, do not produce evil results. A free and vivacious gaiety, an exaggerated sentiment of universal love and benevolence, are the excessive inspirations of good wine. The illustrious Cobden has well said, French wines are the true wines of spiritual gaiety; and twenty years hence, it will be added, they are the true wines of civilisation and universal peace.

The vice of drunkenness is unknown amongst the growers of the vine. The most degraded forms of drunkenness are observed amongst those who partake of falsified wines, and spirits extracted from grains, potatoes, beet-root, etc.

The true qualities of French wines are their purity and primitive simplicity; and they must be appreciated rather by their hygienic and physiological than by their sensual qualities. France, almost alone in the world, produces wines hygienic, physiological, and, as an old Latin inscription over the door of the cellars of the Chateau de Savigny has it, theological. These wines offer a thousand shades of difference, corresponding to as many different qualities, and to as many different effects produced upon the mind and body. Every temperament, every social position, can have the wine best suited to it. In the wines of Burgundy we have a generous bouquet, fulness, and warmth, a stimulating and rich taste; they give force and activity to the body, richness of ideas, and gaiety spiritual and genial.

The wines of Bordeaux possess a bouquet delicious and unrivalled in expansion, duration, and softness; a taste full, velvety, and balsamic. They render the digestion easy; they give comfort and repose to body and mind, and disturb not the brain.

Champagne wines should figure at all the festivals of families and of nations. They have rendered great services to the spirit of associations, and have produced so many happy and fertile ideas that they may be well considered as powerful elements in the social and spiritual movements of mankind.

The wines of the Alps, the Pyrenees, of the Rhone, the Garonne, the Loire, the Seine, the Moselle, and the Rhine, are treasures of inspiration, of love, bravery, and genius. France is the California of the *esprit* and the heart of men. Its cellars are the richest depôts of the concord, the happiness, and the progress of humanity.

ITALIAN MEDICAL ASSOCIATION. The meeting of this Association, which was to have been held this month in Florence, has been postponed.

UNIVERSITY OF DURHAM. Some important changes have recently been made in the statutes of the University of Durham. Under the new regulations, which will come into operation at Michaelmas next, the period of residence will be extended to eight months in the year, instead of six as heretofore; and students in arts, on passing the requisite examinations, will be admissible to the degree of Bachelor of Arts after a residence of two years. In the school of physical sciences which has now been established, lectures will be provided in chemistry, geology, civil engineering, and other kindred subjects. Various new examinations and scholarships have been provided, which, as well as those previously existing, will be disposed of by competitive examination. No religious test or subscription will be required on matriculation, nor for degrees, exhibitions, scholarships, or fellowships.

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on TUESDAY, September 12th, at Three o'clock *precisely*.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, August 22nd, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Ship Hotel, Dover, on September 21st, 1865.

Gentlemen intending to communicate papers or cases, are requested to send notice forthwith to the Honorary Secretary.

ROBERT L. BOWLES, *Honorary Secretary*.

Folkestone, August 30th, 1865.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 5th, 1865.

Reports of Societies.

ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

ORDINARY GENERAL MEETING, APRIL 5TH, 1865.

WM. ROBERTS, M.D., in the Chair.

Fatty Discharge from the Bowels. Dr. SIMPSON exhibited a specimen of fatty matter discharged from the bowel, either along with or immediately after the fæces. He saw the patient, J. A., accidentally, six months before he was called on to attend him, and was struck with his cachectic appearance. He was a tall, strongly made man, aged 64, a good deal emaciated; having formerly been rather stout, and having weighed seventeen stone only two years previously; from which time he dated his illness. This commenced with diarrhœa. The stools were copious, thin but not watery, and generally deficient in colour. Along with the motions he noticed some oily matter, resembling, as he said, linseed oil. He had also some dyspeptic symptoms, though for a long time his appetite remained good; and he complained of great loss of strength. He examined the motions, and found on several occasions a considerable quantity of congealed fatty matter, of a yellowish colour, floating, in drops or flakes of various sizes, on the water of the pan, or lying on the surface of the fæces like fat on cold broth. It melted by heat, burned readily, and gave a greasy stain to paper. The lungs were free from disease; but there was a systolic murmur heard at both the base and apex of the heart. When first seen (Feb. 25), the patient was anæmic, but not distinctly jaundiced. The abdomen was not distended,

nor was any tumour noticeable on inspection; but, on further examination, the liver was found enlarged and extending nearly to the umbilicus. There was then no tumour in the position of the gall-bladder; but about March 12th, it began to project beyond the edge of the liver; and on the 17th, it extended to an inch and a half below the umbilicus. Several days before the gall-bladder became distended, jaundice set in; at first slight, but it gradually deepened to a peculiarly golden yellow tinge, almost like the colour of the inside of the petals of the butter-cup. The stools were pale, and the urine very dark-coloured. The latter was tested for biliary acid by sulphuric acid and sugar, as recommended by Dr. Harley; but without satisfactory results. The progress of the case was steadily downward. The weakness increased; the stomach and intestines became oppressed with flatus; the mind wandered; and the patient died on the morning of March 23rd. It was with difficulty that a partial examination could be obtained; but on the afternoon of the 25th, Dr. Wm. Roberts, who had seen the patient some days before death, Dr. Thorburn, and Dr. Simpson, examined the abdomen. Decomposition had advanced too far for it to be as complete as could have been wished; but there was found to be considerable enlargement of the liver from intense biliary congestion. The gall-ducts were enormously gorged; forming, where they approached the surface, elevations of the size of a cherry. The gall-bladder and the common duct were also greatly distended. The cause of the obstruction was found to be a cancerous growth of the head of the pancreas, of about the size of a small orange. The pancreatic-duct was enlarged, and its orifice ulcerated; but decomposition had advanced so far as to render impossible any further examination. The *post mortem* examination proved that the supposition as to the cause of the biliary obstruction was correct. They were led to this by the frequent (but not invariable) occurrence of fatty discharges in cases of diseased pancreas; by the gradually increasing, and at last complete, obstruction to the escape of bile, which would be accounted for by a tumour in that situation; while the cachectic aspect of the man rendered it highly probable that the disease was cancerous. Some tenderness, but no tumour, could be discovered during life on the most careful examination. No other cancerous nodule was found.

Specimens. Dr. Wahltuch showed a Hydroconion of simple construction, worked by steam force.

Dr. Little showed two cases of Synchesis Scintillans; demonstrating with the ophthalmoscope the presence of cholesterine in the vitreous humour.

Dr. Loughnan exhibited, for Mr. Smart, a case of Primary Cancer of the Neck in a child 8 years of age. The enormous size of the tumour, extending from the head to the shoulder and passing round the front of the neck, was very remarkable.

Dr. John Roberts showed some cases of Tinea Tonsurans; demonstrating with the microscope the presence of the parasitic growth.

Dr. Wm. Roberts showed a commodious stand containing all the requisites for complete Urinary Analysis.

Treatment of the Deaf and Dumb. Mr. Van Asch, a gentleman who has devoted much attention to the instruction of deaf-mutes, was introduced to the Society by the President. He called attention to their speaking powers, and to their mental state, and would not go into the question of the physical condition of those so afflicted. Being cut off from the ordinary means of observation, their store of information is very small. There are certain natural signs by which they can express some of their wishes to those accustomed to them; but they are not understood by people in general. Useful as they are, it is very desirable that they should be made acquainted with our language. The finger-language is highly artificial, and known to few. Writing is too slow for ordinary conversation. In Holland, they apply the system of articulation and lip-reading, by which the deaf are taught to articulate sounds, and use them as representatives of thought. It is not a perfect method, but succeeds better with some than others, and best with those not absolutely deaf; the totally deaf being the most difficult to teach. One-half of the deaf and dumb are totally deaf, and the rest have some little remnant of hearing. This system has good effects on the general health of the deaf, tending to correct the deficient expansion of the chest, and the proclivity to pulmonary consumption, proved to obtain more frequently among them than the rest of the community; and it has been found that the mortality from throat and chest diseases is greater in institutions where the deaf are taught by the finger-language, than by articulation and lip-reading. The advantages of the system, then, are—1. That it developes the mind; 2. Speech ensures to them greater usefulness in ordinary life; 3. It promotes the development of the chest and lungs; 4. It generally causes some improvement, where they exist, in the remnants of hearing. One great difficulty in the teaching is the poverty of ideas in the deaf, not so much with abstract ideas as with words, such as some of the verbs, from their being used with such variously modified meanings; *e. g.*, take the verb to employ. We employ time, attention, hands, pens, cotton, timber, etc. They only become acquainted with them and their various uses by seeing them used over and over again. The method was illustrated by three of Mr. Van Asch's pupils, who were able to speak with several of the members present, if a little care were taken to articulate slowly and distinctly; most readily, however, with those who used the most lip-action in speaking. To show that sound was not the medium of communication, they answered questions spoken in a whisper, scarcely audible to those close to the speaker, from the other end of a large room. In teaching them to articulate, the sense of touch is brought into use along with that of sight; the teacher taking one hand of the pupil and holding it under his own, and the other under the pupil's throat; and then, producing the vowel-sounds, which the pupil tries to imitate, succeeds at length in producing vibrations in his own throat corresponding with those felt in the teacher's. The vibrations are, of course, accompanied by sounds, to which, in process of time, definite meanings become attached. The consonants are learned by watching the movements of the teacher's lips and mouth.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 27th, 1865.

James Alderson, M.D., F.R.S., President, in the Chair.

THE OBSTACLES TO THE RE-ESTABLISHMENT OF NATURAL RESPIRATION AFTER THE PERFORMANCE OF TRACHEOTOMY: SOME CASES, WITH REMARKS. BY THOMAS SMITH, ESQ., F.R.C.S.

The hindrances to the withdrawal of the cannula and to the restoration of the passage of the larynx, to which attention was drawn in this paper, were such as only take effect after the performance of tracheotomy, and as a consequence of that operation.

They had no reference to the persistence of any cause of obstruction necessitating the introduction of the tracheal tube. The author detailed cases where great and even insurmountable difficulty occurred in removing the cannula after the performance of tracheotomy. He enumerated four cases of obstruction to the passage of air through the larynx after that operation:—1. An accumulation of granulations within the trachea, just above the cannula. 2. Obliteration of the cavity of the larynx by adhesion of the margin of the rima of the glottidis. 3. Loss or impairment of function in the laryngeal muscles. 4. Narrowing or partial collapse of the trachea from necrosis of its cartilaginous rings. The author endeavoured to show that a temporary impairment or loss of function in the laryngeal muscles is no unfrequent occurrence after tracheotomy; and suggested that it may reasonably be referred either to the complete interruption of all exercise of function in the larynx which the operation for a time entails, or to a reflex irritability of the muscles of the glottis from the contact of the cannula with the mucous membrane of the trachea. With a view to obviate the occurrence of some of the untoward contingencies described, the author recommended a small appliance devised by himself to be worn in the orifice of the cannula. This instrument, while it allows the air during inspiration to enter through the wound, directs all the expired air through the cavity of the larynx. This, he said, at once restores the voice; helps to clear the cavity of the larynx from false membrane or accumulations of mucus, and forms a safe method of testing the permeability of the larynx; and its use as a preliminary measure to the final removal of the cannula will accustom the rima glottidis to the transit of air, and diminish its irritability.

THE APPLICATION OF SUTURES TO BONE IN RECENT GUNSHOT FRACTURES, WITH CASES; ALSO REMARKS ON THEIR SIMILAR USE IN SOME OTHER FRACTURES AND OPERATIONS. BY BENJAMIN HOWARD, M.D., ASSISTANT-SURGEON UNITED STATES ARMY.

Dr. Howard exhibited statistics, showing the large number of secondary amputations rendered necessary in gunshot fractures of the extremities by the inevitable transportation from the battle-field to general hospital. The disastrous results are mainly due to the constant motion of the fractured ends of the bones, between which innumerable loose fragments and sharp spicula of bone are ground together, mangling the soft parts adjacent, and producing violent irritation and inflammation, which is further increased by the pressure and constriction of disarranged bandages and splints firmly applied on starting to prevent displacement—an attempt perfectly hopeless without the use of other means. The most careful efforts of this kind are frequently followed by such inflammation during the "middle passage" as to destroy every hope of saving either the limb or the life of the patient.

Resection of the shaft of the long bones has been practised, with removal of the loose fragments, but the motion remains undiminished, and the ends of the bone are continually apart. In 1863, the author, in a communication to the Surgeon-General of the United States army, proposed a plan of treatment for gunshot fractures of the humerus, which he had since carried out, with a view to obviate the evils referred to wherever the operation might be practicable. The treatment consists in cutting down upon the seat of fracture, enlarging the wound or otherwise, removing all fragments of bone and everything which can act as a foreign body, making a clean section of the fractured ends transversely, or at such parallel obliquities, as to secure the most perfect apposition with the least shortening. The ends are then firmly secured together by two wire sutures, the edges of the wound approximated, and a light splint applied by a retentive bandage, so as to leave the wound freely exposed for the repeated application of cold water from the canteen of the patient.

The chief points in the operation are to carefully avoid any unnecessary degree of disturbance of the soft parts, and especially of the periosteum; to introduce the two sutures as described, through only one cortical portion of each end, and each as nearly as possible in the same line of diameter of the bone, to prevent any hinge-like motion. The sutures, which are of annealed iron, or better, perhaps, of plated copper wire, may be cut off short, or be left protruding through the wound, so that, by successive tightening twists, nature may be aided in her natural process of extrusion.

The advantages of this plan of treatment were said to consist—1, negatively, in the absence of all previous causes of irritation; 2, positively, in securing complete coaptation and perfect rest.

A case of gunshot fracture of the humerus was related in which all the details of this plan were carried out. Although the patient was afterwards left uncared for on the field, and submitted to extraordinary exposure, the limb was in excellent condition; and, as far as could be ascertained, it continued so until subsequent recovery, and transfer of the man to another regiment.

Another case also was reported of severe fracture from lodgment of a fragment of shell in the femur, with great shortening. After removal of the missile and fragments of bone, the fracture was reduced, and without section of the bone, by means of one stout wire suture. The refitted interlocked fragments were permanently secured *in situ*. The patient, who was sixty years of age, and of feeble constitution, was rumoured to have died a few days afterwards *en route* to general hospital. This plan of treatment not only contemplates disposal of the chief sources of immediate danger, but of those causing great ultimate delay, thus averting the innumerable intercurrent diseases incident thereto. It is new only in its application. Substantially the same operation, including the use of the wire suture, has for a long period been practised, and still meets with general approval as a secondary operation for ununited fracture. Other things being equal, it cannot be less admissible as a primary operation, where, in the absence of all pathological changes, we have a healthy condition of all the parts, with sound bone in apposition and at rest.

Although it would be unwise to anticipate too definitely the histories of the author's cases, which may be hereafter collected from the various hospitals to which they were sent, and from which a more complete report will be made, his experience so far justifies him in submitting the plan of treatment to the profession. He would recommend the use of wire sutures in the manner described in certain compound fractures with great displacement, in Pigoroff's operation if practised, and in fractures of the jaw, in which he had used them with great advantage.

A Fellow asked the author if he had met with any cases in which the upper and lower extremities had been treated.

Dr. Howard replied that the plan was introduced for the treatment of fracture of the humerus, and had been adopted in but one case of fracture of the femur. Dr. Howard exhibited several diagrams illustrating the chief points in his paper.

Mr. Francis Mason asked if the process was not a difficult one? He had seen Mr. Fergusson do the operation twice, and each time with considerable difficulty.

Dr. Howard said it was difficult without assist-

ance. He had, however, once done it in five minutes; but, as a rule, the operation required twenty or thirty minutes.

EXTERNAL LATERO-ANGULAR DISLOCATION OF THE RIGHT ELBOW-JOINT, A NEW FORM OF DISLOCATION, WITH ACCOMPANYING DISSECTION OF THE LIMB. BY FREDERICK JAMES GANT, ESQ., F.R.C.S.

This injury occurred in the person of a man, aged 50, whose right forearm was jammed between the buffers of two railway carriages. He was admitted into the hospital under the care of Mr. de Méric, who placed the limb at the author's disposal for dissection.

The articular ends of the three bones which form the elbow-joint were displaced into the following remarkable relative position. Both bones of the forearm had undergone an external lateral dislocation, as complete as is usually met with, the larger sigmoid cavity of the ulna resting against the outer condyle of the humerus. But both bones had also undergone displacement upwards and outwards, turning on the end of the humerus as a hinge until their axes formed a right angle, or rather less, with that bone; thus constituting an external latero-angular dislocation. The inner half of the larger sigmoid cavity embraced the condyle and capitellum (of the humerus) just behind its articular surface; the coronoid process resting externally against the one, and the olecranon being underneath the other, as far as the ridge between it, the capitellum, and trochlea. The head of the radius was in close relation, not contact, with the external ridge of the humerus, just above the condyle; the ridge bisecting the cup-like cavity of the radius. The head of this bone was, therefore, neither in front nor behind the humerus; it was not dislocated either forwards or backwards.

With this wrenching displacement of the forearm outwards and upwards, all the ligaments of the elbow-joint, save the posterior one, gave way entirely. The disposition and state of the muscles, vessels, and nerves were fully described; also the external appearances of the limb, and their connection, as signs of the dislocation above described. A large lacerated wound in the forearm, exposing the flexor muscles, with the radius and ulna, was the direct result of the contusion. A small aperture in the skin, just above and behind the inner condyle of the humerus, and leading into the joint, made the dislocation compound.

Amputation of the arm in its upper third having been performed by Mr. de Méric, was followed by an excellent recovery, delayed only by partial sloughing of the stump, consequent on the extensive injury.

ON THE PATHOLOGY OF TETANUS.

BY J. LOCKHART CLARKE, F.R.S.

In this communication, the author described the condition of the spinal cord in six cases of tetanus. In every one of these there was not only more or less congestion of the bloodvessels, but there were also definite, and frequently extensive, lesions of structure, such as had never yet been discovered. These lesions consisted of disintegrations of tissue in different stages of progress, from a state of mere softening to that of perfect fluidity, and were accompanied by certain exudations and extensive effusions of blood. They were found chiefly in the grey substance, which, moreover, was in many places strangely altered in shape—unsymmetrical on the opposite sides, or partially fused with the adjacent white column in a common softened mass. Although lesions of this kind existed, in one form or other, in every *region* of the cord, they were absent in some places; nor did they ever, for long together, maintain the same shape, size, or appearance, but were constantly and alternately increasing, diminishing, or disappearing, at short but variable intervals.

These lesions in tetanus were precisely similar in character to those which the author had discovered in the spinal cords of many ordinary cases of paralysis; and on comparing the lesions and symptoms of both kinds of diseases, he found ground for the support of the following conclusions. 1. The lesions are either not present, or are present only in a slight degree, in those cases of tetanus which recover. 2. They are not the *effects* of the *great functional activity of the cord*, manifested in the violent spasms, but are the effects of a morbid state of the bloodvessels. 3. They are not alone the *causes* of the tetanic spasms. 4. The tetanic spasms depend on *two separate* causes—firstly, on a *morbidly excitable condition of the grey substance of the cord*, induced by the hyperæmic and morbid state of its blood-vessels, propagated from the injured nerves and resulting in exudations and disintegrations of tissue; and, secondly, on *irritation* propagated and spread through the morbidly excitable cord from the same source—from the periphery, by the diseased nerves.

Mr. Brooke thought the facts brought forward by the author tended strongly to support the views of Dr. Radcliffe on muscular action. He should say that they pointed to the conclusion that in tetanus the disintegration of the spinal cord must necessarily imply diminished, not exalted, functional activity.

Mr. Durham had examined, on the plan introduced by Mr. Clarke, the spinal cord of a patient who had died of hydrophobia. He found intense congestion with extravasation in the dorsal region, but congestion only in the lower parts of the cord.

Mr. Gant referred to a *post mortem* examination of a case of tetanus, in which a very large quantity of blood was found in the vertebral canal. To the naked eye the cord did not present any remarkable appearance; it was very elastic.

Dr. Althaus asked the author how many cases of tetanus he had examined, as in some cases in which the cord had been examined no changes had been found.

Dr. Harley thought the Society was deeply indebted to Mr. Lockhart Clarke. They were indebted to him because he had opened a new field. Until Schrœder van der Kolk began his investigations, nothing had been done in this way. He (Dr. Harley) thought that with the researches of Clarke a new era in the study of nervous diseases had commenced. We still hear of insanity as a disease of the mind, and as if it were nothing more than mere functional derangement. He thought, however, that such phrases as "functional derangement" were doomed. "Functional derangement" was but an apology for our ignorance; "catalytic action" was something we do not understand; "vital action" a cloak for our ignorance. He believed that, thanks to Lockhart Clarke, such terms would disappear, and he could but half express his great obligations.

Mr. Lockhart Clarke, in reply, said that the observations described in the paper were made on the spinal cords of six cases of tetanus; and that since the communication of the paper he had examined the cords of three more cases with precisely similar results. The lesions and alterations of structure, though numerous, were in some places exceedingly small, and appreciable only under glasses of considerable magnifying power.

THE MORBID CHANGES IN THE STOMACH AND INTESTINAL VILLI PRESENT IN PERSONS WHO HAVE DIED OF CANCER. BY SAMUEL FENWICK, M.D.

The object of this paper was to induce pathologists to examine the blood-making organs in cases of cancer,

instead of confining their attention to the structure and development of the tumour. The microscopical examinations of the stomach and intestines in fifty-seven cases of cancer were given. In fifteen cases the breast was the organ affected by the cancer, and in eleven the mucous membrane of the stomach was atrophied, the solitary glands were enlarged, and the gastric tubes adherent or destroyed. *Chemically*, there was an excess of fat in the mucous membrane. *Physiologically* examined, there was a deficiency in its power of dissolving albumen. In four cases the microscope showed no appearance of disease. Twenty-four were cases of cancer of the uterus, and in only three was there any serious disease of the gastric mucous membrane, but in five other cases the tubes were unusually adherent. *Chemically*—in some there was an excess of albumen, in others of fat, and in others a large amount of gelatine could be extracted. *Physiologically* examined, the power of digesting albumen was lessened. There were eighteen cases of cancer of other parts of the body, and the condition of the stomach varied according to the part affected. Brunner's glands, the villi, and intestinal tubes, presented similar appearances of disease. The villi in some cases were in a state of fatty degeneration, in others the basement membrane was greatly thickened and the number of nuclei increased. The most general form of disease was a deposit of pigment in the villi. Although the author was of opinion that the facts were not sufficient to enable him to determine whether these diseased conditions were the cause of the cancer, or only a result of some other pathological condition producing both, he thought the subject worthy of the attention both of pathologists and practitioners of medicine.

ON FIBROID DEGENERATION OF THE LUNGS.

BY H. G. SUTTON, M.B. LOND.

[*Communicated by* GEORGE HILARO BARLOW, M.D.]

A section of a fibroid lung showed that in parts it was solid, firm, tough, and conveyed a grating sensation while being cut with the knife. The indurated portions were either smooth and non-granular, or in other cases markedly granular in appearance. Closer observation showed the consolidated portion to be mapped out in different colours, having a so-called "grey granular appearance," due to the increased quantity of interlobular tissue, and, scattered amidst the latter, a large quantity of dark pigment matter, The consolidation was not the primary stage; but the earlier indication of this change was seen in the apparently increased quantity of the connective tissue of the lung. The two sides of the pleura were usually found to be very firmly adherent, and in some cases the pleura was very much thickened. The fibroid induration was liable to undergo degeneration, and in consequence cheesy-looking matter was occasionally noticed amidst the hard fibroid masses. Further, in consequence of this degenerative transformation, the new tissue softened down, and a cavity was produced, which was usually discovered in one or in both apices of the lungs.

The microscopic examination resulted in showing: 1. That there had been a formation of new tissue elements, and that these were such as are usually considered to represent newly formed connective or fibroid tissue. 2. That the newly formed fibroid tissue had invaded, and in some parts destroyed, the normal lung-tissue; or, in other words, the lung had undergone fibroid degeneration. 3. That these fibroid elements were found to be the most highly developed in the immediate vicinity of the connective tissue surrounding the minute bronchial tubes, lobules, and lobulets, and also in the vicinity of the thickened pleuræ, which would appear to show that the cell formation had commenced in the connective tissue of the lung, and that it had extended in every direction amidst the elastic fibres of the air-sacs until the pulmonary cells were completely filled up and obliterated.

The clinical history appeared to show that this disease was very commonly found in those who have suffered for many years with vesicular emphysema and chronic bronchitis, also that acute pleurisy appeared to have been in some cases the immediate exciting cause; but the evidence tended to show that pleurisy was an accidental, and not essential exciting cause, and well-marked cases of fibroid lungs had been discovered in which no history of pleurisy could be obtained, and the *post mortem* examinations showed no induration of the pleuræ. In the majority of the cases there was a history of intemperance, especially of long-continued spirit-drinking.

The fibroid degeneration was in by far the majority of cases found associated with fibroid changes of the liver, kidneys, capsule of the spleen, pyloric end of the stomach, and of other organs. Nearly all the patients were males of middle or advanced life, although it did occur even before thirty, and in every case a particular conformation of the body was observed. Dr. SUTTON drew attention to certain facts which tended to show that these fibroid changes were not due to so-called "scrofula," but that it is a general "fibroid disease," and was associated with a fibroid diathesis. It had been found possible, and in many cases by no means difficult, to diagnose this form of chronic lung-disease from that for which it was most likely to be mistaken—tubercular phthisis.

Dr. GRAILY HEWITT said it was well known that collapse of the lung was associated with emphysema. He would therefore ask the author if the part affected by fibroid degeneration had not been previously collapsed.

Dr. SUTTON replied that he had no knowledge that collapse of the lung gave rise to fibroid degeneration, but he thought that under the microscope a piece of collapsed and atrophied pulmonary tissue might be mistaken for fibroid transformation; nevertheless, it was not difficult to distinguish one from the other. In the collapsed lung the elastic fibres lie side by side, and, if of some standing, give a general linear or fibrous appearance; but on closer examination it may be noticed that each individual elastic fibre can be traced to some distance, and that the margin of the elastic fibre is well defined, and the light being readily refracted through its centre, it presents a bright sparkling appearance; whereas, in the fibroid change, the newly formed fibres are imperfectly formed, and each individual fibre cannot be distinguished. Other differences, Dr. Sutton remarked, he had called attention to in his original communication.

SOUTHPORT CONVALESCENT HOSPITAL. The Southport Convalescent Hospital and Sea-Bathing Infirmary has been in existence for the period of sixty-one years, and is the oldest institution of the kind in England. Commenced when Southport was a very small village, it professed only to receive out-door patients. In consequence of the benefits which it afforded to the poor of the manufacturing districts around, the institution grew with the growth of the town, until, in 1853, a spacious building was erected for the reception of the patients, and that building, greatly enlarged during the last eleven years, affords accommodatin at the present time for 214 inmates, and during a great part of the summer is completely filled. During 1864 the number of patients amounted to 1415.

Correspondence.

REMARKS ON THE RUSSIAN CATTLE-PLAGUE, AS EXHIBITED BY COWS IN THE LONDON COW-SHEDS.

LETTER FROM F. J. BURGE, ESQ.

SIR,—I have had abundant opportunity of seeing cattle affected with the prevalent "plague"; and I have made many *post mortem* examinations.

I believe that the disease is essentially a catarrhal or mucous fever, but *not exclusively an intestinal one*; that a blood-poisoning is coincident with, or *precedes more probably*, the local manifestations of the disease, and that this blood-poisoning makes its *first* impression on the sensorium, as indicated by the peculiar position of the head of the animal, if closely watched before the mucous symptoms show themselves; that this primary cerebral influence may be first exercised on the function of digestion, causing loss of appetite, etc., but that its influence is soon extended to the other mucous membranes as well as to that of the stomach. The surfaces of the eye, mouth, and nostrils, become pinkish-white, and covered with excessive and unnatural secretions; the expression listless and stupid; in fact, the then cerebral complication is manifest; for the animal will, in the first stages of the disease, blunder even against a stone wall, as if unconscious of its presence. The vital powers seemed stunned; the prostration and debility being marked from the first onset of the morbid influence. The mucous membrane of the mouth, fauces, and stomach, I think, are affected pathologically, subsequently to that of the eye; and, lastly, that of the intestinal canal proper. The morbific influence then attacks the urinary organs. The vagina of the cow shows similar appearances to those of the eye. It is of a pale pink, studded, like that organ, with reddish patches, but not ulcerated; the diffused redness appearing rather in the submucous tissues, as if from infiltration.

The mucous membrane of the mouth is somewhat similar in appearance, modified, of course, by its coarser structure here. Underneath the lips are found the same peculiarities as in the eye and vagina, though much more marked, and the mucous follicles very prominent. The fauces, in some instances, are intensely reddened; though, in others, I have found them pale and pinkish.

The general condition of the skin is undisputed, hot and feverish in some stages, cold and unnaturally bloodless in others. The staring of the coat is universal. The moaning grunt, which is so constantly heard, is special and peculiar. Unlike that of pleuropneumonia, the result of defective respiration, the symptom here is more prolonged, and carries with it an expression of pain and suffering. If the attack be severe, and particularly just before death, the animal, if there be a rail to rest its mouth against, will, during the expiratory grunt, assume the position of the horse in crib-biting.

The appetite at last entirely fails; the debility and prostration become excessive; diarrhœa prevails. The animal, in an effort to lie down, drops suddenly on the ground; and, in endeavouring to rise, will stick its horns firmly in the manger or against the partition of the stall to assist in doing so. Twitchings of the muscles precede death. I have only seen the emphysematous condition of the cellular tissue of the neck and shoulders marked in two or three instances.

The evidences on dissection are not dissimilar, as far as the patent mucous surfaces are concerned, from those discoverable during life. The back parts of the tongue and fauces are variously red or pink, and always covered with slimy mucus. The trachea and bronchial tubes are filled with froth; and the lining membrane is covered with a thick plastic yellow lymph in flakes, but with no apparent ulceration. The substance of the lungs is generally healthy, though in some instances highly emphysematous.

The lining membrane of the various stomachs shows more or less evidences of implication in the disease; but, in the fourth stomach, these become more decisive, and gradually increase in intensity to the termination of the small intestines. On opening these throughout their length, the mucous surface is found covered with a thick slimy secretion; and, on passing the opened bowel between the thumb and finger, a thick ridge of it will be collected, of the size of the former, in a distance of a few inches along the gut. On examination of the softened mucous membrane itself, I have found *no ulceration*; but, in almost all the instances I have seen, there have been unnatural, *highly congested*, thick, corrugated longitudinal folds of mucous membrane traversing the whole length of the small intestines. Peyer's patches have been usually less visible than natural. Sometimes I have observed, apparently, an enlarged glandular body containing opaque matter with a black spot in the centre, and of tubercular form; but this appearance I believe to be due merely to a chronic enlargement of a solitary gland. The abnormal conditions diminish or cease in the large bowels. The liver, spleen, and kidneys have generally been healthy, though the uriniferous tubes show that they are involved in the mucous malady.

I have not examined the brain and spinal marrow, but am disposed to think that a kind of cerebro-spinal meningitis coexists.

The blood is fluid; and *the flesh is of a peculiarly dark colour* after death.

I am, etc., F. J. BURGE.

Medical Officer of Health, Fulham District.

Hammersmith, August 1865.

ACCIDENTS IN COAL MINES. The reports for 1864 show that 867 lives were lost in the year by accidents—that is to say, one in every 354 men employed, one to every 109,715 tons of coal raised. Large as the loss of life still is, the return is satisfactory by comparison.

Medical News.

APPOINTMENTS.

MARCH, William J., Esq., appointed Assistant Medical Officer to the Nottingham County and Borough Lunatic Asylum, in the room of H. N. Watts, M.D.

SPENCE, Alexander I., M.D., appointed Assistant-Physician to the Royal Edinburgh Asylum.

WATTS, Horace N., M.D., appointed Colonial Surgeon to the Falkland Islands.

DEATHS.

CHAPMAN, Thomas, Esq., Surgeon, at Ampthill, aged 93, on Sept. 3.

ELLIOT. On September 2nd, at Camberwell, Charlotte, wife of Robert Elliot, M.D.

GIRDLESTONE. On August 29th, at Biarritz, aged 4 months, Felix, son of Charles Girdlestone, M.D.

GRANT, Joseph B., M.D., at Constantinople, aged 31, on August 6.

KING, Richard, L.R.C.P.Ed., at Bath, on September 2.

LOY, John G., M.D., at Whitby, aged 90, on September 4.

SIMON. On August 27th, at Loughton, Essex, aged 21, Alice Georgiana, wife of George Young Simon, Esq., and second daughter of Edward Ray, M.D., of Dulwich.

WALCOTT. On August 30th, at Blackpool, Lancashire, aged 21, Caroline Coghlan, third daughter of John A. Walcott, M.D.

WOLLASTON, Robert, M.D., late Physician to the Stafford Hospital, at Naples, aged 64, on August 22.

A MUSEUM OF NATURAL HISTORY has been formed at Toulouse.

THE SURGICAL SOCIETY OF PARIS has been authorised to assume the title of "Imperial."

THE ESQUIROL PRIZE of the Société Medico-Psychologique for 1864 has been awarded to M. Reynard.

NEW MEDICAL JOURNALS. Two new medical periodicals have appeared in Italy: *L'Unione Medica*, published at Reggio in Calabria; and *La Salute*.

A GOOD EXAMPLE. The Exeter Town Council have divided their body into committees, with the view of making a house-to-house visitation for the purpose of inspecting the drainage, and promoting the ventilation and cleansing of the dwellings in the various streets and lanes of the city.

WHO IS DR. BELL? James Ferguson was fined ten shillings and costs for posting disgusting handbills bearing the name of "Paul de Paris" in various places in the parish of St. James's. Paul de Paris and Dr. Bell were next summoned for causing the bills to be posted. The inspector gave a portion of his evidence; but, owing to an informality in the summonses, they were dismissed.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE. The annual meeting of this Association is being held in Birmingham. The proceedings were commenced on Wednesday, when the new President, Professor Phillips, F.R.S., gave an introductory address, in which he reviewed the progress of astronomy, geology, ethnology, geography, and hydrography. The anthropologists have again been unsuccessful in their attempt to be formed into a separate section of the Association.

NATURAL SCIENCE SCHOLARSHIPS. There will be, on October 10th, an examination at Sidney Sussex College, Cambridge, in Natural Science (electricity, chemistry, geology, and anatomy) for two scholarships of the annual value of £40 each. It will be open to all students who are not entered at the University; the only requisite being the ability to pass an examination in classics and mathematics. The successful candidates will enter at the College to pursue their medical or other studies. Information may be obtained of the Rev. J. Ellis, tutor of the College.

SANITARY WORKS. Dr. Buchanan is at present engaged in making an inspection of various towns in the kingdom, under a commission from the Privy Council, with a view to ascertain what have been the effects produced upon the public health by works of drainage, water-supply, and other sanitary measures. He has already visited several northern towns, and is at present engaged in conducting a similar inquiry at Carlisle, where much has been done in the way of sanitary reform during the past twenty years.

TYPHUS NESTS. Mr. H. Jeaffreson, of the London Fever Hospital, has addressed to the *Times* a letter in which he calls attention to the fact that a large proportion of the cases admitted into that institution are furnished by the same localities. He observes, very properly, that "it is idle to scare the community with accounts of cholera on the shores of the Mediterranean while a pestilence nearly as fatal commits its ravages almost unheeded at our very doors. . . . Still, by all means, let us prepare for cholera; for the steps taken to cleanse, ventilate, and supply water to the *typhus* nests of the present, will effectually lessen the number of *cholera* nests of the future."

INSPECTION OF EXAMINATIONS. The Branch Medical Council for Scotland some time ago organised a system of visitation of examinations, in compliance with a resolution passed by the General Medical Council in its last session. On August 15th the Irish Branch Council made appointments for the same purpose, as follows: Dr. Stokes and Dr. Aquilla Smith, to visit the examinations at the Royal College of Surgeons; Dr. Hargrave and Dr. Apjohn, to visit the examinations at the King and Queen's College of Physicians; Dr. Corrigan and Dr. Hargrave, to visit the examinations at Trinity College; Dr. Leet and Dr. Stokes, to visit the examinations at the Queen's University; Dr. Smith and Dr. Apjohn, to visit the examinations at the Apothecaries' Hall. Dr. Corrigan having declined to act, Dr. Leet was requested to act with Dr. Hargrave in inspecting the examinations in Trinity College.

THE CATTLE-DISEASE. Mr. Plumbly, veterinary surgeon, of Sudbury, made a *post mortem* examination of the carcase of a diseased animal. He had an unhealed boil on his arm at the time. The same evening, he was attacked with sickness and acute pain in the head and chest; and expired a few days afterwards. It was thought that death had resulted from apoplexy, and a medical certificate to that effect was given. Rumours, however, soon became current that Mr. Plumbly's death was caused by the cattle-plague; and the coroner directed a *post mortem* examination to be made. At the inquest, Mr. Maurice Mason, surgeon, said he was of opinion that the death of the deceased was caused by the absorption of poisonous virus into his system while engaged in making a *post mortem* examination of a beast that had been suffering from the murrain or cattle-plague. Verdict, "That the deceased, Robert James Plumbly, died from the effects of the absorption of virus or poison into his system, upon the occasion of his making a *post mortem* examination of a cow which had died from a certain disease called or known as the cattle-plague."

COMMUNICATIONS have been received from: — Mr. JOHN MANLEY; Dr. H. HARE; Dr. W. A. ELLISTON; Dr. SPURGIN; Dr. CARR; Mr. A. B. STEELE; Mr. SPENCE; Dr. G. M. HUMPHRY; THE GENERAL MEDICAL REGISTRAR; Mr. R. BLACKIE; Dr. BOECK; Dr. T. LEWIS; Dr. S. S. DYER; Dr. W. M. KELLY; HOPEFUL DEGRADATION; Mr. F. J. BURGE; AN ASSOCIATE; Dr. ROBERT FOWLER; Dr. BRUSH; Dr. T. M. ROOKE; and Dr. SANDFORD.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY. ..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—SIR: At the last meeting of the Committee, it was resolved that the above Fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions, on or before October 31st, to

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, September 6th, 1865.

HOPEFUL DEGRADATION.—Our correspondent should forward his name to the Editor—not for publication, but in confidence.

ADVERTISEMENTS.

Dr. RIDGE's PATENT (Cooked) FOOD

For INFANTS and INVALIDS.

TRADE  MARK.

Is worthy of the attention of the Profession, having been tested for three years with great success. Samples free for the Profession.

Sydenham College Medical SCHOOL, Summer Lane, Birmingham (opposite the General Hospital).—The SESSION 1865–6 will COMMENCE on TUESDAY, October 3rd, at Three p.m., with an INTRODUCTORY ADDRESS by Mr. FURNEAUX JORDAN.—A Prospectus, containing full particulars, will be sent, and further information obtained on application, either personally or by letter, to the Principal, Dr. Bell Fletcher, Waterloo Street; the Treasurer, Dr. Russell, Newhall Street, who is authorised to enter Students; or to the Secretaries, Mr. Bassett, Hockley Hill, and Mr. Howkins, Bennett's Hill, Birmingham.

Anderson's University, Glasgow.

Anatomy	Dr. George Buchanan.
Chemistry	Dr. Penny.
Surgery	Dr. G. H. B. Macleod.
Physiology	Dr. E. Watson.
Materia Medica	Dr. Morton.
Practice of Medicine	Dr. Cowan.
Midwifery	Dr. J. G. Wilson.
Medical Jurisprudence	Dr. Leishman.
Botany	Mr. Hennedy.

The Fees for all the Lectures and Hospital Practice required for a Diploma amount to £40.

A Syllabus with full particulars may be obtained from Dr. GEORGE BUCHANAN.

St. Bartholomew's Hospital and MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE October 2nd, with an Introductory Address by Dr. Andrew, at 5 o'clock P.M.

LECTURES.

Medicine—Dr. Black.
Clinical Medicine—Dr. Farre, Dr. Black, Dr. Martin.
Surgery—Mr. Paget, Mr. Coote.
Clinical Surgery—Mr. Skey, Mr. Paget, Mr. Coote.
Descriptive Anatomy—Mr. Holden, Mr. Callender.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrator of Morbid Anatomy—Dr. Andrew.
Demonstrators of Anatomy—Mr. Smith, Mr. Baker.
Assistant Demonstrators—Mr. Vernon, Mr. Langton.
Tutors—Dr. Duckworth, Mr. Baker, Mr. Shepard.

SUMMER SESSION, Commencing May 1866.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
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A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,

CHRISTIANIA.

In continuation of the communications which I gave some time ago in the British Medical Journal concerning syphilisation, I will now explain how syphilisation is practised upon children.

During the first years in which I practised syphilisation, I feared to try it on children. It was only after I had seen in more than a hundred cases the salutary effect it exercised upon grown up people, that I ventured to carry the primary syphilitic virus over to children suffering from acquired syphilis; and I confess that I did it at first with great anxiety. I expected to see ulcers of about the same size as those upon grown up persons; and I feared that these ulcers, with their abundant secretion, might exhaust the child entirely. It therefore surprised me to find that the ulcers upon the child were far smaller; they were neither so extensive nor so deep, and secreted but little. I found also, with the child, that matter cannot generally be carried through any long series of inoculations. It is a great deal to be able to make six or seven successive inoculations with the same matter: it therefore becomes necessary to change the matter frequently.

With children, also, I begin the inoculation at the sides. There is not, however, the same thing to be observed as with grown up persons. The ulcers will not be so much larger on the thighs than on the sides, if the inoculations be commenced on the thighs; and I have never seen any tendency to phagedæna in the ulcers, wheresoever I have commenced the inoculations.

The time required for the treatment is about the same with children suffering from acquired syphilis as with grown up people, perhaps somewhat shorter; and, with respect to their general health, the case is just the same in both. The children thrive during the treatment, and are as healthy and look as well after it as any one can possibly wish. As far as I have been able to observe these children afterwards, I have found their state of health very satisfactory.

The number of children under three years of age with acquired syphilis, who have hitherto been treated with syphilisation, is twenty-three. Of these, one died of croup after my performing tracheotomy. Of the remaining twenty-two, three have had a relapse; but only one of these has been syphilised a second time, the other two having been treated by external remedies.

The results of the treatment of children suffering from hereditary syphilis I have already given once before in the Journal. I shall, therefore, only mention one point in the treatment, in which this form differs from syphilisation in general. As a general rule, there will be no positive result obtained from the first inoculations with children; and, if the inoculations were continued as with grown up persons, or with children suffering from acquired syphilis, and performed only every third day, no result at all would be obtained. It is requisite with these children to inoculate more frequently. I do it myself every day; and then, at the end of six or ten days, I find a commencement of small pustules; and, when the pustules from the last inoculation are being developed, several of the previous inoculations will bring forth pustules at the same time, which will be developed along with those last formed. If the inoculated matter cannot be made to take at all, we may be quite sure that the child will die. It is, therefore, a good sign when the matter takes; but we are not quite safe yet, for it will happen sometimes that pustules begin to fail again after a couple of days. It is, therefore, necessary to observe the pustules every day; and, if they do not progress continually, inoculations with new matter must be repeated daily. When in this manner well developed pustules, three days old, have been produced, inoculations from these may be begun; but, at the outset, we must not expect to be able to make any series of inoculations—fresh matter will be required for every new inoculation. It is only when the treatment is somewhat advanced, that it will be found possible to carry each matter through a series of some length.

The time necessary for the treatment of children suffering from hereditary syphilis will be nearly four months.

The same difficulty which we find, as a general rule, in the inoculation of children suffering from hereditary syphilis, will also be met with now and then in grown up people suffering from a violent eruption of a syphilitic exanthem. In such cases, inoculation may be sometimes repeatedly performed without any result; but, by going on inoculating every day for some time, small pustules will at last be developed, after which syphilisation will pursue its regular course. In these cases, it is evident that the inoculations made during the first days of treatment have not been without effect. It is also impossible that the inoculated virus should have vanished; it must have been absorbed; and, by the aid of the influence it has exercised, the later inoculations will be enabled to cause a reaction that will admit of the formation of pustules. According to this experience, we might ask whether there exist individuals insusceptible of vaccine matter (without having ever been vaccinated before); or whether it might be possible, by continued inoculations, to produce vaccine pustules.

I shall now go on to another point that has already been mentioned, but not sufficiently explained; viz., syphilisation practised upon persons who have had a relapse of syphilis after a preceding mercurial treatment. Experience has provided us with two facts, which must be placed side by side.

1. When we syphilise individuals suffering from constitutional syphilis, and who have not been previously treated with mercury, we shall invariably find that the inoculations will call forth a series of pustules and ulcers, which will be essentially similar in all persons inoculated; the phenomena of constitutional syphilis will disappear with a regularity and a certainty rarely imitated in the treatment of other diseases.

2. On syphilising individuals who have been previously treated with mercury, we find neither the same regularity in the development of pustules and ulcers, nor the same influence on the syphilitic phenomena; and this will be still more the case in proportion as we get farther away from the primary

affection, and the longer and more effective the mercurial treatment has been.

In either case there is, however, one thing certain —viz., the salutary influence of syphilisation upon the organism. We often find, during the first development of constitutional syphilis, an anæmic state—weakness, sleeplessness, and headache; these phenomena will disappear under continued inoculation, and the patient will recover the state of health in which he was before he was attacked by syphilis. Many will, perhaps, be unwilling to give the credit of this amelioration of the general health to the inoculations. They may pretend that a similar result can be obtained by the mercurial treatment; and really they may have some reason to say so, for we often see such cases apparently improving for some time under mercurial treatment; but this result is not constant. Often, on the contrary, we find these cases becoming considerably worse under mercurial treatment; and, by continuing the cure by the ancient method, we see them go continually downwards; whereas, under syphilisation, every patient will invariably go on improving in health.

If we look at another series of cases—the tertiary ones—which have been treated for years with mercury, iodide of potassium, and everything that science had hitherto at her disposal, without any improvement—nay, on the contrary, the local phenomena becoming gradually worse step by step, and the organism, on the whole, declining fast, till there remains but little hope of life;—if, I say, in such cases, syphilisation can be made to improve the general health, then there can be no doubt of its powerful and salutary influence. It is impossible that the previous treatment with what is called *specifics* should have caused the change; for it has been but too evident that the patient, by the use of these means, has become continually worse. It must needs be the inoculation of the fresh matter that has produced the result. Under any other circumstances, it might be possible to doubt. If, for instance, any one were to say of the constitutional cases, that it is Nature that cures them, and that it is a mere delusion that it should be syphilisation that does it; or if they were to say that syphilis is nothing but a derivation, and that just the same effect would be produced by the use of antimonial plaster, it would not be easy to prove that, in this special case, the syphilitic phenomena would not have disappeared without the use of syphilisation; for we know very well that, in a number of cases, syphilitic exanthemata will disappear without anything whatever being used; and so the same thing may happen on using an indifferent means, such as the antimonial plasters. If mercury has been used, and there is a relapse, nobody will deny that the new symptoms may be made to disappear by the use of iodide of potassium; and in the same way the influence of syphilisation may be disputed in every single case, till we come down to those where everything else has been tried in vain. If syphilisation can do something here, it must be acknowledged that it is a new and powerful remedy; and I am going to prove this by quoting some cases, after having mentioned the practical result of syphilisation in these cases.

I have already observed, that there is some chance of syphilisation pursuing a regular course even in these cases; but, as a general rule, there will not be the same regular development of pustules and ulcers, and especially not the regular series from the first inoculations, in these old cases, that there will be where mercury has not previously been used, and where the treatment has been commenced immediately after the appearance of the constitutional phenomena. We must be prepared to see the first matter produce but little effect, perhaps none. Inoculation will have to be made over and over again before there will be any development of larger pustules and ulcers; and at first the series of pustules and ulcers will, perhaps, be but a very short one. New inoculations do not take; and the patient seems, after a short time, to be quite proof against syphilisation. Under these circumstances, there is nothing else to be done than to wait for some time. After a few weeks, it may happen that the patient will again be susceptible to some inoculations. We may even find that the next series of inoculations will be longer than the first one. If the inoculations refuse altogether to be carried through a new series, some iodide of potassium must be given; after some doses of which, the inoculations will sometimes be seen to succeed again; and we also shall find that, after a continuance of syphilisation, iodide of potassium will exercise considerable influence, where perhaps, before syphilisation, it would do nothing at all. The result of our treatment in these old cases is very uncertain. In some cases, it will succeed very well; in others, it will hardly do anything at all; and often, when we think that the phenomena are nearly disappearing, there will be a new eruption. We need to be very cautious with respect to their prognosis.

The time required for syphilisation in old cases differs greatly in different cases; but, as a general rule, it will be very long, because there is no question of a continued series of inoculations, but of several series with shorter or longer intervals. But, even if the inoculations take systematically, it may require a long time.

A woman, G. M. S., aged 30, entered the hospital on the 8th of October, 1852. The lower part of the nose was very much swollen, and covered with a great many small round crusts. On some places, where the crusts had fallen off, the skin underneath was very red. All round this crusted place, the skin was evenly swollen. There were some isolated tubercles, of about the size of a pea, and covered with white scales. On the right side of the nose, and extending partly to the cheek, there was a circular ulcer, of about the size of a shilling, with sharply cut edges, a concave uneven surface, and a dirty yellowish-green secretion. The surrounding skin, to the extent of half an inch, was copper-red, thick, somewhat rough, and covered with crust, partly of a round, partly of an irregular form. That part of the mucous membrane next to the openings of the nose was partly excoriated, partly covered with a yellowish-green secretion; the other part of the mucous membrane was bright red, swollen, and secreted a thin watery mucus. On both forearms and on the left leg, there were a great many large, round, deep ulcers, with sharply cut edges and abundant secretion.

She had been previously treated in the hospital from June 13th, 1851, till July 15th, 1852. The symptoms from which she then suffered were: tubercula mucosa of the genital organs; a papulo-tuberculous exanthem extending over the whole body; affection of the throat; and withal an anæmic state. She had been treated with corrosive sublimate, iodide of potassium, mercurial inunctions, and liquor Bellosti.

The treatment was commenced on October 17th, 1855, with iodide of potassium, which was at last given her in large doses. After having used iodide of potassium for more than five months, there was still a papulous exanthem on different parts of the face. The iodide of potassium was then stopped; and on April 2nd, 1853, she began aurum muriaticum natronatum (chloride of gold and sodium), which she continued for six weeks without any improvement. On the contrary, the above mentioned exanthem on

the extremities broke out again worse than ever. The gold was therefore also stopped; and she began a water-cure, with which she went on for two months, during which time the large ulcers on the extremities were healed; but there still remained a great many tubercles of various size, the tops of which were covered with crusts. The development of tubercles was, however, worst on the face; the nose, cheeks, and upper lip being entirely covered with them. These same places were also hypertrophied; and on the alæ nasi there were phagedænic ulcers, which had already destroyed part of the substance. She was very like one suffering from elephantiasis Græcorum. Her general health was very bad; she was very weak, and always confined to bed.

On August 10th, 1853, syphilisation was commenced; and the inoculations in this case looked uncommonly well. Already, at the end of three weeks, the tubercles and ulcers of the face began to diminish. This improvement went on; and, at the end of six weeks, the ulcer on the nose was healed; but at the same time the ulcers of the right leg became worse, and were not healed until two months later. Seven months after syphilisation had been commenced, new ulcers appeared on the right leg; which, however, cicatrised after three weeks. For some time yet the inoculated matter continued to take but indifferently, all the syphilitic phenomena having vanished by degrees. Her general health, which had been gradually improving during the syphilisation, was excellent when she was dismissed from the hospital as cured, on July 26th, 1854. I have seen her several times since; and she has always expressed her particular satisfaction with the treatment.

It may be said that the treatment in this case was a very long one. But, when one takes into consideration that, after a still longer continuance of another treatment, the result had only been an aggravation of the local phenomena as well as of the general health, I think that no fault should be found with the length of time required for syphilisation. [It must also be observed, that this case is the only one in which the treatment by syphilisation is known to have been so long.

It ought also to be mentioned, that she most anxiously asked to be syphilised, because she saw others lying in the same room with her improving much by being treated by syphilisation.

[*To be continued.*]

The Use of Alcohol. There can be little doubt but that the promiscuous prescribing of alcoholic drinks to patients by the medical profession has been the source of much drunkenness, disease, and death; and only by the astounding declarations made upon the temperance platform, by men who had experience alone for their guide, has the attention of the physiologist and the chemist been drawn to investigate the action of alcohol from a scientific point of view. So interesting, indeed, has become the inquiry, that medical men in England, America, France, Germany, and other countries, have lent their aid to solve the question whether the use of alcohol is, or is not, beneficial to the human body. Until very recently the medical press of the metropolis abounded with articles unfavourable to the total abstinence question, scientifically proving that alcohol was a necessary adjunct to the diet of man; but during the last few years medical men of talent and high standing in the profession in the provinces, as well as in the metropolis, have made the physiological action of alcohol a study, and have put forth many new and unanswerable deductions, proving that alcohol, as an article of diet, is always dangerous, and only to be taken under medical supervision. (*Dr. Munroe.*)

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

A CASE OF PROGRESSIVE MUSCULAR PARALYSIS, CHIEFLY OF THE PHARYNX, LARYNX, AND TONGUE.

By JOHN K. SPENDER, Esq., Surgeon to the Eastern Dispensary, Bath.

E. B. came under my notice as a patient at the Eastern Dispensary, Bath, on March 10th, 1862. He was a tall thin young man, 20 years old, with a pale and anxious countenance. He was so weak that I requested him to return home and go to bed, where I saw him a day or two after.

His history in brief was: that up to 10 years of age he was a remarkably short fat boy; that then he began to grow fast, and always ate very ravenously; and he attained his present stature of five feet ten inches when he was not quite 17 years old. Soon he became very thin, and proportionately weak—the thinness arising seemingly from loss of fat and loss of muscle; but he was able to work, and he had not suffered from any serious illness before he applied to me.

His chief complaint was of pain in the back, and of some numbness in the legs. I was informed that he had recently had two or three strange "fits," which I judged to be of an epileptoid character; they consisted of a short but complete insensibility, accompanied by a gurgling noise in the throat. There had been a progressive loss of power in the legs for some months, with impairment of the co-ordinating faculty.

The most noticeable symptom now, was a difficulty in swallowing solid food. This was the predominant and most distressing symptom throughout; and for a period of more than eight months before death, scarcely anything was swallowed except sugar dissolved in water. This he liked and craved for; about two or three pounds of sugar were consumed in a week. Now and then at rare intervals, he took a little tea and milk, but with evident nervous trouble; and when I persuaded him one day to try and swallow some biscuit powder and water, a fearfully suffocative spasm of the pharyngeal and laryngeal muscles was provoked, and he barked like a dog for several minutes. He had always pain in talking; his articulation was imperfect, because he could not make his lips meet; and he seldom spoke, except to express an urgent want.

There was no saliva in his mouth; his tongue at first was covered with white fur, but at length became very red and dry, and finally got exceedingly small in size. The pulse and respiration did not vary much, and bore to each other their usual ratio. The bowels were never moved without an injection of soap and water, which came away with a slight tinge of fæcal matter. The average daily amount of urine was half a pint; its specific gravity was low, but in other points it was not abnormal. Nutrient enemata of port wine and beef-tea were not retained for a moment. The wasting was general and excessive, and was especially noticeable about the throat. A month

before death he measured only nineteen inches and a half around the abdomen at the level of the umbilicus. Consciousness was retained nearly till death, except during the epileptoid fits. He slept a little during the day, but during the night he usually lay in a kind of trance, with the eyes fixed. His intelligence was not injured in the least, for he knew every one around him, and he made signs when he could no longer utter a vocal sound. Great emaciation and weakness occurred towards the end of life; consciousness appeared to be gradually extinguished; and on January 8th, 1863, he died the plain and unequivocal death of starvation.

Post Mortem Inspection. I was able to examine only the head, but every part of the brain and medulla oblongata was scrutinised with the utmost care. It is enough to say that, with the naked eye, and with the rough microscopic search which alone I am competent to practise, I could detect absolutely nothing wrong. Every portion of the contents of the cranium was small and atrophic, as if from defective nutrition; and in taking out the medulla oblongata, I thought that it seemed hard as well as small. But when at my leisure, I made every conceivable section of it, and found no extravasation, no exudation, no deposit of any kind; and when the microscope told me nothing more, I was driven to the conclusion that here at least was not the source of that remarkable wasting atrophy of which I have given a short outline.

Postscript. I do not wish any inference to be drawn from this case as to the absence of lesion of nerve-centres in wasting palsy. All our present evidence points the other way, and nothing short of a most rigid and exhaustive microscopic scrutiny can ever be decisive.

LIFE INSURANCE AND SUICIDE.

By JAMES GEORGE DAVEY, M.D., Northwoods, Bristol.

You are aware that, with the view of encouraging habits of thrift and forethought, the Government has lately empowered the Postmaster-General, "acting on behalf of the Commissioners for the Reduction of the National Debt", to "insure the life of any person, whether male or female, who is not less than sixteen years or more than sixty years of age", for any sum of money between £20 and £100; the same to be paid "immediately after death to his or her representative or family." The adoption of such a scheme of life insurance, and "under the authority of Parliament", is at once good evidence of the recognition in high places of a sound principle of action, as well as of an amount of social advancement which must and will promote the best interests of our time and race, in so far as civilisation is concerned.

I have read through the "Plain Rules for the Guidance of Persons desiring to Insure their Lives" with no slight satisfaction. There is, however, one item to which I desire to draw your especial attention; because I believe it has been conceived and planned in ignorance of the laws of medical science, and is not, therefore, in harmony with the everyday facts of pathology. The item referred to runs thus: "If any person whose life the Postmaster-General has insured shall die by his own hands.....he will by so doing cancel the contract made with him, all the payments made by him will be forfeited, and no payment will be made to his or her family or representatives." This is, without doubt, a hard case; it requires only to be calmly and fairly stated in the proper quarter to receive the best attention.

It is evident to my mind, that the above sentence was penned with the conviction that suicide is voluntary; that the act of self-destruction by hanging, or drowning, or by the infliction of a mortal wound, etc., is one involving a free and normal will. It is not in my power to assent to such a doctrine. I would submit for the patient consideration of those who hear me, that the act of suicide bears a very different interpretation to that so generally insisted on; that, in fact, it is, at all times and under all circumstances, nothing more nor less than an indication—and a very sure one, too—of active brain disease, of, in one word, insanity. If you will be at the trouble to go over an old file of newspapers, and pick out the suicides therein recorded; to read these carefully and critically; you will find an abundance of evidence in favour of my proposition; viz., that suicide is always a form of madness. More even than this; if you have the necessary patience, and will collect the scattered cases of *felo-de-se*, so called, through any given number of years, and be at the pains to investigate these—*i.e.*, to find out, by private inquiries, the antecedents of the parties most concerned, their nature and tendencies, both those remote and proximate—you will, ere long, be assured that no man, nor woman, nor child, ever commits self-destruction, unless he or she is the subject of cerebro-mental disorder.

It cannot be too well known that the tendency to suicide, not less than that to homicidal acts, exists not infrequently as a monomaniacal form of insanity and that this assumes, from time to time, and under peculiar circumstances, a paroxysmal or recurrent character; lasting, it may be, but for one or two hours; or, it may be, days. But, more commonly the suicidal propensity exists as the one dominant or "master passion" in him otherwise insane. The former kind of disorder is, however, the worse, the more difficult to detect, and the more hazardous to treat. Patients so afflicted are staggered at themselves, and become a prey to their unbidden and evil thoughts. They feel ashamed of and shocked at the oft-repeated suggestions to self-murder which so press on them, and they strive, therefore, to effect a concealment of such suggestions. Such patients do not, indeed,

> "Wear their hearts upon their sleeves
> For daws to peck at."

But, very frequently, though suffering much that is known only to themselves, go about their daily pursuits, incurring their ordinary and routine responsibilities; hoping, and praying too, that relief, in some one or other shape, may come to them. I have known such recover; and then, but not before, recite their dread experiences and too painful promptings to suicide. Others, not unlike them, have been brought to my attention, in whom I have detected, not so much by the speech, as by the eye and countenance, the gait and manner, the hidden and painful secret of the mental life. This primary or monomaniacal form of suicidal mania it is which, becoming complicated with, or terminating in, attempts at self-destruction, furnishes the daily press with so large a quantity of sensational matter; and, what is more, occurring not unfrequently to the head of the family, plunges the domestic circle into a sudden and widespread grief.

Cases of this kind are every now and then occurring in my practice. Concerning two such have been consulted within the past six days. The first a young man, under the care of Mr. Crossman of Hambrook, aged 23, losing his usual activity and spirits, and becoming silent, morose, and *distrait*, appeared statue-like and as if spell-bound with sudden and severe emotion. He spoke not, neither did his countenance vary whatever was said to him

until, suspecting the nature of the case, I said, "You have, I think, a deep and painful struggle going on within you; you feel frightened do you not?" He replied, in a hesitating and anxious voice, "I have." "You are prompted to do yourself an injury?" His answer was, "Aye, that is it." Now, this is but one of very many cases of primary or monomaniacal suicidal insanity which have come to my close and immediate knowledge within the past two or three years. The second case alluded to, I saw with Mr. Aug. Prichard of Bristol. Here the symptoms pointing to suicide were not concealed. This lady appeared low-spirited, and not in good bodily health. She spoke rationally, and confessed to the persistence of certain delusive feelings; and described accurately and well the tendency she experienced from time to time to do herself bodily harm.

The annexed brief notices of the same disorder will further illustrate the grounds on which I would rest my conclusions, as herein submitted to you.

Within a short time, a highly respected tenant-farmer, a man whose health is, for the most part, good, living some four or five miles from me, awoke suddenly about 6 A.M. after a restless night. He felt, as he said, very nervous and uncomfortable; he "didn't know what could be the matter." (These were his words.) However, he lost no time, as he informed me; he threw on his clothes, and ran rather than walked to Northwoods; fearing, as he hurried on, that he should yield to the temptations of his too deranged mind, so suddenly and completely frenzied by the suicidal propensity. His appearance, excited, restless, and crying, alarmed my servants; I was called up. On entering the room, he reached his hands towards me, exclaiming, "I shall do it; I shall do it; pray, save me; oh, save me." I learnt that for some previous days he had been indisposed, and had therefore consulted Mr. Salmon of Thornbury. I attended the poor fellow with Mr. Salmon; and under the use of purgatives, ant. tart., and appropriate baths, etc., he very soon got well.

I admitted at Northwoods, in the summer of 1864, a young lady, the subject of mania. In January of this year, she seemed sufficiently well to leave and join her family circle. As a matter of prudence, however, she left on trial. She was away seven days only. In the evening of the seventh day, she presented herself for re-admission; begging me to receive her at once, because, as she confessed, she felt so very unsafe away; and that she was confident if she had remained at home she must have thrown herself out of that very high window—meaning a particular one on the top of a certain staircase. It is for cases similar to these described in whose behalf I would now plead.

Rely on it, Mr. President, we do wrong to take objection, as is done, to the ordinary verdict of "temporary insanity" given in the general run of cases of suicide in our coroners' courts. Nor do we less wrong when, as too frequently happens, we accept as fact and truth that other verdict *felo-de-se*, with its barbarous surroundings, and which from time to time still disgrace—if I may be allowed so significant an expression—the finding of coroners' juries.

If, then, the foregoing facts are worth anything, and if the position taken and the line of argument adopted are of any practical value, it is (as it must ever be) apparent to each one of us, that the "Plain Rules for the Government Insurances" demand a very especial modification; and, what is more, that it is a paramount duty of the Postmaster-General to use his best endeavours to negative that part of Rule x (page 10), which says: "If any person whose life the Postmaster-General has insured shall die by his own hands, he will by so doing cancel the contract made with him; all the payments made by him will be forfeited; and no payment will be made to his family or representatives."

"Shall die by his own hands"—awful words these; but what man of the many hundreds who have already insured their lives with the Postmaster-General's assistance can say, "I will not so die"? Why he only who lives independently of the natural laws; and where can such a mortal be found to have existence? A or B is in health and good spirits; he enjoys that richest and best of all treasures the *mens sana in corpore sano*. He does his best, as a good and faithful citizen, to provide, in case of death, for those near and dear to him, and who will most likely survive him. His life is insured for £100. Little recks he of the far off future—its associations or consequences to those fated to be left behind him. Disease one day overtakes him—not pneumonia, or erysipelas, or acute heart-affection, but insanity of a particular and exceptional form. He is the subject of cerebro-mental disorder; the presence of which involves a deeply seated, hidden, and mysterious propensity to suicide—a propensity which in itself lies at the very root of all other and accessory mental suffering in him; being the cause, and not a mere attendant or a consequence, of the dreadful melancholy which afflicts him. A. or B. is said to be simply low-spirited. His friends not unlikely laugh at him, and so try and hope to rally him; but all in vain. No one thinks, it may be, to call in medical assistance. Reaction takes place occasionally, and then he is himself again. A relapse occurs; and again he yields himself up, but involuntarily, to the heavy nightmare of his deranged thoughts and impulses. Abnormal action progresses; the disposition to self-destruction gains in strength and endurance; and a painful and self-sought death is the climax—the sad and fatal result of disease which came not at the bidding of A. or B., but in spite of his hopes and prayers to the contrary.

The unhappy victim of an all-powerful organic law has passed from among us; the fond father or the affectionate friend is no more. The good intentions of A. or B. towards his heirs and successors are frustrated; his once cherished hopes have borne no fruit. All is blank. Poverty fills the already dread cup to overflowing; want is added to grief. The Postmaster-General declares the premium forfeited by the act of suicide; and so ends this fearful tragedy. But this must not be. For charity sake—for justice sake—for science sake—this one "plain rule" will be amended.

You will, I am sure, perceive that I have raised this question solely on public grounds, and with no kind of sympathy with it as a mere party affair. I desire to be understood as anxious only to establish and maintain the strictest measure of justice as between the insuring and the insured—nothing more nor less. But how can this be, it may be asked, if the latter, prostrated by disease and impelled to self-destruction, is rendered so responsible for his involuntary act as to be denied—in the persons of his wife and children, for example sake—the pecuniary provision he *bonâ fide* purchased, say five, ten, or twenty years before his decease? It may be replied: The contract *is* a fair one, inasmuch as A. or B. was well informed of the several "plain rules" or provisions (including that one relating to suicide) set forth for "the guidance of those insuring their lives through the Postmaster-General." But this plea falls short of the difficulty. The insured *chose* not the dread act which cost him so much, and his wife and children, it may be, more.

In conclusion, I would suggest to this meeting the desirability of the omission henceforth from the

"rules" of this suicidal clause; because simply suicide, if regarded from a medical point of view, ought no more to concern the Postmaster-General, or the Government which he represents, than ought the fact of the death of one insured from a fractured skull or a broken leg, typhus fever, erysipelas, heart-disease, or what not; or because the Postmaster-General might, with equal scientific truth and justice, declare a "client's policy invalid"—*i. e., avoided* —by death from any more ordinary and casual disease or accident, as from suicide; seeing that this act, like the occurrence of fever or of any other fatal malady, is not due to the *will* of him afflicted, but is brought about independently of it—*i. e.*, the will.

Let it be well remembered by those in and out of the profession, that the act of suicide is ever a mere external or objective sign or symptom of an internal and subjective disease.

Original Communications.

UTERINE HYDATIDS.

By Thomas Mellor, Esq., Manchester.

In a recent number of the British Medical Journal, there is recorded an interesting case of uterine hydatids recurring in four successive pregnancies, met with in the practice of Mr. Osborn of Dover. About a fortnight ago, a precisely analogous case came under my own observation.

Mr. Cartmel, surgeon, of this city, requested me to see with him, in consultation, Mrs. W., an apparently healthy married woman, of about 25 years of age, and the mother of one child—at this date, perhaps, thirteen months old. Three menstrual epochs having passed, and several of the ordinary phenomena of pregnancy having manifested themselves, she naturally concluded that such was her condition. At this period, she began to experience slight discharges of blood, accompanied by irregular uterine pains; but not to the extent of interfering with her ordinary domestic duties, or even inducing her to forego a considerable amount of out-door exercise. So lightly, indeed, did she estimate this state of things, as even to pay a visit in the country, under an impression that she would be benefited by the change. For a period of six weeks, there were frequent recurrences of pain and sanguineous discharge, culminating at length in a more profuse flow, and the simultaneous expulsion, mixed with large coagula, of a mass of cysts, varying in size from that of a grape to others much more minute, the latter being attached by very delicate pedicles to the larger ones. A vaginal examination made at this time disclosed nothing beyond a slightly patulous os uteri, and the presence of some small coagula. For two or three successive days the discharge persisted, though in gradually decreasing amount; and our patient was soon restored to her usual health; the only remedy employed during the sanguineous loss being an infusion of the secale cornutum, with tincture of opium.

A subsequent and more leisurely examination of a few of these clusters of vesicles, some of which, as I have before remarked, resembled a grape, both in form and size, with extremely delicate capillary vessels on their exterior, afforded an interesting example of what has been designated "cystic disease of the chorion", or "hydatid mole".

In the second volume of Mr. Paget's *Lectures on Surgical Pathology*, at page 62, may be seen a drawing of this form of proliferous cyst, which presents an exact counterpart of my own case. In that instance, as in mine, "a part, or it might be the whole of the chorion, was covered with pellucid vesicles, with limpid contents, borne on long, slender, and often branching pedicles."

Such was precisely the case with the specimen which I brought home; for, on suspending a small cluster of these vesicles in water, the above characteristics were beautifully exhibited; clearly placing them in the category of proliferous cysts, with exogenous growths "projecting from the exterior walls of the parent"; and thus distinguishing them from hydatids properly so called.

I ought, perhaps, to add, that in the above case, as in that of Mr. Osborn, no vestige of an embryo could be detected.

CHOLERA.

By James Gardner, L.R.C.P.Ed., Bungay.

The spreading of cholera on the continent, the prevalence of zymotic diseases, the disease amongst cattle, all shew that it is not at all unlikely we may yet have a visit from cholera in an epidemic form. We are told not to be alarmed; and that the chief way to prepare for the disease is, to adopt strict hygienic measures, to be careful in diet, cleanly in person. This advice is very good; and, no doubt, if every one were to act up to this, there would be no such thing as cholera or any other infectious disease known; but, unfortunately, there are many of us who are living in neighbourhoods amongst people who will not act up to these laws, and are thus in a fit state to succumb to the disease and then propagate it to their neighbours.

It is well, then, to be prepared; as when the disease does come, it is generally so sudden, and creates such a panic, that it requires all the energies of the medical man to meet it with firmness and self-reliance. I propose stating my experience of the disease, and the treatment which I intend to pursue should any cases unfortunately occur in my practice. At the same time, I court inquiry from others who may probably differ from me, and have had as much experience.

I can remember the occurrence of the cholera in this country in 1833, during the first year of my apprenticeship. The town in which I then lived contained between 3000 and 4000 inhabitants. It was in a healthy situation; and the sanitary measures were, as to drainage, etc., tolerable; but, as is usually the case in almost all towns, there were low filthy localities which at that time could not be reached; and here it was that the disease first broke out, afterwards attacking several of the higher classes in the neighbourhood. Amongst the number was the wife of the medical man to whom I was apprenticed, who died in about twelve hours. The treatment pursued, as far as I can remember (as I have no notes), was the hot air bath, mustard plaisters, and stimulating liniments externally, with opium, stimulants, chlorate of potash, and bicarbonate of soda internally. The average mortality to the cases attacked, I do not remember.

The next time I saw the disease was in Bombay in the year 1843. I was then acting as surgeon to an East India ship. The natives on shore were dying at the rate of four or five hundred a day. There were several cases amongst the English shipping. We, however, escaped with only one man attacked—a drunken character, and one who would be thought

most likely to succumb to the disease, but who recovered. My treatment consisted of calomel and opium, with ammonia and ether as stimulants, mustard plaisters, and frictions with oil and turpentine. I could not find out the treatment pursued with the natives on shore. There was a preparation used amongst the Europeans called "Taylor's drops," said, like many others, to be a specific and a sure cure; but I afterwards found it on trial to be useless. I believe it to be a preparation of opium with stimulants, which will, in some of the lighter cases, answer. Amongst the natives, in the majority of cases of cholera, there is no treatment at all adopted. Having no stamina, and being fatalists, they very soon succumb; and if one attempt to do anything, all the reply is, "No use, massa, must die"; and die the patient will, whether with cholera or any other disease.

In the years 1846 and 1847, I made two voyages with Coolie emigrants from Calcutta to Demerara. In each voyage, there were about three hundred emigrants on board; and each time cholera broke out during the passage down the River Hooghly, the time occupying about three days and nights. The Government regulations allow four native doctors during the passage down the river, and an interpreter the whole of the voyage. The situation is by no means enviable; to be shut up in a ship with the cholera raging, knowing the language imperfectly, and the native doctors as frightened as the poor emigrant natives, and worse than useless. I find, on referring to my journals, that, in the first voyage, out of sixteen cases where collapse set in, twelve died. When there was only diarrhœa with some bile present, cramps light, and no collapse, as a rule, they recovered; and directly we got to sea no fresh cases occurred. In the second voyage, there seven deaths in fourteen collapse cases, and quite as many lighter cases; but more care was taken in looking after the emigrants during the passage down the river, to prevent their drinking the water alongside or concealing raw grain about them. Besides, I was determined to act on my own responsibility, and refused the assistance of the native doctors. There were several causes to predispose the natives to catch the disease. The majority of them were brought down from the country, several miles inland, away from their friends and relations, and put on board the ship, where everything was strange and different from their usual customs, which tended to depress the mind. Drinking the water alongside and eating raw grain likewise added to the mischief. The way in which the disease attacked individuals was strangely perplexing. Not those nearest to, or in attendance on, the patient were the next attacked; but it would be one quite at the other end of the ship, and, in some instances, the most healthy-looking of the lot. Sometimes a man would be cut down like lightning, rice-water stools gushing from him, with vomiting and spasms, collapse at once, cold surface, no pulsation, and death occurring in three or four hours. These sudden attacks in this manner were invariably fatal, and no treatment seemed to have the least effect; in others, there would be spasms and vomiting without purging; and there would be again purging and vomiting with no spasms. There were scarcely two cases exactly similar. The treatment was the warm bath immediately, friction with warm turpentine and oil and mustard poultices externally, calomel and opium with ammonia and ether internally, cold water to drink, with a little brandy and soda when acidity was present, or thin gruel with nutmeg or ginger grated in it. The captain and mate of the ship wished very much to try "Taylor's drops", saying that they never knew the remedy fail. I thought it fair to give it a trial; it was perfectly useless, and soon given up.

On my return to England, I found that the cholera had visited this country in 1848 and 1849. One of my brothers died from the disease; and, from what I could learn, in a state of narcotism from over-dosing with opium.

During the first voyage, no European was attacked on board; but during the second voyage, on the evening of the first day after getting to sea, when no fresh case had occurred amongst the emigrants, and I began to think we were safe, G. G., an apprentice, eighteen years of age, who had been very useful in assisting with the cholera cases, was suddenly struck down on the deck, as if by lightning, about eleven o'clock at night, and went through all the phases of the disease in its worse form. At four o'clock in the morning, he was a corpse. He was a strong, muscular lad; and the spasms and cramps were very severe. This was one of those cases where the poison seemed to act in its most deadly and overwhelming form. The rice-water evacuations came from him in gushes; and there was constant vomiting, followed by cold whispering voice, shrunken features, blueness of the nails, cold perspirations, scarcely perceptible pulse, and suppressed urine. There was a slight attempt to rally after coming out of the branbath; but he soon relapsed, and gradually sank, sensible to the last.

As to treatment, what would be most rational, taking into consideration the pathology of the disease? Here we have a certain poison, which seems to attack in overwhelming force the sympathetic system, the great solar plexus, and that part of the nervous system which presides over secretion, as shown in the total suppression of urine and bile, and absence of warmth. The constant liquid evacuations seem to drain all the fluid part from the blood, which becomes stagnated and unable to circulate. What we require, then, is to excite reaction, and restore the secretory action of the liver, kidneys, skin, and secretory organs. After reading many reports on the treatment of cholera in 1848 and 1849, I prefer a report from Dr. Wilson of cases which occurred in the Haslar Hospital, as it coincides in every way with my own experience; although I differ from him with regard to his views on contagion. I therefore quote the following, as chiefly taken from his pamphlet.

He divides the disease into—1. Cholera abiliosa—no bile passing; 2. Cholera biliosa—where some bile passes; 3. Choleraic diarrhœa—diarrhœa with occasional spasms; 4. Convulsive colic—diarrhœa with colicky pain in the bowels, and sometimes followed by constipation.

In the treatment of collapse cases (cholera abiliosa), he recommends "warm bath (100° to 112°), diligent frictions of the abdomen and extremities. This is generally followed by reaction, and abatement of cramp, at least for a time. Then give two grains of calomel every hour or half-hour, and half a drachm of turpentine in two ounces of mucilage, repeated every one or two hours; and an enema of two ounces of oil of turpentine, two drachms of laudanum, three ounces of mucilage, and about half a pint of camphor mixture, repeated according to circumstances. Friction should be applied to the cramped parts constantly and forcibly, with turpentine and olive-oil. When the vomited fluid is sour, give carbonate of soda in water to drink; mustard sinapisms should be applied to the calves; and, where the pulse is moderately firm, and the spasms are universal, blood may be taken from the arm. Bottles of hot water should be kept in bed to various parts of the body. A rubefacient was found by Dr. Wilson useful, con-

sisting of an ounce each of strong mercurial ointment and cantharides ointment, with half an ounce of oil of turpentine, well mixed, and applied over the abdomen. The calomel and turpentine draughts should be given at first every half-hour in violent cases, and less frequently as the symptoms abate, being suspended when bilious vomiting sets in, or the tendency to collapse is overcome. At first, one drachm of tincture of opium was given in some aromatic; but it was usually rejected, and experience proved that it did no good. The treatment of bilious cholera, febrile diarrhœa, and convulsive colic, is similar in all cases, consisting of three grains of calomel and one of crude opium, repeated every second, third, or fourth hour, according to circumstances. Cathartics are often required in colicky affections, with occasional bleeding by venesection or leeches. This treatment was uniformly successful. It appeared that, when there had been precedent diarrhœa, with a gradual progress to the collapsed state, there was a much better chance for the patient than when the disease, in overwhelming force, fell upon him at once. When, soon after eating a hearty meal in perfect health, the subject becomes in an instant faint and giddy, with a rush of fluid from the stomach and bowels, shrinking features, fluttering pulse, coldness of surface, tongue, and breath—struck down, as it were, by electricity; and when there soon follow the upturned ecchymosed eye and whispering voice—when the disease thus set in, it is doubtful whether art has any power to arrest or materially modify its fatal career. Such, at least, is the impression from what was observed in my own practice and many others; and such, without questioning what has been alleged to have been done by others, or disparaging the means they employed, it is apprehended, will be the conclusions of most observers elsewhere."

Such are the observations of Dr. Wilson—sensible, practicable, and not overdrawn; the last being an exact description of the case of the apprentice, G. G., formerly described in my own cases.

During the last fortnight, I have had four cases verging on cholera. The first two were choleraic diarrhœa, which abated by treatment with calomel and opium, combined with dilute sulphuric acid and ether. Another case was one of colicky symptoms, and confined bowels following: I gave castor oil and cathartics. The last case was a more decided case of cholera, and only wanted the spasms and cramps to make it as severe as Asiatic cholera; the purging, sickness, and vomiting being very violent, and no bile for a time passing in the evacuations, but blood with mucus only passing. In this case, fever came on with great prostration, which often follows the attacks of this disease.

In Dr. Wilson's cases, out of forty-nine cases of cholera abiliosa, he reports fifteen deaths, twenty-six recovered, and eight convalescent. There were ninety-one cases included in the other forms of the disease, but no deaths.

I did intend making some remarks on the subject of contagion and the origin of the disease, but will postpone it until a future time, when I intend offering some remarks of my experience of fever.

Mr. Wilson the Anatomist. For learning anatomy, Mr. Wilson's school in Great Windmill Street afforded much better opportunities than that of my former teacher. He had a most profound knowledge of his subject, and his demonstrations were very far superior to those of any other anatomist of that day; and I may, I believe, add, to those of any one since. (*Sir B. Brodie's Autobiography.*)

Progress of Medical Science.

SURGERY.

Blennorrhagic Conjunctivitis Treated by Alcohol. A man aged 22, suffering from purulent gonorrhœal conjunctivitis in the left eye, was admitted into La Pitié under M. Gosselin. The eye had been affected five days. On admission, the eyelids were swollen, red, and glossy; their edges were agglutinated by thick yellowish pus. There was intense photophobia. The palpebral conjunctiva was red and thick, and its lower *cul-de-sac* contained a large amount of pus. The conjunctiva of the eye was much injected, forming a considerable chemosis around the cornea, and presenting on its surface purulent deposits. The cornea was healthy, transparent, and neither ulcerated nor opaque; the anterior chamber and iris were healthy, and the pupil regular and moveable. The patient complained of severe pain around the orbit. The right eye was healthy. The patient had had gonorrhœa nearly a month, when the eye became inflamed; but he could not tell how or when it had become inoculated. The next day, the treatment was commenced by injecting every two hours a mixture of one third of spirit in two-thirds of water; the eyelids being held apart, the injection was applied by means of a small glass syringe. The first application produced severe pain, which lasted about ten minutes. In the intervals between the injections, cold water dressing was applied. Three days afterwards, the condition of the eye was much improved; and the patient was ordered to keep applied to the eye a mixture—one-third as strong as that already described, and to have the injection used three times a day only. Ten days after the commencement of the treatment, the cure was complete. Notwithstanding every precaution, the conjunctiva of the right eye shewed some injection and redness, but this soon ceased on the application of compresses dipped in a mixture of one part of spirit and three parts of water. (*Gaz. des Hôpit.*, and *Bull. Génér. de Thér.*, May 30, 1865.)

Vesical Abscess: Discharge of Gas from the Bladder. Madame R., a healthy woman, aged 26, consulted Dr. Léon Marie on account of frequent and painful micturition, which prevented her from sleeping at night. Whenever she passed urine, the flow was preceded, accompanied, and followed by discharges of gas *per urethram*. The urine was very thick, and fœtid; and yielded a copious muco-purulent deposit. She had never had a fall nor contusion, nor had any foreign body ever been introduced into the bladder. There was no pain on pressure over the hypogastrium; no tension of the abdomen; and nothing remarkable was found on the part of the vagina. The patient refused to allow a catheter to be passed; but, some time afterwards, her sufferings having increased and her general health becoming markedly impaired, she consented. On attempting to introduce a catheter, a resistance was experienced, which was suddenly overcome, when a quantity of fœtid gas and frothy urine escaped. No calculus, polypus, or fistula could be discovered; but the openings of the catheter, when withdrawn, were found plugged with a dark green and very offensive pus. Some warm water was injected, and brought off blood and masses of semiconcrete pus. A phlegmonous abscess, says Dr. Marie, which had long lain at the internal orifice and had been partly absorbed, had been opened. The patient after this passed a quantity of fœtid

sanguineo-purulent matter; but her urine gradually became healthy, she was free from pain in passing it, and her health was completely restored. She had not been able to micturate without pain for more than a year. (*L'Union Méd.*; and *Gaz. Méd. de Lyon*, July 16, 1865.)

Gunshot-Wound of the Bladder. Dr. Van Buren of New York relates the case of L. L. J. a merchant, aged 40, of good constitution, who was shot through the bladder during a riot on July 16th, 1863. The accident occurred at 5 P.M.; and, as he had not emptied his bladder since 9 A.M., the organ was distended. Half an hour after the injury, Dr. Van Buren found him pallid and moderately collapsed. He stated that, when struck, he felt as if a football had hit him in the abdomen; and that, on putting his hand to the part, he found himself deluged with urine. There was a wound an inch and a half to the left of the median line, and two inches above the brim of the pelvis. The forefinger could be passed to its full length into the wound, and moved freely in any direction in a cavity behind the abdominal walls, but nothing could be distinguished but coagulated blood. Nothing abnormal could be discovered from the rectum. The bullet (an ounce musket-ball) was found under the skin of the right buttock, about an inch above the ischiatic notch; it was removed through a simple incision, which healed in a week. The abdomen was soft, natural, and not tender; there was slight pain; there was strong and frequent desire to pass urine, but none came through the urethra—a little escaping from time to time through the abdominal wound. It was decided not to introduce an instrument *per urethram*, but to favour the escape of urine through the wound; and to give a fourth of a grain of sulphate of morphia every second hour, with beef-tea, and a moderate amount of ice and water. The only dressing applied to the wound was a moistened rag. The progress of the case was unattended by any unfavourable symptoms; the morphia was suspended on the eighth day, when half an ounce of castor-oil was given, which produced two copious stools, unaccompanied by pain or blood—the first since the wound was received. On the seventh and eighth days, he passed some urine by the urethra; but, as it was followed on one occasion by a severe pain in the right thigh, he again emptied the bladder through the wound until the fifteenth day, from which time he voided urine every three or four hours by the natural passage. The wound, which had become coated with urinary salts, now became clean, and on the twenty-second day was quite healed. (*New York Medical Journal*, May 1865.)

Removal of a Tumour by Electro-Puncture. Dr. Fischer of Innsbruck relates a case in which he successfully followed the example of M. Nélaton, in treating tumours by electro-puncture. (See British Medical Journal, voi. ii, 1864, p. 167.) Dr. Fischer's patient was a man aged 40, previously in good health, who in November 1864 began to experience difficulty in deglutition on account of a swelling, which grew rapidly, on the left side of the œsophagus. On his admission into hospital (February 25th, 1865) he was emaciated; his skin was of an earthy colour; and his countenance anxious. A large tumour grew from the left wall of the pharynx, and pushed the soft palate aside so that the uvula was in contact with the right molar teeth, and the lower molars on the left side pressed against the palate. The extent of the tumour could not be accurately made out by digital examination. On attempting to introduce an instrument through the nostrils, its passage was obstructed on the left side. The patient's speech was unintelligible, and his breathing difficult; he could swallow fluids with difficulty, and solids not at all. The tumour was not tender on pressure; but he sometimes had violent spontaneous pain in it, and was troubled by its pressure on the trachea. There was no swelling of the lymphatic glands. Extirpation by the knife or ligature being apparently impossible, Dr. Fischer, on February 26th, introduced deeply into the tumour, through the soft palate, two needles connected with the poles of a Grove's battery. The position of the needles was changed at the end of six minutes, so that all parts of the tumour might be brought as far as possible under the influence of the current. The operation lasted twenty minutes. The patient felt a slight burning when the current was passing. On the following night, he had no sleep on account of violent pain in the swelling and increased dyspnœa; and on the next morning the tumour was found enlarged, and the punctures ulcerated. Electro-puncture was repeated on March 3rd. This was followed by increase of the pain, dyspnœa, and dysphagia. From March 5th to 27th, the symptoms were: extensive sloughing of the punctured orifices, an intolerable odour in the mouth, infiltration of the cervical lymphatic glands, and violent fever. In spite of partial sloughing, the tumour gradually increased; and at the end of March the uvula was pushed between the teeth on the right side, deglutition was impossible, and the patient was in the highest degree exhausted. On March 29th, the application was repeated. From this time, the tumour gradually diminished, and there were less dyspnœa and dysphagia. The electro-puncture was repeated on April 6th and 25th, and on May 17th; and at the end of May the patient was convalescent. An examination was made on June 2nd, with the following results. There was no tumour; but some thickening of the left wall of the pharynx could be felt. The ulcers which had formed at the punctured parts were cicatrised; and the uvula (from which a small portion had been bitten while it lay in contact with the teeth) was in its normal position. The man's speech was perfectly intelligible; and there was not the least difficulty in deglutition or in respiration. (*Wiener Med. Wochensch.*, August 2, 1865.)

Powdered Talc as a Dressing. Dr. Gouyon recommends powdered talc (silicate of magnesia and alumina) as a dressing for burns. It is, he says, unaffected by temperature; when applied, it calms pain, cleanses the wound, and excites a rapid growth of healthy granulations. It is also applicable to wounds of any kind and in any situation; and it may be combined, according to the indications, with chloride of lime, tannin, alum, calomel, quinine, etc. The powder is dusted over the part with a dredge. Talc is also, Dr. Gouyon says, an excellent styptic in cases of venous and capillary hæmorrhage; such as the bleeding from leech-bites and epistaxis. (*Gaz. Méd. de Lyon*, August 1, 1865.)

Treatment of Nævus. Nævi, says Professor Zeissl, may be removed by caustic potash when they are no larger than hemp-seeds; and by vaccination when they do not exceed the size of a bean or hazel-nut. He employs tartarised antimony when the dimension of the nævus is not too great. Sixteen or eighteen grains of tartarised antimony are mixed with about forty-five or fifty grains of diachylon plaster and laid on the nævus, being secured there by strips of gummed paper. Suppuration is established in five or six days; and a crust is gradually formed, which falls off, leaving a quite superficial cicatrix. If the suppuration be very abundant, the

application is removed, and the wound covered with oiled linen. On the other hand, if suppuration be tardy, the application may be allowed to remain. Dr. Zeissl states that he has used this treatment both in adults and in children at the breast, without producing the least pain. (*Wochenbl. der k. k. Gesellschaft der Aerzte in Wien;* and *Gaz. Méd. de Paris,* August 5, 1865.)

British Medical Journal.

SATURDAY, SEPTEMBER 16TH, 1865.

THE CATTLE-DISEASE AND TYPHUS: A CONTRAST.

THE bovine epidemic, having called forth a host of suggestions for its prevention, treatment, or arrest, has received the attention of the Lords of the Privy Council; by whose direction a highly important document, of which some passages are given on another page of this JOURNAL, has been drawn up by Dr. Thudichum.

In the "memorandum", after defining the term "disinfection", Dr. Thudichum grounds his instructions upon the contagious nature of the cattle-disease. Various parts of the animal, some more than others, may convey the malady, which is specific to the ox tribe; but there seems reason to believe that the intestinal discharges are the main bearers of infection. Any person, animal, or thing, with which the diseased cattle, or any portion of them or of their excreta may have come into contact, must be regarded as a possible source of further propagation of disease; and, lest there should be room for overlooking any such source of infection, Dr. Thudichum has given a minutely detailed list of articles which come within this category. For the list, which is of considerable length, we must refer to the daily papers of Wednesday last; but in reference to it, we would observe, that it raises important suggestions as to the origin of those occasional outbreaks of zymotic disease, which cannot be traced to an obvious origin, and which are therefore sometimes regarded as spontaneous. If the very ground on which a diseased animal has stood or walked, and the clothes, boots, or shoes, of persons passing over such ground, are correctly regarded as possible sources of infection, may not the dust of one's feet itself, that have, however unwittingly, trodden over infected ground, be sufficient to convey the germs of disease, and to light up an apparently unaccountable outbreak? We commend this question to the consideration of those who believe that such a disease as the cattle-plague can arise otherwise than from the direct application of the contagious material.

The means of disinfection advised by Dr. Thudichum are burying, burning, and the use of chloride of lime; and the manner in which these are to be severally employed, and the classes of articles which are to be subjected to them, are given with minuteness. Of chloride of lime as a disinfectant, Dr. Thudichum thinks highly.

"It is the most powerful, the cheapest, and most easily managed of all artificial disinfectants..... It should as much as possible be applied in solution, of a strength somewhat varying with the particular purpose for which it is to be employed; and, after it has been allowed to act upon the surface or matter to be disinfected a reasonable time, should be washed off, together with all products of decomposition. As chloride of lime does not destroy only the infectious matter in a mixture, but destroys all organic matter without distinction, it is not applicable to large quantities of matter..... It is further inapplicable to all matters rich in ammonia, particularly putrid urine, as it destroys the ammonia and evolves a large amount of gases, some of which have a repugnant odour, and are, perhaps, not quite innocuous. But for the disinfection of surfaces of things and places, no better or more suitable agent than chloride of lime is at present known to science."

Of no less importance than the use of chloride of lime in the manner described by Dr. Thudichum, appears to be the thorough ablution of all the surfaces to which it has been applied, and the careful removal of the tainted water; and not only are the infected surfaces, but the tools employed in cleaning them, and finally, the persons and clothes of the workmen employed, to be submitted to a like process of disinfection and cleansing. No more minute directions under this head could well be given, than those which are laid down by Dr. Thudichum.

Still further acting on the principle of precaution, the memorandum recommends that disinfecting processes should be applied to all live stock newly bought, even though it may have shown no symptom of disease; and, when a case of the disease has occurred, the animals which remain healthy, or apparently so, should be disinfected. An animal, Dr. Thudichum remarks, may carry the poison in a dormant state on some part of its body, and thus even infect others without being itself infected. Even if this were not capable of absolute proof, the advice to use precautionary measures is not the less valuable.

But, according to Dr. Thudichum, safety is not absolutely ensured by washing with chloride of lime or Condy's fluid, followed up by water; the animal must be placed in quarantine in an isolated part of the premises for ten days, "in order to afford the security, to be obtained by observation alone, that it is not actually infected with plague." The necessity of adopting both these measures, Dr. Thudichum demonstrates thus.

"While disinfection of the surface of cattle removes one kind of danger, another which cannot be removed can only be kept circumscribed or penned in; and this is done by the quarantine shed. But the keeping of cattle in the quarantine shed would not disinfect its surface with certainty even during a much longer period than ten days; disinfection of the surface,

therefore, cannot supply the precaution of the quarantine shed, and a rigorous quarantine cannot supply the effect of surface disinfection. Both precautions are necessary for perfect security, although either of them, without the other, obviates a particular kind and a certain amount of danger."

As another means of precaution, Dr. Thudichum recommends that all those who visit sheds containing diseased or suspected cattle, or quarantine sheds, should put on a special safety dress when entering the place, and take it off on leaving and have it at once disinfected; and that no strangers should be allowed to come into contact with cattle unless clothed in a safety dress.

A series of elaborate instructions then follows as to the means to be adopted when the cattle-disease has actually occurred. The manner of disposing of the animals, whether alive or dead; the means to be adopted for preventing their excreta from being carried about and thus becoming sources of infection; and the disposal of all excreta in meadows, roads, etc., are carefully described. The memorandum concludes with some words of advice to persons having charge of cattle, which, *mutatis mutandis*, are equally applicable to human beings.

Thus John Bull, when disease has suddenly appeared, and is threatening to more than decimate his herds, and to cut short the supply of his national food, calls in science and common sense to his aid in arresting the progress of the pestilence. We earnestly trust that the measures which have been recommended by the Privy Council, under the enlightened guidance of Dr. Thudichum, may receive a fair trial, and be found successful.

We have brought this memorandum on cattle-disease prominently under the notice of our readers, for several reasons. First, the subject is one of national importance, and concerns us all. Secondly, the memorandum has a value beyond its mere application to cattle-disease; for, if it be clearly shown that, by the fulfilment of the instructions laid down in it with such rigorous minuteness, the progress of a most contagious disease can be arrested, while the neglect of them entails its spread, little more, one would imagine, will be required to demonstrate to the public the value—the absolute necessity—of such measures whenever fever, cholera, or such like diseases, prevail. A third motive is, that of contrasting the vigorous and effective measures adopted when a great malady suddenly appears, with the inaction which, if report be true, prevails in some quarters with regard to disease constantly existing at our very doors, and causing a large amount of preventible mortality among our fellow-creatures. Mr. H. Jeaffreson, of the London Fever Hospital, in a letter addressed to the *Times* of September 7th, asserts—and gives evidence in proof of his assertion—that a very large proportion of the cases of typhus admitted into that institution come from the same localities; that, in sundry special streets and houses named, typhus occurs over and over again. Again, Mr. William Rendle, lately medical officer of health, and now a vestryman, of the parish of St. George the Martyr, Southwark, has published a pamphlet which confirms, for that locality, the statements of Mr. Jeaffreson. Mr. Rendle asserts, not only on his own authority, but on that of Mr. Jeaffreson, that "the number of fever cases sent from that parish to the hospital from July 29th to December 31st, 1864, was 183; a considerably larger number than that sent from any other London parish or union. The fact most prominent in relation to these cases was, that they came continuously, month by month, from the same buildings, or building even. On inquiry," says Mr. Jeaffreson, "this fact was sufficiently explained on my learning that houses from which five, six, seven, and even eight typhus cases had been sent here, still remained utterly unregarded by the sanitary authorities, and allowed to remain overcrowded and filthy in the extreme. I also found that families, who had been frightened from houses from having lost relatives from fever in them, had had their places quickly supplied by fresh candidates for typhus, who entered infected rooms without even the forms of cleansing having been gone through."

Mr. Rendle has been endeavouring to impress on his colleagues in the vestry the necessity of removing fever patients to hospitals at an early stage of the disease, and of effectually cleansing and disinfecting the rooms which they have inhabited; but as yet, it would seem, with little or no result. His proposals have been met by that system of "passive obstruction" which too often characterises the proceedings of those corporate bodies whose duty it is to watch over the sanitary state of towns, and to act according to the best advice they can obtain in preventing the spread of disease, and ensuring the health of even the poorest under their supervision. It is really almost discouraging to such men as Mr. Rendle to meet with no better success; but we hope that he, and all who are in similar circumstances, will persevere until they cause science and common sense to prevail over ignorance and stupidity. Our local governing bodies should bear this in mind: that, if they do not possess and cannot avail themselves of the necessary knowledge pertaining to the preservation of the public health, they have undertaken a duty of the highest importance without the means of fulfilling it; while, if they have such knowledge at their disposal, and fail to avail themselves of it, but, whether from false parsimony or from other causes, allow life and health to be endangered, their culpability is indeed great; for the liberty of action, in which we of this country glory, conveys with it a moral responsibility far exceeding that which attends legal compulsion.

THE DUKE AND THE ARMY DOCTORS.

THE circular just issued from the Horse Guards, ordering the appointment of a Permanent Sanitary Commission in all Camps and Garrisons, shews well the practical working of the military system. It demonstrates the fact, that the highest considerations affecting the health of the soldier are postponed to official jealousies. It is ordered that the Committee shall consist

"Of a field officer, or captain when no field officer is present, an officer of the Royal Engineer department, if available, or an officer of the barrack department, and a medical officer, whose duty it should be to visit periodically all barracks or cantonments at the station, and satisfy themselves that the barracks are not occupied to a greater extent than authorised; that the barracks are clean, and that all the orders on the subject of ventilation are carried out; that the drains, cesspools, etc., are in good order; and that no accumulation of filth is allowed in the barracks or cantonment. The Board will also visit," etc.

By this order, army medical officers are condemned to be represented at every station by a junior medical officer, because every surgeon is a field officer, and because a captain may preside over the Board. The most essential ingredient of the Board is also mentioned last. Sanitary matters, as conducted by the Director-General's Department, appear to be in a rotten condition. We believe that the Director-General's office is not allowed to take up any questions which may arise on sanitary matters out of reports from medical officers. The Horse Guards' jealousy could not bear such interference, however much the health of the soldier required it. The sanitary management of the army will never get on a true footing, until it is taken out of the Horse Guards and brought under the War Office. A medical sanitary head should sit there co-ordinate in rule and influence with the Director-General. Until this is done, it is evident, from the invariable practice of the Horse Guards, that the army medical officers will be ridden over rough-shod by generals and the military authorities at large; and their influence, and the good which they could effect if free scope were given them for the exercise of their knowledge, reduced to its minimum. The Horse Guards cares not how much the health of the army may suffer, if only the doctors are kept in what it deems their proper, well subordinated, position.

THE *Berliner Klinische Wochenschrift* contains a statistical account of an epidemic of small-pox which prevailed in Berlin during 1864. In 1863, there were 1270 cases, of which 223 were fatal. During the first half of 1864, the disease became more frequent; the number of cases increasing from 227 in January to 644 in May and 628 in June. In July the number fell to 323, and in August to 150; after which it diminished to 55 in November, again rising to 77 in December. The total number of cases in the year amounted to 3319; of which 617, or 18.5 per cent., died. Of the total cases, 1590 were males, of whom 313 died; and 1729 females, of whom 304 died. With regard to age, the results were the following:

Under 10 years		854 cases	356 deaths, or	41.6 pr. ct.
From 10 to	20	320	10	3.1
20	30	794	47	5.9
30	40	678	65	9.5
40	50	433	73	16.8
50	60	192	52	27
60	70	40	13	32.5
70	80	7	1	14
80	90	1	0	

Among children under 15 years, there were 976 cases, of which 360, or 36 per cent., died; among persons above 15, the number of cases was 2343, and of deaths 257, or 10 per cent. Of vaccinated persons attacked there were 2719, of whom 310, or 11 per cent., died; viz., 413 children, with a mortality of 63, or 15 per cent., and 2306 adults, of whom 247, or 10 per cent., died. Of the unvaccinated the number was 600, of whom 307, or 51 per cent., died; there being in this category 563 children with a mortality of 297, or 52 per cent., and 37 adults with a mortality of 10, or 27 per cent. Among revaccinated persons the number of cases was 168, and of deaths 16, or 9 per cent. On these statistics, the reporter in the *Berlin. Klin. Wochenschr.* remarks, that the mortality among vaccinated persons was really smaller than appears. From inquiries extending over several months, it was found that, when death from small-pox occurred in children said to have been vaccinated, the operation had either not been performed, or had been done unsuccessfully, or only a few days before the attack of small-pox. Not a single death occurred among children who had been properly vaccinated.

DURING the latter part of 1864 and the early months of the present year, small-pox prevailed extensively in Calcutta and other parts of India. For the reception of cases occurring in Calcutta, a temporary hospital, consisting of a bungalow and sheds, was established at Chitpore, in the neighbourhood of that city, and placed under the care of Dr. Chuckerbutty. An elaborate report of that hospital from the 23rd December, 1864, to 13th April, 1865, drawn up by Dr. Chuckerbutty and presented to the Bengal Government, is before us. During the period embraced within the report, there were 627 patients admitted with small-pox, of whom 249, or 39.7 per cent., died.* The cases were thus distributed. Among Europeans there were 188 males, of whom 51, or 27 per cent., died; and 23 females, the deaths

* At the final closure of the hospital on June 8th, the total numbers were as follows:—admissions, 690; deaths, 264; recoveries, 426. The percentage of deaths was 38.26.

among whom were 5, or 21.7 per cent. Of native patients there were 317 males, with a mortality of 134, or 42.7 per cent.; and 99 females, of whom died 59, or 59.5 per cent. The percentage mortality among Europeans was thus 26.5; and among natives 46.4. As regards age, there were:

Under 5 years	37 cases	11 deaths	or 26.8 per cent.
10	30	7	
15	33	2	6
20	126	48	38
30	310	142	45.8
40	69	31	44.9
50	15	6	40
60	6	2	33.3
70	1	0	

There were thus 100 cases in children under 15 years of age, of whom 20 died; and 527 in adults, of whom died 229, or 43.4 per cent. The average daily number of admissions during the first seven weeks was 5.3, and of deaths 1.3; in the next four weeks, the daily admissions averaged 7.9, and the deaths 4.14; and in the next five weeks the daily averages were 4 and 2. As regards vaccination, the tables contained in the report show that 354 cases and 185 deaths occurred among those unprotected by vaccination; 27 patients were vaccinated too late to prevent the occurrence of small-pox, but none died; 12 had been vaccinated twice, of whom none died; 148 had been vaccinated once, of whom 43 died. The disease appeared in 65 native patients who had been inoculated, and of these 20 died. In 20 patients, the attack was not the first; and 6 of these had also been vaccinated. The majority of the cases —555—were of the confluent form of small-pox; and the deaths among these were 245, or 44 per cent. There was generally much prostration, requiring the free use of stimulants. Bathing, according to Dr. Chuckerbutty, was a very important adjunct to the treatment; and the proximity of the hospital to the river afforded opportunities for this.

"As a rule, every patient was bathed as soon as the eruption began to desiccate, and the bathing was repeated at intervals during the whole convalescence. The effect of this practice was truly marvellous. Patients who seemed to be on the very point of expiring always survived under the agency of the tepid bath. ..... Many of course died, but none within twelve hours of the bath, and so not in any way to be laid to its account..... Patients of all classes, both Europeans and natives, the moment they were able to walk, preferred to go into the river and bathe in the running stream; so I had them sent down in batches with the ward-master and some coolies to prevent accident. This I found to be very beneficial; for the skin seemed to clean itself under this much faster than it would have done under any other plan."

In another part of the report, he says that the pitting of the skin has been far less than he could have expected, and that he attributes this to the free and early use of baths. Where bathing could not be used, washing of the patient was employed, and was a source of much comfort. Dr. Chuckerbutty is so convinced of the utility of bathing, and of the necessity of frequently washing the patient's clothes, etc., that he expresses an opinion that "small-pox hospitals should always be placed in close proximity to an abundant supply of running water." After making in the report a number of remarks on the establishment, accommodation, furniture, etc., of the hospital, the localities whence the patients came, the symptoms and characteristics of the disease, its complications and sequelæ, and other matters, he concludes with advising the establishment of a permanent small-pox hospital for Calcutta, in order to avoid the inconvenience and expense attending the formation of temporary hospitals. He advises the permanent retention of the hospital at Chitpore, with such additions as may be necessary; and suggests that, when small-pox is not prevailing, it may be used as a cholera hospital, for the reception of cholera cases, by which the other hospitals of the town are dangerously overcrowded.

Does sanitary wisdom preside over the councils which permit such folly to be perpetrated, as is told of in the few following official words?

"Notwithstanding the intense heat of yesterday, the thermometer ranging up to 112° Fahrenheit in the sun, a general muster and sham fight was held at Woolwich, the proceedings occupying the entire area of Woolwich Common and the extent of Shooter's Hill Wood. Before dismissal of the troops the Major-General commanding was pleased to notify his marked approval of the whole of the proceedings, and the undaunted spirit and energy with which they had been carried out in spite of the overwhelming state of the atmosphere."

It would be interesting to have the medical reports of the results of this proceeding on the health of the soldiers concerned in it.

The Belgian government has prohibited the importation and transit of raw hides, fresh meat, unmelted tallow, and other raw portions of animals of the bovine species.

The British Association for the Advancement of Science has just completed another successful annual meeting, this year at Birmingham. Among the communications to the Physiological Subsection were papers by Dr. John Davy, on the question, "Is the opinion that a Diet of Animal Food is conducive to Leanness well founded on facts?"; by Dr. Humphry, on the Homologies of the Lower Jaw and the Bones connecting it with the Skull; by the same author, on the Skeleton of a Female aged 104; by Dr. Shettle, on the Causes of the Cattle-Murrain; Dr. Richardson also made communications on Ozone and on the Amyl Compounds. Grants of money were made to the amount of £2135; among which were one of £10 for observations on Rigor Mortis; one of £25 for investigation of the Physiological Properties of the Amyl Compounds; and one of £50 for researches

on British Crania. The Anthropologists made another unsuccessful attempt to have a special section; but, on the last day of the meeting, however, the General Committee made an unanimous recommendation, which was agreed to, that the title of Section D (Zoology and Botany) be changed to "Biology", so as to include the science of man.

"Ancient nosology", writes Professor Hirtz of Strasburg,

"Has been swept away by the revolutions which medicine has undergone since the beginning of the century. Anatomy has been made the basis of psychology, and pathological anatomy of nosography. Therapeutics—the treatment of disease—naturally follows upon diagnosis; and semeiology has now arrived at a stage where the rational application of medicine to disease may commence. Chemistry has furnished us with a number of active and isolated principles, whereby the administration of therapeutic agents is rendered distinct and easy. There are two methods of estimating the action of a remedy; viz., 1. By studying its action on the elementary structures, healthy or diseased, of the body; and 2. By studying only its results. The first method is analytic and rational. The latter is empirical, and false in theory and practice. The remedy does not operate upon the disease, but on one or more of its elements, on one or more of the tissues, sometimes on one organ or one function only. The cure is not a simple result; but a resultant of many elements. What we should study is the elementary action of the remedy; and the study is not difficult, for the action is simple and for the most part palpable and constant. Thus, tartar emetic affects the morbid temperature of the affected body, the composition of the blood, and the secretions; it has nothing to do with the pneumonia. We must inquire if it has fulfilled these its proper actions; but not make it responsible for the cure of the disease, which is a secondary consequence, and may be interfered with by a thousand other intervening agencies. Digitalis is given to diminish the action of the heart, and lower the temperature; and we must inquire whether it has thus acted—not if it has arrested the hæmoptysis, the inflammation, or cured the aneurism. These consequences may result, if the remedy act as we desire; and they may be prevented by a number of reasons quite independent of its action. The medicament is the knife by which the abscess is opened; if the patient die, would you say that the knife had failed to cut the skin? Therapeutics alone, of all the different branches of medicine, has failed to shake off the yoke of old empiricism. It has not yet entered on the path of analysis. Let us apply the virtue of the remedy, not to the disease, but to some one distinct elementary indication; and then, in the place of empirical conclusions, we shall obtain, in the case of every remedy, a series of exact observations, from which we may learn justly and rationally the service to be obtained from it."

Dr. Natanson of Warsaw has written a paper to point out that auscultation may serve to show the position of organic lesions of the œsophagus.

M. Sichel has presented to the Academy of Medicine a paper "On Amblyopia and Amaurosis caused by excessive Tobacco-smoking."

THE CATTLE-DISEASE: DISINFECTION.

An important document, prepared by Dr. Thudichum, by direction of the Privy Council, appeared in the daily papers of Wednesday last. It is entitled, "Memorandum on the Principles and Practice of Disinfection, as applicable to the present Epidemic of Cattle-Disease." The following is an abstract.

I.—Principles of Disinfection.

1. The term disinfection signifies the removal and destruction of all matters being or containing products of disease capable of reproducing disease.

2. The same term is used to means applied to the purification and deodorisation of places and things not actually infected, but capable or suspected of being infected.

3. The reproducers of the infectious matter or contagion are all kinds of cattle of the ox tribe, which also are at present in this country the only animals liable to its specific effects. It is probable that the contagion adheres with particular pertinacity to all secretions and discharges from sick animals. It is also probable that many parts of animals which have died from the cattle-plague, or have been killed during advanced stages of the disease, are infectious. Skins, hides, hair, horns, and hoofs must, therefore, always be treated with precaution. The chances of infection by flesh, fat, cleaned guts, and blood are perhaps more remote, but cannot be lost sight of.

4. The cattle-plague, although affecting every part of the animal, shows its effects most extensively in the intestinal canal. It is believed, and apparently upon good grounds, that the spread of the disorder mainly depends upon the destruction of the intestinal discharges.

5. All articles which have been in contact with a diseased animal, or any of its discharges, particularly its fæces, are capable of carrying the infection for an indefinite time, and must be looked upon as being actually infectious. (Here follows a comprehensive enumeration of articles with which animals may come into contact, and which may, therefore, convey infectious matter.)

II.—Practice of Disinfection.

A. *Disinfection by Earth. Burying.* All matters that can be buried, so as to remain covered with a thick layer of ground or earth, are innocuous. The ground chosen for such interment should be dry. The quickest, cheapest, and most certain way of disinfecting an animal dead from the plague is to bury it entire.

2. The droppings, and all matters contaminated therewith, may also be buried into ground where they are not likely to be disturbed for a long time. The places from which such droppings have been removed to be cleaned and disinfected.

3. Manure-heaps and the down-trodden manure of cattle-yards, if they have become infected by even a small quantity of the droppings of a diseased animal, should be carefully shifted, and transformed into compost heaps.

4. If the floor of any shed or stable in which diseased cattle have been standing is not constructed with special watertight and impenetrable material, it must be assumed to be infected to the depth of at least six inches, and should be removed.

B. *Disinfection by Fire. Burning.* All infected articles of a minor value, or made of incombustible materials, can be disinfected by exposing them to a heat which will char organic matter. Chains may be exposed to a dull red heat; all other articles may

be heated over a fire of coal, brushwood, or straw, until well scorched. All new articles of ironware should be bought in a galvanised state, to prevent the formation of rust; and iron articles which have been disinfected by heat should afterwards be either galvanised, or, while hot, be treated with resin, to cover them with a durable varnish, or should be varnished or painted.

C. *Disinfection by Chloride of Lime.* Chloride of lime should as much as possible be applied in solution, of a strength varying somewhat with the particular purpose for which it is to be employed; and, after it has been allowed to act upon the surface or matter to be disinfected a reasonable time, should be washed off, together with all products of decomposition. Chloride of lime is not applicable to large quantities of matter, such as the manure of cattle, or dung-heaps. It is further inapplicable to all matters rich in ammonia, particularly putrid urine. But, for the disinfection of surface of things and places, no better or more suitable agent than chloride of lime is at present known to science.

D. *Special Directions for the Disinfection of Stables, Sheds, Vans, Railway-trucks, and Cattle-ships, and of Persons and Things connected with them.* After such a place has been cleaned by mechanical means, scraping, etc., as much as possible, and all manure and dirt has been carefully buried, the entire surface should be covered with a layer of chloride of lime in powder, which should be equally distributed. Clean water should now be applied to the entire surface by one person, while another at the same time scrubs the entire surface. No washing-water from any infected place or thing should ever be allowed to flow away without having previously been mixed and stirred with a liberal amount of chloride of lime. When the place has thus been scrubbed until the water flows off clean, it is ready for effectual disinfection by solution of chloride of lime. (The application of the solution, and the precautions to be taken for the removal of the chloride and of the products of its decomposing action upon infectious matters, both from the place, from all tools, etc., used in it, are fully described; after which the following directions are given for the disinfection of the workmen employed.)

They wash their boots most carefully with chloride of lime and water, scraping the soles and scrubbing the seams. They wash their hands and arms; and, by means of clean rags or sponges, they remove any splashes from their clothes. After this, they go indoors, remove all clothes from head to foot, wash their bodies, and particularly their hands, faces, hair, and feet with plenty of soap and water, and put on fresh clothes and linen. The clothes and linen which they have taken off should be treated as infected, set to soak immediately in boiling water, and afterwards disinfected, or in water containing two ounces of chloride of lime to the gallon in solution, or containing four ounces of Condy's red permanganate of potash fluid in solution; or the clothes and linen should be put in a copper and boiled, and subsequently washed. All articles of little value, which are much soiled, should be burned on a bright fire.

E. *Disinfection of Live Stock.* 1. Live cattle may carry infection in two ways: first, by being themselves infected with the plague, and reproducing the poison; and, secondly, by accidentally carrying the poison from other animals, in a dormant state, upon some part of their surface, their hair, and particularly their feet. All persons buying new animals should disinfect them before allowing them to enter their premises. If in a stable there has been a case of plague, the healthy or apparently healthy animals should all be disinfected.

2. The mode in which live animals may be disinfected consists in washing them with disinfectant solutions of such strength as will destroy the contagion without injuring the surface of the animal; such as solution of two ounces of chloride of lime in a gallon of water; or a mixture of four ounces of Condy's red permanganate of potash fluid with one gallon of water. For full-sized cows and bullocks, etc., several gallons of either of these solutions should be used. Great care should be taken to keep the solution away from the eyes, nostrils, mouth, and tender parts. When the entire surface is washed and disinfected, all disinfectant is removed by the application of quantities of clean tepid water to all parts. The animal is given a warming and refreshing drink, and is conducted by a clean attendant to the clean quarantine shed. There it should receive fodder, both dry and green, and sop, and plenty of pure cold water, and be rubbed dry with whisks of straw and hay.

F. *The Quarantine Shed.* 1. The quarantine shed is intended to keep the new and suspected cattle separate for a period of at least ten days, in order to afford the security, to be obtained by observation alone, that it is not actually infected with plague. But disinfection of the surface cannot supply the precaution of the quarantine shed; and a rigorous quarantine cannot supply the effect of surface disinfection. Both precautions are necessary for perfect security; although either of them, without the other, obviates a particular kind and a certain amount of danger.

2. The quarantine shed should be situated in an isolated part of the premises. All manure and urine from it should be carried to a particular place, and be buried daily. The utmost cleanliness should be observed in the shed. All tools, etc., used in the shed, should be used in it exclusively, and nowhere else. The person attending the quarantine shed should not be allowed to go into the shed where healthy stock is kept, nor permitted to approach healthy stock. No person attending healthy stock should be permitted to approach quarantine cattle, or to go near or into the quarantine shed. But, should only one person be available for both duties, that person should be allowed to approach quarantine cattle only when clothed in a safety dress.

G. *The Safety Dress.* 1. This consists of strong water-boots reaching up to the knees, well greased all over; of a waterproof coat, buttoned close all the way up in front, and closing tightly round the neck and wrists. The head is to be covered with a cap which takes the hair well in.

2. Every person having occasion to visit sheds in which there are diseased cattle, or suspected cattle, or quarantine cattle, should be provided with the above dress, put it on when entering the place, take it off when leaving the place, and have it disinfected immediately.

3. The owners of stock should not allow any strangers to enter their sheds, yards, or meadows, except in disinfected safety dresses.

H. *Measures to be taken on Premises where Plague has actually appeared.* 1. When the plague has actually appeared in any shed, yard, or place, the sick animal should at once be removed with all due precautions. It is certainly the safest and best to pole-axe the animal at once, and to bury it entire, and then to disinfect the particular lair as above described; and only to let the animals enter the shed, etc., again after it is completely sweet and dry.

2. If, however, a proprietor is desirous of keeping a sick animal, he should place it in a separate shed, which must not be the same as, or near to, the quarantine shed, and be distant from all healthy animals, and so situated that the prevailing wind does

not blow from this hospital shed towards the healthy or quarantine shed. The water from this hospital should be carefully drained away by a special sink.

3. To prevent the scattering of fæces by infected animals (and also by suspected animals and all animals suffering from diarrhœa), their tails should be tied to one of their horns, to protect them against being soiled by the intestinal discharges, and to prevent them from distributing such discharges by the motions of these organs. Animals affected with plague or diarrhœa should not be led along the streets, high roads, and paths, as they would be certain to drop infectious fæces, which would then be distributed over these roads by the feet of men and animals and the wheels of vehicles.

4. The sick animals should be disinfected repeatedly; their pens should be cleaned and disinfected repeatedly during the course of the illness.

5. If the proprietor of any dead piece of cattle, whether it has died naturally or been killed, should decide upon utilising the hide, horns, hoofs, tallow, and bones, he should disinfect these by means of chloride of lime.

6. Flesh, blood, guts, lungs, and the bones of the head of infected animals, should not be trafficked with, as they cannot easily be disinfected. They should always be buried.

I. *Disinfection of Meadows, Fields, Roads, etc.* 1. Meadows affected by diseased cattle should be carefully cleansed of all dung by burying each dropping on the spot where it lies, cutting out the round piece of turf with the dropping on it, and turning it upside down. The grass on the entire meadow should then be cut and burned. It should then be left without any cattle for at least a month, including at least two wet days.

2. All roads, paths, streets of towns, or villages, should be carefully and frequently scavenged. All carts, vans, or waggons, used for carrying manure, should be watertight. They should be kept clean and disinfected, as a precautionary measure, by the proceedings above described.

III.—General Recommendations.

The same great measures which are known to maintain and restore the health of human beings will also maintain and restore the health of cattle. Pure air; dry, spacious, well-ventilated, and well-drained clean sheds; clean and dry meadows; plenty of pure water; frequent currying and washing; the prevention of the development, by the destruction of the germs, of internal and external parasites, particularly entozoa; proper food in suitable quantities, and at proper times; protection from inclement weather; the utmost cleanliness in the removal of manure; the storing of the manure at a great distance from the cattle-shed; and, in addition, the most conscientious observance of the precautionary and disinfecting measures above described — all these measures and agents together will secure the utmost possible health of stock, and the prosperity of the agriculturist and dairyman. But the neglect of any one of them will make the stock liable to become infected, and the more so the more several or all collateral conditions of the healthy existence of animals are neglected. The negligent man is, therefore, certain to lose, to injure his neighbour by defeating his precautions, and to damage society; but the watchful and painstaking man will be rewarded, not only by the preservation of his property, but particularly by the consciousness that it has been preserved by his own care and attention, and that thereby he has also benefited the state.

THE CATTLE-DISEASE: REGULATIONS IN FRANCE.

The *Moniteur* of September 8th contains a Report from M. Béhic, the Minister of Trade and Agriculture, on the subject of cattle-disease. It is founded on the statements of MM. Bouley and Reynal, of the Veterinary School at Alfort, who were sent to England and Germany* to investigate its nature; and also on the inquiries of a commission, consisting of M. de Monny de Mornay, Dr. Mélier, Dr. Tardieu, MM. Lecoq, Magne, Bouley, Reynal, and others.

The Commission establishes the identity of the English cattle-plague, the German *Rinderpest*, and the French *typhus contagieux du gros bétail*. Originating, they say, in the steppes of Eastern Europe, this contagious typhus of horned cattle is not developed spontaneously outside the limits of those regions. It is, therefore, an exotic malady for Western Europe, and can never be developed there under the influence of general or common causes. The present invasion of England is due to the importation of Russian cattle from Revel. It is eminently contagious; and its history testifies to its repeated inroads into Germany, Holland, Belgium, France, Italy, Spain, Egypt, and into England itself, notwithstanding its insular position. In all previous times it has been almost invariably in the retinue of the armies of the North that the cattle-plague has spread itself outside of its native land. When the endemic nature of this malady was known, the Prussian and Austrian Governments were able, until recently, to take efficacious measures to preserve from it those of their provinces in which the typhus is not endemic, and, with them, all the other regions of Europe. In consequence of this protection, a period of fifty years has elapsed without cattle-typhus having visited France, while in the last century it showed itself almost every twenty years. But, now that the means of communication between different countries have become so easy, the chances of the typhus overleaping the barrier which Germany has hitherto opposed to it have increased. Thus, its introduction into England is owing to cattle speculators having extended their purchases to the Russian provinces. Germany having thus had her flank turned, and the voyage from the Gulf of Finland to the London docks requiring a time shorter than the period of incubation of the disease, it is in that way that the beasts, bearing within them the germ of this ruinous malady, have been introduced into England, which is again enduring, after an interval of 120 years, those disasters which the importation of the same pestilence inflicted on her in 1745. There is serious danger of its spreading to France; England and Scotland are attacked; and, according to the latest news, the scourge has been imported into Holland by a ship laden with cattle intended for an English port, but which, not having been allowed to land them there—doubtless because the inspectors detected the unhealthy state of the animals—put into a Dutch port. The report proceeds to recommend the exclusion of foreign cattle from France. If the disease should insinuate itself into France, resolutions already enacted by former Governments in like cases, applied with discernment, may suffice to circumscribe the malady. As regards the exclusion of the disease from France, M. Béhic submits a decree, which appears in the *Moniteur* with the Imperial signature affixed. It declares the cattle-plague essentially contagious; and

* In the notice of M. Bouley's report to the Academy of Medicine in last week's Journal, p. 265, col. 1, it was stated by error that MM. Bouley and Reynal had been sent to investigate the cattle-disease in *France* and Germany instead of *England* and Germany.

authorises the Minister of Agriculture to determine what seaports and lines of frontier shall be closed against the introduction of cattle. An order from the Minister follows, absolutely forbidding the importation of cattle, of fresh hides, or other fresh portions of the animals, proceeding from England, Holland, and Belgium. The same cattle and articles not proceeding from the three countries mentioned, are prohibited only in the ports from Nantes to Dunkirk, and by the northern and eastern frontiers from the sea to the Rhine; but into the other parts of France they are to be admitted only after inspection by special agents. Decidedly healthy beasts are to be admitted; diseased to be sent away; for the doubtful, ten days' quarantine.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Ship Hotel, Dover, on September 21st, at 3 P.M.

Dinner will be provided at 5 o'clock precisely (charge, 5s., exclusive of wine).

To facilitate arrangements, gentlemen will oblige by intimating to the Honorary Secretary, the day before the meeting, whether their engagements are likely to allow them to attend.

Notices have been received of the following communications to be read at the meeting:—Mr. Garraway, "Six Cases of Placentia Prævia"; Mr. Sankey, "Embolism of Femoral Artery"; Mr. Bowles, "Croup, Tracheotomy, Polypus Uteri".

R. L. BOWLES, L.R.C.P., *Honorary Secretary.*

Folkestone, September 12th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting will be held at St. Bartholomew's Hospital, Rochester, on Friday, September 29th, at 3.30 P.M.

Dinner will be ordered at the Bull Hotel, at 5.30 P.M.

Tickets 5s., exclusive of wine.

Dr. Adam Martin has consented to occupy the Chair, and trusts that he may see many old faces.

A paper is promised by Dr. F. J. Brown, viz., "Unzer's question, Do True Insentient Animals exist?"

Gentlemen are requested to bring contributions with them.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, September 13th, 1865.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 12th, 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

THE annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

Correspondence.

THE SIBERIAN CATTLE-PLAGUE.

"First form your opinion, my son, and then seek for facts to support it. Do not you be like the foolish Gaffers of the Islands of the West, who consume their time in first collecting the facts, and then think of forming an opinion upon them." (*Anastasius.*)

SIR,—A strong interest in recent discussions as to the origin and mode of propagation of typhoid fever, cholera, and other epidemic diseases, has led me to read with especial attention the essay submitted by Dr. W. Budd to the British Medical Association on a kindred subject; viz., the formidable epizootic now prevailing in this country. I was so impressed with the talented author's confidence in the decisive character of his facts, in the severe simplicity of his logic, and in the unassailability of his conclusions, that I confess to having read and re-read his paper; and, after rubbing my eyes, to have read it yet a third time, in order, if possible, to discover all that I was assured was to be found in it. In vain;—this failure, it is true, may be ascribed by impartial persons to the reader instead of to the writer; but so it was, that, instead of precise facts, I found only general statements; in place of strict logic, bold assertion; and in place of unassailable conclusions, what I venture to regard as most inadequately supported propositions. And here I must presume that, except with regard to the nature of the disease, these observations are made rather from the point of view of the critic and logician than from that of the physician or epidemiologist. The truth may be one way or the other as to the mode of origin of our present cattle-plague, as to the means of its propagation when once originated, or as to the proper measures towards its extinction; all that I am here concerned to shew is, that we need more tangible facts and sounder reasonings than Dr. Budd has given us in this paper, before we should be justified in accepting his conclusions as a basis for action. The chief statements which we are intended to receive as facts, I take to be these:—

1. That the present epizootic, Rinderpest, is the exact analogue of human typhoid fever.

2. That, like typhoid fever, it is in its very essence a contagious fever—*i.e.*, originated by importation and propagated only by infection.

3. That it may be extinguished by sufficiently stringent anti-contagious measures.

With regard to the first statement, Dr. Budd says in a foot-note that, "so far as the pathological interpretation of the facts is concerned—and that is the essential point," he feels himself "on perfectly sure ground." Now, on the contrary, having carefully read the accounts of the disease given by the best German and Russian authorities, I unhesitatingly assert that Rinderpest and typhoid fever, so far from being exact "pathological equivalents," are totally different diseases, which have no true analogy whatever either in their symptoms or *post mortem* appearances. My opinion on this point, I see, is confirmed by a short but instructive paper in a recent number of our JOURNAL by Dr. Murchison, whose high authority on pathological questions must be recognised by every competent pathologist who has read his numerous papers in the *Pathological Transactions.*

With reference to the second statement, seeing that Rinderpest is not like typhoid fever at all, the most zealous advocates of the pythogenic theory can have no interest, on that ground, in disputing its having originated from importation and being propagated only by infection. But Dr. Budd fails, from

want of personal observation and experience of results, to render these well authenticated facts. The disease having a short definite period of incubation of from five to eight days, it must be easy to collect evidence within such narrow limits of time; and we ought surely to have had at least one instance detailed of the purchase of newly imported stock or hides, together with the subsequent outbreak of the disease among healthy English cattle *within the definite period of incubation*. Yet I find in the whole paper no single fact of the kind in connection with the origin of our present cattle-plague; and the nearest approaches to such facts with reference to other visitations of the same disease are, that Dr. Layard seems to have ascertained that in the middle of last century cattle-plague originated in England from the purchase of a parcel of distempered hides from Zealand; and also that in the Crimean war Rinderpest from the Steppe overran the Crimea, and was carried from Turkey to Egypt; where, however, I find from Lady Duff Gordon's *Letters*, that it only began to prevail in 1862. Again, with reference to propagation by infection only, it should have been shewn at least that a large number of the separate outbreaks which have occurred in different districts during the last few weeks can be proved to have been so caused; whereas, whatever the truth may be, no accurate data on this head are even attempted to be given. The road travelled by the infected load of manure which is mentioned should have been traced, and the consequences of contagion from it have been watched and brought forward with all particulars of names, places, and dates, instead of being merely conjectured and declaimed about so as to add much to the effectiveness, but surely nothing to the real weight of the statement.

The third statement, as it stands in Dr. Budd's paper, is a deduction throughout implied from his assumed facts as to the mode of origination and propagation of the disease; but, now that these have been shown not to be *proved* facts at all, the supposed deduction becomes a mere assertion, which, as far as this paper is concerned, rests mainly on the ground that our last outbreak of the epizootic died out in ten years, after anticontagious measures had been long in operation. Considering the very short and definite period of incubation of the disease, accurate observation should soon be able to show that its extinction follows quickly and obviously upon strict anticontagious measures, if they alone are required and effectual. But, if this should not be the case, to say that extinction does not follow because there are so many invisible sources of infection, would be merely begging the question; for why is any man bound to believe in "the continuity of a chain" of any other man's making, while "the links are invisible" and unproveable? Nor can we see how, when there are invisible sources of infection, "precautions which science could have suggested might have altogether prevented" its advent, and still less how they can certainly suffice to extinguish it when our author himself confesses that there are "untraceable outbreaks without number."

Although I have already occupied too much space, I must briefly advert to our author's mode of reasoning from his facts; and I need not go further than the last mentioned; viz., the untraceable outbreaks which he allows to have taken place whenever the specific poison has been imported into a country. In the very next sentence, Dr. Budd proceeds to reason and draw conclusions as follows. "Had the pest, of which this is the history, been some newly imported animal or plant, the events could not have testified in a more clear and decisive way against spontaneous origin," etc. Now it strikes me that, when dahlias and orchids, and still more when giraffes and hippopotamuses had been newly imported into the country, no one ever heard of "untraceable outbreaks" of these plants or animals. The truth, I repeat, may be one way or the other as to the origin and spread of cattle-plague by contagion only; but where is the boasted perfect analogy between the history of the pest and that of any newly imported animal or plant?

One instance more, and I have done. Dr. Budd urges in conclusive disproof of the spontaneous theory, that "the only plea put forward for it at all, is the simply negative fact that now and then outbreaks of the disease arise whose germ cannot be traced to any distinct or specific origin of contagion." But is not this, after all, quite as good ground to stand upon logically as the converse, which forms the whole real foundation as yet of the contagious theory; viz., that "now and then, when outbreaks of the disease occur, some of them do seem able to be traced to a distinct and specific origin of contagion?" Further than this, on Dr. Budd's own showing, we cannot at present get; and, although I may confess, in conclusion, to holding the contagious theory myself, surely this does not justify us in pouring contempt by implication on all who may hold the spontaneous theory, or in assuming that belief in the spontaneous origin of typhoid fever must involve the same opinion with regard to the origin of a widely different disease.

And now, half in admiration of the superior powers displayed in this essay, and half in regret at the manner in which they have been wasted, I must part from this elaborate specimen of logic, which consists in proving assertions by the severely simple process of asserting that they *are* proven.

I am, etc., SCRUTATOR.

THE STATUS OF THE MEDICAL PROFESSION.

LETTER FROM JOHN SPURGIN, M.D.

SIR,—I wish for no controversy with my old friend Dr. Kennion, but that he should withdraw his allegation of my data and conclusions from them being false. This is but opinion, at the best. It reminds me of a like procedure on the part of the late Sir Astley Cooper, who, on my showing him that his view on the use of the thyroid gland had been anticipated, on a hasty glance at the pages of the work to which I referred, said, "Oh, the author is all wrong;" to which I replied, "You may say so, Sir Astley; but it would be difficult for you to prove it."

Dr. Kennion believes our profession never ranked higher in public estimation than at the present moment. If this be so in reality, is quackery lessening? Is homœopathy less outrageous against common sense? or how came it into existence and such general estimation? Is unity of thought touching medical principles and treatment of disease more manifest? Is the reception of medical evidence in courts of judicature more complimentary than it has been? Is diversity of teaching by medical magnates a diminishing quantity? Where, and to whom, can we look for consistent medical doctrine, as founded on, and proceeding from, incontrovertible principles of science?—a rational pathology, in fact, in the place of indefinable terms that take reason captive, to realise the phenomenon of "straining at gnats and swallowing camels."

Dr. Kennion advocates the reference to sense, in preference to the exercise of the higher faculties of our nature, as essential to a correct diagnosis of the functional and other derangements of the abdominal viscera. The only important difference between us

in this respect, is as to the number of instances where such examination of renal and alvine excreta is called for. Dr. Kennion contends for the frequency of the necessity, when I contend for such necessity being but according to the physician's requirement, rather than according to the patient's presumption.

Not long ago, I was in attendance on one of our judges, whose complaint was of so serious a kind, involving as it did his heart, his lungs, his bowels, and his kidneys, that the newspapers proclaimed him to be in a hopeless condition. This gentleman declined any inspection of his excreta. A revolt arose in his mind at the thought of it. I pleaded no necessity for it; but, through a conflict of disturbing causes—a very tempest, as it were, of bodily commotions, distresses and difficulties—I brought him to a healthy state, the like whereto he had not experienced for a very long time.

As to my "recommending any *laissez aller* mode of practice," according to Dr. Kennion's showing, it is not a correct statement of the case. It is degrading to the medical faculty truly, to determine its power to the alvine and renal excretions for obtaining a "knowledge of disease and the power of healing it." This is not the way to arrive at a knowledge of the causes of disease. The disease is not there, though its effects may be seen there *in one or more particulars only*. It is, therefore, of higher and wider medical faculty than what the eye or the nose or the touch supply, and this wrongly sometimes, to survey disordering causes, in order the more efficiently and surely to divert, prevent, or remedy their effects. As a physician, "I know" that a thought with feeling in it will change every natural property that is presentable by excretions, whether alvine or renal; and this in a moment almost. I "know" also that many ailments spring from disorderly and intemperate indulgences of the appetite; that they also come from origins still deeper in our economy, whether of hereditary taint or of confirmed inclinations of the family stock. I "know", moreover, that even religious sentiments can act destructively, or prejudicially at least, on our organic framework, establishing gloominess and its frown where cheerfulness and its attraction should reign, correspondently with the false or true views of the God worshipped. Knowing such things, I repel the inference, if not the innuendo, that I cannot say, equally with my old friend, "Homo sum: nihil humani alienum a me puto;" and I adhere to my position in a most especial manner, that speciality is too limited in its action to entitle the agent to supersede the functions of a "physician for all", whether for consultation, for judgment, for experience, or for cure.

In conclusion, I beg to refer, not Dr. Kennion alone, but a host of doctors besides, to my second curriculum of the work under the title of *The Physician for All*, at page 2, in proof of my qualification for a medical status, or for treating on the constitution of the blood, and specially on consumption and other specialities. On this wasting subject, I have remarked, that a quick pulse, under a seemingly general healthy condition of the body, is the circumstance most to be mistrusted, and most requiring notice; for it is the strongest indication of incipient organic mischief. The eye and the ear of the "physician for all" may here be anticipated by his touch. Not but that his every sense should be awake at all times against every disturbing cause, either physical or mental. The wariness of the serpent, without its wiliness, is the expressive emblem of his vocation. Well may it cling to the rod of power, and be subservient to the goodness and the wisdom of a godlike man. Yes, his every sense, as the lowest faculties of his function, should be exercised vigilantly against the incursions of evil, as a fitting preparation for his task in their detection and removal.

Hoping I may be favoured by your publication of this my explanatory letter in the cause of our faculty, which seeks to be good as well as true,

I am, etc., JOHN SPURGIN.

17, Great Cumberland Street, Hyde Park, Sept. 2nd, 1865.

"HOW THE MEDICAL PROFESSION IS DEGRADED."

SIR,—In our JOURNAL for the 26th ultimo was a letter having the foregoing heading, from the pen of that shrewd and eminently philosophic and experienced physician, Dr. Spurgin. That gentleman broached the causes of his grievance with no intemperate zeal. Judging by the light of common sense, and taking into account the regard that was due to our noble profession, his letter was not less dignified in spirit than admirable in tone. In the main, the public forms its conclusions on men and things from what it sees or hears of them. And, as a body, our habits, peculiar conduct, and accustomed method of practice, are ever under its eye. But of those master-principles—those leading and essential doctrines by the diligent study of which we are enabled to comprehend the laws of health and premonitions of disease—the public mind has not the most distant conception. The time, therefore, is well arrived, when the public should be made acquainted with the simple truth, that to the physician himself is ever known the position whether, for the assistance and guidance of his insight of morbid structure and perverted function, he should needs daily inspect the contents of chamber-pedestals and close-stools. I cannot deny that, in certain cases, occasional ocular examination of the *dejecta* is a necessary duty of the medical attendant. I also am of the opinion, that sundry rarer cases would require results more precise than any which could be obtained by simple visual inspection. Their constitution, as revealed by means of the microscope, or as determined by chemical analysis, might be an indispensable requisition. But who is the man, in the exercise of advanced professional ministrations, but must feel it a positive degradation to be called on to perform the like needless inspections out of an obsequious regard for the whims of the Lady Stanhopes of our time? Strange, indeed, would it be, if offices of distinction, civil or national, often should fall to the chance of medical men, whilst known familiarity with indelicate usages—usages which act in opposition to their instinct and moral sense, and which avail not in the majority of instances the requirements of successful diagnosis and practice—is viewed and accepted by their clients as evidence of professional training and competency.

A writer in another number of the JOURNAL has dissented *toto cœlo* from the opinions so properly put forward by Dr. Spurgin. The writer, Dr. George Kennion, informed us, at the outset of his remarks, that he joins issue with the conclusions arrived at by Dr. Spurgin; telling us that he thinks them to be "false, drawn from wrong data." I read on. Dr. Kennion says (the italics are my own), that as the education of its *members becomes each year higher and higher*, and as the *social position* of those *who enter* its ranks is in a corresponding proportion elevated, so....." Here I must confess my inability to comprehend the meaning which it was obviously Dr. Kennion's intention should be conveyed. I suppose that the sort of education here spoken of referred only to those who might be about to enter our ranks. Of these the public will certainly never put itself to

the trouble of ascertaining the "social position." But, on the other hand, it is quite a different thing to speak about the *social position* of "members" of the profession. My own experience goes far to convince me, that their social position exercises unmistakeable influence over their individual success as practitioners. And, in this one respect, it is singularly clear, that the social status of our body never will be elevated by our exercising professional privileges for the public weal at the present rates of ridiculously small charges, or by the competitive efforts of its members to obtain posts, entailing valuable professional services, to do the work of their calling gratuitously.

I am, etc.,

HOPEFUL DEGRADATION.

September 5, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, ESQ.

SIR,—Before proceeding to consider the code of laws *seriatim*, it is necessary to observe that, the Society having been enrolled under the Friendly Societies' Act, these laws are strictly binding, and must be interpreted according to their precise meaning. There is no discretionary power left in the hands of the Directors, to modify or adapt them to unforeseen special or peculiar cases; and a deviation from their legal meaning might involve the Society in the expenses of litigation at the suit of any individual member who felt himself aggrieved. Nor can any rule or table be altered, except by consent of a general meeting of the members called for that purpose. The existing code may, therefore, be taken as the consummation which the projectors in their collective wisdom, and after full consideration, have determined as the basis of their operations.

The first objection I note is in Rule I, Clause II, which binds the Society to carry on its business in London. Now, although this may probably be the most convenient arrangement, yet circumstances might occur to render it desirable to adopt some other large town as the central point, as Birmingham for instance. The omission of the word London would have left this optional; and would have been more consistent with the constitution of a society affiliated with a British and not a London association.

Rule II states the object of the Society to be "to enable certain duly registered medical practitioners to provide," etc., which is at variance with the public advertisement, which declares it to be "open to all duly registered medical practitioners." This difference, at first sight, would appear nothing but what may be clearly understood and open to no objection; but, as we shall see by and bye, the wide and liberal invitation of the prospectus becomes so narrowed and limited by the rules, that the *certain* class who may aspire to enrolment constitute not only a very limited section of the profession, but that very portion least likely to stand in need of its aid, to the exclusion of the great majority of those to whom provision for sickness would be a valuable boon.

Rule III, providing that the Society shall consist of *honorary* and contributing members, is at once destructive of the self-supporting and self-governing principle; and is, as I have already shewn, at variance with conditions which experience has shewn to be essential to success.

The 6th Clause provides that every contributing member "*shall be healthy and shall not have any organic disease,*" etc.—a manifest absurdity which, we may suppose, was an oversight, pardonable enough, perhaps, in amateur lawyers, but with other discrepancies to be noted hereafter, an illustration of the old saying, "he who is his own lawyer, has a fool for his client." When attorneys or others dabble in physic and prescribe for themselves or their invalid friends instead of sending for the doctor, we are not slow to laugh at their ignorant blunders, and not always polite in the terms we use to designate their proceedings; and, therefore, we must not be surprised to find the tables turned upon us when we try our hands at law-making. How can we expect that a conclave of doctors would draw up a sound code of laws, any more that we should anticipate that half-a-dozen attorneys could set a fracture or diagnose a pleurisy?

The 10th Clause debars the contributor from sick pay for the first twelve months of his membership—a very serious limitation to the promise to provide for the exigencies of sickness. I have known numerous instances of young men beginning practice in fever districts, to whom it would have been a great comfort to feel that they could insure against the risk they run, especially during the first few months of exposure, and who from their age and vigorous health, would prove good members ultimately, but who would probably be deterred from joining by this very objection. As well might an insurance company object to pay a policy unless the holder lived a twelvemonth. I regard this as a vicious and unjust item in the covenant against the contributor, who ought to be entitled to his privileges from the moment he is a member. If time permitted, it could be shown that it is quite needless as a precaution on the part of the Society.

Under Rule V, Section 1, it is provided, that "no member shall be entitled to claim benefit for inability to attend to his professional duties in consequence of infirmity"; and for the interpretation of "infirmity", we are referred to Rule XVI, Section 5, where we find, "The term infirmity.....to mean any incurable alteration or imperfection in any part or organ.....interfering with the functions of the part or organ to such a degree as is sufficient to permanently disable him from discharging his duties as a medical practitioner, or *to render him liable to recurrent attacks of disability.*"

Surely the framers of this rule could never have anticipated the manifest hardship and injustice it is calculated to inflict. To take one of many instances that might be cited. A member has acute rheumatism, from which, after a few weeks' illness, he apparently recovers and resumes his duties; but, unfortunately, his heart is left so far damaged, that, although able to do his work for months, or even for years, yet he is now and then liable to attacks which lay him up for a short time; and in this condition he may live for years, but can never claim sick-pay, as, by this law, his case is clearly one of infirmity.

The 10th Section of the same rule, in directing the sick member to be visited once a month by a referee, prevents the former from adopting a course which might be essential to his recovery; namely, a prolonged stay on the continent, or a sea-voyage of more than four weeks' duration; and, as no provision is elsewhere made for the object, the directors have no power, under any circumstances, to relax the rule; indeed, it is not clear but that, under the 13th Section, a winter at Nice or Madeira would involve forfeiture of all claim under any circumstances.

The 12th Section of this same rule is that which will perhaps cause as much dissatisfaction, and lead to more disagreeable contention, than any other. It prohibits (on pain of suspension for a term, or expulsion) any member from discharging any of the duties of a medical practitioner during the time he is receiving sick pay. What utter forgetfulness, or

want of information, or both, as to the responsibilities and necessities of a sick or lame surgeon or physician, does this absurd prohibition imply! A conscientious observance of this condition might cost a member a sacrifice ten times greater than the amount of his sick-pay, without any compensating advantage to any one. The absurdity of the whole thing is so manifest, that it would be a waste of time to dwell upon it.

This brings us to a natural division of the subject; and, therefore, I shall defer further remarks to a future letter. I am, etc., A. B. Steele.

Liverpool, September, 1865.

ON THE VITAL CAPACITY OF THE FRENCH GIANT, M. J. J. BRICE.

Letter from Thomas Lewis, M.D.

Sir,—Having had, within the last few days, an opportunity of obtaining the vital capacity of M. J. J. Brice, I thought that some among your readers who take an interest in spirometry might be pleased by having it put on record.

In the short memoir drawn up by Mr. F. J. Buckland, M.A., several dimensions of the giant are given. Those which bear a relation to vital capacity are only two; viz., height, nearly 8 feet; and circumference round the chest, 4 feet 6 inches. These were taken when he was 22 years of age. He is now 25. There is no vital capacity given in the memoir; M. Brice never having met with an instrument capable of taking his measure. On application, he very readily consented to try the hydro-spirometer; and by using two of them an accurate measure of his vital capacity was taken.

There were four trials. In the first, he blew 496 cubic inches; in the second, 496; in the third, 482; in the fourth, 530. This is, I believe, the largest amount on record.

The way in which the two instruments were made available was by the rapid exchange of the blowing tubes; when he had blown a certain amount of air into one bottle, the tube of the second was rapidly used, without a fresh inspiration.

I measured the circumference of the chest about an inch below the mammilla, and found it to be fifty-two inches over his uniform. Allowing three inches for the clothes, his net chest-girth would be forty-nine inches.

I understood that the circumference of the chest given in the memoir was taken at the level of the arm-pits.

By a reference to Dr. Hutchinson's table, and following the rule laid down there, the normal vital capacity of the French giant should be 454 inches, supposing his height to be 7 feet 11¾ inches, which I believe is very near the mark; and this he has exceeded by seventy-six cubic inches. Hence, it may be inferred that the French giant does not neglect bodily exercise.

For the sake of comparison, I append the measures given of two other giants, drawn from the papers of Dr. Hutchinson and Dr. Radclyffe Hall.

	Height. Ft. In.	Chest-girth. Inches.	Vital Capacity. Cubic ins.
Brice	7 11¾	49	530
Freeman	6 11¾	47	434
J. S. G.	7 3	51	370

The age of Brice is 25 years; that of J. S. G., 18. Freeman's age is not given.

If not of any present practical value, the record here given may serve at least to amuse.

I am, etc., T. Lewis, M.D.

Caermarthen, Sept. 5th, 1865.

VACCINATION.

Letter from T. Morley Rooke, M.D.

Sir,—I have read with some interest, but at the same time with considerable dissent from the doctrines enunciated, the letter on Vaccination by Mr. S. H. Steel, in your number of the 2nd inst.

During the last two or three years, in which, owing to the prevalence of small-pox in the country generally, there has been in this neighbourhood a great demand for re-vaccination, I have performed that operation on a large number of persons; but the results I have obtained differ most materially from those of Mr. Steel. My experience is, that not more than one person in three or four presents anything that can be called a characteristic vesicle. I admit that, if good and fresh lymph be used, a very large majority will show a certain affection at the punctured spots—something more than any clean lancet would produce; but I cannot regard this, without further proof, as specific in its character, or, if so far specific, that it differs from what any other animal matter in a state of active change would produce—at any rate, as indicating that the subject presenting it would have been liable to small-pox if left alone.

I believe, indeed, that the same appearances will follow repeated re-vaccinations at very short intervals. I have known a good many nervous persons who get themselves vaccinated every two or three years, and always with this *pseudo* effect following. If we carefully note the phenomena that follow the punctures in such cases, we shall find that, on about the third day, the places become reddened; a slight papular elevation supervenes, which, within another day or two in the majority of instances, subsides, if not mechanically irritated; but, as there is often a good deal of itching, the part is frequently, half voluntarily, half instinctively, scratched, and the skin abraded; a serous exudation consequently takes place, leading to the formation of an irregularly shaped yellowish crust. In the minority, however, of these abortive cases, a very imperfectly formed and imperfectly filled vesicle makes its appearance, but even this is at its height by the fifth day; it then subsides; and when the scab has dropped off, there is scarcely a scar, and what there is, is wholly uncharacteristic of the pure cow-pox.

In the few cases in which more or less well marked specific phenomena do follow re-vaccination, I can subscribe pretty nearly to the description given by Mr. Steel.

The last paragraph of his latter is rather ambiguous; but I quite coincide in the view, as I presume most men will, that "the more nearly a secondary cow-pox imitates the primary in its course and characters, the more probable it is that the protective power of the first has been lost.

Apropos however of the same subject, I can never see the force of the common opinion that, in proportion to the perfection of the peculiar pitted cicatrices at a distant date after vaccination, is the likelihood of the body being still under the protective influence of the virus, which, in its introduction to the body, left this impress of its foot at the portal. Because the local stamp still presents its early features, does it follow that the whole mass of the body continues to retain its artificially impressed condition? Is the rate of change in one tissue any index of the rate in another? Even were it so, can the persistence of a mechanical alteration of form in the skin, all valuable as it is, as an index showing that a certain desired effect was once properly produced, be any criterion of the persistence of a chemico-vital effect which was produced cotemporaneously? I conclude

not; and so I have found in practice those with excellent marks on their arms, some again going through cow-pox, others through small-pox, and, on the other hand, those with very imperfect marks resisting all attempts at re-vaccination.

I am, etc., T. Morley Rooke, M.D.

Cheltenham, Sept. 5, 1865.

Medical News.

Apothecaries' Hall. On August 31st and September 7th, 1865, the following Licentiates were admitted:—

Cheesman, Henry, Brighton
Fitzpatrick, James, Northampton
Horne, Edward, Isleworth

APPOINTMENTS.

Andrews, R. J., Esq., elected Resident Medical Officer to the Norwich Dispensary, in the room of S. T. Taylor, Esq.

Brown, David D., M.D., appointed Surgeon to the Prison, Aberdeen, in the room of the late Duncan Reid, M.D.

Cuming, James, M.D., appointed Physician to the Belfast General Hospital, in the room of the late J. C. Ferguson, M.B.

Parson, Edwd., M.D., appointed Medical Officer to the Out-patients of Queen Charlotte's Lying-in Hospital.

Powne, Benjamin L., Esq., appointed Resident Surgeon to the Nottingham Dispensary, in the room of E. B. Truman, M.D.

Roberts, Edward C., Esq., appointed Resident Medical Officer to the York Dispensary, in the room of G. H. Atwell, Esq.

*Rogers, Robert J., Esq., appointed one of the District Medical Officers to the Brighton and Hove Dispensary.

Stamford, William A., Esq., appointed House-Surgeon to the Chesterfield and South Derbyshire Hospital, in the room of B. R. S. Vipan, Esq.

Thomas, Jabez, L.R.C.P.Ed., elected Physician to the Out-patients of the Swansea Infirmary, in the room of T. D. Griffiths, M.B.

Wane, William J., Esq., appointed House-Surgeon to the South Shields and Westoe Dispensary, in the room of David Ross, M.D.

Army.

Buckle, Surgeon R. T., M.D., 15th Foot, to be Staff-Surgeon, *vice* C. G. Irwin, M.B.

Hooper, Assistant-Surgeon A., 42nd Foot, to be Staff-Assistant-Surgeon, *vice* J. Anderson, M.B.

Irwin, Staff-Surgeon C. G., M.B., to be Surgeon 15th Foot, *vice* R. T. Buckle, M.D.

Laing, Surgeon-Major P. S., 23rd Foot, to be Staff-Surgeon-Major, *vice* S. M. Webb, M.D.

Price, Assistant-Surgeon W. H., 89th Foot, to be Staff-Assistant-Surgeon, *vice* R. W. Troup, M.B.

Troup, Staff-Assistant-Surgeon R. W., M.B., to be Assistant-Surgeon, *vice* A. Hooper.

Webb, Staff-Surgeon S. M., M.D., to be Surgeon 23rd Foot, *vice* Surgeon-Major P. S. Laing.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Irvine, C., Esq., to be Honorary Assistant-Surgeon 12th Aberdeenshire R.V.

Marsh, H. T., Esq., to be Honorary Assistant-Surgeon 19th Worcestershire R.V.

Wilson, W. A., Esq., to be Assistant-Surg. 1st Renfrewshire A.V.

Militia.

Hurman, W., Esq., to be Surgeon 3rd Middlesex Militia.

MARRIAGES.

On September 7th, at St. Saviour's Church, Jersey, *Charles Searle Bayliffe, Esq., Chippenham, to Harriet Ruth, eldest daughter of the late Charles Butler, Esq., of Sutton Benger, Wilts.

On August 19th, at Winchester, Harry Barrington Tuttiett, Esq., Surgeon, Ventnor, Isle of Wight, to Louisa Julia, daughter of the Hon. and Right Rev. Hugh Percy, late Lord Bishop of Carlisle.

DEATHS.

*Bakewell, Samuel G., M.D., at Church Stretton, aged 55, on August 30.

Bateman. On September 9th, at Richmond, Surrey, Ellen Anne, daughter of W. A. F. Bateman, Esq., Surgeon.

Forrest, John, M.D., C.B., Inspector-General of Hospitals, at Bath, aged 61, on September 10.

Manifold. On July 21st, at Morar, Gwalior, aged 3, Richard F., son of Michael F. Manifold, Esq., Surgeon, 34th Regiment.

The Herbert Memorial. The foundation-stone of the Home for Convalescents from the Salisbury Infirmary, to be erected at Bournemouth, in memory of the late Lord Herbert of Lea, is to be laid by the Earl of Pembroke (son of the late Lord Herbert) on Saturday, the 16th inst. (this day).

An Unusual Circumstance. At the recent quarterly general meeting of the governors of the Royal General Dispensary, it was stated that at the end of 1863 the liabilities amounted to £258; but that at the close of 1864 this deficiency had been cleared off; all the expenses of the year had been or could be discharged; £400 had been added to the building fund, and then a small surplus remained. The dinner and annual subscriptions amounted to nearly £500. They had received from Mr. Crawford, M.P., a sum of £400, part of a gift from the Hon. Rustomjee Jamsetjee Jeejeebhoy.

Defect in the Sale of Poisons' Act. Mr. Carttar, the coroner for West Kent, held an inquest on a woman, who committed suicide by swallowing "Battle's Vermin Killing Powder," which contains strychnine. The evidence showed that the deceased, who was addicted to habits of intemperance, purchased a packet of the above powder at a neighbouring druggist's, and on returning home mixed it in some liquid and drank it. The druggist at whose shop the poison was purchased, said it was generally sold to persons who asked for it without any questions being put, and Dr. Cogan said that a 3d. packet of the poison would contain a grain and a half of strychnine. The coroner said it could never have been the intention of the legislature that such a compound should not come within the Sale of Poisons Act.

Nélaton's Probe. Dr. Fleming of Dublin has used this probe with success in the case of the poor fellow Cummings, who was shot both over the eye and in the thigh. The wound over the eye was examined with a porcelain probe, and the fact of the bullet being lodged in the skull, ascertained beyond a doubt. If the wound contain a lodgment of lead, contact with it will impart a black mark to the porcelain; if the body lodged be iron, the mark will be of a red colour. The Nélaton probe was extensively used in the American war. Dr. Fleming made his examination in the presence of Professor Houghton, M.D., Mr. Butcher, etc. What he used was not a specially constructed appliance, but merely a few inches of slender porcelain which had formed part of an ornament. The operation of extracting the bullet was carried out at the Richmond Hospital, with partial success. The bullet had flattened, and had broken into two or three pieces. It struck, it appears, against the wall of the orbit, and was thus prevented from reaching the brain. Dr. Fleming succeeded in extracting about half of the bullet.

The Alleged Female Army Surgeon. Deputy-Inspector-General E. Bradford, of Sandhurst, writes to the *Medical Times and Gazette* on the alleged case of a female army surgeon, giving a sketch of the life and career of Dr. J. B., the individual referred to. Mr. Bradford says that "there can be no doubt among those who knew him, that his real physical condition was that of a male in whom sexual development had been arrested about the sixth month of fœtal life." "The real marvel of his history is, that a being of a frame so feeble, without domestic resources, with a temper so irritable and even mischievous, in spite of frequent severe sickness in tropical climates, and constantly at variance with authority, should have attained the highest rank in the medical department and have lived to the age of 65 years."

Death of Remak. M. Remak of Berlin, well known for his researches in microscopic anatomy and especially on the development of the vertebrata, and more recently for his contributions to electro-therapeutics, has lately died of carbuncle at Kissingen.

The Siberian Cattle-Plague. The Moscow *Gazette* states that the Siberian plague is making terrific progress in the government of Perm, and in the districts of Ekaterinburg, Irbit, Nerchotowish, Kamuschlov, and Shadrinsk.

Western Medical Society of Scotland. An association bearing this name has lately been formed, having for its object the cultivation of good feeling and unanimity among its members, the discussion of professional topics, and the affording of mutual protection to its members. The officers appointed are: *President*, Dr. George M'Ewan; *Vice-President*, Dr. T. D. Buchanan; *Secretary*, Dr. Hugh Miller; *Treasurer*, Dr. S. Buchanan; *Other Members of Committee*, Drs. Cassell, and Connell.

Adulteration of Dutch Yeast. At a meeting of the Sanitary Committee of the Hull Board of Health, the chairman stated that his attention had been called to the adulteration of Dutch yeast. The letter stated that the recent importations of yeast contained a large admixture of China clay. The chairman remarked that this kind of adulteration occurred a few years ago, and he had reason to believe that it was again being extensively practised. It was resolved that the substance be sent to an analytical chemist for inspection. The average import of Dutch yeast at Hull is about 7,000 baskets per fortnight, and during the last fortnight 123 baskets of yeast had been destroyed as unfit for human consumption. The chairman said the Board had no power to interfere with the adulteration if it could not be proved deleterious. If the substance on analysis was found to be injurious, the Board would take prompt steps to remedy the evil.

The late Dr. King, of Eltham. Dr. David King practised in Eltham for the long period of fifty-four years. After an education in the Collegiate School of his native town, Ayr, he repaired to the University of Edinburgh, where he graduated in 1809; passed the College of Surgeons, London, in 1810, after a year's attendance at the Westminster Hospital; and finally settled in practice in Eltham in 1811, remaining there through his long and useful life. He never married; but he leaves a successor in his nephew who bears his name. In person the late Dr. King was what the expression "homely" best explains. Although of a generous nature, and unselfish in all his social relations, courteous to his equals and kindly to the poor, still he was occasionally brusque and somewhat hasty in manner. He never lost the traces of his northern tongue. His frame was strong; and as such, well fitted for the arduous work of village practice. He was sober and active in his habits, and until the last few years enjoyed uninterrupted health. He died on August 23rd, in the 78th year of his age. Without claiming to be highly intellectual, Dr. King possessed a strong will and good common sense that seldom failed him. Dr. King was a member of several learned societies in the metropolis and also of Kent. Formerly he was president of the West Kent Medico-Chirurgical Society. He was the author of the *History of Eltham Palace and its Subterranean Passage*. He was esteemed and respected by all classes among whom he lived; evidence of which was shewn in the testimonial presented to him on his jubilee in 1861, when "rich and poor met together" to honour him. On that occasion little short of £300 was raised in sums from 6d. to £10.

Doctors at Ottawa. The medical profession is so largely represented that, if one-half of the practitioners whose signs meet the eye, and whose advertisements clamour for notice on the hoardings and dead walls of the city and in the columns of the newspapers, are enabled to earn a decent subsistence, the people of Ottawa must be among the most credulous and persistent valetudinarians in the world.

Ventilation of Sewers. M. Robinet, a French chemist, has devised a means of freeing the sewers from the effluvia which escape in the attempt to ventilate them. He proposes that the furnaces of factories shall derive their supply of air from the sewers. The gases will be destroyed by combustion, fresh air from the atmosphere supplying their place. He calculates that if the combustion of only 70,000 tons of coal can thus be economised annually in Paris, or only a tenth part of what is burned there, the sewers will be supplied with about 140,000,000 cubic feet of fresh air—that is, more than seven times their contents—daily. He would apply the same principle to the ventilation of cesspools, etc. It has been partially in use already, on the small scale. (*Scientific Review.*)

Statue of Jenner in Boulogne. A statue of Jenner, the discoverer of vaccination, was on the 11th instant inaugurated with much ceremony at Boulogne, in the presence of the mayor, and municipal council of the town, the civic and government functionaries, and a large number of French citizens and English residents. The statue, which has been gratuitously designed and executed by M. Eugene Paul of Paris, stands on a marble pedestal about twelve feet high, and the statue measures nearly ten feet in height. It is of iron, bronzed by galvanic aid. The figure is clothed in the costume of about 1810. The head is slightly inclined, as though absorbed in thought. In the right hand he holds a lancet; the left hand reposes on a pile of treatises placed on a pedestal, from which depends the sketch of a cow. The right foot is firmly placed over the word "Angleterre," while the left is advanced over the word "France." On the border of the groundwork is inscribed the name "Jenner," and on the pedestal is imprinted "A Edward Jenner, la France reconnaissante, 11th Septembre, 1865." At the moment of uncovering the statue the Orphéons of Boulogne sang a cantata in honour of Jenner. A banquet was afterwards given in the College Communal, under the presidency of the mayor, at which upwards of 260 gentlemen sat down. In the evening a fête with fireworks, and a grand *bal paré*, were given.

Longevity in England and Wales. The returns of mortality for England in the year 1863 record the death of 213 men and 430 women registered as 95 years old or upwards when they died. Twenty-one of these had reached 100 or upwards, and one at Chelsea was 109. Sixty-two of the women had also completed a century of life or more; and one at Liverpool, in the district of West Derby, was 112 years old. Five men and five women died in the year 1863, who, if the register may be relied on, were born before George III was king—that is, before 1761. It appears that longevity is lowest in the North Midland division of England, and by far highest in Wales, that which approaches nearest to the Welsh being the South Midland division of England. The proportion of those who reach the age of 100 years in Wales as compared with the North Midland division of England is about 10 to 1 in favour of the former, while Wales has the advantage of more than 2 to 1 above England's most favoured district.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

Diseases.	4 weeks ending July 29. A.	C.	5 wks. endg. July 29. B.
Small-Pox	25	15	17
Chicken-Pox	4	14	1
Measles	40	49	—
Scarlatina	39	35	7
Diphtheria	—	5	1
Hooping-Cough	51	27	1
Croup	1	2	1
Diarrhœa	706	1215	117
Dysentery	43	14	16
Erysipelas	14	23	2
Insanity	46	18	4
Bronchitis and Catarrh	426	381	89
Pleurisy and Pneumonia	37	21	5
Accidents and other diseases	4490	3922	469
Totals	5922	5741	730

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. FRIEDRICH PAULI, Physician of the Hospital at Landau, has recently published a Treatise on Croup. (*Der Croup.* Von Dr. F. Pauli. Pp. 182.) This work is the summing-up of a large personal experience of the disease.

REFLEX PARALYSIS.—Dr. W. Galloway, of Dundee, has published an instructive sketch of the subject of Reflex Paralysis. It contains, in a pamphlet form, a good summary of our present knowledge of the subject.

THE RECENT ARMY MEDICAL LIST.—Mr. William Robertson, one of the successful candidates at the recent examination, writes to the *Medical Times and Gazette* that he has been erroneously put down as having been educated at Galway and Dublin, whereas his place of education was Aberdeen. He also says that the second and ninth men (Mr. Collins and Mr. Andrew) are attributed to Glasgow and Dublin, whereas they were both Aberdeen students. As the list published in this JOURNAL agrees as regards the above-mentioned names with that of our contemporary, it is clear that the mistake was in the list forwarded by the Director-General.

A LECTURER.—Your suggestion shall receive due consideration.

F. T.—The medical men who were upon the United States Sanitary Commission, and who investigated the treatment of Federal prisoners by the Confederates, were men of high character; viz., Valentine Mott, M.D., Chairman; Edward Delafield, M.D., and Ellerslie Wallace, M.D.

THE GRIFFIN TESTIMONIAL FUND.—SIR: At the last meeting of the Committee, it was resolved that the above Fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions, on or before October 31st, to

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.
145, Bishopsgate Street Without, September 6th, 1865.

BEEF-TEA.—SIR: As I find that, in consequence of your observations on the subject, the value of beef-tea is being very much questioned and discussed, I would suggest the following experiment. Take two young animals, kittens or puppies; make good beef-tea; feed one on the "tea" allowed to become jelly, and the other on the "refuse"; and note the result in healthiness, growth, weight, etc. That there be no mistake, repeat the experiment three or four times; and, should the result be the same in every experiment, I think the conclusion would be satisfactory. The experiment might also be varied thus: should one patient increase much in health, etc., over the other, then stop and change over the treatment, and again note the result. I have invariably, when beef-tea has been made at home, had the "refuse" chopped up with spice and butter, and potted, and consider it equal to the potted beef of the shops. I was first told of this by a patient, well to do, but who wasted nothing; having eaten of it at her house, where it was much liked by the family, for breakfast, luncheon, or supper.

I quite agree with your correspondent, Mr. Parker, that the stomach will receive and retain beef-tea before anything else, after attacks of vomiting, cholera, etc.; and I also think that the authorities of St. Mary's Hospital have acted wisely in using the whole of the *bouilli*.

I am, etc.,
September 1865. S.

COMMUNICATIONS have been received from:—Mr. THOMAS MARTIN; Mr. R. J. ROGERS; Mr. J. C. ROOPE; Dr. R. H. BAKEWELL; Dr. H. W. J. ELLIS; Dr. J. W. GOODWIN; Dr. FREDERICK J. BROWN; Dr. J. C. MURRAY; Mr. J. K. SPENDER; A RETIRED SURGEON-MAJOR; Mr. R. L. BOWLES; Dr. J. G. DAVEY; Dr. W. ADDISON; Mr. J. SPENCE; Mr. W. TALLACK; Mr. C. S. BAYLIFFE; and Dr. W. M. BEDDOES.

BOOKS RECEIVED.

1. The Ninth Annual Report of the Medical Officer of Health of St. James's, Westminster. 1865.
2. Epidemic Cholera, Diarrhœa, and Dysentery. Pointing out an Effectual and Expeditious Mode of Cure. By H. Jeanneret, M.D. London: 1857.
3. Special Report on the Prevention of Cholera, by the Medical Officer of Health for Glasgow, to the Board of Police. Glasgow: 1865.
4. Diarrhœa and Cholera; their Origin, Proximate Cause, and Cure, through the Agency of the Nervous System, by Means of Ice. By J. Chapman, M.D. London: 1865.

ADVERTISEMENTS.

EXTRACTUM JECORIS ASELLI;

NOVEL AND IMPORTANT ADDITION TO THE MATERIA MEDICA.

OFFICIAL APPROBATION IN FRANCE AND RUSSIA,

GUFFROY'S
COD LIVER DRAGÉES.

The Watery Exudations which escape from Cod Livers, along with Cod Liver Oil, have been found to be richer than the oil itself in those active principles to which that substance owes its medicinal properties. An extract obtained from the concentration, by a patented process, of those watery products, forms the nucleus of Guffroy's Cod Liver Dragées, which, being easily taken and free from nauseating effects, can, therefore, be prescribed with great advantage for patients—children especially—unable to use the oil, or for the purpose of augmenting the efficacy of the oil. Daily dose for adults, 6 to 10 dragées. Box of 220 dragées, 4s. 6d.; box of 120 dragées, 2s. 9d. Procurable Retail through any Chemist, and Wholesale of F. NEWBERY and SONS, 45, ST. PAUL'S CHURCHYARD, LONDON. Sent free on receipt of the price in stamps, by BARR and CO., Sole Consignees, 1, Robert Street, Adelphi, London.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

EXTRACTION OF SOFT CATARACT BY SUCTION, AND SUCTION INSTRUMENTS.

By T. Pridgin Teale, Jun., M.A.Oxon., Surgeon to the General Infirmary, Leeds.

Having, during the past year and a half, twice brought before the profession the subject of Extraction of Soft Cataract by Suction, I still feel that the present occasion is a fitting one for again drawing attention to the operation. I purpose, therefore, at the risk of repetition, to give a short account of the mode of operation which I employ, and to show the most improved forms of instruments which have been devised for carrying it out; being convinced that those surgeons who have attempted the operation by suction and have been disappointed with it, have failed, either from defects in the instrument which they have used, or from not carrying out those details of the operation which are more or less essential to success.

Extraction by suction, used centuries ago by the Persians, and attempted twenty years ago by Parisian surgeons, lay dormant, under condemnation as an absurdity, until the latter part of the year 1863. At this time, having encountered some difficulty in removing by linear extraction the more consistent forms of soft cataract, I was led to work out experimentally the applicability of suction, and to devise an instrument which would effect this object. (*Vide Lancet*, Sept. 24, 1864, p. 348; and *Ophthalmic Hospital Reports*, vol. iv, p. 149.) This I did, independently, and in entire ignorance of the previous attempts which had been made in this direction.

Having now employed suction in nearly every case of soft cataract which has come under my care during the last eighteen months, I can fairly state that the results of these cases have equalled, and even exceeded, my most sanguine anticipations, in rapidity of recovery, in perfection of vision and pupil, and in freedom from inflammatory complications.

The following is my mode of operating, as described in the *Lancet* of Sept. 24, 1864.

"First Stage. *The efficient Rupture of the Anterior Capsule.* The pupil having been dilated by atropine, and the eyelids fixed by the stop-wire speculum, the anterior capsule of the lens should be very freely torn open by two needles passed through the cornea from opposite sides. In carrying out this step, the surgeon should bear in mind that its object is not merely to liberate the cataract, but also to ensure such a tearing up of the anterior capsule that it may curl back from the area of the pupil and be lodged behind the iris. At the same time, he ought by all means to avoid injuring the posterior capsule; a caution to be especially remembered in cases in which the cataract is dwarfed and the anterior capsule tough, or in which, in traumatic cataract, the lens has been much reduced in bulk by absorption. If the operator wish to avoid the use of the two needles, he may rupture the capsule at a later stage by introducing through the corneal opening made for the curette the hook used in extraction of hard cataract. The two needles, perhaps, give more perfect command over this important step in the operation.

"Second Stage. *The Opening in the Cornea.* Having withdrawn one needle, and steadying the eye by means of the other, the operator should next make an opening in the cornea for the admission of the tubular curette of the suction instrument. For this purpose a broad needle has been made for me by Messrs. Weiss, of such breadth as to make an opening of the exact size required for the curette. The broad needle should enter the cornea opposite the margin of the pupil when fully dilated, and, passing somewhat obliquely through the laminæ of the cornea, should make a valvular opening, in order, firstly, that it may not be too central and leave a scar in front of the pupil; secondly, that it may not be too near the attached margin of the iris, and thus favour its prolapse and adhesion to the wound; and thirdly, that the curette, when introduced, may not rest upon nor bruise the iris.

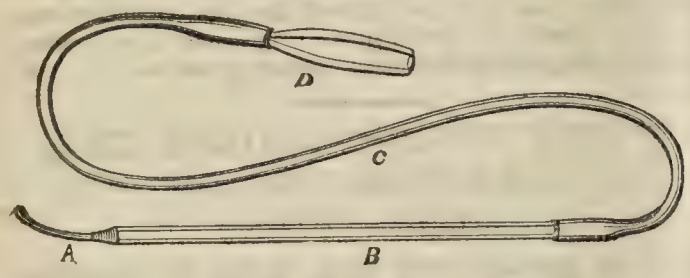
"Third Stage. *The Removal of the Cataract by Suction.* Having carefully introduced the curette, the surgeon should hold the open end of the tube, which should look towards the operator, steadily within the area of the pupil, gently burying it in the opaque material. The suction power may then be applied, and regulated in degree as the opaque matter runs off into the tube. As soon as the pupil is clear, the curette may be carefully depressed towards the posterior capsule in order to ascertain whether any opaque matter remains; but it should not, on any account, be swept before or behind the iris. If the suction be continued after the opaque matter has been removed, the cornea is drawn down over the open end of the curette, and blocks it up, thus preventing the iris from being sucked into the instrument and injured.

"If the operation have been efficiently performed, it will be found that the cataract has been completely withdrawn from the eye, through an opening in the cornea no larger than will admit the common curette, without any injury to the iris, without rupture of the posterior capsule, and with such complete division of the anterior capsule that it has disappeared completely behind the iris.

"The foregoing rules apply to a simple case of complete soft cataract. They are also applicable, with slight modification, to cases of traumatic cataract of recent occurrence. In these cases, however, it is necessary, in the first place, to be very careful to tear open completely the anterior capsule which has been previously ruptured in the accident producing the cataract; and, in the second place, to bear in mind that the posterior capsule may also have been torn through. Should this have occurred, the suction operation will be complicated by the admission into the anterior parts of the eye of the vitreous humour, which tends to pass through the tube more readily than the denser material of the cataract."

What, then, is to be done with those partial cataracts often met with in young persons, in which the central portion only is opaque, and the cortical portion is healthy and transparent, and adheres to the capsule? Are they to be first rendered complete by a preliminary operation of puncturing the capsule? or are they to be at once removed by suction? The first is, perhaps, the most certain and satisfactory method. It involves, however, a double operation. The second requires one operation only. It is difficult, however, to be quite certain that the whole of the transparent matter is removed. If any remain, it rapidly becomes opaque, and is absorbed in a few days. Further experience, perhaps, may enable us to avoid even this defect.

Suction-instruments, or, as I have named them (not very accurately, perhaps), "suction-curettes", are of two kinds. In one, the suction-power is applied by the mouth of the operator, by means of an India-rubber tube; of which kind I now exhibit the last and best edition. It consists merely of a light glass cylinder (B), with a small tubular curette (A) at one end, and an India-rubber tube (C) with a mouthpiece (D) at the other. It differs from my



Teale's Suction-Curette.*

original instrument in the substitution of a glass tube (suggested by Mr. Bowman) for the ordinary ivory handle, which enables the operator to watch the progress of his work. The other kind of instrument has the power applied by a piston in the handle, and has been brought to great perfection by Mr. Bowman. Between the two I do not venture to decide. Both are good: both effect easily the purpose required.

A few words may now be said on some of the disadvantages and difficulties that may be met with or imagined in the operation of suction.

1. One gentleman writes to me: "In some cases —few, I suspect—you may find the pipe advantageous." My answer is, that during the last eighteen months I have hardly found a case of soft cataract in which I could not use the suction-curette with advantage. On the other hand, I have met with *many* cases which I could not have treated with the same perfection and speediness of result without the aid of suction. I may state, as the result of my experience, that the cases are few, very few, in which the suction-curette does not prove a great boon, the exception being that small class in which the cataract is fluid, and requires little else but rupture of the capsule.

2. The stiffness of the cataract may prove a source of difficulty. On first using the instrument, it is hard to realise the amount of suction-power *sometimes* required to draw through the narrow tube the more tenacious forms of cataract. The operator may readily suppose that all cataract has been removed, when, in reality, it has only blocked the curette. This can be remedied by putting on more suction-power, or by withdrawing the instrument from the eye, blowing out the obstructing material, and then completing the operation; the test of its completion being the pure blackness of the pupil. This difficulty is one which a little practice will overcome.

3. Another difficulty may arise from rupture of the posterior capsule. In these cases, it is hardly possible completely to remove the opaque lens, in consequence of the readiness with which the vitreous humour is sucked into the instrument. By a little management in directing the opening of the curette against the portions of opaque lens, a great part of it may be withdrawn, mingled, perhaps, with some of the vitreous humour. The withdrawal, however, of two or three minims of vitreous humour, does little harm; and the advance of fluid along the transparent stem of the instrument will warn the operator if he is carrying the suction too far.

Advantages of the Suction Operation. 1. It is more easy to remove soft cataract successfully by suction than by any method hitherto in use.

2. It is more speedy in its results. The following cases, which recently occurred in my own practice, illustrate this point.

Case I. Joseph Etheridge, aged 42, suffering from complete traumatic cataract. On November 3rd, 1864, extraction by suction was performed.

Nov. 4th. He reads 16 Jäger.

Nov. 7th (fifth day). He reads No. 1.

Eighth Day. All trace of operation had disappeared. No redness; pupil active, circular; no adhesion of iris to cornea

Case II. T. W., aged 3.

May 24th. *Right Eye.* A complete cataract was removed by suction.

May 31st (eighth day). All trace of tenderness was gone. He had good vision, and a central, active, non-adherent pupil.

May 24th. *Left Eye.* A partial cataract was removed at one operation by suction.

May 31st (eighth day). The eye was rather tender, with a slight film in the pupil.

Case III. Edward Stocks, aged 13.

July 29th. *Left Eye.* A complete traumatic cataract was removed by suction. He read No. 8 immediately.

July 31st. He read small words of No. 1.

Aug. 1st. He read long words of No. 1.

Aug. 5th. He read No. 1 fluently (with + $2\frac{1}{2}$). All tenderness had disappeared.

3. Most soft cataracts, whether complete or partial, can be removed at one operation.

4. When the operation is duly performed, there is rarely any formation of opaque capsule requiring a secondary operation. This is certainly the case, as far as I have seen, with complete cataracts, and may possibly prove to be so in incomplete cataracts also.

5. Most cases of soft catract can be treated as out-patients with impunity; so little disturbance is produced in the eye by the suction-operation.*

In conclusion, allow me to notice, and ask for further information on, a point raised by Mr. Adams of Maidstone. Up to what age can a cataract be drawn through the curette? I have myself removed easily, by suction, a cataract in a lady nearly forty years of age; and in two men, each of the age of forty-two. The operation may be attempted in persons still older; and, if there should prove to be a hard nucleus, the operation may be concluded *à la* Schüft.

* Made by Weiss and Son, 62, Strand.

* In my private practice, I have frequently performed the operation at my own room, and the patient has called to see me in two or three days. Several of my best cases have never been visited at their own home.

THE NON-TRANSMISSION OF SYPHILIS BY VACCINATION.

By W. BOECK, M.D., Christiania.

[The following few words on the question of the Transmission of Syphilis by Vaccination have been sent by Professor Boeck to the editor, for communication to the British Medical Association. They are simply the *resumé* of careful and extensive observations made by the professor, which were published in the seventeenth volume of the *Magazin for Lœgevidenskaben*, p. 206. Professor Boeck's opinion, differing as it does from that which is commonly received at the present moment, is of much interest, and may be called very satisfactory, in so far as it tends to contradict the idea of the transmission of syphilis by vaccination. It need hardly be added, that few observers on this subject have more claims as an authority to our attention than Professor Boeck. Editor.]

When the question of the transmission of syphilis by vaccination was brought before the profession, I examined the question with the greatest care, investigated all the documents on the subject, and published my conclusions in the *Christiania Medical Journal*. I found that there was not one single case which could be held as conclusive of the transmission of syphilis by vaccination. But, in order to advance the position of the question, I determined to make some positive experiments on the question.

On the 28th of June, 1862, Ole Johan Olavsen, two months old, entered the hospital of the University of Christiania. The child had an exanthematous syphilitic eruption of a papular kind, which afterwards became pustular, on the thighs and buttocks. The mother and father had been treated for syphilis by mercury. The child was at once submitted to syphilisation. On July 10th, the child was vaccinated with matter taken from another child which was also under treatment by syphilisation. I made several punctures on the left arm; and, on July 17th, there were two well-formed vaccine pustules. On July 20th, I took from one of these pustules, on a lancet, vaccinal matter mixed with blood; and with this matter I inoculated two men suffering from elephantiasis Græcorum—one having the disease in the tubercular form, and the other in the anæsthetic form. Both of them had been vaccinated in infancy, and neither of them had had syphilis. In the first case, on July 28th, there were three well developed vaccinal pustules on the left arm, and two on the right arm. These pustules were observed every day; and, on August 25th, I noticed that the vaccinal crusts had fallen, and that there was no trace of syphilitic eruption. In the other patient, there were no results visible. It must be remarked, in reference to this observation, that subjects of elephantiasis can take syphilis as well as men perfectly healthy. I have seen several cases of this kind.

On March 12th, 1863, Alf Olavsen, three months old, entered the hospital with roseola of the trunk, of the legs, buttocks, hands, and forearms. The mother had been treated five years before by derivation—*i. e.*, eruption produced by tartar emetic; and last year had a child, which died of hereditary syphilis. Alf Olavsen was the same day treated by syphilisation. The child was vaccinated, the pustules being made as in the former case. The vaccinal matter, mixed with blood, was then inoculated in the same two cases of elephantiasis. The result was in both perfectly negative.

On March 27th, 1865, the child Martin Gustav Amundsen, nine months old, entered the hospital with a maculo-squamous exanthem of the extremities, mucous tubercles of the perinæum and inguinal regions, also between the buttocks, and ulcers of the tonsils. On April 6th, he was vaccinated as in the previous cases. The vaccinal matter thus obtained, mixed with blood, was again inoculated in the two cases of elephantiasis; and again the result was entirely negative. These two patients were observed daily during three years, and never presented a single symptom of syphilis.

I do not know if any direct experiments of this kind have ever been made by any other medical man; and I therefore consider that they have a certain degree of value. Vaccination is the greatest and most positive fact in our science; and it should not, therefore, be rendered suspicious, or have any doubts thrown over its excellence, unless on the most convincing evidence. I do not deny the possibility of the transmission of syphilis by vaccination; but I shall only believe in the fact when I see it. In Norway, where there is such great facility for following all the traces of contagion, never has the transmission of syphilis by vaccine been observed.

A FEW WORDS AGAINST THE HABITUAL USE OF PURGATIVES.

By C. B. RADCLIFFE, M.D., F.R.C.P., Physician to the Westminster Hospital, and to the National Hospital for the Paralysed and Epileptic.

Not a few persons still look upon purgatives as necessaries of life. They seem to think that their bowels would never act without the customary pill or potion. They stare incredulously if they are told that constipation is the natural result of some error of diet. They scout the idea that in some cases the bowels are habitually constipated with advantage, and not with disadvantage. Nor can it be denied that the conduct of not a few medical men is such as to encourage rather than to contradict these notions.

I object to the habitual use of purgatives on two grounds chiefly. In the first place, I object because the object in view may be attained by a more ready and rational way; that is, simply by regulating the diet in a proper manner. In the second place, I object because the very cases in which purgatives are habitually resorted to are very often those in which the constipation which it is intended to remove is a state to be encouraged, rather than a state to be corrected. To show fully why I make these objections, is not possible in the few minutes at my disposal. I can only hint at the reasons which have influenced me; and this, in fact, is all I propose to do.

1. Man is an omnivorous animal. Originally, it was not so. Then, "every herb bearing seed, which is upon the face of all the earth, and every tree, in which is a fruit of a tree yielding seed," was ordained for meat. Now it is very different; and it is to the butcher, rather than to the gardener, that man looks for his daily food. And what must be the consequences, so far as the bowels are concerned, of so doing? What must be the consequences, in this re-

spect, of taking too much animal food, and too little green meat? These are questions, to answer which it is not necessary to look further than to the illustration supplied in the case of a herbivorous animal, and in that of a carnivorous animal—the cow, for example, and the lion. The cow grazes on grass, and has a semifluid motion every hour or thereabouts. She is, so to speak, in a state of habitual diarrhœa; and this is her natural state. The lion, on the other hand, gorges on flesh. He eats seldom; and his bowels are relieved of a mass of little more than dry earthy matter once a fortnight, or even not oftener than once a month. He is in a state of very decided constipation; and this state is natural to him. As, therefore, the food of man departs from that of the lion, and inclines to that of the cow, it may be expected that his bowels will act more and more after the fashion of the cow; and so, in fact, it is. Supply green meat—salad, fruit, and the rest—and the bowels, as a rule, will act well enough: withhold it, and constipation will be the result. This is my experience in this matter. At any rate, this much I may say, that I have always been able to dispense with the habitual use of purgatives by attending to this point, and to that which I have next to consider.

In regulating the bowels, it also seems to be important to bear in mind the composition of the natural food provided for the state of infancy. This food, of course, is milk. Now milk, especially human milk, contains a large quantity of cream—contains a large quantity of that ingredient which is carefully extracted in too many instances from the milk which too often has to do duty for mother's milk. And what is it which this cream is intended to do? Part of it, it is probable, has to be burnt in the respiration, in order to keep up the heat of the body. Part of it, it is possible, has to act as food for nerve-tissue, by supplying some of the oily matter which is an essential ingredient in this tissue. And the rest—what of it? It is possible—nay, it is probable—nay, rather, it is certain—that it will further the secretion of bile; for it is one of the functions of this secretion to dispose of unused-up "respiratory fuel". Hence, to feed an infant on skimmed milk may lead of necessity, as one of its consequences, to constipation, by stinting the natural outflow of bile into the bowel; and hence the natural remedy for the constipation thus arising may be, not "to seek to regulate the secretions", but simply to follow Nature's lead, and restore to the milk used as food what had been robbed from it—namely, its cream. Surely, in theory, it is better to be *secundum naturam* than *secundum artem*; and most assuredly all I have seen in practice has taught me to prefer cream to grey powder, or any other abomination of the kind, as a means of correcting the constipation of infants. Indeed, my own experience amounts to this: that sickly spoon-fed infants have improved in health, and ceased at the same time to be sources of solicitude as to the condition of their bowels, as soon as care was taken that the milk used in their food was not deficient in the natural amount of cream. And, if this be so with infants, why should it be otherwise with persons of maturer age? If this be so with cream, why should it not be so also with butter, fat, and oily matters of other kinds? In theory, I can find no reason why it should not be so; and still less can I find a reason in practice. Practically, indeed, I can say this without hesitation: that the result of insisting upon the addition of a due amount of oily and fatty matter to the food, together with (at proper ages) a due amount of green meat, has been to enable me to dispense, for the last dozen years at least, with the habitual use of purgatives in practice.

In properly regulating the bowels, there are, of course, many other things to be attended to; as, for example, the proportion of bread and potatoes in the food; the question of brown bread *v.* white, and coffee *v.* tea; of alcoholic drinks *v.* water; of exercise *v.* rest; and so on. But all these, as I believe, are of minor moment only, when compared with the two questions which have been considered. Indeed, I have no hesitation in saying this broadly, as the result of an experience extending over at least a dozen years, that in any ordinary case, without making any other change, the habitual use of purgatives may be dispensed with by taking care that the diet contain a sufficient amount of oily and fatty matter, together with a sufficiency of green meat in those cases in which green meat is not contraindicated by age or by some other circumstance; and that in every case the result is most unmistakeably beneficial.

2. A sentence or two will serve to say what can now be said in justification of my second objection to the habitual use of purgatives. I objected on the ground that the very cases in which purgatives are habitually resorted to are very often those in which the constipation which it is intended to remove is a state to be encouraged, rather than a state to be removed. The cases I had in my mind in making this statement are cases of old age, and of debility generally—cases in which, most assuredly, constipation must be looked upon as the rule, rather than as the exception. Now, in cases of this kind, certain things may be assumed. It may be assumed, that the digestive powers are feeble. It may be assumed, that debility of digestion implies inability to deal with the more innutritious kinds of food, green meat especially—with those kinds of food, that is to say, which are favourable to frequent stools. It may be assumed, also, that debility of digestion implies slowness of digestion; and that one effect of slowness of digestion is to lessen the number of stools. It may be assumed, in fact, that constipation, within certain limits, ought to be the rule in the cases in question, if the diet be of the kind best suited to the wants of the system; and that it is simply foolish to attempt to bring about a contrary state of things. In the cases in question, indeed, to cause the bowels to act every day, after the manner of many, is, as it seems to me, to do what must have the effect of starving the system, by removing the food from the bowel before digestion and absorption have had time to do their work—is to victimise the patient as Sancho Panza was victimised by his pretended physician at Barataria; that is, to take away the dish before time had been given to partake of it. At any rate, be these reasonings right or wrong, of this I am sure in practice—that good results from disregarding in a great degree the habitually constipated condition of the bowels in many cases of debility, of old age especially; and that to attempt to remove constipation by the habitual use of purgatives in these cases, is only to increase debility and irritability.

Spiritualism Taxed. A curious case has been tried at Buffalo, New York, to decide whether professors of spiritualism are subject to a licence-tax for practising jugglery. The tax assessors thought that they were, while the professors thought they were not; and hence the strangest collection of people outside of a lunatic asylum has been brought together in the court at Buffalo. It has been at length determined, much to the disgust of the spiritualists, that they are jugglers, and must pay a tax as jugglers to the United States government. The case was highly amusing, and developed many "spiritual" secrets.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

CASES OF FAT KIDNEY.

Under the care of JAMES RUSSELL, M.D.

THE interest of the two following cases is derived from the rapidity with which the morbid process in the kidneys ran into the stage of fatty degeneration. The form of the disease in the first case, in which a *post mortem* examination revealed its nature, and, doubtless, also in the second, was that which most frequently presents itself, termed by Dr. Johnson the granular fat kidney; a disease in which the fat is confined to particular tubes or coils of tubes, constituting minute yellow granulations, visible to the naked eye, and studding, more or less thickly, the cortex of the organ. Such disease is usually the sequel of a gradual process of decay in the functional energy of the kidneys. It is preceded by a prolonged term of albuminuria; and, after death, is found conjoined with a perfectly pallid state of the cortical tissue, and generally with enlargement of the entire organ.

But, occasionally, as in the following instances, the morbid process runs quickly on to the fatty stage, at once imparting to the case a very serious complexion. Dr. Johnson (*Diseases of the Kidney*, p. 387) gives two cases in which the oily disease made its appearance with considerable rapidity; in one, within a month; in a second, after a still shorter interval.

Ordinarily, however, the fatty change is the termination of a more lengthened process of impairment of functional activity, and, doubtless, also of vital power. During this period, the presence of albumen in the urine testifies to the embarrassment which has taken place in the renal circulation; whilst a diminution in the daily excretion of urinary solids bears witness to a crippled condition of the organ; and, after death, the anæmiated state of the renal tissue is the outward and visible sign of the suspension of functional power, which existed during life.

The previous history of my patients affords no explanation why a process of vital decay, which ordinarily occupies a term of months, should in them have been comprised within a few weeks. There was nothing in their habits or constitution to explain the difference; nor any thing in the early symptoms of the attacks, in either case, to suggest that the issue would be otherwise than favourable.

The presence of fat, however, in the tissue of the kidney must not be taken as the cause of the fatal symptoms. The morbid change rather derives its importance from the circumstances with which it is associated, than from its own peculiar nature. It thus affords one among many examples which prove that the essence of all diseases consists in something beyond the mere structural change which constitutes their visible manifestations; namely, in the alteration of the vital condition of the organ with which the change in question is accompanied. How important is this fact in pathology, let the various theories which have been held respecting inflammation testify.

Thus, it is matter of common experience with microscopists, that in the liver preternatural amount of oil may be present in its cells without any morbid result; and it has been shown by Frerichs (*Diseases of the Liver*, p. 281), that the quantity of fat in the hepatic cells varies with the nature of the food. In the kidney, I have more than once found the cells generally loaded with fat, without any evidence of proportionate embarrassment in the function of the organ; and a like remark is made by Dr. Johnson (p. 392). Even in the heart itself it has occurred to me on several occasions, especially in phthisis, to find the fascicles containing a considerable amount of oil-globules, although the organ has been quite equal to the demand made upon it. Such appearances are, of course, less significant in the secreting organs than in the muscular tissue; but are of greater importance in the kidney than in the liver, on account of the different offices filled by these glands respectively in secreting the hydrocarbons.

These considerations have much practical value in relation to prognosis. The appearance of oil in the cells or casts excreted by the kidney whilst suffering under disease must always suggest cause for anxiety; but our final conclusion will always rest upon the concomitant circumstances. Thus, during the process of recovery from acute renal dropsy, fat sometimes appears in the cells or casts present in the urine; but, being united with evidence of gradual diminution in the functional embarrassment of the organ, this phenomenon does not affect our favourable prognosis. On the contrary, the two following cases had all the characters of ordinary acute dropsy; but, concurrently with the discovery of fat casts and cells, the fact presented itself, that there was no diminution in the severity of the local or general symptoms, and the chances of cure declined in proportion.

It is worthy of remark, that the form of fatty change in the kidneys which seems most closely related to functional impairment is that in which, as in the present instance, the degeneration affects isolated coils or tubules only. This peculiar distribution of the degeneration is aptly compared by Dr. Johnson with the "larger patches of degeneration of the muscular substance of the heart, which are associated with a more or less impervious condition of the branches of the coronary artery."

CASE I. S. S., aged 17, newspaper errand-boy, was attacked with symptoms of acute renal dropsy, six days before his admission. No special cause could be assigned beyond the general fact that in his occupation he was liable to exposure. His previous health was excellent. The only fault to be found in this particular was, that up to the last two or three months he had been overworked at a confectioner's. At two months old, he had inflammation of his left eye, which had left the cornea permanently opaque; but he presented no other evidence of strumous tendency, and his family history was perfectly clear.

His symptoms at admission were by no means urgent; though the anasarca was considerable. He was treated by aperients and the hot-air bath, and was kept in flannel. He had milk diet. He never made more than a slight and temporary advance towards recovery. The anasarca diminished for a short period after the first five days, but then again increased and became general. The pulse averaged about 64 till the end of five weeks, when it rose. Anæmia increased, and became complete; but the digestive functions remained active, except that his abdomen was greatly, even painfully, distended with flatus; and, at the end of six weeks, he suffered, especially after eating, from attacks of very severe colic pain, with frequent sickness. These paroxysms became very frequent and distressing. The cerebral functions were entire, and there was no chest complication.

The register of the urine for the first three weeks

was mislaid; but during this period the quantity of urine passed was very small; at times, none but with the stools. The albumen varied from one-half to the entire bulk of the urine. During the subsequent period of the case, the daily quantity of urine averaged twenty ounces, of specific gravity 1019, in addition to what was passed with stools. The quantity increased as the case advanced. The albumen never sank below one-half the bulk of urine; generally it occupied two-thirds; and during the last ten days again rose to the entire bulk. The urine at first contained a large number of intracellular and full-sized casts, filled with small exudation-globules; and groups of uric acid. On the fifteenth day after admission, and the twentieth of the disease, oil was first discovered in the urine; from that time, fat-casts or cells were never found absent from the urine.

The treatment adopted, in addition to aperients and attention to the skin, included salines, digitalis, and cantharides, with tonics when they could be borne. Free discharge was maintained from acupunctures, which needed to be frequently repeated.

On the eighty-second day of his stay in the hospital, the boy was attacked with repeated fits of convulsions, and died in the night.

Post Mortem Examination. The large veins of the pia mater were very turgid, but with this exception there was general and very well marked pallor throughout the brain, with increase of subarachnoid fluid. The heart weighed eight ounces; its fibre was perfectly healthy. There was some increase in the quantity of fat in the liver cells. The two kidneys weighed ten ounces and a half. The cortical tissue was completely anæmic; the cones retained colour, but were pale. The large vessels were healthy. No fat granulations were visible to the naked eye, but by the microscope they were found to be present in an early stage; entire tubules and coils being loaded with oil in places to the extent of being perfectly opaque and dark. Around the specimens floated a large number of cells loaded with oil, answering to the "granule cells" which had been observed in the urine. Some of the small arteries were hypertrophied.

The following case has fortunately not arrived at a fatal termination, but its nature is very apparent. It exhibits a still more rapid development of the fatty change than the last case, but contrasts with it in a much slower progress subsequently, as will be especially apparent by comparing the report of the urine in the two instances. Still the persistence of the symptoms, united with the continued presence of oil, justifies gloomy forebodings respecting the patient's fate.

Case II. W. P., aged 18, a lithographic printer. He was attacked with symptoms of acute dropsy eight days before admission; the anasarca speedily became considerable, and dyspnœa came on. His urine, too, was scanty.

The only apparent cause of the attack was a wetting the day previously, and his remaining in his wet clothes. Up to this illness he had enjoyed perfect health. His family history was satisfactory. On admission, the patient made much complaint of his breathing, but no physical signs of disease were present, excepting slight prolongation of the first sound of his heart at the apex. There was no other urgent symptom; the anasarca also had lessened and soon left altogether. The patient appeared to progress satisfactorily, except that he continued feeble, and that the anæmia increased; the appetite, however, improved. The pulse, which was at first 72, fell to 68 and 52. He perspired very profusely. He got up on the twenty-fifth day, and in a fortnight was sent to the Convalescent Hospital, though some œdema had again presented itself.

Three weeks afterwards, the anasarca again increased, and was accompanied with œdema of the lungs. He continued under observation forty days longer; when he left the hospital very anæmic, and with considerable anasarca, though without any other important complaint.

His urine averaged 51 ounces, of specific gravity 1013, with decided increase in quantity as the case progressed; but the quantity of albumen, which, at first, was equal to the entire bulk of the fluid, never sank below one-half, and finally stood at two-thirds. The urine at first contained numerous fibrinous casts with exudation cells. One or two oil-cells were discovered on the sixteenth day of the disease; and, eleven days afterwards, fat-globules and fat-casts were numerous. The oil-cells, in particular, increased greatly in number, and the fat-casts became abundant.

The treatment consisted at first of cupping from the loins; the usual means for exciting the action of the skin, which were soon intermitted on account of the free perspiration; ammonia; and, subsequently, steel. He had milk-diet at first, to which wine was subsequently added.

Reviews and Notices.

A Dictionary of Practical Medicine. Comprising Special Pathology, the Principles of Therapeutics, the Nature and Treatment of Diseases, Morbid Structures, and the Disorders especially incidental to Climates, to Races, to Sex, and to the Epochs of Life; and with an Appendix of Approved Formulæ. By James Copland, M.D., F.R.S. Abridged by the Author, assisted by James C. Copland, M.R.C.S., and throughout brought down to the Present State of Medical Science. Pp. 1537. London: 1865.

This is, as the title denotes, an abridgement of Dr. Copland's celebrated *Dictionary of Medicine*. In its production, he has shown no loss of that energy which enabled him to carry on, single-handed, that κτημα ἐς ἀεὶ of which the completion was witnessed but a few years ago. He has not been content with merely cutting down the original work, but has, with the aid of his colleague Mr. J. C. Copland, introduced sometimes entirely new articles, such as that on Diphtheria; and in every part has incorporated the opinions of the most modern and best known investigators of disease and its treatment. It is, of course, in the earlier parts of the book that these amendments are most noticeable. Thus, in the article Cancer, the doctrines of Walshe, Lebert, Paget, Rokitansky, and other moderns well known to fame, are given. In Epilepsy, the opinions of Dr. Russell Reynolds and others are noticed; in Fever, the writings of Dr. Murchison have been laid under contribution; and so on throughout the book.

All who are acquainted with Dr. Copland's larger Dictionary will be able to form an idea of the manner in which the subjects are handled by him in the present volume. The profession must be under deep obligation to him for thus having, at a time when he might be reasonably entitled to rest after his thirty years' labour, applied himself to the laborious task of reducing his work to its present size,

and at the same time introducing into it, from among the gradually increasing accumulations of many years, the materials necessary to bring it up to the level of modern medical science.

CONSUMPTION, AS ENGENDERED BY REBREATHED AIR AND CONSEQUENT ARREST OF THE UNCONSUMED CARBONACEOUS WASTE: its Prevention and Possible Cure. By HENRY MACCORMAC, M.D. Second Edition, enlarged and revised. Pp. 240. London: 1865.

DR. MACCORMAC'S object is an excellent one; and his zeal in endeavouring to carry it out is most praiseworthy; but his manner of doing so is quite as likely to defeat his purpose as to accomplish it. He tells us a great deal of what has been said again and again. This is right enough; for truth cannot be repeated too often until all are convinced of it. But he uses far too many words; and his readers are therefore liable to be bewildered or to be tired before they have grasped his meaning. In a book of 240 pages, he gives an Introduction just one hundred pages long, the text of which is the following sentence,

"Wherever the air habitually respired has been respired, in whole or in part, before, there tubercular deposits are found; and wherever the air habitually respired has not been respired in whole or in part, before, these tubercular deposits are impossible and consumption and scrofula are unknown."

This he considers to be an absolute law; and, as he claims its discovery, he calls it by his own name —"MacCormac's law"; and on this law he grounds all that he has to say on Consumption. Now every intelligent medical man who has had much dealing with consumptive patients knows, and has known for a long time, that confinement in an impure air—that is to say, in an air which has been spoiled by being used in respiration—is a very sure provocative of phthisis. But to assert absolutely, as Dr. Mac Cormac has done, that such impure air and nothing else is the cause of tubercle, and that tubercle cannot be found where the antihygienic condition alluded to does not exist, is to assert more than can be proven. If his statement were correct, those occupations and mode of life which induce phthisis in some who are subjected to them ought to induce it in all such persons without exception. But even Dr. MacCormac himself seems to be aware that his rule is too absolute; for we find him referring to the well known fact of the pressmen in a printing-office being less liable to consumption than the compositors. This he correctly ascribes to their using more exercise; but, if the air of a printing-office be *per se* impure enough to produce consumption in the compositors, why should the pressmen fare better, who, from the very fact of their greater exercise, must spoil the air more rapidly and breathe it again and again even more than do the compositors? Exercise, as Dr. MacCormac admits, is an important element here.

Dr. MacCormac assumes that tubercle is mainly a carbonaceous deposit, the result of imperfect respiration; and he speaks of "carbon, waste carbon," as being the "solid predominating ingredient." But the very analysis which he quotes—that of Scherer—gives to tubercle a composition closely allied to that of the protein compounds; the proportion of carbon, hydrogen, nitrogen, and oxygen, being nearly the same in tubercles as in albumen or casein. It is something more than the mere chemical proportion of its ingredients that renders tubercular matter unfit for the purposes of life.

While we think that Dr. MacCormac has expressed his views too dogmatically, and that certain of his conclusions as to the action of impure air on animal nutrition are erroneous, we can agree much more closely with him in the observations which he makes on the prevention and treatment of consumption. That for these objects a plentiful supply of pure air is of the highest importance, is a truth which every enlightened physician recognises.

We would go very far in agreeing with his condemnation of the prevalent dread of "night air"—believing, as we do, that *per se* it is less injurious than the atmosphere of a confined room; but then we must take into account, for the consumptive especially, the temperature of the air that reaches the patient—an important consideration, of which, as far as we can see, Dr. MacCormac takes little if any notice.

There are, then, in this book, some valuable practical hints; but these are wrapped up in so much dogmatic assertion founded on a limited view of facts, that we cannot class the book among the most instructive works on phthisis which have appeared in modern times.

THE MODERN PRACTICE OF MEDICINE: a Lecture delivered before the Royal College of Surgeons of Edinburgh. By D. RUTHERFORD HALDANE, M.D., F.R.C.P., Physician to the Royal Infirmary. Pp. 18. Edinburgh: 1865.

IN this lecture, Dr. RUTHERFORD HALDANE reviews the present position of pathology, diagnosis, and therapeutics. He comments on the question whether the modern change in practice has been brought about by a change of type in disease; or by a more accurate pathology and diagnosis. Neither of these, he thinks, affords a satisfactory answer. He enumerates several influences which he supposes to have brought about a change in the human constitution; but he cannot admit that so great, so sudden, so complete, a change of this kind has been produced as will account for the difference in practice. Then, as to the influence of modern improvements in pathology and diagnosis, Dr. Haldane thinks it much less than the influence of the spirit of independent inquiry—of loss of faith in the doctrines of past ages—of scepticism on the action of remedies—which has laid hold of men's minds in these days. This condition Dr. Haldane considers to be a transition stage of medicine; but he believes, and hopes, that we are on the road to a positive system of therapeutics—that "medicines may ultimately acquire the power of *curing* many diseases."

The author refers, in support of the possibility of such a discovery of therapeutic agents being made, to what is already known of the action of some substances and of their affinity for particular parts of the body; *e.g*, the Woorara poison, strychnia, sulphocyanide of potassium, nicotine, and certain metallic substances. He urges the importance of experiment; so as to become acquainted not only with the action of a substance on the healthy body, but with its action on the body in disease.

Dr. Haldane writes in a manner calculated to encourage those who would promote medical science by improving our knowledge of the action of remedies. This pamphlet is the production of a thoughtful mind. Its perusal will give pleasure and instruction.

HEADACHES, THEIR CAUSES AND THEIR CURE. By HENRY G. WRIGHT, M.D., Physician to the Samaritan Free Hospital, etc. Fourth Edition. Pp. 160. London: 1864.

THIS new edition of a well known little work does not contain much that is new. The author, however, has treated his subject clearly, and in a manner which—though he sometimes gives some very unnecessary information to professional men—renders the book one which may be perused with advantage. Headaches are grouped according to their causes; and, according to the cause, the proper treatment is described.

LECTURES ON THE GERMAN MINERAL WATERS, AND ON THEIR RATIONAL EMPLOYMENT. With an Appendix embracing a short Account of the principal European Spas and Climatic Health-Resorts. By SIGISMUND SUTRO, M.D., M.R.C.P. Lond., Senior Physician to the German Hospital, etc. Second Edition, carefully revised and enlarged. Pp. 419. London: 1865.

THE first edition of this work appeared in 1851, and consisted of a course of lectures delivered at the Hunterian School of Medicine. Dr. SUTRO's object, in delivering and publishing the lectures, was to give a faithful description, derived from personal observation, of the properties of the various German mineral springs, and to facilitate their appropriate selection according to the object sought in an application of their remedial powers. In this, his second edition, the author has left the lectures in the form in which they originally stood—making, however, alterations where necessary; and has added a copious Appendix, comprising an account of the British and foreign health-resorts not previously alluded to.

We commend this work to our readers, as containing a clear and practical description of European spas, and their applicability to the restoration of health.

A COURSE OF PRACTICAL CHEMISTRY, ARRANGED FOR THE USE OF MEDICAL STUDENTS. By WILLIAM ODLING, M.B., F.R.S., F.R.C.P., Examiner on Forensic Medicine at the University of London, etc. Second Edition. Pp. 241. London: 1865.

DR. ODLING, in bringing out a new edition of his *Practical Chemistry*, has made considerable alterations in the work. The first chapter, treating of Chemical Reactions and Manipulations, is new; the second, on Analytical Chemistry, has been rewritten; and the third and fourth, on Toxicological Chemistry and Animal Chemistry, have been carefully revised. The directions given are brief and intelligible; and the nomenclature adopted is in accordance with the system which is gradually gaining favour among modern chemists. The old atomic weights are, for convenience, still retained; but, in an appendix, several tables are given to shew the superiority of the unitary over the dualistic formulæ.

As a laboratory companion, we know of no book more useful to the student than is this one.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

EPITHELIAL TUMOURS OF THE CERVIX UTERI. M. Cornil remarks on the difficulty of making a diagnosis, by pathological characters, between true cancer and epithelioma of the cervix uteri; and inquires whether it may not be possible to found an arrangement of the tumours, on such elements of diagnosis as the arrangement of the epithelial cells. In some tumours, the cells are arranged like the acini of glands; and M. Robin calls these tumours heteradenic, and divides them into three varieties, of which M. Cornil retains one, classing the tumours comprised in the two others according to the form of their stroma and epithelium. From an examination of fifty-five cases, he has made the following classification: 1. Heteradenic tumours (M. Robin's third variety) with or without epidermic globules = 18 cases; 2. Epithelial tumours with alveoli visible to the naked eye and cylindrical cells = 3 cases; 3. Epithelial tumours having a net-work of fine meshes and cells of very various forms (the prismatic form predominating) = 34 cases.

The following is a succinct account of the characters of these varieties.

1. *Heteradenic Tumours.* The lips of the os uteri—sometimes one alone—are swollen, sometimes everted, and irregular. The tumours are whitish and somewhat transparent, friable under the pressure of the finger, and having a consistence between that of scirrhus and that of encephaloid; on section, the surface is smooth, and presents no milky juice, but yields on pressure small coagula, or white opaque vermiform filaments one or two *millimètres* (sometimes even a *centimètre*) in length, which proceed from cylindrical cavities visible to the naked eye. These filaments are sometimes disposed without order, sometimes parallel, or radiating like a fan in the large projecting *bourgeons* of the tumour. Under the microscope, a section made parallel to the direction of the filaments shows a number of elongated tubes, anastomosing like the tubules of glands, enlarged at parts, and ending in one or more ramifications; these tubes are separated by a thin layer of areolar tissue, or of uterine muscular tissue, and have no special external membrane; they are comprised of cylinders formed of prismatic or pavement nucleated cells, agglutinated by an amorphous granular matter, these cells entirely filling the tubes. When the tubes are not transversely, they present epithelial cells implanted in a radiating manner in their walls. As to the origin of these nucleated cells, M. Cornil observes that they do not spring from pre-existing glands; and believes that they arise spontaneously, producing in the adult an abnormal gland-formation analogous to that which is physiologically formed in the embryo. As this process of development goes on, the parts first formed undergo certain changes, consisting principally in vesicular, fatty, or epidermic degeneration of the cells, followed by disintegration and ulceration, and finally by putrefaction or gangrene of the tumour.

2. *Epithelial tumours with visible alveoli and cylindrical cells* are characterised by the presence of alveolar cavities, generally visible to the naked eye, hollowed in the pre-existing tissues, and filled with cylindrical epithelial cells. The tumours are soft, friable like encephaloid, and yield on pressure a milky juice, mixable with water. They differ from heteradenic tumours in the presence of fluid, in the absence of tubes and of globular epidermic cells, and in the cha-

racters of the alveoli; they are distinguished from encephaloid by the presence of cylindrical cells and by the absence of newly formed aveolar tissue.

3. *Epithelial tumours having a net-work of fine meshes and cells of various forms, principally prismatic.* This is the most common variety of epithelial uterine tumour. It presents to the naked eye the characters of encephaloid; and, microscopically examined, differs from the two varieties already described, in the formation of a layer of connective tissue, supporting the vessels and forming alveolar cavities, generally microscopic, and filled with epithelial cells. These cells are free, and may be removed, in the form of a milky fluid miscible with water, by pressure, or by scraping a section of a tumour with the back of a scalpel. The elements found in the fluid are: 1. Ovoid nuclei of greater or less size, having a thick membrane and a large nucleolus—these are considered, by those who hold that the elements of cancer are specific, as characteristic of carcinoma; 2. prismatic cells containing ovoid nucleus, and generally also a nucleolus; 3. fibro-plastic cells; 4. spherical cells containing large nuclei; 5. mother-cells with several nuclei, etc.; 6. cells undergoing fatty degeneration; 7. white globules.

M. Cornil has never observed the disease to become generalised in the first two varieties, while he has noticed it to do so in five cases of the third. Independently of such results as peritonitis, inflammation of the bladder and urethra have been amongst the most frequent complications. In six cases out of thirty-two of the third variety, tubercular disease of the lungs was also present. (*Journ. de l'Anat. et de la Physiol.*; and *Gaz. Méd. de Paris*, July 8, 1865.)

Structure of Nerves. M. Roudanovsky states that he has found that the walls of the nerve-tubes of the spinal nerves have an inner membrane consisting of transverse fibrils. These striæ or fibrils have an arrangement very like that of the striæ of muscles, and are united at an angle, so as to give the tubes a pentagonal or hexagonal form. The membrane here described touches the neurilema externally and the myeline internally. M. Roudanovsky has not found the transverse striæ in the cerebral nerves; nor has he seen them in all the fibres of spinal nerves which he has examined. (*Gaz. Méd. de Paris*, July 8, 1865.)

Physiological Action of Carbonic Acid. M. Demarquay, in a memoir presented to the Academy of Sciences, gives the following conclusions. 1. Carbonic acid has an irritant action on the skin, especially in the more secretive parts, such as the perineal region. 2. Analgesia of the skin is obtained only by the influence of a continuous jet of the gas on a very limited part of the body. 3. The action on the organs of sense is analogous to that on the external integument; there are lively excitement, sensorial exaltation, or nervous perturbation—all these phenomena being generally very transient. 4. The action on the digestive organs is stimulant, and is attended by slight neuro-vascular excitement. 5. Injected into the veins, carbonic acid is absorbed in large quantity, and is rapidly eliminated if the experiment be carefully performed; otherwise it produces distension of the cardiac cavities, and death. 6. Carbonic acid introduced into the air-passages does not produce the toxic effects commonly attributed to it. Mammalia can remain for some time without serious inconvenience in an atmosphere of common air or oxygen mixed with from 20 to 25 per cent. of carbonic acid. In man, some slight disturbance occurs at a time varying with the susceptibility of the individual. When death follows the inhalation of this gas, whether in man or in animals, the *post mortem* appearances are different from those produced by carbonic oxide, the effects of which have often been confounded with those of carbonic acid. 7. Most of the accidents produced by the fumes of charcoal, by confined air, by the vapours arising from stoves or from fermentation, have been erroneously attributed to carbonic acid; they ought in great part to be laid to the charge of carbonic oxide, sulphide of hydrogen, alcoholic vapour, and other imperfectly known gases. 8. Carbonic acid is simply irrespirable; because, being of the same nature as the gas expired from the lung, a physical interchange of gases cannot take place. Hydrogen and nitrogen are less immediate in arresting respiration than carbonic acid, because they allow the physical interchange to go on for a short time. 9. Anæsthesia cannot be produced in man by carbonic acid without danger of asphyxia; and, even if it could be safely produced, it would be too transient to be of service in operations. (*Gaz. Méd. de Paris*, August 5, 1865.)

Action of Atropia and Morphia. Drs. Mitchell, Keen, and Morehouse give the following conclusions regarding the action of atropia and morphia. 1. Conia, atropia, and daturia, have no power to lessen pain, when used subdermally. 2. Morphia thus used is of the utmost value to relieve pain, and is most potent, in certain forms of neuralgia, the nearer it is applied to the suffering. 3. Morphia lowers the pulse slightly or not at all; atropia usually lowers the pulse a few beats within ten minutes, and then raises it twenty to fifty beats within an hour. The pulse finally falls about the tenth hour below the normal number, and regains its healthy rate within twenty-four hours. 4. Morphia has no power to prevent atropia from thus influencing the pulse, so that, as regards the circulation, they do not counteract one another. 5. During the change of the pulse under atropia, the number of respirations is hardly altered at all. 6. As regards the eye, the two agents in question are mutually antagonistic, but atropia continues to act for a much longer time than morphia. 7. The cerebral symptoms caused by either drug are, to a great extent, capable of being overcome by the other, but owing to the different rates at which they move to affect the system, it is not easy to obtain a perfect balance of effects; and this is made the more difficult from the fact already mentioned, that atropia has the greater duration of toxic activity. 8. The dry mouth of atropia is not made the less by the coincident or precedent use of morphia. Atropia does not constipate, and may even relax the bowels; morphia has a reverse tendency. 9. The nausea of morphia is not antagonised or prevented by atropia. 10. Both agents cause dysuria in certain cases, nor is the dysuria occasioned by the one agent relieved by the other. 11. Atropia has no ability to alter or lessen the energy with which morphia acts to diminish sensibility or relieve the pain of neuralgic disease. 12. As regards toxic effects upon the cerebral organs, the two agents are mutually antidotal, but this antagonism does not prevail throughout the whole range of their influence; so that, in some respects, they do not counteract one another, while, as concerns one organ, the bladder, both seem to affect it in a similar way. (*American Journal of Medical Science*, July 1865.)

Absence of the Gall-Bladder. At a meeting of the New York Pathological Society, Dr. Sands exhibited a liver without a gall-bladder, which had been removed from an emaciated male phthisical dissecting-room subject, aged about twenty years. The liver was very small, and weighed but a pound

and three-quarters. The lobus quadratus was also wanting; at least, the fissure for the gall-bladder being absent, there was no line of demarcation for it. The hepatic duct was present, and of considerable size; which fact has been noticed under other similar circumstances. Dr. Sands remarked, that the absence of a gall-bladder had been observed in the acephalous fœtus. Dr. Clark remarked, that he had a specimen in which the communication between the gall-bladder and ductus communis was entirely occluded, and the gall-bladder shrivelled to very little more than a mass of connective tissue. In that instance, the liver had attained an enormous size, and was considerably blackened by a pigmentary deposit, evidently the result of the existence of a previous hyperæmia. (*New York Medical Journal*, June 1865.)

British Medical Journal.

SATURDAY, SEPTEMBER 23RD, 1865.

AN OPERATION FOR FISTULA IN ANO TWO HUNDRED YEARS AGO.

In a previous number, we gave an interesting account of the management of royal accouchements two hundred years ago; and will now, from the same authentic source,* relate briefly a "grand operation performed on Louis XIV in 1686."

On the 18th of November, 1686, Versailles was astounded with the news that Louis XIV had undergone the "*grande opération*", as it was then called, for fistula *in ano*. An abscess at the margin of the anus of the king had been discovered in February 1686; and Félix de Tassy, his chief surgeon, at once proposed to open it. But, as Dionis remarks, "the deference to opinion necessary for a cure is not always found among the great." A thousand *infallible* remedies were immediately proposed; and of these, a plaster made by Madame de la Daubière was selected as preferable to the lancet of the surgeon; and madame herself, as the chronicle tells us, assisted in its application. The plaster, however, was removed five days later, having only increased the king's sufferings; and it was at last resolved, on the 23rd, that the abscess should be opened. But, contrary to the wishes of Félix, caustic was used for the purpose, instead of the knife. The result was that, when the caustic slough fell off, "the pus ran out of a small hole." Soon afterwards it was discovered that the fistula communicated with the interior of the gut; and an operation for its cure was therefore necessary.

Hereupon the king was again overwhelmed with the promises of infallible curers of *tumours*. Louvois, the minister, however, being in some sense responsible for the life of the king, would not allow any of their remedies to be applied to the king without having them previously tried on others. Thus, for example, the use of the waters at Barèges having been recommended, and having taken the fancy of the king himself, four persons with fistula were sent to Barèges, under the charge of Gervais, surgeon of La Charité, who had a great reputation in the cure of tumours. They were treated in a variety of ways, internally and externally, with the waters, for a long time; but the result was, says Dionis, that at the end they were no nearer a cure than when they started for Barèges. Next came a court lady, who reported that she had been cured of a fistula at the waters of Bourbon. Consequently, four other patients with fistula were sent there, under one of the king's surgeons; but they also returned uncured. Still Louvois was besieged with promises of a cure; and, not wishing to throw away a chance, had several rooms in his ministerial hotel at Versailles fitted up for the reception of all fistula *in ano* patients who were willing to have remedies tried upon them. Félix was to watch the action of the remedies, and to report upon them. The experiments were carried on for a length of time; but all the *infallible* waters, ointments, etc., turned out complete failures.

Of all these proceedings the king was informed by Louvois and Félix, who urged upon him that all attempts to cure the fistula without operation were in vain. Before finally deciding, the king sent for Bessières, who was then in great repute at Paris; and by him was told that "all the remedies in the world would do nothing without an operation." Thereupon the king determined to undergo the operation. But *what* operation? At that time there lived at Paris one Lemoyne, who had great repute as a curer of fistula. Of him Dionis writes:

> "His method consists in the use of a caustic, spread over a little plug, and introduced into the opening; this plug is enlarged day by day, so as to destroy all callosities and sinuses. By this process, and with plenty of patience, he cured many fistulæ. He died old and rich; and he made the people pay well; and in this he was right, as the public only esteem those things which cost them dear. All patients who dreaded cutting fell into his hands; and, as the number of cowards (*poltrons*) is always great, he never wanted for practice."

The ligature was the plan most in use; but Félix preferred the knife. Félix, therefore, was called upon to describe to the king the entire history of these different remedies. Caustic, he told him, produced continual pain for five or six weeks. The ligature required a long time to cut its way through, and also needed frequent tightening, and so constantly produced pain. The pain of incision was, he admitted, sharper, but then it was only for a moment; and the cure by incision was certain and rapid, and this could not be said of either the caustic or the ligature. Félix's arguments, supported by those of d'Aquin, Fagon, and Bessières, decided the king for incision. Félix was a bold man; for at

* Curiosités Historiques. Par M. Le Roi. Paris: 1864.

that time the operation by the knife was looked upon as a great and terrible affair. But Félix was not an ordinary man. He was the son of the king's surgeon, Félix de Tassy; had been carefully educated by his father, in hopes that he would become his successor; and at an early age was celebrated as a skilful surgeon. In 1676 he, in fact, became first surgeon of the king. Félix at the time had never performed the operation which he proposed to the king. But, while the experiments of the "curers" were being tried, he read everything which had been written on the subject; and, what is more, operated on all the patients having fistula *in ano* who were received into the Paris hospitals and into La Charité at Versailles. When, therefore, the king had at length resolved upon the operation, Félix had become a master in its performance.

Félix used a modification of Galen's syringotome. It was a very narrow curved knife, terminated by a stylet several inches long. The cutting part of the blade was covered with a silver sheath. This instrument was introduced through the fistula into the rectum, and then brought out at the anus. The sheath was then gently withdrawn; and the knife, now laid bare, held by the hand and by its stylet end, was at once made to cut its way out. This knife received the name of the *Royal Bistoury*.

The operation was performed on November 18th, 1686. The king had kept his intention a secret. He came to Versailles on the 15th; and on the 17th he rode out publicly on horseback. On the 18th, at five o'clock in the morning, the apothecaries administered a lavement. A little before seven, Louvois brought Madame de Maintenon to the king, who was found engaged with Père de la Chaise, his confessor. In the Cabinet des Bassans were assembled Félix, d'Aquin, the king's chief physician, Fagon, Bessières, the four royal apothecaries, and Laraye, Félix's pupil. At seven o'clock they entered the king's room. Louis XIV made Félix show and explain to him the instruments, etc.; and then with perfect confidence, and most composedly (as we are assured), placed himself in Félix's hands. The operation was performed in the manner above indicated; and then, with eight cuts of scissors, Félix removed the callosities which were exposed when the incision was made. Louis bore the operation without a cry or a word. A large plug of charpie, covered with oil and yolk of egg, was then forced into the wound.

Consternation seized all the courtiers when they heard that the king had undergone this *dangerous* operation. For the first few days afterwards, things went on well; but, on December 7th, it was found necessary to destroy the new cicatrix, and to lay bare the fistula to its base. After this second proceeding, the operation succeeded.

Félix was well rewarded. His fee was 50,000 crowns, and the estate of Mouhineaux, estimated at a like value. D'Aquin received 100,000 *livres*; *livres*; Fagon, 80,000 *livres*; the four apothecaries, each 12,000 *livres*; and the pupil Leraye (who was not forgotten), 400 *pistoles*—the sum paid amounting altogether to about £40,000! Félix's practice now naturally became very large; for, as Dionis says:

"Fistula *in ano* has become a fashionable disease since the operation was practised on the king. Those who had before, through shame, concealed the disease, now made it public; and many went to Versailles to undergo the operation, because they knew that the king made inquiries about all operations of the kind. Some even, who had simply hæmorrhoids, or a slight discharge, were angry when they were told there was no necessity for an operation."

"Such," says M. Le Roi,

"Is the history of the operation performed on Louis XIV. Thanks to the happy initiative of Félix, the method of operating by incision was again brought into honour, and has since been generally adopted. A man, indeed, may now-a-days successfully practise the operation without being first surgeon of the king—so simple has the operation become."

M. MOREAU ON HYSTERICAL MANIA AND EPILEPSY.

M. Moreau has been publishing some interesting papers on Hysterical Mania, Epilepsy, etc., in *L'Union Médicale*. Speaking of marriage as a remedy for epilepsy, he says:

"It is hard to understand how the idea of marriage (and under this term is included the act which is legitimised by marriage, and pregnancy, which in most cases is its usual consequence) as a remedy could have ever entered into people's minds, and become popular, as it is. It is certain that no single fact has ever yet been furnished as a pretext for the propagation of the prejudice. Of 287 patients under charge, we have 187—8 hysterical, 17 hysterico-epileptic, and 162 epileptic patients—who have had recourse to marriage (legal or illegal), and most of them for the express purpose of getting rid of their terrible disorder. Not one of these derived the least benefit therefrom; but most, if not all of them, suffered from an immediate intensification of their disease. This, above all other panaceas, ought to be rigorously proscribed by the conscientious physician, inasmuch as thereby the propagation by heredity of the most frightful of diseases is fostered."

As regards the effects of different drugs upon epilepsy, M. Moreau has little good to say. He has tried all the numerous remedies so often vaunted as efficacious, but has found them all useless. It is useless, he says, to repeat here the results which he has already from time to time published. The last remedy recommended—bromide of potassium—is as useless as the others which have preceded it. He can recommend none of these drugs as being of any service in the cure of the disease.

There is, however, a remedy of which Dr. Moreau speaks very highly; and that is one out of the arsenal of hydrotherapeia. He has obtained excellent results from the use of simple douches applied exclusively along the spine. He first saw this prac-

tice adopted by Dr. Ideler, physician to the Lunatic Asylum at Berlin. Since 1854, the *vertebral douche* has been the method of treatment almost exclusively employed in the service of epileptics at Salpêtrière. The patient, after being roughly sponged with water, is placed in an empty bath, and a very powerful jet of cold water is directed along the spine for three to five minutes—time enough to produce an erysipelatous-like redness of the skin. In many patients, whose menstruation is irregular, the douche is directed for one or two minutes on to the pubes, and thereby regularity is often restored. After the bath, gymnastic exercises are enjoined. Sixty-six patients have thus been treated; viz., thirty-two epileptics, nineteen hysterico-epileptics, and fifteen hysterical. Of the epileptics, fifteen have shown a slight amelioration, the attacks having become fewer and milder. The rest have been markedly improved by the treatment.

Cholera has increased in the South of France. At Marseilles there had been, on the 15th instant, 1067 deaths from the disease since its appearance there two months ago. On the 11th, there were 40 fatal cases. At Toulon, cholera has prevailed since August 26th. The daily number of deaths from the 6th to the 13th instant has shown, on the whole, an irregular increase; the figures being for the eight days, 10, 4, 9, 11, 3, 10, 27, and 14. In Upper and Middle Egypt, the disease has greatly diminished. It has considerably decreased, or entirely disappeared, at Constantinople, Smyrna, Latakia, Messina, Rhodes, and Ancona. At Beyrout, the cholera is increasing; and there is also a very fatal epidemic of pernicious fever.

Professor Bouley has addressed a letter on the Cattle-Plague to the *Scottish Farmer* newspaper. He says:

"If there is a question in veterinary medicine of which the solution ought at the present day to be complete and definite, and one which leaves no longer any material for controversy amongst competent men, it is that of the origin, or, so to speak, the home of this redoubtable pest. For long, its apparition was explained by invoking the influence of heat and cold, dryness and humidity, privations of all kinds, sufferings, fatigue, overcrowding, accumulation of animals, etc.—all causes which are powerless to generate the contagious malady known as the Typhus of Horned Cattle, the Rinderpest, etc. This has but one home, and that is in the steppes of the Eastern Europe and Asia.....The typhus is not a new malady in Western Europe. It has visited us too often, notably in connection with the transit of large bodies of men, as necessitated by wars..... Those who do not wish to admit the exotic nature of typhus invoke, to explain its outbreak, the influence of habitations, faulty hygienic conditions, privations, sufferings, heat, etc.; but they do not reflect that these causes exist at all times and in all countries, whilst the typhus does not appear but on extraordinary occasions, and afflicts only some unfortunate countries. If the typhus depended on the bad condition of the byres in which milk cows are kept, it ought to reign perpetually among the dairies in Paris and its suburbs, where the unfortunate beasts, destined to the production of milk, are maintained in low, humid, suffocating stables, without light and without air. Compared to the cow-houses of Paris, those of London are Louvres; and, nevertheless, the typhus does not break out in those. Since the inauspicious days of 1814 and 1815, we have not had it in France; and it is one hundred and ten years since it last visited England..... It is the same in France, in Spain, in Italy, and in Germany; there also reign these causes, general and common, which are supposed capable of generating the typhus, and, notwithstanding, it does not appear.....We have now ceased to believe that this malady is able to be indigenous.....If England adopt the fatalistic doctrine that the typhus is an indigenous malady, she will see her bovine population disappear as in Egypt. The real truth, that against which all the errors will not prevail is this, that the typhus which has fallen like a curse on the flesh of horned cattle has been imported into England by the convoy from the Baltic, and that it is spreading by virtue of its contagious properties, which are of the greatest possible potency. If England had not been disarmed by her laws, it had been possible to have arrested its march by energetic measures like those adopted on the continent, where the Austrian and Prussian sentinels, always vigilant, guard Western Europe, and protect it against the invasion of this Russian scourge. But in England, as it appears, *the bovine race must perish rather than a principle.* The maxim is sublime, no doubt; but it will be productive of very great disasters."

The cattle-disease continues to increase, and to excite public attention every where. A deputation, consisting of the Lord Mayor and members of the Market Committee of the Corporation of London, with several medical officers of health, had an interview, on Monday last, with the Lords of the Privy Council. In the discussion, Earl Granville said that, in consequence of the opinion of Professor Simonds and others that sanitariums would tend to spread the disease, it would not be wise to establish them; but the Council would not object to one sanitarium, where a curative treatment might be tried. A Royal Commission for inquiring into the origin, the nature, and the remedies of the disease, was in course of formation.

Dr. Gallard of La Pitié, who has lately paid much attention to the ventilation of hospitals, has arrived at the conclusion that *natural* is far superior to *artificial* ventilation. At Hôpital Beaujon, he says, has been in operation since 1856 Van Hecke's system of ventilation in the female surgical pavilion of that hospital; and yet statistics show that the mortality has, if anything, increased. In 1851, there was one death to 17.16 patients treated; in 1852, one to 16.26; in 1853, one to 14.48; in 1854, one to 13.81; in 1855, one to 16.23; in 1856, one to 14.25; in 1857, one to 14.93; in 1858, one to 12.85; in 1859,

one to 17.14; in 1860, one to 12; in 1861, one to 11.60; in 1862, one to 12.30. At Hôpital Necker, where the same apparatus is in operation, the mortality has remained precisely as it previously was—viz., one in eight or nine patients. Then, again, we find still more striking results if we compare the mortality of La Pitié, where there is no artificial ventilation, with that of Lariboisière, where the most expensive system prevails. Lariboisière nominally contains 606 beds, but its average number is 634. La Pitié contains 620. Lariboisière is placed on a height, and stands in an open space. La Pitié is placed low; has muddy waters, tanneries, etc., around it; its superficial area is 21.7 *mètres.* Lariboisière has 51.8 *mètres:* its beds have each 52 to 63 cubic *mètres,* whilst those of La Pitié have from 25 to 49 only. These and other circumstances place La Pitié in a hygienic position greatly inferior to that of Lariboisière. And we should naturally be led to conclude that the mortality of La Pitié was greatest; but such was not the case. We find from statistical comparison of the mortality at the two hospitals since 1858, when Lariboisière was opened, that the mortality in both was much the same. During eleven years, Lariboisière has received 100,718 patients, of whom 12,616, or one in 7.9, died; whilst La Pitié received 103,707, of whom 13,189, or one in 7.8, died. Facts like these, M. Gallard contends, show that artificial systems of ventilation of hospitals are, to say the least of them, useless. Then, again, it appears that during these years, in which statistics were taken, the average duration of diseases in Lariboisière is about two days longer than in La Pitié. It is needless to add, that the expense attending artificial ventilation is great. M. Gallard has often noticed an inconveniently high temperature in wards artificially ventilated. In Lariboisière, where the ventilator of Farcot is employed, the temperature is generally about 17° to 18° cent., and sometimes even above 20°, when 15° or 16° should have been the maximum. The original expenditure on the ventilating apparatus at Lariboisière was upwards of £16,000; and every year the expense of heating the hospital is more than £3,000, whilst that of La Pitié costs only £1,000.

We have been requested by many members of the profession to pursue a subject to which we have already alluded in this Journal. We refer to the subject of medical advertising in non-professional journals. It has been thought that this is one of the questions, the propriety of which should especially come for discussion under the consideration of the British Medical Association. The fact is that, in matters of this kind, example is of such force, that one man is naturally led to follow another without reflecting much upon the real and general nature of the proceeding. We can very well imagine, that many of our esteemed brethren, if they were to give the subject fair consideration, would at least be brought to doubt whether or not they were properly sustaining professional dignity by indulgence in the kind of advertising here alluded to. We are quite aware that there are difficulties inherent in the thing; but we are equally sure that there are few members of the profession who will not agree with us in this, that there should be some kind of limit to the proceeding; and that the proper limit is at this time generally exceeded. The truth is, if it may be spoken, that, in this species of advertising in non-professional journals, the ostensible is not the real cause of the advertising. We pretend (and of course, in saying this, we speak with a knowledge that the rule has exceptions) that we are bringing our books to the knowledge of the public; but the fact is, as we know very well through a still small voice, that we are all the while recommending ourselves, the doctor and the surgeon, to the notice of a discriminating public. Naturally, when once this kind of race has commenced, there is nothing for it but going ahead; and thus it happens that we are at last forced into competition with each other in advertising as well as in the legitimate walks of scientific practice; and the results of this competition are now before us in the daily prints. No one, we suppose, will venture to defend unlimited advertising of this nature; and, in truth, the very fact of its having no defender is a tolerably good proof that those who carry out the system are not over-proud of the proceeding. Perhaps an expression of opinion on this subject from our Association might tend, at all events, to prevent the further development of a certain kind of advertising of our books, which clearly can have only one sole, and that not very creditable, object.

A discussion on the subject of Compression of the Artery in Aneurisms lately took place at the Parisian Surgical Society, *àpropos* of a successful case of M. Legouest. A man, in 1863, with popliteal aneurism, was subjected to digital pressure without success. A second time, at Lisle, he was subjected for sixty hours to the same treatment, and also unsuccessfully. The patient, wearied, remained two years without further treatment; but as the pain then increased, he, in July last, entered Val-de-Grâce under M. Legouest. He then had a popliteal aneurism of the size of an egg, with thick and regular walls. M. Legouest at once employed M. Broca's compressor from July 24th to August 11th, when it was removed on account of the intolerable pain and other mischief produced. The tumour seemed increased in size, hardness, and pulsation. M. Legouest then resorted to digital compression, continued, and as perfect as possible. From fifteen to twenty assistants relieved each other, commencing at 8 A.M. on the 11th, and continuing steadily at work up to 9 A.M. of

the 12th. The pulsation of the tumour ceased, and has not returned, and there now only remains a hard tumour. M. Legouest said, that compression had been abandoned by surgeons, because it was so simple and afforded no gratification to the vanity of the operator; a remark which was loudly protested against. M. Marjolin said, that he had never noticed any of the great pain attending digital compression alluded to by M. Legouest. M. Desormeaux said that he should like to see the other side of the medal, the unsuccessful cases. He had himself had a case of popliteal aneurism, in which digital pressure had produced gangrene and death. M. Velpeau thought that digital compression was neither difficult nor dangerous. It was not necessary to keep up the pressure continuously for twenty-four, thirty-six, or forty-eight hours; it might be left off for an hour or two every five hours. Nor was there any necessity for employing a company or battalion of assistants, as M. Legouest had done. He had cured several cases in this way, varying the mode of compression. He had no doubt that in due time we should employ pressure only in the cure of aneurism, and never resort to the ligature, which is always dangerous.

Guy Patin thus speaks of the relations of surgeons, apothecaries, and physicians, in Paris in 1661. "The avarice of the police is such that no physician is engaged to attend those of the poorer classes suffering from the plague. The police are always satisfied with the services of a number of ignorant barbers. We (the physicians) do not live in a good understanding with either surgeons or apothecaries; the former are too boastful, and the latter too avaricious and overfond of excessive gains. The former, however, are peaceable enough, *beneficio frequentioris phlebotomiæ, quam hîc exercemus, quæ lucrum et laudem eis conciliat.* The latter are rabid against the charitable physician, who prepares his prescriptions at his own house for the sake of economy; they have, however, presented to our Dean articles of peace. I forgot to tell you that a learned physician of this city, M. Malmidy, who was a notorious drinker, voluntarily and without recompence undertook the charge of a pest-house during the time of the great pest in 1582 and 1583; he, however, gained thereby a good deal, and died twenty years later of pure old age. The physician Semelles, who was in the Bastile for having drawn the horoscope of the King promising that he should die in September, has been condemned for life, and his goods confiscated."

Quack Advertisements in Newspapers. The *New York Medical Journal* records two instances of American papers—the *Philadelphia Ledger* and a new paper, the *Chicago Republican*—which "do not sell their souls and consciences with their types"; *i.e.*, refuse insertion to scurrilous and immoral advertisements. The *Journal* hopes that the new movement will increase in America *pari passu* with the like movement among the press in great Britain.

CHILDREN'S DISEASES.

In a clinical lecture on the Diseases of Children, M. Roger, of the Hôpital des Enfants-Malades, speaks as follows.

Infantile pathology presents marked differences from the pathology of other periods of life.

1. The newly born child and the infant at the breast have their special diseases—erysipelas of the umbilicus, scleroma, hydrocephalus; and, a little later, thymic asthma, or spasm of the glottis.

2. Some affections, which are rare in adults, are so common in children as to be regarded as peculiar to the first period of existence: for example, convulsions and spasms, hooping-cough, croup, rickets, scrofula, and worms.

3. Then, again, certain diseases, which are common at all ages, have a special character in the young. Thus in them we meet with lobular instead of lobar pneumonia; with tubercles generally distributed, instead of localised in the lungs; and with bronchial phthisis, tubercular meningitis, etc.

4. The phenomenal expression of diseases, again, is distinct. The slightest affection in the child may be ushered in with apparently the most serious symptoms. In consequence of the child's highly impressionable nervous system, any inflammation may be attended with spasms, and thus simple laryngitis take a stridulous or croupy form. Fevers may be attended with convulsions, and any disease may begin with vomiting. The accidents attending dentition, follicular enteritis, or infantile cholera, frequently coexist with the cerebral type.

5. The diseases of children, on the other hand, are, like those of old age, often latent. In old age, we often find irreparable damage done by disease before its existence is manifested; so likewise do we see tubercular meningitis often begin with trifling ailment. Affections of the heart may increase from day to day, and yet scarcely disturb its function. How often have we had occasion to note the *bruit* characteristic of incurable endocarditis in children who present the appearance of most perfect health. Eruptive fevers and other diseases often appear without any marked prodromata. We have often found, at the autopsy, an extensive empyema, or hepatisation of a lung, in cases in which no symptoms of these affections appeared during life.

Hence, then, there are special difficulties to be met in the diagnosis of infantile diseases. But these difficulties have been exaggerated. We must not, as some would have us, look at infantile pathology as a mass of medical enigmas, of which specialists alone possess the key.

More than this, I maintain that there are some cases in which the diagnosis is easier in children than in adults. Thus, for example, suppose hemiplegia suddenly to appear in a child, what is the cause? Cerebral hæmorrhage? Very probably not; for apoplexy, common in old age, is exceptional in childhood. Is it softening of the brain? No; for softening of the brain, also a disease of old age, is in the child almost symptomatic of cerebral tumour. Syphilitic exostosis, again? No; for tertiary syphilis is unknown in infancy. And cancerous tumours are most rare. But there is a morbid product which is very common in early life, and frequently developed in the nervous system of the young; and that is tubercle. Other examples might be given to show that in the child the elements of the pathological problem are often more simple and easy of solution than in the adult and in old age.

The progress of infantile diseases is often rapid.

In a few hours, fatal changes may be effected. The little patient, therefore, should be frequently visited. Dr. West recommends that, in the practice in large towns, three or four visits a day should be made, and even more. For the most serious cases, the advice is good; and, as for others, the position, critical or other, of the patient, must be considered, and also the purse of our clients. Too many visits are, however, better than too few, both for the patient's sake and your own. Your reserve or delicacy in this particular may be regarded as neglect, if the patient die; whilst, if he recover, the excess of your visits may be set down to devotion to your duties. This last piece of advice is, believe me, founded on practical experience.

Certain qualities are required in the child's doctor. He should be sagacious, quick of judgment, patient, and gentle. He should have the art of approaching and addressing children, of using their language, and entering their play. He should be fond of children; and, if he has any of his own, he will more quickly find his way to the hearts of mothers. He should, as was said of Guersant, and as might be said of M. Blache, have a maternal heart. The physician should always possess the sentiment of compassion for his little patients, so well expressed by Rousseau. "Is there a being in the world more feeble, more wretched, more at the mercy of others, which more demands our pity, than an infant?" The diseases of infancy should appeal to the heart as well as to the skill of the physician.

Association Intelligence.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at St. Bartholomew's Hospital, Rochester, on Friday, September 29th, at 3.30 P.M.

Dinner will be ordered at the Bull Hotel, at 5.30 P.M.

Tickets 5s., exclusive of wine.

Dr. Adam Martin has consented to occupy the Chair, and trusts that he may see many old faces.

A paper is promised by Dr. F. J. Brown, viz., "Unzer's question, Do True Insentient Animals exist?"

Gentlemen are requested to bring contributions with them.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, September 13th, 1865.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 12th, 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

The annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

The next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 18th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D. } *Hon. Secs.*
G. P. GOLDSMITH. }

Northampton, September 20th, 1865.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham, September 12th, 1865.

PRESENT—Sir Charles Hastings, M.D., D.C.L. (in the Chair); Mr. Bartleet; Dr. Bryan; Mr. Clayton; Dr. Falconer; Dr. Richardson; Mr. Southam; Dr. Stewart; Dr. A. T. H. Waters; Dr. Edward Waters; Dr. Westall; Dr. Wilkinson; and Mr. Watkin Williams (General Secretary).

The following resolutions were adopted.

1. That this Committee have heard with deep regret of the death of the late Mr. Peploe Cartwright, who was for many years one of the most active and valued of their members; and the Committee desire to offer to his widow and family their sincere condolence on the melancholy event as an expression of the affectionate regard of each individual member of the Committee.

2. That a grant of £10 be made to the Committee for the Registration and Observation of Disease.

3. That a grant of £10 be made to the Committee appointed to consider the Position of Medical Witnesses in Courts of Law.

4. That the subject for competition for the Hastings Medal in 1866, be "On Shocks after Surgical Operations and Injuries".

5. That the Charter Subcommittee be reappointed.

6. That Professor Hughes Bennett, M.D., F.R.S.Ed., be appointed to deliver the Address in Medicine at the next annual meeting.

7. That Dr. Edward Waters (President-elect), Dr. Richardson, Dr. Falconer, Dr. Stewart, Mr. Clayton, and the General Secretary, be appointed a Subcommittee to make arrangements for the annual meeting, in concert with the local Committee.

T. WATKIN WILLIAMS, *Gen. Sec.*

13, Newhall Street, Birmingham, Sept. 18th, 1865.

SIR B. BRODIE ON LECTURES. I do not suppose that I attended one-fourth of the number of lectures which the unfortunate students are now required to listen to under the direction of the constituted authorities. But I was acquiring knowledge in other ways, and much more substantial knowledge than can be acquired from such dull and hum-drum discourses as lectures usually are; and, which is better still, I had leisure to make my own observations, to think and reflect. Nor was this style of education peculiar to myself. I remember when Mr. Abernethy complained that Lawrence would not attend lectures. My friends and contemporaries, Jeffreys and Lawrence, took the same course. I can easily conceive that, if I had been compelled to sit on the benches of a theatre for four or five hours daily, or tempted to compete for prizes as students are, and to get crammed for various examinations, my position in life afterwards would have been very different from what it has been in reality.

Reports of Societies.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ANNUAL MEETING.

[*Held at Birmingham, September* 1865.]

SUBSECTION D.—PHYSIOLOGY.

Introductory Address. By HENRY W. ACLAND, M.D., F.R.S., President. It had been remarked by a philosophic writer, that the time was come when it was a prime necessity for biology that it should be separated from medicine. The grounds alleged were —the imperfect education of physicians, their want of leisure, and the magnitude of biological science. There seemed to him a mixture of truth and error in the remark itself, and in the data on which it was founded. Biology was to be extricated from the hands of physicians only in a limited sense. No persons had so many grounds for advancing it as they. Abstractedly considered, it was the special duty of the physician at least to advocate, and, if possible, to promote, the advance of physiological knowledge unfettered and free—1, As a pure science; 2, As the basis of the medical art; 3, As of practical utility in helping to regulate the lives and habits of society at large.

The hindrances to a perfectly free study of physiological sciences arose from two causes: 1, The intrinsic difficulty of the subject; and 2, The prejudices of mankind.

Dr. Acland could not understand the force of the arguments by which biology (which term might be now used synonymously with physiology) was classed as a subordinate subject. Being, when properly considered, the most complicated of all the subjects debated at the Association, it could not be really subordinate to any; least of all, to zoology and botany, which it distinctly included.

For the purposes of the great scientific question of this age, the causes of the present order of life on the globe, it would seem that the minutest accepted data of biological conclusion might have to be revised under new methods. It was true in natural science, that the real signification of a known fact might be concealed for ages. Of this, pathology offered many examples. The older naturalists, notwithstanding the great learning of such men as Linnæus and Haller, had comparatively either very simple or hypothetical and incorrect notions of the complexities of living beings and their constituent parts. Chemistry, the microscope, and the search for the origin of species, have, in this century, widened the horizon of biological study in a way not less surprising than does the dawn of day to a traveller, who, having by night ascended some lofty peak, seems gradually unfolding an extent and detail of prospect which he can generally survey, though he cannot hope to verify each detail and visit every nook in the brief time allotted to him to travel.

Yet we still speak of many hard points with an almost child-like simplicity. What do we understand, for instance, of the cause of that which Herbert Spencer calls "Organic Polarity"—that is to say, the power, force, or tendency, by which lost parts are repaired; by which a whole limb, or part of a limb, or even all but a whole body, is replaced by the outgrowth from what remains of the original unmutilated whole—a process so common in Asteriadæ and Crustacea, and other animals, as to seem a matter of course in their history, while it is apparently a property which cannot exist in the higher animals? What do we know of the causes of hereditary transmission in general (a property wholly different from, and more unintelligible than, the hypothesis of natural selection), or of the transmission of disease in particular, as, for example, of carcinoma? What is it in its essence? How does it originate in an individual of untainted family? How is it transmitted? Is it an original property of the ovum *per se*, or of the nutrient plasma by which that ovum is nourished up to the time of its birth? Could food, or mode of life, or any specific agent eradicate the tendencies to transmission, just as in certain cases we empirically modify the transmission of tubercle? or is the transmission of the carcinoma as inevitable in certain cases as the development of the germ? There seems to be a tendency in some modern physiologists to pay insufficient attention to retrograde metamorphosis. The study of death is as much an object of biological science as the study of birth. The whole being originates, reaches maturity, declines, and dies. So does every part. He strives with vain endeavour to grasp the history of any organic thing, who does not regard it in relation to its origin, its growth, its dissolution, its relations to objects external to it, the changes which it undergoes in itself and of itself, and the modifications, accidental or necessary, which external agents can and may induce in it.

The prejudices of mankind in respect of biology resolve themselves into active prejudices and passive prejudices. The active lead men to object to it as harmful; the passive lead them to regard it with indifference. Among the active prejudices is the so-called theological dread of free inquiry into races and the origin of species generally. Among the passive prejudices is the want of appreciation of purely scientific inquiry that has no practical end in view; objections of various kinds brought against experiments made for physiological, toxicological, or therapeutical purposes; objections to the introduction of biological studies into courses of general education; and the tardy recognition of biological knowledge as the basis of practical medicine and of hygiene.

Experiment properly applied in medicine under trained physicists and chemists, will not only eliminate gradually all remaining error, but will make more definite the properties of therapeutical agents. Yet it may be doubted if the importance of this alliance between science and medicine to the community at large is yet fully understood by the legislature. Under the Medical Act, the whole expense of constructing a national pharmacopœia was thrown by Parliament on the existing practitioners of medicine, and the cost of its future maintenance was charged on the students of medicine. Experiment alone can decide conclusively on the mode of operation of various agents on the human body and on animals. These experiments are always difficult, often costly. The Government do not acknowledge the duty of providing funds. Perhaps the Medical Council might. It is indeed charged with the administration of the only public funds that are applicable to keeping on a level with modern science the national catalogue of remedial agents and the mode of preparing them. If it could be induced to expend £1000 a year, as under proper management it easily might, in experiments and reports bearing on the physiological action of preventive or remedial agents, sometimes perhaps suggested and aided by the British Association, what might not be the fruit to science and to the public and private health.

But the study of the laws of decay as well as of growth does not include the whole basis of medicine. Physiological experiment is necessary to obtain the

laws of action on healthy bodies; but alone it does not explain the laws of action on perverted organic structures or functions, as is seen in the different effects of opium on a man in health and on a man in disease. Clinical observation is of course beyond physiological research; and must, from its far more limited field, follow rather than precede. Much remains to be done in comparing the effects of agents, and the causes of those effects on man and on the inferior animals respectively. The knowledge which exists on these subjects has become extensive and precise. But new problems are constantly arising from the discovery of new toxic agents. Even new diseases occur, implying either new conditions of circumstances external to man, or new combinations of the internal conditions of man. Accordingly, fresh experiments are perpetually required to meet the new problems; and it has become the interest and almost the duty of states to specially train and to countenance skilled experts familiar with the most recent methods and researches in these directions, with a view not only to fresh scientific knowledge, but to the great practical results that may be obtained.

Physiology proper has become uncompromisingly precise, and nothing will stand which does not bear the crucial tests of observation and (where possible) of experiment. But the experiments cannot, in the present advanced state of physics and of chemistry, be devised by ordinary men, nor even executed by them. Consequently, every year, old statements concerning the effects of agents, so-called, physiological and therapeutical, are becoming of less value, and new ones of more. The day in which hundreds of organic compounds are synthetically produced, and the microscope offers a clearly defining magnifying power of 5000 linear, is not one when rough work of hand, or conjecture unsupported by proof as to the chemical changes which go on within organic structures, will stand. What life is, will long, perhaps always, evade our human ken; what is done during life, what can be done consistently with life, and what produces death among living things, every year makes more sure and more plain; every year makes the search more exciting, the reward more great, the reasons for admiration of the order of things, on the whole, more conclusive, and the admiration and awe more profound.

Physiology, to sum up, is become a science, precise, of enormous extent, bringing to its support mathematics, physics, chemistry, and anatomy. Part of the basis of the science or art, which averts or lessens suffering and disease, and postpones or makes easy death, depends in great measure upon its progress. But the applied and observational part can only be learned by the bedside of the sick. Therefore, pure biological science and pure clinical art must each have their votaries; but it must be the aim of each to learn from the other what is necessary for himself. May the state be wise enough to appreciate these principles and their application! There never was an age—it is not ungrateful to the giants of old to say this—there never was an age when there were so many students, in the best of sense, of biology and of medicine, actuated by a simple love of truth; and never a time when, as a class, they were so free from prejudice, so candid, and so patient.

The Effects of Scanty and Deficient Food. By JOHN DAVY, M.D., F.R.S. It seemed to be laid down as a principle that the health of man must suffer, if for any given time he had not a given quantity of food, sufficient to sustain his physical powers; but Dr. Davy entertained grave doubts as to the correctness of this theory. He had never found any instance where, in the adult man, a deficiency of food had, though causing temporary weakness, produced any permanent ill effects. He had not found that any of the gallant men who went out with the Arctic expeditions were permanently injured through shortness of food, nor was there any instance that any of the African travellers suffered by their privations. There were some who even believed that a certain amount of fasting was beneficial; and a writer had said that there was no enormous display of abstinence in living for seven days on water and salt, and that he had lived for seven days upon water alone without any great loss of energy. He (Dr. Davy) believed that all sound men might be benefited by an occasional long fast. Deficiency of food, especially of fresh vegetables, was productive of scurvy; these symptoms yield to more generous diet. During the period of the distress in Lancashire, instead of there being found to be any serious effects arising from the shortness of food, the people were found to be in improved health, and he believed there was a diminished mortality. Though the Irish, owing to the failure of the potato crop, had been much more frequently subject to shortness of food than the English, yet it was found that the number of persons in that country who attained the age of 90 years was greater than in this country. Welsh cattle, where their pasture was limited in quantity, were not deficient in activity, strength, and powers of endurance. If, then, it were established that a somewhat scanty diet was not injurious, was it right that prison diet should be otherwise than sufficient to keep the criminal in a state of healthy activity somewhat below par? So far as he (Dr. Davy) was enabled to learn, disease among the criminal population in gaols was no less than in the general population of the country. The advocates for liberal diet for prisoners urged that under the depressing influences of such confinement, more food was required, in order to prevent an undue waste of the physical powers. But then, mental depression impaired the appetite, and without an appetite it was to be expected that little food would be digested and assimilated. Were the doctrine to be carried out fully, should not criminals be allowed stimulants, such as wine and beer? Those who connected disease, and especially pulmonary consumption, with spare diet, generally referred as instances to needlewomen and nuns; but there were causes which affected these classes besides diet. Dr. Davy argued that the excess of diet in gaols really fed the prison population, as vagrants and others were in the habit of looking upon it rather as a place of refuge and comfort to be sought out in the winter season and bad weather. In conclusion, he urged that an inquiry should be instituted to determine exactly the lowest scale of diet that could be used in prisons, so as not necessarily to engender permanent injury to the constitution.

The Prevalence of Tapeworm in Birmingham. By A. FLEMING, M.D. As compared with Edinburgh and London, the greater frequency of the disease in Birmingham was very marked. In the General Hospital the entire number of in-door and out-door patients in the year commencing July, 1863, and ending June 30th, 1864, was 22,649, and amongst those there were 51 cases of tapeworm; in the Queen's Hospital, the number of patients during the same period was 11,376, including 75 cases of tapeworm; in the General Dispensary, the number of patients was 4,516, there being 12 cases of tapeworm. In Edinburgh, the proportion of tapeworm cases in the hospitals was very small. The tapeworm was the development of the bladder flesh-worm, or measle of the pig. The eggs of the tapeworm, which infested the bowels of the dog, when voided by the dog were scattered by the wind, mixed with the food or drink of the pigs, and

so entered its body, and grew there into the form of the flesh-worm; which lay dormant in that state until swallowed by man, and developed into the tapeworm in his body. On the flesh of both slightly and badly measled pigs the worms were visible to the naked eye, the pork was insipid, when cooked, and in boiling loses more weight than healthy meat. In Cork the measles had prevailed very much among the pigs, chiefly from the want of attention to their meat and drink; whereas, it was stated that in the market of Cincinnati, the largest pork market in America, measles were unknown. The average number of pigs sold in Birmingham market weekly was 1,500, two-thirds of them coming from Ireland. In spite of the efficient inspection of the markets of that borough, there appeared little doubt that a considerable quantity of the pork sold was measly. When affected by the disease to such an extent as to render hazardous its exposure for public sale, it was disposed of privately, and much of it employed in the manufacture of sausages. With the aid of a microscope, he had found portions of the measle in a sausage. These sausages were largely eaten by the working classes, and were frequently imperfectly cooked. Pork, he believed, was also eaten when imperfectly cooked. With regard to the prevention of tapeworm, he recommended that the pigs should be supplied with thoroughly clean food and drink, and kept as far as possible from dogs. The official inspection of living and dead pigs should be made as searching as possible, though no amount of official inspection would suffice completely to protect the public from the risk of purchasing measly pork. That would be best obtained by diffusing as widely as possible information on the subject, and making, practically, each consumer his own inspector. After referring to the nature of the inspection made in Cork, Dr. Fleming went on to observe that all pork, however free it might appear from disease, should be either thoroughly well cooked or thoroughly well cured, both of which processes destroyed the parasite. The use of other than home-made sausages should be avoided. Though undoubtedly the chief, the eating measly flesh could not be regarded as the only source of tapeworm in man; the parasite occurred among the very poor, who scarcely eat flesh of any kind; and it plagued the Hindoo, who lived almost exclusively on rice. The existence of the disease, and its causes, afforded another very strong argument for the supply of towns with pure water, free especially from sewage contamination.

Meteorology of Japan. The acting-consul at Kanagawa, Japan, sends a weather table for 1864, compiled by Dr. Hepburn, a resident missionary physician. The mean temperature of the year was 58·2, the *maximum* 89, the *minimum* 20 deg. There was 205 days that were fair, 100 rainy or snowy, 61 cloudy. The rainfall was 71·44 inches. There were 14 earthquakes.

Medical Missionaries in China. The Wesleyan Committee have long felt the desirableness of employing a medical agency in connection with their Chinese mission; not merely on general philanthropical grounds, but as an auxiliary to proper evangelical work. Having received an offer of service from a competent practitioner in this country, who fully sympathises with their views, and desires to carry them out to the utmost, they have during the year engaged his services, and sent him forth; and they commend him and his work to the blessing of the Great Healer. Dr. J. Porter Smith has sailed for China, and has been instructed on his arrival to proceed to *Hankow*. (*Wesleyan Missionary Report.*)

Correspondence.

VACCINATION.

Letter from Thomas Martin, Esq.

Sir,—The recent inauguration of the statue to Jenner at Boulogne, recals to my mind many circumstances occurring in the early history of vaccination, as well as inspiring very serious thoughts on the causes of its occasional failure, and of the fatal results of small-pox in persons of an adult and middle age who supposed themselves to have been secured by early vaccination.

I first heard of Jenner's proceedings in 1797, at a meeting of the Physical Society at Guy's Hospital. The reports were scarcely understood or believed, excepting by one of our members, John Walker, who adopted and vindicated Jenner's statements, and became enthusiastically devoted to the practice of vaccination. He and Dr. Marshall were appointed by the Government to go out to the Mediterranean to vaccinate those of the navy and army under Sir Ralph Abercrombie, who employed them in Egypt.

Mr. James Moore observed that Walker, by his grotesque gesticulation and unintelligible arguments, made many converts of the uninoculated among the sailors and soldiers, and succeeded in the mission.

On their return, John Walker was appointed Director or Administrator of Vaccination at the Royal Jennerian Institution in Salisbury Square, Fleet Street; and from him I obtained true and fresh vaccine virus whenever my stock was exhausted, and I wished to resume courses of vaccination.

When I commenced practice at this place, sixty-five years ago, I did not hesitate to adopt vaccination, which, as is well known, was readily received by the vast majority of the profession, and by many of the clergy and gentry, although these latter were not properly qualified to practise it efficiently or authoritatively, hence many failures.

In my practice, I always inserted the virus in both arms, to have the duplicate chance of success. I observed the progress of the vaccination sufficiently to be assured that the individual was satisfactorily vaccinated; and never suffered patients to pass out of sight until I felt assured that they were safe from small-pox.

Irregularities would sometimes occur. For example, an erysipelatous blush would take place early, and an ichorous discharge would ensue. Many parents of children would be perfectly satisfied with what had been done. That, however, went for nothing with me. I knew what appearances to expect; and the conclusions of my own mind were my guide, and re-vaccinations took place.

I inserted the virus horizontally, as it were, and not perpendicularly. I never took the virus after the eighth day, or when the areola had begun to form. I liked to have the tamarind-stone scab and the dimple with the permanent honeycomb surface. I have the pleasure of reflecting that very few of my cases were failures; but some few there were, as there had been in Jenner's own practice. In the case of one of my own children, he took the infection of small-pox, to which I purposely exposed him, and had it slightly.

In the course of fifty years' observation and experience, I have seen a great many failures in the practice of others, from carelessness and the want of attention to the important points of the operation, after which the individuals were just as liable to variolous infection as they were before.

I was vaccinating the children of an eminent statesman, the father looking on. I requested to see his arms. Not liking what I saw, or rather did not see, I suggested to him to allow me to vaccinate him from his own child, to which he assented. In the result, I assured him that he was perfectly secured from the small-pox, but that I was certain he previously was not; and this was the conviction of his own mind.

Of late, having retired from practice, I am not so well informed as to what is going on; I hope, however, that practitioners are careful that their vaccinations are satisfactory before they lose sight of their patients, and that we shall not see so often the painful announcements in the obituary of journals of fatal cases of small-pox among persons who had attained manhood or middle age, supposing themselves secured by early, and perhaps subsequent, vaccinations. I am, etc.,

THOMAS MARTIN.

Reigate, Sept. 15th, 1865.

CONTEMPORARY BIOGRAPHY.

LETTER FROM A. P. STEWART, M.D.

SIR,—Though, from various circumstances which I need not specify, I have been long in taking up my pen in answer to Dr. Barker, I thank him very cordially for giving me the opportunity of continuing the discussion which was cut short at Leamington. The vote was certainly not unanimous; but, so far as I could count the hands (and I did attempt to count them), the majority was quite *two* to *one*. If the subject were as fully discussed now as it was in 1854, I cannot help thinking that very soon the minorities would dwindle into utter insignificance. I *know* that many feel, and in private speak, as you have done, and feel thankful that you have given forth an unambiguous note on this subject. Why don't they speak out like men?

In Dr. Barker's letter, I find as little argument as in his speech. In answer to my two objections, Who shall draw the line between eminence and obscurity? and What guarantee have we that an unworthy use will not be made of these biographies? Dr. Barker accepts the full responsibility of the first; but declines all responsibility for the possible abuse of his principle. He is "quite confident that no unworthy use will ever be made of any publication in this series." I cannot let Dr. Barker off so easily. He has chosen to stir anew a grievance which we all thought had been conclusively set at rest; and he must bear the undivided responsibility of *all* its developments, whatsoever these may be. Already, though *he* may utter a protest against his biographies being confounded with the scandalous productions of 1854, there are not wanting those who hail in his work a complete justification of all their misdeeds—a condonation of the past by the heads of the profession, and an encouragement to repeat the fault that formerly drew down so severe a chastisement on the offenders.

I, therefore, press home my question, Who is to draw the line? "*I*", says Dr. Barker; "I accept the responsibility, and will bear all blame if I make a mistake." But "who made you a judge and a divider over us?" and will the medical profession be content to accept even Dr. Barker's selection—by which phrase I mean not only what he excludes, but what he includes? Will they say "Amen" to the responses of the oracle? No doubt, if he were to exclude from his gallery all but the *dii majores*, whose names are of world-wide celebrity, he would escape the charge of making his favours common; but if he stoop, as he doubtless will, to the *dii minores*, he enters a sphere where criticism will be very freely exercised by many whose judgment is entitled to as great weight as his own. Selection, in such a case, inevitably provokes odious comparisons; and where the shades of merit are as nearly as possible alike, there are many who will ask, and justly ask, the question, why such a one should occupy a prominent place in the gallery of celebrities, and such another be excluded? Then, to remedy what they may consider Dr. Barker's partiality and unfairness, others less scrupulous will continue, in a far different style and spirit, what he has begun, until we are overrun with such a plague of biographies as will make all men of good taste and feeling blush for their profession. In such a case, will not Dr. Barker and the eminent sitters for his collection of portraits be rightly held responsible for the scandal?

But Dr. Barker will probably answer, that he is not responsible for the exclusion of many of those whose names and effigies will not appear in his work. And this leads me to notice what I, in common with many others, consider one of the most objectionable features of Dr. Barker's undertaking. There are gentlemen whom he has thought worthy of a place in his catalogue of celebrities, to whom he has sent circulars requesting (literally) their countenance and aid, and from whom he has received either no reply, or a decided negative. In other words, there are men worthy of all praise who strongly disapprove of this and every other attempt to revive the system of contemporary biography. There is notoriously a division of opinion on the subject; and in the full knowledge of this, Dr. Barker commences and perseveres in his biographies. What opinion must we form of the accuracy and completeness of the gallery, if the recusants are not in it; and of Dr. Barker's fairness, if they are included without their consent or against their will? In either case, a grievous wrong is perpetrated. In the former, the public is misled; in the latter, violence is done to the feelings and convictions of the individual. Will Dr. Barker publish a list of those who have declined compliance with his request? If not, they may give the information, and enable you to show to the world what is the feeling of the profession on the subject.

There are some, it seems, who object to the accompaniment of a biographical sketch, but see no harm in an analysis of their writings. In short, an elegant and enlarged edition of *Who to Consult*, with portraits, to give piquancy to rather dry details of medical authorship, and to enable the public (for the fasciculi will doubtless find their way into the clubs and reading-rooms) not only to judge of the bodily and mental features of their future medical advisers, but to ascertain their *special line of practice*. It will be, as some one truly and tersely observed to me, "a great help to rising young men," by making known the particular complaints in the treatment of which each aspirant after fame and fortune desires to signalise himself; and so will give a mighty impulse, as if that were a desideratum in the present day, to the specialist quackery, which, as Dr. Spurgin has so well pointed out, is inflicting such damage and degradation on medicine and its votaries.

If any of my brethren agree with the sentiments I have expressed, I hope they will not any longer keep silence; if any think me mistaken, let them point out wherein I have erred, that I may either defend myself or bow to their correction. I need scarcely say that, while I have felt it my duty to criticise sharply the proceedings of the editor of the biographies, I yield to no one in my respect and esteem for Dr. Barker. I am, etc.,

A. P. STEWART.

Sept. 19th, 1865.

THE MEDICAL PROVIDENT SOCIETY.

Letter from A. B. Steele, Esq.

Sir,—To resume my criticism on the rules, I observe that the second section of Rule vi, page 14, illustrates the absurdity of a partial amalgamation of two distinct bodies. It provides that, "at the annual meeting of each *district* of the British Medical Association, there *shall* be elected one or more directors .... who *shall* be .... either honorary or contributing members of the Provident Society."

Passing over the substitution of "District" for "Branch", as evidence of a want of accuracy in drawing up the laws, but of no material consequence, we cannot fail to notice that the projectors of the new scheme have gone quite beyond their legitimate bounds in framing a law for the guidance of the Branches of the Association—a law which, although compulsory in tenor, they cannot possibly enforce, essential though it be to the constitution of their Society. One Branch, at least, has already declined to elect Directors of the Society; and it is absurd to suppose that every or any Branch is to be compelled to provide that one at least in every fifty members shall either become a contributing member of the Society, or qualify, by a payment of £10, as an honorary member; and yet this is the undeniable purport of the law in question.

The fourth section of the same rule is curious, as a specimen of the framers' notions of representative government. To evince their desire to exclude no section of the general body from representation on the Board, they provide that one out of every hundred members of the Association not being members of districts (or, more properly speaking, of Branches) shall have a seat on the Board; but they have nullified the true representative character of these delegates by ruling that they shall be elected, not by the members whom they are supposed to represent, but by the Committee of Council of the British Medical Association.

The twenty-fourth rule orders the Board of Directors to prepare a report, which is to be presented to the annual meeting of the British Medical Association; and, as no further reference is made to the subject, of course the said report will not come under the cognisance of any of those members of the Society who are not associates; and these may possibly constitute the largest and most interested section of the Society, who will, therefore, have no opportunity of discussing the acts of their Directors, however desirous they may be of so doing; while those to whom it is read may expect, if their criticisms are troublesome, to be told that they have no power to interfere with the proceedings of the Directors, or to amend the laws, however needful such a course may, in their judgment, appear.

The mode of admitting members appears to me open to serious objections. In the first place, the unqualified rejection of any person who has any organic disease (*Vide* Law vi) is vague and absurd. No attempt is made to interpret the term "organic disease", nor is its application in any way limited; and therefore many persons, who would be on general grounds perfectly eligible, must be excluded on this technicality. A harmless chronic tumour, many diseases of the skin, varix, and other organic diseases, may exist without any tendency to endanger the general health; and yet these would disqualify for admission.

Some of the questions put to candidates are either superfluous or suggest a want of apprehension as to the direction in which inquiries should be made. The schedule appears to have been framed on the basis adopted by life-assurance societies, which differs in this important point, viz., that the probable duration of life is the main contingency with the latter, but is a secondary consideration in assurance against sickness. The Society loses nothing, but may even avoid a loss, by the early death of a member; and, therefore, the calculation points to different events altogether. One most important inquiry is altogether overlooked—viz., as to the habits and moral character of the applicant. The result of many years' experience in the working of sick-clubs, during which I have examined for admission some thousands of members whose subsequent careers have been under my notice, has convinced me that sobriety and regularity of living are the first considerations. I have often said that I would rather admit a somewhat delicate man, if I knew him to be sober, than the most robust and vigorous man who was given to excess, especially in drink. I believe the principle applies, though not perhaps in an equal degree, to all classes. *Fortuna non mutat genus.* It is a needful caution in the present instance, especially because the laws omit all provisions for dealing with cases in which disease or injury may have resulted from impropriety of conduct. If a man get drunk, and fall out of his gig and break his thigh, or if another drink brandy until he has delirium tremens or goes mad, or if a third will attend corporation-dinners, and revel in turtle and venison, cold punch, and Burgundy, with the certainty of being laid up for five or six weeks with the gout,—all these can demand their sick pay, to the manifest wrong of their steady, temperate, and careful fellow-members, who will justly grumble at having to help to maintain out of their own pockets their dissolute and reckless brethren. It may be said, that this is all very well with cobblers, tailors, and day labourers; but medical men never, or scarcely ever, are guilty of such improprieties. I rejoice to admit the rarity of such occurrences; but regret that my experience of human nature obliges me to add that, although rare, yet such things have happened, and may happen again, even amongst medical men; and it must be remembered, that it does not require *many* such members to endanger, if not utterly to ruin, a society of this kind. Once admit a confirmed drunkard, and he may worry the Society into confusion and bankruptcy before you can get rid of him.

The certificates of two medical practitioners as to the fitness of the candidates are, so far as the rules show, to be either altogether gratuitous, or, at all events, not at the cost of the Society; and it is exceedingly probable that, in some cases, they will be worth precisely what the Society gives for them. Do the Directors expect that every member is to pay two guineas for these certificates? or are they deliberately violating the principle so vehemently contended for in the case of life-insurance offices, that such services ought to be remunerated? If the former, then, in the vitally important question of admission or rejection, they may expect to find that the interests of the Society will not be fairly balanced against those of candidates; and, if the latter, they cannot hope that unpaid duties will be at all times performed with that sense of responsibility which can alone secure the full protection of their rights, to say nothing of the inconsistency (already alluded to) which such a proceeding involves.

For the foregoing, and for other reasons which might be adduced if space allowed, I conclude that the Society, in its present form, is not adapted to the wants of the profession, and is altogether unworthy the patronage of the British Medical Association, whose influence might well and worthily be exerted in assisting to provide for the really helpless

—namely, the widow and orphan; the hopelessly and permanently disabled; the paralytic; the maimed; the blind; the imbecile; or those who, by the vicissitudes of fortune, are rendered fit objects for the exercise of that divine quality, charity, which, like its sister, mercy,

"Droppeth, as the gentle rain from heaven,
Upon the place beneath: it is twice blessed;
It blesseth him that gives, and him that takes."

Until we, as the embodiment of the noblest and most self-denying of all professions, have done all that the funds and influence of our Association can effect towards this first duty, by affording proper support to the Benevolent Fund (an institution which seems to be well-nigh forgotten amidst the absorbing interest taken in its less worthy rival), we may safely leave the strong and vigorous, with a fair prospect of health, and masters of a calling which, unless from their own negligence, will always secure them a respectable maintenance, to take care of themselves. If these, the only class who are comprised within the scope of the new Society, desire to make provision against sickness, they can do so, as I shall hereafter endeavour to show, on a safer and more thoroughly independent basis than that of the Medical Provident Society, by a system which will avoid the necessity of laying a tax on their professional brethren. I am, etc., A. B. Steele.

Liverpool, September 1865.

P.S. I now hold myself in readiness for a reply.

THE INDIAN MEDICAL SERVICE.

Sir,—I enclose two late orders by the government of India. The contrast is so apparent, that one would suppose the government really desired openly to offend the medical service; and I am the more surprised at this, as the present Governor-General is said to be friendly to our service. You will see that both these orders emanate from Sir C. Wood. Here is a paltry allowance, not always required during a man's service, struck off at the will of this great man, as if he had not done enough in doing away with the medical fund for those now joining. He will find, when too late, that he is carrying his parsimony too far. I am, etc.,

A Retired Surgeon-Major.

September 1865,

"The Medical Service.

"*No.* 710 *of* 1865.—The following letter from the Right Hon. the Secretary of State for India, is published for general information:—

"*To H. E. the Right Hon. the Governor-General of India in Council.*

"Sir,—My despatch of May 16th, 1864, No. 152, which gave to the assistant-surgeons of the Indian forces of six years' service and above, the rank of captain, also granted them the pay and Indian allowances of that grade. 2. The exceptional circumstances under which, in my despatch No. 285 of July 6th, 1861, I authorised a continuance of the practice under which assistant-surgeons of the Indian service, coming home on account of their health, receive an allowance of 1,200 *rupees* on account of their passage, have now ceased. 3. This regulation will accordingly be abolished from June 15th, 1864—the date of the receipt in India of my despatch No. 152 of May 16th, 1864—and assistant-surgeons of the Indian forces of six years' service and above, will no longer be entitled to passage allowance on quitting India on sick certificate. 4. This decision will be communicated by your government to those of Madras and Bombay, by the former of whom the question has been raised, whether the passage money issued to Assistant-Surgeon Evezard of that establishment on his proceeding to Europe on medical certificate in October 1864, should be recovered from him. 5. In regard to this inquiry, I am of opinion that, in the few cases in which passage money has been granted, refund from the officers need not be required.

"I have, etc., C. Wood.

"London, June 8th, 1865."

"Horse Allowance to Acting Field Officers.

"*No.* 708 *of* 1865, *July* 20.—Under the authority of the Right Hon. the Secretary of State for India, his Excellency the Governor-General in Council is pleased to notify that horse allowance will be passed to officers of British infantry regiments below the rank of substantive field officers, when such officers may be acting for field officers of the same corps, absent on general leave or under circumstances that do not involve a double payment of the allowance. This order is to have effect from August 1st, 1865."

BEEF-TEA.

Sir,—I have for a long time prescribed beef-tea prepared according to the following method, and invariably with great advantage to my patients.

1. Let beef-tea be carefully made in the usual manner.

2. Take a piece of good raw beef, larger or smaller according to circumstances, and mince it as fine as possible; it cannot be minced too fine. The beef-tea is then poured boiling hot on the raw minced beef, mixed gradually and carefully. No other cooking is required. You have then both the fluid and solid nourishment of the beef; and in that form I find it very much relished by my patients, and very nourishing too. I am, etc., J. C.

The Davenport Trick. Robin, the conjuror, has been performing the feats of the Davenport brothers at Paris. He shut himself up in a wardrobe on the stage of his little theatre, bound hand and foot, and having with him various musical instruments, and, according to the evidence of eye-witnesses, accomplished all the prodigies the Davenports have been in the habit of doing. Then he repeated the performance with the doors of the wardrobe open, and the effect was most ludicrous.

Cure for Infanticide. Dr. W. H. Clarke, recorder of Rangoon, who has spent nearly twenty-five years as a magistrate and judge, and has seen a vast deal of the crime, says that in Bengal, Ceylon, and Burmah he had seen children thrown to the pigs, and those pigs afterwards used for human food; but things more intolerable even than that had come to his knowledge since he had been in London. His first impression was that revolving boxes should be established as in France for the reception of infants; but, after fully considering the matter in all its bearings, he had been compelled very reluctantly to abandon his faith in that scheme, inasmuch as it would lead to an increase of immorality. He suggests that there should be a registration of pregnancy, and that every woman should be bound to register herself three or four months before the anticipated birth of her child. It would prove an effectual means towards getting at the fathers of illegitimate children. In the next place he would alter the law of affiliation, for it was a disgraceful thing that a man should only be liable to the payment of half-a-crown a week. Further, he suggests that there should be in London a hospital, to be open night and day, for young women whose peril was near upon them.

Medical News.

UNIVERSITY OF EDINBURGH. On August 1st, the annual ceremony of Graduation in Medicine took place in the Assembly Hall, under the presidency of Sir David Brewster. The following is the list of Graduates, with the titles of their theses. [Those whose names are printed in CAPITALS, passed the examinations with honours; *a*, those who have obtained prizes for their dissertations; *b*, those deemed worthy of competing for the dissertation prizes; and *c*, those commended for their dissertations.

Candidates who received the Degree of Doctor of Medicine.

*c*Anderson, James Keith, Scotland. On the Typhoid Symptoms of Typhus Fever, and their probable cause.
*c*BARNES, Geo. Robinson, England. On Pyæmia or Ichoræmia.
Besnard, Joseph James Alfred, Mauritius. On the Origin of Typhoid Fever.
*c*BLUNT, Thomas, England. On Acute Rheumatism.
*c*Breda, Peter Johannes Albertus Van, Cape of Good Hope. On the Pathology, Etiology, and Therapeutics of Hæmorrhage.
Bush, Richard Hake, India. On the different Varieties of Bright's Disease.
Campbell, Duncan, Scotland. On the Origin and Progress of Medical Science.
Chiappini, Antonio Lorenzo, Cape of Good Hope. On Natural Labour.
Chisholm, William, Scotland. On Hæmoptysis.
*c*CHIENE, John, Scotland. On Diseases of the Breast.
Compigné, Horatio D. Steele, England. On Diabetes Mellitus.
*c*Compson, John Charles, England. On the Nature and Treatment of Tetanus.
*c*Cook, John, London. On Rheumatic Fever.
Corns, James, Scotland. On Pneumonia.
Davson, Smith Houston, British Guiana. A Few Remarks on Embolism, bearing chiefly on its Origin from Detachment of Fibrinous Deposits from the Interior of the Heart.
Denton, Thomas John, England. On Diphtheria.
*c*DUNCAN, Andrew James, India. On Ulcer of the Stomach.
*b*Evans, Thomas, Wales. On the Clinical History and Pathology of Typhus Fever.
*c*Fentem, Philip Sheldon, England. On Inversion of the Uterus.
Forbes, Walter, Scotland. On Antimony.
Fothergill, John Milner, England. On Fever, and the Fevers of Growth and Decay.
Gentle, David, Scotland. On Exophthalmic Goitre.
Glendinning, Douglas, Scotland. On Auscultation and Percussion.
Gregory, William Henry, England. On Hydrophobia.
Hoggan, Edward, India. On Dysentery.
Inman, Robert, England. On Tedious Labour.
*c*Johnston, Wm., M.A., Aberdeen, Scotland. On Deaths attributed to Inhalation of Chloroform.
Kennedy, John George, Scotland. On Cancer.
Knight, Alexander Angus Halley, Scotland. On the Position of the Fœtus in Utero.
*a*Lightbody, William Henry, Wales. Observations on the Comparative Microscopic Anatomy of the Cornea of Vertebrates.
*c*M'Donald, William, Scotland. On the Epidemic Fever at Ayr in 1861–62–63.
*b*M'DOUGALL, John Aymers, Scotland. Observations on Acute Phosphorus Poisoning.
*c*Mackelvie, Robert, Scotland. On Enteric Fever, its Etiology and Prophylaxis.
M'Laren, Roderick, Scotland. On Heart Disease.
MACPHERSON, Peter, Scotland. On Natural Labour, with some Remarks on certain Complications.
Morison, John, Scotland. On Diabetes Mellitus, its Symptoms, Pathology, and Treatment.
Renton, George, England. On Variola.
*c*Richmond, Sylvester, England. On Acute Orchitis.
Rockett, Joseph Hildreth, England. On Epilepsy.
Sabben, James Thompson, England. On Parturition, its Exciting Causes, and the Gorged and Clotted Placenta.
Sueur, Ryk Tulbagh le, Cape of Good Hope. On Cholera Morbus.
Thin, Robert, Scotland. On the Mechanism of the Human Thorax in Respiration.
Thorburn, Robert, England. On Uræmic Poisoning.
*c*Werry, Augustus, Smyrna. On Hysteria.
Wright, David, Scotland. On some Diseases of Joints.
*a*WYLLIE, John, Scotland. Observations on the Physiology of the Larynx.

Candidates who received the Degree of Bachelor of Medicine.

*b*Fenn, Edward Liveing, England. An Inquiry into Certain Points connected with the Physiology and Pathology of the Cerebellum.
*c*Fothergill, Thomas Prince, England. On Abscess of the Liver.
Greenfield, Charles Bailey, England. On Obstacles to the Progress of Therapeutics.
Wolston, Walter Thomas Prideaux, England. On Erysipelas, its Symptoms, Causes, Nature, and Treatment, with Cases in point.

Candidates who received the Degree of Bachelor of Medicine and Master of Surgery.

*c*AITKEN, Lauchlan, Scotland. On the Hepatine of the Liver, and its relation to the Pathology of Diabetes Mellitus.
*b*Armistead, William, England. Researches on the Histology of the Blood Corpuscles.
*a*Clark, John Barclay, Scotland. On the Reproduction of Limbs of the Crustacea.
Hamilton, Thomas, Scotland. Remarks on the Operation of the Excision of Diseased Joints.
*c*JAMIESON, Wm. Allan, Scotland. On Acute Rheumatism.
KIRK, Robert, Scotland. On the Pathology and Treatment of Ovarian Dropsy.
Kirkpatrick, William Hutton, Scotland. On Diseases of the Mammæ.
*c*Mitchell, S., England. On the Early Stages of Inflammation.
*c*MOORE, John Murray, England. On Certain Diseases of the Pharynx, Larynx, and Trachea, with an Appendix on Tracheotomy.
Oman, Nathaniel Daniel Isaac, Scotland. On Vesico-Vaginal Fistula.
Ridpath, David, Scotland. On Symptoms.
Russel, James Cunningham, Scotland. On the Connexion between Cardiac and Pulmonary and Renal Diseases.
Torrop, James Spens, Scotland. Notes on Inflammation.
Warburton, Wm. Pleace, Prince Edward Island. On Pleurisy.
Wight, Geo., Scotland. On Melanosis and Spurious Melanosis.
Wood, Julius John, Scotland. On the Etiology of Climate.
Young, Walter Wilson, Scotland. On the Diseases of Joints.

APOTHECARIES' HALL. On September 14th, 1865, the following Licentiates were admitted:—

Compson, John Charles, Edinburgh Royal Infirmary
Lloyd, John, Birmingham
Major, Napoleon Bisdee, Hungerford, Berks
Stuart, Robert, Woolwich

At the same Court, the following passed the first examination:—

Mackenzie, Frederic Morell, London Hospital

APPOINTMENTS.

ARMY.

HAINES, Staff-Assistant-Surgeon C., to be Assistant-Surgeon 10th Foot, *vice* R. Dunlop.
MOORE, Staff-Surgeon-Major J. G. P., retiring upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.
REID, Staff-Assistant-Surgeon A., to be Staff-Surgeon, *vice* Staff-Surgeon-Major J. G. P. Moore.
RENTON, Staff-Assistant-Surgeon D., M.D., to be Assistant-Surgeon 15th Hussars, *vice* C. H. Browne.

To be Staff-Assistant-Surgeons:—

BROWNE, Assistant-Surg. C. H., 15th Hussars, *vice* D. Renton, M.D.
ANDREW, G., M.B.
BATE, A. W., M.D.
CAMPBELL, J. A.
CAREW, R. H.
CHURCHILL, G. F., M.B.
CLAPP, A. J., M.D.
COLLINS, R., M.B.
CREED, J.
EVATT, G. J. H., M.D.
FISHBOURNE, J. E.
HANRAHAN, J. J., M.D.
HINDS, W. R. G., M.D.
HOGAN, R. E.
JACKSON, R.
KEITH, R., M.B.
KING, T. R.
O'FARRELL, T., M.D.
O'TOOLE, G. R.
PICKERING, T. H.
POWELL, F.
PUREFOY, J. W., M.D.
RICHARDSON, J. F. H.
ROBERTSON, S., M.D.
ROBERTSON, W., M.B.
RUTTLEDGE, W. F.
SANDERS, G. B.
SHEDDEN, A. W., M.D.
THORP, J. C., M.D.
TOBIN, R.
TRAYNOR, G.
WAGHORN, H.
WAKEFIELD, W., M.D.
WEARNE, V.
WHITE, C.
WHITE, G.
WHITE, W. O'Byrne

ROYAL NAVY.

CARROLL, R. H., Esq., Surgeon (additional), to the *Princess Royal*.
COLAHAN, Thomas N. W., Esq., Assistant-Surgeon (additional), to the *Cumberland*.
CURTIS, Geo., Esq., Assistant-Surgeon (additional), to the *Victory*.
ELLIOTT, G. F., Esq., Surgeon (additional), to the *Princess Royal*.
HARRIS, Frederick A. P., M.D., Assistant-Surgeon (acting), to the *Princess Royal*.
LOCKHART, William, Esq., Assistant-Surgeon, to the *Helicon*.
MAUNSELL, George H., Esq., Assistant-Surgeon, to the *Salamis*.
NEWTON, George B., Esq., Surgeon, to the *Acorn*.
STABLES, William, Esq., Assistant-Surgeon, to the *Meeanee*.
STONE, John N., Esq., Assistant-Surgeon (acting), to the *Princess Royal*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

ALLISON, J., Esq., to be Assistant-Surgeon 5th Administrative Battalion Lancashire R.V.

BREWER, C. C., Esq., to be Assistant-Surgeon 3rd Monmouthshire R.V.

CRENKE, J., Esq., Assistant-Surgeon 5th Administrative Battalion Lancashire R.V.

DEATHS.

ALDRIDGE, Charles J., Esq., Surgeon, at Myddelton Square, aged 37, on September 13.

DANIELL. On September 15th, at Blandford, Frances Maude, infant daughter of George W. Daniell, Esq., Surgeon.

EDWARDS, Edwin, Esq., Surgeon, at Crewe, aged 49, on Sept. 10.

GRABHAM, John, M.D., at Rochford, aged 70, on September 12.

MYERS. On September 5th, at Melton Street, Euston Square, aged 6 months, Henry Beaufoy, son of Henry R. Myers, Esq., Surgeon.

RAWES. On August 1st, at Saugor, India, aged 25, Emma Fanny, wife of William W. Rawes, Esq., Surgeon, 4th Madras Cavalry.

REYNOLDS, Thomas F., M.D., late of Carshalton, at Cheltenham, aged 66, on August 30.

TATUM. On September 10th, on board H.M.S. *Worcester*, aged 14, Arthur, youngest son of Thomas Tatum, Esq., Surgeon, of George Street, Hanover Square.

TREATMENT OF CHOLERA IN NAPLES. With the laudable view of assisting those who might possibly be attacked by cholera, many societies have been formed in Naples. In one, five medical men are reported as being on the staff, and *two bleeders*.

DONCASTER INFIRMARY. The Count de Lagrange having placed £50 at the disposal of the Mayor of Doncaster for the welfare of the poor classes of the community, the sum has been presented to the infirmary of that town.

THE SURREY COUNTY HOSPITAL. Her Majesty has most graciously issued her command for a bust of his Royal Highness the late Prince Consort, to be executed by Mr. Theed, and to be presented by her Majesty to the above institution.

DISEASE IN POULTRY. A malady has broken out, the Paris papers state, among French poultry, and seems to prevail to a serious extent. In the Paris markets, every precaution is taken to prevent the sale of diseased fowls, and detected vendors are subject to immediate arrest and punishment.

APOTHECARIES' HALL. The next registration will be commenced on Monday, October 2nd, and continued until Saturday, the 14th (Friday, the 6th, and Sunday excepted). The next examination for the prizes given annually by the society for proficiency in the knowledge of the materia medica and of pharmaceutical chemistry, will be held on the third Wednesday in October and the following Friday.

THE HERBERT MEMORIAL HOME FOR CONVALESCENTS. On Saturday last the ceremony of laying the first stone of the Herbert Convalescent Hospital took place at Bournemouth. Immediately after the decease of the late Lord Herbert of Lea, his friends and neighbours in his native county of Wilts met to decide on the most appropriate mode of commemorating his good services in ameliorating the condition of the British soldier, when it was decided that a statue of the noble lord should be erected in the Market-place, Salisbury, and that a home for convalescents should be founded. On June 29th, 1863, the statue, executed by Baron Marochetti, was uncovered at Salisbury. Since that time circumstances have delayed the establishment of the Convalescent Home. A few months ago, however, it was decided that the Home should be built at Bournemouth. Accordingly on Saturday, which was the anniversary of the birth of the late Lord Herbert, the first stone of the building was laid by his son, the Earl of Pembroke, in the presence of Lady Herbert and many hundreds of the *élite* of the counties of Wilts, Hants, and Dorset.

DEATH FROM STRYCHNINE. The daughter of Mr. Blake, a surgeon at Salisbury, died a few days ago with symptoms of poisoning by strychnine, which has been found by Dr. Taylor in the intestines and in some pills which were in her possession. A former assistant of her father, named Storer, is in custody on suspicion of having introduced the poison into the pills.

STREET ACCIDENTS. Five or six people, if not more, are run over, knocked down, or thrown off, and killed in the streets of London every week of our lives. In this return of casualties, the killed only are specified; of the wounded, no account is taken. Now, in war, the wounded are to the killed as four to one, or thereabouts; in railway accidents, they are more than ten to one. If we suppose, then, that where one person is mortally injured by street carriages, six receive less dangerous hurts, we shall find the total number of cases to exceed two thousand annually. And if we compare these accidents with accidents on railways, we shall find that nearly five times as many people are killed and wounded by carts, cabs, and omnibuses in London, as are killed or injured on all the railways of England, Scotland, and Ireland, taken together.

INSPECTOR-GENERAL OF HOSPITALS, JOHN FORREST, M.D., C.B., died at Bath, on the 10th inst., aged 61 years. Dr. Forrest, who was an honorary physician to the Queen, entered the army November 10th, 1825, and served in the expedition against the Rajah of Kolapore in 1827; he was also employed during the expedition against the insurgent Boers, beyond the Orange River, in 1845; and in the Kaffir War of 1846, for which he received a medal. He was in medical charge of the 3rd division of the Eastern army at Gallipoli and Bulgaria, and accompanied the expedition to the Crimea in September, 1854; and was present at the affair of Bulganac, capture of Balaklava, battles of the Alma and Inkerman, and siege of Sebastopol; and was noticed in Lord Raglan's dispatch after Inkerman, "for his able exertions, as deserving to be most honourably mentioned." He was rewarded with the medal with three clasps, made a C.B., and received the fourth-class order of the Medjidie. He became inspector-general December 31st, 1858, and was stationed at Malta until December 1861.

SUICIDE FROM EXCESSIVE PAIN. On Tuesday Mr. Payne held an inquest at Guy's Hospital on the body of William Wallace, aged 36, a gasfitter. He had been a patient in the above hospital for about two months, suffering severely from dropsy. On Saturday last it was intimated to him that the medical attendants could give him no further relief. On Sunday evening he inflicted a frightful gash with a razor in his abdomen. Mr. Oliver T. Duke, house-surgeon of Guy's Hospital, stated that, about seven o'clock on Sunday evening, he found the deceased suffering from a severe wound on the left side of his abdomen, through which the intestines were protruding. Witness administered restoratives, the intestines were returned, and the wound sewn up by the dresser. The deceased stated that he committed the act owing to the severity of his sufferings. He died in about three-quarters of an hour. The jury returned a verdict, that deceased had destroyed himself while in a state of temporary mental derangement.

THE LATE SAMUEL GLOVER BAKEWELL, M.D. Dr. S. G. Bakewell was born in 1810, at Spring Vale, near Stone, in Staffordshire, where his father, Mr. Thomas Bakewell, had a large lunatic asylum. Mr. Bakewell was one of the earliest reformers of the treatment of lunatics in England, and at a time when the severest

coercive measures were in constant use, distinguished himself by the mildness of his treatment. Dr. S. G. Bakewell studied in Edinburgh, where in 1839 he received the diploma of Doctor of Medicine. He devoted his whole time and attention to the cure of the insane. He practised first at Spring Vale, but in consequence of the Duke of Sutherland objecting to the presence of a lunatic asylum so near his house at Trentham, the establishment was removed to Oulton, near Stone. It was there continued for many years under Dr. Bakewell's medical superintendence. Ultimately, he removed to Church Stretton, in Shropshire, where he had two houses. Dr. Bakewell followed out the principles which had been found so successful by his father; and which, at the time when they were first propounded (from 1808 to 1815), were looked upon as bold novelties. Dr. Bakewell was a diligent student of the literature of psychological medicine, but did not, we believe, contribute anything to it himself, except his diploma thesis on Insanity. Dr. Bakewell had been long the subject of a painful and distressing malady, but no apprehensions of an immediately fatal issue were entertained until about a fortnight before his death. He died on August 30th, aged 55. He was greatly beloved in his own circle of friends, and was a man of a most kindly and hospitable disposition. He has left a widow, but no children.

Literary Men and Doctors. It is pleasant to record the fact that nearly every literary man or woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labours without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir James Eyre, M.D. Unfortunately I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir James called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer; "but let me tell this fact to *you*. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a physician providence sent to Thomas Hood. (S. C. Hall's *Biography of T. Hood.*)

The Northern Seaports. The Registrar-general, in his last quarterly report, observes incidentally that "in the cholera epidemics of past years, the seaports of Northumberland and Durham have suffered early and severely." Such being the case, the ravages of that fatal disease in the Mediterranean have caused a good deal of alarm in the towns upon the Tyne. Since the last visit of cholera to England, a great deal has been done to improve the sanitary condition of the Tyneside towns. North and South Shields have been both well drained, and each of these seaport towns has public baths and washhouses. They have also an excellent supply of fresh water. But none of the seamen's lodging-houses are under inspection, and overcrowding and other very bad unsanitary conditions prevail to a fearful extent. Some of them are in a loathsome and filthy state. It is proposed by the corporation of Tynemouth to erect a temporary hospital for sick seamen. A very great danger exists in Jarrow through the overcrowding of lodging-houses, especially in the Irish quarter. The beds in many of them never cool, for as soon as the day-shift men employed at the ironworks vacate them, the night-shift men, who have returned from work, turn in. Many small cottages which, according to all ordinary rules of health should not be allowed to have more than six inhabitants, have to furnish sleeping accommodation to from 13 to 18 persons; and such is one of the crying evils and great dangers of nearly all the manufacturing villages on Tyneside. The lower parts of Gateshead and Newcastle, which have been swept by cholera on former visitations, are not in a very satisfactory state. In fact, speaking of the Tyneside towns and villages generally, though a great deal has been done of late years to improve the public health, much more will have to be done before the authorities can say, with any degree of confidence, that they have got them into anything like a decent and wholesome condition.

The Uses and Abuses of Medical Publications. It is an old saying that "use is the parent of abuse," and the present system of medical publication teaches that the saw applies with unusual force to that branch of literature. How many papers are written and how many works published for the real purpose of making the reader a wiser man or adding a useful fact to the store-house of medical science? How many books or essays are published, the intention of which is not primarily to advertise the author's name and qualifications, with a view to future profits. Let us ask whether the system which, is so prevalent in the columns of London weeklies, of appending the private address of the author, with street, number, and postal letter in full, to his communication, is susceptible of any other interpretation than that which we have put upon it? Another practice which is to be deprecated is that of publishing interminable details of cases differing from one another in no appreciable or important feature. These interminable case-rolls are generally unworthy of confidence, inasmuch as the failures are suspiciously few, and the successes innumerable. The most usual abuse of medical publication is the tendency of authors to write about nothing at all, either to seize some one else's facts and dilute them down with their own intellectual menstruum, making a mixture neither palatable nor efficient, or to add one more to the endless lucubrations on some every-day disease. The *Lancet* published the other day from the pen of a celebrated metropolitan surgeon what was facetiously designated a lecture on the "Progress of Surgery." There was much advice about the attitude and demeanour of a surgeon, and more about the behaviour of a student, but not one word about surgery or its progress. To illustrate this *soi disant* lecture a woodcut is introduced, a caricature (save the mark) of a surgeon in a ridiculous posture surrounded by a number of idiotic-looking students, and intended, we assume, to convey to the reader the antithesis of Professor Fergusson at his operating table. It is high time to object when such buffoonery is substituted for honest instruction in the surgeon's art, and we cannot but think that such a prostitution of the objects of a journal is as distasteful to the readers as to ourselves. These are a few of the abuses of journalism; but they are of little importance compared to those which have crept into the system of book-making. Books are the great engines of publicity, and no one can be publicly known who does not resort to them. If a young man yearns for success in life, he publishes a few cases in the medical journals, spreading them over as great a space as he can, and when his pen fails him, turns them into a pamphlet at sixpence or a shilling. Does the profession ever read it? Not at all. But the author advertises it in the papers, and becomes straightway an "authority." (*Med. Press.*)

THE MEDICAL AID SOCIETY has sent supplies of medicine to the Hudson's Bay Territory, to South Africa, and to Polynesia, which have been most acceptable and valuable to the missionaries who are labouring among aboriginal natives far removed from ordinary medical assistance. (*Wesleyan Missionary Report.*)

A CHALLENGE TO THE DAVENPORT BROTHERS. M. Robin, the wizard and conjuror of the Boulevard du Temple, has published a letter giving an account of an evening with the Davenports, now performing near Paris. He explains in a natural way all the spiritual manifestations that took place. The letter of M. Robin closes with a challenge to the American mediums, in which he offers to repeat their exercises at a public representation to be given by him and them for the benefit of the Charenton Hospital. He makes three conditions. He must tie the Americans himself with a cord of his own; he must be tied with them in the closet; and the five persons who usually attend on them must not be allowed to take any part in the proceedings.

THE UNITED STATES ARMY MEDICAL MUSEUM. The museum is located at Washington, in a handsome brown-stone building, two stories in height. It was established in August 1862. The building is divided into two compartments. On the first floor are models of the old and more recent forms of ambulances; also medical wagons, etc. In the centre there is a case containing plaster casts; of which there are about three hundred representations of stumps, plastic operations, incisions, and the general operations of surgery. Among the rest it contains a cast of a case in which the jaw-bone, side of the nose, etc., were lost. On this case was founded the order of the late Surgeon-General Hammond against the use of calomel. On the upper floor there are four cabinets. The two central ones contain dry preparations, exhibiting recent fractures, and attempts at repair; these follow a natural division of cranium and upper extremities, and the trunk, pelvis and lower extremities. The number in the collection is 4,200; of these 500 are medical, 350 missiles, 400 photographic illustrations of diseases and injuries of bones and fractures. Many of these are microscopic in their character, and are executed with great fidelity and beauty. Most of the fractures are the result of projectiles, but now and then are cases of fracture caused by accidents on railways and army wagons. There is a very interesting collection of projectiles for small arms and field guns; also the various patterns of bayonets used in the army and foreign service. In specimens of gunshot fractures on long and flat bones, it is shown that the conical bullet produces the most disastrous results and comminuted fractures, while the round bullet is almost always flattened against the bone, without producing fracture. So great is the force of the conical bullet, that at the battle of Gettysburg it passed through an armour-plate on the chest of a rebel soldier, making a clean incision, and killing him instantly. The medical series of the museum is remarkably rich in illustrations of malarious diseases—typhoid fever, and chronic diarrhœa. These are chiefly of diseases of the ileum, cæcum, and transverse colon, including many beautiful illustrations of diseased conditions of the glands of Peyer; also tubercular ulcers of the small intestines, diseases of the heart, lungs, liver, spleen, and kidneys. There is a very unique specimen in plaster of a carcinoma of the liver, which weighed nine pounds and a half, and is beautifully coloured. The Curator of this museum is Dr. George A. Otis, of Massachusetts. The Anatomist is Dr. Shafhirt. (*Dr. L. Turnbull in Phil. Med. Reporter.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

PROFESSOR SPENCE.—We must decline to insert Professor Spence's remarks on Mr. Syme's Address in Surgery.

A GUY'S STUDENT.—We are unable to give you the information you require.

THE GRIFFIN TESTIMONIAL FUND.—SIR: At the last meeting of the Committee, it was resolved that the above Fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions, on or before October 31st, to

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, September 6th, 1865.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Mr. F. W. STRANGE; Mr. F. METCALFE; Mr. ROBERTS; Dr. G. H. PHILIPSON; Mr. A. B. STEELE; Dr. BOECK; Dr. ROBERT FOWLER; Mr. C. J. BRACEY; Mr. J. BIRCHENALL; Mr. T. PRIDGIN TEALE, JUN.; Dr. A. P. STEWART; Mr. R. THURSFIELD; Mr. H. HAILEY; Mr. CRAIG; and Dr. R. FILKIN.

BOOKS RECEIVED.

1. The Dental Licentiates' Directory and Local List. By Alfred Hill, L.D.S. London: 1865.
2. London Vestries and their Sanitary Work. By W. Rendle. London: 1865.
3. A Practical Treatise on Rupture; its Causes, Management, and Cure. By T. P. Salt. London: 1865.
4. A Dictionary of Practical Medicine. By James Copland, M.D., F.R.S. Abridged by the Author, assisted by James C. Copland, M.R.C.S. London: 1865.
5. Correspondence, Public and Private; with Additional Remarks upon the Pritchard Memorial and the Supply of Water in Broseley, etc. By F. H. Hartshorne. Birmingham: 1865.
6. Cases Illustrative of the Pathology of Dysentery; with Remarks. By S. G. Chuckerbutty, M.D. Calcutta: 1865.
7. A Radical Operation for Procidentia. By T. A. Emmet, M.D. New York: 1865.
8. The Vaccination Acts. By Danby P. Fry, Esq. Second edition. London: 1865.
9. A Glance at the Progress of Medical Science and at some Phases of Medical Faith. By E. Ellis, M.D. London: 1865.
10. Peculiarities of the Deaf and Dumb, as regards Medical Treatment, and their Idiosyncrasies, which have been observed at the Ulster Institution. By H. S. Purdon, M.D. Belfast: 1865.
11. Bathing: How to do it, When to do it, and Where to do it. By Edgar Sheppard, M.D. London: 1865.
12. An Inquiry into the Possibility of Restoring the Life of Warm-Blooded Animals. From the Proceedings of the Royal Society. By B. W. Richardson, M.A., M.D. London: 1865.
13. Report on the Physiological Action of Nitrite of Amyl. From the Report of the British Association for the Advancement of Science, 1864. By B. W. Richardson, M.A., M.D. London: 1865.

Surgical Instruments.—Arnold

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Liverpool Royal Infirmary

SCHOOL OF MEDICINE.—The ANNUAL DINNER will be held at the Adelphi Hotel, on Monday, October 2nd, at 7 p.m.

EDWARD BATTY, Esq., in the Chair.

Dinner Tickets may be obtained on application to the Treasurer F. W. STRANGE, Esq., Liverpool Royal Infirmary School of Medicine.

The St. George's Hospital Me-

DICAL SCHOOL DINNER will be held at Willis's Rooms, King Street, St. James's, on Monday, October 2nd, 1865, JAMES ARTHUR WILSON, Esq., M.D., Chairman (late Senior Physician to the Hospital). Dinner on table at half-past Six o'clock punctually. Tickets, One Guinea each, to be had of J. H. HAMMERTON, Esq., Hon. Sec., at the Hospital, before September 29th.

St. Bartholomew's Hospital

MEDICAL COLLEGE. — The ANNUAL DINNER is arranged for Monday, October 2nd, 1865. at 6.30 p.m., at the Albion Tavern, Aldersgate Street, under the Presidency of Mr. WORMALD. Gentlemen desiring to be present are requested to inform Mr. CALLENDER of their intention not later than Saturday, September 30th.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE October 2nd, with an Introductory Address by Dr. Andrew, at 5 o'clock P.M.

LECTURES.

Medicine—Dr. Black.
Clinical Medicine—Dr. Farre, Dr. Black, Dr. Martin.
Surgery—Mr. Paget, Mr. Coote.
Clinical Surgery—Mr. Skey, Mr. Paget, Mr. Coote.
Descriptive Anatomy—Mr. Holden, Mr. Callender.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrator of Morbid Anatomy—Dr. Andrew.
Demonstrators of Anatomy—Mr. Smith, Mr. Baker.
Assistant Demonstrators—Mr. Vernon, Mr. Langton.
Tutors—Dr. Duckworth, Mr. Baker, Mr. Shepard.

SUMMER SESSION, Commencing May 1866.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Edwards.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chemistry—Dr. Odling.
Microscopic Demonstrations—Mr. Savory.

The Clinical Practice of the Hospital comprises a Service of 650 beds; of these 227 are allotted to the medical cases, 20 to the diseases of women, 322 to the surgical and ophthalmic cases, and 81 to the syphilitic.

In the year 1864, relief was afforded to 6000 in-patients, including more than 550 children under 10 years of age.

Collegiate Establishment.—Warden, Mr. Willett. Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value from £20 to £50, are awarded annually. Further information respecting these and other details may be obtained from Mr. Savory, Mr. Callender, or any of the medical or surgical officers or lecturers; or at the Anatomical Museum or Library.

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Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

THE FIRST ATTEMPT IN ENGLAND TO REMOVE A GROWTH FROM THE LARYNX, THROUGH DIVISION OF THE POMUM ADAMI.

By GEORGE DUNCAN GIBB, M.D., LL.D., Member of the Royal College of Physicians, London; Assistant-Physician to Westminster Hospital.

The subject of division of the thyroid cartilage through the pomum has been occasionally discussed by medical writers with varying opinion. Some have advocated the measure for the removal of a foreign body or of polypi, whilst others have condemned it as an useless and unsatisfactory proceeding; this was before the employment of the laryngeal mirror. In many of our modern standard works of authority, this mode of obtaining access to the larynx is completely unnoticed, as a measure not deserving any consideration. An honourable exception to this occurs in the second volume of *Holmes's System of Surgery* (p. 308), in the section devoted to injuries of the neck, by my friend the late Mr. Henry Gray, whose acquaintance with everything appertaining to the neck was most extensive. In dwelling upon laryngotomy for the removal of foreign bodies, he advocates the enlargement of the wound, if necessary, by carrying the incision upwards through the thyroid cartilage, or downwards through the cricoid, when the foreign substance may be pushed up by a bougie, or the finger, through the glottis into the mouth. And Mr. Fergusson, in considering laryngotomy in his *Practical Surgery*, remarks that: "Possibly the division of the membrane between the cricoid and thyroid cartilages may not leave an opening sufficiently large, and it will, therefore, be requisite to carry the knife upwards or downwards. If the thyroid cartilage be cut, there is a probability of one or other of the vocal cords being divided, unless the incision is exactly in the mesial line" (p. 630). This measure was lately put into practice at Salisbury, by Mr. Martin Coates, Senior Surgeon to the Infirmary, upon a young man who was admitted with a bronze halfpenny lodged in his larynx for some days. The pomum Adami was divided, the alæ separated, and the coin extracted. A recovery ensued without the slightest inconvenience, as I was informed by Mr. Fredk. F. Lee, the house-surgeon, who kindly showed me over the Infirmary in March 1864.

Desault was the first who suggested the division of the thyroid cartilage in the median line for the removal of polypi and foreign bodies. He considered that it offered a more direct and easy access to the cavity of the larynx than any other method. He was opposed, for reasons presently to be considered; but this did not prevent the operation from being done both in this country and in America. Blandin practised it in attempting to remove a needle from the larynx. Velpeau approved of it as the only means, in some sort, of laying bare foreign bodies, which in most cases become imbedded or arrested between the lips of the glottis; or of polypi or other vegetations, which are rarely seen, except in the vicinity of this part. Sir Charles Bell thought it unnecessary in the case of a foreign body, and hurtful in the instance of disease; he could not foresee its necessity, and remarked that it must greatly disturb the chordæ vocales. (*Institutes of Surgery*, vol. i, p. 253.)

In certain cases, where foreign bodies become immovably impacted, or are so large as not to admit of removal by the ordinary operations of tracheotomy and laryngotomy, division of the pomum becomes a matter of necessity, more especially if the laryngoscope has shown the position of the foreign body, and that it cannot be removed by any instrument passed into the mouth. Mr. Hulke's recent case of sixpence lodged transversely across the larynx, brought before the Royal Medical and Chirurgical Society, would have been a favourable one for this operation. So would a case of my own, wherein a pin traversed the larynx from before backwards, transfixing the left arytenoid cartilage, had not the laryngoscope acted as a guide to the introduction of forceps, and its consequent extraction through the mouth. (*Diseases of the Throat*, second edition, p. 409.) It is more especially in connection with the presence of growths in the larynx, that this operation must be considered.

In 1834, Brauers, of Louvain, laid open the larynx by means of an incision through the entire length of the thyroid cartilage of a man aged 40, and touched some warty excrescences, filling the cavity of the larynx with acid nitrate of mercury, and subsequently with the actual cautery. The final result was death from scirrhus of the larynx. (*Ehrmann on Polypi of the Larynx.*)

Ten years later, namely, in 1844, Professor C. H. Ehrmann, of Strasbourg, diagnosed the presence of growths in the larynx of a healthy woman aged 33, who had lost her voice for three years. An almost fatal fit of suffocation necessitated tracheotomy; the next day the wound was extended upwards and the pomum Adami divided, which permitted of the removal of a cauliflower excrescence from the left vocal cord. The patient recovered well, but without a voice, and died seven months afterwards of typhoid fever. (*Histoire des Polypes du Larynx*, 1850, folio, p. 23.) This was the second occasion in which the thyroid cartilage had been opened for the complete removal of a polypus of the larynx, whose presence had been made out by the general symptoms some years before the laryngoscope had come into general use, and therefore is highly creditable to the sagacity and genius of Ehrmann, who has left a noble monument of his labours in the publication of his excellent and beautifully illustrated monograph upon Polypi of the Larynx. To him and Brauers is unquestionably due all the honour and credit of having inaugurated a mode of operative treatment which promises ere long to become more or less general in cases of growths of the larynx that cannot be removed, from the absence of the necessary dexterity, or such other causes as will either not permit of the introduction of instruments through the mouth, or that present actual obstacles to removal in any other way than through the neck. Desault, who suggested the operation, never practised it unless in the removal of foreign bodies.

It would appear also, that Dr. Gurdon Buck performed laryngo-tracheotomy, dividing the thyroid cartilage, upon a female aged 51, in May 1851, for epithelial cancer of the larynx, and extirpating the tumour. The operation was done a second time in September. She died from suffocation, August 1852.

(*Trans. American Medical Association*,* vol. vi, 1853, p. 510.)

These cases had occurred before the general use of the laryngoscope, together with another (I imagine) referred to by Lewin of Berlin, and said by Pirogoff to have been performed some time back at Heidelberg.

When this operation was contemplated by myself, and its performance suggested to my patient on March 29th, 1864, I was not aware that it had been attempted by any one since the revival of the laryngoscope. My proposed plan was to insert a tube into the trachea; then to divide the pomum, and remove the growth. After examining her at my residence on April 9th, it was arranged that the operation should be done on the 13th. Most urgent dyspnœa set in, however, on the 12th, demanding tracheotomy to save life; and, on the 20th, the thyroid cartilage was opened, and the growth removed. The immediate results were good; for she was sitting up on the 25th; the voice returned on May 4th; and on the 19th she was able to walk into her garden.

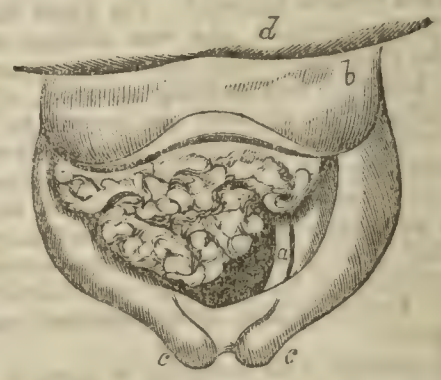
I am thus particular in mentioning these dates, for I read in the British Medical Journal of April 30th, 1864 (p. 479), for the first time, the announcement that Professor Boeckel of Strasbourg had lately performed thyroidean laryngotomy on a young girl, and removed a number of polypoid vegetations from the posterior part of the larynx. The recovery was good, but slow; the voice never returned; and she afterwards died, but of what disease is not stated. Although following in the footsteps of his predecessor of the same city, Boeckel was not the first person in Europe to remove a growth from the larynx which had been diagnosed with the laryngoscope, by means of the operation under consideration. He was preceded by Rauchfuss of St. Petersburg, in 1862, who opened the larynx of a female in the median line, and removed some warty excrescences with the knife, that filled the larynx. The disease returned, and a tube was never dispensed with. Death occurred two years after, from gangrene of the lung. It was done also by Busch, in June 1863; the larynx of a man of forty-three being opened by a section through the thyroid cartilage; and the growth, which filled half the larynx, was torn away piecemeal by forceps. In November 1863, Debrou followed; and, by means of a vertical incision through the thyroid cartilage, and a transverse one through the thyro-hyoid membrane, a large fibrous tumour was taken away from a man aged 52, who lived seven days.

To our American brethren is due the honour of having inaugurated this practice since the revival of the laryngoscope; for I find that Dr. Gurdon Buck removed a growth from the larynx on April 13th, 1862, by opening it through the pomum, from a man aged 25, and who has recovered. And Dr. H. B. Sands performed a similar operation in February 1863, upon a female aged 30, and removed a cancerous tumour with success. The patient survived twenty-two months, and died from internal disease. An excellent paper on Cancer of the Larynx, by the latter gentleman, appears in the *New York Medical Journal* for May 1865. I have only had access to it since the present paper was brought before the Association.

The case about to be detailed is the first, and, as far as I am aware, the only one, in which the operation has been attempted in this country. It has been since done in October 1864, at Berlin, by Ulrich and Lewin; and, in the early part of the present year, at Cracow, by Gilewski; and in the United States, by Gouley. The first of these was a girl of sixteen, with hoarseness for four years, due to the presence of several growths, chiefly involving the left vocal cord. A cannula was inserted, on October 8th, in the crico-thyroid space; and on the 31st the pomum was divided, and two growths removed by means of curved scissors. The cannula was removed on the third day; and a good recovery ensued, with restoration of voice. (*Wiener Med. Wochenschr.*, Feb. 1, 1865; and British Medical Journal, March 11, 1865, p. 253.) The second case was that of a young woman from whose larynx a mucous polypus was removed by Professor Gilewski, on division of the pomum, with very little bleeding. (British Medical Journal, May 13, 1865, p. 488.) The third was a female child of six years, from whom Dr. Gouley, in February 1865, removed a cauliflower growth filling the larynx, tracheotomy being firstly done two months before. Recovery has followed, but with aphonia. (Dr. Sands's paper in *New York Medical Journal* for May 1865.)

I shall premise the particulars of the following case, that occurred to myself, by stating that, having regard to its pathological bearings, it was briefly brought before the notice of the Pathological Society of London in May 1864. Since that time, it has gone on to its termination, and is here given in a more complete form.

A young maiden lady, aged 29, was brought to me by her mother on March 16th, 1864. Her voice had been affected for two years with varying aphonia and hoarseness; and the breathing had been obstructed for two months. She had a mild attack of variola in May 1863. Efforts at speaking caused pain; every cold flew to the throat; and at night she had cough, with a sensation as if she wanted to expectorate phlegm. The right wing of the thyroid cartilage had been swollen and decidedly prominent, and somewhat indurated and painful, for five months. Since July 1863, a feeling had been present at the pomum as if something was being drawn up. Her complaint had been set down as nervous, and her feelings had been much wounded in consequence; for she declared there was nothing nervous about it, as she was not naturally so, nor in any manner hysterical. The laryngoscope revealed the presence of a large furrowed and lobular growth, with irregular outline, of an ashy grey colour, springing from the root of the epiglottis, extending to the right side of the larynx, involving the false cord, and covering the whole of the true vocal cord, as well as the anterior part of the left true cord. This left a comparatively small space for the passage of air posteriorly, as



As represented in the laryngeal mirror, the position of the parts is necessarily reversed. *a*. The left true vocal cord. *b*. The lingual surface of the epiglottis, beneath which is seen the large lobulated growth. *c c*. The arytenoid cartilages. *d*. The back of the tongue.

shown in the woodcut which represents the laryngoscopic appearances. The under-surfaces of the true vocal cords, together with their free borders, were

* I exclude a case here of Malgaigne's, of removal of tumour attached to the side of the epiglottis, by subhyoidean laryngotomy. (*Gazette des Hôpitaux*, 1859, p. 409.) The pomum was not divided.

probably normal, as phonation was tolerably fair, although hoarse. No sound could be uttered with the laryngeal mirror in the mouth to estimate their amount of approximation. On March 29th, the growth was pinker in colour, and seemed to evince a disposition to increase in size. On this occasion, I was fortunate enough to succeed in catching in the loop of wire of my laryngeal *écraseur* about one-third of the soft projecting portion of the tumour, and quickly cut it through. It was not withdrawn with the wire, as is usually the case with me; but was ejected in slight coughing a few minutes afterwards, followed by some bleeding. The relief to the breathing was most decided; so much so as to induce me to try and get away some more of it on April 3rd, but without success, as now the portions left were not sufficiently projecting to catch in the loop of the wire. On these occasions I was ably assisted by my friends Mr. Holthouse and Dr. J. B. Blanchet. On April 9th, an appointment was made with the family to open the pomum Adami on the 13th, and remove the remainder of the growth—a proceeding which I had previously discussed with the young lady on March 29th. On the 12th, however, she was seized with sudden and most urgent dyspnœa, for which tracheotomy was performed on the same evening by my colleague Mr. Holthouse. This afforded immediate relief and general comfort, and was done fourteen days after the removal of the first portion of the growth.

Eight days later—namely, on April 20th—her general health having much improved, chloroform was carefully given by Dr. Holman; and the original incision made in the operation for tracheotomy was extended upwards by Mr. Holthouse, who divided the thyroid cartilage through the pomum Adami with a scalpel and a pair of scissors, and the lateral halves were held apart by retractors. Being well acquainted with the seat and position of the growth in the larynx, I myself now introduced my index finger of the left hand upwards, and removed the remainder of it, partly with my finger-nail, and partly with curved scissors; the tumour being soft, friable, and vascular in some parts, and firm in others. The last condition extended into the right side of the subglottis, and encroached upon the calibre of the larynx in that situation. The general operation was attended with some amount of free bleeding; but the blood was prevented from reaching the trachea, through the able assistance of Dr. Blanchet, and it was greatly facilitated by the presence of a tube in the trachea. The wound was now closed with a couple of points of metallic suture.

No untoward results followed. On April 25th (five days after the operation), she was sitting up in a chair. On the fourteenth day, she was comparatively well, eating heartily, and getting stouter. On May 10th, the laryngoscope showed the larynx to be free from the presence of any growth. The surface of the mucous membrane was, however, rough; and the right vocal cord was seen to be congested and irregular at its anterior third. She was walking in her garden on May 19th, and was quite convalescent.

Various portions of the tumour were kindly examined by Dr. Andrew Clark, who furnished me with the following note.

"Curiously enough, the portions of tumour are of three kinds; one consisting of thickened mucous membrane, with sessile cauliflower growths; another, of dense fibrous tissue, with minute extravasations of blood; the third, of soft friable matter. Structurally, the first represents compound warts; the second, nucleated fibre (fibro-plastic or muscular) tumours; and the third, the transition stage of a simple epithelial into a cancerous epithelial growth.

"Certain parts of the friable portions must be held to be epithelial cancer; but, seeing that the constituent cells are not very various in form, have not departed far from that which is natural to the part, exhibit few vacuolations, and few modifications of active endogenous development, I would say that the complete removal of the growth of which these portions form a part—if the removal is possible without injury to important parts—is quite justifiable in the light of present pathological knowledge. At the same time, it does occasionally happen that the removal of such growths is followed by their rapid reproduction."

The nature of the disease was thus made quite apparent; and for this I was not unprepared, as a microscopic examination of the first portion of growth removed through the mouth had shown the presence of the elements of epithelial cancer. Yet, hoping that I might be deceived, with some anxiety did I await the report of such an experienced and careful observer as Dr. Andrew Clark, in his examination of that part of the disease removed through the neck. It was, unfortunately, too conclusive in its verdict.

The subsequent progress of the case was in accordance with our anticipations. In June, the swelling over the right wing of the thyroid cartilage inflamed and suppurated, and afterwards somewhat subsided. At the end of August, some dysphagia was present; she could not swallow bread nor wine without water; there was pain at either side of the neck, running up to the ears. The tumefaction of the right wing of the thyroid extended upwards to the root of the tongue, with considerable induration above the middle of the hyoid bone. In the laryngeal mirror, the epiglottis appeared like an elevated marble pushed up from below, of a crimson red on its lingual surface; and the throat was very irritable to examination. The voice, heretofore distinct, was now a loud rough whisper. She improved on sucking ice and eating ice-cream, and called upon me on September 5th, when the swelling and redness of the epiglottis were seen to have subsided. On October 1st, she paid me another visit, and looked pretty well. She stated that, as long as there was much discharge from the swelling in the neck, now much circumscribed, she was easy. The sense of smell was lost. About the middle of November, she suffered much from pain in the head and ears, running up from the throat; and could not swallow any solid food. There was no difficulty with fluids. On the 17th, the laryngoscope reflected contraction of the upper aperture of the larynx, with swelling of the arytenoid cartilages; the epiglottis being drawn backwards upon the latter. She had not lost flesh; the pain had subsided; and she swallowed with greater ease. On December 10th, I noted in my case-book: "For the last ten days, she has lost her whispering voice, and she has to write her wishes. The passage upwards from the tracheal tube has become so contracted that little or no air passes through it. Induration and swelling are extending down the right side of the neck towards the sternum; the swelling partakes of the character of brawny œdematous infiltration, as met with in malignant disease. This was at one time on the point of suppurating. With all this, she swallows some things tolerably well. Inspection of the larynx showed the epiglottis not so thick nor inflamed, and the larynx was apparently gradually contracting."

On December 17th, she was much better again; the induration and swelling of the lower neck had disappeared; and she could eat and swallow better. Ten days later, she could articulate in a low but indistinct tone.

It will suffice to state that the dysphagia gradually increased, so that she could swallow nothing but

a little fluid. Bronchitis occurred at the end of January, which greatly prostrated her; and this was followed by a constant catarrhal cough, with much mucous expectoration, difficult to get rid of. Towards the last, it became apparent that not only was the larynx quite blocked up by the recurrence of the original disease, but that it had extended to the pharynx at its lower part, and had almost completely obliterated any channel downwards, as a few drops of water even would hardly pass, and then only by throwing the head backwards, to allow the fluid to pass by simple gravitation. She died quietly on April 7th, 1865, having survived the operation just upon twelve months. No *post mortem* examination was obtained.

It will be observed from the foregoing details, that the operation which was attempted (after the failure of my efforts to remove through the mouth no more than a portion of the growth) was so far successful in its results as to improve the condition of the breathing and restore the natural voice. Nevertheless, as the nature of the disease turned out to be malignant, its return sooner or later was to be expected, more especially as the external surface of the right wing of the thyroid cartilage was swollen and prominent—a feature which experience has convinced me is one of a most unfavourable character in the great majority, if not of all the instances, wherein it is observed. For this reason, the tracheal cannula was not removed, and also because the calibre of the circle of the cricoid cartilage was partially invaded by the pressure or extension of the disease inwards on the right side. The voice continued good for some months, and then gradually became impaired, and finally quite lost. The laryngeal mischief returned some months later; deglutition became seriously impaired; bronchitis supervened in a weak and poorly nourished constitution; and, finally, nothing would scarcely pass down the œsophagus, through gradual closure by extension of the morbid element; and death closed the scene a year after the operation, and about three from the commencement of the symptoms. Had the disease been one simply of benign polypi, without a too extensive base, there is good ground for assuming that a permanent recovery might have been brought about in a patient of her age, in whom there was no hereditary tendency to malignancy.

In Brauer's patient, the result was ultimately fatal from scirrhus. In Ehrmann's case, the patient lived seven months, was quite cured, but with no voice, and died of the accidental occurrence of typhoid fever. In Gurdon Buck's first case, the patient lived thirteen months, and the voice was never restored. In his second case, the subject of it is alive, and although not stated, I infer there is speech. Rauchfuss' patient died of gangrene of the lung two years after. Dr. Sands's female patient lived twenty-two months, and died of cancer of the suprarenal capsules; she had regained her voice, and the larynx was found free and unobstructed. Busch's patient is living, with no voice; whilst Debrou's lived but seven days. In Boeckel's, the patient lived a few weeks; the voice was not restored; the cause of death is not stated, but I infer it to have been from pulmonary phthisis. In Ulrich and Lewin's case, the voice returned of a deep bass in a girl, and the patient is alive and well. In Gilewski's case, the voice returned after the operation, and the patient was lately alive and well. And lastly, Dr. Gouley's patient is well, but has aphonia.

These cases form the *avant courier* of what may be expected hereafter, for with the laryngoscope to guide us in diagnosis, and to show whether the growths can be removed or not through the mouth, the division of the thyroid cartilage can be determined upon according to circumstanaes. Indeed, Dr. Türck of Vienna is convinced that this is the best operation for the removal of laryngeal polypi in many cases.

With regard to the operation, I am satisfied that the insertion of a tube in the trachea acts as a safeguard; for at times there is much spasm during the removal of a growth. Previous to accomplishing this last in my patient, I distinctly felt the tumour situated in the position observed in the laryngeal mirror, with an extension of the swelling downwards on the right side of the subglottic space, where no doubt it was in communication with what was observed in the external part of the neck. Although anæsthesia was pretty complete, yet the contact of the finger with the parts described caused much spasm. I attempted to remove some of the subglottic swelling, but it was so firm and unyielding, that it was deemed prudent, for the safety of the patient, not to interfere further. The apparent connection between the external swelling and laryngeal disease, struck me at the time as an unfavourable circumstance.

Chloroform was inhaled through the tracheal tube; it caused a little nausea and retching a few times, but no actual vomiting. A part of the time she was conscious, but felt no pain. She complained occasionally of smarting when the chloroform was inhaled through the trachea; but, as it was admirably and carefully given by Dr. Holman in a small and beautiful inhaler of his own contrivance, none of the fluid came into contact with the wound. The control of the anæsthetic was well managed throughout, under what may be considered unusual circumstances.

Having said thus much relating to the case which has formed the subject of this paper, it will be desirable to consider the objections to thyroidean section.

What are the Objections to this Mode of Relief? That Nestor of French surgery, Velpeau, considers that this operation should not have the preference over others, unless in cases of impacted foreign bodies and polypi; and the patient should not have reached that time of life when the thyroid cartilage has become charged to too great a degree with phosphate of lime. Those who opposed Desault much dreaded lesion of the vocal cords; this, Velpeau says, may be easily avoided, and is, moreover, a matter of little consequence, for the voice in patients thus treated may not suffer more injury than by any other method. Sir Charles Bell observed it must greatly disturb the chordæ vocales. Division is far from easy when the thyroid cartilage is ossified, says Mr. Samuel Cooper, and if its mucous membrane be much swollen, as it may so protrude as to close the opening. In the article Bronchotomy, in Costello's *Cyclopædia of Practical Surgery* (vol. i, p. 507)—a valuable work, not so much appreciated as it ought to be—Mr. Spencer Wells states that the frequent ossification of the thyroid cartilage, the danger of wounding the chordæ vocales, and the danger of increasing or producing laryngitis, are sufficient to condemn section of this cartilage. Besides the objections from the ossification of the cartilage, and the danger of wounding, or otherwise injuring, the chordæ vocales, Mr. Lawrence considers that there is the inconvenience in the cases of angina laryngea arising from the swollen and thickened state of the membrane, which may actually impede the passage of air. Mr. Fergusson speaks of the probability of division of one or other of the vocal cords, unless the division is in the median line.

Indeed, I might go on quoting; but the foregoing represent the chief objections brought forward

against section of the thyroid cartilage. In the first place, it may be taken for granted, that no one would at the present day attempt it for disease alone, when either tracheotomy or laryngotomy will afford all the relief desired. That objection may be, therefore, at once discarded as untenable. The tangible objections, however, which remain, are wounds of the vocal cords, and ossification of the cartilage.

Wounds of the Vocal Cords. To be sure, the point of the pomum Adami is not invariably sharp and prominent in all persons, and hence sometimes a possible difficulty of section fairly in the middle. If, however, the cartilage is divided carefully in the median line, there is very little risk of wounding either vocal cord. I have largely experimented upon the dead with a view to test the fact, and whether, in the old or the young, there is comparatively little risk of wounding the cords; but, of necessity, some care and attention are requisite, otherwise a little nick may be given to either cord at its point of origin, especially, as sometimes happens, when both cords are in close contact at that situation. I do not imagine for a moment that the wound of the edge of a cord would be an injury of much consequence to phonation; far otherwise would it be, if the cord were divided transversely across—an injury that is actually impossible in central section of the cartilage. The objection to the operation, therefore, on this score, is of the smallest weight; yet an effort should be always made to avoid any unnecessary infliction of injury to such a beautiful and important piece of mechanism as a vocal cord.

Ossification of the Cartilage. In this we have a genuine obstacle, varying in degree according as the state of calcification or true ossification is advanced or retarded. A calcified larynx will be more easily divided than one ossified, and this can be determined by the age of the patient. Calcification will occur in comparatively early adult life if circumstances are present to induce it, which may not now be dwelt upon. So will ossification in the gouty. Hoarseness and obstruction by polypi, if extending over a period of years, are prone to induce deposit of calcareous material in the cartilage. In children, or the comparatively young, an ordinary scalpel or blunt-pointed straight scissors, will be found sufficient to effect division. In the calcified condition, a pair of stronger scissors will answer, with good steel blades. But, in the elderly and aged, where the ossification sometimes is actually as compact, I was going to say almost as steel, a fine and delicate, slightly convex saw will be found to answer the purpose. The operation then becomes comparatively simple; there is little or no bleeding, as there are no arteries or veins of any consequence to wound, and the divided halves of the cartilage can be held asunder by bent spatulæ or retractors, whilst growths or polypi are being removed by curved scissors. Although perhaps the operation, at first sight, seems to be formidable, it ought to be one of the simplest of those attempted upon the neck. It should never be attempted, however, until the patient has been first subjected to the operation of tracheotomy, which allows of the subsidence of any irritation, congestion, or inflammation, that may follow the removal of the growths. Tracheotomy, moreover, much simplifies the proceeding which this paper is intended to illustrate.

In division of a calcified or ossified larynx, forceps should be avoided, on account of the irregular and spiculated edge which they produce, occasionally with detachment of small fragments which are inimical to subsequent union. This is obviated by employing the saw.

The chronology of the operation considered in the foregoing remarks, to the present time, so far as I am aware, will stand thus.

Prior to the Use of the Laryngoscope.

1. Brauers of Louvain, 1834.
2. Ehrmann of Strasbourg, 1844.
3. Buck of New York, 1851.
4. Case at Heidelberg mentioned by Pirogoff.

Aided by the Laryngoscope.

1. Buck of New York, 13th April, 1862.
2. Rauchfuss of St. Petersburg, 1862.
3. Sands of New York, 28th February, 1863.
4. Busch of Bonn, 24th June, 1863.
5. Debrou of Paris, 7th November, 1863.
6. Boeckel of Strasbourg, beginning of 1864.
7. Gibb of London, 20th April, 1864.
8. Ulrich and Lewin of Berlin, 31st October, 1864.
9. Gilewski of Cracow, December 1864.
10. Gouley of New York, 26th February, 1865.

In conclusion, it may be said, that the operation performed in my case not only relieved the general symptoms, but prolonged life, which tracheotomy would have done but for a few weeks only, as the growth in the larynx would have produced, in a comparatively short time, the dangerous symptoms that occurred in the latter part of the patient's history. It, therefore, may be looked upon as having fairly accomplished its end.

Original Communications.

DISEASE OF THE SUPRARENAL BODIES.

By Henry Hare, M.D., Great Baddow.

Nearly two years ago, a man named W. Broughtwood, aged between forty and fifty years, came to my house. My brother, Mr. Lancelot Hare, who was staying with me, first saw him, and then asked me under what disease I considered that the man was labouring. We both arrived at the same conclusion; viz., that Addison's disease was the complaint.

The appearance which he presented was that of a man extremely tanned in the face. The conjunctiva, however, was quite white, pearly—different from that of a man suffering from jaundice. His hands presented the same tanned appearance as the skin of the face; the colouring terminated abruptly at the wrists, contrasting strongly with the white appearance of the skin of the arms. The colour of the skin of the chest and abdomen, and also of the back, was natural. The poor man did not complain of any pain. A feeling of lassitude was a prominent feature.

The treatment adopted simply consisted in supporting him, and in giving tonics. A generous diet—meat and beer—was ordered.

Some kind people were anxious that he should try if he could derive any benefit by becoming an inpatient at a London hospital. He accordingly entered Guy's Hospital. Under whose care he was, I do not know. He was seen, I believe, by Dr. Barlow. After remaining there some time, and receiving great kindness, he returned home, much the same as when he entered the hospital. It may be worth remarking that, when he was at the hospital, a blister was applied to the chest; and that, on his return to the country, the situation where the blister had been applied was clearly indicated by the tanned appearance of the skin. The appearance of the evacuations was natural. The urine was not albuminous.

On August 27th of this year, he was reported as

suffering from vomiting, and as having had one fit of convulsions. During the night, he had a second; and on the following morning, a third; soon after which he became semi-comatose, and died, apparently without pain, on the 28th.

Post Mortem Appearances. To my friend Dr. Mackintosh I am much indebted for conducting the *post mortem* examination.

The body was much emaciated, especially in the face; but the abdominal integuments contained a very large quantity of fat.

The lungs were emphysematous; and there were adhesions (pleuritic) to the thoracic parietes.

There was most marked fatty degeneration of the heart, which was small.

The liver appeared healthy.

The spleen was soft and friable; and, after making incisions, a large quantity of fluid escaped, in colour resembling frothy mulberry-juice, and imparting an oleaginous feeling when rubbed upon the hand.

The kidneys were enlarged.

The right suprarenal capsule was greatly thickened, and nearly half the size of a normal kidney. There was an abscess at the lower part, attached to the liver and the posterior wall of the abdomen. On making a section of the upper part, a large quantity of tubercular, cheesy-looking matter, presented itself, which could be removed like the yolk of a hard boiled egg from the white portion; and the walls of the bed in which this was contained were in thickness of about the same relative proportion as the white of a hard boiled egg would bear to the yolk—firm in texture, and of a whitish blue colour. A gritty feeling was imparted on first coming to the yellow tubercular matter.

The left suprarenal capsule was not so large, and contained no abscess; but, in other respects, presented the same appearance as the right. There was more gritty matter in the left suprarenal body than in the right one.

CASE OF INTERNAL HÆMORRHAGE.

By G. Mallett, F.R.C.S., Bolton.

At an early part of this year, I was requested to meet in consultation Mr. Clark of Farnworth, on the case of the housekeeper of a gentleman in the neighbourhood.

Arriving at the house a few minutes before my friend, I awaited his arrival in the drawing-room. I had not been there more than one or two minutes before one of the servants rushed into the room, and begged me to go up directly as the patient was dying. I went at once, and found the patient moribund. She gasped three or four times, and then all was over.

The patient was about 50 years of age, very stout, and ghastly pale. I was informed that for three or four days she had complained of pains in the abdomen, accompanied with weakness and a feeling of faintness. The urine was high coloured, but in other respects normal. The bowels had been regularly moved; and there was nothing unhealthy in the appearance of the evacuations. There was no indication of any particular functional derangement or disease. From the absence of any symptom sufficiently severe to account for death, and from the presence of excessive paleness, we at once diagnosed internal hæmorrhage; but in what part there was no indication. There was no cough nor pulmonary hæmorrhage, no bleeding from the stomach, bladder, rectum, or uterus.

An examination of the body was made; and upon opening the abdomen, all appeared natural. The omentum completely covered the small intestines; but the stomach and transverse arch of the colon were exposed, and to all appearance in a healthy condition. Upon raising the omentum, the wholè of the small intestines was found to be perfectly black—not merely dark coloured, but black as ink. The peritoneal covering was smooth, glistening, and free from any trace of inflammatory action or other abnormal appearance. A portion of the intestine was removed and slit open. Under the muscular coat—that is, betwixt it and the mucous membrane—was found a layer of blood about one-fifth or one-sixth of an inch in thickness; extending from the pyloric orifice to the colon, and then ending suddenly, as if divided with a knife from the adjacent parts; the stomach and colon being perfectly free from any unnatural appearance. Every portion of the intermediate intestine was encircled with the layer of blood, which, by its pressing upon the mucous membrane, caused the intestinal canal to be very much contracted. The interior of the bowel was not only very much contracted, but also nearly empty, and contained not a trace of blood. There was no large accumulation of blood in any part; but the layer appeared through its whole course to be of equal thickness. Neither could we discover the slightest indication to lead us to the primary lesion. We, therefore, came to the conclusion, that the true pathological condition was such a weakening of the tone of the vascular system of the small intestines as to allow a general exudation; but, if this be the true solution of the case, why should that weakened condition cease so suddenly at the commencement of the duodenum and termination of the ileum?

Animal Vaccination. In a paper lately read by Dr. Lanoix, the author described the results he had obtained during a period of six months with lymph supplied by heifers, and remarked that he had succeeded in 80 out of 380 revaccinations. He recorded the equally favourable returns forwarded to him by MM. Michel, physician of the Institution of Fontenay, a branch establishment of the College of Sainte-Barbe in Paris; Dheré, physician of a seminary for young ladies; Millet, physician of the Agricultural Penitentiary of Mettray; Chipot, of Châteauneuf-sur-Loire; and Dr. Verrier, member of the Committee of Vaccination at Rouen. At Fontenay, characteristic pustules were produced in 76 out of a total of 400 revaccinated children. In 71 subjects between the ages of 14 and 20, revaccination succeeded in 31. In 200 adults aged from 20 to 40 years, the operation was successful in 97. The proportion of successes between the ages of 40 and 50 was 36 per cent., and of five revaccinated after the age of 50, characteristic pustules were developed in 2. M. Lanoix remarked, in conclusion, that his personal experience and his meditations on the subject strongly confirmed his belief that the propagation of vaccine from heifer to heifer is always attainable, and in quantities sufficent for every purpose; that the lymph does not deteriorate, but preserves its activity for a longer time and with greater certainty, in its passage through the system of animals than through that of man; that first vaccinations are almost invariably followed by positive results, and that revaccinations supply an average of success more considerable than that obtainable with lymph gathered from the human subject; that vaccination with the matter derived from heifers is an easy operation, which, during epidemics of small-pox, affords a most valuable resource to check the progress of that formidable disorder on account of the large amount of lymph which can at will be supplied wherever it may be required. (*Journal of Practical Medicine and Surgery.*)

Progress of Medical Science.

SURGERY.

POLYPI OF THE LARYNX: REMOVAL BY DIVISION OF THE THYROID CARTILAGE. The following interesting case is related by Dr. Gilewski of Cracow. A girl aged 16 came under his care, who had suffered during several months from hoarseness and noisy breathing (especially at night). At the anterior angle of the glottis were three polypous excrescences, partly of fleshy, partly of mucous aspect; one was larger than a pin's head, and the others were nearly of the size of peas. At each forced expiration they were carried somewhat backwards, but the epiglottis prevented them from being well seen with the laryngoscope. It was still more difficult, or rather impossible, to apply a ligature, on account of the violent reflex movements that were excited, and of the narrowness of the opening. It was therefore considered necessary to make an artificial opening for the removal of the tumours; and the operation was accordingly performed in December of last year.

The patient having been narcotised, an incision was made in the middle line of the neck, so as to expose a part of the thyro-hyoid membrane, the larynx, and the trachea as far as the second ring. No hæmorrhage attended this part of the proceeding; and the patient had regained some consciousness. A sharp bistoury was now inserted at the upper edge of the cricoid cartilage, and the crico-thyroid membrane was divided as far as the lower border of the thyroid cartilage. Air escaped audibly through the opening. A probe-pointed bistoury was now introduced; and, the parts being held tense by a hook inserted above the second tracheal ring, the incision was continued to the upper border of the larynx. The patient began to cough and was very restless; but the hæmorrhage was slight. Dr. Gilewski then held aside the divided parts by a hook inserted in the middle of each side of the wound, so as to be able to view the whole interior of the larynx. On making an inspection, Dr. Gilewski was astonished to find the mucous polypus, which had appeared as large as a pea, reduced to two small pale remnants of areolar tissue lying in the edges of the wound at the anterior angle of the glottis; near it was a nipple-shaped hard excrescence as large as a pin's head; it had a pale colour, as had also the neighbouring mucous membrane, which was in a slightly catarrhal state. No other tumour could be discovered; and the small one above described was removed by means of scissors. The disappearance of the larger tumour was attributed to its having been emptied of its contents, partly by the incision, and partly by the paroxysm of cough which attended the operation. A little watery fluid had been observed to escape when the incision was made into the thyroid cartilage. The operation was scarcely ended, when the patient fell into a syncopal state; this Dr. Gilewski attributed, not to the operation, but to the length of time during which anæsthesia had been kept up, and the quantity of chloroform which it had been necessary to use. She soon recovered under the use of ordinary means. The wound was united by strips of plaster, and a small dose of morphia was given. On the fourth day suppuration set in; and in the third week the external wound was closed. The patient remained free from fever; the breathing was perfectly easy; but there was some difficulty in deglutition. From time to time fragments of food entered the larynx, and were discharged by coughing through the external incision. As the closing of the wound advanced, the speech became more distinct; but there still remained some hoarseness, attributable without doubt to the fact that union took place much later in the thyroid cartilage than externally, and that the mucous membrane was in a congested state during the progress of the suppuration. On making a laryngoscopic examination four weeks after the operation, nothing could be learnt as to the condition of the parts, as the epiglottis was even still more inclined backwards than it had been. The cicatrix in the neck rendered the larynx fixed, so as to slightly impede deglutition. At the beginning of March the voice rapidly improved, and became clear and somewhat deep in proportion to the age of the patient. At the time of reporting the case, several months after the operation, there had been one transient return of hoarseness, attributable to acute catarrh.

In commenting on this case, Dr. Gilewski refers to the observations of Rauchfuss and Ehrmann, and expresses his opinion that in persons of advanced age there are not only great technical difficulties in the way of dividing the thyroid cartilage, but there is fear of the ready occurrence of perichondritis, and even of suppuration of the entire cartilage. The operation is contraindicated if there be reason to suspect hardening or ossification of the part. The division of the cartilage is best performed by means of a sharply cutting probe-pointed bistoury, the larynx being fixed by a hook. A director seems especially useless, as the operator's attention must be directed to two instruments, and the larynx must be steadied by an assistant. Moreover, the vocal chords escape by lying on each side of the bistoury, whereas, if the knife slipped from the director, it would not be possible to avoid wounding them. The larynx is best held open by simple fine sharp hooks, one fixed in each side of the incision. The wound is best united by plasters; but, if it be very long, there would be no objection to a suture. Anæsthesia is advisable only in the first stage, until the larynx is perfectly exposed. Consciousness on the part of the patient is of important service, should there be any hæmorrhage during the principal part of the operation. In Dr. Gilewski's case, there was scarcely any hæmorrhage; and he believes that none of any importance can occur while the two halves of the larynx are held apart. (*Wiener Med. Wochenschr.*, June 28 and July 1, 1865.)

AMPUTATION AT THE ANKLE BY AN ANTERIOR FLAP. At a meeting of the Medico-Chirurgical Society of Edinburgh, Dr. P. W. Watson shewed a specimen of comminuted fracture of the tuberosities of the os calcis, produced by direct violence. It was attended with extensive laceration of the soft parts, and required amputation to be performed at the ankle-joint. This, as the soft parts forming the ordinary heel-flap were destroyed, he effected by dissecting up the soft parts from the dorsum of the foot as far forward as the instep, and having completed the disarticulation, and sawn off the ends of the tibia and fibula, this flap was folded down, forming a long anterior flap, exactly as in the amputation in the lower third of the leg, according to Mr. Teale's method. The operation was undertaken as affording a more satisfactory site for division of the bone than the amputation in the lower third of the leg, although the resulting stump in such a case could not be expected to be capable of sustaining the weight of the body as in the method by the heel-flap.

INTERMITTENT OPHTHALMIA. At the annual meeting of the American Ophthalmological Society, June 13, 1865, Dr. H. Derby, of Boston, read the following history. Mrs. S. H., aged 59, of full habit and excellent health, consulted him in March 1864, with a smarting

and sensation of foreign matter in her right eye. Upon examination it was found that a belt or elevated vascular band of tissue, involving the conjunctiva and subconjunctival tissue, extended back from the inner edge of the cornea below the caruncle, becoming wider across towards the cornea, which was not in the slightest degree affected. It resembled a pterygium, of which the corneal portion had been carefully dissected away. Attention was at first attracted to it seven years before, by a pricking and smarting of the eye, and a sensation as of a foreign matter between the lids. The patient went to bed perfectly well, having had no premonitory symptoms, and either noticed a sensation of fulness in the eye if she woke up in the night, or observed the red patch on going to her mirror in the morning. No treatment affected its duration or recurrence, insufflation of calomel, atropine, etc., having been tried in vain. On inspection, the same reddish band was visible—faint at first, rapidly increasing in prominence and deepening in colour, and passing off in three or four days. The attacks occurred every four or five days, so that one would barely be recovered from before another would occur. Six weeks later they began to diminish in frequency, occurring every eighth day, now and then waiting till the ninth. During the first year the interval never exceeded ten days, and during the second, eleven. The interval between the attacks gradually increased, averaging from thirty to thirty-three days, and on one occasion reaching the thirty-eighth. The duration of the attack came to average about three days, and it was observed that the colour of the band was less red, and the uncomfortable sensation in the eye less marked. The eyes were used without restriction or fatigue, and in the interval were throughout perfectly normal, presenting no trace whatever of the affection. (*Philadelphia Medical Reporter.*)

British Medical Journal.

SATURDAY, SEPTEMBER 30TH, 1865.

THE CATTLE-FEVER.

MISS BURDETT COUTTS has, in a very sensible letter, given the public the benefit of her unfortunate experience of the nature of the existing cattle-epidemic. Miss Burdett Coutts does full justice to Dr. Budd's Report. She has no doubt whatever that the disease is "the Russian murrain brought in by imported cattle". She does not give in to the false reasoning with which the *Times* has attempted to gull the people that the cattle-fever is merely a dirt-developed fever of cowkeepers. Speaking of Dr. Budd's paper, she says:

"His account of the *Rinderpest* is the more significant and valuable from the circumstance that it was written without reference to the existence in England of the disease now prevalent among our cattle, and that the similarity between the two diseases has not ever been, to my knowledge, denied. I therefore assume this to be the case; and I cannot but think Dr. Budd's observations offer a clue to much that perplexes us in the manifestation of this complaint. It seems to me that his observations would account for the phenomena we have observed: 1. The sudden breaking out of the disease in various parts of the country, and under very different conditions; 2. The immunity of the animals of one shed, and the virulence with which it attacks those of an adjoining shed; 3. The severity with which it has usually attacked English bred cattle. We could thus account for the circumstances observed in Hull. Of the three hundred beasts landed, there is no reason to suppose that all were sick; and the healthy may have remained at Hull or in that neighbouhood, or all may have been sent away, the sick to carry pestilence, while of the healthy no trace would be found. My own conviction that we have the *Rinderpest* among us is so decided, that I venture earnestly to press upon your attention the urgent necessity for a systematic attempt to discover an effectual mode of treatment."

Miss Burdett Coutts then goes on to suggest a governmental inquiry into the treatment of the disease, and also as to several other particulars of great public interest in connexion with this disease.

"There are several very grave subjects on which information is greatly needed. Is the meat of diseased animals fit food for man or for animals in any stage of the disorder? I have heard of sickness lately in kennels. Can this be attributed to the meat given to the dogs? The milk also—is it fit for use either during the attack or immediately after it? Some of my cows gave milk after doses of bisulphate of soda. I did not allow it to be used; but it could scarcely be expected that others should do this, whose livelihood depended upon their supply of milk; and, if unnecessary to be done, the waste would be equally to be deplored. On the recovery of the only cow saved out of my herd of twenty, the milk was given to some pigs. They rejected it at first, and, after taking it, sickened slightly. I forbade its use for a week. Surely it is a point of great importance to the public health, and should be ascertained; and inspectors should have the power of certifying that an animal is or is not in a fit state to be milked. At present, no one knows where to turn for any advice; and it seems to me, and I believe I may add that I represent the opinions of many, that, upon such an occasion as the present, our Government should take the lead in guiding us how to act, and in assisting us to meet an emergency which is full of difficulty and danger to all classes."

ANOTHER apparent illustration of the propensity which exists among certain of the public to charge all kinds of villany to the doctors, has just occurred at Leeds. It appears that Dr. R. G. Mayne of that town some time ago discovered in a young woman, a servant of his, evidence of musical ability; and that accordingly he undertook the charge of the education necessary for the cultivation of her talent. As a measure of precaution, he insured her life for £200; giving her the power of disposing of the policy. This sum, he says—and the statement is a very credible one—was much less than that which he had laid out on her education. A few days since, while on a visit to some relatives at Barnsley, she was seized with diarrhœa and vomiting. Dr. Mayne was sent for, and, on his arrival, gave her medicine which relieved the symptoms. At her urgent request, he removed her to Leeds, where she died in two days.

An inquest has been held at the instance of the relatives; but the evidence of Mr. Nunneley and Mr. Samuel Smith, with that of Dr. Mayne himself, has most satisfactorily proved that death was the result of natural causes, and that there was not the least ground for the suspicions which had been unjustly raised against Dr. Mayne. A letter from Dr. Mayne will be found at another page, in which, with good reason, he complains of the utter want of fairness shown by those who promoted the holding of the inquest. It is said that the insinuations against Dr. Mayne will be made the subject of further judicial inquiry on his part. In the meantime, we will merely say that we think there cannot be the least doubt that Dr. Mayne has received most harsh and unfair treatment. His case, however, is only another manifestation of that malice and uncharitableness which of late have shewn themselves so ready to accuse the medical man, when anything has gone wrong with those with whom he has had to do.

Dr. Beddoe of Bristol, writing on hospital dietaries in the *Dublin Quarterly Journal of Medical Science*, notices the question whether beer should form a regular part of the diet of a hospital, and says:

"I am very decided in the opinion that it ought not to do so, but that it should be ordered as an extra where required. This opinion I base partly on moral grounds, as I am satisfied that a considerable obstacle has been opposed, of late years, to the progress of temperance among the working classes, owing to the spread among them of erroneous or exaggerated ideas as to the favour with which strong drinks are regarded by medical men. And what could be more likely to strengthen these ideas than the fact of beer being allowed, as a matter of course, to every patient not on the lowest diet, as is the case at Worcester and at Bath? At Bartholomew's, every patient on the usual diet receives two pints of beer daily; and, in several other metropolitan hospitals, beer is allowed as a rule, though in University and King's such is not the case. The absence of beer from the formularies of Scotch and Irish hospitals and lunatic asylums has less weight, as a fact, on the anti-alcoholic side of the question, than it otherwise would have, when taken in connexion with its limited use by the working population of the sister countries; and the same may be said of another fact, which I will nevertheless adduce, viz., that the dietary framed for the Scottish prisons, by Drs. Christison and Maclagan, under the use of which the standard of health among the convicts has been remarkably high, and the mortality exceedingly low, contains no form of alcohol. . . . In both the hospitals of Bristol, beer is considered as an extra; and that it is not thought generally necessary or desirable by the officers of the Royal Infirmary, is proved by the fact that on a certain day I found only twenty-one per cent. of the patients in receipt of any form of alcoholic liquor. With respect to economy, alcohol, if it be a food at all, which I myself do not disbelieve, though some have lately denied it, is a very dear form of food, though in some cases it may be a cheap and efficient medicine."

The following memorial has been presented by the Council of the Irish Medical Association to Sir Charles Wood, Secretary of State for India.

"*To the Right Hon. Sir Charles Wood.*

"The memorial of the Council of the Medical Association of Ireland respectfully calls attention to the warrant regulating the pay of assistant-surgeons of the royal army serving in India. It appears that by it a great injustice is done to the assistant-surgeons placed in charge of wings of regiments, as they are not allowed the extra pay given to assistant-surgeons in charge of regiments or brigades of artillery.

"Your memorialists submit that an assistant-surgeon in charge of a wing of a regiment, equal to over 500 souls, women and children included, is *bonâ fide* performing surgeon's duty, and should receive remuneration accordingly.

"Your memorialists, therefore, pray that you will direct such an alteration in the warrant as will secure the same extra pay to assistant-surgeons in charge of wings of regiments as they would be entitled to in case of being in charge of head-quarters; and your memorialists, as in duty bound, will ever pray, etc.

(Signed) "R. Macnamara, *Chairman.*
"E. J. Quinan, *Hon. Sec.*"

To this the following reply has been received.

"India Office, S.W., 14th September, 1865.

"Sir,—I am directed by the Secretary of State for India, in Council, to acknowledge the receipt of your memorial, without date; and, in reply, to acquaint you that, when the rates of pay awarded by the Royal Warrant of 1858, together with the Indian allowances of the corresponding military rank, were extended to the medical officers serving in India, it was determined that all extra allowances should be abolished, with the exception of a special allowance of 150 rupees *per mensem* to be made to assistant-surgeons when in charge of British regiments or brigades of artillery; and that Sir C. Wood must decline to comply with the prayer of your memorial that extra pay may be issued to assistant-surgeons in charge of wings of regiments.

"I am, sir, your obedient servant,
"J. W. Reeves, Major-General, *Military Secretary.*
"The Chairman of the Council of the Medical Association of Ireland.

Another unsuccessful case of ovariotomy has been performed at Paris by M. Richet of La Pitié. The case was in every way one most favourable for the operation. M. Richet remarks on it, that it seems to take away all hopes of success in this operation in the hospitals of Paris. He might have added, that it also demonstrates the very unfavourable conditions to which all patients are subjected who undergo any operation in hospitals of the kind.

Anæsthesia by Nitrous Oxyde. Nitrous oxyde was lately employed by Dr. Carnochan, of New York, in the amputation of a cancerous breast. By alternating the gas with atmospheric air, the lady was kept in a gentle sleep, and entirely insensible to pain. The time occupied by the operation was sixteen minutes, and forty gallons of gas were used. Not a muscle moved during the anæsthetic sleep—the breathing appeared easy and natural—and the pulse remained full and strong. There was no nausea or sickness; and on waking, the patient appeared as fresh as when waking from a natural sleep. (*Phil. Med. Rep.*)

THE CATTLE-PLAGUE.

In compliance with the request of the magistrates of Edinburgh, Dr. Andrew Smart has investigated the pathological appearance and conditions of the cattle affected with *Rinderpest* and other forms of epizootic diseases at present prevailing among cows, and has made the following report.

I. *Windpipe and Lungs.* The entire mucous membrane lining the respiratory passages is reddened and highly vascular, presenting the appearance seen in the early stage of acute bronchial catarrh. It is sometimes nearly dry; but more frequently, especially in the smaller tubes, there is an abundance of frothy mucus, often of a slightly red or sanguineous tinge. The membrane is entirely free of the aphthous eruption which appears in the mouth; and very rarely are there any indications of an effusive or depositive inflammatory condition. The air-cells of the lung, in uncomplicated cases, are healthy; and, when an emphysematous condition of the organ exists, it is evidently chronic, and not one of the morbid states superinduced by the disease.

II. *Mouth, Pharynx, and Gullet.* The appearance presented by the mouth is characteristic. The gums, lips, hard and soft palates, under surface, and root of upper surface of the tongue, the superior surface of the epiglottis and epiglottic folds of membrane, and the pharynx, are marked to a greater or less extent by an aphthous eruption. This condition has been termed ulcerous"; but the subjacent membrane is entire. The roughened and granular aspect presented to the eye readily scrapes off, and consists of accumulated epithelium. It collects on the surface of the membrane around the orifices of the follicles. This gives it a punctated or honeycomb appearance, resembling minute ulcers. It enters the pharynx, but is not at all found on the gullet or air-passages. It occurs in only one other situation—namely, on the vulva, at the junction of the mucous membrane with the integument. The gullet itself exhibits no trace of disease.

III. *Stomachs.* The first and second stomachs are generally loaded and distended with undigested food. No observable change of structure is apparent in either organ; and their lining membranes, as in other portions of the alimentary tract, are not reddened and congested. It is in the third stomach or *omasum* that the first marked changes of structure occur. These consist of irregular circular patches, varying from the size of a pin-head to a crown-piece. They are characterised by bright red or scarlet margins, which in the larger patches enclose a central portion of the dirty yellow and somewhat gangrenous colour. These are not invariably present, and have been met with in only one-half of the animals dissected. They are found on the gastric folds or many-plies, and occur at varying intervals. The central portion of the patch is slightly depressed, friable, quite bloodless, and the papillæ on its surface shrunken, especially towards the middle; but there is not any breach of substance. The spots are found in every stage of advancement, and pass through the following changes. A single papilla is first attacked, and its vessels become extremely congested. The congestion quickly extends to the neighbouring papillæ; and, as the circle widens, those first affected entirely lose their vascularity. The bright colour of the outer ring, as determined by the microscope, is due to the confluence of the congested papillary vessels. The superficial membrane of this stomach, which so readily peels off in sheets, and is found adhering to the plastic surface of the food, is not, as often represented, a diagnostic mark of the disease. Neither is it the mucous membrane, as supposed, that shows so much facility of being removed. It is epithelial layer which is cast, and the subjacent mucous membrane is left perfectly intact. This change is constantly going on in health.

It is in a very special manner the mucous lining of the *fourth stomach*, or *abomasum*, that suffers. The morbid condition appears earlier in some portions of the membrane, but eventually every part is involved. In the earlier stage, the membrane is reddened only a little deeper than in health, but deepens as it advances, and towards the termination is dusky red, with interspersed claret-coloured patches.

The membrane, on more careful inspection, presents the following deviations. 1. Its vital attachment to the muscular coat is generally loosened, and at many parts destroyed. 2. It is soft and friable, easily breaks down under pressure, and, where the change is furthest advanced, peels off. Cracks and abrasions are thus readily formed, which have been mistaken for ulcers. 3. The epithelium of the entire membrane is deficient, and at many parts quite absent. 4. The high colour of the tissue is due, not to submucous or intramucous extravasation, but to vascular congestion in its most extreme form. 5. In some instances, generally in stomachs of animals examined a few hours after death, some small ulcer-like depressed abrasions have been found. These are not true ulcers, and do not penetrate beyond the epithelium. In other instances, black spots, without breach of surface, and evidently due to pigmentation, were met with.

IV. *Intestines.* The lining membrane of the whole of the intestine is in a state of nearly uniform congestive vascularity, resembling the condition existing in the muco-enteritis of cattle. It is the minuter vessels in the smaller intestine that are mostly injected. These are well seen by the naked eye. In the large intestine, on the contrary, it is the considerable vessels that are mainly affected. This imparts to the gut a peculiarly striped aspect. This vascular engorgement increases towards the terminal portion of the canal; and the mucous folds of the rectum exhibit the tumid and deeply purple appearance of internal hæmorrhoids. The whole mucous lining of the bowels is unduly soft, and its epithelium imperfect. There are no true ulcerations; and, in this respect, its condition differs broadly from the ulcerative typhoid of man. Not unfrequently a viscid fœtid mucus covers the membranous surface. The bowel is usually empty, or its contents are fluid and slimy, but not sanguineous; sometimes there is a discharge resembling the "rice-water" stools of cholera. The ileo-cæcal valve is, as regards function, healthy; but its lining membrane, as also that of the cæcal appendage, is involved in the general hypervascularity. There is no sloughing or invagination of the bowel, nor any desquamation of its mucous surface in the form of casts.

V. *Glands.* The intestinal glands are less prominent, and their outline is obscured by the discoloration of the superjacent membrane. They are never ulcerated; but a chronic tuberculous condition of the solitary glands is of frequent occurrence. This is commonly met with in healthy animals, and is not significant of any particular form of disease. The mesenteric glands show no lesion of structure; they are bloodless and shrunken, and their lacteal vessels are generally empty.

VI. *Kidneys, Bladder, Uterus, etc.* The pyramids of the kidneys are usually congested, while the cortex is pale; but the structure is entire. The condition of the lining membrane of the bladder and urethra is

variable, but in no instance seriously involved. The uterus exhibits no peculiar feature; but the state of the vagina is characteristic. The vulva is swollen, its membrane tense, and has a very red and irritable aspect. An aphthous eruption appears where the mucous surface joins the integument. A glairy ropy mucus flows from the orifice, and hangs in strings from the vulva.

VII. *Heart, Liver, Spleen, Blood, etc.* The muscular substance of the *heart*, like the muscular system generally, is flabby and pale. There is no valvular lesion or structural change. The large vessels and their lining membranes are healthy. The *liver* is of natural size, pale in colour, but sound in structure. The gall-bladder is usually filled with bile, which is thin, and of a light green colour. The *spleen* is pulpy, and breaks down under slight pressure. The pulp is composed of broken-down tissue and blood-cells of very dark colour. It is the splenic condition of exhausting fever. The *blood* is usually dark in colour, and coagulates quickly and firmly out of the body. The *serous membranes*, when the disease is uncomplicated, are healthy, and without effusion. The cellular connective tissue of the loins in some animals is perfectly emphysematous.

CHOLERA.

MEMORIAL TO THE PRIVY COUNCIL.

THE following memorial was on Monday last laid before the Lord President of the Privy Council by a deputation of the Council of the Epidemiological Society, consisting of Dr. Milroy (President); Dr. Babington, F.R.S.; Dr. Waller Lewis; Dr. Camps; F. J. Burge, Esq.; and J. N. Radcliffe, Esq.

The Epidemiological Society, ever since its foundation immediately upon the cessation of the epidemic of cholera in 1849, has had its attention in a special degree directed to the investigation of the disease as it has appeared both in this country and abroad. Many of the original members had been engaged in carrying out the inquiries instituted by the General Board of Health during that visitation, and were again employed on like duties in the epidemic of 1853-54. Other members have had extensive experience of the pestilence in the East Indies and other tropical countries; and, in almost every session, communications illustrative of its characters have been read and discussed at the meetings of the Society.

From the earliest intelligence of the present epidemic, when it appeared last June in Egypt, its history has been sedulously watched by a committee, for the purpose of comparing its course with that of the former European epidemics which, after ravaging various countries on the Continent, at length reached our own shores; and with the view of forming such practical conclusions as might guide the mind of the profession, and of the public generally, in regard of the precautionary measures best calculated to protect the country against an invasion, and —if that should fail—to mitigate to the utmost its destructive effects among the people.

With respect to any endeavour to exclude epidemic cholera by the system of quarantine such as was formerly practised in this country, and as it is still adopted and being carried out at the present time in all the Mediterranean seaports, the experience of the visitations in 1832, 1848, and 1853 appears to show conclusively that no reliance whatever can safely be placed upon it to keep off or avert the pestilence. Moreover, while the adoption of quarantine serves to give delusive hopes to the public mind, it generally leads to the unwise postponement of those internal measures of local improvement which afford the surest defence against the dangers of the assault. Sanitary precautions *within* a place are far more important than sanitary cordons *without*.

While discountenancing the practice of an enforced detention and segregation, for a specified number of days, of all arrivals from an infected country—irrespective of the condition of the vessels themselves and of the persons on board, whether the former be thoroughly clean and airy, or foul, close, and crowded, and whether the passengers and crew be sick or quite healthy—the Council of the Epidemiological Society are, at the same time, strongly of opinion that the interests of the public health require that an efficient sanitary supervision should be exercised in all our chief sea- and river-port towns, and that the most beneficial results not only to these places themselves but to the country generally may be expected, on the threatened advent of an epidemic, from the timely adoption of such a precaution.

It is to be observed that, in the successive visitations of the cholera in this country, the disease always manifested itself first on or near the sea-coast, and in some large busy port.

In 1831, the earliest cases occurred in Sunderland during September, and Newcastle was attacked about three weeks later.

In 1848, the disease seems to have appeared about the end of September in several places on the east coast—viz.: Hull, Sunderland, Edinburgh, and the metropolis—at nearly the same time.

The visitation of 1853 may be said to have commenced with the outbreak at Newcastle in the month of September, which proved so destructive to life, and so hurtful to the commercial interests of the town.

Besides the marked tendency in epidemic cholera to appear first on, or near to, the coast, it is also to be observed that many of our seaport towns have suffered with unusual severity in more than one of the visitations—witness, Newcastle, Sunderland, and Hull—Glasgow, Liverpool, and Bristol—Plymouth, Portsmouth, and Southampton—Sheerness and London. The damp low sites of the worst parts of these towns, always in the vicinity of their harbours and docks (which are in themselves often prolific of malarious effluvia), together with the filthy and crowded dwellings to which seamen generally resort, and their reckless and intemperate habits, cannot fail to aggravate other sanitary evils, and greatly to increase the predisposition of a maritime population to epidemic influences. The unfavourable state of the health, too, among the crews of many merchant ships upon their arrival, in consequence of the neglect of hygienic precautions during the voyage, renders them peculiarly susceptible of a poisonous atmosphere in the port; and there is good reason to believe that on several occasions where the earliest cases of an epidemic disease have occurred among persons recently arrived, this has been due rather to the cause just mentioned than to those persons having imported the disease from abroad. In the case of river-ports becoming infected, the disease, from its tendency to follow the line of water communication, has often been observed to make its way thence upward into the interior of a country.

In view of these considerations, the Council of the Society beg respectfully to state that in their opinion it is highly desirable, for the welfare of the kingdom generally, that a sanitary inspection be made of the principal seaport towns to ascertain their actual condition, more especially of their harbours, docks, ship-

ping, dwellings for seamen, etc., and with the view of discovering what provisions or arrangements exist for the reception and treatment of cases of sickness in ships upon their arrival from abroad, in the event of the cholera making its appearance in the port.

With regard to the health-condition of the general population, the Council take leave, with great respect, to express their entire concurrence in the fitness of the timely precautionary instructions which have been already promulgated by the Privy Council; —and, while they are well aware of the insufficiency in many respects of the existing laws for the prompt and effectual correction of numerous sanitary evils which seriously endanger the health of the humbler classes at all times, and especially in an epidemic season, they leave with confidence to the wisdom of the government to determine the time when it may be necessary, by the issuing of a special order, to confer upon local authorities larger and more summary powers for the prevention of disease and the protection of the public health.

GAVIN MILROY, M.D., F.R.C.P., *President.*
J. N. RADCLIFFE, *Secretary.*

SIR ASTLEY COOPER AND SIR BENJAMIN BRODIE.

EVERY student who entered the hospitals would be sure to see in himself, with more or less distinctness, a future Brodie. And it was well for the profession that it had a man of Brodie's stamp at it head. He was in many respects far fitter to hold that position than his immediate predecessor, Sir Astley Cooper, whose acknowledged eminence, being beyond defence, need not fear criticism. No two men could be more unlike than were these distinguished surgeons. The only point in which they touched was the love they bore to science. Brodie looked upon anatomy chiefly as the basis of physiology; and in physiology he saw a means of intellectual culture, a stronghold of the healing art, and a great help towards solving the riddle of human nature. His own physiological labours were connected with important questions, the answers to which turned both the thoughts and practices of men. Sir Astley Cooper loved anatomy partly for its own sake, just as he loved dissecting, partly on account of its direct utility in mechanical surgery, and partly because it was a path along which he might tread towards fame. And his own labours were prompted by one or other of these feelings. The one was in his proper sphere when in the midst of quiet discussion; the other, when, with the help of students, he was dissecting an elephant under adverse circumstances.

In his professional capacity, Cooper was brilliant, somewhat off-hand, and hasty perhaps; delighting in difficult and extraordinary operations; restless under the necessity of minutely and laboriously investigating an obscure case; in his glory when an unforeseen accident in the operating-theatre dismayed his fellows and called for prompt decision and immediate action. Brodie, never failing in emergencies, disliked the glamour of operations; looked upon the knife as a reproach, rather than as a credit; was cautious and wisely slow in judgment, though quick in ratiocination; to the last modest and retiring; and shone most when thought and wisdom were most required. Both loved their profession; but Cooper loved fame more than the accomplishment of duties, and, it may perhaps be said, loved praise more than fame. If Brodie loved anything more than his profession, it was that general pursuit of truth and performance of duty of which the surgical art was only one example; and, if he had ambition, it was ambition of the purest quality, mixed with nothing that was not proper to a noble mind. In Cooper's eyes, the healing art was a sphere in which natural ability, a quick hand and eye, a tact in dealing with men and things, were sure to meet with success. Brodie saw in it a continued attempt, oftentimes unsuccessful and disappointing, to solve baffling problems—a path of duty which could only be happily trod with the help of a watchful study of Nature, a faithful, childlike, humble obedience to all she taught, and a wise appreciation of all the hints she gave. The influence of Cooper's example was to make young surgeons inclined to overrate their own importance; to think much of the externals of their art, of personal address, and skill in the use of the knife; and to be calculating how they should deal with patients, rather than treat diseases. Brodie taught them to look upon themselves, not as single individuals about to secure admiration and fees of a large *clientèle*, but as members of a body which, by its history, its education, and its connexions with science, was called to great exertions, in order to overcome or to soothe the sufferings of mankind. [From a review of Mr. Charles Hawkins's edition of Sir B. Brodie's works in the *North British Review* for September. We strongly urge our professional brethren to read the whole of this review, in which we think we can trace the thought and ability of one of the most accomplished writers among our northern brethren. EDITOR B. M. J.]

REGISTRATION OF STUDENTS.

THE following circular has been issued by the Secretary of the Royal College of Surgeons.

"Royal College of Surgeons of England, London, W.C.,
20th day of September, 1865.

"SIR,—A report having been circulated through the medium of one or more of the medical journals, that, in consequence of the registration of students about to be commenced by the Branch Registrars of the General Council of Medical Education and Registration, students would not in future be required to register at the several licensing bodies included in Schedule A of the Medical Act, I have to acquaint you that, *as far as this College is concerned, there is no foundation whatever for such report;* but that candidates for the diploma of Member of this College, studying in the medical schools and hospitals in London, will have to attend personally and register at this College both at the beginning and end of the ensuing winter session, 1865-1866.

"The first registration will commence on Monday, the 2nd of October, and will terminate on Monday, the 16th of that month; and the second registration will commence on Thursday, the 22nd of March, and terminate on Saturday, the 31st of March.

"The usual printed notice accompanies this communication, which please to suspend in some conspicuous place, where it may be seen by the students of your hospital.

"I am, sir, your obedient servant,
"EDWARD TRIMMER, *Secretary.*

"To the Secretary to————."

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Wright, Henry, Esq. March (dead)

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Harrison, John, Esq. Consulting Surgeon to the Infirmary, 16 Nicholas Street, Chester
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Whiteside, James Hutcheson, M.D. Surgeon to the Dispensary, Stockton-on-Tees (dead)

ESSEX.

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Board, Edmund C. Esq. Infirmary, Bristol
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Brittan, Frederick, M.D. Physician to the Royal Infirmary, and Lecturer on the Practice of Medicine in the Medical School, Clifton, Bristol
Bryant, Samuel, Esq. Bristol
Budd, William, M.D. Consulting Physician to the Bristol Royal Infirmary, Clifton, Bristol
Burder, George F. M.D. Physician to the Bristol General Hospital, and Lecturer on Materia Medica and Therapeutics in the Medical School, Clifton, Bristol
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Carter, Robert B. Esq. Stroud
Clark, Thomas E. Esq. Lecturer on Anatomy in the Bristol Medical School, Clifton
Clarke, William M. Esq. Surgeon to the Bristol General Hospital, Clifton, Bristol
Coe, R. W. Esq. Surgeon to the General Hospital, and Lecturer on Surgery in the Medical School, Bristol

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Ellis, Robert W. Esq. Bristol
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Fegen, William B. Esq. Surgeon H.M.S. *Dædalus*, Bristol
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Goodeve, Henry H. M.D. Bristol
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Grace, Henry, Esq. Kingswood Hill, Bristol
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Green, Thomas, M.D. Surgeon to the Royal Infirmary, Bristol
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Fox, Charles Joseph, M.D. Brislington
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Smith, G. R Esq. Leamington
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Williams, T. Watkin, Esq. Newhall Street, Birmingham
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Wyley, Francis, Esq. Coventry
Wyman, George, Esq. Alcester
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Yates, George, Esq. Bath Row, Birmingham

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Wilkinson, John, Esq. Hull
Williams, Caleb, M.D. York
Wilson, Wm. Murray, Esq. Horsforth, Leeds (dead)
Wood, Arthur, Esq. Kirby Moorside, near York
Wood, Richard, M.D. Driffield

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Number of Members..88.

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James, James, Esq. Aberayron

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Rowlands, James, Esq. Surgeon to the Infirmary, Carmarthen
Samuel, William, Esq. Careg Ceneu, Llandilo
Thomas, Benjamin, Esq. L.R.C.P.Ed. Llanelly
Watkins, David R. Esq. Carmarthen

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Roberts, Hamilton A. Esq. Consulting Surgeon to the Carnarvon and Anglesea Infirmary, Brynmeurig, Bangor
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Hughes, William, Esq. Llanrwst
Jenkins, Josiah R. M.D. Ruthin
Jones, George Turner, L.R.C.P.Ed. Superintendent of the North Wales Lunatic Asylum, Denbigh
Jones, Thomas Eyton, Esq. Surgeon to the Infirmary, Wrexham
Jones, William, Esq. Ruabon
Jones, William, Esq. Ruthin
Owen, Thomas, Esq. Abergele
Roberts, Richard C. Esq. Ruabon
Robertson, John, M.D. Llangollen
Turnour, Arthur E. M.D. Senior Surgeon to the Infirmary, Denbigh
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Jones, Thomas Evans, Esq. Llanasa
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Platt, Robert, Esq. Leeswood, Mold
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Evans, Thomas, Esq. Cardiff
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Howell, Edward, M.D. Consulting Physician to the Infirmary, Swansea
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Morgan, Walter, Esq. Pont-y-Pridd
Paddon, John, M.B. Swansea
Padley, George, L.R.C.P. Physician to the Infirmary, Swansea
Pearse, Frederick, Esq. Cardiff
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Probert, James, Esq. Merthyr Tydvil
Russell, F. Martin, Esq. Cwm Avon, Taibach
Vachell, Charles R. M.D. Physician to the Infirmary, Cardiff (dead)
Williams, Thomas, M.D. F.R.S. Physician to the Infirmary, Swansea (dead)

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Hall, Edward, Esq. Newtown
Harrison, Edward T. D. Esq. Surgeon to the Dispensary, Welshpool
Howell, Griffith, Esq. Llanrhaiadr (dead)
Jones, Richard, M.D. Newtown
Slyman, William, L.R.C.P. Newtown Hall
Thomas, William W. Esq. Llanfaircaereinion

PEMBROKESHIRE.

Reid, Douglas A. M.D. Medical Officer to the Pembroke and Tenby Dispensary, Pembroke

RADNORSHIRE.

Covernton, Charles J. L.R.P.P.Ed. Knighton
Tearne, Edward M. Esq. Presteign (dead)

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Ranking, William H. M.D. Guernsey
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Number of Members..61.

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AYRSHIRE.

Sloan, Charles F. M.D. Consulting Physician to the Dispensary and Fever Hospital, Ayr (dead)

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Maclagan, A. Douglas, M.D. F.R.S.E. Professor of Medical Jurisprudence in the University, Edinburgh
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Spence, James, Esq. Surgeon to the Royal Infirmary, and Professor of Surgery in the University, Edinburgh
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Dunbar, Henry, M.D. Glasgow
Easton, John Alexander, M.D. Professor of Materia Medica in the University, Glasgow
Kelly, Adam L. M.D. Glasgow
Lister, Joseph, M.B. F.R.S. Professor of Surgery in the University, Glasgow
Lonergan, W. F. M.D. Glasgow
Macleod, G. H. B. M.D. Lecturer on Surgery in Anderson's University, Glasgow
Prichard, William, M.D. Partrick, Glasgow
Pritchard, E. W. M.D. Glasgow (dead)
Ritchie, Charles, M.D. Physician to the Royal Infirmary, Glasgow
Simpson, Alexander R. M.D. Glasgow
Thomson, Allen, M.D. F.R.SS.L. and E. Professor of Anatomy in the University, Glasgow
Weir, William, M.D. Glasgow

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Bysack, Baboo Sib C. Calcutta
Chuckerbutty, Soorjocoomar G. M.D. Physician to the Medical College Hospital, Calcutta
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Colles, J. A. P. M.D. Officiating Professor of Comparative Anatomy in the Medical College, Calcutta
Dey, Baboo Kanny Loll, Medical College, Calcutta
Dey, Baboo Moliesh Chunder, Calcutta
Doss, Baboo Ram Narain, Calcutta
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Fitzgerald, E. A. M.D. Morar, Gwalior
Ghose, Baboo Khetter Mohun, Calcutta
Gupto, Baboo Shumboo Chunder, Calcutta
Hinder, J. Esq. Chadni Hospital, Calcutta
Holdar, Baboo Kallachund, Calcutta
Kastogree, Baboo Unnoda Churn, Burissal, Bengal
Kur, Baboo Doorgo Doss, Medical College, Calcutta
Macpherson, Hugh, Esq. Bengal Medical Service, Calcutta
Naylor, G. R. M.D. Chitpore Dispensary, Calcutta
Nootl, Edward G. Esq. Surgeon 108th Regiment, Secunderabad, Madras
O'Conor, Roderic, Esq. Nowgong, Upper Assam
Partridge, S. B. Esq. Medical College, Calcutta
Sen, Baboo Jogun Nath, Calcutta
Sen, Baboo Ram Chunder, Mitford Hospital, Dacca
Sett, Baboo Pormanund, Calcutta
Sircar, Mohendro Loll, M.D. Calcutta
Thring, R. S. O. M.D. Bengal Medical Service, Roorkie
Tyler, J. W. M.D. Etwah, North-Western Provinces

MALTA.

Sammut, Joseph Balthazar, M.D. Valetta

TURKEY.

Sarell, Robert, M.D. Constantinople

HONORARY MEMBER.

Newnham, William, Esq. Tunbridge Wells

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

In this invariably quiet season, we, in common with the rest of the medical world, are in a state of stagnation as regards events or intelligence of an interesting or exciting nature. The typhus epidemic and other diseases of the zymotic class, have so far subsided as to enable our Medical Officer of Health to record the gratifying and encouraging fact, that the death-rate of the town is below the average of the last ten years.

It is worthy of note that, in a late return of the total weekly mortality, nearly one-half the deaths were those of children under five years of age, and of these about two-thirds were under one year. This large infantile mortality appears, to some extent, to have been traced to a definite cause—fortunately, of a preventable nature, and for the removal of which the Health Committee, at the recommendation of Dr. Trench, have adopted the necessary proceedings. The contiguous existence of a patent manure manufactory, an animal charcoal manufactory, and a knacker's yard, on the banks of a canal, in a low-lying, overcrowded part of the town, have contributed to the production of a nuisance so palpable that, as Dr. Trench informed the Committee, it was only necessary to take a walk in the neighbourhood to be convinced of the necessity of some interference in the matter. The smell was dreadful; and his attention had been arrested by "the most speaking voices, the wholesale deaths of children", in that locality.

The official returns do not enable us exactly to determine the special diseases, of which these children died. Probably diarrhœa and a cachectic condition would account for the majority; at all events, there is no evidence that either typhus or typhoid fever has especially prevailed in this part of the town; and it is not a little remarkable that, when Dr. Buchanan visited Liverpool to inquire into the causes of epidemic fever, this very locality was the subject of his special investigation, and he was unable to trace any decided connection between the condition of the place and the existence of typhus. This, together with many other recorded facts, tends to show that the supposed causes of particular zymotic diseases are frequently present without producing the results which ought to coexist if a very generally accepted doctrine of their causation were correct. This view has been further confirmed by the investigation recently made, with a view to the adoption of sanitary improvements in different parts of Liverpool. In selecting the courts and dwellings which most urgently needed sanitary reformation, it was not always found that the worst conditioned dwellings were the most infected with fever; but that some courts or houses, in the position and construction of which every principle of hygiene was set at defiance, would be comparatively healthy as regards epidemic fever; while in others, against the sanitary condition of which nothing very serious could be urged, had suffered very severely. The marked and almost complete subsidence of the recent epidemic, is additional evidence that epidemics must be to a great extent independent of local physical causes; for, although the authorities have done all that was practicable to improve the sanitary condition of Liverpool, yet, as may readily be supposed, the actual condition of many streets and houses, and indeed that of the town generally, is, so far as relates to hygienic matters, much about the same as it was when the epidemic was at its height.

As a matter of allied and analogous interest, we may allude to the fact that, up to the present time, the Rinderpest has not made its appearance here; which, in the face of assertions as to the disease being imported with foreign cattle, is not a little surprising, inasmuch as large numbers of stock arrive here almost daily from foreign countries. Some few cases have been reported to the authorities, and the animals destroyed.

We may anticipate that, if this disease should spread and become prevalent amongst the stocks of the cow-keepers in the town, we shall be told that it is only the necessary result of the violation of sanitary laws, by the improper mode of housing and keeping the animals; but will the reasonable demand for an explanation be satisfied, as to how it has happened that the alleged causes of the cattle-plague have existed in full force for many years and have never before produced their supposed results? In comparative, as in human hygiene, there are difficulties and mysteries the solution of which may be "in the womb of time", but for which we seek in vain in existing records either of practical observation or theoretical ingenuity.

The extraordinary Portuguese, with three legs, and, to adopt his own delicate description of himself, other physiological superfluities, already too familiar to the public eye through the needless and disgusting, and withal imperfect, representation in the columns of a contemporary, has paid a visit to Liverpool. We have been honoured with a private view of this physiological curiosity; and certainly it appeared to us by far the most remarkable and striking instance of malformation we ever either saw or heard of. Not the least curious part of the case is, that, notwithstanding the extent of the special malformation, the other parts of the body are perfectly developed and well formed.

A considerable amount of private discussion has been excited by a case which appeared on the cause-list of the last assizes, but which, fortunately, escaped publicity by being withdrawn and referred to arbitration. A statement of the facts as currently reported, without mentioning names, will violate no confidence, and may be interesting, and perhaps instructive, to some of our friends.

A young practitioner of acknowledged talent and respectability, who has lately commenced a general

practice near Liverpool, was called on to attend a gentleman whose case appears to have been somewhat complicated. Being a highly nervous and anxious subject, he made large demands upon the time and patience, as well as the surgical skill, of his medical attendant, who was obliged to pay many daily visits, at all hours, and frequently for the purpose of using the catheter or bougie. The attendance extended over a period of eight months. The patient ultimately died; and a bill, amounting to £250, was sent in by the surgeon alluded to, and which the representatives of the deceased gentleman considered was an overcharge, and refused to pay. Hence arose the notice of action, and subsequent reference to a barrister as arbitrator; who, assisted by two medical practitioners as assessors, reduced the plaintiff's claim of £250 to £190, and settled the case by an award of the last named sum. There is a very general opinion amongst the profession here that the original demand was difficult to reconcile with the ordinary rates of remuneration obtained or expected by practitioners in this or in any other part of the country. The visits, however numerous, in the same day, were charged five shillings each; which, considering that the patient's residence was close to the surgeon's house, and that as many as ten visits were paid in one day, might be considered a full, but hardly an unfair charge. But, beyond the fee of five shillings for the visit, an additional charge of ten shillings was frequently made for passing a bougie or catheter, even although many of the visits were required solely for the purpose of performing that operation. These and other items appear to have been regarded by the referees to be fairly open to question; and there is reason to believe that their view of the matter is one which would have been pretty generally endorsed by the profession at large. As a general rule, none are so inadequately remunerated for their services as medical men; but there must, of course, be a limit beyond which no prudent man will venture, lest he subject himself to a suspicion of extortion, with the humiliating alternative of having to accept, as in this case, much less than the value he places on his own services. A redeeming feature in this unpleasant business, and one which does much credit to the good sense of the party chiefly concerned, is the withdrawal of the case from publicity by consenting to the decision of a private referee, thus avoiding a public scandal injurious to the interests of the profession, and anything but conducive to his own peace of mind.

Since the above was written, a *quasi* official report of the case has appeared in the columns of a contemporary, which, we are assured by a gentleman who was present, is not in all respects a correct representation of what transpired at the inquiry, which was conducted in private, and to the exclusion of professional reporters. It is to be regretted that, if an investigation of so delicate and important a nature were reported at all, it was not done fully and impartially by a disinterested shorthand writer. Certainly, in its present shape, it reflects little credit on either side, and we much doubt if the interests of the public or of the profession are in any way advanced by such an exhibition. It calls to mind the vulgar proverb which enjoins the propriety of washing one's dirty linen at home.

Association Intelligence.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 12th, 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

THE annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

THE next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D.
G. P. GOLDSMITH. } *Hon. Secs.*

Northampton, September 20th, 1865.

SOPHISTICATION OF WINES. There is in this city, says the *Druggists' Circular* (New York), one concern, and probably there may be some more, that makes wine without a drop of grape-juice, and so genuine in appearance that it was used at the great dinner given to the Russian naval officers who visited us a few years ago.

UNQUALIFIED VACCINATORS IN AUSTRALIA. At a meeting of the Medical Society of Victoria, Dr. Molloy drew the attention of the society to the fact of two schoolmasters in the district (Balmoral) where he practised, acting as vaccinators. The President informed Dr. Molloy of the action that had been taken by the society with reference to this matter, and suggested that he should obtain the certificates granted by the schoolmasters, and prosecute them under the Medical Act. Mr. Girdlestone supported this advice of the President, and further advised that, in case those holding the certificates refused to give them up, they should be prosecuted for not having their children vaccinated; and then, on the production of the certificates of the unqualified vaccinators, action should be taken. He asked if Dr. Molloy were willing to act in the place of the schoolmasters. If he were, and would give him the names of these persons, he (Mr. Girdlestone) would communicate with the chief secretary, and advise the cancelling of their appointments.

Correspondence.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM JOHN CLAY, ESQ.

SIR,—I am of opinion that the Medical Provident Society will hold its course of favourable progression, Mr. Steele's letters notwithstanding; and, further, that his letters will do good by provoking inquiry and explanation. If the opponents of the Society have no better grounds for opposition than those advanced by Mr. Steele (although it must be acknowledged that every aid which rhetoric and language could command have been evoked by him), the promoters of the Society may well feel proud of it and the satisfactory basis on which it is established, and feel sure in their predictions of a successful future.

I have, from the first, been at a loss to divine the reason of Mr. Steele's opposition; but his last letter shows that the establishment of the Medical Provident Society has probably interfered with a rival project of his own; and, no doubt, he hopes that the denunciation of the former will prove a step towards the elevation and successful establishment of the latter. Whether this be or be not the case, is not the question; and, as far as Mr. Steele is concerned, I am sure that any person with a moderate knowledge of the principles of mutual assurance as applied to sickness, will see how illogical are many of his objections. At one time, he assumes that such is, or will be, the case; at another, he utters lugubrious prophetic warnings; while his sarcastic expressions in dealing with the framers of the rules, and his comments on their ignorance of the Friendly Societies' Act and their unfitness to be law-makers, etc., are unaccompanied by any evidence on his part of the necessary fitness to criticise and instruct those whom he denounces.

Mr. Steele states, as one of his grand objections, that those for whom the Society is established (his poorer brethren) ought to have had the promotion of it. Now I object to the term "poorer brethren." The Society was established for the provident, whether poor or rich; and I maintain, as he does, that the terms "benevolence" and "providence" ought to be kept and considered distinct. I think that it is capable of proof, that the provident members of the profession aided in the establishment of the Society; and that it would be an act of impertinence on the part of any one to inquire into their social position. It has been proved that no individual member or small number of individual members of the profession could have established a Provident Society, with the same amount of success which the directors have attained in so short a period. The subject was taken up warmly by the Association; and resolutions were passed at Cambridge which defined the mode of election of the directors, delegating to them also certain powers when appointed.

Mr. Steele identifies the promoters (who may be said to be the whole of the members, of all social grades, of the Association) with the Directors. Now this is a palpable error. The Directors were required to consider several questions propounded by the Association, and to frame their rules under certain restrictions; and the result of their labours is before the profession. The Directors, therefore, had not, as a body, anything to do with the establishment of the Society; they merely brought it into working order. The Association saw the want of the profession, and provided accordingly.

I have for twenty years paid great attention to the science of mutual assurance as applied to the contingencies of sickness and death. I have by me rules of nearly four hundred societies; and have read and studied everything relating to the subject that I could obtain; and I emphatically state, that I know of no society based upon so scientific a basis, and so likely to accomplish the object for which it was established, as the Medical Provident Society. In fact, I look upon it as quite a model Society, established in accordance with the law of the land; the rules, tables, and payments, being sanctioned by the highest actuarial authority. Mr. Steele seems to know all this; but still his scepticism will not yield. He says it is no guarantee of the permanent success of the Society. Further on, he states that the Directors are not personally responsible. The Directors are responsible if they fraudulently administer the funds of the Society; and what more is required of them? It is against the principles of provident societies to require more. The members are not compelled to contribute; they subscribe under carefully prepared regulations, the essential principle of which is that their subscriptions are received on trust, the trustees being personally responsible for the funds received by them. The tables were most carefully calculated by the Directors from statistics embodying millions of facts; and Mr. Finlaison, when these tables were laid before him, said "I beg to bear my testimony to the ability and accuracy with which the tables have been prepared." The Directors, by procuring the advice of Mr. Finlaison and Mr. Tidd Pratt, have secured the highest authority attainable for placing the Society on a scientific and secure basis. By registering the Society, security has been obtained for its funds, and ample guarantee of judicious government for its officers.

With reference to the ability of the Directors to make rules, I may add that the Registrar made about half-a-dozen verbal alterations. He introduced one or two rules, and inserted the word "District", instead of "Branch", for obvious reasons (an alteration which calls forth Mr. Steele's severest sarcasm.)

With reference to the "confidence of the promoters" (not Directors) "in the safety of their own calculations," etc., the Directors were quite right in not establishing a sliding scale of subscriptions and benefits. I can state, upon reliable authority, that the calculations for the payments into a society must be based upon averages. Many societies have been ruined by the adoption of the elasticity, a want of which Mr. Steele so much deplores in the Medical Provident Society. The amount of the subscriptions for the benefits allowed by the Society have been calculated from the statistics above referred to; and they are so positive and unvarying that they will not bear tampering with in the way suggested by Mr. Steele. They are equitable, based upon the expectancy of sickness; and under them the Society must flourish.

The management expenses have been the ruin of many societies; and, by making the amount of the subscription thereto proportionate to the expenditure, the members are enabled to ascertain whether the society is economically managed or not.

I cannot imagine what connexion there can be between the "British Medical Parliament" and an acquaintance with the provisions of the Friendly Societies Act. The Directors regretted that, upon the advice of the General Secretary, there was no discussion on the Report presented at Leamington. The Association at Cambridge ordered that a Report of the Medical Provident Society be presented at their next meeting; and surely, upon the proposition that the Report be received, it was competent to discuss

the merits of the Report. That the Report was not discussed, was no fault of the Directors.

Mr. Steele animadverts strongly upon the instability of the Society, in consequence of the establishment of an auxiliary fund. No society can be established without funds; and the expenditure has been most economical in this instance. It is a principle in all well regulated societies, that the sick-fund should not be applied towards the expenses of management; and it is this principle which obtains in the Medical Provident Society. The auxiliary fund provides the funds to establish the Society, and, if occasion should require it in the future, to aid the sick-fund also; in each case the amount being only borrowed for the occasion. The reason why Mr. Finlaison suggested the establishment of an auxiliary fund (which was anticipated by the Association) was this. All classes of men are subject to more or less sickness, according to the amount of wear and tear and exposure which the system undergoes. No reliable statistics in reference to the medical profession being procurable, the calculations were made on the heavy labour class, which was fully approved by Mr. Finlaison, and thought by him to be quite secure; but, in addition, he suggested the addition of an auxiliary fund, in case it should be required. The auxiliary fund, therefore, has nothing of an eleemosynary character in it. The Society is only rendered doubly secure by this proof of the wisdom and forethought of the Directors.

The onslaught on the Rules of the Society has proved, in Mr. Steele's hands, an utter failure; and the fact that Mr. Steele has only discovered, or fancies he has, half a dozen inconsistencies, proves their excellency.

I must now draw this letter to a close. I have been obliged to leave some minor points untouched; but Mr. Steele's letter is so discursively written, that it would take more space than you could spare me to reply to all his trivial objections.

I am, etc., JOHN CLAY,
Vice-President of the Medical Provident Society.

95, Newhall Street, Birmingham, September 23rd, 1865.

A RECENT INQUEST AT LEEDS.

LETTER FROM R. G. MAYNE, M.D.

SIR,—By the same post I send the *Leeds Mercury* of the 22nd instant, on the fifth page of which is a report of an inquest on H. M. Firth. I conceive that I have been shamefully used in the matter; *no communication having been made to me as to the post mortem examination* till within two hours (not officially, but through the courtesy of Mr. Nunneley alone); nor as to the inquest, till within four hours. Not a single question was asked me. Had opportunity been afforded, the facts—that the illness of the deceased originated the previous night at Barnsley, in her uncle's house; that I was called there by telegram at ten minutes to one P.M. of the 18th, and arrived by three o'clock; that, by simple measures then adopted by me, vomiting, purging, and all pain ceased; that she earnestly entreated me to take her home; that I attended her to the end at home, and called in Dr. Hobson when danger became manifest on the 20th—these facts, I conceive, would have rendered an inquest unnecessary.

All thinking persons sympathise, but the ignorant profess to *believe;* and thus am I wantonly seriously injured.

I am, etc.,
R. G. MAYNE.

September 26th, 1865.

Medical News.

APOTHECARIES' HALL. On September 21st, 1865, the following Licentiates were admitted:—

Bywater, Thomas Edward Gaggs, Knottingley, Yorkshire
Griffiths, Richard Samuel Purnell, Cheltenham
Horsfield, James William, Sunderland
Tilton, John Edward, Stonehouse, Gloucestershire
Wood, Robert, Uttoxeter, Staffordshire

APPOINTMENTS.

ROBERTS, Frederick T., M.B., B.Sc., appointed Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine.

ARMY.

BLECKLEY, Staff-Surgeon T. M., M.B., to be Surgeon 46th Foot, *vice* A. G. Montgomery.
BRYSON, Staff-Surgeon A., M.D., to be Surgeon 76th Foot, *vice* Surgeon-Major J. W. Mostyn.
CRANE, Staff-Assistant-Surgeon E. J., to be Assistant-Surgeon Royal Artillery, *vice* W. Fletcher.
FLETCHER, Assistant-Surgeon W., Royal Artillery, to be Staff-Assistant-Surgeon. *vice* E. J. Crane.
HUNGERFORD, Staff-Assistant-Surgeon R., to be Staff-Surgeon, *vice* A. Bryson, M.D.
PAGE, Staff-Assistant-Surgeon W. J., to be Assistant-Surgeon 94th Foot, *vice* J. Wallace.
RUTHERFORD, Assistant-Surgeon J., M.B., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* C. Haines.
WALL, Assistant-Surgeon W. R., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* W. J. Page.

ROYAL NAVY.

BILLINGS, W. T., Esq., Surgeon, to the *Wyvern*.
BROSTER, Edward B., Esq., Assistant-Surgeon, to the *Achilles*.
BROWN, John, Esq., Assistant-Surgeon, to the *Wyvern*.
BROWNE, Francis H., Esq., Assistant-Surgeon, to the *Spider*.
BROWNING, Benjamin, Esq., Surgeon, to the *Basilisk*.
COLLINS, Alexander, M.B., Surgeon, to the *Greyhound*.
CONNOLLY, Nicholas T., Esq., Assistant-Surgeon, to the *Lion*.
FITZGERALD, James F., Esq., Assistant-Surgeon (additional), to the *Victory*.
FULTON, Thomas, M.D., Assistant-Surgeon, to the *Greyhound*.
HAMILTON, Thomas, Esq., Assistant-Surgeon (additional), to the *Canopus*.
HARTE, Mark A., Esq., Assistant-Surgeon, to Plymouth Hospital.
LLOYD, W. H., M.D., Surgeon, to the *Excellent*.
MONTEITH, George, M.D., Assistant-Surgeon, to the *Basilisk*.
ROCHE, William, Esq. (*b*), Surgeon, to the *Racer*.
SKENE, James A., Esq., Assistant-Surgeon, to the *Victoria*.

INDIAN ARMY.

HENDERSON, Surgeon-Major G. M., Bengal Establishment, to be Deputy Inspector-General of Hospitals.
MACRAE, Surgeon-Major A. C., Bengal Establishment, to be Deputy Inspector-General of Hospitals.
PATON, Surgeon-Major G., M.D., Bengal Establishment, to be Deputy Inspector-General of Hospitals.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

BEET, W., M.D., to be Honorary Assistant-Surgeon 29th Kent R.V.
GISSING, J. S., Esq., to be Surgeon 2nd Administrative Battalion Suffolk R.V.
LIDDON, E., M.D., to be Surgeon 2nd Administrative Battalion Somersetshire R.V.
MARSHALL, W. N., Esq., to be Honorary Assistant-Surgeon 6th Wiltshire R.V.
SIMPSON, T. P., Esq., to be Surgeon 2nd Hampshire A.V.

DEATHS.

BARNES. On September 26th, at Paris, aged 29, Herbert Sedgwick, younger son of A. B. Barnes, Esq., Surgeon, of Chelsea.
BROWN, Alexander, Esq., Surgeon, at Streatham, aged 35, on September 21.
CHAPMAN. On September 25th, at Ampthill, aged 89, Elinor, widow of Thomas Chapman, Esq., Surgeon.
COULSON. On September 8th, at Southend, aged 43, Caroline, widow of Ralph Coulson, M.D.
*EYTON, John ap Ellis, Esq., at Overton, Flintshire, aged 69, on September 5.
FISHER, Henry, M.D., at Hillhead, Dunkeld, on September 21.
FITZPATRICK, Francis, Esq., Surgeon, at Upper Lisson Street, aged 65, on September 25.
HEWITT, Joseph, M.D., at Iver, Bucks, on September 25.
WINBOLT, Samuel, Esq., late of the Bengal Medical Establishment, at Brompton, aged 63, on September 25.
*WRIGHT, Henry, Esq., Surgeon, at March, Cambridgeshire, aged 50, on September 19.

University College Hospital. A contribution of £100 to the funds of this institution has been made by George Homer, Esq., of Solihull.

A Medical Man attacked with Cholera. The Toulon paper states: "Yesterday evening, Dr. Bougarel was attacked by the epidemic in the course of his devoted functions, and was lying in a dangerous state."

The Bill against Mr. Sprague, charging him with rape, has been ignored by the grand jury at the Central Criminal Court. This is what every reasonable person who read the evidence given before the magistrate must have anticipated.

Sanitary Majors. Colonel Borton has appointed Major Anderson, Captain Grain, and Surgeon Kellie, of the 17th Lancers, a permanent garrison sanitary committee, in accordance with a circular memorandum lately received from the Horse Guards.

A Medical Officer of Health for Bath. On Wednesday, at a special meeting of the Bath Town Council, a motion for the appointment of a Medical Officer of Health was carried with only two dissentients. An amendment was proposed, which was rejected by twenty to three. The amount of salary is yet to be decided.

Death from Fright. Last week at an inquest held by Mr. Humphrey on a girl four years of age, the following verdict arising out of the evidence was delivered. "The deceased child died of the mortal effects of shock from fright at the appearance of a minister in a surplice while churching her mother." The child was previously in very good health.

Bequests. John Moss, Esq., late of Great Coram Street, has left by will the following bequests: To the Hand-in-Hand Asylum, the Jews' Orphan Asylum, and Indigent Blind Jews, £500 each; Jews' Free Hospital, Mile End, Lady's Lying-in Society (founded by Baroness N. M. de Rothschild), £100 each; Board of Guardians for Relief of the Jewish Poor, £50; to the London Hospital and Metropolitan Free Hospital, £100 each;—all to be paid free of duty. (*Illustrated News.*)

The Cholera in Toulon. The cholera is raging in Toulon. In a letter from that place we are told: Yesterday a number of students of medicine, of Montpellier, arrived, and behaved nobly. On arriving in the town, ravaged by the epidemic, at a moment when half the inhabitants had fled, and the authorities were overwhelmed with the duties so suddenly thrown on them, these young men, regardless of all personal considerations, instantly began attending the sick. At eight in the evening the whole town seemed as in flames, thousands of fires were burning in the streets to destroy the pestilential miasmata, and fireworks were discharged in great numbers. Yesterday the director of the Pompes-Funèbres was unable to supply sufficient coffins and gravediggers for the interments. At last the convicts were sent to dig a common grave for all bodies sent from the hospitals. The mayor and the subprefect have visited all the hospitals and the quarters which have most suffered, to distribute relief.

Sir Charles Eastlake, the illustrious President of the Royal Academy, is now lying ill at Milan. He had an attack of pneumonia and dysentery, for which he was treated, by three Milanese physicians, by bleeding, blistering, mercury, and starvation. After he had been reduced by these means to an alarming state of prostration, Lady Eastlake very properly telegraphed for Dr. Eastlake, who has, by a stimulant and tonic plan of treatment, succeeded in restoring his distinguished relative to a state of comparative convalescence.

Bad Meat. Dr. Letheby has reported that 12,916 lbs. of meat, or more than 5 tons of meat, had been condemned in the City markets during the past week as unfit for human food. It consisted of 64 sheep, 4 calves, 7 pigs, 142 quarters of beef, and 361 joints and pieces of meat; 5377 lbs. were diseased, or from animals that had died of disease, and the rest was putrid. All of it was destroyed.

Statue of Sir J. McGrigor. On the 12th inst., the statue of the late Sir James McGrigor, by the chisel of Mr. Noble, was erected in the grounds of Chelsea Hospital. There is, we believe, in the metropolis no other public monument raised to a medical man except that of Dr. Jenner, which was banished to Kensington Gardens. The subscription for the monument was originated by Mr. Wyatt, Surgeon-Major of the Coldstream Guards.

Alleged appearance of Cholera at Southampton. One or two cases of Asiatic cholera have been announced in the daily journals as having occurred at Southampton. They are, however, not authenticated by medical authority; and it is said to have been ascertained on official inquiry that one of the cases was merely one of sporadic cholera, and that the other was not a case of cholera at all, but rupture of a blood-vessel.

Cholera in Constantinople. The pestilence may be said to have passed away, after having slain about 70,000 of the million of inhabitants of this capital. Nearly the whole of the deaths have occurred among the obscure and indigent classes, the exceptions being very few. It is the old story; cleanliness, ventilation, and judicious diet have proved infallible preventives. Among our English community, who number somewhat under 1,000, the deaths registered at the British Consulate are 52, men, women, and children; the women and children preponderating. The medical commission appointed by the government during the crisis have accomplished much actual good, and a fine field lies open before them for perpetuating their meritorious work.

Magic and Spiritualism. Dr. Lynn, whose entertainments in Belfast have created great interest, now makes his appearance in Dublin. Dr. Lynn, though quite a young man, has been an indefatigable traveller, having performed in India, China, Japan, Australia, California, Salt Lake City, the Northern States of America, and the British American Provinces. In India and Japan he learned many of the feats with which he astonishes the public—as, for example, the Japanese feast of lanterns, the butterfly trick, and the great Indian basket feat, which is utterly inexplicable on any hypothesis that has yet been suggested. In America, Dr. Lynn was the untiring foe of the spiritualist impostors. Everything that the Davenports did, he performed in the cities they visited; and, still more surprising, in what is known as the blood-writing on the arm he excelled Foster, who, as our readers know, took a handsome fortune out of the West-end of London by his clever imposture. Foster and the Davenports required darkness and mystery to enable them to do their tricks and the public; but Dr. Lynn out-Davenports the Davenports, and out-Fosters Foster in the full blaze of the gaslight, and in the presence of hundreds of amused spectators. Of Dr. Lynn's sleight-of-hand, every one who has seen him speaks in the loudest terms, and as his feats are accomplished without confederates or apparatus, he may expect a warm reception and a golden harvest in Dublin. (*Dublin Paper.*)

Will of Sir William Hooker. The will of Sir William Jackson Hooker, was proved on the 18th inst. The executors are his widow, Maria Hooker; his son, Joseph Dalton Hooker, M.D.; and Mr.

Brightwen. The personal estate was sworn under £35,000. Sir William died at Kew Gardens on the 12th of August last. To his wife Sir William leaves his furniture, plate, wines, etc., a legacy of £300, and the interest of £5,000, which is to be set apart to meet the annuity. Sir William leaves to his son, Dr. Joseph Dalton Hooker, his books, prints, pictures, collection of plants, and botanical specimens. The residue of the estate is bequeathed in specified proportions between Sir William's son, his daughters (Mrs. Evans, the wife of Dr. Thomas Robert Evans; and Mrs. M'Gilvray, the wife of the Rev. Dr. M'Gilvray), with provision also for the children of his son and daughters. It appears by the codicil that Sir William has also made provision, by way of settlement, for his granddaughter, Mrs. Gardner, the daughter of his deceased son, William Dawson Hooker, subject, however, to a life provision made for the widow, Mrs. Isabella Whitehead Hooker. (*Pall Mall Gazette.*)

A Testimonial. An address and presentation, consisting of a handsome brougham and harness, with a silver casket containing six hundred guineas, have lately been made by the gentry of Roscommon to Dr. Harrison. A recognition of professional services so liberal must afford sincere gratification to every member of the medical profession who can identify himself with the compliment which has been paid to Dr. Harrison. The surgeon who honourably, disinterestedly, and conscientiously discharges for many years the charitable duties of his profession, deserves such unqualified approbation and substantial reward; and we are sorry if the merit be leavened by any course of conduct of which we cannot altogether approve. It was remarked, we believe, on the occasion of the presentation, that especial gratitude was due to Dr. Harrison by those whom for many years he had attended *without fee or reward*. Now, if this observation applied to a charitable attendance on pauper patients, we can concur in it with pleasure; but it does not appear to us that contributors to the presentation were likely to have been of a rank suitable for gratuitous medical advice. (*Med. Press.*)

Every Man has his Hobby. "Cholera," says Mr. David Urquhart, "is a malady which yields to a certain treatment with great docility. That treatment consists in obtaining abundant transpiration, and in application of external force. By the first (heat), an escape is afforded for the poison (urea), which in this malady does escape, even when unaided by external heat through the skin; by the second (shampooing so vehement as to extend to blows), the cramp is relieved, breaking the tension of the nerves, and restoring the equilibrium of the circulation."

Animal Chemistry. In his lectures lately delivered before the College of Physicians, Dr. Odling says: "It is only within the last fifteen years or so that chemical facts have been in any large measure subordinated to chemical principles, and only within a very few years past that these principles have been consistently developed and generally acknowledged. But the result of this development and recognition is apparent even now; for we find that notwithstanding the continuous accumulation of recorded experiment, and the continuous discovery of new and complex bodies with a rapidity at which all must be amazed, chemistry is daily becoming less and less a science of detail, more and more a science of generality, to such an extent, indeed, that in my opinion a student beginning the study of chemistry now, with a view to make himself acquainted with the knowledge of his own day, has a far less difficult task before him than had his predecessor of twenty years ago, despite the then limited range of chemical inquiry. Chemistry does not concern itself at all with the structure and arrangement of parts, but treats only of their composition. We consider a body not only as it now is, but as it has been, as it may hereafter be, the changes it has undergone in time past, the changes which it may undergo in time to come. Confining our attention to a single object—a piece of iron, for instance—let us consider how varied have been the states of its existence at different times. We know that it has been at rest and in motion; it has been silent and sonorous; it has been luminous and obscure, hot and cold, liquid and solid, magnetic and non-magnetic, electrical and non-electric. But throughout all these changes of rest and motion, sound and silence, heat and cold, etc., the individual piece of metal has continued one and the same; it has been composed throughout of identically the same matter. Now, so long as a body continues to be one and the same body—so long, in fact, as its composition remains unaltered, so long do all the changes which it manifests belong to the province of physics, and not to the province of chemistry. For a piece of iron to undergo a chemical change, it must cease to be a piece of iron, and become some other body—rust of iron, or vitriol of iron, or tincture of iron, or Prussian blue, or clot of blood, or some one of many hundred different combinations. Looking, then, to the chemistry of a piece of iron, we have regard to the state of ironstone in which it had existed before it became metallic iron, and to the many different non-metallic states in which it may hereafter exist. The dynamical interest of a body has reference to its existence in time, to its past and future variations of state, even more than to its present condition. I venture to impress this point particularly on your attention, that while chemistry treats of the composition of bodies, it has special reference to their changes in composition. Now, when we consider that every action of the living body, every growth, every waste, every secretion, every movement, and even every thought is attended by, and consequent upon, a change of chemical composition, we perceive, in an instant, how much the future of physiology must depend upon the progress of chemical research—how only the iatro-chemist, if I may so call him, can ever hope to understand the varied series of actions, healthy and morbid, which are continually taking place in the living organism..... Of late years the chemistry of animal products has made very great advances. Despite the complexity of many of these bodies, the intimate constitution of even the most complicated of them is fairly well understood, and in many cases so well understood that the bodies themselves can be actually built up by the chemist in his laboratory without having any recourse whatever to organic nature. Here, for instance, is leucine, a product of the use, and consequent waste or metamorphosis, of glandular tissue. It may be made artificially in the flask or crucible by the breaking up of muscle, ligament, skin, horn, hair, feathers, and a variety of other animal substances. It may also be produced by the combination with one another of water, essential oil of valerian, and prussic acid. The case of taurine is even more striking. Taurine, like leucine, has been found in glandular tissue, more particularly of the lung; but its chief source is the bile, where it exists conjugated with cholic acid, to form what is known as tauro-cholic acid; though whether the constituent taurine of this acid is really formed by the liver, or merely extracted by the liver from the blood of the portal vein, is not, I believe, satisfactorily established. But the constitution of this highly complex organic body, containing carbon, hydrogen, nitrogen, sulphur, and oxygen, is so well understood that it can easily be put toge-

ther in the laboratory, and from such well known bodies as sulphuric acid, alcohol, and ammonia, each of which again is capable of being produced from its constituent elements." (*Dr. Odling's Lectures.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Entomological Society.

WEDNESDAY. Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., "On Inversion of the Uterus", by Dr. Marion Sims; Exhibition of Baudeloque's Original Cephalotribe; "Vascular Growth of Funis", by Mr. Lawton; and other Papers.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund, which will be closed on October 31st proximo:—Erasmus Wilson, Esq. (Henrietta Street), £2:2; Dr. Cuolahan (Bermondsey), 10s. 6d.; Dr. W. Sanders (Gravesend), £1:1.

Amount previously announced, £125:9:9. Received at the *Lancet* office, £9:9.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, September 28th, 1865.

COMMUNICATIONS have been received from:—Dr. WILLIAM ADDISON; Mr. GARRAWAY; THE SECRETARY OF THE MIDDLESEX HOSPITAL; Dr. BOECK; THE SECRETARY OF THE WESTMINSTER HOSPITAL; Mr. J. HUTCHINSON; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. A. B. STEELE; Mr. T. WATKIN WILLIAMS; Mr. LAURENCE; Mr. J. E. MORETON; Dr. ROBERT FOWLER; Mr. S. H. STEEL; Mr. SPENCE; Dr. R. G. MAYNE; Dr. H. J. SANDERSON; Dr. FALCONER; and Dr. HERBERT BARKER.

BOOKS RECEIVED.

1. A Description of the Diseased Conditions of the Knee-Joint which require Amputation of the Limb, and those which are favourable to Excision of the Joint. By P. C. Price. Edited, with a Preface and Memoir of the Author, by Henry Smith. London: 1865.
2. Winter in the South of Europe; or Mentone, the Riviera, Corsica, Sicily, and Biarritz, as Winter Climates. By J. H. Bennet, M.D. Third edition. London: 1865.
3. Cholera: its Pathology, Diagnosis, and Treatment. By W. Story, L.K. & Q.C P.I. London: 1865.
4. San Remo as a Winter Residence. By an Invalid. London: 1865.
5. A Practical Essay on the Nitrate of Silver in the Treatment of Inflammation, Wounds, and Ulcers. Third edition. By J. Higginbottom, F.R.S. London: 1865.

ESTABLISHED 1848.

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A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,

CHRISTIANIA.

Observation II. Sophie H., 23 years old, was taken into hospital on Sept. 18, 1855.

On both shins there were several sores, deepened into the cellular tissue, and partly covered by layers of thick purulent matter. The margins of these sores were sharp, and appeared as if cut with an instrument. They were circular, or formed segments of circles; so that the larger ulcers were easily seen to be formed by the confluence of several small ones. The skin of the surrounding parts was of a brownish colour, and covered with scars, the remains of previous ulcers. The skin of the rest of the body, and particularly of the anterior part of the thighs, presented an abundance of circular, brownish, elevated spots, varying from one-sixth to one-fourth of an inch in diameter, and covered with adherent white scales. On pressing these elevated spots between two fingers, they gave a sensation of hardness, extending downwards into the deeper tissue like a small knot. These spots stood mostly separate; but in some places several of them were aggregated, and formed elevated patches of about an inch in diameter.

The patient was treated in the hospital from July 17th to October 26th, 1854, for a primary ulcer on the upper lip and ulcers of the throat. There were then administered successively bichloride of mercury, the liquor Bellosti, solution of iodide of potassium, and low-diet, with decoction of sarsaparilla and conium pills.

She was apparently well after this treatment up to the month of April 1855, when the ulcers on the legs began to appear.

Syphilisation was commenced on Sept. 20th, 1855. Matter from artificial chancres, developed on another patient under treatment, was inoculated on both her thighs, in three points on each of them.

On the 23rd, these inoculations had produced characteristic, well developed pustules. The matter of these was inoculated on the thighs and on the right arm. On the left arm, three inoculations were made with dried matter.

On Sept. 26th, no effect was seen from the inoculations on the left arm; but all the other inoculations had produced well developed pustules. The matter of these was now inoculated on both thighs and both arms.

On Sept. 29th, new pustules having formed after the last inoculations, the matter of these was inoculated in the same manner.

On Oct. 2nd, no effect was seen after the last inoculations on the left thigh, but well developed pustules on the right. From these, inoculations were made on both thighs; on the arms was inoculated the matter of the last formed pustules.

Oct. 3rd. The ulcers on the shins were beginning to heal up.

Oct. 5th. Inoculation was made on the arms from the latest pustules. On the thighs, where no effect was observed after the latest inoculations, except one small pustule on the left, new inoculations were made with matter from the pustules of Oct. 3rd; and with the same matter three inoculations were made on one of the squamous patches on the left thigh.

Oct. 8th. Inoculation was made on the arms from the latest pustules. No effect was produced on the squamous patch, and only two small pustules had appeared on the left thigh, and one on the right. Three inoculations were made with matter from one of the older pustules.

Oct. 12th. Inoculation was made on the arms and thighs from the pustules formed after the last inoculations. As these were very small on the right thigh, three inoculations were made in that place with matter from an artificial ulcer on another patient under treatment by syphilisation.

Oct. 15th, 18th, and 21st. Inoculations were made on the thighs and arms from the latest formed pustules.

Oct. 24th. Inoculation was made on the thighs from the latest pustules. On the arms, no effect followed the latest inoculations. Three inoculations were made on both arms with matter from an artificial ulcer on another patient under treatment.

Oct. 27th. Inoculation was made on the arms from the latest formed pustules. No effect being produced on the thighs by the last inoculation, three inoculations were made on both thighs from an artificial ulcer on another patient under treatment.

Oct. 30th, Nov. 2nd, 5th, and 8th. Inoculations were made from the latest formed pustules on the arms and thighs.

Nov. 11th. No effect appeared on the arms and the right thigh. Inoculation was made on both thighs from the pustules formed on the left; and three inoculations on each arm from an artificial ulcer developed on another patient under treatment.

Nov. 14th. Inoculations were made on the arms from the latest formed pustules. On the thighs, no effect being seen, except one small pustule on the left, three inoculations were made from the artificial ulcers of another patient under treatment.

Nov. 17th, 20th, and 23rd. Inoculations were made on the arms and thighs from the latest developed pustules.

Nov. 26th. Inoculation was made on the thighs from the last pustules. No effect being produced on the arms, three inoculations were made on each from the artificial ulcers of another patient under treatment.

Nov. 29th. Inoculation was made from the last formed pustules.

Dec. 2nd. No effect was observed on the arms and on the left thigh. There were large pustules on the right thigh, from which three inoculations were made on each of the arms and thighs.

Dec. 5th. The pustules, after the last inoculations on the thighs and the right arm, were drying up. On the left arm they remained, but were very small; and matter from them was inoculated on the same arm. On the left thigh, inoculations were made from an artificial ulcer on another patient under treatment.

Dec. 8th. Very small pustules were produced on the left arm by the last inoculations; matter from these was inoculated on the same arm. On the left thigh was one large pustule; from that three inoculations were made on each thigh.

Dec. 11th. No effect was produced on the arm, but middle-sized pustules had formed on the thighs. With the matter from these, three inoculations were made on each of the arms and thighs.

Dec. 14th. Inoculations were made from the last. The ulcers on the shins were healing up rapidly.

December 17th and 21st. Inoculations were made from the last.

Dec. 24th. The pustules formed on the arms after the last inoculations were drying up. On the thighs, the pustules remained, but small. From these, three inoculations were made on each thigh.

Dec. 27th. Inoculation was made on the thighs from the last. Some of the ulcers on the right leg had not yet healed up. Solution of iodide of potassium was given.

Dec. 30th. No effect followed the last inoculations. Three inoculations were made in each thigh from an artificial ulcer on another patient, who was under treatment with syphilisation.

Jan. 2nd, 1856. Inoculations were made in the thighs from the last developed pustules in these parts. Three inoculations were made on each arm from the artificial ulcers of another patient under treatment.

Jan. 5th. No effect was produced on the thighs, but tolerably well developed pustules on the arms. From these, three inoculations were made on each of the arms and thighs.

Jan. 8th. Three inoculations were made in each arm and thigh from the latest pustules.

Jan. 11th. No effect was produced on the thighs, but small pustules were found on the arms. Three inoculations were made from these to each arm and thigh.

Jan. 14th, 17th, 20th, 23rd, and 26th. Three inoculations were made on each of these days from the latest pustules on each arm and thigh; the effect the whole time being only small pustules. Menstruation, which had ceased during the first mercurial treatment in 1854, recommenced on the 17th.

Jan. 29th. No effect was produced on the arms and on the right thigh; on the left thigh only were small pustules, from which three inoculations were made on the same place.

February 1st. No effect followed the last inoculations.

Feb. 13th. All sores were healed; the exanthema had completely disappeared; her general health seemed in all respects to be good. She left the hospital this day.

Observation III. J. T., aged 27, entered the City Hospital in Christiania on November 28th, 1856. He had been treated in the University Hospital five times for syphilis; viz.: 1, for constitutional syphilis, with calomel, from February 11th, 1850, till August 5th in the same year; 2, from August 23rd, 1850, to August 21st, 1851, with Dzondi's treatment, for constitutional syphilis; 3, from October 6th, 1851, to November 10th, 1851, for constitutional syphilis, and this time he was only treated with local means; 4, from February 24th, 1853, to April 6th, 1853, also for constitutional syphilis, with iodide of potassium; 5, from April 2nd, 1856, to August 20th, 1856. He was at that time suffering from pains across the forehead and the nose, with ozæna and dulness of hearing, and was treated with iodide of potassium, blisters, antimonial plasters, leeches, conium pills, and spare diet. He had spent, in all, more than two years in the hospital. He complained of violent pains extending from the back of the head to the forehead, coming on especially in the mornings and evenings, and so violent as to prevent him from working. He was also suffering from whizzing in both ears, especially the right; and from dulness of hearing, which was not always equally bad. He also spoke through the nose, having an opening, of about an inch in diameter, in the hard palate.

Dec. 1st. Three inoculations were applied to each thigh with matter from another patient who was under treatment with syphilisation.

Dec. 3rd. No effect had followed the last inoculations. New inoculations were, therefore, made in each thigh and each arm, with matter from another patient.

Dec. 6th. There were only two pustules on the right arm, and two on the right thigh. From these, three new inoculations were made on each arm and thigh.

Dec. 9th. After the last inoculations, well developed pustules were formed; and from these, on December 12th, three new inoculations were made on each arm and thigh. The operation was repeated on December 15th, 18th, 21st, 24th, 27th, and 30th.

The pains in the head and the whizzing in the ears were diminishing.

January 3rd and 6th, 1857. Inoculations were made in both arms and both thighs, with matter from the last pustules.

Jan. 9th. After the last inoculations, abortive pustules were produced. Three inoculations were made on each side of the chest, with matter from another patient who was being treated with syphilisation.

Jan. 12th. After the last inoculations, one small pustule appeared on the right and two small pustules on the left side. From these, three inoculations were made in each side.

Jan. 14th. No effect followed the last inoculations. Three inoculations were made in each side from another patient, who was being treated with syphilisation.

Jan. 17th. In the left side was one, in the right side were two small pustules; from which three inoculations were made in each side.

Jan. 20th. Three inoculations were made in each thigh and each side, from the pustules of January 14th.

Jan. 23rd, 27th, 30th, and Feb. 2nd, 5th, 8th, and 11th. Inoculations were made in the thighs and the sides, each time with matter from the last inoculations in the same places.

Feb. 15th. No effect had followed the last inoculations in the sides; on the thighs were small pustules. Three inoculations were made in each thigh and each side, from the last, in the same places.

Feb. 18th. There was only one pustule in the right side. From this one, three inoculations were made in each side; and three were made in each arm and each side from another patient, who was being treated with syphilisation.

Feb. 24th. Inoculation was repeated from the last pustules.

He was by that time attacked with double pneumonia, during which all the ulcers of inoculation were healed. It will generally be seen, contrary to what used to be thought the case, that these ulcers become healed during inflammatory and febrile diseases; and, if one were to make new inoculations under these circumstances, they would not take. Not until March 14th could new inoculations be made on the arms and thighs.

March 18th. On the arms no effect was produced. On the right thigh were two, on the left thigh three pustules, from which three inoculations were made in each thigh and each arm.

March 21st. On the thighs there were pretty well developed pustules, from which three inoculations were made in each thigh. On the arm, the pustules

were too small to give any matter for new inoculations.

March 24th and 27th. Inoculations were made from the last pustules.

March 30th. No effect was produced from the last inoculations.

A fortnight afterwards, he was dismissed from the hospital. The pains in his head and the whizzing in his ears had ceased, and his general health was good. I have seen him several times since. He has been in good health, and very well satisfied with the treatment.

We see in this patient that, at first, the matter would not take, and that afterwards it acted through eleven successive inoculations; that it then again became inactive for some time, and was again applied successfully through eleven successive inoculations. This second series would probably have been even longer than the first one, had not the pneumonia prevented it. After nine successive inoculations, we see the pains in the head diminishing; and on his leaving the hospital he was perfectly well. If I were not afraid of tiring my readers, I might give many more similar instances.

It is, however, not every old syphilitic case that will be cured by syphilisation. If inflammation of the bone or periosteum should have left swellings, syphilisation has not the power of removing these; and should there be paralysis of the extremities of the optic nerve, etc., syphilisation can do nothing against it; but if, beside these phenomena, there is a broken-down organism, syphilisation is capable of so far improving the general health, that the patient will be all the better for having gone through this treatment.

There have been some who have thought that syphilisation ought not to be employed, except in very extreme cases, where everything else has been tried in vain. I must confess, that I do not understand this way of looking at the thing. If we are convinced of being able to cure syphilis by syphilisation (and no one who has watched this curative proceeding will again doubt that), the question will only be this, Which method gives the best results? I have already mentioned, in this JOURNAL, the results of the mercurial treatment, as they are stated in my work *Recherches sur la Syphilis*. I have proved therein, that the relapses after mercurial treatment amount to at least 30 per cent.; and, moreover, I have shown most distinctly how some of the very worst diseases were developed in consequence of treating syphilis with mercury. I will only mention paralysis of all kinds, amyloid degeneration of internal organs, etc. On the other hand, experience has taught us, during thirteen years' practice of syphilisation, that the relapses after this treatment are not nearly so many; that the above mentioned forms of disease very seldom appear after this method; and that the general health, as a rule, is good both during and also after syphilisation.

When the great syphilographers who live and practise in the large towns deny the fact, that there are many relapses and many diseases in consequence of the mercurial treatment, it is only because they have no opportunity of observing their patients in after life. The circle is too large; they must lose sight of them; and, besides, the close connection which exists between syphilis and diseases of the internal organs is not yet generally recognised. The investigation of this question is only in its commencement, and must be carried on principally by medical practitioners in small circles. On the whole, it must be remembered that we who live in small places, and in scantily populated countries, have thousands of facts to learn from our professional brethren in the large towns, where there is more to be seen in a week than we see perhaps in a year; but, in return, our happily situated colleagues should not forget that there are some things which they may learn even from us; and among these are the facts relating to the spread and the consequences of contagious diseases.

But even if I confine myself to what is acknowledged by the great syphilographers; viz., that there are cases in which the present treatment of syphilis is insufficient; in which the patient constantly sinks from bad to worse, and at last is totally ruined; and even admitting with them that such cases are quite exceptional—I am, nevertheless, at a loss to understand why we should go on using a method under which such cases may occur. I should myself prefer to use a method that would give me no such undesirable exceptions.

Those who have looked upon syphilisation merely from a theoretical point of view, protest that it would not be right to use this method before knowing how to account for its effect. It would have been a blessing, indeed, if there had been some of these severe theorists at hand when mercury was introduced as a cure for syphilis; but, on the other hand, it would have been a pity not to give cinchona for intermittent fever only because its action could not be explained; and it would have been a sad loss if the use of vaccination had been deferred until we had discovered in what way it protects against smallpox. I have heard another objection, however, which is still more remarkably absurd; viz., syphilisation ought not to be used, because we cannot know what effect it may have after some generations!

In England, the profession will soon have the opportunity, through the inoculations now being carried on at the Lock Hospital, of personally judging of the efficacy and value of syphilisation as a cure for syphilis. The only favour I request is, that judgment may be postponed for three or four months.

LUNATIC ASYLUMS IN IRELAND. The fourteenth report of the Inspectors of Lunatic Asylums in Ireland (Drs. Nugent and Hatchell) has lately appeared. The inspectors state that on January 1st, 1864, there were in public asylums 4,672; in poorhouses, between actual lunatics, epileptics, and imbeciles, 2,455; in jails, criminal and dangerous, 389; in private licensed houses, 556; and at Dundrum, or the criminal asylum, 127, besides 73 formerly at the House of Industry, but now maintained by government; making an aggregate of 8,272 human beings labouring under some distinct form of mental affliction. At the corresponding date in January 1865, the relative proportions were as follows:—In public asylums, 4,728; in workhouses, 2,573; in jails, 452; in private licensed houses, 552; at Dundrum, and maintained by government, 188; constituting, on the whole, a surplus difference of 213 in the latter year. As an illustration of hereditary insanity, it is stated that at the Armagh Asylum there was an unmarried female patient whose three sisters and a first cousin died lunatic there; and a widow, whose father, mother, and two sisters had been formerly among its inmates. The most extraordinary was the case of three members of the same family—two sisters—young and intelligent-looking girls—and a brother, being all attacked with acute mania on the same evening, under which they are still labouring in the Cork District Asylum. The occurrence took place some months ago, at the wedding of a brother, who is said to have since then evinced symptoms of insanity.

Original Communications.

WHAT IS SCARLET FEVER?*

By William Addison, M.D., F.R.S., Brighton.

The order of events observed in scarlet fever is as follows. First, fever; secondly, a rash upon the skin, sore-throat, and swelling of the glands about the throat; thirdly, exfoliation of the cuticle, mucous discharges from the throat and nose, and perhaps abscess of the submaxillary glands.

This order or succession is typical of the order of events as they take place in the blood, which we make out to be as follows.

1. Infection of the corpuscles by a miasm inhaled through the lungs. This is announced by symptoms of fever.

2. The corpuscles of blood being disordered by a specific poison, the waste materials which they discharge into air and into the liquor sanguinis, are altered in quality and quantity. Less carbon is expired by the lungs (Graves), and less urea discharged by the kidneys (Simon); but a new contagious poison is developed, which gives the liquor sanguinis pathological properties—renders it impure.

3. Impurity of the fluid of blood excites local inflammation, which in scarlet fever is seen in the skin, throat, and glands about the throat. The local inflammations comprise the production of a vast brood of epidermal and mucous, or of epidermal, mucous, and pus-cells.

4. These cellular productions are discharged from the skin by exfoliation of the cuticle; from the throat, by its mucous discharges; and from the glands about the throat, by abscess and suppuration. That they carry off a *materies morbi* from the blood seems proved; because the exfoliating cuticular cells and the breath of the patient are vehicles of a contagious poison. Moreover, all symptoms of fever and inflammation disappear upon their discharge.

5. The actions in the skin, throat, and glands about the throat, are called *critical*, because, if any interruption or check be given to them, the task of eliminating the poison from the blood is thrown upon the cells of the secreting surface of the kidneys or other internal organs, to the greater danger to life.

The rash and affection of the throat in scarlet fever are forms of inflammation; and the action in the glands about the throat comprises abscess and suppuration? Can these things be beneficial?

If a thorn pierce the flesh and remain there, inflammation and abscess ensue. The action loosens the foreign body, so that it can be easily removed. A slough cannot be detached without suppuration. In a comminuted compound fracture, loose pieces of bone are detached by inflammation, suppuration, and granulation. *Granulations* and *pus* are two forms of cell-growth (inflammation, abscess, and suppuration, are simply words applied to the attendant phenomena).

In severe boils and carbuncles, dead connective tissue lies beneath the living skin; and it is only by inflammation, abscess, suppuration, and granulation, that it can be loosened and discharged. The work is transacted without any loss of blood. Hundreds of blood-vessels are first sealed up; and then these and other bonds of connexion are severed by the absorptive properties of the cells of granulations and pus; whereupon, the slough is easily removed, and the wound heals or is cured spontaneously.

In necrosis of bone, the meaning of inflammation and suppuration is the loosening and detachment of the dead bone. Here the work to be done lies deep beneath a mass of living muscles, and is necessarily an extremely difficult one, requiring assistance from the hands of the surgeon. Nevertheless, to the philosophical observer, the intent of the natural efforts is plain and evident. In this example, so difficult is the work, that a host of material is spoilt in it; hence the necessity of conduits or sinuses for its escape. Should the surgeon try to close these outlets and succeed, Nature resents his interference and speedily forms others; but if he remove the dead bone—even if it be with gouges, saws, and chisels—his interference is placidly accepted, and the whole chain of phenomena subside into cure, which includes the growth of a new bone.

Without further multiplying examples, it may be said generally: In all parts of the body, if dead and injurious matter is to be got rid of, inflammation, abscess, suppuration, and granulation, are the means. And if they are so, they are the means of cure. It is upon these visible examples of cure that we base the principle of Cell-Therapeutics.

In like manner, in fever, where hurtful matter must obtain outlet from the blood, some more or less pronounced form of inflammation, some unusual cell-production is observed. For what are the facts?

In small-pox, there are hundreds of abscesses in the skin, every one of them a focus of cell-growth. The blood is continually passing the abscesses or pustules; and it improves in quality, or becomes better fitted for its normal purposes, as they increase in size and fulness. Growth of the pustules and a beneficial change in the qualities of blood are concomitant events. For, if the maturation of the pustules be checked, the symptoms of the patient become worse. Therefore we say the cells of the pustules flourish and multiply by the absorption of morbid matter from the fluid of the blood. Similarly, in scarlet-fever, myriads of little foci of an unusual cell-growth are established with phenomena of inflammation in the skin. The exuberant morbid cuticle produced is composed of millions of adherent-cells, whose growth is concomitant with a healthy change in the blood. With the change in the blood, the conditions which encouraged preternatural cell-growth are exhausted; the growth ceases; inflammation subsides; the morbid cuticle exfoliates or sloughs off; and the patient is cured.

No distinction can be shewn between the cells of laudable pus—those of a healthy suppuration, which are loosening and fitting for discharge a foreign body, a slough, or dead bone—and the deep cuticular cells of the skin which, in scarlet fever, in their outward progress, multiply and grow upon morbid elements in the fluid of blood. Nor can any difference be shewn between these cells and those which exfoliate in abundance mixed with the mucous discharges from the throat and nose. The doctrine of cell-therapeutics is illustrated and confirmed by phenomena of exanthematous fever.

In scarlet fever, it is exemplified in exfoliation of the morbid contagious cuticle, which is established by rash on the skin; and the rash is a form of inflammation.

These are reasons why no one thinks of curing, in the sense of suppressing, the pustules of small-pox, or inflammation in the skin in scarlet fever. And when the submaxillary glands swell and inflame and tend to abscess, it is well known to be wrong to re-

* Abstract of a lecture delivered at Brighton on September 7th, 1865, in continuation of the subject "Pathology of Blood and Fever". (See British Medical Journal, February 20th, and March 12th, 1864.)

sort to strong measures to suppress it. These outward manifestations, so far from constituting the disease, are actions necessary to the cure of the disordered blood. It is in harmony with our doctrine that, in all cases of scarlet fever where there are no complications, experience has shewn that nothing more is necessary in the medical treatment, than:

To keep the patient warm in bed, in a well-ventilated, airy chamber; to relieve him—having reference to the work going on in the blood—from pain, restlessness, and other discomforts;

To take precautions that the diet be cooling and simple;

To watch and regulate the function of all those organs which give outlet to excretionary matter from the blood—the skin, kidneys, lungs, and bowel; and to guard against the spread of contagion.

The sequence of events in the blood in scarlet fever, as we have described it, is natural and logical. A poison in the air causes disorder of the corpuscles of blood; disorder of the corpuscles causes distemperature or impurity of the fluid in which they swim; and impurity of the fluid of blood causes unusual cellular growths, with phenomena of inflammation, the cellular growths discharging the impurity.

It corresponds with the order of the symptoms as they come on and as they go off. At the onset, fever precedes the rash, and the rash precedes exfoliation of the cuticle; and, in the going off, fever subsides when the rash is at its height, and the rash subsides when the morbid cuticular growth has performed its task, or is prepared for exfoliation.

But it is to be observed that, in proportion as disorder of the corpuscles diminishes by their throwing off morbid matter, in like proportion impurity of the fluid of blood is increasing, and the fluid of blood recovers its normal condition in proportion to the activity of the local cell-growths which flourish upon the morbid matter in it.

Relief of the corpuscles devolves a pathological state upon the fluid of the blood; and relief of the fluid devolves a pathological state upon the skin, upon the skin and throat, or upon the skin, throat, submaxillary glands and kidneys. That is to say, cure of the corpuscles transfers morbid matter to the fluid of the blood; and cure of the fluid of blood involves the transference of morbid matter from it to some local part by the agency of cells. These statements contain no more than the received physiology of blood. In respiration, the corpuscles transfer poisonous matter—some form of carbon—to the air; and a healthy state of the fluid involves the transference of poisonous matter—urea—to the kidneys. And here is the most important point of this discussion.

We must recognise the mixed character of the actions of cure. They are physiological and pathological at the same time. The pustules of small-pox are physiological to the blood, but pathological to the follicles of the skin; as shown by the deep pits and scars remaining after cure. The rash and double cuticle of scarlet fever may be regarded as disorder to the skin, but healing to the blood.

In fever, one part recovers at the expense of another. The corpuscles of blood infected by an aërial poison recover at the expense of the liquor sanguinis; and the liquor sanguinis recovers at the expense of some local part.

These observations have their bearing upon the affection of the throat in scarlet fever. There can be no doubt of this being part of the critical actions in that species of fever. If so, it is physiological to the blood, but pathological to the throat itself; and we must preserve the power, or relieve the pain, of swallowing According to our view the object of gargles, poultices, warm fomentations, leeches, or a blister, as applications to the throat, is not to cure the inflammation, and thereby suppress the increased mucous discharges from it; but to moderate and limit the actions going on with reference to the comfort of the patient in swallowing. This being done, cure of the throat will take place with cure of inflammation in the skin; and cure of inflammation in the skin takes place when the fluid of the blood has rendered up its morbid material.

It would be to ignore the teaching of the microscope, did we hesitate to declare our conclusion. Cure, whether of external injuries or of scarlet fever, is wrought by cells with characters as fixed and specific as any of the other things of Nature. No person, at his will, can command the growth of skin or bone, or furnish a safe outlet for poisonous matter in the blood. Nevertheless, these things are accomplished; and our researches point out the agents employed; viz., *various broods of cells.*

The physician and surgeon each in his department can watch and, in a measure, regulate the work—remove hindrances; promote or moderate, encourage or discourage, the preliminary actions; but the essential elements of cure—cellular bodies with their rapid multiplication, growth, metamorphoses, and deep interior vital properties of selective absorption—are not producible by manual art or physic.

The orderly course of the majority of cases of scarlet fever—the fixed characters and place of the local actions, and the relief which these afford to the patient when not exceeding their proper limits—demonstrate that the disease has a specific method of cure. It requires vigilant medical supervision, because of the mixed nature of all the actions of cure—partly physiological and partly pathological; and because of the difficulties and complications so apt to arise.

The history of every outbreak of the disorder shews how various these complications are in different persons; how they protract or interrupt the actions of cure; and how often they cause its failure. These complications spring up from various quarters. Usually they will be found based upon one or other of the following grounds.

Because some previous malady in former years has crippled an important organ, and thereby entailed upon the individual what is called "delicacy of constitution."

Because, from unwholesome diet or overcrowding in unwholesome air, the blood is impoverished and weak at the onset of fever.

Because a chill or other accident has interrupted the specific local action and its cellular exfoliations; or,

Because, from some degenerate anatomical lesion, spoiled matter has ebbed back into the liquor sanguinis, and, redisturbing the corpuscles of the blood, has renewed symptoms of fever.

What is meant by the crippling of important organs as a source of complication in fever?

If a child be severely burnt about the face and neck, the wound occasioned by the injury heals; cure is effected; but an ugly scar remains, which is permanent, and greatly circumscribes the movements of the head or mouth. Similar things may be said of a severe burn at the elbow or upon the fingers.

A comminuted fracture may be cured; but the injured limb never recovers the strength of the sound one. If a fracture pass through a joint, the injury may be cured, but the joint never recovers its natural mobility.

Pleurisy and inflammation of the lungs are cured; but the respiratory organ does not recover its pristine condition.

And so most other internal maladies may be cured, and yet the organ the seat of them never recovers. Cure and recovery are terms of different meaning.

All the most recent pathological investigations demonstrate in every internal malady, particularly in children, that, though one organ or texture has suffered more severely than the rest, from which therefore the disease derives its name and most prominent features, yet it is not there that the whole disorder is found. Anatomical changes are not confined to that organ, but are more or less extensively present in others also. When, therefore, we speak of infants dying of teething, convulsions, or pneumonia, or of youth dying of measles, hooping-cough, or scarlet fever, it is necessary to bear in mind that these designations or words convey no information whatever as to the ramifications of the disorder. It is from examination of the dead that we see, besides the organ from which the chief symptoms of the malady arose, that several others are the seat of minor anatomical changes which contributed to the fatal issue.

This fact being demonstrated in the fatal forms of illness, there is no reason for doubting it in the more numerous cases where health is regained. On the contrary, there is every reason to conclude that what are called complications and sequelæ of fever are the more prominent of these minor anatomical changes gaining strength and evolving symptoms.

When, then, we discourse of infants recovering from teething, convulsions, or pneumonia, or of youth recovering from measles, hooping-cough, or scarlet fever, it must be borne in mind the term recovery can mean no more than the relief of the patient from the chief malady and all its pronounced collateral anatomical lesions. Things latent—anatomical changes which give no sign—may, with the recovery, return to their natural state; but it does not necessarily follow they do so. On the contrary, the permanent scars and cripplings which remain after the cure of severe burns or other surgical injuries, and the pittings of the skin in small-pox, render it almost certain that what is called "delicacy of constitution" is the expression of the non-recovery of one or more important internal textures which have been cured of the malady that affected them, but which have not been restored to their free natural state. As when pleurisy has been cured, but the lung does not recover, it remains adherent to the wall of the chest; or as when rheumatic fever is cured, with permanent thickening of the coverings of the heart, or pneumonia cured, with consolidation in some part of the lung. All these and such like conditions are positive grounds for more or less constitutional infirmity; they are important items in the history of future fever, and give aptness to the popular saying: "he has never been well since the measles, hooping-cough, or scarlet fever." Organs in these weakened conditions may not betray their weakness by moderate using, but if put to the slightest unusual stress, the defect is proclaimed.

"I do not exaggerate," says an eminent pathologist, "when I state that four-fifths at least of the old men, whose organs I examine after death, present evident incontestible traces of disease, not of recent disease, but of a former malady." Again, another says: "It is not after birth only that man, for the first time, experiences those maladies which afflict his race. Their origin must be sought in a remoter source. They commence with organisation; and the annals of medicine present a number of facts which attest that children may be born healthy, sick, or recovered from former disease." In the Children's Hospital at Vienna, it is calculated that not more than 20 per cent. of the inmates are free from some form of constitutional infirmity. Whenever the nutrition of the child has been imperfect, disorders associated with poverty of blood become widely diffused, materially influencing the mortality at an early age, and if the age of childhood be survived, affecting the future health of youth and manhood.

When, then, we speak of a patient being cured, or of his recovering, it is necessary to agree upon what is meant by the words. Cure does not mean that all the organs or textures implicated in the disorder—all the anatomical changes incident to it—have returned to their natural state; for, though we may presume, we cannot know in the living body that such is the case. No affirmation can be made respecting thickenings, scars, puckering, and cicatrices, in internal organs, which have no present symptoms other than those comprised in the terms delicacy of constitution.

The term recovery is applied to persons who have regained health sufficiently to return to their accustomed avocations; and the physician dismissing his patient hazards no opinion about the state of organs which give out no symptoms, but which, nevertheless, may be a source of complication, should hereafter scarlet fever make its attack. These observations receive illustration from the history of scarlet fever itself. It frequently happens the patient to all appearance has recovered, but the kidneys have not regained their natural state; a little time elapses, and their weakness is proclaimed by dropsy—the dropsy depending upon the enfeebled condition of the kidney, and the enfeebled condition of the kidney arising from the just passed fever.

Lastly, as regards these internal anatomical disablements, it has been remarked of external wounds which have healed and cicatrised—that is to say, have been cured—that when subsequently fever or other maladies arise, the scar of the old wound is very apt to become painful, and a focus of renewed inflammation. Forms of inflammation are necessary to the cure of exanthematous fevers, and an internal puckering or cicatrix may complicate the course of scarlet fever, by taking on some irritative morbid action. Sanitary proceedings and dietetic rules will not efface the permanent marks of the cure of former maladies, nor restore to their natural vigour damaged organs.

Mr. Lawrence as Sketched by Sir B. Brodie. From that time to the present, Lawrence and myself have been moving in parallel lines; and it may be regarded as somewhat to the credit of both of us that there has never been any manifestation of jealousy between us. When a young man, he had some faculties in great perfection, and he has them still, but little (as far as I can see) impaired by the addition of fifty years to his age. He has a great memory. He has considerable powers of conversation, but without obtruding himself to the exclusion of others, as is the case with too many of those who are reputed to be good talkers. What he says is full of happy illustrations, with, at times, a good deal of not ill-natured sarcasm. In public speaking, he is collected, has great command of language, and uses it correctly, but not equal to what he is in the ordinary intercourse of society. In writing, his style is pure, free from all affectation, yet in general not sufficiently concise. His reading has been extensive; he is well acquainted with modern, and moderately so with the ancient, languages. His professional writings contain a vast deal of information, but it is more as to what he has taken from other authors than as to the results of his own experience and observation. (*Sir B. Brodie's Autobiography.*)

Introductory Lectures.

KING'S COLLEGE.

The Introductory Address was delivered on Oct. 2nd, by Dr. Priestley, Professor of Midwifery in the College.

Dr. Priestley commenced his discourse with a general history of medicine from the earliest period, in order to point out that the science of medicine has been of slow and difficult development. Science comes not by intuition, it is the accumulated experience, generalised into law, of whole generations of thinking men who have devoted themselves to its study, and an intimate acquaintance with it is absolutely indispensable to him who would be a sound practitioner. One of the most important medical truths which has been evoked is, that in the human body resides a power which not only sustains and preserves it in health, and enables it to oppose resistance to adverse influences, but recovers it, if suitable conditions can be procured, when stricken with injury or disease. This great truth was long ago pointed out by Hippocrates, and, though often lost sight of for a time, now stands out as a guiding star, clear and bright, to influence every proceeding of the scientific physician and surgeon. What the laws of attraction are to astronomy and those of affinity to chemistry, such are those of what are termed vital force to medicine. All the attempts at healing on the part of the philosophical physician are based on an acquaintance with that *vis vitæ*, that *vis medicatrix naturæ*, which pervades the living organism and preserves it in its integrity. As he knows that Nature has ways and means peculiar to herself of throwing off the burdens imposed upon her by disease, that she is prepared for the storms as well as for the calms of life, instead of prescribing remedies which may in theory be supposed to act specifically, homœopathically, or even allopathically, in uprooting illnesses, he endeavours to trace the source of the mischief, watches the indications which point towards restoration and cure, and by all means at his disposal assists Nature to adjust the balance of health. How different this method of healing is from the generally supposed way in which diseases are combated and cured. The common impression seems to be, that all diseases are entities, which like parasites attack the human body, or like poisons corrupt the fountains of life; and that the physician has, or ought to have, or will have when the science is more perfected, a specific remedy for each—a panacea for every physical ill. We see indications of this bias at every turn, in common conversation, in our intercourse with patients; even the press, so powerful for good or for evil, represents the same idea, and in our daily and weekly newspapers we find copied and recopied details of cures by newly-discovered specific remedies. Nay, further, certain heretical medical writers, possessed by the same notion, while asserting that rational practitioners, whom they nickname "allopaths", cannot cure diseases by antagonistic medicines, propose another method even more unsound; viz., to cure diseases specifically by medicines selected on the principle of *similia similibus curantur*. Nothing can be more erroneous than this. The number of diseases traceable to morbid poisons is comparatively small; and the number of specifics we possess, or are likely to possess, is still smaller. In the large proportion of ailments which affect the human frame, there is no engrafting of a *materies morbi*, which can be attacked and destroyed like a parasite, or neutralised as we neutralise an acid by an alkali. The disease is rather the result of unnatural conditions of life, which have altered or impaired nutrition, and have ended in degeneration or destruction of the part affected. Hence the practice of medicine becomes a much more difficult and complicated process than it is ordinarily supposed to be; for, instead of being comprised in a number of recipes, or learning empirically what drug is best in this complaint or for that symptom, normal anatomy and physiology must be studied, the natural history of morbid changes must be mastered, the causes of disease understood; and the treatment in most cases must consist not so much in prescribing medicines as in ensuring those healthy conditions which will give Nature a chance of resuming her sway, and performing her own method of cure. Dr. Priestley, however, would not lead the medical student to despise the resources of art, or undervalue the services that medicines judiciously administered may render in the treatment of disease. We have only to make acquaintance with this vital force, speedily to learn that, unaided, it is in many cases unable to oppose sufficient resistance to adverse influences. Nay, further, it is well established, that this force, however salutary in its general operations, may be so perverted as to lead to infinite mischief. In reference to the administration of medicines, and the other resources of art, the student should not be led to discard them or disbelieve in their efficiency, because they cannot act specifically, or because, in numberless cases, nature will work her own cure unaided. In the operations of the surgeon and obstetrician, the benefits are at once apparent in the removal of some cause of suffering, or in the deliverance from some imminent peril; and in the management of medical cases by the physician, although the relation between cause and effect may not be so readily observable, yet the advantage is not the less real. Although he may have no specific for the poison of fever, he can assist its elimination, he can palliate the distressing symptoms, and support the strength until the crisis is past; and in pulmonary consumption, where no medicine can be expected to have the power of replacing the injured and lost lung-tissue, he may yet hope to sustain the vital power, temper the amount of morbid action, and give Nature time to cicatrise and heal those yawning caverns he detects by the aid of his stethoscope. In treating diseases, the physician is, as a rule, if I may so speak, in the position of a constitutional minister, only in exceptional cases in that of a master. As Lord Bacon expresses it, "he is the servant and interpreter of Nature, and feels that he can only understand and act in proportion as he observes and contemplates the order of Nature. More he can neither know nor do."

The function of the medical practitioner is not, however, confined to the treatment of diseases and injuries *in præsentiâ*. A new department of science has sprung up, called "preventive medicine." In this the medical practitioner has an almost illimitable field for the use of his talents—unbounded scope for the exercise of benevolence and philanthropy. And it is not alone the medical officer of health who is privileged to ward off dangers which everywhere beset individuals and families. The physician, surgeon, the general practitioner, however humble their sphere, have, as they move about among their patients, incessant opportunities of diffusing a better knowledge of the laws of health, and inculcating more intelligent views as to the way in which derangements in the animal economy are properly adjusted. There is much in common between the duties of the clergyman and the medical man. They divide together obedience to the Divine command,

"Preach the Gospel and heal the sick." One-half the duty of the medical man consists in teaching and preaching how people may, in a physical sense, lead better lives; and if his heart be in his work, as he sees young and old stricken down by diseases which might have been prevented, "he burns with a passionate earnestness to bring back the bodily economy to its allegiance to the supreme guide", just as the conscientious clergyman of the Gospel yearns to bring back the erring soul to its Maker. And, rely upon it, the healing art is, in more than one sense, as it has been designated, "the right arm of the Church"; for, if it make men stronger, longer-lived, and healthier, it will make them also wiser and happier and better Christians. It will be within your province, putting aside your own selfish interests, to instruct the mother how she should feed and clothe and nurse her tender infant, so that that terrible mortality bill may be lessened which tells us that one child in every three dies before the completion of its fifth year; to counsel the young how they may best attain a vigorous and healthy adult life; to persuade the wealthy to enjoy their riches moderately, and thus avoid the ailments incident to a too luxurious living; to teach the poor how with scanty means good ventilation and cleanliness, with sobriety, are the more necessary, and that the open sewers and dust-heaps at his very door are hotbeds for pests and fevers; to shame the landlord who, for greed of gain, lets tenements to the ignorant poor so unwholesome that he would scarcely keep his own dogs in them; to stand between the utterly destitute, who have sickness added to poverty, and the overseers or guardians who, it may be, are more careful about the increase of rates than the relief of distress; to warn employers who crowd their workmen and women in close rooms that they are wholesale demoralisers of their species, and that the employed, under such circumstances, must break down in health, or go to the gin-shop to palliate the effects of foul air; to intercede with an over-parsimonious government for an improvement in the diet and lodging of soldiers and sailors; in a word, to "carry hygiene into the army, the factory, and the nursery, down rivers, and across fields."

Dr. Priestley dwelt at some length upon learning, sagacity, humanity, and probity, as being represented by Hippocrates, and still being, indispensable to every good physician; and went on to observe that the medical man must ever be acting on probabilities, often seeing "as through a glass darkly;" and yet he must act promptly and decisively, as though dealing with certainties. Medicine shares uncertainties with many other professions however—with politics, with ethics, with law, and navigation; and although our brethren of the bar may rail because doctors differ, we may instance with equal force the glorious uncertainties of the law. There is no better training for the emergencies of future practice than that afforded by the out and in-door departments of a general hospital, and the student, however industrious, who does not constantly test his medical knowledge at the hospital, and, as gold in the refiner's fire, try it at the bedside of the patient, is very apt, in after years of practice on his own responsibility, to find every case an exception to the ordinary definition of disease laid down in the class-room or in class-books, and to be constantly at a loss how to proceed. The practice of medicine consists much more in the exercise of common sense than is usually supposed; and sagacity in medicine often becomes more conspicuous in the exercise of common sense, than of any of the so-called special senses. Again, the medical man must have humanity. The exercise of pure science and art will often have but a very partial influence for good, unless we can pour balm upon the wounded spirit, and give that hope and encouragement which is so important a help to cure. True it is that, in deciding what is best for a patient, we must allow our judgment to be biassed by nothing which would militate against his chief good; the pure white light of science must be tinctured by no coloured rays which may disturb mental vision; but the physician may permit the admission of those warming rays of sympathy and kindliness which so often gladden the hearts of patients, and may cheer and console even those he cannot cure. Dr. Priestley would impress on all hospital pupils how great is their responsibility, and at the same time their privilege, when they are entrusted with the care of the sick poor. Their steady and punctual work, their cheerful readiness to act in emergencies, are almost as essential to the well working of an hospital as efficient services from the medical officers. And in justice to medical students, he could testify that they are seldom found wanting. The medical man is exposed to unusual temptations, and the very nature of his pursuits makes even self-deception easy. The defective knowledge of physiology, and of the scope and power of the medical art, which prevails in the community—the whims and caprices of patients—the demand for specific methods of cure—render it extremely difficult for the medical man, conscientious though he be, to steer a straightforward course. He perhaps very soon discovers that it is far simpler, less laborious, and more remunerative to pander to popular prejudices, and that in the end he gets little credit for the various attempts he makes to treat patients on rational principles. Most likely he is charged with being of the old school, and behind the advance of science. Under another form, the spirit of Naaman the Syrian most extensively prevails, "Did not I think he would give me some specific remedy for my ailment, instead of indicating so homely a way of cure?" It is but too true that any designing charlatan who will proclaim an infallible and newly discovered cure finds numberless votaries; and if he is shrewd enough to make no gross mistakes, Nature will help him to a certain number of recoveries. It is not alone the uneducated who are led astray by the pretensions of quacks. It is not long ago that the British Parliament gave a subsidy of £5,000 for a specific for stone, the main ingredient of which, as it turned out, consisted of eggshells and snails. It is not forty years ago since an ignorant and notorious quack, called St. John Long, who was twice tried for manslaughter, made an income of at least £13,000 a year out of the credulity of dupes in this metropolis. One nobleman was so deluded by this charlatan, that he swore at one of his trials he had seen him draw several pounds of a liquid like mercury from a patient's brain! But now, at our very doors, we have had a pest of quackery polluting the moral atmosphere with its presence, which all our appeals to magistrates and vestries could not remove, and which was at last extinguished, not because there was a scarcity of dupes, but because the promoter was fool as well as rogue, and laid himself open to an action for malpractice. It has been well said, "if physic be a trade, it is a trade of all others the most cut out for a rogue." To some people, a new sensation in medicine is as necessary as a new hat or a new bonnet, and sooner than not be gratified in their desires, they will accept the most exaggerated theory as eagerly as they will don the most extravagant costume. We know not what may come next. Truly, exclaims a Translantic *confrère*, the medical man, and particularly the struggling one, has need to pray that he may not be led into temptation; but if he has none other than sordid motives, his prayer is an useless mockery. It is as

though he should beseech to be saved from poison, which he is swallowing voluntarily and of his own accord. Better the little produced by honest and unpretending industry, with conscience preserved bright as a polished shield, than to rise out of a slough dishonoured, clutching it may be the coveted prize, but covered with the filth and degradation of its surroundings. Then, besides the acts of open dishonesty, there are so many covert ways which may be practised by him whose conscience is not over-sensitive. The medical man has no right to sacrifice the patient's true interest to trifling punctilios, and he has equally no right to deprive another practitioner of his patient by wily arts and mean insinuations. Whole volumes have been written on what are called medical ethics. All the rules of medical etiquette are, however, merely the application to particular circumstances of that great precept: "Do unto others as you would that they should do unto you."

In conclusion, the lecturer dwelt upon the necessity for the students to pursue study diligently, and with a just estimate of its importance. He assured them that if they persevered in well-doing they would ultimately reap their reward.

CHARING CROSS HOSPITAL.

The Introductory Address was delivered by Dr. W. D. Chowne. He commenced his address by remarking that in the choice of a profession, and in considering and comparing the peculiar circumstances which may recommend the church, the law, or physic, or indeed any other profession, although scarcely anything can be of greater importance than the mental preference of the student, which for the most part carries a mental aptitude along with it, the ardent mind might fulfil a determination to succeed; and the absence of a strong early predilection must not be regarded as an insuperable stumbling-block. To the votaries of medical sciences there were many inducements, although, in the way of riches, titles, or fame, in the ordinary sense of the latter word, they were but few. Of the physician, indeed, the noiseless tenor of his way was amongst his highest perfections; and both his path through life and its results were rather of a kind to make him happy, than wealthy or great. It might be desirable to address some suggestions of a precautionary nature to those who were either then commencing their ascent of that Mont Blanc of the medical student—the medical curriculum; or to those who had already climbed to the first or even to the second of those resting-places, in Alpine parlance called "chalets", but in academic language vacations, and were now braced up for another march. He would forewarn the students who were new to their forthcoming work, and remind those who were not, that courage and industry and constant vigilance against mishaps would be necessary. The mention of mishaps almost in the same breath with the mention of Mont Blanc might recall to the mind that the avalanche, which always threatened, did sometimes, though happily not often, work harm to the wayfarer. The greater danger, however, was from minor but more common accidents and incidents—from small trips, and stumbles, and digressions, which could be avoided, than from events beyond the reach of a reasonable forecast to foresee, or of reasonable efforts to turn away from. Every student who had to climb the medical curriculum should at once make himself acquainted with his real position, and what he had to do. There was hard work to be done, and the student himself must do it; and his time was limited. Every day lost left a blank on the mental tablet, which would tell tales, and impeach the delinquent when the hour arrived for testing what had and what had not been committed to it. The application to study should have as few breaks as possible to be consistent with health. Recreation the student must have; but it should not go a step beyond a needful rest for his mind, and it should be such as would at the same time contribute to his health.

In reference to attending "hospital practice", Dr. Chowne stated that there was much which the student should see and carefully observe, as well as much that he should hear, that, by long and constant observing, the eye might acquire a knowledge and insight into visible peculiarities of disease, called "the physiognomy of disease", which language could not impart, but which must be learned by the eye. The attention of the student was forcibly directed to observing some peculiar associations of certain forms of mental aberrations with certain forms of bodily disease, of which several examples were given. The value of medical science in connexion with medical jurisprudence was expressly alluded to. With regard to the students keeping records of cases or of any other matter connected with his studies, the value of new facts over new theories was especially recommended. The fact abided; the theory was often but a fleeting, though a dazzling, sunbeam. Facts, however, whether old or new, required more care in the recording than they generally received. It was not sufficient that the writer could understand what he had written, or that a cursory reader should fancy he understood it. It should not admit of being misunderstood, or even misinterpreted. Hundreds of recorded facts were so weakly worded, so destitute of perspicuity, and of clear and exact definition, as not to be worth a jot—mere verbiage, and little better than a quasi learned dust of words, but without even an atom of gold-dust, to say nothing of nuggets, however infinitesimally small. It was extremely disappointing, when searching volume after volume for facts, that when found, one after another, they would not bear the most gentle handling, even for friendly examination, but went to pieces at once, like an old bone in a catacomb. It was desirable that the student should habituate himself to exactness where it was possible. Subjects having sanitary aims would more than ever be in the medical student's path; and perhaps there was not another set of young men in the world, just starting to acquire a profession by which they were to earn their living, who would set to work so heartily to strike at what would seem to be the very root of their means of doing so. Medical men hailed with gratification every new fact having a sanitary application, and every new method by which such new facts could be obtained. They could all remember when the balloon was regarded, both metaphorically and in fact, as a mere bubble and a toy—a large bubble and a large toy, certainly; but a toy it was considered. It was now an instrument of science—a substantial agent of confirmed utility. Mr. Glaisher's zealous and adventurous explorations had already shed new light on some subjects highly interesting to meteorology, and could scarcely fail to raise a hope that they might lead to further knowledge, that would be useful to medical science.

Another subject of greater interest would require the student's attention in connexion with diseases of uncertain origin, called hereditary, existing in the living being himself, and genealogically transmissible, although not always transmitted—a study requiring the utmost precaution against false conclusions. The laws of the animal economy, in relation to hereditary succession of hereditary peculiarities, were not sufficiently known to trace the influences which continued or diverted, as the case might be,

the course of these peculiarities, however certain and visible their existence. Caprice, as mere caprice, could not be deemed to have any being in this beautifully organised and governed creation. Peculiarities of form or surplusage, or deficiency of parts, might appear and disappear for several generations, and be thoughtlessly called caprice, because it was not comprehensible. The difficulty of this subject was necessarily increased by the multiplicity of diatheses and combinations of diatheses which were mingled in the veins of every individual; and the importance of it was constantly increasing, as a consequence of discoveries, real or supposed, which were constantly in progress. The subject was too profound and too elaborate for the student to undertake as a whole; and his attention was directed rather to such facts as he might observe while in his actual pupilage, and to elementary stages of it, reserving the deeper investigations to a later period.

UNIVERSITY COLLEGE.

The session of the Medical School was opened by an address from Mr. John Marshall, F.R.S., surgeon to the hospital.

Mr. Marshall explained the importance of the student being able to distinguish between what represents science and what art in the exercise of his profession. He would meet with a series of individual problems or cases, each suggesting two primary questions; namely, What is the matter? and What is to be done? Other questions would arise as to the result of an individual case, the duration of it, its causes, and the mode of preventing its recurrence. Two questions could only be solved by art, and the remainder by science. The causes, the nature, the progress, and the result of a disease belonged to the science of pathology; whilst questions of treatment and prevention appertained to art. The terms medicine and surgery implied, as they were commonly used, a combination of science and art, and they mutually aided each other; but it was important to distinguish between what was science and what constituted art. Science observed facts, and deduced from them principles and laws; whilst art was engaged in the storing and treasuring up of precepts and rules of conduct and of direct action. Hence medicine and surgery consisted really of the science of pathology and of the art of therapeutics and hygiene. Besides those, the physician and surgeon were called upon to exercise other functions; namely, those of scientific expositors on questions of public interest, such as those relating to legal medicine and legislative medicine—that was to say, on the administration of justice and the art of government. After pointing out the duties of practitioners in connection with these points, the lecturer indicated that the conservative power, or so-called *vis medicatrix naturæ*, was the agent to employ in the healing of an ulcer or the union of a broken bone; and it was equally true that the physician or surgeon never cured a disease—he only assisted the natural processes of cure performed by the intrinsic conservative energy of the frame; and this was but the extension of the force imparted to the origination of the individual being. In the next place, the lecturer dwelt upon the relations of science to the curative arts; pointing out the necessity for an intimate knowledge of the living organism on the one hand, and the external tension incessantly acting upon it on the other. In this section of his address, he insisted on the fact that man was not only for the world but of the world, corporeally speaking—that if the world belonged to him, he also belonged to the world; that his body was subject to physical laws of gravitation and cohesion like other masses; that the elements entering into his composition were in no way different from those that surrounded him, and that heat, electricity, magnetism, and light, permeated and operated within his frame; that the old idea expressed in the phrase of ashes and dust was abundantly illustrated at every step in advance of physical knowledge. Science must be relied upon for the introduction of new remedies. While the student of medicine need not possess an extensive knowledge of the sciences, it was requisite that he should be acquainted with the general principles and more important facts of all the sciences, general and vital.

British Medical Journal.

SATURDAY, OCTOBER 7th, 1865.

CONTEMPORARY BIOGRAPHY.

Dr. Stewart's letter in the Journal of the 23rd ultimo, requires a reply. His reasonings are right or wrong—are capable or incapable of refutation; and, until answered plainly, indicate that contemporary biography may be a very unfortunate thing—that it is capable of producing results injurious to the profession. Dr. Barker, we consider, does not answer Dr. Stewart's all-important objections.

As the matter at present stands, therefore, we feel bound again to call especial attention to the subject. Our medical weekly contemporaries have hailed with satisfaction Dr. Herbert Barker's undertaking, and have given his publication a hearty welcome. Physicians and surgeons of the highest position have sanctioned the proceeding, have (literally and metaphorically) given it their full or side countenance, as Dr. Stewart says, by consenting to be the contemporarily biographised subjects of the publication. The publication, therefore, seems to have assumed a high and sanctioned and authoritative professional position. The very biographical appearance, with their consent, of our medical *dii majores* therein, must be regarded as a professional recognition of its propriety and usefulness.

It seems therefore, at the first blush, superfluous, and indeed somewhat improper, for us any further to question the propriety of a proceeding which has acquired, or at least appears to have acquired, such high authoritative sanction. We do so, nevertheless, and for the following reasons: 1. The propriety of the proceeding has been questioned by a vote of the members of our Association; 2. It is not improbable that some of the *dii majores* alluded to, have given their assent to the proceeding without full consideration of its possible evil bearings; 3. Because so very many of our brethren have expressed their strong disapprobation to the thing, and refuse to allow their own biographies so to appear; and 4. Because Dr.

Barker does not give any satisfactory reply to the capital objection urged by Dr. Stewart; viz., if the principle of publishing contemporary biographies be accepted as an orthodox professional fact, what is to prevent the principle, in hands less honourable than Dr. Barker's, from degenerating into a purely advertising process? We give Dr. Barker, unhesitatingly, credit for the highest and best of motives; and we are sure, that he will rather thank us than otherwise for arguing out the question; for if our argument fail, his position will only be more strongly established.

The great objection to be taken to the system of contemporary biography is this, that it may become and be used as a means of professional advertisement when it falls into certain hands; and who is to insure us that the guidance of the biography will always remain in such honourable keeping as Dr. Barker's? Already we know full well the unseemly extent to which professional advertising is carried at the present day; and assuredly a few steps more down that *facilis* and tempting *descensus* will bring us in this matter near to the condition of certain herbalist doctors, whose lugubrious visages, looking drastic purgatives out of shop windows, strike awe into the minds of the passing Plebs.

The present state of professional tendencies in this wise, consequently leads us to anticipate that there are men who will gladly avail themselves of any means which may afford them advantage in this direction. And can any one doubt or deny that contemporary biography may, in unscrupulous hands, be used as a first-rate means of advertisement? Can any one, who knows the temper of certain professional minds, and who considers the point, doubt that it will be so used in unscrupulous hands? Let us argue the case.

Dr. Barker, we will suppose, will publish, in due course, the biographies of some high specialists; for example, of a skin disease specialist, of a high ophthalmic surgeon, of a skilled orthopædic surgeon, of men who are skilled in chest-affections, who are authorities in nervous diseases, etc. And we take it for granted that Dr. Barker's biography is a work which will in no sense be limited, is not meant to be limited, to professional purchasers. Certainly, we may anticipate that it will find its way into drawing-rooms and clubs and general libraries. And, if this be the case, can it be denied for a moment—that is, if Dr. Barker's publication be successful as such—that the fortunate representatives of dermatology, of orthopædic surgery, of ophthalmology, and so forth, who figure in his gallery of great men, will thereby have their fame widely advertised? Let it be admitted, that their fame is thereby only fairly advertised; that their high knowledge and professional standing entitle them to all the benefits which may accrue to them from such a striking and distinct position before the public thereby acquired. Let all this be admitted. But what will inevitably follow? What will all the other dermatologists, ophthalmologists, orthopædists, cardialogists, neuropathists, etc., who do not figure in the gallery, say and think and do? We venture to predict that just as sure as *b* follows *a* in the alphabet, so surely will the non-appearants in Dr. Barker's gallery put in an appearance in some other, and it may be far less distinguished and well conducted, gallery. They will *think* their exclusion from public gaze unfair; they will *say* that the fortunate occupier of a frame in the biography has an unfair advantage over them—his fame unfairly advertised; and they will cast about for a means of establishing for themselves a similarly favourable and *legitimate* (?) mode of introduction to public consideration. And is it not certain, that such an opportunity will be readily afforded them—that the demand will quickly create the supply? Then, if this race once commences, as commence it will, where, we would ask, is the struggle to end?—we mean the struggle downwards; for assuredly, from the very nature of the case, it is one which must ever go from a low to a still lower depth. And, as a climax to the fall, if the principle be accepted as orthodox, what is there to prevent men publishing *their own* biographies, proclaiming their own wonderful deeds, their mighty cures, and marvellous operating powers? What if contemporary biography is to become a recognised and accepted act of professional propriety, what reason is there why we should not all and each of us do that very thing which Dr. Barker now proposes to do for us; viz., issue to the profession and the public a calm and modest and truthful account of what we are, what we have done, and what we are doing, adorn it with our photographic presence, and thus scatter our virtues and facial fames throughout the world?

It would be hardly decent, we may be told, for a man to publish his own biography; but the answer to this is ready. You apply to the man himself for an account of his historical details and bibliographical labours and philosophical operations; and surely you can find no fault with him—however much you may question his taste—if he does no more than publish the same modest account of himself which you are ready to publish for him. Surely the legal rule, *qui facit per alium facit per se*, applies pretty accurately in such a case as this. We would ask those, indeed, who defend contemporary biography to answer this position—to say if they can honestly and justly blame the man who himself publishes the very biography which they are ready to publish for him and ornament with his portrait.

Dr. Barker, of course, does not propose to publish the biography and portrait of every member of the profession. But why has not one member as well as

another—the highest equally with the lowest—a right to have his true and actual fame and facial frame displayed to the public? Why has not Surgeon Y of Gazeborough as good a right to have his tale told and face photographically distributed in that town and neighbourhood, as Doctor X, his neighbour? Why should the virtues and features of Dr. X, as told in the biography, be presented to the public of that town, and so throw into shade and oblivion the virtues and features of his fellow-practitioner, Surgeon Y? The discriminating people of that well known town, overwhelmed with the excellencies detailed of Dr. X, abandon now, of course, the surgery of Surgeon Y; and, consequently, Surgeon Y is driven to desperation, and, in self-defence, himself takes up the biographical tale, blows himself his own trumpet, astonishes the public, reassures them, and again becomes restored to favour. But, if it be thought too indecent for a man to publish himself his own fame, what, in such case, is easier than that he should get a friend to do it for him—he, of course, reciprocating the friendly act by a similar photo-biographical sketch of his own biographer? If we remember right, one of Dr. Pritchard's special means of recommending himself to public favour was a very extensive distribution of his photographised visage wherever he went; and, in many cases, where he did not go, there he sent his likeness.

We must again repeat it: Dr. Barker has not shown that his publication will not lead, in the way indicated, to the results we have anticipated from it; and therefore is it that we now again bring the subject under the consideration of the profession, to discharge, as we consider it, a duty, and to relieve our conscience of being silent in the face of a proceeding which appears to us pregnant with possible and most probable injury to our profession.

One word more we may add, as suggestive by parallelism. What would be thought by the members of the bar at a similar publication affecting their profession? Would not the proceeding be instantly arrested by that particular spirit which presides over and regulates the etiquette of the bar? We, alas! have no such power to regulate and preside over our proceedings; although, from the very nature of the business in which we are engaged as medical practitioners, we need the regulating power far more than does the bar. Far more than the bar do we require the force of a high code of ethics, to guide us on, and keep us in our honourable path. Men of law have no such temptations as we have to deviate from the strict ethical code. At the bar, advertising and puffing, and such-like low and trading tricks, do not help a man to practice; but very different is the case (from the very nature of our art) with men of medicine. In the practice of medicine, it is almost superfluous for us to say, men of the lowest knowledge may attain a high fame or infamy solely by advertisement. In our profession, the good-will and countenance of the public are, as every one of us knows, as much gained by our *savoir faire* as by our professional knowledge. For this reason it is that our profession requires, infinitely more than does that of the law, that its members should be subjected to a most rigid code of professional etiquette; and under this sentiment is it that we have thus discharged our duty, as we see it, to the profession.

THE CATTLE-PLAGUE.

The very important question as to the identity of the cattle-fever with the disease now affecting sheep—whether, in fact, the disease is communicable to sheep from cattle—is being investigated, under Government authority, at the Veterinary College. We are very glad to hear that Mr. Robert Ceely of Aylesbury is placed on the Committee of Inquiry. No satisfactory proof appears yet to have been given of the identity of the two diseases; and we are sorry to find that the conclusion has been in some quarters so hastily accepted. It is possible that the diseases may be identical; but if they are so, it seems strange indeed, that, with the many histories and details of the Rinderpest which have been published, no distinct statement should have been made of the fact; that we should have had to discover it through our own practical experience.

Mr. Tattersall even tells us that horses can catch the Rinderpest; and asserts that horses have actually died of it at Windsor. However, he at the same time relieves the minds of the public, by publishing a positive cure sent to him all the way from Hungary by a dragoon colonel. The remedy is perfect; viz., sure, cheap, and off-hand in its operations. It is arsenical and homœopathic, and as follows.

"*Homœopathic Preservative against Rinderpest.* A dose of arsenicum (third potency or strength), consisting of eight or ten drops given every thirty-six hours, will prevent the disease breaking out. Any animal taken with the disease should have the same dose given every ten or fifteen minutes."

Such is the kind of scientific instruction which the *Times* deals out to the public at the present juncture. As Professor Gamgee very truly says:

"So long as the opinion of every one is accepted, and no more weight is given to the opinions of scientific men than to those of the most empirical cow-keeper, we must expect to hear and read an enormous amount of nonsense."

Indeed, it would form a very interesting subject of inquiry, to ask how it is that, in a matter of purely scientific investigation, the opinions of men of science should have so little influence over the public mind. The *Times*, in its leaders, has written on this subject of the Cattle-fever, the most astounding nonsense—we might truly say, has done

an infinite amount of mischief—ridiculing the proposals of real scientific experimenters; and accepting the phantastic, semi-scientifically worded, crudities of "S. G. O." as the exponents of its ideal of science. It must be a deep regret to all of us, that such should be the estate of men of science in this country; that the authority of the *Times* should be given to writers whose eloquent pens are guided by presumption and profound ignorance of the subject, on which they dissert with such pretension of knowledge.

In this matter, indeed, the *Times* has been guilty of great dishonesty. As our readers may remember, the *Times* pretended to disbelieve that the French Government could be so well prepared with *facts* about the Cattle-plague as the report issued by the French Minister indicated. Thereupon, says a morning paper:

"Innocently supposing that our contemporary was really desirous of being informed on the subject, M. Boulay, one of the Professors at Alfort, considerately forwarded to Printing-house Square a copy of M. Renault's elaborate memoir, coupled with an earnest request that it might be published for the benefit of those who should thereby read it. Publication, however, has been denied to this remarkable document."

And, no doubt, because it radically confutes the theory of the *Times* as to the nature of the Plague.

Professor Gamgee says of the statement of the Cattle-fever having affected horses, that it is a pure delusion—very much like Col. Isaacson's cure of it by "arsenicum (third potency)." He, however, believes that sheep do catch the disease. On this point, he tells us:

"The steppe murrain is, properly speaking, a bovine disease, and for long was believed to attack cattle exclusively. Old reports on its extension to men, horses, sheep, pigs, dogs, cats, and other animals, were based on imperfect and faulty observations. Time dispelled the illusions of some men on these points, with the exception of the occasional manifestation of the disease among sheep. That flocks could convey the malady no one has doubted for the past hundred years; but the most accurate report of the disease as it appears in sheep was given in 1863 by Dr. Maresch of Bohemia. Fortunately for us, the malady loses much of its virulence when it passes from oxen to their ovine companions. It never will be a deadly sheep-plague, and many fears may be allayed on this score."

In an address delivered on the 2nd inst., on the occasion of commencing the first session of the Albert Veterinary College, Professor Gamgee gave a very interesting account of the attempts so long made by himself and others to prevent the introduction of the Cattle-fever into this country. He complains, and justly, of the little attention paid to his efforts.

"I must confess" (he says) "it is rather hard to find that, after many years' effort and steady investigation, we should be denounced as ignorant, inadequate for the occasion, and unworthy of public confidence. In reply, we can assert, without fear of contradiction, that, had our warnings been listened to, the cattle-plague would not have been imported into this country last spring. Give us full power to direct in matters which those alone who have special knowledge of the subject can understand, and in three months the disease will be exterminated. Continue as at present, and three years may not see us to the end of it. There is great reason for regret that Professor Simonds, who saw the disease early in June, and the Government, who issued an Order in Council on the 24th of July, did not adequately warn the farmers of the appearance of the disease. Acting under the advice of Professor Simonds, the Government said, full five weeks after the malady broke out in London, 'that a contagious or infectious disorder, of which the nature is at present uncertain, has lately appeared and now prevails among cattle within the metropolis and in the neighbourhood thereof.' Many people are impressed with the laudable idea that the malady should be cured, that specifics might be found for it. The cattle-plague is more deadly and more infectious than any other known disease affecting men or animals. Keeping stock in life implies favouring extension of the disease. Suppose the Commander-in-Chief issued an order to compel veterinarians to treat or experiment on the treatment of glandered horses, what would be the result? Some animals in which the constitutional taint was not developed, in which the disease was confined to the nose, might recover. The number thus cured would be infinitesimally small, whereas the number contaminated by keeping the glandered horses alive an hour longer than we should would be enormous. I assert that severe cases of the Russian plague are and ever must be incurable. Many animals afflicted with this disease are, from the commencement of the attack, virtually dead, and their tissues putrify long before their heart ceases to beat and their nervous system is paralysed by death's process."

The following account of the Rinderpest has been issued by order of the Privy Council. It is drawn up by Professor Seitmann, of the Veterinary College of Warsaw.

"The Rinderpest was at first considered to be confined to cattle, but it has, however, now been found to extend to sheep, hitherto not with the same virulence. The disease has invariably been introduced into Poland by contagion, and has never, it is believed, been generated in this country. The contagion has generally been introduced by the herds of grey cattle which are imported from Bessarabia for the consumption of Poland alone, the annual importation amounting to thirty thousand head. The contagious qualities of this disease exceed those of any known disease of man or beast. The contagion is conveyed not only by infected cattle, but those apparently sound, by pigs, poultry, hides, manure, bones, offal, straw, buildings, and the clothes of herdsmen or others; in fact, by every substance which has been in contact with the diseased cattle. A beast once infected rarely recovers; so that the proportion of those with die to those which recover is about ninety deaths to ten recoveries. But few beasts exposed to the contagion fail to catch the disease; on the other hand, all experience goes to shew that a beast which has once been attacked by the disease and recovered is never infected a second time. When the disease made its appearance the duration until the death of the animal was about ten days; it has latterly been more rapid in its effects, and rarely exceeds five or six days from the first symptoms.

"Symptoms. The usual symptoms, as soon as the malady is at all apparent, are as follows. The beast looks wretched, eats less, the rumination either ceases

or becomes irregular, the coat stands out and loses its gloss, the beast becomes nervous, constipation ensues, which turns to an offensive diarrhœa, attended with tenesmus and prolapsus ani. The animal's dung has an offensive smell, the animal shakes his head frequently and in some instances becomes violent, a low cough ensues, with a clear running at the eyes and nostrils, whilst the saliva hangs about the mouth. In many cases these last symptoms appear quite at the commencement; as the disease makes progress these secretions become thicker; the mucous membrane, gums, mouth, etc., throw out pimples, the running at the nose and eyes gives an offensive smell, the eyes sink, the beast daily becomes thinner, and sometimes has a tendency to grind its teeth; towards the end the beast lies down, with its head turned upon one side, and becomes exhausted, finally dying without effort.

"Autopsy. At the autopsy of cattle victims of this disease may be observed the traces of all the above mentioned symptoms, such as the secretions about the eyes and nostrils, the sunken eyes, etc. The mucous membrane, and especially the fourth stomach, present a marked change; the mucous membrane is highly charged with blood of a deep red colour, and partially swollen. In some places the mucous membrane has lost the membrane "epithelium," or upper tissue common to the mucous membranes, or is sometimes clothed with coagulated exudations, which fall off when touched, leaving the surface slightly depressed. There is often a great accumulation of pulpy food in the third stomach in a dry condition, which filling up the stomach gives it a round appearance. In consequence of this dryness of the food in the third stomach this disease has been called in the Polish language 'Ksizgosusz,' from *Ksizkaka*, a book, and in the German 'Lösserdürre,' names badly assigned, as the dryness is not an invariable symptom; on the contrary, sometimes the food contained in the digestive organs is quite moist. The enlargement of the gall bladder must be added to other pathological changes; it contains but thin gall, and is also highly charged with blood. The mucous membrane of the other organs undergoes less alteration; the chief points, however, in the latter are in the 'trachea,' which swells so much as almost to obstruct the passage, and in the anus, which becomes highly charged with blood, and of a deep red colour.

"Diagnosis. The symptoms during life and subsequent pathological changes, which have been described in a popular rather than a professional manner, must not be considered as of invariable occurrence, and the absence of any of them does not prove that the animal was not attacked by the genuine form of this disease. It sometimes occurs that in whole herds few or none of the affections about the eyes and mouth are to be observed; on the other hand, symptoms not hitherto mentioned have been noticed, such as a remarkable sensitiveness in the loins, so that if the beast be touched in that region, it will wince so as almost to sit down. One circumstance, however, is proved beyond a doubt, namely, that the disease is invariably transmitted by contagion, and is never indigenous.

"Remedies. All experience goes to prove that all remedies for this disease are fallacious. Were the disease absolutely curable, it is doubtful whether the process, which would necessarily bring many persons and substances in contact with the diseased beast, would not be the means of transmitting so much contagion, that a greater loss would ensue than by immediately slaughtering the diseased subject. Under any circumstances, the utmost attention should be paid to the veterinary police regulations; and, above all, quack remedies must be avoided, which can but entail a very serious and probably increased transmission of contagion, and have already exposed so many countries to such severe losses. In the kingdom of Poland, a strict quarantine for cattle at the frontier has been in practice more or less since 1857; a system of mutual compulsory insurance has also been in operation, which provides compensation for the compulsory destruction of diseased cattle, and also of those killed from precaution. The above mentioned system has proved most efficacious in Poland, and has doubtless contributed enormously to check the disease. Whether such a system would answer in a thickly populated country like England, and where the disease has taken root in all directions, is a question for those acquainted with that country to decide. Probably the complete insulation of cattle and districts under such circumstances would be attended with the greatest difficulty. Under all circumstances, precaution against contagion is the only course to be pursued. Inoculation with the disease has also been practised; it is, however, only of service to show which animals die and which recover, as it is to be noted that inoculation by no means mitigates the intensity of the malady. The precautions laid down by the veterinary police must unquestionably be followed, according to the circumstances, climate, and requirements of the country. The measures adopted in Poland are comprised in the *Regulations for the Cattle-Disease*, published in 1844, which were superseded by the *Regulations of the Council of Administration for the Kingdom of Poland respecting the Insurance of Cattle*, dated 1857. According to the above regulations, hides, manure, and everything that has been in contact with diseased animals, are to be carefully buried. I am, however, of opinion that the hides of animals killed on suspicion may, after long soaking, be sent to the tanner, and the meat salted."

The members of the Association will learn with much satisfaction, that Professor Hughes Bennett of Edinburgh has consented to deliver the Address in Medicine, and Mr. Bowman, F.R.S., the Address in Surgery, at the annual meeting to be held at Chester in 1866. We have also to call the attention of our readers to the advertisement, which appears in this day's Journal, of the Hastings prize for next year. The subject proposed is "Shock after Surgical Injuries and Operations." Essays must be sent in to the General Secretary on or before July 1st.

THE LATE DANIEL McNAB, Esq., OF EPPING.

Well on Monday evening, died early on Tuesday morning, Daniel McNab of Epping, aged 74, the first victim in our profession, in this country, to the present visitation of Asiatic cholera. Thoroughly honoured and loved was he in the sphere in which, for more than half a century, he successfully practised; and well he might be, for he combined in an unusual degree the qualities to command respect and affection. Upright, sincere, truthful, and sagacious, yet open, sympathising, and kindhearted, he was the friend and counsellor almost as much as the medical

adviser; and enjoyed to the full those intimate and useful, and therefore delightful, relations with the various classes around him, which are the peculiar privilege of the medical practitioner. The open-handed, open-hearted welcome to his hospitable home made an impression which many years have not effaced; and was the prelude to quiet, cheerful, thoughtful, improving intercourse, the loss of which cannot be too much mourned. He loved knowledge, and courted science for science's sake; and was deeply interested in man's physical and social progress; but he loved most of all, and studied most of all, that highest and best science, which reaches into the unseen, and connects the temporal with the eternal; and he laboured hardest of all at the great work of self-discipline. Such a character should not pass without some slight tribute to its memory. Latterly, he engaged in the practical work of his profession solely to lighten the labours of others; and in this unselfish task he found his end, for he was assisting in the attendance on two cases of cholera when the fatal seizure occurred.

CHOLERA.

The report of the appearance of the cholera at Southampton seems to be now fully confirmed by undoubted authority. The fact is witnessed to by Dr. Bencraft, Dr. Wiblin, Professor Parkes, and Dr. Cooper.

There also appears to be a simultaneous outbreak of cholera at Sholing-common and at Bitterne, situate relatively about four and two miles from Southampton, both healthy districts, situate on a gravelly soil, abundantly supplied with good water, and on former visitations of this epidemic totally free from any attacks. There is also a marked prevalence of diarrhœa all over the district of Bitterne.

At a large and highly respectable meeting held at Bitterne on the occasion, to devise remedial measures, Dr. Osborne urged the necessity of entering into a public subscription, for the purpose of purchasing every requisite that might be necessary for disinfecting and deodorising the premises of the poorer population, and giving them such necessaries and comforts as may be required. He read a number of rules which had been drawn up by Professor Parkes and himself for the purpose of directing the people how to act in the event of their being attacked by diarrhœa. Dr. Parkes recommended the appointment of a committee, consisting of gentlemen who would take upon themselves the duty of visiting and examining the water-closets and cesspools of the poorer people, and distributing among them disinfecting and deodorising preparations. He laid particular stress upon the necessity of a supply of pure water to the dwellings of the poor. Dr. Wiblin had no hesitation in saying that the present resembled in every symptom Asiatic cholera. Bitterne and Sholing-common are districts lying immediately contigious to the Royal Military Hospital at Netley. The season has been exceptionally fine, and the temperature now more closely approximates to July than to that of October. Scarcely a drop of rain has fallen for the last five weeks.

There has been a very extensive emigration from Toulon and Marseilles on account of the cholera. Some of the remedies against cholera employed by the Toulonnais remind us of mediæval days. Fires are lit up extensively in the streets. A local journal says: "We approve of the fires lit in the streets, and encouraged as they are by the municipal authorities. Those fires are a distraction to the mind and serve to strengthen the courage of the inhabitants. The epidemic of cholera at Constantinople suddenly ceased after the vast conflagration which destroyed two quarters of that city. They are, however, badly carried out, and those persons who light up the fires, supposing that it is the smoke which purifies the air, throw water, wetted fuel, or old shoes on the burning piles. The result is that the narrow streets are filled with a heavy and suffocating atmosphere. The population has, moreover, spontaneously organised a kind of rejoicing. At sunset crackers are let off in the streets in every direction.

Toulon is said to have been visited for the fifth or sixth time by the cholera within thirty years, the disease always assuming a virulent character.

At Toulon, on the 26th, the number of deaths was 91, of which 81 were from cholera, being the largest amount yet announced. M. Buisson, principal medical officer of the navy, M. Jausion, medical student from Montpelier, and MM. Carence and Aquarone, doctors of medicine, who had been attacked, are now recovered, and have resumed their service. Dr. Bourgarel is still under the influence of the epidemic, and considered in danger.

According to the Marseilles papers the cholera is declining in that city.

The cholera returns from Italy of the 28th ultimo are as follow. Modena, two cases and two deaths; Sassuolo, one death; Acqui, two cases and one death; Melazzo, two cases; and Cartosio, one. The latest return from Barletta, on the 27th, shows fourteen cases and twelve deaths.

Association Intelligence.

THE ANNUAL MEETING IN 1866.

At the request of the Committee of Council, William Bowman, Esq., F.R.S., of London, has consented to deliver the Address in Surgery at the next annual meeting of the Association, to be held at Chester in 1866.

T. Watkin Williams,
General Secretary.

13, Newhall Street, Birmingham, Sept. 30th, 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

The annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

The next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 P.M.; George Ashdown, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

John M. Bryan, M.D.
G. P. Goldsmith. } *Hon. Secs.*

Northampton, September 20th, 1865.

Reports of Societies.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ANNUAL MEETING.

[*Held at Birmingham, September* 1865.]

SUBSECTION D.—PHYSIOLOGY.

Beef, Pork, and Entozoa. By T. S. COBBOLD, M.D. Dr. Cobbold exhibited several specimens of entozoa; and, having explained their production and peculiarities, proceeded to say that, although pork had been considered the almost exclusive source of entozoa, it must be borne in mind that the flesh of all warm-blooded animals was liable to harbour those parasites. The human being afforded the exclusive home of at least two species of entozoa; and the worms were taken into the system through the eating of beef and veal, as well as pork. The infrequency of cases of tapeworm in Edinburgh appeared due to the fact that the meat there was generally well cooked. The cattle supplied to Edinburgh were also more healthy than those of some other towns with regard to the parasite.

The Earthworm. By G. ROLLESTON, M.D. Professor Rolleston gave a description of certain points in the anatomy of *Lumbricus terrestris*, or common earthworm. He entered very fully into detail regarding the muscular system and salivary glands of the animal. The earthworm should be considered as an animal to the existence of which water or moisture was necessary, though its dwelling was in the earth. He had come to the conclusion, that the number of rings in the worm was very variable.

Rigor Mortis. By RICHARD NORRIS, M.D. The commonly received theory of *rigor mortis*, that it is an energetic muscular contraction, was erroneous, as was proved by the following considerations. 1. The *rigor* of opposing sets of muscles does not cause the redisposition of limbs in obedience to the superior powers of the stronger sets of opponents. 2. It does not cause the rupture of the weaker set of opponents. 3. If either the flexors or the extensors of a limb be divided, and the limb be placed, before *rigor* has set in, in the position in which it should be drawn by the cut set of muscles had the action of these been unopposed, the uncut set of muscles do not alter that position. 4. Contraction and the presence of irritability being an inseparable association, it follows that, if irritability be absent for a long time, immediately prior to the supervention of *rigor mortis*, the latter cannot be regarded as a contraction. 5. The microscopical appearance of muscular tissue affected with *rigor mortis* is entirely different from that of muscular tissue in a state of contraction. The truth of these arguments he had demonstrated by a variety of experiments, selections from which were set forth in detail. *Rigor mortis* is, therefore, not a contraction of muscular tissue. It is a suspension of the property of extensibility, probably due to a solidification of the fibrinous material contained in the interfibrillar juices of the muscles, as asserted by Brücke and Kühne; and the resolution of this by incipient decomposition restores to the muscles their mobility.

Leanness and Animal Food. By JOHN DAVY, M.D., F.R.S. Those who have advocated the opinion, that a diet of animal food conduced to leanness, had supported it by arguing that a vegetable diet was commonly richer than flesh in the elements from which adipose matter is formed, such as starch, etc.; and, further, that carnivorous animals were commonly leaner than herbivorous. He disregarded the first argument, inasmuch as certain kinds of animal food abounded in fatty matter. He instanced the case of animals subsisting on other animals, all of which were very fat; and, he considered, that tended to show that a diet of exclusively animal food was in no wise incompatible with fatness. Referring to our own species, it was easy to find corroborative instances. Butchers and their families, who used large quantities of meat, were not remarkable for leanness; and fishermen and their families were generally stout. The English, as a rule, had always been considered large consumers of meat, especially in the olden time, when vegetables were less abundant; and in those periods they were notorious for their stoutness. Did a vegetable diet tend to the production of fat? The Irish, living mostly on potatoes, should be distinguished for lustiness, though they certainly were not; and he had not heard fatness ascribed to vegetarians. Amongst our soldiers and sailors, a fat man was a rarity. But that was no wonder; for, though their diet contained a large proportion of animal matter, their meat ration was never in excess; while at the same time they had a great deal of exercise. His opinion, in which he was supported by eminent physiologists, was that a mixed diet, partly animal, partly vegetable, was best adapted to the wants of man, as well as most suitable to his taste; and that the safest way to avoid obesity was to live moderately, observing the happy medium between a too sparing and a too copious dietary; and, for the correction of obesity, attending rather to quantity than quality of food.

Deglutition as observed by the Laryngoscope. By G. D. GIBB, M.D. Dr. Gibb referred to the recent experiments of M. Guinier of Montpellier, in relation to the function of deglutition, which were brought before the Academy of Sciences in Paris, and given briefly in the *Comptes Rendus* for May last. (See also BRITISH MEDICAL JOURNAL, September th) These experiments by M. Guinier were performed upon himself by means of autolaryngoscopy, and consisted in the introduction of food into the larynx whilst the little mirror was in the mouth, the epiglottis remaining erect; and he therefore inferred that, in swallowing, the food passed into the top of the windpipe, glided over the vocal cords, and fell into the gullet, the epiglottis still being erect. He inferred also that fluids always passed under the epiglottis in gargling or swallowing fluids. Dr. Gibb questioned the conclusions drawn from the experiments, and maintained that the act of swallowing food could not be demonstrated with a mirror at the back of the mouth; and that the introduction of food into the larynx behind the epiglottis showed the tolerance of the larynx under certain circumstances, but did not show that this cartilage remained erect in deglutition. This tolerance was further shown by the still later experiments of M. Krishaber, who passed chewed bread into the larynx, with his finger, along the posterior surface of the epiglottis; and, on a deep inspiration, this was drawn downwards into the trachea, and could be retained there as long as the bolus remained warm and soft. Dr. Gibb referred to cases in his own experience, where the epiglottis was destroyed by disease, and, notwithstanding, the food did not glide over the vocal cords, as the soft parts at the top of the windpipe approximated, and allowed the food to slip into the gullet. It could be seen also that, when the act of deglutition was examined with the laryngoscope, the cavity of the larynx was quite closed up, and then covered by the depressed epiglottis, so that food could not enter in the natural way. From these well known

facts, with others which he mentioned, Dr. Gibb stated that our well known views in relation to deglutition, and the part the epiglottis played in it, remained sound, and could not be controverted by any experiments that might be made with the aid of the laryngoscope.

On Variability, as manifested in the Construction of the Human Body. By W. TURNER, M.B., F.R.S.E. After alluding to the diversities in the external form of the body, which imparted characters generally recognised as diagnostic not only of the race but of the individual, the author showed that variations also occurred in its internal structure in the different organic systems; and, though no outward evidence of the existence of many of these variations might be manifested, yet they furnished the individuals in whom they occurred with characters as distinctive as any peculiarities of external configuration. Hence, in the development of each individual, a morphological specialisation occurred, both in internal structure and external form, by which distinctive characters were conferred, so that each man's structural individuality was an expression of the sum of the individual variations of all the constituent parts of his frame. The illustrations advanced in support of the author's opinions were taken from the flexor muscles of the fingers and toes, and from the modifications in the form and size of the supracondyloid foramen, which is occasionally met with in man, and of the objects passing through it. It was also shown that variability in construction was not manifested merely in different individuals, but that, in the same individual, the corresponding structures on opposite sides of the body were by no means symmetrically disposed.

Mr. FURNEAUX JORDAN spoke of Mr. Turner's observation confirming Buckle's theory that the deviations are so numerous that there are no irregularities; in fact, that, as science extends, all irregularities would be classed under regular laws. Mr. Jordan also spoke of the tendons in the back of the hand, and particularly of the ring-finger, the peculiar construction of which was supposed to give rise to a good deal of the difficulty experienced in learning certain musical instruments, though Mr. Jordan attributed it to another muscle.

Professor BENNETT remarked that, at Hamburg, a foreigner could be seen copying some of the pictures of the old masters, holding his palette with his toes, and using his brush with his toes. He asked whether Mr. Turner had connected these remarkable movements with any peculiarities of structure, having any peculiar physiological relations to the functions of the body.

Mr. WALLACE thought it would be interesting to determine if this variation was not dependent on, or the result of, civilisation. He believed that in the savage man these variations would not be found to be so numerous and so extensive.

Dr. CAMPS believed that by repeated anatomical investigation more and more diversity would be discovered in the human body. If opportunity were afforded, similar and corresponding variation would be found in the brain, spinal cord, and nerves; and he could not help thinking that a great deal of the diversity of character, and of aptitude for the ordinary avocations of life, were involved in the principle intended to be illustrated in the interesting subject now brought under notice. He even believed that the question of sympathy, and of ordinary likes and dislikes, might be interpreted by the minute internal organisation.

On Amyl Compounds. By B. W. RICHARDSON, M.D. All these compounds, which are produced from potato starch, are anæsthetics; and the object of the paper was to define the difference between the action of these compounds, and of chloroform and ether. It was admitted that they were all exceedingly dangerous; and Dr. Richardson did not believe they could be safely used as substitutes for either ether or chloroform. The subject was considered of such importance, that it was referred to the committee, with a view to renewing the grant for the further prosecution of Dr. Richardson's experiments.

Skeleton of a Female aged 104. By G. M. HUMPHRY, M.D., F.R.S. Dr. Humphry remarked that since he made the examination, a discussion had arisen as to whether persons had ever attained that great age. He had no positive documents as to the age of this skeleton, but the evidence rested upon the statements of the woman herself, corroborated by the ages of her children, and by the period during which she had been a nurse at Addenbrooke's Hospital. The woman had been a person of temperate habits, eating well, and drinking half a pint of beer daily. At the *post mortem* examination, the organs were all found healthy, and the cause of death was accumulation in the bronchial tubes. The costal cartilages were as soft as in early life. The same thing was noticed in the *post mortem* examination of old Parr, and it was thought to be singular, but he (Dr. Humphry) had met the same in many cases of *post mortem* examinations of very aged people. The walls of the skull were exceedingly and unusually thick, the skull weighing 27½ ounces, or at least six ounces more than the average. In singular opposition to the condition of the skull was the state of the femur, which was singularly light, weighing only five ounces. Dr. Humphry pointed out this as a singular anomaly that when the muscles and bones had become weak, and less able to carry weight, that weight should be increased.

Dr. RICHARDSON said that a few months back he examined at the Birmingham Workhouse an old woman, 104 years of age, and in her case he noticed the peculiar flexibility of the walls of the chest. The heart-beat was perfectly true, and the respiration good. The mental faculties were declining, and there was considerable deafness.

Dr. ROLLESTON gave the results of his observations in the *post mortem* examination of a man supposed to be 106 years old. He noticed one very great contrast between his case and that of Dr. Humphry; and whereas the skull-cap in Dr. Humphry's specimen was exceedingly thick, in the case which came under his notice the walls were very thin indeed. The skull-cap was entirely soft, and could be cut without difficulty; but the dura mater was strongly adherent. Dr. Rolleston added, that in most cases of people of advanced age, he had found that they had eaten largely of sugar.

Ozone. By B. W. RICHARDSON, M.D. The following are the reliable facts known up to this time respecting ozone. 1. Ozone in a natural state is always present in the air in minute proportions; viz., one part in ten thousand. 2. It is destroyed in large towns, and with special rapidity in crowded, close, and filthy localities. 3. Ozone gives to oxygen properties which enables it to support life. In this respect it acts like heat; its effects are destroyed by great heat. 4. Ozone diffused through air in minute quantities produces, on inhalation, distinct symptoms of acute catarrh. 5. When animals are subjected to ozone in large quantities, the symptoms produced, at a temperature of 75°, are those of inflammation of the throat and mucous membranes generally, and at last congestive bronchitis, which in carnivorous animals is often rapidly fatal. 6. When animals are subjected for a long period to ozone in small proportions, the agent acts differently, according to the

animal. The carnivora die, after some hours, from disorganisation of the blood separation; but the herbivora will live for weeks, and will suffer from no acute disease. 7. The question whether the presence of ozone in the air can produce actual disease, must be answered cautiously. Science has yet no actual *demonstrative* evidence on the point. But the facts approach to demonstration that catarrh is induced by this agent. All else is as yet speculative. 8. During periods of intense heat of weather, the ozone loses its active power. 9. On dead organic matter undergoing putrefaction, ozone acts rapidly; it entirely deodorises by breaking up the ammoniacal products of decomposition. At the same time, it hastens the organic destruction. 10. There is an opposite condition of air in which the oxygen is rendered negative in its action, as compared with the air when it is charged with ozone. Air can thus be rendered negative by merely subjecting it, over and over again, to animals for respiration. The purification of such air from carbonic acid and other tangible impurities, does not render it capable of supporting healthy life; but ozone restores the power. In a negative condition of air, the purification of the organic matter is greatly modified, and the offensive products are increased. Wounds become unhealthy, and heal slowly in such negative air. 11. There is no demonstrative evidence, as yet, that any diseases are actually caused by this negative condition of air; but the inference is fair—that diseases which show a putrefactive tendency are influenced injuriously by a negative condition of the oxygen of the air. It is also probable that during this state decomposing organic poisonous matters become more injurious. 12. As ozone is used up in crowded localities, and as it is essential that ozone should be constantly supplied in order to sustain the removal of decomposing substances and their products, no mere attention to ventilation and other mechanical measures of a sanitary kind can be fully effective, unless the air introduced be made active by ozone. Fever hospitals and other large buildings in towns should be artificially fed with ozonised air.

On the Functions of the Cerebellum. By W. H. Dickinson, M.D. This paper was founded partly upon experiments made on a great variety of animals, chiefly of the lower order, and partly upon observations on human pathology. The general results were as follow. 1. The addition of the cerebellum to the medulla oblongata gives an increase of voluntary motive power to the four limbs—to the posterior in a greater degree than to the anterior. The power thus obtained is distributed in such a way as to produce even and balanced movements, and often appears to be exercised in a continuous and automatic manner. 2. The removal of the cerebellum has an effect upon the muscles of the limbs, which increases in proportion as the organ increases in size. It consists in a diminution of voluntary power and of muscular adjustment. When an inequality of effect can be noticed, the loss is greater in the posterior limbs. There is a loss of habitual activity. From the effect of lateral injuries, it must be assumed that each lateral half of the organ has an influence on both sides of the body, but to a greater extent upon that opposite to itself. 3. The removal of the cerebellum has no effect upon superficial sensation, on any special sense, on the action of the involuntary muscles, or on reflex movements. 4. In the human being, it appears there is no constant effect from loss or alteration of the cerebellum, but failure of voluntary muscular power. Disease, or deficiency of the whole organ, invariably lessens voluntary power in the limbs, especially in the lower. The loss of one lobe produces its effect more on the opposite side than on its own. Disease confined to the cerebellum has no effect upon superficial sensation, on the intellectual powers, or on the action of muscles supplied by the cranial nerves. Hence it appears that the function of the cerebellum is to supply the voluntary muscles of the trunk and limbs with self-regulating motive power. This is distributed in an inverse manner to the influence of the cerebrum. The latter has the sole control over the parts supplied by the cranial nerves, and the chief control over the anterior limbs. The cerebellum has its greatest effect upon the posterior limbs, less upon the anterior. Thus the muscles of the trunk and limbs are under a double rule, while those of the head and neck are regulated solely by the cerebrum. It appears that cerebellar movements are apt to be continuous and habitual, contrasting with the emotional character of those which originate in the cerebrum.

Experiments confirmatory of those of Kühne, on the Non-existence of Ammonia in Blood. By A. Gamgee, M.D. Few questions had excited greater discussion among physiologists than the coagulation of the blood, and few researches on the subject had been received with greater interest by the scientific world than that of Dr. B. W. Richardson. The conclusions Dr. Richardson had come to were, that the blood, whilst circulating in the living body, contained free ammonia; that when the blood leaves the animal body, ammonia escapes and coagulation takes place, the escape of the ammonia and the phenomenon of coagulation being considered to stand in the relation of cause and effect. He (Dr. Gamgee) made some experiments which were in direct opposition to those of Dr. Richardson; and as the quantity of blood which Kühne and Strauch subjected to analysis was comparatively small, he determined on repeating the experiments in the most rigid manner possible, and upon a larger scale than had been previously attempted. Having described these experiments, Dr. Gamgee concluded by remarking that further researches would, he believed, confirm the results of the experiments which he had performed, and satisfactorily prove that Nersler's reagent was as delicate a test for the compound ammonia as for simple ammonia.

A discussion followed the reading of the paper, in the course of which Dr. Richardson controverted the views of Dr. Gamgee.

Cell-Pathology. By J. Hughes Bennett, M.D., F.R.S.E. Dr. Bennett stated that a cell-pathology had naturally sprung from the cell-theory, as originally framed by its founders, Schleiden and Schwann, which had greatly extended the boundaries of medical science. The cell-pathology of Virchow, however, was based upon a law he sought to establish; viz., that every cell sprang from a pre-existing cell, and that we must not transfer the seat of oval action to any point beyond the cell. This supposed law, he maintained, was opposed by so many histological facts as to be altogether untenable. He begged especially to draw attention to the origin of pus-cells, which Virchow and some of his followers had represented as originating in the interior of connective tissue corpuscles. Dr. Bennett and his pupils had frequently sought, by passing setons through the skin and muscles of animals, to observe in the inflamed tissues the appearances which had been figured in support of Virchow's views, but had never succeeded in seeing pus-cells within pre-existing cells. Henle had pointed out that the error had originated in mistaking the triangular spaces observable, on a transverse section, between the bundles of various fibrous tissues, for cells; as in these, unquestionably, pus was very likely to collect. Dr.

Bennett further believed that the tendency of many cells to enlarge as the result of irritation, and to multiply themselves endogenously, as shown by himself, by Roberts, Goodsir, Redfern, and other pathologists, was another source of mistake among the younger histologists. The granules and included cells so formed were mistaken by them for those of pus, though easily separated from them. He called attention to a series of preparations (which were exhibited), showing suppuration in inflamed eyeballs, and in pneumonic lungs, in which pus-cells might be seen in all stages of formation—originating from a coagulated molecular exudation, unconnected with any pre-existing cells whatever. In the sections of lung more especially, the fibrous tissue of the organ surrounding the air-cells might be seen to be quite healthy. In the coagulated exudation, on the other hand, the molecules might be observed at first uniformly filling up the air-vesicle; then formed into masses, varying in size from the twenty-thousandth to the one-thousandth of an inch in diameter. The latter were sounded, and were identical with pus-corpuscles. He believed that these bodies, therefore, were formed by an aggregation of smaller particles or molecules, composed originally of the coagulated exudation. It was certain that, in the situations referred to, they did not originate in pre-existing cells, as no such cells could be seen. If, as might be supposed, they sprang from the epithelial cells lining the chambers of the eye or the air-vesicles, such cells would be seen, enlarged, and containing the pus-bodies. But his preparations and numerous examinations of the part when diseased had proved to him that no such cells were mixed with the exudation, or in any way connected with the formation of pus.

Insects in the British Museum. The entomological department of the British Museum contains 130 cabinets, 3,755 drawers, and 121 store-boxes; the number of specimens being 904,605. (*Quarterly Journal of Science.*)

The Compulsory Vaccination Act. A question of interest to the public in connection with the new Vaccination Act has just been decided by the Irish Poor-Law Commissioners, in reply to an inquiry on the part of the Omagh Board of Guardians. It appears that from an indefiniteness in the wording of the Act, or from some misunderstanding as to its provisions, the children of several highly respectable inhabitants of the town had their names posted in the workhouse for the inspection of the guardians, and to entitle the medical officer of the dispensary district to a fee of one shilling in each case, payable out of the rates of the union, notwithstanding that the vaccination had been performed at the private residence of the parents. To ascertain whether such a proceeding, unpleasant as it must be to many parents, was rendered imperative by the Act, the question was submitted for the opinion of the Commissioners, and the following is their reply:—"Referring to the board's minute of 9th inst., the Commissioners state, in reply, that, wherever a medical officer has received a fee for vaccination of a child as a private patient, they do not think that he ought to include such a case in his report, or return to the committee of management for payment for its successful vaccination out of the rates of the union; but he would be entitled to a fee of threepence for its registration, under section 9 of the Compulsory Vaccination Act." It was ordered by the board that the substance of this letter be communicated to each dispensary medical officer in the union. (*Derry Sentinel.*)

Correspondence.

CONTEMPORARY BIOGRAPHY.

Letter from T. Herbert Barker, M.D.

Sir,—Dr. Stewart's letter in the Journal for September 23rd, is in great part a reiteration of his speech at Leamington, to which I have already replied (see Journal, August 26th); I need not, therefore, take up your space by repetition of reply. There are, however, *three* new points in the letter which I must briefly notice.

1. Dr. Stewart speaks of the portraits of my series as "effigies". Can he have seen them? As I have no artistic hand in their production, I must protest against such an attack on what are really masterpieces of photographic art. They came from the studio of Sun and Edwards, whom to name is enough. The first is the most ancient and grandest of painters; the second is not second to any who have joined the first in friendly partnership. If Dr. Stewart will be candid enough to look, he will, I think—for I hear he rather prides himself on being a judge of art—withdraw the term "effigies".

2. Dr. Stewart urges, that in time I must descend from the *dii majores* to the *dii minores* of physic. I differ from him, because I cannot, like him, define the two classes. If I went on the principle of defining great and little gods amongst living men in general and doctors in particular, my task were truly hopeless. I feel, and every man who thinks for himself must feel too, that we do not really know who are our *dii majores*. I may have my estimate of a living man, who for originality and boldness of thought, for marvellous industry, for deep learning, and for versatility and power of style, is the first amongst us, and will live when we most of us are forgotten; probably, however, he would not be reckoned by Dr. Stewart amongst the *dii majores* at all. Such a man I should not exclude, if I could help it, from my series, because Dr. Stewart differed from me on his merits; and such a man I should certainly not over extol by a single line, because my own opinion might also be extreme; but I should put him before the public in his ordinary position as he is now, state simply what he has done, and leave him with his fellows, for those who come later to judge of him by his labours. In this way, and in this way only, I consider my series will prove of ultimate service. What would not modern scholars give now for a portraiture of Harvey or Morgagni, Sydenham or Haller, written during their lives by an impartial man who knew them in person! I rather expect historians of next century will be grateful to me for giving them truth without ostentation, for saving them some trouble, and for easing them of much and wearisome speculation.

3. Dr. Stewart challenges me to publish the letters of those who have refused to be embodied in my series. Well, personally, as none of these gentlemen have said anything worse in private than Dr. Stewart has said twice in public, what reason have I for objection? Simply one reason, and a good one, which every honourable mind will respect. If I commenced the process, I must give every man's reason for refusal; but the majority of reasons, though they are quite as cogent as any Dr. Stewart has put forth, are so purely personal, that I could not, without breach of confidence, make them publicly known. At the mere instance of Dr. Stewart, I do not feel, therefore (willing as I am to oblige him), that I should be justified in carrying out his suggestion;

unless, as is not probable, every one who has refused, should give me permission to state the grounds of his refusal.

After all, this controversy lies in a nutshell. Things are good or bad as they are made to be by the spirit that guides them. I hold that my serial work, of which Dr. Stewart complains, can and will be a good and useful work, *that shall not sink to any level beneath the true level of professional honour and integrity.* Dr. Stewart predicts terribly otherwise; and while he says everything that is kind of me as a man, he discredits me as a biographer. I reciprocate all his kindness, but I shall discredit him as a prophet, until I find that the alarming results he describes as coming, show themselves as come; upon which, I promise him I will bury my poor book, "effigies" and all, "deeper than ever plummet sounded", and, joining Prospero somewhere, offend no more. I am, etc.,

T. Herbert Barker, M.D.

Bedford, September 25th, 1865.

MOONSHINE.

Letter from S. H. Steel, M.B.

Sir,—I am much taken by an anecdote related by S. G. O., in a letter published in the *Times* of September 21st. Many of your readers must have seen it, but for convenience sake I quote it here.

"Some years ago—there are those now living who will well remember it—a man and his son took a load of straw to London to sell, to return with a load of London stable dung. The distance was about twenty-two miles. The boy got tired, and lay down to sleep on the top of the dung. Within twenty-four hours of his return home he was seized with the symptoms of low fever; it became malignant typhus, spread through the cottage, and into the next. I never saw such malignant cases before or since. I think three died at once; one was saved, I dare say is now alive, who went through all the worst stages of the disease. We took active measures with soap, lime, etc., to cleanse all the houses near; we had not another case on that spot, but within a week a few cases, here and there, in *distant* parts of the same parish. I recollect an old carter saying to me, 'It wasn't altogether the sleeping a-top of the dung—we often does that, and never take harm—but 'twas a bright moon, and stuff is always twice as bad then.' I took the hint. Again and again when I have wished to trace bad drainage I have chosen a bright moonlight night; it has never failed me. Men of 'science' have acknowledged to me the fact that the moon's rays do act on corruptible matters in a manner inexplicable. I know not whether the dung that gave my poor people the typhus was stable, cowshed, or composite, but I never was more convinced of anything than I am of the fact that the 'visitation,' which at the time frightened my whole neighbourhood, did come from the boy sleeping on the dung. He was healthy, well fed, perhaps under some exhaustion, but not such as was likely to make him a peculiarly liable subject for infection."

This is a good specimen of the manner in which a medical question may be treated by an eminent public writer in the *Times*. The attack of fever which occurred under the circumstances above detailed, is specified by the term typhus, but whether it was mere typhus or typhoid, the writer clearly has no idea of whatever kind; it was, at all events, virulently contagious. It was generated originally by the conjugation of moonshine and dung; but having come into being in this remarkable manner, it soon manifested the power of continuing its species in the usual way, and several persons took the disease, not from the moonshine and dung, but from the first sufferer. We are told, however, in the next sentence, that other cases of the same disease occurred within a week in *distant* parts of the same parish. The italics are S. G. O.'s.; they indicate, if anything, the writer's opinion that these cases also must have been the direct offspring of moonshine and dung, and not of the case originally so engendered; so that, granting we have traced in this instance the mode of origin of a malignant typhus fever, which, in accordance with the general law of being, has received at the moment of its creation the faculty of propagating its species, and proceeds at once to exercise that faculty at the expense of the near neighbours of the first victim, yet that isolated acts of creation by the agency of dung and moonshine also took place in remote quarters of the parish. And this must really have been so, because these isolated cases were instances of the same disease, but could not be traced to contagion from the case originally engendered in the dung-cart.

Is it not strange that a gentleman so acute as S. G. O., possessed, moreover, of considerable scientific attainments, should miss the obvious explanation of the phenomena he details? Whether is it the more likely that a load of London manure should have included refuse or excreta from some London case of typhus or typhoid fever, and thus have been the medium of conveying the disease to the tired lad who slept upon it? or that the malady should have sprung—a new creation—from that chance congress of dung and moonshine? And is it not more probable that the subsequent apparently isolated cases should have been derived from the first nucleus of contagion—not traceable, perhaps, by those who probably made no effort to trace them, and certainly did not possess the clue—than that they should have severally sprung into being from the conjunction of dung and moonshine, or from some still more inscrutable and "fortuitous concourse of atoms"?

But, to leave banter, let us note the lesson to be heard from this strange vagary of a writer so eminent as S. G. O. We had enough, even *ad nauseam*, of absurd speculations concerning the origin and mode of propagation of the typhoid fever, whether of man or of the ox, but this is the climax of them all. I am not disposed to deny that the moon's rays may possess properties yet unknown, the discovery of which may reward the research of future investigators. Nay, there may be even some underlying truth in the popular notions respecting their influence; but we need not resort to the moon for an explanation of the origin of fever. It is surely time that views more philosophical, more in accordance with reason and analogy, should obtain general acceptance. Such views have been opened to us by Dr. William Budd, illustrated by a felicity of observation, and enforced by a vigour of argument, unsurpassed in the annals of medical investigation.

Typhoid fever is distinguished by all the characters of the zymotic class. It runs a definite course, is accompanied by distinctive eruptions both on the skin and on the intestinal mucous membrane; it occurs, as a rule, but once in the same individual, and finally it spreads by contagion. True, the germs by which it is propagated are thrown off, not as in measles or small-pox chiefly by the skin, but by the intestinal mucous membrane, and thus the path of the contagious matter is peculiar and erratic; but the evidence of the fact is conclusive, and is now generally admitted. Yet numbers, both of physicians and laymen, still seek for some other source of the disease. The claim of a faculty of spontaneous origin for small-pox and scarlatina has long been abandoned; but the

typhoid fever germ, an entity quite as specific, is sought in every impossible nidus—at least, even in a moonlit dung-cart.

We know not, indeed, how any species, whether animal or plant, fungus or infusoria, first comes into being; but we do know that with its being it received the faculty of self-propagation, that the species is continued in no other way, and that, when in the course of years or ages it finally becomes extinct, its place is taken by other species, similar, it may be, but never identical with it. And so we may be sure that the typhoid fever germ is not created anew some thousands of times in the year; that it springs not from this cesspool nor from that dung-cart. It breeds solely in its own proper nidus—the body of a human being, is thrown off in atomic myriads from the intestinal canal of the human fever patient; and if we cannot always trace its course to the individual who next receives it, let us reflect how remarkable a thing it would be if we could. Let our investigations, however, take this obvious and natural direction. Let us also study the influences, meteorological or other, that affect the preservation, the diffusion or the growth of the germs; and let us, at all events, shun that resource of a vague and idle imagination—the theory of spontaneous generation.

The tenour of this letter would seem to render it necessary for me to notice that of "Scrutator," published in the JOURNAL of September 16th. I do so only to remark that a reply to it, if any be requisite, is due from an abler pen than mine, whose function I shall not venture to assume.

I am, etc., S. H. STEEL, M.B.Lond.

Abergavenny, September 26th, 1865.

WHAT IS THE NATURE OF THE "YELLOW" FEVER NOW AT SWANSEA?

LETTER FROM J. ROSE CORMACK, M.D., F.R.S.E.

SIR,—"Yellow fever at Swansea!" is an alarming announcement, the truthfulness of which will, I trust, be explained, as well as admitted, before the opportunity for minute inquiry and observation shall have passed away. Let it be granted, that the announcement referred to has been made on reliable data by last week's newspapers and medical journals; still the public may, I think, be instructed to regard the intelligence very calmly, if they look at it in the light of medical history and epidemiological experience. It will then most probably be admitted that there is no ground for alarm at the supposed invasion of a foreign pestilence, but much cause of thankfulness for a mild warning to the municipal authorities of many of our towns, as yet unprepared for the advent of disease likely to take root and spread under the favouring influence of famine, filth, or such exceptional atmospheric conditions as have lately existed.

Twenty-two years ago, at the close of summer, a contagious fever broke out in the slums of Edinburgh, Glasgow, Dundee, and other Scottish towns. Early in the hot September of that year, 1843, the fever being then at its worst in Edinburgh, in addition to the provision for fever cases in the Infirmary, a new Fever Hospital was opened with eighty beds, and placed under my charge. In the December of that year, after careful observation and reporting of hundreds of cases, I published an account of my personal knowledge of that memorable epidemic, giving the minute history of a sufficient number of cases to illustrate the different forms of the disease. From what I have since read, and from what I have since seen, at home and abroad, of fever, I cannot help thinking it very probable that the language in which I described the "highly congestive form" of the Edinburgh fever of 1843 may be found descriptive of the Swansea cases now so properly attracting the notice of the Medical Department of the Privy Council.

In the work referred to, I said: "One of the most common symptoms in the highly congestive form of the disease is yellowness of the conjunctivæ, and of the whole surface of the body. It generally appears between the third and seventh days, and is always most intense on the face, neck, chest, abdomen, and thighs. The hue of the neck and chest is the most vivid. . . . Associated with the yellowness, there are generally depression, less or more delirium, ... and hæmorrhages from some of the mucous membranes. In the worst cases, black coffee-ground-like matter is ejected. In some cases, the black vomit occurs without the yellowness; and, on the other hand, at the autopsy of yellow patients who have had no black vomit, this matter has been found in the stomach and other parts of the alimentary canal." Such were many of the cases of the Edinburgh "relapsing" fever of 1843, treated by me immediately and for some weeks after my appointment to the Fever Hospital. The weather was then hot; and the cases, for want of hospital accommodation, had been accumulating in overcrowded and dirty lodging-houses. As the season advanced, the temperature fell, and vigorous house-cleansing was adopted. Under these altered conditions, the yellow cases disappeared, though the "relapsing" fever continued for a long time to prevail in a milder form. Are not the Swansea yellow cases of the hot September of 1865 similar to the Edinburgh yellow cases of the hot September of 1843?

Till the facts have been placed before the public in a more detailed and unimpeachable form than that in which they have yet been published, it would, of course, be premature to give a positive opinion as to the nature and origin of the present Swansea fever. It is, however, very important, at this stage of the inquiry—while yet there is an opportunity of observing, and at once writing down what is seen—to express a hope that the medical profession of Swansea, and the Medical Department of the Privy Council, will rigidly take and fully publish evidence, not only as to all the circumstances connected with the state of health of the crew of the *Hecla* during her voyage from Cuba and on her arrival at Swansea, not only regarding the intercourse between her and the Swansea residents attacked with fever, but likewise as to *the type of fever and all diseases in Swansea at the date of the Hecla's arrival, and for months before and subsequently to that date.* Has disease exhibited a more than usually marked intermittent or remittent type? Have there been cases of ordinary relapsing or of other fever? This latter inquiry is specially important; and no inquiry will be complete till the question have been clearly settled in the affirmative or negative. The yellow cases which occurred in Edinburgh and other Scottish towns in 1843 truly belonged to the same epidemic of "relapsing" fever in which the majority of cases were not yellow. As the skin is sometimes very yellow in cases of typhoid fever, a yellow skin must not be taken as a test by which to determine the nature of a fever.

I beg to recall attention to the fact that the Scottish epidemic of 1843 was not supposed to be of foreign origin; that it almost simultaneously sprang up in several towns; and that it originated among crowds of dirty Irish reapers, and others huddled together with them in localities always overcrowded and ill-ventilated, and then far more closely packed than usual. Filth, overcrowding, and deficiency of air, combined with the high temperature of the sea-

son, no doubt stamped the fever with an aggravated type; though it is not so certain, as some have maintained, that it originated in these conditions. While it spread like a conflagration from top to bottom of the lofty "lands" of the High Street of Edinburgh, scourged the adjacent closes, and reigned for months triumphant in the low lodging-houses of the Grass-market, Cowgate, and West Port, it did not cross the bridges to the New Town. A few scattered cases which did occur there, were all clearly traceable to much contact with congregated sick in the Old Town. In the other Scottish towns visited by the epidemic, the exemption of the districts under good sanitary conditions and inhabited by the better classes was as well marked as in Edinburgh.

Taking, therefore, into account all the circumstances as at present before the public, the announcement of yellow fever being at Swansea, truthful though it be, is not very alarming. It ought, however, to be accepted by the municipal authorities of that and other towns as a warning to conform to Nature's laws of health, which cannot continuously be infringed with impunity. Without solving the scientific question, What constitutes yellow fever? it can be truly said, that the terrible disease known by that name in the tropics has never established itself in the British Isles, though, in numerous instances, ships with cases on board have come into our ports. It ought to be reassuring to the public to know that the real "yellow Jack" cannot multiply in our temperate climate; and that it is only in unventilated ships and hovels, amid rotten vegetation, and excessive humidity, in countries with a mean temperature of 82° Fahrenheit, that the scourge has prevailed.

In conclusion, let me add, that the chief object of this letter is to express a conviction that such inquiries as that now going on at Swansea lose more than half their value when not carried out with extreme rigour, on a very broad basis, and over a considerable space of time. The value of much that has been recently well written on particular epidemics, is impaired by the narrow area within which information has been gathered. The history of an epidemic is very disappointing to the student of epidemiology, when it only describes well marked cases, and fails to give the characteristic features of all contemporaneous disease. I am, etc.,

JOHN ROSE CORMACK,
Formerly Physician to the Fever Hospital and Royal Infirmary of Edinburgh.

5, Bedford Square, London, W.C., Oct. 2nd, 1865.

THE "TIMES" AND THE MEDICAL PROFESSION.

LETTER FROM JAMES BIRD, ESQ.

SIR,—Permit me to direct immediate attention to a most extraordinary leader in the *Times* newspaper of this day, on the present state of the science and practice of medicine, more especially in reference to the existing knowledge and mode of treatment of the formidable epidemic, cholera, whose approaching visitation is a subject of the utmost anxiety to every member of the community. The fallacies and inaccuracies of an *ad captandum* newspaper article on medical science and practice might, in ordinary times, be allowed to pass *quantum valeant;* but the vast influence and extensive circulation of the *Times* newspaper, and the immense importance attached to its dictation on every subject by a large number of readers, render it most imperative that its criticisms on medical science, especially in seasons of extra danger and alarm, should be just, truthful, impartial, and tempered with charity and good feeling. In all, or nearly all, of these particulars, the article in question is lamentably deficient; and I doubt not that many far abler pens than mine will vindicate, in due time, the science and practice of medicine from the unjust aspersions so ill-advisedly and ill-timely cast upon both by the lay writer in the leading public journal.

The public must be taught to realise the fact that medicine never has been, nor ever can claim to be, considered an *exact science.* It has to deal with the *vital* principle of humanity, as well as of animals; and the subtle phenomena involved in the word *vitality.* What it is—to what an extent, or even in what manner, it exercises its stupendous influence over animal organisation—no science or philosophy, exact or otherwise, has ever been able to describe or define; and its elucidation, beyond all doubt, will remain hidden and unrevealed to fallen man until the great truth is communicated, in His own good time, by the Almighty Author and Creator of all things. In the meantime, let all laymen well consider this fact—that the great science that watches over health is as complicated as it is important; that it requires attainments of the highest order—knowledge of every kind; and, after the experience of ages, it still remains to the most learned and the most skilful a science of great uncertainty as respects the issues of life and death.

Time will not admit of any further remarks on this subject in this week's JOURNAL; but I hope its importance will justify me in briefly directing attention to what a lay writer thinks of us.

I am, etc., JAMES BIRD.

Seymour Street West, Connaught Square, Oct. 4th, 1865.

NEW ST. THOMAS'S HOSPITAL. The preparations for the erection of the new St. Thomas's Hospital, on the site selected at Stangate, are actively progressing, and the last arch of Westminster Bridge is now stopped by fender piles, to prevent boats, etc., interfering with the work of pile-driving for the dam, in which will be laid the foundation stone of the hospital.

THE CATTLE PLAGUE. The *Morning Post*, in a leader (on the 5th instant), says: "It is satisfactory to learn that the Crown is forthwith to issue a Commission to inquire into the nature of the prevailing cattle-plague, with a view to arrest its progress and prevent its recurrence. If this Royal Commission is composed of thoroughly competent and painstaking members, and provided the pest is not too soon stayed by that which may now be almost expected, a change in the 'epidemic constitution of the atmosphere' (to use the language of a great physician of the olden time), great good may accrue from its investigations. It is only a pity that they were not commenced at an earlier period. There is still time and opportunity, however, for much to be done by a capable Royal Commission, the more particularly as some considerable progress has already been made in the elucidation of the pathology of the disease by independent and zealous inquirers, such as Dr. Budd of Bristol. The opinion ably, we may almost say eloquently, maintained by Dr. Budd is, that the plague now killing our cattle is of the nature of that disease which, in the human subject, we call 'gastric' or 'typhoid' fever.....Practical results of much value must follow the acquisition of an accurate knowledge of the nature of the disease." The magistrates of Edinburgh have appointed a medical committee, of which Dr. Andrew Wood is convener, and Drs. Maclagan, Littlejohn, and Smart, and Professor Dick, are members, "to investigate the disease, with the view chiefly of discovering the best means of cure."

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Saturday, September 30th, 1865, the following members of the College were duly admitted Fellows of the same:—

Anstie, Francis Edmund, M.D.Lond., 16, Wimpole Street
Roberts, William, M.D.Lond., Manchester

At the same meeting, the following gentlemen, having undergone the necessary examination, were admitted members of the College:—

Brown, Robert Charles, M.B.Lond., Preston, Lancashire
Cox, Pierre Georges, Mauritius
Edwards, David Owen, Florence
Foster, Balthazar Walter, M.D.Erlangen, Birmingham

The following were reported to have passed the preliminary examination in the subjects of general education:—

Bartlett, James Prime, Notting Hill
Baumgartner, John Richard, Gorleston
Bolton, John, Gower Street
Cheetwood, William, Waltham Abbey
Clark, Andrew, Kensington Gardens Square
Collins, Thomas, Birmingham
Elliott, Frederick William, Turnham Green
Hodges, William, Bristol
Hosking, Ethelbert, Woburn Square
Jackson, Henry Eusworth, Highbury Grove
Loscombe, Frederic, Bath
Mayhew, Charles Henry, Upper Berkeley Street
Mills, Charles, Guildford Street
Part, James, Camden Road
Pedler, George Henry, Fleet Street
Porter, Richard, Droitwich
Roberts, Arthur Milson, South Norwood
Saunders, William Egerton, Peckham
Simon, Arthur Charles, Upper Westbourne Terrace
Smart, David, Cranbrook
Webb, Charles Frere, Basingstoke

APOTHECARIES' HALL. On September 28th, 1865, the following Licentiates were admitted:—

Anderson, Colles Litchfield, Berkeley Gardens
Dixon, William Henry, John Street, Sunderland
Garrett, Miss Elizabeth, Upper Berkeley Street, Portman Square

At the same Court, the following passed the first examination:—

Bailey, John Coyte, Middlesex Hospital
Cadle, James Frederick, Middlesex Hospital
James, John Rees, Middlesex Hospital
Pollock, Robert, University College

APPOINTMENTS.

BEIGEL, H., M.D., elected Assistant-Physician to the Metropolitan Free Hospital.
*LOMAS, William, M.D., elected Assistant-Physician to the Metropolitan Free Hospital.
*NELSON, David, M.D., elected Professor of Medicine in Queen's College, Birmingham.

ARMY.

SANDERSON, Staff-Assistant-Surgeon A., to be Assistant-Surgeon 83rd Foot, *vice* C. S. Wills.

ROYAL NAVY.

COOGAN, John, Esq., Surgeon (additional), to the *Cumberland*, for Sheerness Yard.
EVAN, Dugald W., M.D., Surgeon, to the *Trafalgar*.
FLYNN, F. F., Esq., Assistant-Surgeon, to the *Asia*.
HEYNE, Leonard H. J., M.D., Surgeon (additional), to the *Fisgard*, for Woolwich Yard.
REDMOND, William, Esq., Assistant-Surgeon, to the *Sparrow*.
WRIGHT, George E., M.D., Assistant-Surgeon (additional), to the *Rattlesnake*.

MILITIA.

ARMSTRONG, F., M.D., to be Surgeon Royal Westmoreland Regiment of Militia.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

CLAYTON, R., Esq., to be Honorary Assistant-Surgeon 22nd Lancashire A.V.
THOMAS, D. H., Esq., to be Surgeon 4th Glamorganshire R.V.

DEATHS.

BRICKWELL. On October 2nd, at Sawbridgeworth, Herts, aged 86, Elizabeth, widow of John Brickwell, Esq., Surgeon.
FEATHERSTON. On September 25th, at Samer, near Boulogne, Janet Dunbar, widow of Jonathan Featherston, M.D., of Newbas Grange, Durham.
HAMMOND. On October 2nd, at Preston, aged 6, Josephine Jane, eldest daughter of J. H. Hammond, M.D.
*LONERGAN, W. F., M.D., at Glasgow, on September 13.
M'CLURE. Andrew, M.D., Surgeon H.M.S. *Racer*, at Leghorn, aged 41, on September 17.
*M'NAB, Daniel, Esq., at Epping, Essex, aged 74, on October 3.
*PARKER, Thomas P., M.D., at Sunderland, aged 48, on Sept. 21.

THE ROAD MURDER. Constance Emilie Kent has been removed, by order of Sir George Grey, the Home Secretary, from the Wilts county gaol, at Fisherton, Salisbury, to the convict prison at Millbank, to undergo her sentence of penal servitude for life.

DEATH OF A CLERGYMAN. On last Sunday morning, while the Rev. Mr. M'Dermott, chaplain of Westminster Hospital, was preaching at St. Jude's Church, Chelsea, he suddenly paused, said, "I feel faint and cannot proceed," and sat down. He was removed to St. George's Hospital, where he expired about four o'clock in the afternoon.

SHARKS AND SUBMARINE CABLES. No instance has yet occurred of a cable being injured by a fish of any kind. Porpoises, grampuses, black fish, and whales fly from it, so that the cable under water is much better off than the wire on land in India and other places, where the monkeys are persuaded the poles and lines are erected for their special benefit, and elephants use the fences as scratching posts. (*Fortnightly Review.*)

DISEASE OF CATTLE. Professor Ferguson has reported to the government that a disease has broken out in different parts of Ireland among cattle, very much resembling farcy in horses. It attacks in the first instance generally the fore legs about the knees, the back of which swells. Tumours form on different parts of the body. Suppuration takes place, the tumours break, form into sores, and in fatal cases the animals are carried off from suppurative fever.

QUEEN'S COLLEGE, BIRMINGHAM. The Council of Queen's College held a meeting on Tuesday last, for the purpose of electing a Professor of Medicine. Professor Clay moved the appointment of Dr. Nelson, as recommended by the professorial body. He stated that Dr. Nelson graduated at the University of Edinburgh in 1848. He was elected Physician of Queen's Hospital, Birmingham, in 1849, and subsequently lectured on clinical medicine at Queen's College. Mr. Trow seconded the motion, which was passed unanimously.

FICTITIOUS SPIRITS. A few instances have been discovered of the sale of drinks under the names of "Indianna brandee," "medicated whiskee." "pure Islay mountain," "Indian tincture," and "red currant cough elixir," the exciting principle of all of which was found to be hyponitrous ether prepared from methylated spirit. The above compounds were all highly stimulating, and it would appear that they are consumed by some of the poor, because they produce intoxication at the cost of only a few pence, while there are good reasons for believing that hyponitrous ether itself, and in some parts of Ireland even sulphuric ether, are used by the needy classes for the same object. It is difficult to see how this evil, so pernicious to the moral and physical welfare of those who indulge in it, can be checked, as the substances under consideration possess more the character of medicines than of ordinary spirits, and may thus be legally kept and sold by any chemist. In such cases all that can be done is to cry, "Buyer, beware." (*Inland Revenue Report.*)

YELLOW FEVER IN SWANSEA. The barque *Hecla* arrived some weeks ago from Cuba with fever on board; and one man died of yellow fever the day after the arrival of the ship. The mayor took every possible means to prevent the spread of the disease. Last Saturday, however, a death occurred which the medical men agreed was yellow fever. Since then ten deaths have taken place, all of which are certified as "yellow fever." Dr. Paddon communicated with the Privy Council on the subject, and on Thursday the government sent down Dr. Buchanan. (*Cambrian Daily Leader.*)

PRIZES IN ECONOMIC ENTOMOLOGY. In order to encourage the study of economic entomology, the Council of the Entomological Society has announced that it has decided to offer two prizes of the value of five guineas each, to be awarded to the authors of memoirs of sufficient merit, and drawn up from personal observation, on the anatomy, economy, or habits of any insect, or group of insects, especially serviceable or obnoxious to mankind. The memoirs should be illustrated by figures of the insects in their different states, and if the species be noxious, they must show the results of actual experiments made for the prevention of their attacks, or the destruction of the insects themselves. The memoirs must be sent to the Secretary, No. 12, Bedford Row, London, with mottoes, on or before December 31st, 1865, when they will be referred to a committee to decide upon their merits. The prize memoirs shall be the property of, and will be published by, the Society. (*Quarterly Journal of Science.*)

A REPEATED ERROR. The illustrious Berzelius once published a partial analysis of an ordinary specimen of *milk*. I do not know whether the great chemist's pen had slipped, or whether his English translator had a bad dictionary, but so it fell out that the analysis was published in England as referring to *cream*. Pereira copied it into his work on diet; and from that time to this almost every writer on the subject has done the same, down to Dr. Dobell, who published a useful analytical table a few months ago. One *savant* only, who had probably been outside of London, and seen that the cream was at the top of the milk, seems to have been struck with the singularity of a cream containing only 4½ per cent. of butter, and he qualified Berzelius' fluid as "a specimen of *thin* Swedish cream!" I myself found, in an ordinary sample, 27 per cent. of butter, or six times as much as was set down by these authors, none of whom, I suppose, had ever heard of the rough farmer's rule, a quart of cream to a pound of butter. Dr. Völcker found 25·8 per cent. (Dr. Beddoe, in *Dublin Quarterly Journal of Medical Science.*)

HEALTH OF IRELAND. The Registrar-General of Ireland's return, lately published, includes the marriages registered during the first quarter and the births and deaths registered during the second quarter of the present year. The number of marriages registered in the first quarter was 12,266, being equal to annual ratio of one marriage to every 118, or ·85 per cent. of the population. 10,127 of these marriages were between Roman Catholics, and 2,139 between Protestants. The number of marriages registered in the corresponding quarter last year was 9,578; 7,390 between Roman Catholics, and 2,188 between Protestants. The increase of this year is attributed to the fact that some marriages were not registered during the first quarter of 1864, as the Act only came into operation on January 1st in that year. The number of births during the quarter ending June 30th last amounted to 39,163, of whom 20,018 were boys and 19,145 girls, or 95·6 of the latter to 100 of the former. The number of births registered in the corresponding quarter of last year was 38,701. There were 24,380 deaths registered during the quarter, 12,166 males and 12,214 females, a decrease of 68 on the deaths of the corresponding quarter last year. The number of persons who emigrated from Ireland during the first quarter of 1865 amounted to 15,848, and during the second quarter 37,588; the latter number being 11,214 less than that of the corresponding quarter of 1864. The decrease in the population during the first six months of the present year is stated at 29,669 persons. The number of persons in Ireland receiving indoor relief during the second quarter of 1865 averaged 54,852, being a decrease of 3,115 on that of the corresponding quarter of 1864. The average number in receipt of outdoor relief, however, was greater during the second quarter of 1865 than that of 1864, the former being 10,565, and the latter 9,149. The health of the people was satisfactory throughout the quarter, owing to comparative freedom from epidemical diseases; but the Registrar-General takes occasion to point out the necessity of removing causes likely to encourage cholera. The mean height of the barometer was 29·916 inches; the highest, 30·378, was on June 13th, and the lowest, 29·223, on May 29th. The mean temperature of the air was 54·8°, the *maximum* registered by the thermometer being 83·9°, and the *minimum* 31·2°. The rainfall measured 5·816 inches, the greatest being in May, when 3·578 inches were registered.

BETHLEM HOSPITAL. Among the charities of which the Charity Commissioners have recently obtained a special account is this great hospital. Bethlem comprises a foundation applicable to the general purposes of the hospital, and, in fact, devoted to the treatment of patients deemed curable, and a foundation for the maintenance of incurable lunatics. The department for criminal lunatics, maintained by the government, is no longer required, a State asylum at Broadmoor having been provided. The estates and other endowments of Bethlem produce a gross income of £18,000 or £20,000 a year, a third of which comes from estates in Lincolnshire given in 1729 by E. Barkham for the maintenance of incurable lunatics. Mr. F. O. Martin, who has made the inquiry into the affairs of Bethlem, submits that as incurable lunatics are now provided for by county asylums, the Lincolnshire estates should be transferred to the general fund. He has to state that there have been times, and not very remote, when the management of Bethlem has not been altogether creditable to the aldermen, common councilmen, and nomination governors bearing rule over it. The tavern bills he pronounces "not justifiable." In the period from 1817 to 1836 the Lincolnshire rental yielded £105,673, and only £32,110 found its way to the coffers of the hospital. Mr. Martin is able, however, to report that no one can fail to be struck with the great improvements which have been made in the management of the hospital. It is now, he says, under the ordinary jurisdiction of the Commissioners in Lunacy, and regularly inspected by them. The cost of maintenance, furniture, and clothing was rather over £36 per head in 1862. The propriety of the expenditure on buildings and repairs involves a question upon which there is difference of opinion; the Commissioners in Lunacy and some of the governors holding that is expedient to dispose of the present building and to remove the hospital to the country, while others consider that it should be retained where it is. It is expressed in the instructions for admission to the hospital that preference will be given to the patients of the educated classes, to secure accommodation for whom no patient will be received who is a proper object for admission into a county lunatic asylum.

Introductory Address

DELIVERED AT THE OPENING OF

ST. MARY'S HOSPITAL MEDICAL SCHOOL,

OCTOBER 2ND, 1865.

BY

C. HANDFIELD JONES, M.B., F.R.S.,

PHYSICIAN TO THE HOSPITAL.

GENTLEMEN,—The time-honoured custom of prefacing the commencement of each session of medical study by an address, delivered by one of the teachers of each school, has much, I think, to commend it to our approval; and one of its advantages may be this—that it affords us an opportunity of reviewing our position, and setting before our minds the chief features of the changing scene. It seems to be a natural tendency implanted in us all to portion out the time given to us, and to pause at the end of various periods, and consider more or less closely what our progress has been, and what our prospects appear. The wise man, deeply conscious of the value of time, will be ever desirous thus to pause and consider his ways; and even the most heedless and unthinking can hardly avoid some reflection as the stream of time, which is bearing him on, turns, and opens before him, as it were, another of its long reaches.

Wisely is it ordered, no doubt, that the yearreturning ἐνιαυτος, our natal day, and the commencement of set periods of labour, should thus invite us to salutary thoughts, which may become the spring of renewed and improved action. It falls to my lot to-day to be the one who is deputed by the staff of St. Mary's to greet again the friends and elder students of the hospital and school, and to hold out the right hand of welcome to the younger, who come to us now for the first time. To each and all of these, and through them, perhaps, to others around us, I must strive to say a few words. And when I think that, humanly speaking, it is extremely improbable that I shall ever have the like opportunity again, I cannot but feel anxious that I may be able to say something which shall have a voice to the heart.

Looking to the general condition of the profession which some of you are about to join, while there are not a few things that one would wish otherwise, I think, on the whole, that we have much ground of legitimate satisfaction and encouragement. It cannot be denied that, taking us all in all, we are doing all over the land—I may say almost all over the world—a vast deal of downright, real, honest, and beneficial work, which, if not always appreciated or rewarded as it deserves, yet often is so; and which not unfrequently becomes the cause of our being linked in pleasant and friendly relations with those whom we cannot but esteem and love. To do good work, and to be loved for doing it, is surely a lot which many a man might envy, and with which we may be well content. If the prizes which are to be won in the legal, clerical, and military professions, are not open to us, this is not to my mind any source of very deep regret. It is better, as an old saying has it, to deserve and not to have, than to have and not to deserve. How many of those who do gain these distinctions can be said fairly to have earned them? In how many instances are they not simply the gifts of fortune, or procured by interest? The medical practitioner need not thirst to make his way into the aristocracy of title, place, power, and wealth; he belongs, or his aim should be to belong, to a higher grade—the aristocracy of intellect. His ambition should be to gain such a power and mastery in dealing with disease, that he may be looked up to by his fellow-mortals as a superior being, to whom, in some measure, the Creator has entrusted the power of restoring health and preserving life. As such, and in so far as he is worthy the name of *healer*, he holds a position inferior in real dignity to none except that of him who ministers in holy things. He may surely afford to look very calmly on the external trappings of inherited nobility, or those of the rank which is procured by interest or wealth. He will hardly, methinks, care to exchange places with the conqueror or with the statesman, when he remembers that his triumphs bring no misery like those of the former; and that, unlike the latter, he has to deal with the steadfast laws of Nature, rather than with the passions and prejudices of men. We may, I think, be well satisfied with our place in this passing scene, as one in which we have no mean opportunity of serving God and benefiting our fellows; and, instead of aiming after that which would be hardly more than outside glitter, let us strive after real power—the power which comes of industry and energy in our appointed work. I would that, as a profession, we were more zealous and anxious for this—that our power to heal might be increased. I would, not that there was less of individual effort, but much more of combined, to win from Nature the secrets of healing and prevention of disease. We have already choice first-fruits; but there must surely be many more awaiting the diligent seeker; and I cannot but wish that this search were pursued on a larger scale, and with adequate means.

Believing thus that our social position depends very much on our own intrinsic worth, I do not think that we must look for much advantage from any legislative interference in our behalf. No Medical Act will ever suppress quacks, any more than it will eradicate the love of quackery which is so innate a tendency in many minds. Even across the Channel, where the liberty of the subject is much less tenderly dealt with than among ourselves, quackery, as M. Dumont tells us, is rampant enough, in spite of prohibitions and fines. *Omne ignotum* will always be held *pro magnifico* by the lovers of the marvellous; and an unscrupulous and ignorant boaster, who can lie through a deal board, will always, with certain minds, have an advantage over the man whose knowledge of disease prevents him from being blind to threatening dangers, and whose conscience will not suffer his tongue to utter that which he knows to be untrue. These are vexations which we shall always have to contend with; and I doubt very much whether they will ever be removed, even by the increased diffusion of sound scientific knowledge. A medical friend once related to me the instance of a man of considerable scientific attainments, thoroughly versed in electrical matters, who suffered from some obscure neuralgic or rheumatic pains, for the relief of which he wore one of the so-called galvanic rings which were in vogue some years ago. His reason told him that it was utterly impossible that any galvanic current could be generated by this ring, but nevertheless he wore it; and, when rallied by my friend on his credulity, he admitted the absurdity of the notion, but added, "I believe, nevertheless, the thing has some virtue." And a virtue it had, no doubt; but this proceeded, not from any-

thing existing in itself, but from the mental state it induced in the wearer. He had a faith in his ring; and this faith overruled his reason, and gave a power to the ring which it could never have had without. I may refer to this subject again; but, before I pass on from my notice of quackery, I wish to make some remarks upon one form of it, in order to set ourselves right on one point in which I think we are often misrepresented.

The advocates of what is called homœopathy put forth that our repudiation of their views relates to their dogma about those remedies having a curative virtue in certain morbid states, which, when administered in the healthy condition of the system, produce these same morbid states; or, as it is shortly expressed, that "like cures like". This dogma would lead us, if we accepted it, to give urate of soda for the cure of gout, or an extract of the stools of typhoid patients for the cure of others labouring under the same fever. It certainly does not sound promising to an inquirer after rational science; but yet I will venture to say this is not the main cause of our refusing to have anything to do with homœopathy and its professors. A man might, I conceive, hold any view as to the *modus operandi* of remedies, and yet be one with whom I could consistently advise and act. But when a man takes up, as a fundamental part of his therapeutics, the notion that the more a substance is attenuated, the stronger are its effects—when he renounces the administration of drugs in doses which produce a perceptible action, and puts his faith in infinitesimal quantities of common salt, silica, and the like—one can only say that his mind and mine have no common ground of action in the cure of disease; and that it is, therefore, simply impossible we can cooperate. You might as well ask two engineers to consult together about erecting a bridge, one of whom believed that the weaker the supporting structures were made, the greater would be their power of enduring strain. I believe that the absurdity of this dogma of infinitesimal doses is felt pretty keenly by some of this tribe, and they would fain make out that it is no essential part of what they call their system. It stands, however, written indelibly in their text-books, and is so essential a part of their system that, if it were removed, the public would utterly fail to distinguish between them and us. Some of the laity, I know, have an idea that the peculiarity of homœopathic medicines is, that they contain only the potent essences and active principles of ordinary drugs, extracted from the coarser preparations by recondite processes; and that they are, therefore, comparable to our aconitine or atropine. This notion is, of course, utterly without foundation; and the public should know that it is so. When the case of homœopathy is stated thus, on the real grounds by reason of which we, as rational practitioners, refuse to have anything to do with it, I think none, however biased they may be in favour of this phase of quackery, can possibly charge us with being indifferent to the discovery of truth, or bigoted adherents to an old belief. Who, I would ask, are more ready to adopt and test every new proposal for the cure of disease, than medical practitioners? and who are more ready to proclaim the virtues of any means that approves itself on fair investigation? Were not iodide of potassium, chloroform, and cod-liver oil received, I might almost say with open arms, by the profession? Did we not, in public and private practice, fairly test the worth of Dr. Fell's claims for the cure of cancer? And have we not carefully endeavoured to estimate the value of hypophosphites and other remedies, not excluding even snakes' dung, in the treatment of phthisis? A clergyman once said to me that he thought no class of men were more truly doing Christ's work on earth than the medical profession, on account of the ready, hearty way in which they had promoted sanitary improvements, to their own manifest disadvantage. Could we receive homœopathy without abandoning our common sense, and, I might almost say, our common honesty, the case would be very different; but, so long as such old-fashioned qualities stay by us, we are bound to keep ourselves clear of all dealings with it, and must rank its instances of apparent success either as the results of good hygiene or of implicit faith, or, as Dr. Roberts has given us ample proof, of the clandestine administration of non-homœopathic medicines. But enough of this matter.

The allusion I have just made to the influence of faith leads me to ask you to consider this matter with me somewhat in detail. It seems to me worth while to endeavour to have some distinct information on this head, and that we ought not to rest content with vague notions about the power of imagination and the effects of psychical agencies on the body. Unless we are fully satisfied in our own minds that these are *veræ causæ*, and to what extent they are so, we have of course no right to ascribe to them the results obtained by quacks, which sometimes appear striking enough.

For the sake of illustration, I will cite briefly some authentic histories from the annals of our army and navy, which prove unquestionably that different states of the mind and feelings act powerfully either in promoting the operation of morbid impressions and miasms, or in enabling the frame to resist them. Dr. James Johnson relates that H.M.S. *Russell*, 74, sailed from Madras Oct. 22nd, 1806, and arrived at Batavia Nov. 27th, the crew healthy, and their minds highly elated with the sanguine expectations of surprising the Dutch squadron there. Such, however, was their sudden disappointment and concomitant mental depression on missing the object of their hopes, that they began immediately to fall ill, ten, twelve, or fourteen per day, till nearly two hundred men were laid up with scurvy, scorbutic fluxes, and hepatic complaints. Of these upwards of thirty died before they got back to Bombay, and more than fifty were sent to the hospital there. The *Albion* did not fare better. The *Powerful* fared worse. So that in these three ships alone, in the short space of a few months full one hundred men died on board, and double that number were sent to hospitals, many of whom fell victims to the above-mentioned diseases, which had been aggravated, and in a great measure engendered by mental despondency. When we remember that the sufferers in this instance were not delicate and sensitive persons, but hardy sailors, we must admit that the record strongly sets forth the influence of mental depression; while the two following incidents exhibit the opposite result of cheerful excitement. During the week in which Hill's division surprised that of Gerard at Aroyo de Molinos in Spain, during the Peninsular war, the rain was heavy and almost incessant, and the men passed two nights in bivouac without fires, yet fewer of these men fell sick during that and the subsequent week than in any equal period during the year. Dr. Luscombe assigns as the reason of the immunity of the soldiers from the effects of fatigue and exposure to cold and wet, that they were under exercise and mental excitement. During the epidemic yellow fever of 1822 in Jamaica among the soldiers of the 91st Regiment, when the order was issued for their removal to another station, the fever ceased; and, though the corps was unexpectedly detained for three or four days after the order was issued, not one case was admitted into hospital during the whole of that

period. I have quoted these instances from Sir Ranald Martin's classical work, because it can seldom happen in civil life that events on so large a scale come under the observation of any of us, and what we do not see strikingly exhibited we are to pass unnoticed, according to the old dictum, "De non apparentibus et non existentibus eadem est ratio."

I proceed now to my more immediate object, which is to illustrate by examples how mental influence modifies the action of medicines, or at least intervenes in such a way that its concurrence or resistance has to be taken into most serious account in estimating the effects produced. An elderly medical man, of unquestionable veracity, told me that, when a young man, he had a gentleman under his care, rather advanced in years, who consulted him for a sore on his leg. This sore was quite of an asthenic character—very probably a varicose ulcer; at any rate, mercury was quite contra-indicated. The patient, however, fancied it was of syphilitic origin, and wanted to have mercury given him. My informant refused for a long time, and his recusance was backed by the opinion of an hospital surgeon, who was called in consultation. They continued to treat the case together for some time with various remedies; but, at last, finding they made no progress, and the patient retained the same fixed idea of the necessity of mercury, they agreed to employ a *ruse*. They said they were now satisfied that he was right, and that mercury must be given, but it must be with great caution; and one of their directions was, that an attendant should sit up with him every night to watch the first appearance of the gums becoming affected. The object of this was of course to rivet more strongly on the patient's mind the notion that he was taking the desired remedy. No mercury was really given; but from this time the sore began to improve, and soon got well. Dr. Horace Green related the following story to Dr. Simpson of Edinburgh. A lady had been useless and bed-ridden for years; the spine was her own alleged seat of disease; and endless measures had been tried to restore her to health, and the power of standing and walking; but they had all been tried in vain. In consequence of the earnest advice and glowing representations of some female homœopathic friends, she had been long anxious to ascertain if homœopathic treatment could be of any use in her distressing case; but her husband refused to give his consent, believing homœopathy to be a discreditable delusion and quackery. Fortunately, however, for herself, her husband left her for a week or two on a sporting expedition; and as soon as he set off with his gun and dogs, she seized hold of the opportunity which she had long desired of consulting a celebrated homœopathic physician. The physician listened long; examined into her case most attentively; made before her written entries and memoranda regarding all her symptoms and sufferings; and at last, on considering the whole, confidently assured her, that doubtless he could send her a drug that corresponded with her disease, and which would produce such effects the first day, other effects the next, etc., and that before her husband returned she would be able to walk and enjoy life. The patient diligently swallowed certain globules; all the predicted effects duly followed; and, when her husband returned home, he was astonished and overjoyed to find his sick and bed-ridden wife up and well. The crime of consulting an homœopathist against his declared wish was readily forgiven, seeing the results of the treatment had been so happy and beneficial; but he asked for a sight of the wonder-working globules which had produced so gladsome a change in his wife's health, and in his own prospects of domestic happiness. On being shown the globules, the acute and loving husband earnestly desired them to be most carefully preserved and locked up, lest perchance his partner's distressing ailments should at any future time return. He then went and informed his usual family physician of this secret, that his wife had got well under an homœopathist; adding, that still he did not believe in homœopathy itself, for he found that the globules which she had swallowed were not homœopathic drugs, but specimens of some small percussion pellets to be used instead of caps for his gun, but which had not arrived at the house until some time after he had left. The servant had mistaken the packet of pellets for the packet of homœopathic globules; and the lady had swallowed them under the belief that she was swallowing the homœopathic physician's medicine. A writer in the *British Medical Review* for 1847 relates three cases in which intractable maladies, which had resisted various remedies, gastralgia, enteralgia of organic origin, and protracted constipation, yielded to bread-pills. In the last instance, four successive previous attacks had each required the administration of the strongest purgatives (croton oil included), powerful enemata, cold affusions, and hot baths, before relief was obtained. On the fifth attack, he was put under two grains of bread-pill every seven minutes, much anxiety being of course expressed to guard against an over-dose, as well as to watch the effect of what was thus given. Within two hours, he became sick (one of the symptoms expected from the medicine), and his bowels were freely open almost immediately after. Dr. Simpson says that he has known simple bread-pills act as aperients, as diaphoretics, as diuretics, as narcotics, etc., when the patients swallowed them under the mental impression and conviction that they were drugs calculated to produce these special effects. In one case, salivation and spongy gums followed the use of bread-pills—the patient believing that his medical attendant was exhibiting to him, what he had experienced before, an active course of mercury. Dr. Routh relates how a strong, well-built man, about 25 years old, labouring under some dyspeptic affection, was attacked with syncope and convulsive movements, after each dose of thirty drops of water coloured with compound lavender tincture, while he remained free when the dose was reduced to twenty drops.

Such facts as those now cited are familiar enough to the more learned and experienced of our profession; but are too often far from being sufficiently considered. I should almost apologise for mentioning them, did I not consider it of great importance for the student who has made some advance in his professional training, and may be about to enter on practice, to have a clear comprehension of the influence which mental states may, and assuredly will in some instances, exert on the material frame both in the causation and in the removal of disease. If he have not this knowledge, he is very liable to be sorely annoyed and discomfited by the apparent success of impudent and dishonest charlatans, which better information would have shown him was reasonably to be accounted for by other causes than the efficacy of the physical agents employed. True it is, he may suffer loss in pocket by such events; but his spirit will not be bowed with any fear of being in a false position, or with the idea that he has to abandon his sound common sense and take up with monstrous absurdities, which require abnegation of all accurate thought, and are only worthy of dreamy mystics. A true and honest mind can be content to toil on, bearing the rubs and disappointments of life, so long as he is well assured that his foot stands firm in the way of real truth; but it would indeed paralyse his energy, if he suspected that he was deluding himself

and others; that his pretensions to relieve suffering and cure disease were all fallacious; and that he had travelled so far entirely on a wrong road. Some weak minds desirous of doing right, but unacquainted with the power of medical faith, and with the *vis medicatrix naturæ*, may have been perverted into the ranks of quackery under the expectation of acquiring in their new position marvellous powers of healing—a hope which, I need not say, is destined to utter disappointment. It is to shield any of my junior hearers from such possible perversion that I have thought it worth while to state thus prominently the over-mastering influence of certain states of mind, acting, no doubt, through the nervous system.

I have just referred to the natural tendency which the system possesses to return to a state of health after it has suffered from some cause of derangement; and I wish not to pass this subject by without some remarks, as it is one which justly has been much insisted upon of late. It may be taken as a point which is now generally admitted, that many acute diseases have, when left to themselves, more or less tendency to terminate in restoration to health. I say advisedly more or less; for it seems to me unquestionable that this tendency varies greatly in degree in different individuals, at different periods, and in different morbid affections. In some it is evident and constant enough, and no one doubts about it; in the majority, it is much more feebly marked, and often is scarcely discernible. Thus, it is known to every one that the exanthemata and continued fevers have a tolerably definite duration; rheumatic fever and malarious have a much less determinate; and the same holds good of the ordinary inflammations of different viscera and organs. In many of these, it is difficult to distinguish accurately between the original morbid action and its results; the effects of secondary disease are so mixed up with those of primary, that it is impossible to determine when the latter terminated. Further, the duration of diseases of the same kind depends in some considerable measure on their gravity; *i. e.*, on the degree in which the system is affected by the morbid influence. The frame which is gravely stricken suffers much longer, remains for a much longer time in an abnormal condition than the one which is visited more gently. Here, also, we must notice the modifying agency of constitution and diathesis. The strong system, whose organs are, as it were, confirmed and rooted in habits of healthy action, is with difficulty thrown into disorder; and, when its working is for a time deranged, its parts soon resume their wonted healthy play. With the weak system it is very different; it has no elastic resiliency towards health; and when it has once deviated from the normal mode of working, it is very apt to remain in the same condition a long time. I use the epithet "weak" in a very general sense, to imply all sorts of impairment or deterioration of the healthy mode of life. One system may deviate in one direction and another in another, according to their peculiar tendencies. Taking diseases as we find them actually existing, it seems to me that, with the exception of a few (just enough to make the contrast of the others more marked), we have very little indication of the existence of any determinate periods limiting the natural duration of the disorder. With a multitude of chronic diseases, this is unquestionably the case, and between them and the acute there exists no absolute line of demarcation; they pass into each other by various grades of subacuteness. Holding, then, this belief that disease is an extremely varying and inconstant thing; which utterly refuses to adjust itself to strict definitions, or to be bound by a settled reckoning of days and hours, I cannot think that the proposal which has found much favour in the eyes of some of our best physicians—to ascertain the natural history of all diseases, as an indispensable preliminary to forming any opinion as to the effect of remedies—is likely to lead to any result. The fundamental idea of the proposal is, that the several pathological states to be examined can be regarded as uniform and constant, each case of each kind being truly similar to those which are ranked with it. Were this so, at least to any considerable extent, the problem would be conceivably soluble; but, as the case actually exists, the idea seems to me impracticable. For, if one thing is impressed upon me more than another by increasing experience, it is the great diversity which exists between the several morbid states, which "stant unius sub nominis umbrâ", and which have an outside show of similarity in their location and symptoms. A case of erysipelas occurring in an inhabitant of a large town, with a system long deteriorated by foul air, bad beer, worse gin, and other like influences, is not like a case occurring in a robust, well-fed farmer. The external appearance of the inflammation in the two cases may be very similar; but the state of the vital powers which determine the tendency and issue of the pathological processes is very different. The same holds good, I believe, of pneumonia, pleurisy, croup, pericarditis, dysentery, and almost every disease which can be named. Skoda seems now, as the general result of his experience during six years, to be satisfied that pneumonia may be a very different disease *quoad* its mortality in one period from what it is in another, quite irrespective of the kind of treatment, and though no reason for the change can be discovered. The reporter of the Vienna Hospital for 1860-61-62, in commenting upon pneumonia, makes the following judicious remarks: "Individual cases of pneumonia are often so dissimilar, that it is impossible to put them all into one class, and to lay down for their treatment one and the same method. The aspect of the patient, the state of the pulse, of the nervous and muscular systems, and of the skin, the sputa, etc., must reveal to us the true quality of the disease." Hjaltelin, writing respecting an epidemic of pneumonia in Iceland, states that it very often happened that healthy strong persons were so rapidly affected that death ensued in two or three days, and that this was the general rule when the disease was left to itself. In several parishes where no medical aid could be obtained, nearly all those who were attacked died. Such pneumonias must have been of different quality to those recorded in Dr. Balfour's report of cases treated in Fleischmann's Homœopathic Hospital at Vienna, where the mortality was only three in nineteen; or those treated by Skoda, in the same city, with extractum graminis, among whom the deaths were only three in forty-five. Scarlatina, we know, may be of such a nature that it constitutes, as Sydenham said, scarcely the shadow of a disease; and, on the other hand, may be as deadly and virulent a malady as any that has ever scourged the earth. Looking at all these things, I cannot but fully endorse Hjaltelin's statement, that diseases are certainly no stable things, no individuals; but very variable pathological phenomena, modified in an indefinite manner according to various causes which produce them. Dr. Sieveking has some valuable remarks nearly to the same effect. He says: "The wise physician does not regard the disease as a nosological abstraction, but as a deviation from the healthy standard involving a great variety of elements, each of which may in its turn differ in degree, character, and relation, in any given number of patients brought together for comparison." Now, if the groups of morbid processes

which we call diseases are made up of such varying and unstable materials, how can we hope to ascertain the periods during which they will continue when left to themselves? Must not these be as varying as their elements are?

I fear that, in expressing these opinions, I may seem to some, for whose judgment I have great respect, to be opposing the efforts of those who are striving to approximate medicine to the condition of an exact science. No one would rejoice more than I, if the almost proverbial uncertainty of medicine could be replaced by clear foresight of, and greater control over, the events of disease; but I fear lest, in striving after the unattainable, we should lose sight of the true course to be pursued. I believe it is impossible that medicine can ever be an exact science, such as astronomy, mechanics and chemistry are, because the phenomena which their students have to investigate are of a much more constant and definite kind, and more accessible to observation, than the morbid processes which go on in living bodies. Attraction, mechanical force, and chemical affinity always act in the same way—always produce the same effects; but the causes of disease do not. Their results are, to a very great extent, regulated by the receptivity of the frames on which they act. One system reacts in one way, another in another, and a third is unimpressed at all. For these and for various other reasons, medicine must, I think, ever come very short of the exactness which other sciences can claim. Yet there is no doubt to my mind that it is a true science, if by that term we understand a collection of facts acquired by careful observation, and framed into laws of more or less wide extent by the process of induction.

If it should seem to any student that the view I have just given of the variableness and inconstancy of disease makes the acquisition of practical knowledge appear a matter of exceeding difficulty, let me assure him that this, like many other difficulties, looks much more formidable than we find it is when we grapple with it. It needs but a moderate amount of professional training and of sound sense to enable any one to treat most diseases pretty correctly. If we lay aside all routine-prescribing for the name of a disease, and consider each case according to the indications for treatment which it presents, we shall never be far wrong.

And now, having touched on various points which have more or less interest for us all, whether we be grey-haired and advanced students, or juniors yet *in statu pupillari*, I turn to address a few words especially to the latter.

I pray you, gentlemen, to believe me entirely, when I say that, in common with all my colleagues, I take a real and lively interest in your welfare; and that the counsel I offer you comes from a warm and sincere heart. Standing as I do on the commencement of the downward slope of human life, I may claim to speak to you with some of the authority given by experience, while at the same time I feel that age has not so quenched the fire of my blood that I am unable to participate with you in your zest for physical enjoyments. I want you to believe that I speak to you as no formal, cold, and exacting monitor, who looks on what he calls the follies of youth with contempt, and thinks nothing so important as red-tape and rules and guineas. I rejoice and sympathise heartily with the exulting spirits of youth, and think there are few gifts more precious than its cheerful hope and its active energy. But, just because they are so precious and fleeting, does it seem to me of the utmost consequence that they should not be wasted, but made to minister to worthy objects, and to produce good and lasting fruit. Besides this, it would be vain to shut one's eyes to the fact that youth is, by its constitution, peculiarly exposed to the temptations of carelessness and neglect of duty; and that especially in this vast city, where it is no easy matter to obtain healthful recreation, there is much risk that the devil's substitutes should be admitted by the unwary.

I wish, then, to try and set before you, in plain language, the principles and views which seem to me to form the best guides for a student who is now engaging or engaged in a course of medical study.

First, I assume, as surely it is not too much to do in a Christian land, that he believes that glorious old book, the Bible, in its plain, natural sense, and is not ashamed to look his fellows in the face and say, "I mean that book to be my rule of life." Thank God, the time is pretty well gone by when religion was looked down upon with contempt, and when profane oaths and loose talk were considered indications of a manly spirit. The world is pretty well satisfied now that the heartily God-fearing man may be one of the most eminent in any walk of life, and is inclined to respect him accordingly. "Call out the saints," cried Lord Gough, when some difficult emergency occurred; "Havelock never blunders, and his men are never drunk." The student who will read his Bible as Havelock read his, will find it make him in his sphere what Havelock was in his—one of God's own heroes. He will find its instructions will make him a wiser and better, a holier and happier man. It bids him hallow his Sabbaths; and no one, I believe, has ever done this without finding that it has a most beneficial influence on mind and body, over and above its direct intention and tendency to endue us with preparedness for the coming eternity. In these days, when we so often meet with indications of failing nerve-power, I know no more necessary preservative to commend to the student who would preserve vigorous energy of mind and body, than the regular observance of Sabbath rest from secular business, as far as the calls of duty permit. The Bible frowns upon nothing but what is bad and base, and godless and unmanly; it commends to us whatsoever things are honest, just, pure, lovely, and of good report. Its intention is to bring back our alienated nature to God, and thereby to raise and ennoble it. All experience tells us how utterly degraded man becomes in proportion as he recedes from God and ceases to experience his influences. On the other hand, everything that draws us to God has the contrary effect. Hear what Bacon says. "Take an example of a dog, and mark what a generosity and courage he will put on when he finds himself maintained by a man, who is to him instead of a god, or *melior natura;* which courage is manifestly such as that creature, without that confidence of a better nature than his own, could never attain. So man, when he resteth and assureth himself upon Divine protection and favour, gathereth a force and a faith which human nature in itself could not obtain. Therefore, as atheism is in all respects hateful, so it is especially in this, that it destroys magnanimity, and depriveth human nature of the means to exalt itself above human frailty." This passage would lose to us much of its force and significance, if I did not add Julius C. Hare's comment upon it. He says: "Practically, every man is an atheist who lives without God in the world." To this practical atheism we are all far too prone. But I ask you to believe the testimony of some of the wisest and best of our race—that it is good for us to draw near to God; and to lay this thought to your minds—that in doing your daily work to Him, and regulating your lives by the desire to please Him, you are most truly ennobling your own nature, and preparing for your-

selves the purest sources of present and future happiness. Such conduct, be assured, is truly manly.

Next coming to speak of your studies, I feel myself rather at a disadvantage, because you are unable to pursue them in the way which I strongly believe to be the best. Of all crafts, none more than medicine absolutely requires that the learner should familiarise himself with things, with actualities, more than with words. You may read books and hear lectures to any amount, and yet be extremely unfit to treat a case of ordinary disease, perhaps even unable to recognise it. Of course, you must read; but, unless you see, and hear, and handle, and smell, the things and beings about which you read, your study will avail you little. Reading has this most essential advantage over listening to a lecture, that every passage can be well and quietly considered, while a lecturer must necessarily often pass on far more rapidly than many of his audience can follow. Do not think that I depreciate lectures; in their proper place, I think them most valuable; but the day when systematic knowledge could be advantageously imparted by these means has, I am convinced, passed away. For clinical teaching, they must ever remain the appropriate means; and to this I would limit them. In the present day, we have so many excellent standard works which contain really all that the student can possibly carry, that I do not see how we benefit him by compelling him to hear and read the same matter. And as for the illustrations, which are said very justly to be an important part of a good lecture, the student should have them brought before him in museums, dissecting-rooms, hospital-wards and out-patient-rooms, and *post mortem* examinations. I can quite understand that the indolent man finds it easier to sit and yawn on the benches of the theatre while the bones are being demonstrated, than to take a set in hand himself, and con them well over with Ward or Holden or Gray, till he has mastered their intricacies. But what sort of knowledge, let me ask, does the mere listener get, and how long does it stay by him? So with all the other subjects, except perhaps chemistry, where demonstrations of the properties and qualities of bodies can be made with evident advantage and economy to a class. Even here, however, personal work in the laboratory is indispensable to the man who wishes to attain any real knowledge of chemistry. What our examining boards should require is, simply that a student should show that he has attained a competent knowledge of the things he is required to learn; and they should leave it very much to the student himself to acquire this knowledge in the best way he can. What our schools should do, I conceive, is to provide the student with all means, aids, and appliances, for acquiring knowledge; and to test at short intervals (say three to six months) the amount of progress he has made.

The scheme which I advocate, if fully developed, involves the appointment of suitable persons to act as tutors to the student in the several branches of study. Just as it is in the dissecting-room, where the value of the prosector's assistance is well recognised, so it would be in the museums of physiology, pathology, and materia medica. Under such a *régime*, any student who really wished to work would make sure progress, and would daily gain knowledge that would stay by him. Not a trifling advantage of this plan would be, I think, the doing away with all those abominable schedules, which are no small botheration both to student and teacher, and are almost useless, and sometimes, I fear, not over truthful, documents.

But I must now return from Utopia to hard reality. We have not got such a mode of education as I have sketched, and perhaps we never shall, unless the students themselves petition for it; so it only remains to do the best in our present case. The point where I think there is most room for improvement with many medical students is, that they are not enough in earnest about their work; they spend quite enough time over it, but they do not use that time to the best effect; they *potter* at their work instead of grappling it with hearty energy. I know that it may fairly be said that the student of medicine, unlike his fellows in other professions, cannot always find his work ready to his hand; that he cannot examine the relations of an artery, watch the effects of a drug, or study the symptoms of a disease, at the time when he wants to do so, and that, in consequence, his attention is apt to get distracted and languid. But, admitting that he has this difficulty to contend with, I fear it is quite undeniable that the opportunities, when they do come, are often not used as they should be. I wonder how many extremities in the dissecting-room are thoroughly worked through; the origins and insertions of every muscle clearly seen, and those of the large vessels and nerves carefully studied. What is the percentage of students who take notes in the wards and observe cases, so that they may abide with them as life-long lessons? I fear the shortcomings in these respects are too evident to admit of any doubt. Is the knowledge which the student gets, or imagines he gets, as he saunters round the wards, every now and then chatting with his neighbour, to be compared with that which he would obtain if he set himself to the careful study of cases with his note-book? Let us hear what Sir B. Brodie thought on this matter. He says, in his *Autobiography:* "My custom has been to take short notes at the bedside of the patients in the day, and to expand them with the aid of my memory in the evening. After an experience of nearly fifty years, I am satisfied that no one can be well acquainted with his profession, either as a physician or surgeon, who has not studied it in that manner. It is only by these means that a case can be thoroughly and scientifically investigated, or that that minute and accurate knowledge can be obtained of it which is necessary to a right diagnosis. I have always, during the many years in which I was a teacher and hospital surgeon, endeavoured to impress on the minds of my pupils the necessity of making and preserving such written records of their experience; and I have often been pained to observe how small a proportion have followed the advice I gave them. The great mass of students, whose period of professional education is limited, are so occupied by the great and (as I think) unnecessary number of lectures which they are now required to attend, and in running from one class-room to another, that they really have neither the leisure nor the physical powers necessary for pursuing in any efficient manner the practical study of disease in the wards of the hospital." Of the truth of the above remarks there cannot be two opinions; and, for my part, I think it is a cause for much regret, that clinical study is not much more diligently pursued in our out-patient rooms as well as in our wards. I agree entirely with the dictum of the great French therapeutist: "From the day when a young man selects medicine as his profession, he ought to frequent the hospitals. Il faut voir, toujours voir les malades."

But, turning from these regrets, let me bear the most glad testimony to the number of really excellent men whom St. Mary's School has produced. I may claim perhaps, beyond my colleagues, to speak strongly on this point; for most of those to whom I refer were educated at a time when I was taking no active part in instruction, and, therefore, my testimony has the weight of that of an impartial observer. Of many of those who came under my notice as clinical assistants during the long years when I had

charge of the out-patients, I can truly say that it was a real pleasure to associate with them; and that certainly as regards their work and their demeanour, they were, like the chevalier of old, *sans peur et sans reproche*.

Follow, I pray you, their examples, and imbibe their spirit. The true temper of a student, as I take it, is a downright earnest resolve that he will accomplish the work before him, and a feeling akin to contempt for indolence and shirking. What, indeed, can be more contemptible, in a calling which concerns itself with the care of human life, than the neglect to obtain a competent knowledge of the means by which we are to be useful to others, and to avoid the stigma of being drones in the working hive. Truly, he who is guilty of such neglect will verify the old Greek saying, "The avenging deities have leaden feet, but iron hands." The retribution for wasted time and lost opportunities may come upon him slowly, but come it will; and, when it has him in its gripe, repentance is too late. I will not believe that any of you will ever earn for yourselves such sad regrets; but it may not be amiss if I press on your attention the assured truth, that one of the laws of the existing constitution of things is *present sacrifice for future gain;* and that this rules the several stages of this life in their relation to each other, as well as the whole of this life in relation to the next.

Lastly, I would say a word of advice as regards recreation. Do not think it out of place that I should advert to this matter. I am deeply persuaded of the importance of innocent cheerful relaxation for all of us, but especially for the young. I believe it impossible that our brain-machinery can continue in full and energetic play, unless the nerve-power, which is consumed by mental effort, be restored by some of those *délassemens* which we will term *recreations*. This monition is often most needed by our best workers, who, from the highest motives, are apt to toil on too closely until their health becomes seriously impaired. I would impress on all of you that the goal of excellence in this or in any other calling is not so well—if at all—to be reached by fierce sudden spurts, as by well sustained unflagging efforts, and these cannot be put forth by an enfeebled and suffering system. The men who have proved the best statesmen in India have often been keen sportsmen, who gained in tiger-hunting the nerve and resolve which subsequently stood them in good stead in serious political emergencies. I cannot doubt that the youth who trains his muscles and nerves to a skilful use of the bat, the oar, or the rifle, or practises any athletic exercise, will, if he be at the same time a conscientious worker, prove a better physician or surgeon than the one who has neglected to cultivate his bodily energies. The brain, which is dulled with incessant work, though it may be more replete with learning, is incapable of those quick keen intuitions which often lead to correct diagnosis, or suggest the right mode of treatment in difficult emergencies. Deal, however, honestly with yourselves, and take care that the relaxation you give yourselves is earned by downright honest work. Here comes in the worth of earnest activity in the economy of time; it accomplishes so much more in an allotted period than half-hearted languid labours that space remains for recreation or other matters. Let me remind you of the reply made by a man of great attainments to a friend, who asked him how he had been able to accomplish so much. "Oh," said he, "I have no particular plan; when I have got anything to do I go and do it—that's all!" Contrast with this the confession once made to me by a man of great ability, that he always felt disposed to defer anything to the morrow which could by possibility be left undone that day!! I suspect this latter tendency is very much ingrained in human nature, and requires watching against in us all.

And now, in conclusion, let me observe that I set before you no unattainable aim—nothing that does not approve itself as reasonable and right to your own convictions. I invite you to no high soaring flights of earthly ambition. I have no mind to stimulate your energies with visions of great fame, wealth, and eminent position. These things may or may not come according to the appointment of the Ordainer of all things, but they are not very likely to be the lot of any of us, nor are they things to be passionately desired. The thirst for glory and distinction is, I know, no mean incentive to effort, but the sense of duty is a mightier. During the sternest part of the hard fought day at Waterloo, the Duke said to the soldiers of a square, "Stand fast, men, we must not be beaten; what would they say of us in England?" The noble fellows replied, "Never fear us, sir, we know our duty." Here was no ambition, but the simple strength of moral principle in men of humble rank, and we know that that enduring energy carried the day. So I would have it with you. Few of us may be very distinguished here—all may win glory hereafter. What we may all do, and what I call on you to do, is to be workers in God's world, standing on the side of the brave, the good, the loving, the true, resolute to do your duty in fidelity to your baptismal vow, fellow-helpers with Christ and His angels. This is real manliness; this is worth living for. Gentlemen, be thus manly.

Miss Garrett, on Thursday, Sept. 28, passed her final examination, and received a licence from Apothecaries' Hall. She is about to deliver a course of lectures on Physiology exclusively to women at the Working Women's College, Queen Square.

Prostitution under Military Law. Two years ago, when General Rosecrans commanded the army of the Cumberland, syphilitic disease prevailed to such an extent as to disable hundreds of his soldiers. In the month of July, the General ordered all the abandoned women out of the state, and a whole cargo of unfortunates were shipped North. The boat touched at Louisville, but was ordered away by the authorities. It then attempted to land its freight at Cincinnati, but failed. It anchored in the river a few days, and soon after departed for Nashville, where it subsequently arrived and unloaded, costing the government several thousand dollars. But Rosecrans was not to be frustrated. His men were not only being made unfit for service, but a great number of them had been absolutely ruined by their unlawful companionship with lewd women. As the terrible evil could not be annihilated, it was at once resolved to legalise and systematise the avocation of prostitution. Hospitals for the reception of diseased women were speedily built, examining physicians appointed, etc., etc. The result claimed for the experiment was, that in General Sherman's army of 100,000 men or more, but one or two cases were known to exist, while in Rosecrans' army of 50,000 men, there had been nearly 1500 cases. The women were examined once every ten days, paying two dollars for an examining fee, and five dollars a month to ply their avocation. The money was appropriated to hospital uses, and provision thus made for the sick of this class. The institution was nearly self-supporting, the entire expenditure of the hospital for ten months being 6,154 dollars, to meet which the fees collected from abandoned women amounted to 5,900. Such are the statements made by a correspondent of the New York *Times*, writing from Nashville. (*Philadelphia Medical Reporter.*)

Introductory Lectures.

QUEEN'S COLLEGE, BIRMINGHAM.

The Introductory Lecture was given by Dr. Hinds. He said there was no future of progress for the profession, or of nobleness or of respect from the wisest and most scientific men, except from the faithful and earnest cultivation of scientific knowledge. Scientific discovery had raised the profession of medicine to its present standard, and scientific discovery must raise it still higher. The profession were bound by a great obligation to adopt and make use of every improvement which the sciences bearing on medicine might evolve. He did not expect that medicine could be so perfected as to be free from hypothesis and conjectural reasoning, but medicine was immensely susceptible of improvement and progress from science. Science had redeemed it from its condition in the dark ages of the world. It was to science that it must look for its future advancement. There was not one science on which modern medicine was built that could be assumed to be perfect. How immense then was the field of improvement which lay open to the scientific practitioner and the student of medicine. They must not sink into the position of mere disease-curers. They had a still higher aim and interest as disease-preventers—as exponents of the laws of health, both of mind and body, and also of laws which bore deeply on the moral welfare of the whole community. At the commencement of a medical session it was usual to take a good deal of latitude—to allude to matters of general interest between the profession and the public; and he might without impropriety revert to certain strictures which had appeared in the public press on the question of medical etiquette. The Lord Justice Clerk, in a late trial, declared that he cared not for professional etiquette, and that "there is a rule of life and a consideration" far higher than professional etiquette and professional rule, "and that is the duty that every citizen of this country, that every right-minded man owes his neighbour, to prevent the destruction of human life in this world". In following up this stigma cast on medical etiquette, the *Times* declared that "the mysteries of medical etiquette have seldom been more unfavourably exposed to public criticism than on the occasion referred to". The *Times* further observes:—"Most of those who have been long in the doctor's hands must have become conscious of certain sentiments and traditions which are not dictated by the interest of the patient. The use of some particular remedy is discouraged because, however successful, it savours too much of some obnoxious 'quackery'. A physician called in to give a second opinion does not like to change the method of treatment too abruptly, lest he should damage the credit of the family apothecary, whom he knows to have mistaken the case. Smiles and compliments are exchanged during consultations at the bedside, when the sequel proves that a difference of opinion involving a question of life and death really existed between the doctors. These are familiar instances of what we mean, and they indicate the existence of an unwritten code governing the medical profession, of which a sense of duty to the patient is not the only principle." Such was the language of the *Times*, and was only a specimen of the strictures launched against our profession and its code of honour by that journal. The well-being of his patients was the great end—the *summum bonum* of the practitioner; but should a sense of duty to his patients be the only governing principle? Were there no collateral duties of any kind or degree? Was it ever required of us to do evil in order that good might come, under the pretence of a sole duty to a patient? And who would suffer the worst, if such a practice were tolerable? Most assuredly it would be the patient himself who would suffer. Even the *Times*, amid much abuse, was constrained to acknowledge that it would not "be fair to deny that the public benefits in some respects by the *esprit de corps* of professional men." But what is this medical etiquette that it should be favoured with such dignified rebuke and condemnation? Are these traditional rules or written laws? Is it an inexorable routine? It is no such thing. It is none of these. Professional etiquette has no principles or laws for its votaries but the principles of honour, the courtesies which an educated, an honourable, and a high-toned and human fellowship will dictate and demand. Whoever claims to act on the principles of medical etiquette and transgresses any one of these principles, shelters himself under disguise, and mistakes his duty both to himself and his fellow-men. Dr. Hinds then referred to the establishment of a medical college for women at New York, and said the way in which this new movement would be met by the profession in this country would depend very much on the way in which it was met by the public. If women could fully qualify themselves for medical duties and responsibilities, and to the satisfaction of the public, it would be very hard, if not useless, for the profession to make any efforts at obstruction. But there was another question: Is the highest class of female mind capable of assuming the duties and responsibilities of professional life? Are professional responsibilities consistent with the female character and the duties of the sex? He believed it to be hardly so. Many of the humbler duties of the practitioner might be aspired to by women, no doubt; but he believed, looking at the character of the female mind, that all such ministrations would be exceptional; and that, the more was attempted in this way, the more exceptional would these ministrations become. Such being the case, it certainly would not be honest in the profession, or in the authorities who govern that profession, to offer encouragement in the way of promotion in reference to a movement which they believe must, in the highest sense of the term, result more or less in failure.

The lecturer then went on to exhort the students to work. A student of medicine, if he is to be worthy of the name, and worthy of his high destiny, must rest his hopes and his pretensions on labour. The road to professional success was work. Even genius without work was almost a barren waste. Dr. Hinds referred, as instances of position derived from work, to Lord Bacon, John Hunter, Faraday, Sir Roderick Murchison, Hugh Miller, Owen, Carpenter, Sir Benjamin Brodie, Sir Charles Hastings; as well as, among politicians, to Earl Russell, Lord Palmerston, Sir R. Peel, Lords Brougham and Lyndhurst, Richard Cobden, and Benjamin Disraeli. Professional success should mean considerably more than mere pecuniary success. It certainly did to those who seek a useful, dignified, and happy life. But, besides a host of other drawbacks, was there not the ingratitude and selfishness of patients? Medical life was pre-eminently active and social, and demanded patience, forbearance, good temper, and good manners. In conclusion, Dr. Hinds made some remarks on the present and prospective status of this College. The students of this College had always held a high place. They were spread over the Midland Counties, and were found in various parts of the world, pursuing an honourable and many of them a distinguished career. The clerical and medical professors had often been considered

to be kindred professors, and since it was the will of the founder to unite them, there could be no reason why they should not be linked together in the bonds of friendship and a common aim, and work harmoniously together in the promotion of our special and legitimate purposes. He congratulated the College in having the Rev. Mr. Espin as the administrative head; and expressed the obligations of the professors to the Dean of the Faculty—Mr. Sands Cox—and to the Press; and concluded: "Now, with all our best and tried friends still with us; with the press to aid us with its influence and good services; the students with us, of course, and the public also with us; with a renewed, earnest, and faithful determination on the part of the professors to aim at the highest phase of instruction, and of teaching power, and means,—with these things in our possession and in our hearts, we conceive our prospects are truly encouraging, and on these grounds, therefore, we rest our hopes and our claims for a future of increasing usefulness and increasing prosperity."

WESTMINSTER HOSPITAL.

Mr. Barnard Holt, Senior Surgeon to the Hospital, delivered the Introductory Address. He inculcated the absolute necessity of a sound preliminary education, to enable the student not only to appreciate that which he has to learn, but to fit him for the position which every member of the medical profession may hope to attain. But even the fortunate possessor of the most comprehensive preliminary education had much to effectuate by his own industry. There was an education derived from self-discipline and reflection that no school could bestow. The more cultivated the mind of the practitioner, the more his intellect was sharpened by rationalistic exercises, the more his moral perceptions were developed by a vigilant conscientiousness, the more his nature was softened by an indulgence in the refined pleasures of taste, so much the more efficient would he be in the practice of his art, the greater would be his perspicuity in discriminating nice shades of disease, the richer would be his invention of resources, the more persevering his zeal for the welfare of his patient, and, above all, the more liberal and just would his bearing be towards his professional brethren, whom his enlightened understanding would have taught him to regard, not as rivals, but as colleagues and allies in the great crusade against pain, disease, or death. Mr. Holt then alluded to the students' reasons for selecting the medical profession; and impressed upon them the necessity of exerting themselves to the utmost, and losing no opportunity of gaining practical knowledge by attendance in the wards. Addressing the students, he said: You are about to enter our profession, a profession which, to practise it as it should be practised, will sorely try your self-denial, yet a profession of the highest honour, a profession of the most sacred trust. Do you enter it for emolument, for fame, or with the desire of doing good; or, I might add, in order to combine a competency with the high feeling of the benefits which by a severe course of study you may confer on your fellow creatures? I am afraid, as a general rule, these inquiries are never made. It is a very difficult thing in the lottery of life to bring the young mind to consider seriously all the bearings of the profession he selects. It may be that you enter our profession because your father is already a worthy member of it; it may be that your parents desire to provide for you a competency, which you may obtain by the exercise of our honourable profession; but whether it be the one, or whether it be the other, let me beg of you that you will avail yourself of every opportunity to become proficient. The lecturer then dwelt upon the indivisibility of medicine and surgery, which he regarded as one science; and, after giving a brief history of the progress of surgery, alluded pointedly to the present state of the profession, and the inclination of the public mind to specialities and special hospitals, which he severely criticised, and said that, although medicine and surgery are essentially one science, the great division into physic and surgery was not without its advantage; that although it in no manner absolved the physician or surgeon from becoming acquainted with all the details that appertain to a thorough knowledge of his profession, yet it enabled him to accumulate a larger experience in the branch he selects than if he practised generally. The surgeon in general practice had but little opportunity for that deep reading and contemplation so necessary for him who was desirous of occupying the highest rank. The lecturer then dilated on the necessity of a thorough knowledge of anatomy and physiology as the basis of all sound professional principles, and inculcated the necessity of clinical study as superior to systematic lectures. The book of nature was the book for study, and by it, and it alone, could the practitioner be successful. In conclusion, Mr. Holt said: Industry and perseverance are necessary to success in every line of life, but most especially in the attainment and practice of a noble art which puts to the proof the rarest of the human virtues, and has occupied the thoughts of some of the most gifted of our race. Our profession is, indeed, a noble calling; in every branch it affords occasions of self-sacrifice, and demands the exercise of the highest powers. The physician, by his varied learning, the surgeon, by his disciplined skill and fortitude, and the general practitioner, in his wide field of usefulness, if he fail in the achievement of fame, which is but the lot of the few, he is sure, by the conscientious discharge of his duties, not merely to win the hearty respect of his species, but to command that perfect self-contentment which is the constant attendant of an approving conscience, and the very core and essence of happiness here and hereafter.

LONDON HOSPITAL.

Mr. Walter Rivington, Assistant-Surgeon to the Hospital, delivered the Opening Address. The medical schools, he said, were assembling under the impulse of a great moral force. Underlying almost every form of activity, amid every diversity of mind, there was this common bond of union—attraction to some real or fancied good. The good by which medical students were attracted was success in their studies, success in their examinations, success in their future careers. By success he meant real improvement, real usefulness hereafter. How was this honourable success to be obtained? Essentially in the same way as in every other profession. Ability, labour, and character, were the passports to an honourable success. Ability without labour was the talent wrapped up in the napkin. Ability without virtue would only work. "*Aut Cæsar aut nullus*" was a fine ambition, if Cæsar was to be good as well as great, but glittering as the prize might be, it was better to die "a mute inglorious Milton" than the author of a "Don Juan"; better to live a village Hampden than a Napoleon Bonaparte. Real usefulness, not display, was the test of success. But merit might pass unrecognised, be purposely neglected, might want its occasion for display. The very qualities and discoveries which write names indelibly on history's fairest page might produce pre-

sent condemnation and contumely. The revival of the ligature for wounded arteries exposed Ambrose Parè to persecution. Harvey's discovery of the circulation of the blood excited an envy which arrested a circulation of his own, rather important—his fee circulation. Jenner was subjected to misrepresentation for his immortal discovery of vaccination; and though a tardy justice reared his simple statue in the shadow of a Nelson's statelier column, he will never be honoured enough till he find an equal tomb in Westminster Abbey. On the other hand, very inferior abilities, industry, and integrity, secured the magic key which unlocked the gate of worldly wealth and favour. And if money is to be your chief good, the sole test of success, there was small occasion for trouble or for toil. A little knowledge retailed with judgment and discreetly draped in politeness and pretence, would answer every purpose. Success would the sooner crown the practitioner's efforts if he stole a few leaves from the time-honoured text book of quackery. Patronage, pushing, with ingenuity, impudence, and advertisement, would each do much. But before adopting this course, the students should ask calmly, what is the real value of money that is not legitimately earned, what the real value of reputation that is not thoroughly deserved? What has power, what has favour, what has wealth, ever given to supply the loss of honour or the repose of conscience? The lecturer then quoted Sir Benjamin Brodie as an example of perseverance achieving a high success without extraordinary powers; impressed on the students the necessity of work for all alike; the duty which devolved on them of discharging truthfully and manfully the debt which they were incurring; and urged them to acquire, if possible, a love for their calling resembling the devoted love for their arts of the painter and of the sculptor, for such a love fulfilled all law. He referred to the motives with which the students might be entering on their professional studies. They had different talents, different feelings, different motives, different desires; yet the same laws of success applied equally to all; the same paths, the same rules of conduct, the same dangers. These he would endeavour to point out, and would endeavour to give them such general directions for their seedtime as would afford best prospects of an abundant harvest, that ability might not be misdirected, labour not thrown away, and character shielded from injury and tempered for future trial. After giving his opinion as to preliminary acquirement, and recommending matriculation at the University of London, the speaker showed the importance of learning theory and practice together, and keeping the end of all medical knowledge in view—the treatment and prevention of disease. For this purpose they must work with equal zeal in the college and the hospital. Lectures were not to be neglected, and no cry was to be raised that they learnt nothing from them till they had asked themselves confidentially if they really endeavoured to learn, and to supply shortcoming by augmented attention. Observation must be begun at once without regard to the primary difficulties, the strangeness of cases, the uncouthness of the sesquipedalian terms of medicine. After urging them to attend the out-patients in their first and second years, and giving some fitting advice about their conduct in the wards, the speaker warned them against the dangers which surrounded them. Neither trivial nor few, there were dangers to manners, morals, mind, and religion; danger of acquiring roughness and abruptness from seeing so many poor patients, to whom but a short time could be allotted, and who must be kept in order; danger of losing delicacy of thought towards women, and disregarding woman's virtue and their own; danger of carelessness from the unavoidable infliction of pain, loss of sympathy from the sight of distress; danger of regarding death as a mere professional issue. Familiarity with pain, disease, and death, rendered the medical profession hurtful to cold and careless men, who became more indifferent with every repetition of experience and passive impressions. Add the means and opportunities of ill, and no safeguard but the risk of detection remained against the production of a Palmer or a Pritchard. The dangers to mind were party spirit, and undue deference to authority for example, towards a book, a teacher, or a newspaper. Against implicit trust in newspapers he specially cautioned them. Papers might oppose desirable improvements, or advocate injudicious alterations. He was not arguing against privilege or for the suppression of opinion. Criticism was the necessary ventilation which purified the moral atmosphere of public places, public papers, and public men. England expected every reader to keep his intellect as free as she kept his body, and not to hand it over bound hand and foot to some Veiled Prophet of Khorassan, who would deride them behind the mask for their credulity, and call them dupes for their pains. To avoid the errors of which he had been speaking—over-deference to authority, the snare of party spirit, blind adherence to system—they must earnestly aim from the rising to the setting sun to cultivate a thorough love of truth. Truth knew nothing of an expediency at variance with herself. Truth never winked at pious frauds. A genuine love of truth had no regard for consequences, for truth undeceived as well as avoided deceit. Truth raised no undue expectations, never published delusive statistics or picturesque cures. Truth was altogether humane, exposed abuses fearlessly, nor would ever allow murder to slink for protection behind the distorted form of etiquette. Truth acknowledged error, and made it a beacon light. Truth spoke before kings, and was not ashamed. Truth was not daunted at the loss of influence, the loss of friends, the loss of fees, the dread of misrepresentation, the dread of ridicule, the dread of public or private criticism, the dread or loss of anything in the world; for "truth," as Bacon finely observed, "only doth judge itself, and howsoever these things may be in men's depraved judgments and affections, teacheth that the inquiry of truth, which is the lovemaking or wooing of it, the knowledge of truth, which is the presence of it, and the belief of truth, which is the enjoying of it, is the sovereign good of human nature." "If," said the lecturer, "you become imbued with this beautiful doctrine, that truth is the sovereign good of human nature, a good to which it were well if not only yourselves but all men universally were attracted, you will have a grand principle to guide you throughout the term of your lives on earth, obeying the Horatian maxim to swear allegiance to no master—no master but truth; you will be endowed with a manly independence of thought and action, which, without interfering with the meed of respectful concession to those who are older and wiser than yourselves, will stimulate you to search and see if those things which you hear and read are as you have heard and read them. Ability will be proved and ripened—labour will be an easy yoke—character will be purified and refined." After bestowing other useful advice on the pupils, the lecturer said he believed in the motto of the hospital, "*Homo sum, humani nihil a me alienum puto.*" These were the words of a Pagan, and yet they might have issued from the Mount of Olives, so richly were they laden with the fragrance of that catholic spirit which breathes for all time in the benevolent morality of the Christian religion. In conclusion, he again exhorted his hearers to love truth as precious

above all things, and to love a profession which makes truth its search. And when their parts in the world's "broad field of conflict" have been sustained, let death come and meet them at home or abroad; let the busy reaper cut them down on land or at sea, in the battle, the expedition, the tempest or the wreck, on the mission of mercy in the torrid desert, amid the inhospitable ice—far from human help or in the hushed chamber, solaced by the ministry of friendship and of love, in the bud of youth, in the flower of manhood, in the fruit of age which, like the full ear of corn that is ripe for the sickle, bends to the ground from which it sprang—their lives noble, kind, humane, courageous, truthful, gentle, generous, just; on earth peace and goodwill to man—each and all equally will have been brought within the full scope and meaning of the graceful exhortation of the bard—

> "On parent knees, a naked, new-born child,
> Weeping thou sat'st, while all around thee smiled.
> So live that, sinking to thy last, long sleep,
> Thou then mayst smile, while all around thee weep."

ST. THOMAS'S HOSPITAL.

The Introductory Address at St. Thomas's Hospital was delivered by Mr. W. M. Ord, M.B., Dean of the Medical and Surgical College. He said that how best to do the daily work was the great problem of our life, the problem which must constantly occupy the most earnest attention of men conscious of the true meaning and teachings of religion. For to do the daily work well, for the sake of the work, and not of its results, from sense of right, and not for man-pleasing, was an act of faith, of love, and of conscience. Men were not slow to recognise in their fellows the energy and the alacrity in daily duty which have their source in the deeper and nobler feelings—service not of the letter but of the spirit; not of rule, but of interpretation, and hence of necessity progressive. And seeing that men and things were nowadays estimated and had power according to their actual worth and benefit to society; seeing that the present high position of the liberal professions was due to the earnestness and sincerity with which they had discharged their functions towards society, it was natural that, standing in the portals of the academic year, they should review their past and its results, and compare their progress with their opportunities. Those who had seen the plans of the new hospital would, he thought, agree with him, that they declared themselves, even on slight examination, to be the offspring of wide care and thought. Those who know something of the history of these plans would know with what care all the good and bad points in the old building had been considered, with what industry comparison and inquiry had been instituted with reference to nearly all important hospitals at home and abroad, and with what readiness advice and suggestions had been received from all persons whose opinions appeared to be of value. Then in the filling of the building would come the consideration of its administration. Here, again, things effete, obsolete, or injurious must be swept away, and the reorganisation would be a task worthy of the energy of the men who had so well discharged the other part of their duties. The school, at first sight, suffered by the present eclipse. But he believed that success lay ready, on condition that they carefully examined and criticised their work, and fitted it to present requirements. In the hands of the lecturers, working in hearty oneness, the school might be expected to flourish in the spirit of its former dignity. He thought that the efficiency and results of clinical teaching have not been in proportion to the opportunities of the hospital. It would be for the lecturers to turn to good account sources of knowledge and progress now little used or unnoticed. By the recent appointment of Dr. Thudichum they had received a colleague well known for ability and zeal in the path of scientific research, who might be expected to make fruitful many of the hints and suggestions afforded by the cases under care in the hospital. The example once set, and the spirit of inquiry aroused, it might be hoped that St. Thomas's might be able, from year to year, to make valuable additions to the sum of solid, well-founded scientific knowledge. The manner in which the students of the hospital had encountered the tests and searchings of the examining bodies might be regarded as a measure of the efficiency of the lecturers, provided that examinations were always conducted so as to estimate thoroughly the fitness of the candidate for the work before him. A candidate's knowledge should be of fair extent; let him, therefore, by all means be questioned on facts, and even on minor facts, but let him be questioned so as to ascertain his comprehension of the relation of these facts to others, of the laws which they illustrate, and of their bearings on practice. Only in this way could a distinction be made between the candidate who had been crammed for the particular examination, and the legitimate aspirant to whom the examination was an initiatory test and not an end. That this plan was now much adopted must be conceded; yet one saw still examination papers which seem merely intended to test the pupil's memory, and his memory, too, of facts which he would certainly forget as soon as the examination had passed out of sight. And teachers had need of more than mere knowledge and earnestness of purpose; an intelligible and, as far as may be, attractive way, and by encouragement of free questioning we must learn how far we fulfil this and how we amend our instruction. The lecturer advised the students to be not merely listeners and careful note-takers, but also to seek by reading and thinking to fill in and connect the blanks of the outline. But reading and thinking must never take the place of healthy exercise of the body, of the training of hand and eye in operation and observation. Honours and prizes, in reading for which men often forget the rest of their duties, would be productive of harm rather than good if they are thus misused. "Besides, what seems immediately to concern your profession, you have certain qualities to cultivate—the delicacy of manipulation and the firm moral courage which, typified by the lady's hand and the lion's heart, are said to be necessary to surgical success; and the imaginative quality which, typified by the poet's mind, is not less necessary to the diagnosis of disease, the care and management of patients, and in all scientific investigation. Study tenderness and avoid harshness, strive to understand and sympathise with your patients, be generous-minded to your professional brothers, avoid all conscious lucre seeking, and remember, finally, always and everywhere, on whose strength you rest, and to whom you have to render account. So may you verify for yourselves the stirring words of the great poet of the age, who, answering the dreamers of the golden year, sings thus:—

> "Old writers pushed the happy season back.
> The more fools they—we forward: dreamers both:
> You most, that in an age when every hour
> Must sweat her sixty minutes to the death,
> Live on, God love us, as if the seedsman, rapt
> Upon the teeming harvest, should not dip
> His hand into the bag; but well I know
> That unto him who works, and feels he works,
> This same grand year is ever at the doors."

MANCHESTER ROYAL SCHOOL OF MEDICINE.

The Winter Session at this School was opened by Dr. J. E. Morgan, Lecturer on Pathology and Morbid Anatomy. He said that he did not propose to enter into a disquisition on the relative importance of the different courses of lectures. He exhorted the students not to be discouraged by considering how wide was the range of subjects; how vast the array of ascertained facts on which they depend; how strong the flood of light which modern research has shed around them; but, resting satisfied with humbler aspirations, to emulate the most distinguished of their teachers and fellow-students. Though it was impossible to anticipate that in the course of three short years their knowledge of the sciences should be either extensive or profound, they would still be able, by diligent application to work, to acquire a stock of valuable information sufficient to qualify them for the successful prosecution of their calling. The course of study must be systematic; they should cull from every department of science the lessons bearing on medicine. But direction would be needed; and such direction was provided in their various courses of lectures; but how few were there who thoroughly appreciated the value of lectures. It was held by many that, students left to select their own subjects, and to pursue the studies after their own fashion, all that sum of knowledge, which is acquired usually by diligent application, would flash upon the minds in some agreeable and mysterious manner. But, if there were any subjects especially adapted for this mode of instruction they were those bearing upon the profession of medicine. The series of lectures, Dr. Morgan said, which he attended at a London Hospital were as a whole infinitely more attractive, and far more calculated to awaken general interest than those at which he was present at the University of Oxford. Anatomy, physiology, chemistry, all those sciences to which students were expected to devote attention, admitted of being illustrated by diagrams, specimens, and experiments. Such illustrations varied the monotony of your work; they relaxed that strain upon the mind which its continued application to the more abstract sciences was so liable to induce. He then went on to observe, that students did not make sufficient use of the hospital wards. To surgical cases they were generally willing to devote a certain portion of time; but then they appealed to the eye; their progress could be watched from day to day. This, however, was not enough. In the active duties of their profession, his hearers would probably be called upon to attend ten medical cases for one purely surgical. The study of disease at the bedside was a labour to which they could not apply themselves too soon. The knowledge of disease must be acquired at the bedside. "Student's Manuals," "Physician's *Vademecum*," and "Young Practitioner's Guides," might possess a certain value; but ten cases carefully recorded, and intelligently followed through all their phases, were of more value than the whole series of such works that ever were written. Dr. Morgan said that he was no advocate of excessive study. Five or six hours' honest work per day, steadily maintained for three years, would well qualify them for the duties of their calling. He then proceeded to offer to the students a few remarks on the profession which they had selected, on the prospects which it held out, and on some of the difficulties and trials by which their future career must be chequered. "If any," he said, "whom I now address are men of high-strung ambition—men who sigh for the high places on earth—men moulded in that cast in which great statesmen, great lawyers, and great soldiers are formed, then I warn you that you are entering a profession which will not satisfy the cravings of your ambition. The practice of medicine differs from the other learned professions more especially in this; that its distinguishing characteristic is contained in one word—work, quiet unobtrusive work. The most celebrated men in other great walks of life are pressed onwards by the force of talents which come home to and can be appreciated by educated public opinion. The gift of eloquence, often associated with ambition, whether heard in the pulpit, at the forum, or within the Parliament House, will catch the popular ear, and ere long separate the favoured possessor from the rest of his compeers. For such gifts our profession offers no scope. Displays of this kind are opposed to the whole spirit of its teaching. Close observation, the wisdom which profits by past experience, a profound interest in the mysterious workings of disease, and a keen sympathy for the sufferings of our fellow-men—these qualifications we should seek to acquire; they will be more valuable to us in our calling than the eloquence of a Demosthenes or the conquering genius of a Napoleon." But the profession possessed within itself attractions peculiarly its own. The life it holds out was pre-eminently an useful life. Even in a material point of view the prospects of the industrious student of medicine were certainly no less promising than those of his contemporaries in the remaining learned professions. The lecturer then went on to consider the solidity of the foundation on which the profession of medicine rested. Presuming that the students were just entering on practice, after having by diligent study made themselves well qualified practitioners, he would consider whether the teachings of their profession did indeed rest on that sure basis of scientific truth which would infallibly carry conviction to their own minds, and by giving them confidence in themselves win for them the confidence of others. The possession and retention of this confidence arises from the consciousness that the patient researches of many observant men have so opened up the mysterious workings of disease that what before was dark and obscure is now light, and that under the directing rays of this light we also are illumined on our path, and are enabled in the great majority of the cases which come under our observation to lay our hand on the very root and source of the malady. "Study the writings," he said, "of the late Dr. Graves, Laennec, the treatise of Frerichs on *Diseases of the Liver*, and the admirable works of Dr. Stokes, of Dublin, on the *Heart and the Lungs*. Follow the workings of minds like these, study the chain of reasoning that determined their opinions, accompany them in their after examinations, and you will arise from the inquiry with a feeling of profound admiration for the sagacity and judgment displayed in their writings. It is by this standard, by this skill in acurate diagnosis, that your general qualifications will be estimated by the more scientific members of your own profession." But this last was one which the initiated only could apply. The great mass of the public estimated the acquirements of the practitioner by a more deceptive standard; by his skill in effecting marvellous cures, in arresting the course of disease, and in restoring shattered health. Modern pathology had revealed, with the most minute accuracy, the destructive changes which accompany disease. But had our more intimate acquaintance with the changes on which various diseases depend rendered the diseases themselves more amenable to treatment? But though modern researches did not justify us in guaranteeing marvellous cures for the various ailments, we had still during the last fifty years steadily advanced in our acquaintance with disease; and our treatment

had grown more scientific. There was less theorising —more observation. Attention was paid, not to the mere name of a disease, but to constitutional vigour, in which the widest differences existed between one man and another. As an example, the lecturer referred to the manner in which the character of that inflammation is determined by the character of the blood. He believed that nothing had exercised a stronger influence in retarding the progress of the healing art than the indiscriminate advocacy of particular modes of treatment. No foredrawn conclusions would ever avail, but reliance must be placed in the watchful intelligent study of each particular case. This spirit of attentive observation, this more extended knowledge of disease, has effected much for suffering humanity. Not many months ago Europe was startled by the announcement that a desperate malady had burst out with alarming intensity in St. Petersburg. How were the fears allayed which arose out of that visitation? Not by the daily bulletins of death and disease, not by the unwonted symptoms which attacked the sick, but by that knowledge of the causes on which the affection depended, of its past history, of the conditions which influence its production and diffusion. Dr. Morgan trusted that none of his hearers would ever permit the enticing allurements of worldly interest to draw them aside from legitimate practice. Members of the medical profession were at liberty to follow that line of treatment which they considered best suited for the relief of their patients. One check, and one only, the general spirit of our profession imposed. "If we would retain the character of honourable men, we must forbear countenancing secret remedies. There should be no mystery in the healing art. We who practise it have one great object in common—one paramount duty—the relief of suffering. To this object we should cheerfully devote our meagre jottings. Our experience is too narrow to test fully the value of any discoveries we may make; besides, we are biassed in their favour. But let them be confirmed by the general voice of the profession; then we too shall have added our store to that temple of knowledge which is being piled up, and is assuming year by year more stately and majestic proportions." He concluded by exhorting the students to study the examples which the medical profession afforded of devotion to duty.

MIDDLESEX HOSPITAL.

Dr. Hall Davis delivered the Introductory Address. He said that, if there was one day in the year more important than another as an epoch in the life of a medical man, and as one giving rise to associations of the deepest interest, it surely was that day on which the various schools of medicine assembled in their several colleges to inaugurate a new session of medical studies. It was on that day that the country sent up fresh candidates to fill up the vacancies yearly occasioned in the ranks of the profession by death, or by the infirmities of sickness or of old age, and to meet the increasing demands for medical aid in our home and colonial possessions. Thus, by the fresh infusion of young life, the profession was renewed and sustained from year to year for the continuance of its high and noble purposes in contributing, under Providence, so importantly to the welfare and happiness of the human race. The profession on which they were about to enter—that of medicine—was truly a noble calling, and one which, in its rude beginnings, no doubt sprang out of a natural desire implanted in man as an instinct to relieve the pain and suffering of his fellow-creatures, and therefore almost as ancient as the creation of man, but, as a distinct profession, founded by Hippocrates, the Father of Physic, more than two thousand years ago. Since that remote period, however, through succeeding generations up to the present time, the power of medical science and art, curative and preventive of disease, had, under the blessing of Divine Providence, been wonderfully extended by the intellect and persevering industry of man, and more remarkably so through the developments and valuable application of science during the last three hundred years. As an instance of an important accession to medical knowledge within that period, he might mention the discovery in 1628, by the illustrious Harvey, of the circulation of the blood—a discovery which might with perfect truth be said to have effected a complete revolution in medical science. Another memorable discovery which formed an important era in medicine, since it had been the means of conferring a great blessing on the human race, was that of vaccination by the immortal Jenner, of the history of which the lecturer gave an outline.

The lecturer also adverted to the discoveries of Hunter, Cuvier, Laennec, and other great lights who had adorned the profession, and condemned the prize system which prevailed in some schools. He then proceeded to urge that the government of this country should reflect on the value of medical services to the welfare of the army and navy. If they would secure for those two powers the most efficient medical skill, the ministers and other authorities in these departments should hasten to redress grievances which, by deterring the best men as a rule from entering them, could not but act most prejudicially to the interests of those services. The regulations complained of as affecting the medical officers of the army were principally as follows:—The important gift of precedence, according to the relative rank of the medical officers, and the advantages attaching to the rank with which it corresponds, does not exist in regard to medical officers presiding at mixed boards. It was ordered by the Royal Warrant of 1863 that relative rank shall not entitle the medical officer to military command of any kind, nor to the presidency of courts-martial, courts of inquiry, committees, or boards of survey, but when the presidents of such courts, committees, or boards shall be junior to the officer of the civil department, then such member of the civil department shall attend as a witness but not as a member. The medical officers feel that this non-recognition of the privileges which their rank should give them seriously prejudices their position in the army, and that it is detrimental to the interests of the service is manifest, said the lecturer, from the following considerations:—The results of excluding medical officers from presiding at mixed boards is this, that the senior medical officer, the man of experience, is distinctly excluded from sitting as a member at all those boards at which food, clothes, water-supply, quarters, and ventilation are subjects for investigation. The senior medical officer is, in fact, excluded from sitting at the board unless there happen to be a combatant officer senior to him in rank, a circumstance of rare occurrence. The position of the medical officer at mess is ambiguous, and often a very painful one. It does not depend upon the relative rank, but upon the will of the commanding officer, and consequently differs in various regiments. Some commanding officers permit medical men to hold their position at mess according to relative rank, other commanding officers refuse to do so. By the Queen's regulations of 1859 medical officers were removed from the regimental staff to the civil departments, although they belong to the regimental staff by every definition of the term.

They wear regimental uniform, they have special regimental commissions for which they pay, they subscribe to mess and band. One result of placing them in the civil department was, that medical officers for a time were deprived of funeral military honours. These, however, were restored by special order, but can even now be denied by commanding officers who may choose to follow strictly the Queen's regulations. With regard to the position of medical officers in the navy, the lecturer quoted from a pamphlet published by Dr. F. J. Brown. The lecturer referred to the fact that at a meeting of the Royal College of Physicians, held on the 6th of June, it was resolved that a president and censors of the College should consider the best mode of using the influence of the College to induce the War Office and the Admiralty to improve the position of the medical officers of the army and navy; and, that on June 26th the letter prepared by the president and censors was submitted and approved by the College, and subsequently forwarded to the Minister of War and the First Lord of the Admiralty.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

The Introductory Address was given by Dr. Rawdon, Lecturer on Pathology. He commenced his address by referring to the various circumstances which made the first day of the session pecularly interesting, he bade the students welcome to the school, and expressed his hearty wishes for their success in their studies, as well as in the profession which they had chosen. He exhorted them to unremitting application to their studies, reminding them that the time allowed was not at all too long. He impressed on them the importance of system and method in the arrangement of their studies, and advised them as to the best mode in which they were to be pursued. Having referred to the pleasure which he himself felt on looking back to his student days passed in that school, Dr. Rawdon proceeded to touch upon the resignation of Mr. Fletcher, the lecturer on physiology, in consequence of ill-health, which, he said, was a source of general regret, and to the appointment of Mr. Harrison to the position. He then touched on the high and solemn character of the duties devolving on members of the medical profession, observing that in their hands were, to a greater or less extent, the health and happiness of their fellow-creatures, among whom they would, in accordance to their degree of ignorance or knowledge, cast misery or diffuse blessings. After touching on the sciences of anatomy, physiology, and pathology, he dwelt briefly on the advantages which medical students might derive from the obtaining of clinical clerkships and dresserships. Dr. Rawdon expressed his approval of the plan lately adopted by the lecturers on anatomy of conducting the weekly and prize examination on the dead subject, and thus testing the student as to his practical knowledge. He cautioned them against any intermission in or neglect of their studies under the delusive idea that by a few weeks of hard and forced application, previous to their examination, they could make up for lost time. Even if students did succeed in obtaining a diploma by such a course, they would be unfit for the practice of their profession. He also condemned the practice of "grinding", which, he said, was happily dying out, in consequence of a more efficient system of examination having been adopted. With a view of showing the great advances made in medical science in modern times, Dr. Rawdon quoted extracts from several medical works written in the sixteenth and seventeenth centuries. The earliest book to which he would refer was *Guido; his questionaries of chyrurgerie*, bearing date 1579, and having the following title page:—"A worke both learned and profitable for chirurgions, the like whereof before this tyme hath not bene printed." At the commencement the author gives "a prayer necessary to be sayde of all chirurgions," in which, after referring to the Fall as the cause of mankind's infirmities, he praises God for "having given vertue unto trees, herbs, roots, beasts, fowles, fishes, wormes, stones, and metals, to the help of thier greifes." In a work by "The reverend Master Alexis of Piemont," as he was termed, and about the same date, was the following title:—"The maner and secrets to conserve a manes youth, and to holde backe old age; to maintaine a man alwayes in health and strengthe, as in the fayreste flower of hys age." Don Alexis, the author, was once required to treat a number of soldiers of the Emperor Charles the Fifth's army for dysentery, and the following, he said, was most successful, though Dr. Rawdon remarked that he had no great notion of Don Alexis's veracity—"First, I caused them to eate wel, and then on ye morning I gave them a vomit, and then every day after they had eaten I caused them to goe into the water of the sea, and there to remaine four or five hours." In a book by Peter Lowe, dated 1612, it is said, in reference to the amputation of fingers and toes, "Some for this purpose doe use a sharp chizell and a mallet, laying the member on a blocke, and so cuts it off." Dr. Rawdon next referred to the progress which of late years had been made in medical and surgical practice. The student had now, he said, the opportunity of learning his profession from several professors, and he acquired a more extended knowledge of medical science by listening to the discourses of men of opposite views. Nor should they under-rate the aid furnished by the extensive medical literature of the present day, whilst collateral science had also contributed to this end, chemistry and the microscope having rendered assistance in the study of physiology. Still it was necessary to progress, for, although their knowledge was constantly being increased, there yet remained something to be completed.

ST. GEORGE'S HOSPITAL.

The Winter Session of this Hospital was opened by an Introductory Address from Mr. G. D. Pollock, one of the surgeons to the hospital, and surgeon to the Prince of Wales.

Mr. Pollock said it was but a century since St. George's Hospital, from being a small infirmary in Petty France, Westminster, and subsequently in Chapel Street, has risen to the rank of a metropolitan hospital. Since that period it had flourished, and had given to the world of science some of its most distinguished ornaments. William and John Hunter were actively connected with the institution, both in its wards and dissecting-rooms. To the former the medical profession is indebted for many important discoveries in anatomy, surgery, and midwifery, and for valuable pathological researches. To the latter they were under higher obligations still. John Hunter eclipsed his brother by the ability with which he handled some of the most abstruse points of physiology and anatomy. He became, indeed, in all civilised countries a beacon and a guide in the treatment of disease. Dr. Jenner, the discoverer of vaccination, Dr. Baillie, the great writer on morbid anatomy, and Mr. Cheselden, were pupils of the hospital. It was the eminent man last named who introduced the difficult and dangerous operation of lithotomy, an operation which was further perfected

by Sir Cæsar Hawkins. Besides these, there might be enumerated as belonging to St. George's Hospital, Sir Everard Home, the comparative anatomist; Dr. Pemberton, Dr. Heberden, Dr. Hope, the discoverer of many new points connected with diseases of the heart and circulation; Dr. Wollaston, the accomplished chemist; and Dr. Young, the natural philosopher. He would not mention in detail the more modern celebrities who had been educated at this school. When, however, it was considered that it had produced such men as Sir B. Brodie, Mr. Keate, Mr. Cæsar Hawkins, Dr. Seymour, Dr. Robert Lee, Dr. Bence Jones, Sir Charles Locock, Mr. H. James Johnson, Mr. H. Charles Johnson, Mr. Prescott Hewett, and Mr. Tatum, it was no wonder that the governors of the hospital and the public generally looked with interest at any event which called together the supporters of such an institution.

There was ample material at St. George's, as elsewhere, for success, if work was the basis upon which the pupils decided to rely; and he illustrated his statement by drawing attention to the circumstance that John Hunter, Dr. Baillie, Edward Jenner, and Sir Benjamin Brodie were all workers and pupils at St. George's. He drew particular attention to Jenner's labours; his patient industry—his untiring determination to work out the true value of his ideas on vaccination. He dwelt especially on the circumstances that Jenner refused liberal inducements to travel, but acted on a long determined intention to practise in his native town—in a remote country district. Jenner showed how much may be done by those engaged in country practice. He was a great and patient worker, and for more than twenty years did he labour at his subject before he satisfied himself of the intrinsic virtues of vaccination. Jenner was not to be compared to Hunter in some respects. He did not possess those remarkable intellectual qualities which made the latter so eminent in physiology and science; but he was a keen observer of nature. He seized a mere hint given him, turned it out, followed it up to its source, and converted it into a magnificent prize, which establishes him among the greatest and the most unselfish benefactors of the human race. Mr. Pollock added that a school indebted to the genius of Hunter, strengthened by the researches of Baillie, conspicuous by its association with Jenner's illustrious name, and enriched by the works and teachings of Brodie, was one worthy of the best exertions of the pupils. Mr. Pollock drew attention to the rich collection of preparations formed by Brodie, Cæsar Hawkins, and others, in the Museum, and of the facilities afforded in the part of that institution for prosecuting the study of morbid anatomy. He especially drew attention to the importance of studying disease in the wards, and strongly urged the great necessity of looking at disease at the bedside, watching its progress, or noting its fatal consequences in the dead-house. He then drew a short review of the improvements in medicine during the thirty years which he had been connected with the hospital, and pointed out that much yet remained to be done for its advancement. He then spoke of the importance of sanitary science. Fever, cholera, and diphtheria were often latent in our homes from sanitary measures being misunderstood or neglected. These diseases broke out with violence when the occasion arose, unchecked by experience, and in spite of the warnings of medical men. The frightful loss in the Crimea by disease and privation was to be mainly attributed in the onset to an indifference and ignorance of the most common sanitary precautions. Mr. Pollock went on to say, that he considered private practice preferable to employment in the public service. In the former position a medical man had the stimulus of private enterprise and the prospect of independence. In the latter he was free from anxiety, but with a very small, though certain pay. The government did not do justice to themselves, nor to those who enlisted in their service. From a mistaken notion of economy, they restricted the duties of the medical officers, and the result was a large mortality among the troops which might be avoided. The lecturer said in conclusion that the pupils should take for their motto, "Work and duty"; and he urged them to strive to make their professional conduct such that their opinions, their judgment, and demeanour would be universally respected and beloved.

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SATURDAY, OCTOBER 14TH, 1865.

CHOLERA.

DR. MAURIN of Marseilles publishes, in the *Gazette des Hôpitaux*, a history of the present visitation of cholera to that city. The doctor says that, with very few exceptions, the disease attacked only those of the lower classes used to commit excesses in food or drink. Barely ten notable persons were carried off by cholera. Out of the 1500 fatal cases, it has almost always been possible to ascertain the predisposing cause. Dr. Maurin also describes the prophylactic measures which have proved successful. They may be thus summed up—Good food, cleanliness, both of houses and persons—soap and water for the latter and whitewashing for the former. Dr. Maurin says:

"The commencement of 1865 was marked by frequent rains, mild weather, a great prevalence of influenza and intermittent fever. In March, the influenza epidemic began to decline; but the intermittent fevers showed no material diminution, although the temperature was warm and dry. The whole of the summer was marked by excessive drought. From the month of June, the prevailing winds were from S.S.W., the heat being on an average about 86° Fahr. The streets in the old quarters and in the suburbs of the town are very badly kept. The tortuous thoroughfares of what is known as the old town are too narrow to admit watering-carts; and the refuse is only removed when the gutters are swollen after rainy weather. In the suburbs, the streets are not yet levelled, and there are no drains at all; some of them are even destitute of gutters, and the residue of the winter rains formed stagnant pools. Moreover, the police has ascertained the fact that not less than a thousand of those utensils, which gave rise in Edinburgh two centuries ago to the cry of '*Garde à l'eau!*' were every night emptied out of the window. Fruit was very abundant this year. Meat and other necessaries, on the contrary, were very dear. The poorer classes, whose chronic state of destitution was increased in consequence of the stagnation of business, fed almost exclusively on raw trash throughout the months of May and June. Above all, the Italian colony at Marseilles, which numbered about 25,000, crowded in unhealthy lodgings in the centre of the old town, and in the suburbs, indulged in melons, pistachio nuts, water fruit, raw tomatoes, and pastes,

which constituted their habitual food. It was under these conditions that the cholera made its first appearance in June, about a fortnight after its outbreak at Alexandria; whether it was introduced by refugees or atmospheric currents must be reserved for further discussion. I confine myself for the present to record my opinion that both those causes contributed to the development of the epidemic at Marseilles. There were a few victims in the course of June in the centre of the old town, a very hotbed of pestilence. The agglomeration of population drawn together by the processions still further favoured the spread. The national *fête* of August 15th (by drawing together large crowds) appears to have given it fresh intensity. Towards the end of August, a capital execution was to take place in one of the squares of the city, the Place Sebastopol. For ten days running, large crowds congregated there to see the work of the guillotine, and spent the whole night *al fresco*. The mortality rose to twenty *per diem*. On Sept. 1st, the fair of St. Lazarus began, and for a whole fortnight was attended by a large concourse. The district where it was held had up to that time been spared; but two days after its opening, cases of cholera were reported from it (and the mortality rose from thirty to sixty *per diem*). The fair was closed on September 15th; the epidemic decreased. Was there a coincidence between these facts and the increase of the epidemic, or were the agglomerations of people the cause of the spread of a disease which, from its slow progress at the outset, did not seem likely to assume an epidemic character? I incline to the latter hypothesis..... About 104,000 persons emigrated from the city to the neighbouring country places, where the local villas were crowded with men, women, and children. This overcrowding accounts for the great mortality in the districts where it took place."

A petition to the Emperor is at present being signed at Marseilles, praying His Majesty to establish a local sanitary administration to protect Marseilles, it having been for the seventh time visited by cholera. The petition states that it is easy to follow the passage of the cholera. It was brought from Asia by pilgrims who flocked to the Prophet's tomb in unusual numbers this year. It found in Egypt a population predisposed; it broke out violently among them, and they fled. Hospitable Marseilles received the fugitives without adopting sufficient precautions, and the cholera broke out. This is not an isolated fact. In 1835, the inhabitants of Toulon, flying from a violent epidemic, sought refuge in Marseilles. The cholera followed them, and made numerous victims. In 1837, the cholera appeared in Italy, and the steamboats of that country brought numerous refugees to Marseilles, where it was propagated that year for the second time. In 1854 and 1855, the regiments embarking at Marseilles for the Crimea propagated the cholera, which at that time prevailed in the north of France.

The *Moniteur* has published an important report addressed to the Emperor, drawn up by M. Drouyn de Lhuys and M. Béhic. It states that cholera has been imported into Egypt by the Mussulman pilgrims, and recommends the expediency of promptly calling together a Diplomatic Conference which should propose practical measures for the better organisation of the sanitary service of the East.

"To save Europe from these periodical visitations of cholera, they consider it more efficacious to seek out the means of stifling the evil in its origin than to encounter it in its advances. It is requisite to adopt at the very point of departure a system of preventive measures. The Ministers find, in the information furnished by consular agents, confirmed by the reports of medical men, positive proof that the cholera was recently imported into Egypt by pilgrims returning from Mecca and Djeddah. It is true that the disease prevails every year among the Mussulman caravans; but the permanent causes of infection were more active during the present year. The affluence of the pilgrims at Mecca for the Feast of Sacrifices has been, from peculiar circumstances of the Mussulman creed, much more considerable during the present than in preceding years. Not less than 200,000 persons of every age and sex had gathered from divers Mussulman countries to perform those ceremonies; while the number of sheep and camels slaughtered, and of which the offal was left abandoned on the soil, is calculated at upwards of a million. Moreover, at former periods, pilgrims travelled overland, so that the journey across the Desert contributed to ameliorate the sanitary condition of the caravans by insulating and dissipating the morbid elements they carried with them; but now, in consequence of steam navigation, the accumulation is greatly increased, and is certainly one of the causes which promote the development of the epidemic. These circumstances of recent origin require, for the operation of embarking and transporting the pilgrims, a vigilance and control greater than those which have been hitherto insufficient. There is every reason to conclude that, if a system of vigilance existed at the outset, it would have been possible to extinguish, or to insulate, the centres of infection which successively spread to Syria, the coast of Asia Minor, and a part of Southern Europe."

The *Messager du Midi* states that Dr. Tourette of Paris, who went to Toulon to try a new method of curing cholera with cold water, had died there of the fatal disease. Dr. Ginouves, also, a very distinguished physician at Sollies-Pont, near Toulon, had died of cholera.

A medical commission, composed of four French physicians, sent to Alexandria during the cholera in that city, has separated since its cessation. Two of them, MM. Duvivier and Revillond, have returned to France, the latter affected with severe dysentery. MM. Horteloup and Davenne proceeded to attend the cholera patients at Beyrout and Damascus. M. Horteloup has since continued his journey to Saida, where he was informed there was neither physician nor medicine.

Dr. Parkes has been requested by the Privy Council to report upon the existence of disease in Southampton, and also what measures had been taken for its prevention; and, further, to watch over the health of the neighbourhood, and report thereon daily to the Government. He has also been instructed to advise the authorities upon any measure, if he thought fit to do so. He has, therefore, advised that each medical gentleman of the town should

send in to the Mayor or Sanitary Committee every day a statement of any cases of deaths from diarrhœa or cholera. He also advised the Sanitary Committee to persevere in the extremely sensible plan which they were endeavouring to bring into operation. Medical men have been assigned to the several districts to act in conjunction with the members of the council.

At Paris, as at Southampton, there appear to have been isolated cases of cholera; but there is nothing in the shape of an epidemic. The disease at Marseilles now seems decidedly on the wane. Toulon is so far free from it, that the Mediterranean squadron is about to return from Ajaccio to the roads of Toulon. The accounts from Constantinople are also reassuring, the plague having almost died out in that city and on the coasts of the Black Sea and the Sea of Marmora. At Malta, happily, the cholera may be said to have ceased. Valetta and its suburbs have been free from cholera for nine days.

It is a fact worthy of note, that, while Constantinople, Smyrna, Beyrout, Jaffa, Ancona, Marseilles, Malta, Gibraltar, and other Mediterranean ports in communication with the infected city of Alexandria, have all suffered more or less severely from this extraordinary pestilence, Sicily, Greece, and the Barbary States (Tripoli, Tunis, and Morocco), which adopted an opposite course, have hitherto entirely escaped its infliction.

The *Gazette des Hôpitaux* says that the Hospitals Beaujon and Lariboisière only have continued to receive a certain number of cholera patients. The Hôtel Dieu and the Charité, where a special service has been organised, as also in Beaujon and Lariboisière, in the event of a possible spread of what is called "this little epidemic puff", have hitherto received but an insignificant number of sick. The malady seems to have no great intensity, and to have exclusively attacked those persons who were predisposed from anterior illness, privation, and the influence of the very worst conditions of health.

The cholera still holds its ground at Gibraltar. The total number of deaths there up to this time, we are told, is about 470.

"No part of Gibraltar has been left absolutely free from attack. But it has found its prey nearly altogether in the lower classes, and, among them, nearly altogether in those who had been subjected to poor food and foul atmosphere, or who had subjected themselves to the fruits of an irregular life—bad liquor, excessive drinking, personal uncleanliness."

No case of cholera had occurred in Vienna up to the 7th instant, although it has already reached Trieste. The greatest efforts are being made by the "Cholera Commission" at Vienna to protect the city and neighbourhood from an attack of the pestilence.

THE CATTLE-PLAGUE.

ACCORDING to Professor Dick's last report, the cattle-plague appears to be diminishing considerably in Edinburgh. The sheep experimented on in the sanitarium have continued healthy; so that it is believed that the disease is not one which is communicable to sheep. It is still an open question, however, whether they may not become a medium for conveying the infection amongst healthy cattle; and a proposal made by Dr. Andrew Wood to put that matter to the test is about to be carried into effect.

Some experiments with regard to the treatment of the disease have been made by Professor M'Call of Glasgow. He says:

"A place suitable for a sanitarium having been got ready, thirty-five old oxen suffering from the disease were driven into it. These I have treated; and up to this date, fourteen appear to have recovered, though I cannot yet pronounce them safe. On the 29th, a dairy of six cows all affected, and one cow from another dairy also affected, were taken to the sanitarium and treated, but five have died. I purchased one healthy cow, and had one fine prize cow, also healthy, given me for the purpose of putting them along with the diseased animals and treating them from the beginning. The cow I purchased has died; the other is suffering from plague, but as yet of a mild type. From the beginning, I have endeavoured to fortify her constitution by every means. I have also had five ordinary sheep; viz., two ewes and three lambs, and one African ewe sheep—in constant contact with cattle suffering under plague in its most severe form. They have been confined in the same boxes and eaten of the same food since Thursday, the 28th ult.; and I also inoculated (with the discharge from the eyes and nostrils of plague-stricken animals) the African ewe and one of the lambs in the beginning of the week. None of them have shown any symptoms of disease. I have also kept five dogs—viz., a Scotch terrier, two retrievers, a pointer, and a mongrel—at the sanitarium, and fed them almost entirely on the stomachs and intestines of cattle which have died from plague, selecting those portions which are most virulently affected. They have continued feeding on this since Monday, the 18th, and no symptoms of disease of any kind have shown themselves."

Dr. Andrew Smart of Edinburgh reports officially (*Scotsman*, Oct. 11) that he has obtained several instances of recovery under the use of laxative, stimulant, and tonic treatment.

The Prefect of Paris has issued most stringent orders to prevent the further spread of the disease.

All owners or keepers of horned beasts attacked are to make a declaration of the fact to the mayor, so that the animals may be examined by a veterinary surgeon. The animals are to be put apart, and on no account must the owners admit them to common pasture-ground or drinking-places. In places where the disease has appeared, the mayors shall summon owners to declare the number of cattle they possess, etc., in order to fix the indemnity allotted to those who may have endured losses. All communications with the cattle of localities not infected is absolutely forbidden; consequently, no animal belonging to an infected district, even those still healthy, shall be driven to the fairs and markets. The owners of healthy animals may, in the places where the disease

exists, sell them with the view to being slaughtered in establishments specially authorised, but only under conditions. On the very first appearance of the disease in any place, the authorities may cause the infected animals, and even those still healthy, to be slaughtered. Animals shown to be healthy which are slaughtered may be disposed of to the public consumer. In the rural communes, the animals that have died from the disease or are slaughtered shall be buried at a distance from all dwelling-places, in holes of at least two *mètres* deep, and covered with all the earth taken out of these holes. The hides shall be cut into shreds before the carcase is laid in the ground. As dogs may be the agents of the transmission of the contagion, these animals are to be tied up in the infected places, and those found on the public ways killed.

Mr. Frank Buckland, in a long letter to the *Times*, recommends the administration of chlorate of potash. Mr. Bartlett tried this agent at the Zoological Gardens in 1851, when the lions and other carnivora were attacked by a disease that threatened destruction to them; and, as he found it of service to the carnivora, etc., on that occasion, Mr. Buckland concludes that it may be of service to herbivora. Mr. Bartlett describes the symptoms of the lions, etc., as follows.

"Dulness and uneasiness, nervous twitchings, sneezing, serous discharge from the nose, mouth, and eyes, loss of appetite, great general prostration, followed by inflammation and ulceration of the throat, gullet, and nasal passages."

"The animals", says Mr. Buckland, "attacked by this disease during the epidemic of 1851 were—four lions, three lionesses, two tigers, two cheetahs, and four leopards; of these, one lion and one lioness died on the 20th of August, before the chlorate of potash treatment was commenced. Not a single death occurred after its exhibition, although the animals above-mentioned all suffered from the disease with strongly marked symptoms.

"The proper dose for an adult ox or cow would commence with half an ounce given morning and evening. On the following day, if the symptoms do not diminish, the dose might be doubled, decreasing it on the third day to the half-ounce; under any circumstances discontinue it on the fourth day, and give the system a day's rest; and then give smaller doses daily till the animal is convalescent. The best mode of administering it is as follows. Dissolve half an ounce of chlorate of potash in one quart of boiling water; add to this two quarts of cold water. The animal, being thirsty from the disease, will drink these three quarts, and then give him his full quantity of water; he will drink the water containing the medicine, if allowed to become thirsty, and voluntary drinking is far better than any drenching.

"Some time since, the horses of the Royal Horse Guards Blue were attacked with a complaint, the symptoms of which were general prostration, etc. Recollecting Mr. Bartlett's results at the Zoological Gardens with the chlorate of potash, I then suggested to my friend, Mr. W. Harpley, veterinary surgeon to the regiment, that he should try it with his horses. He did so, and was highly satisfied with the result."

Mr. Buckland's remedy, we may anticipate, will turn out to be as efficacious, and no more so, as all the other drugs which have been tried or recommended in the columns of that highly scientific and truthful journal, the *Times*.

The Commission appointed by the Queen to inquire into the Cattle-Plague consists of Earl Spencer, Viscount Cranbourne, the Right Hon. Robert Lowe, Dr. Lyon Playfair, C.B., Charles S. Read, Esq., Dr. Bence Jones, Dr. R. Quain, Dr. E. A. Parkes, J. R. McLean, Esq., Thomas Wormald, Esq., Robert Ceely, Esq., and Charles Spooner, Esq. The duties of the Commission are defined to be

"Fully to investigate the origin and nature of a contagious or infectious disorder, which is generally designated the cattle-plague, now prevalent among the cattle of Great Britain; and to ascertain as far as possible the mode of treatment best adapted for the cure of the affected animals; and the regulations which may, with the greatest advantage, be made with a view to prevent the spreading of the said disorder, and to avert any future outbreak of it."

The Commission has held daily meetings.

In reference to this Commission, "F.R.S." writes as follows.

"If the Government has determined that the cattle-plague and other diseases shall be investigated scientifically, why does it not request some of those who are now actually working at the particular branches of science concerned to undertake the investigation? If any real advance in our knowledge be possible at this time, is it not more likely to be made by men who are practically acquainted with, and daily employing, the most recently discovered methods of investigation and most perfect instruments of research, than by those who have already gained reputation and position by work done many years ago, but who, in consequence perhaps of their time being fully occupied in very lucrative employments, have for some time past ceased to take part in scientific work?"

We are happy to be able to inform the writer that it is the intention of the Commission to appoint the very class of men to whom he refers to investigate the special scientific points of the cattle-plague requiring minute investigation. We have reason to know that the Government inquiry will be a most searching one; and we consider that the men selected for the purpose of superintending and guiding the inquiry are the right men for the purpose. They well know whom to appoint as scientific investigators, and are certainly able to appreciate the value of evidence as laid before them. Of course, the main question upon which the public require information, and the very earliest information, is as to the source of the disease, as to its contagiousness, and as to the means of preventing its spread. These are the points to which the Committee should give their best and earliest attention. In the meantime, they may commit to the charge of the many able observers, who are ready to undertake the work, the duty of minutely investigating the pathology of the disease. The Committee will, no doubt, recollect that every minute lost at the present moment is a most serious loss. It must also recollect that other governments have already taken the most stringent measures to arrest the progress of the disease. In truth, we should imagine that there is overwhelming evidence already given us as to the highly conta-

gious and highly destructive character of the cattle-plague. Such being the case, the question as to the origin of the disease in this country becomes a matter of quite secondary consideration—one which the Committee may investigate hereafter, more at their leisure. Having the virulent pestilence amongst us, the main point for us is to be informed how best we may be rid of it; and this, if we mistake not, is the very important problem upon which this Commission (if it be of any real service) will give us immediate information. The Commission should lay down such stringent rules as they consider requisite for the arrestment of the disease, and urge their immediate adoption upon the Government. This, as it seems to us, is their special business—*hic labor, hoc opus est.*

Professor Gamgee, at the Social Science Association meeting at Sheffield, gave an account of the particular manner in which the cattle-plague was, in his opinion, introduced from Russia into this country. His account is, we must say, very unsatisfactory. His explanation can scarcely bring conviction home to the unprejudiced mind, but rather excites unsatisfied difficulties. Professor Gamgee has to prove that a cargo of cattle landed at Hull introduced the disease into this country. At Hull, the cargo was divided. One half was sent to London, and propagated the disease; the other half did not propagate it. This last fact is accounted for thus. "We constantly find," he says, "in tracing contagious diseases among cattle, that, two farmers having bought a herd between them, one half purchased by one man remains in health, while the other half dies." But then it must be remembered that these cattle had the disease among them before they left Russia. One was slaughtered at Revel, and another was ill off Denmark; and, in fact, as he tells us, the cattle were landed at Hull, instead of at London, in order to avoid the doctors. Now, the disease being intensely contagious, and all these cattle being in close contact for six days on the deck of a ship, how comes it that half the cargo should have escaped the disease, and carried away no contagious matter? If such a fact could be proved, it would tend to upset the idea of the disease being contagious at all! As for the infected cattle, they "stood the London market on the 1st of June"; and nothing is said of their suffering from the disease at that time. How, then, did they spread it in London? "They must have communicated the disease to foreign cows near them, for it was these cows which conveyed the malady into the London sheds."

Two important links in evidence here totally fail: 1. The proof that the Revel cargo cattle exposed in London had the disease; and 2. That they communicated it to foreign cows. Professor Gamgee has here manifestly done his position great injury. He has, to all appearance, made his facts fit his theory; viz., that the cattle-plague must have come from Russia. It is very probable, and more than probable, that the disease did come to us from Russia; but why strain facts to prove the point? If it be admitted that the plague amongst our cattle is identical with the Russian Rinderpest; that it is a highly contagious disease, a specific fever, a fever *sui generis;* we may accept the fact of its transmission to us, even though we cannot trace all the steps of its progress. If a case of small-pox break out in some secluded hamlet, no one believes that the disease took its origin there. We readily admit, that the person infected must have "caught" the disease from some one similarly infected, even though we are utterly unable to trace out the source of the contagion. And just so might we fairly argue in reference to the cattle-plague. If it be proved to be a specific fever, having the characters above spoken of, we may most reasonably admit its advent amongst us through contagion, although the method of its conveyance be not satisfactorily shown. Professor Gamgee injures his cause by overstraining the value of data in order to support it.

From a parliamentary return, it appears that an assistant-surgeon who now enters the army has no chance of ever becoming a surgeon. He must, at the present rate of advancement, wait about, at all events, forty years for his promotion. The words of the return are as follows.

"Return showing number of assistant-surgeons at present in Her Majesty's service, exclusive of the Indian army,—738.

"Return showing number of assistant-surgeons promoted to the rank of surgeon during the last three years:—

Year ending 31st March, 1863	16
Year ending 31st March, 1864	19
Year ending 31st March, 1865	20."

The last number of the *Cornhill Magazine* contains an article entitled "Acquitted on the ground of Insanity, from a Mad Doctor's point of view." The article contains valuable information. The writer argues against the legal definition of insanity. We do not think, however, that the writer has made as good use of his opportunity as he might have done.

The next—the forty-first—meeting of German Naturalists and Physicians for the year 1866 will be held at Frankfort. The celebrated palæontologist Hermann von Meyer, and Dr. Spiess, have been elected Presidents.

The sum received by M. Nélaton for his visit to the Czarewitch at Nice was 15,000 *francs*, and not, as has been absurdly stated 400,000. M. Rayer accompanied M. Nélaton to Nice, and received a similar fee.

Association Intelligence.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

THE annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

THE next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D. } *Hon. Secs.*
G. P. GOLDSMITH. }

Northampton, September 20th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting will be held at the Kent County Ophthalmic Hospital, at Maidstone, on Friday, October 27th. The hour of meeting and of dinner will be noted next week.

Dr. Woodfall has consented to occupy the Chair.

Papers have been promised by Matthew A. Adams, Esq., on "The Modern Methods of Dealing with Cataract"; and by Frederick W. Atkinson, Esq., on "The Treatment of Gonorrhœa in the Female".

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, October 11th, 1865.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE first meeting for the ninth session, 1865-66, was held at St. Bartholomew's Hospital, Rochester, on September 29th; ADAM MARTIN, M.D., in the chair. Eighteen members and visitors were present.

New Member. Frederick Page Atkinson, M.B., Resident Surgeon of St. Bartholomew's Hospital, Rochester, was elected a member, subject to the regulations respecting confirmation at the Branch annual meeting.

The Treasurer and Honorary Secretary of the district were re-elected.

Communications. The following papers were read.

1. Two Cases of Abnormal Labour. (*a*) Concealed Internal Hæmorrhage, complicated with Fibroid Disorganisation of the Os Uteri; Death. (*b*) Induration of Os Uteri; Incision of the Os; Recovery. By Wm. Carr, M.D., Blackheath.

2. Case of Tetanus in a Man aged 28; Death in Four Days. By F. P. Atkinson, M.B., Rochester.

3. Morbid Specimen of Trachea affected by Diphtheria. By John M. Burton, Esq. [The child, aged 5 years, died in five days of primary laryngeal diphtheria not extending to the pharynx. The urine was albuminous. The child escaped scarlatina that affected its family two months previously.]

Next Meeting. Dr. Woodfall was elected chairman of the meeting to be held at Maidstone in October.

Dinner. The members and visitors adjourned to dinner at the Bull Hotel.

WEST SOMERSET BRANCH: INTERMEDIATE MEETING.

THIS meeting was held, in pursuance of a resolution passed at the last annual meeting, at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th, at 5 P.M. There were present—HUGH NORRIS, Esq., President, in the chair; and eleven other members.

Dinner. A good dinner was first disposed of; and then the professional business of the meeting was proceeded with.

New Members. Fenwick Metcalfe, Esq., of Bishop's Lydiard, was proposed as a member of the Branch; Dr. James Hill, of North Curry, and James Wookey, Esq., of Wellington, were proposed as members of the Branch and of the Association.

Communications. The following papers were read:

1. On Dropsy after Scarlatina. By W. Legge, Esq.
2. On a Visitation of Endemic Typhus Fever. By H. W. Randolph, Esq.
3. A Case of Embolus. By Hugh Norris, Esq.
4. A Case of Placenta Prævia. By Hugh Norris, Esq.

A pleasant and instructive evening was concluded after the full and free discussion of the several communications, by votes of thanks to the contributors.

Correspondence.

IS ALCOHOL FOOD?

SIR,—An article recently published in a contemporary, on the subject of the "Physiological and Therapeutical Action of Alcohol," containing some forcible animadversions upon the leader entitled "Is Alcohol Food?" which appeared in your JOURNAL a short time ago, would scarcely require any answer, were it not for the fact that it contains certain statements and misrepresentations which appear to be as extraordinary as they are unwarranted. I would, therefore, claim the indulgence of a portion of the BRITISH MEDICAL JOURNAL to point out the misrepresentations which have been made by the writer in question.

Dr. Anstie states that your leader contains the following quotation:—"That the administration of alcohol in acute diseases by Dr. Todd is not only by the researches of MM. Lallemand, Duroy, and Perrin, shown to be devoid of a scientific basis, but that the practical experience of the leading medical practitioners has condemned it as unsuccessful in actual treatment." I have again looked over your leader in the JOURNAL, but can find no such assertion. Indeed, the only reference you make is, that the data which guided Dr. Todd in his administration of alcohol were shown by the best scientific inquirers to be unwarrantable assertions; and the best authorities, such as Drs. Edward Smith, Parkes, and others, had come to the conclusion that *alcohol was not food.* To say the least of it, this sort of scientific warfare seems like raising up a giant of straw, purposely to have the pleasure of knocking it down again;—a practice more amusing to the writer than edifying to the reader.

The article in question contains also another misrepresentation, when it makes you say "that the employment of alcohol in the acute forms of disease has proved to be useless or mischievous in the hands of recent practitioners." I must again refer your readers to your leader, to convince them that the writer in your contemporary has not only drawn too largely upon his imagination for his facts, but per-

verted from its true meaning the language used by yourself. In scientific discussion, where the elucidation of truth is the great object of inquiry, it can scarcely be said that this kind of misrepresentation is creditable.

The most serious accusation against you is, that you have hinted that the medical practice with which Dr. Todd's name is identified has favoured the spread of drinking habits amongst patients. Your leader really states that it would not be difficult to show that the practice of modern alcoholic treatment of disease, mainly introduced by Dr. Todd, has produced a large amount of evil, physical as well as moral. I believe that there are few medical practitioners who have carried out the stimulating plan of treatment, as well as others, who could not point out many cases of drunkenness which have arisen entirely out of their alcoholic treatment of disease. Indeed, it is too true that even men who have been total abstainers for years, have occupied a prominent place on the temperance platform, have been most earnest in their appeals to reclaim the drunkard, and most zealous in their efforts to put down the drinking customs of society, have fallen victims to alcoholic liquors *medicinally* prescribed by their medical attendant.

The writer of the article frankly admits that, since the death of Dr. Todd, a certain reaction has taken place against his practice in regard to the administration of alcohol in acute diseases. But that a certain amount of terrorism has been attempted, and efforts made to frighten the profession from persistence in the employment of alcohol; and that the arguments by which the desired change was supported consisted merely of theoretical fancies about "stimulation", which have no basis in observed fact, is very like the "tall talk" which occasionally comes across the Atlantic—more amusing than truthful. Professor Gairdner of Glasgow, Dr. Wilks of Guy's, and numerous other writers, have given the *coup de grace* to the alcoholic prescription of alcohol. Their elaborate papers and reports have cut away the remaining ground upon which the writer appeared to stand so proudly. Even the editor of the *Lancet*, who had been a sort of wet-nurse to the alcoholic bantling, seems desirous of giving up *his* charge, and takes great credit to himself for having suggested doubts as to whether the therapeutical fashion of stimulation would bear scrutiny. He, on behalf of the profession, recants, and says: "Judging from the London practice of the last few years, a cursory and casual observer might think that alcohol was a remedy of specific power, the triumphant introduction of which was to make Dr. Todd as famous as vaccination made Jenner, and chloroform Simpson. We are not surprised to hear of the FAILURE *of this plan!*"

There are a great many medical men, in addition to those named, who for years have treated disease without having had recourse to the employment of alcohol at all, who could not now be persuaded to prescribe it, on account of the success attendant upon the disuse of it. These established facts outweigh all the abortive experiments of M. Baudot about alcohol being food, and the very plausible but absurd theories of the writer in question, who now admits that, if alcohol is not food, it must be physic!

Moreover, the writer is evidently offended that you, a reader only of other men's opinions, should pronounce a settlement of the general question—in fact, give the "last verdict of science" in favour of the conclusive experiments performed by Lallemand, Perrin, and Duroy—without having taken into consideration the value of his experiments and researches, which are now being conducted. For this grave offence you stand charged as a criminal at the bar of the medical profession; and, whether you will be condemned or acquitted by its members, time will show. The scientific conclusions at which the writer arrives, relative to the administration of alcohol in acute diseases, will form matter for another letter. At present, I write to show that your article has been attacked upon false data, fearing that the general readers of the *Lancet* might be misled in their judgment of the real merits of the case.

I am, etc., H. M.

October 2nd, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM ALEXANDER HENRY, M.D.

SIR,—Mr. Steele has laid before the members of the Association his objections to the Medical Provident Society. As he has had ample opportunity of studying the Rules of the Society, it may be inferred that his letters contain all the objections—at least the principal ones—which he can urge against the Society and against the details of its management. Mr. Steele's objections, however, by no means prove the Society to be so unworthy of the support of the profession as he would have us to believe that it is; and these objections are in several instances all the weaker, in that they are founded on misreading or misinterpretation of the facts relating to the Society, and of its Rules.

Mr. Steele assumes that the Society was not called for, because "it was not originated by the special class for whom it is adopted." Inasmuch as, so far as I am aware, no one has ever laid down any restriction as to the social position of the members, I do not know how to define the class to which Mr. Steele alludes. The supposition that the Society is intended as a mere eleemosynary institution for our "poorer brethren", as Mr. Steele calls them, or that it has been formed for any one class more than another, is altogether incorrect. When a candidate applies for admission, no inquiry is made as to his pecuniary circumstances; no invidious distinction between "rich" and "poor" is admitted; nor is any class of members of the profession marked out as dependent.

According to Mr. Steele, the existence of an auxiliary fund formed by voluntary contributions gives the Society an essentially eleemosynary character. If this view be correct, the term "eleemosynary" must be applied even to those institutions which confer their benefits on persons only who have contributed to their funds, and who have, under certain specified conditions, a legal right to a fixed proportion of those funds from whatever source derived; while those who have the disposal of the funds have no power of dispensing them to any persons whose condition may be in all respects the same as that of the actual recipients of benefit, except only that they have not purchased their right by contribution. I have always thought that the obligation of charity is moral and not legal; that in its performance is implied perfect freedom of action on the part of the donors, and complete dependence on the part of the recipients of bounty. I quite agree with Mr. Steele, that the principles of providence and benevolence ought to be kept distinct; and would, theoretically, go with him in the view, that every provident society should be *ab initio* self-supporting—entirely maintained by the contributions of those who are entitled to its advantages. But in practice, the matter is very different. Unless the annual premiums of a mutual insurance society be made so high as to be beyond the reach of many of those for

whom it is intended, it is not, in its early days, proof against all risks that may *possibly* occur, although the premiums are amply sufficient to meet *probable* risks. On this ground, life-insurance companies, when first established, take care to provide something in the shape of a reserve fund, from which extraordinary demands may be met—and surely Mr. Steele will not say that a life-insurance company is a charitable or eleemosynary institution. It is on this ground, too, that the Directors of the Medical Provident Society instituted, and that Mr. Finlaison urged, the formation of an auxiliary fund. To say that this fund has arisen from any want of confidence in the sufficiency of the premiums, is quite erroneous. It was commenced, and had made good progress, before the rates of annual premium were agreed on; and, as to the supposition that Mr. Finlaison recommended a reserve fund to be formed because he doubted the sufficiency of the premiums, it would be an insult to him to suppose that he deliberately certified their safety, and also expressed by letter his approval of them, while he did not believe that they were sound. His real reason for urging the formation of the fund was, that extraordinary circumstances might occur which might render it necessary. The formation of the fund was, in fact, as he expressed it in a letter to me, a measure of "*super* safety". Mr. Steele's professional experience must tell him, that the adoption of measures of precaution does not necessarily imply a want of confidence in the sufficiency, if events follow their usual course, of the ordinary means employed.

Mr. Steele says that "registration under the Act, and the certificate of an actuary, confer no financial security beyond that of many other similar schemes which have come to grief." This may be admitted as a mere negative statement; and it may be said with equal correctness, that the most skilful performance of a surgical operation does not *per se* insure the safety of the patient. Yet Mr. Steele will readily admit, that such skilful performance is highly advisable as a preliminary step; and in the same way the registration of the Society and the actuary's certificate were necessary preliminary acts to place the Society on a sound basis. In both cases, the ultimate success depends on the after-management; and, in the case of provident societies, there are certain conditions which have been shown to be the main causes of failure:—inequitable arrangement of the annual premiums; insufficiency of the premiums to insure the advantages promised by the societies; or misapplication of the funds. Mr. Steele says that "sick-clubs require less subsidising in their early stages than when, a few years later, their liabilities become greater; and therefore the Society .... must always be greatly dependent upon benevolence." This statement is far too absolute as it stands at present. I cannot see how such an increase of subsidy should be required, except under the operation of one or more of the detrimental conditions above mentioned; and none of these causes of failure exist or are likely to exist in the Medical Provident Society. It is, then, difficult to understand how, in a Society which limits its operations to cases of temporary sickness alone, the liability in proportion to the income can be greater in the course of years, with a constant increase of members, than it is in the commencement of the Society. Actuaries lead us to believe that, all other circumstances being favourable, the safety of a mutual insurance society increases with its numbers.

Of the management expenses, Mr. Steele can only say that they *may* become a serious item; and he objects that they are not defined. These expenses could not be defined; and the estimate for them could not form a part of the tables of annual premiums: first, because the tables are intended to indicate the sums required to ensure certain benefits—and with this alone the actuary has to do in his calculations; and because the Friendly Societies Act expressly requires that the management expense fund shall be kept distinct from all other monies paid in for the expressed objects of the Society. Mr. Steele may rest satisfied, that the Directors of the Medical Provident Society will exercise every care with regard to the management expenses that is compatible with the efficient working of the Society.

Mr. Steele's implied comparison of the Medical Provident Society, in its connection with the Association, to a society in Liverpool which came to grief although especially patronised by the clergy and gentry, is incorrect. There is no such "patronage" exercised by the Association towards the Provident Society as is denoted by Mr. Steele in the case of the Liverpool society. In the latter case, if I understand Mr. Steele rightly, certain of the gentry and clergy of Liverpool undertook, from motives of benevolence and without any possibility of being beneficially interested, to guide a certain provident society of working men in a correct path. Why this society failed, Mr. Steele does not shew; and we cannot admit his *post hoc* as the actual *propter hoc*, without being acquainted with all the circumstances. In the case of the Medical Provident Society, the Association has simply expressed its approval of the formation of such a society, and has consented to supply that which it would otherwise have been much more difficult to find—a well selected Board of Directors to give the Society a fair start. The Association is made up of men for whom the Society has been formed; and any member of it—subject to the conditions laid down in the Rules—can become a member of the Society. The Association has not exercised, and cannot exercise, any such class patronage as that to which Mr. Steele alludes.

Mr. Steele's historical accuracy is at fault, when he speaks of the committee appointed at Cambridge as having exceeded its functions. No committee with mere provisional powers was appointed at Cambridge. A committee was appointed at the meeting of the Association at Bristol in 1863; and this committee, fulfilling to the letter its functions, made the inquiries which it had been desired to make, reported thereon to the Association at Cambridge, and thereby and then ended its functional existence. The Cambridge meeting adopted the recommendations of the Committee, among which were some to the effect, that the Provident Fund should be at once commenced; that directors should be appointed by the Branches of the Association; and that the Board of Directors should *prepare detailed rules and bye-laws as soon as possible, and circulate them extensively in the profession.* The Directors (if it is to them that Mr. Steele refers when he speaks of the Committee appointed at Cambridge) received from the Association power to act; and they have done what the Association authorised them to do.

I have equal difficulty with Mr. Clay in understanding what Mr. Steele says about the "British Medical Parliament" and a misunderstanding of the "Friendly Societies Act." That the Report of the Society was not discussed, was an error not originating with the Directors. The Chairman, I know, was anxious to give an opportunity of discussion; and the Directors on the following morning passed a resolution calculated to prevent a repetition of the mistake. Mr. Steele regards this *contretemps* as an "ominous hitch", which clearly presages the probable fate of the Society. Has Mr. Steele, in the course of his reading and experience, never met with instances

where much more "ominous hitches" have occurred in the commencement of undertakings, and where nevertheless the undertakings have not come to grief, but have gone on to success? It would, indeed, be a great impediment to progress, if men allowed themselves to be discouraged by every such comparatively unimportant mischance as that to which Mr. Steele refers.

Mr. Steele comments on the peculiar unfitness of the Directors, arising from their avocations and their "nomadic life". Do the callings of the managers of the successful societies which Mr. Steele mentions, render them specially qualified for directing the affairs of the societies? Whether they do so or not, it is not easy to see what a man's avocation has to do with his capacity to manage a provident society, any more than with his capacity to criticise its rules. Mr. Steele has lost sight of the fact, that provision has been made in the Rules of the Medical Provident Society for the appointment of an Executive Subcommittee to manage its ordinary affairs. A sufficient number of members of this Subcommittee are resident in London and the neighbourhood, to ensure the advantages of a "central resident board".

Mr. Steele's objection, that those who contribute to the Medical Provident Society will act for the benefit of others rather than for their own, is, at first sight, founded on a very limited view of the duties of man to man. But has he not uttered a very hopeful prophecy, in striking contrast to the melancholy forebodings which fill his letters? How can we understand the expression, that the majority of the contributors will "not be providing for their own sickness", except by supposing that they will never be sick? If the prophecy could be trusted, Mr. Steele would justly have the credit of pointing out a very strong reason for joining the Society.

The objections contained in Mr. Steele's second and third letters, I must reserve for comment on another occasion. I am, etc.,

ALEXANDER HENRY.

15, George Street, Portman Square, W., October 10th, 1865.

THE CHARTER OF THE ASSOCIATION.

SIR,--I desire to direct special attention to a matter of considerable importance to the Association. At the annual meeting, it appears that *carte blanche* was given to the Committee of Council to obtain a Charter of Incorporation, the cost of which was estimated at about £400; and, in answer to the suggestion that there might be a financial difficulty in the matter, it was stated that the Treasurer's balance would be larger at the end of next year than it was at the close of the present year; and that, moreover, if any additional pecuniary aid were called for, there would be no difficulty in raising the sum required by subscription. Unless I am misinformed, one member promised £50 towards this object; and two leading members of our body said that they could raise the sum required in a week.

Now, I do not wish to put any obstacle in the way of obtaining a Charter, which, we are told by those who should know all about it, will confer very great advantages upon the Association; but what I do earnestly commend to the serious consideration of the members of the Association is, to make themselves quite safe on financial grounds. Whatever the benefits of a Charter may be, they will be purchased too dearly at the cost of the solvency of the Association. Although I have been a member for nearly twenty years, it is only recently that I have had the satisfaction of knowing that the balance is on the right side of the ledger; and I would rather (and here, I trust, all will go with me) forego the Charter than slide back into insolvency.

Before, therefore, the Committee of Council incur any serious liabilities in this matter, let us hope they will, in the first place, be well satisfied that the actual expenses will not materially exceed the estimate; and, secondly, that the promised subscriptions —£50 down, and the balance in a week—are not mere figures of speech, but tangible securities. Let us be just before we are generous; and assure ourselves that we can pay our way, before we indulge in the luxury of a Royal Charter.

Our income, in round numbers, is something under £3000. Our JOURNAL, which must be maintained, costs us somewhat over £2500, leaving a balance of not more than £500 for executive expenses, which are not less than half that sum;—leaving, therefore, not more than £250 for all contingencies, and to maintain a respectable balance in the hands of our Treasurer. This rough calculation, which I believe is more favourable than a rigid analysis would give, shows that we cannot honestly incur an extraordinary expenditure of £400, unless we are prepared to sacrifice the JOURNAL, or to pledge our credit; the first of which alternatives would be seriously detrimental to the progress of our Association, and the second highly discreditable to its character. Before any considerable outlay is incurred, a subscription should be opened in these columns, to enable the Committee to ascertain what they will have to depend upon, without impoverishing the already moderate surplus in the hands of the Treasurer.

I am, etc., AN ASSOCIATE.

Medical News.

APOTHECARIES' HALL. On October 5th, 1865, the following Licentiates were admitted:—

Brewer, Henry Melvill, Newport, Monmouthshire
Irwin, Richard Phibbs, St. Peter's Road, Mile End
Jolly, Robert, Albany Street, Edinburgh
Myers, Charles John, Tottenham, Middlesex
Norrish, John, Tavistock Street, Plymouth
Rogers, Henry Cripps, Newport Pagnell, Bucks

At the same Court, the following passed the first examination:—

Bowkett, Thomas Edward, London Hospital

DEATHS.

BAIN, William, M.D., Surgeon of the District Military Prison, Cork, at Cork Garrison, on September 25.

BOLTON. On October 4th, at Hastings, aged 69, Anne Flood, widow of Thomas W. Bolton, Esq., Surgeon, of London.

BROOKES, William Philpot, M.D., at Weston-super-Mare, aged 46, on October 2.

NICOL, David, M.D., after a long and painful illness, at Swansea, on October 5. Friends will please accept this intimation.

PRYTHERCH, F. H., M.D., of Carmarthen, at St. Leonards-on-Sea, aged 59, on October 4.

SPENDER, John Cottle, Esq., Surgeon, at Bathwick Hill, Bath, aged 64, on October 5.

MR. BLAKE, M.P. for Waterford, has been elected an honorary member of the Medico-Psychological Association. Mr. Blake has shown great interest in matters affecting the insane; and has visited several lunatic asylums on the Continent. He has also done good service to our own asylums in Parliament.

BEQUEST TO A PHYSICIAN. The Duke de Gramont Caderousse, well known on the turf and in the Paris fashionable world, has left the remains of his fortune, which, though impaired by prodigality, is said to be still something considerable, to his physician, Dr. Desclot, with the exception of a legacy of £2,000 to some other person.

BEQUEST. The late N. Soames, Esq., of Warwick Gardens, has bequeathed £4,000 to University College Hospital.

PROFESSOR CZERMAK has received from the Emperor Maximilian the Cross of the Mexican-Guadeloupe Order for his works in Laryngoscopy and Rhinoscopy.

A LUNATIC ASYLUM ON FIRE. Last Saturday a fire took place on the premises known as Grane Hall Lunatic Asylum, situated at Old Bow, in the occupation of Mr. Byas.

SOCIAL SCIENCE CONGRESS, 1866. At a meeting held in Manchester, the Mayor presiding, it was resolved to invite the Social Science Association to hold their annual congress next autumn in Manchester. It has been decided to accept the invitation.

SMOKERS. In the year 1841 the quantity of tobacco consumed in the United Kingdom was such as to average 13¾oz. per head of population. In the year 1851 it had risen to 1lb. 0¼oz. per head; in the year 1861 to 1lb. 3½oz.; in the year 1863 to 1lb. 4½oz.

UNIVERSITY COLLEGE, LONDON. The three medical entrance exhibitions of £30, £20, and £10 respectively, each tenable for two years, have been gained by Mr. R. T. Smith, Mr. H. N. Martin, and Mr. J. F. Darby. The examination was in classics, mathematics, natural philosophy, French, and German.

A SPIRITUAL DOCTOR. In the *Spiritual Times* a correspondent, "M.D., F.R.C., Physicians, Edinburgh," gives an account of an interview he had enjoyed with the spirit of the late lamented Dr. Pritchard, recently executed for the murder of his wife and mother-in-law.

THE INLAND REVENUE. In the educational branch of the laboratory of the Inland Revenue fifty-nine students have passed through a course of education in chemistry, forming a valuable reserve from which officers may be selected for the Inland Revenue service, and 170 examiners have received a month's instruction in the modes of detecting adulteration.

BEQUESTS. By will P. Lucas, Esq., of Manchester, merchant, has left to the German Jews' Hospital, Norwood; Hospital for Sick Children; Manchester Infirmary; Manchester Lying-in Hospital; Manchester Eye Infirmary; Blind Asylum, and Deaf and Dumb Asylum, Old Trafford, each a legacy of £50.

THE LUNATIC ASYLUM AT WARSAW. This institution has just been visited by the police. Some 50 out of the 144 patients were discovered to be political offenders who had fled for refuge to the abode of madness, and spent already a couple of years within its terrible walls. The physicians have been arrested, together with the delinquents.

THE SEAMEN'S HOSPITAL. The Seamen's Hospital Society has received from the Russian Consul-General in London, the sum of £131 : 8 : 8, being contributions from the Governments of Finland, and collections from Finnish merchants. The Grand Duchy of Finland has also, by consent of the Emperor of Russia, forwarded to the same Society the sum of £20 as an annual subscription to the hospital.

GLASGOW MEDICAL SOCIETY. The fifty-second annual meeting of this society was held in the Faculty Hall, St. Vincent Street, on Tuesday evening, when the following were elected office-bearers for the session 1865-6: *President*, Dr. G. H. B. Macleod; *Vice-Presidents*, Dr. G. Robertson, and Dr. J. G. Wilson; *Treasurer*, Dr. R. Perry; *Secretaries*, Dr. W. R. Hatrick, and Dr. Maclaren.

THE CHOLERA. A certain number of medical practitioners of Paris some days back offered their services to the Minister of Public Works in those places where the epidemic prevails. The Minister replied, thanking these gentlemen for their offer, and stating that for the present there was no occasion for their services in the departments, where the medical attendance was sufficient, but that if circumstances required he would not neglect availing himself of their offer.

ENGLISH HOSPITAL IN PARIS. The Messrs. Galignani, of Paris, have built and endowed an hospital for the English poor of that city. It is situated on the new Boulevard de Bineau, and contains twenty-five beds, six in the men's ward, and six in the women's, and the rest in separate rooms on an upper story. It is placed under the direction of an English Sister of Charity, and two medical men, also English, have undertaken to give gratuitous attendance. The building, which has a garden attached, has been given over to the English Ambassador, and has now become English property.

PERSONS BITTEN BY DOGS. A parliamentary return has been issued, stating the number of persons bitten by dogs and conveyed to hospitals, between the 1st of January and the 28th of June last. The numbers were as follows: Charing Cross Hospital, 56; German Hospital, 9; Guy's, 40; London, 70; Middlesex, 32; Royal Free, 13; Bartholomew's, 61; St. George's, 28; St. Thomas's, 26; Seamen's Hospital (Dreadnought), 1; Westminster, 24. One death from hydrophobia took place at Guy's. At St. Thomas's a man died from hydrophobia not caused by a bite, but resulting from the dog licking his master.

COWSHED IMPROVEMENT. Dr. Gibbon, medical officer of health for the Holborn district, in a report made to the Board of Works, states that hitherto the Board has required in all cowsheds a cubic space of not less than 1,000 feet for each cow only in cases where the cowhouses happen to have inhabited rooms over them. This rule was framed more in reference to the health of the residents over, than to that of cattle in, the cowsheds; but now that we have been forcibly reminded that it is a matter of great sanitary moment to preserve the health of the cows themselves, he recommends the Board to extend the rule to each and every cowshed in the district. The Board has framed a regulation respecting cowsheds, in accordance with the recommendation of Dr. Gibbon.

POOR-LAW BOARD INQUIRY AT THE EAST LONDON UNION. Mr. Farnall, East London, has been holding an inquiry relative to the management of the Union at Homerton. It was shown that Dr. Clarke, who had been the medical officer of the Union for twelve years, was, through a severe accident, prevented from personally attending to his duties, which were undertaken by his partner, Mr. Niblett, and this gentleman on one day visiting the infirmary as usual was refused admission by, it appeared, the order of the master. The master, who has been in office for a few months, stated that he had received the guardians' authority for refusing admission to Mr. Niblett, and on account of his complaining of the incivility of Mr. Niblett to his wife (who is matron) and himself. This incivility, he went on to say, was "not so much in words as in manners". This witness then brought forward a list of what may be called "imperfections in the workhouse medical relief book", such as persons who were dead being kept on the book as still in the infirmary, and others being registered as still under medical care who had been passed into the body of the house. These were simply oversights, and the rations of these dead and absent persons had never been drawn by the master, as the fact of the changes had been otherwise known to him. That the medical relief book should be perfect could hardly be expected, seeing that the keeper of

the imbecile patients had the copying out of the diseases and dietary, an imbecile copying the names, and a sick pauper in the infirmary entering the attendances. It was allowed by several of the witnesses that Dr. Clarke and Mr. Niblett were both humane and attentive to the sick patients, and, in fact, there was no complaint on this score, and no expression of incivility on the part of Mr. Niblett was shown, while, on the other hand, it was said that the master and matron were rude in their manners and overbearing. Dr. Clarke said the guardians desired him to name another substitute in the place of Mr. Niblett, but this he refused to do. Mr. Farnall said the whole matter should be laid before the Poor-Law Board.

THE INCREASE OF INFANTICIDE. In consequence of the great increase in the crime of infanticide a number of gentlemen have taken up the subject, and are determined to appeal to Parliament on the subject. The following petition has been drawn up, and is being numerously signed:—"Your petitioners view with anxiety the vast increase in the destruction of infant life. They believe the present state of the law regarding bastardy requires amendment. That the provisions which throw the whole burden on the mother, are the means of inflicting great hardships upon the woman, and have led to the increase of infanticide. They feel the want of some institution in which illegitimate children could be received; and that a wealthy institution has now for many years past ceased to exercise the functions of a Foundling Hospital. They therefore pray that steps be taken for the repeal of the 7th and 8th of Victoria, and for a full inquiry into the laws as regards illegitimate sons, and for the proper application of the funds of the London Foundling Hospital."

THE CATTLE-PLAGUE. One fact is fixed and certain: as the sun moves from East to West, so the plague has invariably followed the course of the sun. The contagious typhoid plague always originates in the East, particularly in Southern Siberia. It spread westward from the banks of the Don and the Volga towards the Danube, accompanying the migration of the people, when the Goths descended towards Constantinople, and were repeatedly repulsed by Theodosius. In the course of time it extended itself over the whole theatre of the war, ravaging the cattle of Illyria, Northern Italy, France, and Belgium. When Charlemagne attacked the sturdy Danes, he met with his Nemesis in the shape of a murrain which pursued him back across the Rhine to the Loire, and created immense havoc among the herds of France. In 817, the cattle of Hungary were destroyed by the disease, which, not content with its fatal labours in the steppes, crossed the Drave, and once more travelled as far as to the Atlantic coasts. In 1222, Europe was again devastated by a similar epidemic, generated at the foot of the Carpathians, which swept the Magyar herds from off the face of the earth. (*Once a Week.*)

SIR B. BRODIE A VOLUNTEER. In the year 1798, when there was an alarm on account of a supposed probability of invasion by the French, my two elder brothers and myself raised a company of volunteers, amounting at last to as many as 140 in number. The eldest of us was only 19 years of age, and I myself was not more than 14, when, through my father's influence, we received our commissions as captain, lieutenant, and ensign. The men were clothed and armed by government, and received pay for each day of exercise. I cannot look back at these boyish occupations without being satisfied that they afforded me many useful lessons by which I profited in the world afterwards. I may add that we bestowed great pains on the drilling of our corps; and, by diligently studying the system of tactics published by authority, we succeeded in obtaining for it the credit of being by far the best disciplined of any in our part of the country. (*Sir B. Brodie's Autobiography.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. Dr. Murchison, "On Hydatids of the Liver".

TUESDAY. Pathological Society of London, 8 P.M.

THURSDAY. Harveian Society of London, 8 P.M.

FRIDAY. Western Medical and Surgical Society, 8 P.M. The Inaugural Meeting, the President (Mr. G. D. Pollock) in the Chair. "Cases of Spurious Diphtheria", by Dr. Morell Mackenzie.

SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

LETTERS from Dr. Bodington and Mr. Steele shall appear next week.

CAUTION asks—"As to whether the lymph obtained from the cow by Mr. Crook of Forest Hill is pure; and if so, whether it is the best source for pure lymph. Hitherto, I have only obtained what I require from Mr. Faulkner, who, I doubt not, does his best to procure pure lymph; but as nothing can surely equal the lymph straight from the cow, I think it an important point to be known, whether in Mr. Crook we have a *bona fide* benefactor."

CURE FOR CHOLERA.—The light-hearted Marseillais have got their remedy for cholera put into verse.

PRENEZ:
Un quart d'once d indifférence,
Autant de résolution,
Dont vous ferez une infusion
Avec du suc de patience—
Garantissez vous de querelle,
D'ambition et de faux zèle:
Ayez un kilo de gaîté—
Deux onces de société:
Mêlez-y deux grains d'exercice—
Il vous faut zero d avarice,
Un grain de résolution
Et jamais d'indigestion.
Vous mêlerez le tout ensemble
Vous le prendrez, si bon vous semble,
Sans y manquer, tous les matins,
En recitant ces mots Latins:
Fiat voluntas tua!!
Et procul esto cholera!!

A SEARCH FOR A HOMŒOPATH.—The following printed circular has been forwarded to us.

"——— October 1865.

"Dear Sir,—I write to inform you that Mr. —— died here suddenly, thereby leaving us without a homœopathic practitioner. During the four months Mr. —— has been here, he got into good practice, having made an income at the rate of at least £400 per annum, which was regularly increasing. I write this to ask if you know of any gentleman of experience and respectability who would be likely to settle among us, to carry on Mr. ——'s practice, and to ask you to mention our want to any gentleman you may consider suitable. "Yours respectfully, ———."

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Mr. W. A. EDWARDS; THE HONORARY SECRETARIES OF THE PATHOLOGICAL SOCIETY OF LONDON; Dr. C. HANDFIELD JONES; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Mr. R. W. DUNN; Mr. F. H. HARTSHORNE; Dr. G. BODINGTON; Dr. RAWDON; Mr. S. H. STEEL; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. J. KENT SPENDER; Mr. R. W. WATKINS; Dr. BOLTON; K. C. B.; Mr. J. C. ROOPE; and Mr. W. LEGGE.

BOOKS RECEIVED.

1. Contributions to Pathology. No. III. Psoriasis and Lepra. By T. M'C. Anderson, M.D. London: 1865.
2. The Treatment of Enlarged Tonsils. By W. J. Smith, M.B. London: 1865.
3. History of a Successful Case of Amputation at the Hip-Joint. By J. S. Gamgee. London: 1865.
4. On the Speedy Relief of Pain and other Nervous Affections, by means of the Hypodermic Method. By C. Hunter. London: 1865.
5. Clinical Memoranda. By W. Hinds, M.D. No. I. Pericarditis and Pericardial Murmurs. Birmingham: 1865.
6. On the Nature and Treatment of the Cattle Plague. By R. H. Allnatt, M.D., A.M. London: 1865.

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Remarks

ON THE

UNITY OF THE SYPHILITIC VIRUS.

BY

J. L. BIDENKAP,

CHRISTIANIA.

It has certainly been of great benefit to humanity that the fact has at last been established, that not all, and we may say not even the larger number, of primary venereal sores produce constitutional symptoms when left to the cure of nature; or, at least, when only treated by local non-specific remedies. This fact, which was well known more than three centuries ago, will, amongst others, be found asserted in the writings of the old French surgeon, Thierry de Hery, and, more recently, in those of Boerhaave and other authors; but it seems to have been forgotten, until it was revived by Ricord.

But, from the doctrine of Ricord, there has, in later years, sprung up a new theory, now very generally adopted—that of the duality of the virus. The followers of this theory assert, that the species of venereal ulcer which is not followed by constitutional symptoms is produced by a virus, altogether different from the true syphilitic poison.

Now, it is perfectly true that, practically, there often is a marked difference in the development and characters of the two species; so that an exercised practitioner can foretell whether there will result a general infection of the organism or not. But that is all at present; and even this will, in many instances, not be possible. In fact, we can never with perfect security rely upon these characters; and the only sure method of ascertaining the nature of the ulcer is to await the final result, *infection* or *non*-infection of the system. It is, for this reason, more accurate to designate the two species by the terms, infecting and non-infecting ulcers.

The question, if these two species really be of quite different origin, will perhaps seem to have only a secondary importance; but it is in the interest of science to try to solve it, and the practical application will show itself afterwards.

For many years, I have tried to find out the truth on this point by careful observation and by experiments; and I shall try to give a rapid sketch of the results and conclusions to which I have been led.

The defenders of the dualistic doctrine hold that there always is a marked difference between the symptoms which appear on the infected spot when true syphilitic poison has been implanted, and those which follow the transmission of the non-infecting ulcer. The first are described in this way. In the first week after the infection, or even for two, three, or four weeks, there will be seen no sign at all, especially if the epidermic or epithelial layer be not abraded. After this time, there will appear a small indurated elastic knot, which gradually increases in size, and rises a little over the surface of the surrounding parts. It will then present the appearance of a papule with hardened basis, or a small tubercle; and is generally slightly coloured. The top of this papule may become a little abraded, and put on a slight crust, or discharge some thin, transparent fluid. Very soon afterwards, or at the same time, elastic swelling of the nearest lymphatic glands will be felt, often extending to the more distant, and then producing the likeness of a rosary or string of beads. Some weeks afterwards, there will appear symptoms of the infection of the whole system—swelling of the glands of the neck, roseola, angina, etc.

Here, then, is a very marked and characteristic symptom, which at once shows a great difference from the other species of venereal ulcers; and it is undeniably true, that constitutional syphilitic disease may commence with such a slight symptom. I have watched it from its first appearance in this manner, and can bear evidence to its existence, though it is seldom that one can get a patient under observation before it has grown large and conspicuous. But this "pseudo-chancre", as it was first called by Auzias Turenne (who also was the first to understand its true character), has especially been observed from its first beginning in the cases in which matter from constitutional symptoms was inoculated on healthy persons to ascertain the once contested truth of their infectious character. From these experiments, and from some observations, it has afterwards been concluded, that constitutional symptoms always commence in the same manner, and that all other ulcers not resembling this pseudo-chancre are non-infecting. But here lies, apparently, the error. The symptom described will arise very often, when the source of the infection is a secondary symptom, and especially if it have a non-suppurating surface; but, as this is not the most common way in which syphilis is transmitted, so this symptom is not the most common one which appears after the transmission.

A great number of infecting chancres do not, in fact, begin in this way, which is more the exception than the rule; but appear, like the non-infecting, with a pustule, or a vesicle, or with a little suppurating spot if the epithelium or epidermis have been removed before the matter was deposited. After this, there forms an excavated ulcer, which generally, in its progress, acquires a certain amount of hardness. Sometimes this hardness grows very considerable; so that the ulcer at last only exists as a small excavation in the centre of a large, hard, elastic tumour, like a cleft almond or a split pea. This is the true Hunterian chancre. In other cases, the induration is not so strongly marked, and the suppurating ulcer is larger and deeper, and often there can only be felt a slight stiffness in the bottom of this (*chancre parcheminé.*)

In some cases, too, the induration lasts only for a short time, or is so slight that it can only be felt by certain fingers (as Ricord has told us)—that is to say, it does not exist at all; and yet the chancre shows itself in the end as infecting.

According to my experience (and probably all who have seen a certain number of cases will agree with me), there exists, besides the true typical pseudo-chancre and the soft non-infecting ulcer, a great variety of chancres, of different aspect and development, which often prove to be infecting.

To explain these exceptions (as they at first were thought to be), there exists a very ingenious theory—that of the "mixed chancre." This theory explains away all difficulties. When a chancre is not typical, it is a mixed chancre; that is, produced by a double infection, first from true syphilis, and on the same spot from a soft ulcer, or *vice versâ*. The possibility of such a double infection, but only the possibility, has been established beyond doubt by experiment; the soft chancrous matter being inoculated on the hard non-suppurating chancre with complete success. But still the question remains, whether all these varieties of forms really are produced by nature in this way. These varieties are more common than the true typical form; that which should be the rule

is, as most observers will have seen, only an exception. Can it be possible, that both diseases are so very often mixed together? It may, perhaps, be possible in some large towns, where both are widely spread; it would be perfectly impossible in country districts and smaller localities, where they are seldom met with. The improbability of this explanation must, at least, be apparent; and I shall later try to explain that it can be proved by experiments to be erroneous. After all, I think it reasonable to conclude, that the characters of the two species are not so widely different as to justify the opinion that they are of different origin. I shall now go over to the experimental part of my inquiries; in which I hope to bring forth sure proofs that both species of ulcer belong to a common source, the true syphilis.

Until a few years ago, it was commonly believed that a true syphilitic primary ulcer was inoculable with the lancet, at least in its first stage of development. This was considered so certain, that a non-inoculable ulcer generally was pronounced to be not specific at all. It may be remarked, that the experimental inoculations always were made on the patient himself, or on another person labouring under constitutional syphilitic symptoms. Now, it is commonly stated by the dualists, that the true syphilitic ulcer, the infecting chancre, is not inoculable on the patient himself or on another syphilitic person; and that an ulcer which, by inoculation, produces the characteristic pustule, is a non-infecting chancre or not syphilitic. There could not be a greater change of opinion. The property which was considered essential for the syphilitic primary ulcer, is now considered a proof of the contrary. Still some authors admit that there may be exceptions to this rule; but these exceptions are then explained to appear only when the chancre is mixed.

To try the truth of these different opinion, I have inoculated a great number of chancres, especially all the infecting chancres, which have come under my observation during some years. The result is, that I have found almost all inoculable, when I only did it properly. How is this to be explained?

As a rule, the greater number of infecting chancres which present themselves suppurate, even when the hardness is well pronounced; and these will very often give rise to a pustule by the first inoculation. The more freely they suppurate, the more sure will the result be, and the larger the pustule produced. But sometimes it will happen, that the inoculation fails to produce any result. If we look at the chancre, we generally observe that it is not in a state of healthy suppuration; the surface is pale, covered with gangrenous substance or with decayed remains of cells mixed with a thin serous fluid. This matter, just like the secretion from a phagedænic ulcer, will not produce a syphilitic pustule; but if we try to alter the secretion, to produce a free suppuration with fresh granulations, renewed inoculations will generally produce the desired result. And if the first inoculation do not produce it, we may continue day after day, and at last the pustule will appear. I have, in some cases, continued in this way for three or four weeks before I got the pustule; and it is necessary that both the patient and the experimenter do not lose patience too early. If so much pains be taken, there will be very few cases in which the result (a pustule) does not appear. If other means fail, the application of powder of savine to the surface of the chancre will often hasten the result. The dualists will probably explain this fact in their own way, by supposing all these chancres to be "mixed." Setting all other arguments aside, I will only point out that this explanation is impossible, because a mixed chancre could easily be inoculable in the beginning, and lose this property afterwards; but could never begin by being non-inoculable, and some weeks after produce a characteristic pustule.

I conclude from these experiments, which are so numerous that they cannot well be related here, that the infecting chancre is inoculable just like the non-infecting under certain circumstances; but that some circumstances may render it—as, indeed, often the non-infecting—refractory to this process.

With the true typical pseudo-chancre, the inoculation is more difficult. On its smooth surface, where no secretion or only a slight watery discharge takes place, the lancet will generally not find anything wherewith to perform the process.

In this way, a lecturer may easily show his pupils how an infecting chancre is refractory to inoculation on the patient himself. But even this form can be rendered inoculable; and is often brought to this point by a natural process. When it is exposed to irritation of any kind so strong as to produce ulceration, and consequent repair by suppuration, it will be found to be inoculable like any non-infecting ulcer. The only difficulty is to bring this hard, indolent knot to suppurate; but as this generally can be done by patience, it will prove no exception to the rule. There is, however, one thing which can easily lead to a deception on this point. When a slight irritant is applied to such a chancre, it will often happen that no true suppuration is produced from its surface, but that it is only covered with loosened epithelial scales —a sort of detritus, mixed with the muco-purulent discharge from adjoining parts. This matter will generally produce no effect. But when an excavation is formed on the indurated knot, giving the appearance of a slightly excavated ulcer, the matter carefully collected from this will prove inoculable.

Even mucous tubercles, a decided constitutional symptom, will sometimes, when irritated so as to suppurate freely, produce the characteristic pustule by inoculation. This effect, which I had observed several times in mucous tubercles, when irritated by the patient walking about with them, has been produced artificially by my friend, Dr. Köbner of Breslau, by cutting out a part of them with a pair of scissors, and thus producing suppuration.

The conclusion which I draw from these facts is, that the inoculability of the chancre, the infecting as well as the non-infecting, depends in a great measure on the state of suppuration going on in the ulcer.

A few of my experiments have been followed by a result which to me was at first rather surprising; and, as I lay a great weight upon them, I will relate one of them with all circumstances.

A young man, 26 years of age, entered the hospital in Christiania on January 5th, 1863, with a chancre between the glans and prepuce. There was a large cartilaginous induration a little to the right of the middle line, almost of the size and shape of an almond, and on this an excoriation, with small depressed patches filled with some detritus of organic cells of whitish colour. In both groins, and most distinctly in the left, the glands were swollen and hard. He had got the infection five weeks before his admission; and he had not remarked the chancre for more than a week, when he observed it as a small excoriated spot.

On January 9th, three inoculations were made with the scanty matter which could be scraped off the sore, apparently without any result. Two days afterwards, the inoculations were repeated; and so on every second day for a fortnight. Apparently, no result at all was produced by these inoculations; the small crust of blood following the punctures fell off; and there was nothing to be seen which indicated anything going on.

On January 25th, still no effect appearing, powder of savine was applied to the chancre. The following day it suppurated freely; but still no effect was produced by inoculations. At last, two days afterwards, on January 27th, three inoculations were made with the now abundant secretion from the chancre; and the result was, on the 29th, the formation of well developed characteristic pustules.

On the same day, there began to appear in some of the places where the first inoculations were made, on January 9th and following days, small red papules, slightly depressed in the centre, and flat. These papules increased gradually in size on the following days, and were followed by some new ones; so that, at last, on every spot where the apparently unsuccessful inoculations had been made, a papule presented itself. There was a regular decrease in size from the first which appeared after the first made inoculations to the last made. On February 3rd, the first had gained a diameter of a quarter of an inch. They were slightly elevated; had put on thin crusts; and were surrounded by a red inflammatory halo. Their colour was a dark, livid red; and they had, in fact, all the appearance of the typical pseudo-chancre except the induration, which could not be distinctly felt. During the month of February, even the later and smaller of them grew to the same size and assumed the same aspect.

On January 29th, the inoculations from the chancre, which still continued to suppurate, were renewed, and produced large pustules, followed by excavated ulcers, from which a great number of secondary inoculations were made on the patient himself, and on other syphilitic persons, with a positive result. In the meantime, swelling of the glands of the neck, roseola, copper-coloured patches on the forehead, and other syphilitic symptoms, set in; and the patient was put under treatment by syphilisation, and cured in the common course of time.

One more symptom was remarked during the progress of the disease. Close to some of the papules following the inoculations, were remarked small indurated lymphatic glands, and from some of these there extended a characteristic series of knots like a rosary.

Another case, exactly similar to this, was observed almost at the same time and under similar circumstances.

In these cases, there are many things which cannot well be explained in accordance with the dualistic theory.

We have a characteristic indurated chancre, almost a typical one, which, as the event showed, was infecting. The secretion from this chancre, inoculated on the patient himself, gives rise to a symptom exactly similar to the pseudo-chancre produced in healthy persons by the inoculation of matter from a constitutional symptom. There is no pustule formed; but, after an incubation of some weeks, a papule shows itself, which gradually is developed into a large, livid, slightly secreting spot. Not one of the slight punctures of the charged lancet fails to produce this effect. What is this papule? Evidently it is not an eruption of the constitutional disease produced by an accidental irritation. This explanation, which immediately presented itself to me, cannot be maintained, when we consider that the slight local effect of the puncture had passed away in a few days, and that almost three weeks elapsed from that time till the papule appeared. Evidently, it is a local manifestation of the introduction of the syphilitic virus; it is the pseudo-chancre developed on a syphilitic organism. Though this explanation is not in accordance with any theory, it is the only possible one; and theories must yield to facts. It may be possible, that such an effect will not be produced in a person who already shows constitutional symptoms; in both these cases, the inoculation was made three or four weeks before that time. Still the fact is remarkable enough; and will perhaps tend to efface the old opinion, that a syphilitic organism cannot be affected by any new introduction of the syphilitic virus. In this respect, the hardening and swelling of the adjacent lymphatic glands ought to be taken into consideration. This affection of the glands is generally considered as a symptom of the absorption of the virus, or, perhaps better, as a sign that the introduced virus is acting upon the organism, and that a reproduction of it takes place, which reproduction, according to the theory of Virchow, generally takes place just in these diseased glands.

But now this same typical indurated and infecting chancre, which during three weeks only yielded the above described symptom, when it was inoculated, and failed to produce the pustule, behaved in another way after it was irritated and suppuration had set in. The matter now formed produced large pustules, whose matter was re-inoculable and formed deep ulcers. In reality, it was now, according to the dualistic theory, a mixed chancre. But the mixture had not been produced by a new infection with the secretion of a soft chancre (the patients had not quitted the hospital for a moment since they were admitted); it was simply produced by the irritating action of the powdered savine. This is, after all, the solution of the problem of the mixed chancre: *every infecting chancre which, from one cause or another, suppurates freely is a "chancre mixte"*; and generally it can be produced at will without the aid of a soft chancre. And this, too, is the solution of the question about the duality of virus.

But it remains to explain, what this artificial pustule and ulcer, which is produced by inoculation from an infecting chancre, really is. Evidently, it has all the characters of a soft chancre; and it is not possible, by its aspect alone, to distinguish it from the pustule and ulcer arising from the inoculation of a non-infecting chancre. Moreover, it is re-inoculable just like this. But what would the effect be, if it were inoculated on a healthy person? Would it again assume its infecting properties, or would it produce a non-infecting ulcer? As yet, all the experiments of which I have spoken were made on persons who already laboured under infecting chancres or showed symptoms of constitutional syphilis; and as I did not think myself justified in operating upon healthy persons, I could give no answer to this question, until by chance some cases came under my observation in which the said inoculation had been made.

Three young girls who were in the hospital, out of a "lark", inoculated themselves with the matter from these artificial chancres, which had been produced from infecting sores. One of these girls had, some years ago, laboured under constitutional syphilis, and had been treated by syphilisation. In her, the inoculation produced only a small pustule, which dried up without leaving an ulcer. Another had never had syphilis, and was under treatment for eczema of the hands and forearms. She inoculated herself on eighteen different spots, and thus produced eighteen chancres. To try their nature, I re-inoculated the matter from these, and produced twelve more; so that she in all had thirty chancres. She was kept in the hospital for about six months without any antisyphilitic treatment; but no distinct symptom of constitutional disease could be observed.

The third person was a young girl who was under treatment for gonorrhœa, and who never had had any venereal disease before. She inoculated herself in the epigastric region with only one puncture. This

produced a large chancre, which was re-inoculable, as was proved on other subjects. It grew to a diameter of more than half an inch, and produced some swelling and inflammatory redness. A new, but smaller, chancre formed itself in the neighbourhood, probably by spontaneous inoculation from the abundant secretion of the first ulcer. One of the axillary glands swelled and became painful; but the inflammation was resolved without suppurating. The chancres were only treated by water-dressing, and healed up in about three months. No constitutional symptom was observed during her stay in the hospital, or for one year and a-half afterwards, during which time she was frequently examined by myself; but, at that time, she contracted in a natural way a new chancre on the genitals, which proved infecting, and produced roseola and other constitutional symptoms.

This case concludes, in my opinion, the series of facts which prove the common origin of the infecting and non-infecting sore. It is, indeed, the missing link to complete my deductions.

We know now, that an infecting chancre, and even a mucous tubercle under certain circumstances, can produce a soft, non-infecting ulcer, which, after this, must be considered as a local symptom arising from true syphilitic poison. But there still remain questions enough unsolved, with regard to the nature of the syphilitic poison, and especially concerning the non-infecting chancre. Will this, as commonly asserted, always be propagated only as a local symptom? or can it re-assume the lost property of infecting the system? We know, as yet, very little about that. Some few circumstances seem to point at the possibility of this process.

In the numerous methodic inoculations made during the process of syphilisation, as it for many years has been practised in Christiania, it has been remarked that the artificial ulcers produce almost the same effect of rendering the organism refractory to local reaction against the virus and of curing the disease, whether they have been derived from infecting or from non-infecting chancres. Moreover, the indurated swelling of the lymphatic glands, to which I have already alluded, is a very common symptom following these inoculations, and seems to prove that the virus really is absorbed or affects the organism. But further experiments will probably throw more light on this question.

Alcoholic Spirits. The revenue for the last year from home-made spirits, £10,176,731, shows an increase of £484,216, and the number of gallons consumed as beverage in the United Kingdom, 20,369,844, an increase of 946,398. Those who take alarm at an increased sale of intoxicating liquors must remember that, notwithstanding the increase of population, the quantity consumed is now very considerably less than it was some years ago before the duties were raised. The consumption in 1852 was nine-tenths of a gallon per head of population, but the present consumption is little more than six-tenths of a gallon per head, and yet there is an increase of nearly £4,000,000 in the revenue. Of wine the consumption has risen in the same period from ·23 of a gallon per head to ·38, and of beer from ·6 of a barrel to ·7. These facts show the tendency towards the substitution of milder stimulants for ardent spirits. Comparing still the years 1852 and 1864, the consumption of beer in England will be found to have increased nearly 12 per cent.—viz., from ·85 of a barrel per head to ·95; in Scotland, 60 per cent.—viz., from ·20 of a barrel to ·32; in Ireland, 122 per cent.—viz., from ·09 of a barrel to ·20.

Original Communications.

NOTES ON CHOLERA.

By R. W. Watkins, F.R.C.S., Towcester.

[*Read at the Annual Meeting of the South Midland Branch*, 1859.]

Since the last general epidemic of cholera in this country, it has often struck me that the subject has attracted very little attention in our medical literature, and in the transactions of the different Medical Societies. After the epidemic of 1849, the subject was very freely discussed, and various theories of the origin, the nature, and the propagation of the disease were advanced, and different and sometimes very opposite principles of treatment were advocated by men who had opportunities of observation. In the early part of the year 1854, the valuable Report of the Cholera Committee of the College of Physicians, drawn up by Dr. Baly and Dr. Gull, was published; and it is certainly the most complete collection of facts observed in previous epidemics, and of conclusions deducible from those facts, which we at present possess. The writers since that date, though comparatively few in number, have for the most part contented themselves with recording facts and observations, instead of enunciating theories and controverting or defending opinions. Some advantage has already resulted from this; and, although the Report on Treatment by the Medical Council of the Board of Health disappoints our expectations, and has not added very much to our knowledge of that important part of the subject, still the valuable series of facts collected by Dr. Snow on the influence of pure or impure water on the spread of the disease, by Dr. William Budd on the infectious nature of the disease and its propagation by means of the alvine discharges, and the valuable clinical observations by Dr. Lindsay at the Edinburgh Cholera Hospital, are certainly very important contributions to a true knowledge of the disease. The profession now seem tacitly agreed that it is only by a careful and dispassionate record of facts and observations in various localities, and among different classes of people, that a more correct knowledge of the disease and of its treatment is to be obtained. Actuated by these feelings, I have been induced to offer my humble contribution to the treasury, in the hope that, though its intrinsic value may be small, it will not be absolutely worthless.

During the autumn of 1854, when cholera prevailed very generally in this kingdom, it visited for the first time the small rural town of Towcester, and with great severity. Out of 2,700 inhabitants, there were about 120 cases of cholera, and probably nearly 600 cases of diarrhœa. No fewer than 106 cases of cholera, and nearly 400 cases of diarrhœa, simple or choleraic, were under my charge, and were treated by myself and my assistants; and I now propose to call your attention to the more important facts which presented themselves to our notice, classing my observations under three heads:

1. The localities in which the epidemic prevailed;
2. The nature and sources of infection;
3. The treatment.

1. It will be necessary to premise a brief description of the town. It consists of one main street nearly a mile long; a second street branching from it; and a number of alleys and courts, principally connected with the main street, and at right angles with it. A small river runs along the whole of the eastern side of the town, at a distance varying from

100 to 200 yards. A small brook, tributary to it, crosses the main street rather below its middle; and another small brook crosses it nearly at the south end; the ground between the two brooks, and for about fifty yards to the north of the former, being so flat that floods have been occasionally known to run down the main street from one brook to the other. If a line were drawn across the town about fifty yards to the north of the first brook, it would divide it into two nearly equal portions. One, as I have stated, nearly flat, and at no point more than five or six feet above the ordinary water-level, is occupied principally by the cottages of shoemakers and labourers, and the houses of small tradesmen and mechanics. The other half rises from ten to twenty or twenty-five feet above the water-level, and is occupied principally by a better class of houses, the residences of private families and tradesmen; but there are also several cottages interspersed in courts, backyards, etc.

Of the 106 cases of cholera which happened in my practice, seventy-four occurred in the lower half of the town—viz., eight in the main street, and sixty-six in the alleys and back lanes; and thirty-two in the upper half, only one being in the main street, and eight in the side street, the other twenty-three in the different courts connected with them. The workhouse, situated in the upper part of the town, escaped. There was not a single case of cholera or diarrhœa within its walls, although there were several within fifty yards of it.

As regards the *Drainage* of the town, the only portion of it worthy of the name was that in the upper part of the main street, where there were excellent brick sewers; in the side street, very imperfect flat stone drains carried off the refuse waters; but, in the lower part of the main street, the flat stone drains were nearly on a level, and were frequently blocked up, large barrowfuls of black mud being removed at intervals by men employed to open them; while in the alleys, the drains, which had been laid at different times by the proprietors of the different cottages, were very imperfect and irregular, emitting most offensive smells in warm weather, and in two instances were higher than the floors of the cottages near which they were placed. In one of these latter, I prognosticated, as soon as the epidemic commenced, that this house would certainly not escape; and, within a month of that time, five of the nine inmates were dead. It is certainly a remarkable fact, that this part of the town was not peculiarly liable to typhus or other endemics.

The *Water-supply* was, in the lower part of the town, exceedingly good, though rather distant from many of the cottages. An analysis by an experienced chemist revealed neither organic nor inorganic impurity, and but a small portion of harmless saline ingredients. The water from the workhouse-well was, on the contrary, very impure, and, when first drawn, offensive to the smell, but not to the taste. An analysis (of which I much regret that I cannot obtain a copy of the report) proved that it contained a large quantity of organic impurities; and the chemist expressed his opinion that no one could use it for any length of time without serious detriment to health. Unfortunately for his hypothesis, the workhouse inmates were at the time, and continue at present, the most healthy in the town, though the water still emits an offensive smell when drawn.*

2. As to the *Sources of the Infection*, there is no doubt whatever that the first three cases originated in the town, without any external communication. Indeed, there was no case of cholera, to our knowledge, within fifty miles of the town. These three cases occurred on three successive days, in distant parts of the town, and we could trace no communication, direct or indirect, with each other. It is not possible that the water used by the second patient could have been contaminated by the discharges of the first; and, although I cannot affirm as much of the third, which was situated lower down on the same brook, still it could only have been to her in common with hundreds of others who did not suffer.

On the fourth day, four cases of cholera and several of diarrhœa occurred in different parts of the town, principally in the alleys and lanes; and the epidemic from that day appeared to become general.

We had not a single case, during the two months in which the epidemic prevailed, of infection from direct personal contact. Not one of the medical attendants, ministers of religion, house-to-house visitors, or relieving officers, suffered with cholera or choleraic diarrhœa; and in one instance only was there an attack of simple diarrhœa. The nurses, on the contrary, and particularly those engaged in washing the clothes, suffered severely. Not only did scarcely one of them escape in the early part of the epidemic, but so many of them died, that we had great difficulty in obtaining nurses even at high rates of remuneration, and were eventually obliged to obtain six experienced cholera nurses from Leeds. It is also remarkable, that the only cases which, coming under treatment in the first or second stage, passed into cholera in spite of treatment, were those of the nurses. Every other case, which was treated in the first stage, was checked before it became decided cholera. Observing the intensity of the infection produced by the soiled linen, we directed the attendants to soak it, immediately on its removal, in cold water, to which a small quantity of chloride of lime had been added; and afterwards to wash it in cold water only; while in some very bad cases, which had proved fatal, the whole of the linen and bedding was destroyed.

In several of the villages round Towcester, diarrhœa was very prevalent, but in three only did cholera appear. In one of these—Silverstone—it was at first rumoured that it had been communicated from Towcester, but, on careful inquiry, we found it was not so. Many of the people at Silverstone had frequent, almost daily, communication with the town, without taking the disease. The family in which it first appeared had been there frequently in the early part of the epidemic; but an interval of ten days had elapsed since the last visit, and the person first attacked was a child who had never left home. No clothes or linen had been conveyed from Towcester to the house. Although my unfortunate colleague, the surgeon of this village, died of cholera, there is in his case no evidence of direct contagion. Diarrhœa had appeared among his children, who had never been in communication with any choleraic case before he was himself attacked; and he was suffering from great physical exhaustion and mental depression at the time of his attack. In the other two villages, I did not hear even a rumour of contagion from Towcester, and there were in each but two or three isolated cases.

Where cholera occurred in the better drained portion of the town, it could almost invariably be attributed to an overflowing or very offensive cesspool near the house; and there were in each of these cases two, three, or more members of the family attacked.

* Ineffectual efforts were made to empty the well, which is more than seventy feet deep, and has a constant overflow; but more than £100 having been spent in vain, the reservoir was reduced to about thirty feet, by casting in gravel. The water, however, is still offensive, and it is necessary to use a large open grating over the well.

The evidence of direct local infection was in some of these cases unquestionable.

The result of my observations is, that there is certainly no infection from the cutaneous exudations or the pulmonary exhalations of the affected; but that the alvine discharges are highly infectious, and that extreme care should be taken to receive them, at their first discharge, into some disinfecting medium; by which means, I believe, the propagation of the disease may be effectually checked.

I would strongly recommend those who are anxious for further information on this important subject to read the admirable series of letters by our talented associate, Dr. William Budd, in the JOURNAL, in 1854 and 1855.

[*To be continued.*]

ON MUSTARD HOT BATHS IN THE COLLAPSE OF ASIATIC CHOLERA.

By JOSEPH BULLAR, M.D., Physician to the Royal South Hants Infirmary, Southampton.

IN the collapse of cholera, the one object is to produce warmth of surface with rapidity. If the skin can be made to resume its vascularity and heat, the patient has a good chance of life. If not, he dies.

The following case, in which our two common remedies to produce reaction, hot water and mustard, were used together over a large surface, is worth serious consideration.

James Allen, aged 42, engaged on the Netley Railroad, and lodging at Northam, a suburb of Southampton, was suddenly seized, whilst in bed at 3 A.M. on October 15th, with a feeling as if his stomach was blown up, followed by profuse purging of watery stools and vomiting, continuing every few minutes. He went to his work; but, as he became very ill, a gentleman living near the line sent him in a cart to the Infirmary in Southampton.

I saw him at 12.30. He was in the collapsed stage of cholera. His naturally red face was of a purple blue; his surface livid, cold, and shrunken, with the washerwomen's hands. He had rice-water vomiting and purging, was doubled up with abdominal pain, and writhed with cramps in his calves, drawing the strands of his gastrocnemii muscles into rigid cords, which the nurse and porter were rubbing to ease his torture. His pulse was barely perceptible. No urine had been passed since his attack.

No one who had seen the cholera of 1832 and 1849 could mistake the nature of such a case.

Had a slipper-bath been available, I should have used one; but as he had been placed in a house adjoining the Infirmary, and only used occasionally for infectious cases, where were only hip- and foot-baths, I had him seated in a hip-bath half filled with very hot water with three-fourths of a pound of powdered mustard in it, with his feet in a hot-water foot-bath with a quarter of a pound of mustard mixed with it. The water was as hot as the nurse's hands could bear —almost scalding hot. That the water should not be merely warm, but very hot, and renewed by degrees to keep up the heat, is most important; and the medical attendant should superintend this himself. Gradually his face improved in colour; the cramps ceased; he did not vomit; and after half an hour, as he expressed a great wish to get to bed and to pass a stool, he was moved to a close stool, dried, a clean shirt put on, and he was placed in bed, well covered with blankets, and with hot tins to his feet and hands. His pulse, though weak, was now easily felt; and his hands, though still cold, were warmer.

The contrast was striking. When placed in the bath, he was writhing with pain and cramps; when placed in bed, he said he was comfortable, had no pain, and wanted to sleep. Whilst in the bath, he drank freely of milk and water with lumps of ice in it; and was urged to swallow in the intervals of drinking small lumps of ice. Shortly after being placed in bed, he suddenly ejected a large basinful of milk and water, and was not sick afterwards. An hour after he had been placed in the bath, reaction had so far advanced that there were good hopes, and four hours afterwards he was out of immediate danger. He was ordered to take iced milk in smaller quantities, to swallow ice, and to have broth and tea. He had but one stool of rather a yellower colour the same evening. No reaction-fever followed; and, except weakness, he was on the second day well.

Having seen, with Dr. Lake, a case of much less severity, in which reaction went on from the time he applied Dr. Chapman's ice-bag to the spine, I had one prepared; and, on his being placed in bed, it was applied; but, as it made him chilly and prevented sleep, it was not persevered in. This coldness from an ice-bag is a proof that reaction has occurred, and that it is not needed.

I had seen a case under Mr. Leonard Lawrence, who had given milk and water freely, on Sydenham's principle of diluting and encouraging vomiting, and also of supplying the blood with absorbable nutriment.

The case of a medical friend, who cured himself in the last epidemic by constantly swallowing ice, related to me by himself, made such an impression, that, as brandy and stimulants had then so obviously failed, I resolved to give ice, if an opportunity occurred.

The indications of treatment in collapse, according to our present knowledge of the pathology of cholera, seem to me to be:

To restore warmth to the cold skin by external heat and stimulants; and the combination of the two in a mustard hot bath is the most powerful.

To give ice and iced drinks internally, as the large abdominal organs are known pathologically to be in a state of congestion; the belly is hot to the patient's sensations, and warm to the touch.

As the rice-water secretion in the stomach is known to be a virulent poison, to dilute it, so as to encourage vomiting.

And, as the most fluid parts of the blood are flowing outwards, to give such diluents as may supply organic materials, such as milk and salts do.

I should have hesitated to give publicity to a single case, if it involved any novelty in principle or in means; but, as such a single case would lead any thoughtful physician who observed it to try the remedy again, it should certainly induce others to do the same. It may not produce reaction where the powers have been profoundly exhausted by long neglected diarrhœa, the obstinacy of which, as well as future fever, may be owing to impure blood from bad air or debauchery; or it may fail in those who seem to have swallowed or breathed such a concentrated dose of the poison that the disease "begins with death"; and it may be of temporary use only to those who subsequently fall into typhoid fever; but in cases such as this, and which were before very common, where the patient was healthy and temperate, with no previous exhausting and neglected long continued diarrhœa, but where death is imminent from collapse, it may save.

It is a single fact, which justifies immediate promulgation by any channel, as the cholera is in Europe; for it occurred in a public institution; relates to a public disease affecting almost exclusively the poor; and is only the wider application of a well known and common remedy, in the action of which we all agree; and, if it has often been used before, has slipped out of memory, and should be restated.

CASE OF INGUINAL HERNIA: PERFORATION OF INTESTINE: RECOVERY.

By J. Birchenall, Esq., Macclesfield.

Thomas Dunn, aged 65, a short, spare, sallow-looking man, was admitted as a patient of the Dispensary on Oct. 20th, 1863, for an old irreducible inguinal hernia, with symptoms of strangulation.

When I first saw him, on the following day, as the tongue was clean and moist, the pulse undisturbed, as there was no vomiting or hiccough, nor any tension of the tumour, and the taxis had been repeatedly tried, I simply advised cold applications to the part, with a full dose of opium, to be repeated discretionally. As there was no very marked change for two or three days, I heard no more of the case until Sunday, the 25th, when Mr. Bride, the House-Surgeon, informed me that no relief had been afforded to the strangulation, and that hiccough had supervened.

In the presence of my colleagues, therefore, and with their concurrence, having placed the patient under the influence of chloroform, I opened the sac and relieved the stricture, without interfering with the gut and its attachments. The state of the latter could not be very accurately discerned, as the operation had to be performed by candlelight; but it was the opinion of the other honorary surgeons, as well my own, that there was no particular lividness. The wound was closed by suture, a water-dressing applied, and an opiate prescribed. There was no recurrence of hiccough; and the patient expressed perfect relief.

On the following day, the bowels acted spontaneously, by a copious, dark, fœtid motion; and everything seemed to be proceeding favourably until the third day, when the oozing of a greyish pultaceous matter between the lower edges of the wound led me to suspect that the gut had given way; and, as this was followed on the following morning by true fæcal matter, the ligature was severed, and a linseed poultice applied; the contents of the bowel now passing away altogether by the artificial opening. As soon as the wound had begun fairly to granulate, I directed that a pledget of lint, soaked in the balsam of Peru, should be inserted with each change of the poultices. The fæcal discharge then gradually diminished. Towards the end of the third week, the bowels began to relieve themselves in the natural way; and, by the end of the month, the wound had perfectly healed.

In a few months afterwards (though recovered from the effects of the operation), he had a severe attack of pleuropneumonia, of which he died. I regretted that I had no opportunity by a *post mortem* examination, of ascertaining the precise state of the inguinal canal, being confined to my room at the time by a bronchitic attack.

Our Dust-bins. The dust-bin is the "kitchen-midden," a far worse collection than the farmer's midden—which latter has the advantage of being in the open air. It is composed of bones of animals, damaged cooked meat, fish, wasted cooked vegetables, cabbage-leaves, wasted bread, and everything that will not float in water or pass down a sink-grating. And when the bones do not go into the dust-bin, but are kept separate for sale in some closed cupboard, they do not therefore fail to give off their noxious odours separately. These "kitchen-middens" fester and putrefy, and fill the house with poisonous gas. It is supposed that the parish dustman carries them off "Once a Week"; but these good folks are by no means so regular as our publication. (*Once a Week.*)

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

Ovariotomy. M. Péan presented to the Academy of Medicine a patient on whom he had performed ovariotomy eight months previously. There were numerous adhesions between the cysts and the intestines and epiploon. M. Péan divided the adhesions, applied the necessary ligatures, leaving them in the abdomen, and united the external wound by metallic sutures. The patient had an attack of bronchitis, and displaced the sutures by coughing. They were reapplied, and the patient recovered, and, at the time of the report, was enjoying excellent health. (*Gaz. Méd. de Paris*, July 29, 1865.)

Mortality of Childbed as Affected by the Number of Labours. Dr. Matthews Duncan, in a carefully prepared statistical paper, gives the following as the result of his investigations. 1. The mortality of first labours is about twice the mortality of all subsequent labours taken together. 2. The mortality from puerperal fever following first labours is about twice the mortality from puerperal fever following all subsequent labours taken together. 3. As the number of a woman's labour increases above nine, the risk of death following labour increases with the number. 4. As the number of a woman's labour increases above nine, the risk of death from puerperal fever following labour increases with the number. 5. If a woman have a large family she escapes extraordinary risk in surviving her first labour, to come again into extraordinary and increasing risk as she bears her ninth and subsequent children. (*Edinburgh Medical Journal*, September 1865.)

Case in which the First Stage of Labour Passed during Sleep. On February 15th, 1865, Dr. W. S. Shaw was called to see Mrs. N., aged 32, a primipara. She was tall, well formed, of moderately full flesh, strong, muscles firm; the lower extremities were somewhat œdematous. She had been using extract of belladonna three times a day for two weeks. This was given in order to shorten the first stage, in consequence of its being recommended for this purpose by Dr. Fordyce Barker of New York. She went to bed as well as usual and fell asleep, was wakened half an hour before Dr. Shaw arrived, by water running from her. She did not seem to be in much pain. On examination, he found the os uteri surrounding the brim of the pelvis, and on the accession of the next pain passed above it, and the vertex presented in the superior strait. Labour proceeded regularly, but slowly, for about three hours, when the head had passed into the pelvis, the vertex looking towards the left ramus pubis. She had afterwards two convulsive fits. Labour was completed by the forceps; and she was delivered of a dead child. The death of the child had doubtless been caused by long impaction, and spasms at the fœtal heart were heard a short time before the first convulsion. After delivery, and before the bandage was applied, she had terrible convulsions, and remained semicomatose for twelve hours, but afterwards made a pretty good recovery. Dr. James Palfrey has related a case of twin labour in which uterine action passed to the second stage during sleep. Dr. Shaw supposed he had pretty satisfactory evidence of the efficacy of belladonna; but Dr. Palfrey's case spoils his evidence. (*Philadelphia Medical Reporter.*)

MEDICINE.

NEURALGIA OF THE TONGUE. A man aged 30 was suddenly seized with violent pain in the posterior half of the left side of the mouth, about opposite the last molar tooth. From this part the pain extended to the front of the tongue; it prevented him from sleeping at night. Mastication was difficult and painful; the tongue was covered with a yellowish coat; the breath was fœtid; the patient had lost his appetite, and had headache and constipation. The pain afterwards extended downwards towards the submaxillary gland, and the gums became painful. Dr. Neffe recognised the case as one of neuralgia of the lingual nerve, the pain being most intense at the point where the nerve is most superficial. Emollient and narcotic applications, and laudanum and sulphate of atropine introduced into the ear, were all without result. Dr. Neffe then applied faradisation, placing one pole in the meatus of the ear, which was filled with water, and the other on the mastoid process. The pain was at once relieved; it afterwards, however, returned, but with less intensity. A few repetitions of the remedy produced entire removal of the pain. (*Wiener Med. Zeitung;* and *Gaz. Méd. de Paris,* July 29, 1865.)

INTRAUTERINE VARIOLA. M. Legros presented to the Société de Biologie a variolous fœtus, with the following history. On May 18th, a woman in the Hôtel Dieu was prematurely delivered of a fœtus aged apparently about five months, which was covered with pustules of small-pox. The mother had distinct marks of vaccination, and had never had small-pox. About six months previously, she had had connection with a man who was convalescent from variola. No exposure of the mother to contagion could be traced. This case, M. Legros observed, raised the question whether the father could have communicated the small-pox at the moment of fecundation, the disease remaining for five months in a state of latency. This theory he believes to be supported by the facts that, when a pregnant woman has small-pox, the fœtus is sometimes not attacked till some time after the recovery of the mother; and that, in the child of a syphilitic father, the disease in some cases does not show itself in the infant until several days or even weeks after birth. (*Gaz. Méd. de Paris,* August 5, 1865.)

THERMOMETRY IN LUNATIC ASYLUMS. In his Report of the Devon County Lunatic Asylum, Dr. Saunders says that thermometry will prove to be of great service in the prognosis and treatment of acute mania, especially in those cases which partake of the typhoid type of the disease, with sleeplessness, excitement, gradual wasting, and tendency to death from exhaustion; the temperature of the body is often from three to five degrees above the natural standard, and in proportion to the departure from this average (98° F.) is danger to be feared. Both the wasting of the body and the high temperature in such cases are due to the same cause; viz., the rapidity with which retrograde metamorphosis, and the disintegrating processes are going on within the body, and are at all times certain indications for the employment of stimulants, or, in more homely phraseology, the combustion going on within must be fed with strong fuel from without. In general paralytics, whose nutritive processes are carried on sluggishly and imperfectly, the temperature is often one or two degrees below the average, but on the access of maniacal excitement, to which they are frequently subject, the temperature immediately rises, and again recedes as they lapse into their former quietude. During their *congestive attacks,* when epileptiform fits or complete coma suddenly come on, there is generally a considerable elevation of temperature. In the case of a general paralytic patient, who died recently, the temperature of the body for some time remained at 96°, two degrees below the healthy standard, but an hour after one of these *congestive attacks* with twitchings of the extremities, the temperature rose to 105°, and on the following day to 106°; thus, in less than thirty-six hours, the temperature rose ten degrees. In this case, the temperature indicated great danger, and the patient died thirty-six hours from the commencement of the attack. In the investigation of the bodily diseases ordinarily met with in asylums, thermometry is of great service in the diagnosis of phthisis and tuberculosis. The latent form of the disease is frequently met with, with an absence of the ordinary symptoms of cough, etc., and even on making a physical examination of the chest, it is at times difficult to make a satisfactory diagnosis; but if the thermometer be employed daily, and the evening temperature be constantly two or more degrees above the average, we may safely conclude that the patient has phthisis. It is, of course, assumed that every source of error has been eliminated, with an absence of other diseases, and that this indication be taken in conjunction with the general evidence. The diagnosis of the early stages of phthisis is of the more importance, as it is only in this stage, that in the overcrowded wards of asylums, we can hope to benefit our patients to any extent. In pneumonia also, its indications are of importance, as patients who occasionally oppose obstacles to a careful auscultation of the chest will seldom object to allow the bulb of a thermometer to be placed in their axilla; and it has the additional advantage that they can exert no control over its accurate readings.

INHALATION OF LIME-WATER IN CROUP. M. Küchenmeister of Dresden has stated that diphtheritic membranes are rapidly dissolved in lime-water; and this statement has been confirmed by M. Biermer, the Professor of Clinical Medicine in the University of Berne, who has repeated the experiment before the students of his class. Some pseudo-membranous exudations, of considerable extent and thickness, were placed in a small glass of lime-water, and in the space of from ten to fifteen minutes they disappeared, leaving only a very slight sediment at the bottom of the glass. M. Biermer was therefore induced to apply the lime-water locally in a living patient, a girl aged 17, admitted into the hospital of Berne for croup, which had lasted four days. When she was admitted she was nearly choked, cyanotic, and insensible, and she threw up portions of membrane only by means of the administration of some very strong irritant medicines. The symptoms of laryngeal constriction still continued, together with distressing dyspnœa; and pulverised water was employed to moisten the respiratory passages. The water employed, which was at first hot, and then boiling, produced considerable amelioration; and M. Biermer supplied the pulveriser with lime-water. The improvement was evident as soon as the inhalations were commenced; the symptoms diminished in intensity; the expectoration changed its character, and became purulent; the cough gradually disappeared, and the fever abated; and only hoarseness and a slight cough remained during the convalescence, which terminated in a complete cure. M. Biermer, and all those who watched the progress of the case, were convinced that the inhalations had a solvent effect upon the false membranes; but he does not recommend an exclusive adoption of this local treatment, which softens and detaches the exudations, but does not reach the cause of the disease, which

must be combated by constitutional remedies, calomel being considered the chief. The plan of M. Biermer has been followed by other practitioners; and M. Küchenmeister has published a case of diphtheritic pharyngo-laryngitis in a child of three years and a half old, treated in the same manner with complete success. Dr. Brauser of Ratisbon has also lately published a case of croup in a child of four years and half old, treated in the same manner, and perfectly cured. M. Biermer insists particularly on the necessity of using the injections hot. (*British and Foreign Medico-Chir. Review.*)

Tincture of Iodine in Saccharine Diabetes. Dr. Bérenger-Féraud has been induced to employ the tincture of iodine in the treatment of diabetes on the recommendation of Dr. Ricord; and although he has treated only two cases, the results appear to him sufficiently interesting to be recorded. In the two cases described, the treatment was renewed, twice in one, and three times in the other, and always with success. Five drops of the tincture of iodine from the *French Pharmacopœia*, containing eight parts to a hundred of spirit, were given at first, and the quantity was gradually increased up to twenty drops a day, administered in 100 *grammes* of water. At first, the smell of the drug produces a rather disagreeable effect, but at the third or fourth dose the repugnance to its use is very much diminished, and soon disappears entirely; as was proved not only in the two diabetic cases, but in many others, including Dr. Bérenger-Féraud himself. The physiological and therapeutical effects observed were, in the first place, those which are caused by the gentle action of iodine upon the system; and in relation to the diabetes, the proportion of glucose, which diminished during the first or second days, again increased in the urine. The improvement at first obtained remains stationary, and even retrogrades, unless the use of the iodine be discontinued; and the author remarked that, under the influence of this suppression of the medicine the proportions of glucose again begin to diminish, at the same time that the urine becomes less abundant. The quantity of glucose in the urine then remains at its minimum for a certain number of days, to augment again, if the patient make any deviation from his regimen, and neglect to follow carefully the hygienic precautions which he ought constantly to observe. The author does not assert that a few drops of tincture of iodine have the power of curing diabetes, or that hygienic or dietetic measures are of inferior importance; but he thinks that the tincture of iodine is able to cause a rapid diminution in the quantity of the diabetic sugar; and this action is very valuable, although it may be of a secondary nature. Besides the facts recorded by Dr. Ricord, Dr. Debout, and by himself, Dr. Bérenger-Féraud thinks that the action of iodine in glucosuria is a subject of the deepest interest to pathologists, because on several occasions successful results have been recorded from the employment of substances resembling iodine in their nature—as, for instance, chlorine. Several French and English practitioners, in fact, have recommended hydrochloric acid in the treatment of diabetes, but this acid is, in the opinion of the author, entirely contraindicated in that disease. (*Bull. Gen. de Thérap.*, and *Brit. and For. Med.-Chir. Review.*)

Bromides of Potassium, Cadmium, and Ammonium in the Treatment of Insanity. Dr. T. B. Belgrave, Assistant Medical Officer of the Lincolnshire Asylum, has tried the uses of these remedies in fourteen cases of general paralysis—none, however, in a very advanced stage. The following is a summary of his experiments. The bromide of potassium is antiphlogistic, and a sedative to the cerebro-spinal functions. It subdues the force of the pulse; induces loss of flesh and debility; allays nervous irritability and mental excitement; exerts a powerful temporary, but slight permanent control, over the number of fits. It diminishes congestion within the brain and spinal cord. It is physiologically antagonistic to opium. It is an anaphrodisiac, being equally useful, as such, in both sexes. It exerts a deterrent action on the excito-nutrient and excito-secretory functions. Its action, when once established, continues an uncertain but considerable time, and may be kept up by short renewals. The bromide of ammonium resembles the bromide of potassium in its action on the nervous system, but is less powerful; and it does not induce emaciation nor severe general depression. The bromide of cadmium is probably an irritant to the mucous membrane of the alimentary canal; its brief but severe calmative effect being principally the depression following the action of a powerful emetic and purgative, and not the result of a sedative influence on the nervous system. The rapidity with which the patients recovered from the depression would indicate this view, and doubtless the more persistent benefit they derived was attributable to the free evacuations induced. The action of this drug resembles that of tartar emetic or sulphate of zinc, but is more certain, rapid, and powerful in its effect; having treble the power of the former, and twelve times that of the latter. It is exceedingly useful in severe exacerbations of mania. The bromides of potassium and ammonium supply a want long desiderated, in the treatment of a numerous and dangerous class of chronic lunatics. (*Journal of Mental Science*, October 1865.)

Rebiews and Notices.

A Practical Essay on the Use of the Nitrate of Silver, in the Treatment of Inflammations, Wounds, and Ulcers. By John Higginbottom, F.R.S., Honorary Fellow of the Royal College of Surgeons of England. Third Edition, much improved. Pp. 172. London: 1865.

It is nearly forty years since Mr. Higginbottom first laid before the profession his views on the utility of nitrate of silver as an application in the treatment of certain wounds and ulcers; and, three years afterwards, having found this agent valuable in arresting and subduing external inflammations, he issued a second edition; and he now embodies in a third edition the results of his matured views on the subject.

"During the long interval," he says, "since the second edition was published, I have employed the remedy daily; and can conscientiously declare that its value has daily increased in my estimation, and that, unlike most remedies proposed by the ardent inquirer in medicine and surgery, it has borne the test of experience in many other hands as well as in my own." (P. 3.)

He has learned that nitrate of silver has been very extensively used in the army and navy; and even, apparently, still more extensively in America. Speaking of the extent to which nitrate of silver has come into use as a local application, he comments on various impediments to its adoption, and points out as sources from which these impediments have arisen:

"First: the supposed caustic quality of the nitrate of silver. Second: the suspicion of its causing metastasis to internal organs. Third: the deviations from my method of applying the nitrate of silver. Fourth: the varying strength of the solutions made use of. And fifth: the use of a new and worthless preparation of the nitrate of silver."

As to the first objection: Mr. Higginbottom denies that nitrate of silver is a *caustic*—confining, apparently, that term to destructive agents, of which hydrate of potassa is the type. Nitrate of silver, he says, is a *preservative*—inasmuch as it forms an eschar which does not slough off, but remains until the healing process has been effected beneath it.

Mr. Higginbottom complains, in speaking of the third objection, that two deviations have been made from his mode of applying the nitrate. First, surgeons have been directed to apply it around, and not touching the inflamed surface, instead of over the whole of such surface; and another error has been the opposite one—that of applying it to the affected surface alone, and not beyond it.

The author also remarks that misdirections have been given as to the strength of the solution; whereas he has always recommended and used a solution of the strength of one hundred and sixty grains to an ounce of distilled water. He refers especially to Mr. Erasmus Wilson and Mr. Nunneley, as having given erroneous directions on this point.

Speaking of the fifth objection above mentioned, the author refers to a paper which he published in this JOURNAL in July 1863, for the purpose of calling attention to the superiority of the ordinary stick of nitrate of silver over new preparations.

"The new preparation 'Lunar Caustic points perfectly tough' is worthless as an application in surgical cases. It is not nearly so valuable as the old brittle stick of nitrate of silver; and, while possessing scarcely any power to check and subdue inflammation, is quite useless in the cure of wounds. The same remarks apply to the cake and crystals of the nitrate of silver, used for photographic purposes; which, although they may be chemically purer, are much less efficacious for surgical purposes than the old preparation."

In the second chapter, Mr. Higginbottom speaks of the Principles of the Treatment by the Nitrate of Silver. He notices first the action of nitrate of silver as a remedy in external inflammation, observing that it had not been used for this purpose, nor had its powers been ascertained, until he called attention to it in 1829. There is, he says, "no form of acute superficial inflammation, arising from constitutional or mechanical causes, in which the nitrate of silver may not be applied with great safety and advantage." The form which he prefers is a solution, made immediately before using, of four scruples of the nitrate in four ounces of distilled water. Sometimes, however, he uses the stick; the part being first moistened with water, and the stick being laid flat on the surface, and applied over the whole affected part. The remainder of this chapter is occupied with comments on the use of nitrate of silver as a means of inducing the healing process in wounds, whether incised, punctured, lacerated, or bruised; and on its utility as a means of healing by eschar.

The third chapter is on the Use of the Nitrate of Silver in the Treatment of External Inflammations; viz., Phlegmonous Inflammations; Erysipelas, simple and phlegmonous; Inflammation of the Absorbents; Inflammation and Ulceration about the Nails; and Whitlow; for the prevention of the pitting in small-pox; in Senile Gangrene; and in destructive inflammation of the eye. The greater part of this chapter consists of concisely recorded cases illustrative of the efficacy of the remedy which the author recommends.

The subject of the fourth chapter is Punctured Wounds, Bites, and Stings; that of the fifth, the Treatment of Bruised Wounds; of the sixth, the Treatment of Ulcers. In the latter case, Mr. Higginbottom has found the mode of healing by eschar too troublesome in practice, and has therefore, in cases of large ulcers attended with inflammation, adopted the following plan as more easy of application and more successful.

"If there be swelling or œdema, I direct the patient to take a dose of opening medicine, to apply a common poultice of bread and water over the ulcer, and to keep in bed for four-and-twenty hours. The inflamed parts must be washed with soap and water, and wiped dry. They are then to be moistened with water, and a long stick of nitrate of silver or the concentrated solution must be passed all over the inflamed and ulcerated surfaces twice, and rather more freely on the ulcer itself and (than?) on the surrounding skin. Lint must then be put on the ulcer, and the whole of the inflamed and ulcerated part must be covered with the neutral ointment spread on linen; a compress of five or six folds of fine linen is then to be applied over the ulcer, and a common roller, not too tight, to keep on the whole.

"The leg is to be examined on the fourth day; when it will be found that the inflammation is nearly if not entirely gone, and the ulcer is in a healing state.

"The nitrate of silver must then be applied on the whole of the ulcer, and once lightly on the skin immediately surrounding it, one or two inches in breadth; the lint and bandage are to be applied as before, and the bandage rather tighter. The case must be treated in this manner every third or fourth day until the ulcer be healed. I would recommend wearing a calico roller, or a laced stocking, for some time afterwards, till the leg has recovered its usual strength. The patient may walk about after the first or second application of the nitrate of silver." (Pp. 127-8.)

In the seventh chapter, Mr. Higginbottom describes the utility of nitrate of silver as an application in Burns and Scalds attended with superficial inflammation, or with vesication without destruction of the true skin. The mode of application is the same as in external inflammations.

In an Appendix, the author speaks of the Use of Nitrate of Silver as a Blistering Agent. He regards it as having several advantages over cantharides; but, not having had sufficient experience of its use to determine its utility in internal inflammations, etc., he mentions this application for the purpose of inducing the profession to give it a trial, rather than of adducing much testimony of his own in its favour.

"The mode of application is simply to wet or rather moisten the space to be blistered with pure water, and then to pass a stick of the nitrate of silver four or five times on the part, according as the cuticle is thin or otherwise; or the concentrated solution may be used in a similar manner. Directly the part begins to smart, but this generally does not continue long, and in the course of from two to four

hours the blister insensibly rises; but little attention is requisite in dressing the blister; it is usually healed in four days. The effect of the nitrate of silver is too superficial to produce a deep eschar or injure the cutis vera." (P. 157.)

The Appendix also contains illustrations of the use of nitrate of silver in the treatment of gunshot wounds, of neuralgia, of contracted rectum, of ulceration of the tongue, of irritable ulceration near the eye, of fungous tumour of the navel in infants, and of chilblains. There are also given a letter written by Dr. G. Webster of Dulwich to the late Dr. Marshall Hall, confirmatory of the value of nitrate of silver; a summary of principles and results of the application of this remedy; and formulæ for an emetic powder, the concentrated solution of nitrate of silver, and other remedies to be employed while the patient is under treatment.

The profession is certainly under deep obligations to Mr. Higginbottom for having, at his time of life, once more come forward for the purpose of collecting and publishing the results of his experience of a remedy which he has at least shewn to be of great value.

Requisitions of the Naval Medical Officers, based on the Principle of Equality with the Army. By Frederick Jas. Brown, M.D., late Assistant-Surgeon Royal Navy. Second Edition. Pp. 68. London: 1865.

The naval estimates, from year to year, call upon the taxpayers for millions of money to equip an ironclad fleet. All classes of officers required for the ships are to be found, excepting one; viz., medical officers. They are not forthcoming to fill up the hiatus in Her Majesty's service caused by deaths, by retirements from active service, by promotions, and, lastly, *by the resignations of assistant-surgeons.* Dr. Brown's spirited pamphlet details how such antipathy to the naval service has been brought about; and the reforms that are needed to give our ships the best medical assistance that can be commanded. Removed, as ships of war often are, for months from all resources on shore, with no one with whom the medical officer can consult in serious cases, the duty of the Admiralty is evidently to court the best medical talent by prizes of money, of promotion, and of honour, as a compensation for the life of expatriation and care they expect from naval surgeons. Dr. Brown contends that a career of good service and usefulness should of a certainty command competency and honour. The Admiralty asks a maximum of qualication from medical officers; but treats them with a minimum of justice and respect.

There are misgivings existing that the examination of assistant-surgeons by the Naval Medical Board may at any time have its intention nullified. There is public confidence, more or less, in the board of examiners, the offspring of the Royal Sanitary Commission of 1858, by which the navy has not profited.

"We think it desirable that one and the same board should conduct the examination for the medical services of the East India Company, the navy, and the army.

"The service-education of inceptive assistant-surgeons of the three services might be advantageously carried out in common at one institution. Thus, the war-service of the country would be equalised as regards the pupillary condition of the profession of medicine; and complete parallelism between the services in every grade of rank would follow as a matter of certainty.

"The competitive examination of the army must be looked upon as more searching than the pass examination of the navy. The army rejected twenty-six per cent. of the candidates for that service in the year 1864, and the navy rejected forty-five per cent. *The number that passed a good examination for the navy constituted one in five.* Cheering prospects for our seamen."

From all that has been said and written, the naval assistant-surgeons cannot with certainty reckon on having cabins. Those gentlemen who desire to be informed of the inducements to enter the navy would do well to read Dr. Brown's pamphlet; which should be on the library table of every school of medicine in the United Kingdom. The scarcity of candidates for the navy must, at no distant period, be the subject of Parliamentary inquiry. It is the opinion of one of the first surgeons of the day, that only third-class men enter the navy; which assertion is in perfect keeping with the official statement, that forty-five per cent. were rejected in 1864; and that only one in five that were accepted by the Admiralty passed "good" or creditable examinations.

Sea-Air and Sea-Bathing for Children and Invalids: Their Properties, Uses, and Mode of Employment. By Mons. le Docteur Brochard, Chevalier of the Legion of Honour, etc. Translated and edited by William Strange, M.D., M.R.C.P., Physician to the General Hospital, Worcester, etc. Pp. 184. London: 1865.

The author of this work, Dr. Brochard, is physician to a sea-bathing establishment at La Tremblade, in the north-west of France; and, during a practice of twenty years, has had repeated opportunities of witnessing the good effects of sea-bathing. In this way he has collected a large amount of valuable experience, which he has put together in an useful little volume, for a translation of which the English reader is indebted to Dr. Strange.

Dr. Brochard regards marine medication as an agent equal to any in medicine in its restorative powers, especially in regard to young children. He writes the book for the profession, and endeavours to impress on them the necessity that exists for doing much more than merely sending patients to the seaside. The physician must take care that the bathers not only duly perform the bathing process, but also that they attend to proper hygienic rules. He treats the subject in the following order. 1. General Observations upon Sea-bathing; 2. The Ocean and the Marine Atmosphere; 3. The Utility of Sea-bathing for Children and Invalids; 4. Physiological and Therapeutical Operation of Sea-water and Sea-air; 5. Diseases and Disordered Conditions common in Children and Invalids which require the Use of Marine Medication; 6. The Choice of Bathing-places; 7. Rules to be observed in Using Sea-bathing; 8. Management of Children at the Sea-side.

The book is one which may be studied with great advantage. Dr. Brochard, as a Frenchman, of course writes for Frenchmen; but, wherever necessary, the translator has added matter to fit the book for the use of those who may frequent, or may send

patients to, English bathing-places. We thank Dr. Strange for having placed so useful a work within the reach of those who may not have access to, or cannot read, the original.

THE PRACTICE OF MEDICINE. By THOS. HAWKES TANNER, M.D., F.L.S., Member of the Royal College of Physicians, etc. Fifth Edition, enlarged and improved. Pp. 938. London: 1865.

WHEN the first edition of this work appeared some years ago, it was a modest little volume—in fact as well as name a manual. The reception with which it met on the part of the profession has evidently been encouraging to the author; for in succeeding editions there has been noticeable an increase of size, arising from his having from time to time incorporated such matter as he considered necessary for bringing the work up to the then existing condition of medical science. At length, in this his last edition, Dr. TANNER has altogether outstepped the limits and abandoned the name of "manual", and presents the work as a full-sized octavo volume, with a large clear type, and more than nine hundred pages.

The original plan of the book, Dr. Tanner tells us, has been adhered to; that of making it the medium of practical information, conveyed in a terse but not obscure style. He has, he says, endeavoured "to give particular prominence to those points which will aid the practitioner in the discharge of his responsible duties at the bedside."

The book is divided into sixteen parts; viz., 1. General Diseases; 2. Fevers; 3. Venereal Diseases; 4. Diseases of the Nervous System; 5. Of the Organs of Respiration and Circulation; 6. Of the Thoracic Walls; 7. Of the Alimentary Canal; 8. Of the Liver; 9. Of the Pancreas and Spleen; 10. Of the Abdominal Walls; 11. Of the Urinary Organs; 12. Of the Female Organs of Generation; 13. Of the Skin; 14. Of the Appendages of the Skin, etc.; 15. Of the Blood-vessels; 16. Of the Absorbent System. At the end is a copious Appendix—occupying 100 pages—of formulæ, with remarks on Uterine Therapeutics, Climates for Invalids, and Mineral Waters.

The author treats rather fully of some subjects which are not always included—or at least but cursorily noticed—in works on practice of medicine. He gives about a hundred pages to Diseases of the Female Organs, in which he describes diseases of the vulva, urethra, vagina, uterus, and ovaries, pelvic cellulitis and hæmatocele, uterine tumours and displacements, etc.

This book is not—nor do we suppose that the author intends it to be—such a full exposition of modern medicine as are some other works; for example, that of Dr. Aitken. What Dr. Tanner has aimed at is, to epitomise and combine the main results of the scientific and practical observations of others, at the same time giving, whenever possible, the results of his own experience. The work is in a very high degree comprehensive; and this new edition will fully maintain the reputation which its predecessors have enjoyed.

ARSENIC. An official return states that the production of arsenic from the Cornish mines to the end of 1864 was 1858 tons, value £1393 : 10.

British Medical Journal.

SATURDAY, OCTOBER 21ST, 1865.

THE ARMY MEDICAL SERVICE.

MR. LONGMORE'S address, delivered at the opening of the eleventh session of the Army Medical School at Netley, contains observations which are worthy the serious consideration of those who are responsible for the education of medical men. His remarks go to confirm Dr. Parkes's well-known statements; viz., that our examining boards frequently give their licences to practise to men who are totally ignorant of even the simplest practical knowledge of their art. Mr. Longmore, it must be remembered, is addressing gentlemen who are licensed to practise medicine and surgery; and he says:

"Some whom I am addressing have, doubtless, been dressers or clinical clerks in civil hospitals, or perhaps assistants to gentlemen in private practice, and have thus become acquainted with the actual features of certain examples of disease and injury, and practically acquainted with their discrimination. But some others, and, as we have found by experience, not a few among those who have come here hitherto, have had no such advantages, or have had them only to a very limited extent. Not having obtained any insight into the features of diseases before proceeding to attend the courses of instruction at the established medical schools, such as was formerly acquired when the system of apprenticeship existed, and, at the hospitals to which the schools are attached, having been confined to looking on the patients from a distance, as it were, to hearing the casual intermitting remarks of surgeons and physicians as they went round the wards to visit their patients, without having any active concern in their care or treatment—'walking the hospitals'—they have come here with only that theoretical information and those crude general notions of diagnosis and therapeutics which entail, as a necessary result, endless unexpected doubts and difficulties when they are first applied to the actual work of practice. Some gentlemen have told me that they have never had a patient under their care and treatment before they came to Netley, have never even been called upon practically to diagnose a case of disease or injury until they were required to do so in their competitive examination in London. They have never had to watch the course of a disease through its varying phases, to appreciate its modifications of form and character according to age, habits, and constitution, or to feel the responsibility of its treatment, during the whole of their professional education. . . . The clinical teachers of this hospital are placed in a position in which no other persons in the kingdom, perhaps, are placed, as regards opportunities of observing the attainments of those who are just launched from professional training into professional practice. Gentlemen who have recently received licences to practise from authorised bodies established in all parts of the three great divisions of the kingdom, are gathered together here. The teachers have to watch the manner in which these gentlemen deal practically with the treatment of disease; to observe their qualifications for the discharge of those profes-

sional duties the right performance of which has been the ultimate object of their education. They ascertain their amount of real knowledge of the human frame, its conformation, and the effects of injuries and diseases upon it, not by word-of-mouth examination, but by their manner of proceeding to deal with the very things themselves. Now, while it is a pleasure to observe the practised dexterity of some, and their acquaintance with the right methods of arriving at sound conclusions as to the nature of the cases placed under their charge, I should be telling only part of the truth if I were not to add that it is occasionally a subject of surprise that others should be so completely adrift, so unable to distinguish common conditions of disease or effects of injuries, and so ignorant of the common manipulations necessary amongst the patients in the medical and surgical wards, as they have shown themselves to be. Instances have occurred where it has been almost impossible to understand how the colleges which had presented those concerned with their licences could have passed them as qualified, or what tests they applied to ascertain their fitness for practice. And these gentlemen who caused these impressions must have been considerably superior to others who had passed into civil practice; for, in competing for their army appointments, they had left others behind who had not been considered admissible. The same absence of practical knowledge has been from time to time exhibited in the *post mortem* examination room. The manner of proceeding even to open the body for the display of its cavities and their contents, still more of investigating or expounding their condition, has been quite strange to some; they had never had the operation to perform. There must be something bad in the system of teaching at those places whence such instances of deficiency come; and it is a serious matter for those to whom the regulation of professional education is entrusted, to consider what must be occasionally the consequences of authorising for practice persons so unacquainted with the practical work of their profession."

Mr. Longmore then goes on to refer to the remarks which have been publicly made as to the entrance into the army of what have been called third-class men. And here we would suggest that he somewhat contradicts himself. He has already told us, as we have seen, that "some others, and *not a few among those* who have come here hitherto, have had no such advantages," etc.; but he afterwards says that the *not a few* are *exceptional instances*.

"Do not let me be misunderstood when I make these remarks. They are applicable only to exceptional instances which have come to notice. The attempts which have been publicly made to depreciate universally, without distinction, the attainments of the gentlemen who have been of late entering the medical service of the army, by stigmatising them as third-class students, for the sake of achieving certain objects of general policy, has been most unfair and unworthy. At all events, every gentleman who has entered the public service has passed through a competitive examination, which others had tried to do and failed in, and which probably more had thought fit not to face from a consciousness of probability of failure. Those who have published such charges should inspect their own ranks; for it may fairly be presumed that the candidates who have not succeeded at the competitive examinations have passed into civil practice. The division into three classes of those who passed through the competitive examination in London gave the opportunity for this erroneous stigma being propagated. This classification really corresponded with the separation into classes of those who have undergone an examination for honours in a university. But it was interpreted by those who did not understand it, or did not choose to understand it, to signify the general attainments of those concerned—to comprehend degrees of comparison with the whole of the passed students of Great Britain. Those who were in the third of these three classes were publicly called students of third-rate ability. As well might a Master of Arts, who had come out in the second class in the competition for classical honours at Oxford, be stamped for life as a man of second-rate ability. Unfounded, however, as the assumption was, on which the appellation of third-class students was given to those who were entering the medical department of the army, it had an injurious effect among many who were not acquainted with the circumstances whence it sprang, and was a source of pain to those to whom it was applied. Hence it became necessary, in order to prevent this abuse of terms, to abandon the division into classes of those who had successfully passed through the competitive examination in London, and to arrange the list of names simply according to order of merit, as is done in all other army competitive examinations."

Mr. Longmore, it will be here observed, offers no opinion of his own as to whether the present medical candidates for army commissions may be considered as the worst, the best, or as average specimens, of newly licensed medical men. We should have been glad to hear his opinion on this point. His statement of the deplorable ignorance of the "not a few amongst those who have come here hitherto" may certainly be taken as a strong indication that young medical men of the best class do not present themselves at Netley. At the same time, we willingly admit the justice of his strictures, and feel the force of his argument as applied to the defective state of our examinations. He may fairly argue: "You have no right to cast reflections upon army medical authorities for admitting into the service those whom you have asserted by your licences to be fit and proper curers of diseases—men let loose by you to practise physic and surgery with all lawful authority, *hic et ubique*, on all Her Majesty's subjects. We require from them, in addition, that they go through a competitive examination; so that, in fact, the army medical candidates, whom you unjustly call 'third-class men', have a right to be regarded as actually superior to your ordinary civil doctors. More than this: men whom we reject as incapable of course pass into civil practice." But to this we would reply: that the main position assumed by those who have attacked the unjust treatment of medical officers remains untouched by Mr. Longmore's argument. We maintain that the soldier has a right to the very best and highest skill. We maintain that the army authorities ought to attract the very best of our men into the army, and not be satisfied with capable mediocrities only. We maintain, and, until Mr. Longmore assures us to the contrary, shall still maintain, that the best class of

young medical men do not go into the army. His own words, as we read them, corroborate the statement; and, as further proof of the fact, we may recall to his recollection the statement made by the Medical Director-General to the medical deputation in 1864; viz.: "It was scarcely fair to expect superior men to enter the army in large numbers." But we maintain, and have all along maintained, that the service ought to be such as to attract the very best men into the army; and for obvious reasons. A soldier's life is a most valuable thing in a money point of view; it cannot, therefore, be (economically estimated) too well taken care of; and the cheapest advice is not always the most economical. Besides this, our troops are scattered all over the world,—there, where the army surgeon is thrown on his own resources, where his shortcomings cannot be supplemented by accessory aid, as the surgeon's can in civil life. The life of the soldier may, indeed, depend on the capacity or incapacity of his surgeon. We should have liked to hear from Mr. Longmore that the army medical service was one which attracted the highest class of our young medical men, that medical teachers of the present day had now no reason to say of it, what Sir B. Brodie did, that they "did not recommend young men to enter it."

THE TREATMENT OF THE CATTLE-PLAGUE.

The Treatment of the Cattle-Plague, as might be naturally supposed, has become a subject of discussion amongst medical men. Dr. Druitt, for example, has issued *A Letter to Sir Fitzroy Kelly on the Right Use of Iron in the Cattle-Plague;* and Dr. Allnatt a pamphlet *On the Nature and Treatment of the Cattle-Plague.*

Dr. Druitt is in favour of treating infected cattle, not by indiscriminately knocking them on the head. But he admits that if the animal is to be killed, the earlier the better.

"All the evidence I have been able to gather, both respecting the Rinderpest and the more familiar pleuropneumonia, shows this—that, if the animal be killed as soon as it appears ill, the flesh is undistinguishable from that of a healthy animal. If a joint of beef look good, smell good, and taste good, if the lean be nicely marbled, and there are no signs of emaciation, for my own part I should eat it without scruple, and act upon the very sensible advice which St. Paul gave to such of the Corinthians as had scruples about eating meat offered to idols."

But Dr. Druitt thinks that proper sanatoria can be established, and that infected animals may be safely treated there.

"And I pray you to observe, that the treatment I venture to suggest is one that will disinfect the whole tract of the intestines, and so destroy the material of contagion at what is believed to be its source."

Now, here Dr. Druitt overlooks one of the most material points in the sanatorium proposal: How is the animal to be got there with safety to the other cattle? How is the animal to be brought or carried from its pasture to the sanatorium? And he also takes for granted what is most assuredly not proven; viz., that the material of contagion comes only from the bowels of the animal. And reasoning thus, and supposing that we have as yet no specific cure for the disease, he says:

"If putrid excretions be poured out in the bowels of any animal, they poison the animal's blood, they cause all fresh food to be tainted, and when voided they are the source of contagion to others.

"Now, then, we seek a remedy which shall not be poisonous in itself; which shall have tonic or nutritive virtues; which shall restrain excessive discharges; and which shall have the power of deodorising and disinfecting the contents of the alimentary canal. Such a remedy is the tincture of sesquichloride of iron."

Our readers will, doubtless, expect, when they have read these lines, that Dr. Druitt will proceed to give cases showing the efficacy of this proposed remedy in the disease in question; but nothing of the kind. Instead of this, he quotes, for the benefit of Sir F. Kelly, from vol. III of the Obstetrical Society's *Transactions*, a "Case of Puerperal Fever, complicated with Diphtheria, in which Life was saved by the Sesquichloride of Iron."

Dr. Druitt also recommends mineral acids, trisnitrate of bismuth, sulphite of potass, permanganate of potass, and creasote. What is the value of recommendations in the cure of Rinderpest, founded on theory and supported by a case of puerperal fever cure, we will leave others to decide.

Dr. Allnatt, in his pamphlet, puts forward, above all, a claim for saline medicines as the proper remedies for the disease. His theory is, that, the blood being poisoned, the only means to purify it is by salines. His views may be gathered from his concluding sentence.

"It appears, from all the collateral evidence adduced during this dreadful cattle-plague, that the only successful results which have been recorded were obtained by *purifying the poisoned blood* through the agency of *saline matters* thrown into the system. And so convinced am I of the efficacy of this most rational and scientific mode of treatment, that I would solemnly impress upon the holders of stock throughout England the necessity of carrying it out to its very fullest extent in all the phases of this fell disease."

Much more satisfactory is the Report made by Dr. Smart to the magistrates of Edinburgh, on the symptoms and treatment of cows affected with the disease. The report is founded on observations made on sick cattle treated in an experimental byre erected by the magistrates.

From the Report, which is scientifically and very carefully drawn up by Dr. Smart, it appears that five or six, out of thirteen, cows have been cured under the treatment adopted by him. Dr. Smart's

observations lead him to conclude that the period of incubation terminates on the seventh day.

"The earliest recognisable symptoms are: Loss of appetite. The cow ceases to chew the cud, and the milk gradually diminishes. The ears, horns, and extremities, are under their natural temperature. The breathing is slightly accelerated; the expiration prolonged; the orifice of the vagina reddens, and the colour deepens as the disease advances. This appearance of the vulva is the most characteristic and reliable mark of the disease at this stage. A faint red or purple line about the same time appears on the under gum along the roots of the teeth. All these symptoms concur within a day or two of the incubation period.

"As the disease advances, the breathing is more laborious. The pulse is more rapid and weaker; constipation and thirst. The superficial membrane of the mouth, especially of the inner side of the upper lip, roughens; and a viscid discharge appears in the vagina. The milk is scanty, and entirely changed to cream, or there is none at all.

"The most advanced symptoms preceding death are unattended by any very marked outward signs of pain. The breathing is very laborious. Pulse slow and small. Where purgatives have not been given, there is great distension of the abdomen, and obstinate constipation. The fluid, and sometimes sanguineous, discharges from the bowels, which occur in some cases, are the results generally of the too frequent use of irritant drugs. The superficial membrane of the mouth peels off from the gums and lips, leaving the surface raw; and frequently, but not invariably, there is a viscid discharge from the eyes, nostrils, and vagina. The animal dies without a struggle, apparently from simple exhaustion.

"The 'staring hide' and 'arched back', so frequently mentioned as distinctive features of this disease, while characteristic of the advanced forms of pleuropneumonia are not at all marks of the Rinderpest. There is no cough or lung-symptom in the pure and uncomplicated examples of the disease."

The general principles upon which Dr. Smart founds his treatment are the following facts derived from the pathology of the disease: the lowered animal temperature; the loaded distended stomachs; extreme vital depression. And hereon he says:

"No method of combating the malady can be of any use in which careful nursing does not form the basis of every other effort to restore health. Hence arises the necessity of there being kind, skilful, and experienced attendants, and a well regulated dietary."

The remedies are few and simple to meet the indications—laxative, with a diuretic action; stimulant; and tonic.

"*Laxative.* Nitrate of potash and powdered ginger, of each 1 ounce; powder of sublimed sulphur, 2 ounces; treacle, 1 lb; water to make a quart, and well mixed.

"This quantity is given night and morning, or, if requisite, oftener, until scouring is produced. Afterwards, an occasional bottle will maintain free, without excessive, action.

"As the vital powers sink rapidly, there should be as little delay as possible in administering stimulants. I have found the following mixture possessing stimulant, diuretic, and diaphoretic properties, very efficacious.

"*Stimulant.* Carbonate of ammonia, ¾ of an ounce; sweet spirit of nitre and spirit of mindereris, of each 1 ounce and a-half; cold water, 9 ounces. Mix.

"This dose is administered thrice a day during the entire course of the disease.

"When convalescence is established, the best tonic is cinchona bark, in doses of one ounce and a half of the powder. At a later period of convalescence, it may be given with a quart of good sweet ale once daily. Two tablespoonfuls of laudanum may be occasionally required to obviate straining and control excessive diarrhœa. No other drugs are used.

"The diet should be simple, well cooked, and given in small and regulated quantity.

"I use the following. Full mash. It is composed of: Four handfuls of bran, four handfuls of brewer's draff, 1 lb. of peasemeal, 2 lb. of mashed turnips well boiled. Not too thick, and given night and morning. At midday, a drink of gruel is given, made with 2 lbs. of oatmeal, well boiled in six quarts of water. In addition to these, some raw turnip (2 lb., for example, of green tops), and 1 lb. of hay, may be allowed in small quantities during the twenty-four hours. To allay thirst, three to four quarts of water, previously boiled and allowed to cool, is given in mouthfuls during the day. This constitutes the full diet of a decided convalescent. Half of this diet is, in most instances, during the acute course of the disease, too much."

The following is a summary of the treatment.

"1. The animal is taken from its ordinary food, and separated. 2. Placed in a well aired byre, the temperature at 70° or 75° Fahr. 3. The animal is cleaned and covered with a good rug. 4. If there be constipation, begin with laxative and continue night and morning, or, if required, oftener, until there is free scouring. 5. Let there be no delay in giving the stimulant, and, if needful, combine it with the laxative. 6. Defer giving ale and bark until convalescence appears. 7. To obviate straining or excessive purging, two tablespoonfuls of laudanum night and morning may be added to other medicine. 8. Be careful to avoid over-feeding, as an error in diet may prove fatal. 9. See that the cow is well milked night and morning (even when there is no yield) during the course of the disease. 10. All the droppings should be at once disinfected by solution of chloride of lime, and quickly removed. 11. The affected animals should be frequently and closely observed, and threatening indications treated as they occur."

On Tuesday last, at the Pathological Society, the subject of the pathology of the cattle-plague not unnaturally was discussed. Dr. Murchison and Dr. Crisp exhibited specimens of morbid conditions of cattle killed by the plague. Dr. Murchison showed the condition of the intestines of healthy and the diseased animals; and his statements were fully corroborated on all points by Dr. Crisp. The views on this subject given by Dr. Murchison in a paper "On the Anatomical Lesions of the Cattle-Plague now prevalent in London," in the BRITISH MEDICAL JOURNAL of August 26th, 1865, p. 210, are completely confirmed by his subsequent and now much larger experience. We are glad to hear that Dr. Murchison's numerous pathological investigations will shortly be brought, in a complete form, under the notice of the Medical and Chirurgical Society.

A report has been presented to the magistrates of Edinburgh by the Medical Committee appointed to

investigate the causes and symptoms of Rinderpest, and the means of prevention and cure. The report is signed by Dr. Andrew Wood, and may be regarded as embodying the best available skill of the medical and veterinary colleges of Edinburgh. The following is an abstract of its conclusions.

"1. That the disease is communicated by contagion, and apparently by contagion alone. 2. That the poison of Rinderpest is a specific poison, which filth may intensify, but cannot generate. 3. That the question, whether the contagion can be propagated by inoculation, remains to be tested. 4. That the poison, as in other zymotic diseases, is introduced chiefly by means of inhalation into the lungs. 5. That it seems probable that infection may be carried by the poison adhering to the clothes of persons. 6. That the liability of sheep to take Rinderpest, or to carry infection, is being submitted to tests in this city which may be regarded as decisive.* 7. That, even during unsuspected incubation, infected animals may communicate the disease to others. 8. That the period of incubation generally lasts for six or seven, but may extend to ten or fourteen, or even to twenty-one days. 9. That there is a great risk in bringing together droves of cattle, as at fairs or markets. 10. That fairs and markets for the sale of lean or store cattle ought to be for the present suspended. 11. The committee are decidedly of opinion that cases of Rinderpest may and ought to be treated with a view to cure. 12. That the disease may be expected to become milder in its type and more tractable after it has lasted some time, and the proportion of deaths will become notably diminished. 13. That the committee deprecate and strongly protest against the indiscriminate slaughter recommended."

The report proceeds to specify the symptoms and pathological conditions of the infected animals; and, remarking that Rinderpest is a disease of low type, and lowering treatment wholly inadmissible, the report proceeds to offer a safe and simple mode of treatment, which is very similar to the treatment adopted by Dr. Smart.

The *Times*, having effected all the mischief in its power by attempting at a most critical moment to support the absurd hypothesis that the cattle-plague was engendered by the dirt of cow-sheds, now quietly says, as if it had never asserted anything to the contrary:

"It may be considered as established that the disease is the true Russian Rinderpest, or steppe-murrain. The question which has been most hotly debated—that, namely, as to the precise means by which the plague was introduced into this country—must be regarded as still unsolved, and, indeed, has never yet been properly considered."

The *Times* knows perfectly well that this statement is not a true one. The question "hotly debated" was, whether the plague was or was not Rinderpest; was or was not introduced into the country. The question as to *how* it was introduced was a matter quite secondary. Gross ignorance, bad faith, and shameless perversion of facts, towards the medical profession, are still steadily kept up. On the 18th inst., we are told, in a leader:

"Mr. Caird gives us still more decisive information to the same effect from Belgium. Under the ordinary treatment in that country, twenty-five per cent. of the cattle attacked have recovered; and it is said that, under homœopathic treatment, no less than fifty per cent. have been saved."

Mr. Caird writes from the Hague, and speaks of the doings of the Dutch Government. Mr. Caird's statement is as follows.

"The most successful treatment is said to have been by homœopathy. This has been practised by two Belgian practitioners, who volunteered their services to the Dutch Government. By them fifty per cent. of the animals which were sick had been cured; and out of 148 sound animals treated by them with preventive medicines, and placed in contact with diseased cattle, not more than four had taken the disease."

This *hearsay* statement given by Mr. Caird is thus rendered in a leader of the *Times*.

"Unless, in short, we can detect the disease at a sufficiently early stage to enable us to separate the animals before contagion has become possible, or unless, as Mr. Caird says has been done by the homœopathic doctors in Holland, *we can discover some specific against infection*, we have nothing left but to render it in some way impossible for healthy animals to come into contact with any strange cattle whatever."

The Cattle-Plague Commission have resolved to have a thorough scientific investigation into the whole history of the Cattle-Plague. And, for this purpose, they have already appointed men of science to busy themselves with the subject. Dr. Marcet and Dr. Beale have, we hear, been appointed to inquire into the disease from a microscopical and chemical point of view. Dr. Budd, Dr. Bristowe, Dr. Murchison, and Dr. Sanderson, have also been requested to take a share in the inquiry. Considering the importance of this inquiry, that it is a governmental inquiry, and that the investigation will require from the gentlemen above named long, laborious, and in some cases very disagreeable operations, we have a right to expect that there will be no question here of anything like the "gratuitous medical services" payment. The names of the eminent physicians who are on the Committee, are a sufficient guarantee to the profession that the scientific labourer in this cattle-plague inquiry shall be properly remunerated for his labour. We have heard it stated that £50 has been the sum offered as remuneration to each of the above mentioned gentlemen on the delivery of his report. But surely a fixed sum like this can be no remunerating payment at all for the performance of the duties required. Conscientiously to investigate the pathology of this disease will demand, we might say, some months of most unpleasant, not to say dangerous work, as well as high scientific attainments. To perform, for example, fifty to one hundred *post mortem* examina-

* We understand that the fact of the possible transmission of the disease to sheep has been lately demonstrated in London. Editor.

tions, and to scrutinise and analyse the results, is a work for which £50 can surely be considered no equivalent. The profession will look to the medical members of the Committee to protect the interests of the scientific inquirers, and so to protect also the credit of the profession at large. When men of law are engaged in an inquiry by the Government, they have a distinct and proper payment for the *time* as well as the talent used in the work. They do not undertake an indefinite amount of work for a specific sum. Why, then, should men of science in our profession be asked to do work for the Government without being assured that they will receive a proper equivalent? Why should they not be paid for their *time* and *services*, as men of law would be paid?

We apprehend that we are only speaking the sentiments of the profession when we say: that the *Times* newspaper is not the proper journal to which new remedies, supposed or real, for diseases should be addressed by members of the medical profession. The impropriety of the proceeding is obvious. The public is not and cannot be the judge of the value of a remedy. Let the recommended agent—be it good, bad, worthless, or highly injurious—only find admission into the *Times*, and it is sure to find plenty of employment. Many notorious quack remedies of the day have been prominently puffed into notice by the *Times*. Certain cancer-curers and consumption-curers also are deeply indebted to that journal for reputation and much practice. If a medical man has, or thinks he has, a new cure for an old evil, why cannot he be content to tell the fact to his medical brethren through the medical press? Why should he hasten to throw in his cast with the *ambubiarum collegia* who disport their wares in the *Times*' pages? Why not let his new method be tried and tested by those who are capable of testing it? Why not let the profession pronounce upon it, before proclaiming and asserting its dubious merits to the remedy-loving plebs? Medical men seem to forget the great discredit which the proceeding so often inflicts upon their profession; though, Heaven knows, the instances of the disgrace thereby brought upon us are abundant enough! The specific cure vaunted in the *Times* is widely employed by plebs; and in ninety-nine cases out of one hundred the specific turns out a bubble; and then plebs, represented by the *Times*, not unnaturally turns round upon us: "A pretty profession yours is, surely! A nice set of men, you pretended curers of diseases!" The insulting ignorance lately displayed in the *Times* towards the medical profession is, no doubt, in some degree explained by the style of correspondence on matters medical which finds admission into its columns. We sincerely trust that our medical brethren will not follow the example set them, and inundate that journal with the things it delights in—viz., uncrude theories of cholera and other diseases, and announcements of positive and miraculous cures of incurable disorders.

The following apparently authentic account, copied from the *Daily News*, of the outbreak of cholera at Epping, if correct, indicates a much more contagious character in cholera than is generally supposed.

"A farmer named Groombridge, staying with his wife at Weymouth, was seized with cholera on the 24th of September. He recovered sufficiently to return home to Thoydon, a village in the vicinity of Epping, on the following day. Two days afterwards, Mrs. Groombridge was attacked with the disease, and narrowly escaped with her life. Her daughter next, a young girl, took it and died in eight hours; whilst a boy who worked on the premises was attacked, but recovered. Next, Mr. M'Nab, the doctor who attended these cases, was seized with cholera and died in a few hours. About the same time a housemaid of the establishment was taken ill, but rallied from the disorder. Mr. Groombridge himself was then again attacked, and died in ten hours. On the same night, a farm-labourer who slept on the premises was seized with cholera and died. His body was removed to his own cottage, and a woman who laid it out became affected, and died in a very short time. The house is described as beautifully situated on rising ground. We learn, however, that there is no provision for drainage, and that the water supply is derived from wells. A sanitary inspector from the Privy Council has been despatched to the spot to investigate the circumstances, and we shall doubtless ere long be presented with his report."

Medical reports concur in stating that the cholera is sensibly on the decline in Paris; not that the cases have been much fewer in number, but that they are less grave. The *Union Médicale* announces a "considerable diminution" of cases and of deaths.

"The number of cholera patients has decreased in the Paris hospitals, with the exception of the Hôtel Dieu, where special services, well established, have been organised. Let us add, that if in this hospital the number of admissions has been more considerable than on preceding days, that of the deaths is less. This is easily explained. The existence of the epidemic being known by the public, the persons attacked are attended to sooner and enter the hospital at a less advanced period of the malady, when a favourable reaction may be obtained."

The *Union Médicale* again censures the authorities, who, while they publish precautions against the cattle-disease, say nothing with respect to the epidemic which attacks human beings. Dr. Montanier blames the authorities for a silence which naturally alarms the public, and makes them fancy the evil to be much greater than it is in reality. The fact of the existence of a diarrhœa premonitory of the cholera is shown in the statistics published by the Inspector of "Public Assistance" in Paris. Of 4740 patients received into Paris Hospitals, 4359 had diarrhœa before they entered the hospital.

We have much satisfaction in recording an instance of liberal justice to our profession, which we hope will be followed in similar circumstances. The Directors of the Great Western Railway Company have forwarded to the funds of the Salop Infirmary a cheque for £100, and also £100 to be divided between the honorary surgical staff, and £70 to be divided among the resident officers and servants of the Infirmary, in consideration of the very great labour caused by the serious accident at Rednal Junction.

The French journals record the death of Surgeon-Major Pointis in his eightieth year. Dr. Pointis had seen much service. He had passed through the campaign of Italy in 1807; of Dalmatia, 1808; of Germany, in 1809; from 1811 to 1814, he served in Spain and France; in 1815, he was with the army in the north; in 1823, with the army in the Pyrenees; in Algeria in 1830 to 1837.

"We have" (wrote Guy Patin) "no such thing as a Pharmacopœia. The Parliament once ordered twelve of the oldest physicians to set to work at one, somebody having pointed out its utility. But death having diminished the number, our faculty never could agree to substitute others in their place, as those who should have been substituted held different opinions. Some said that *natura gaudet paucis;* that to practise medicine well few remedies were necessary, and still less compounds whose value was chiefly to keep up the rogueries of the Arabs and the profits of the apothecaries. For myself, I have learnt by my experience that an infusion of senna in a glass of water purges all sorts of peccant humours as well as a heap of Arabian compounds, and even more surely. I make my pharmacy as simple as possible, ordering easily prepared remedies in order to save the apothecaries trouble; they, however, do not thank me; but little do I care for them, or for what they say of me—not caring to engage my honour, nor my conscience, nor the purse of my patients. Besides this, the people are sick of their *bezoardesque* trickeries and of their barbarous tyranny, and glad at any price to escape from their hands. Not one of our company approves of their insatiable avarice; and if it had not been for some false brethren, we should long since have brought them to reason. In most great houses, there are now no apothecaries; the lavements and medicine being administered by a servant."

University of Cambridge. C. W. P. Overend, from the Liverpool Institute, has just been elected to a Natural Science Scholarship of the value for £40 *per annum* at Sidney College. Examinations of Natural Science and other scholarships at this College take place annually in October. They are open to all students who have not entered at the university. There are similar scholarships at Downing College. Information respecting them may be obtained by application to the tutors of the respective colleges.

CHOLERA.

MEMORIAL TO THE FOREIGN OFFICE.

The following interesting document has been presented by the Epidemiological Society.

The Epidemiological Society, which was founded at the beginning of 1850 for the study of epidemic diseases, not only at home but also in foreign countries, has had their attention directed in a special degree to the investigation of malignant cholera. No pestilence in ancient or modern times has had a wider or more destructive range over the face of the globe, since its first great migratory movement which commenced now nearly fifty years ago. After ravaging India, it spread in all directions, so that scarcely a country in Asia during the next few years escaped, from China to the Ural Mountains, and from the Indian Ocean to Siberia. After occasional lulls and intermissions in its progress, it at length reached the confines of Europe in 1830-1, and then steadily advanced in its westerly course, chiefly through the central part of the continent, until it appeared on our shores in the autumn of the latter year. In 1832-33 America was attacked; and during the next three or four years the southern countries of Europe bordering on the Mediterranean seem, as far as our imperfect information enables us to determine, to have been the principal seat of its ravages.

After 1837 Europe was, it is believed, free from the pestilence for the next nine or ten years, when a second great epidemic wave or current, so to speak, again set in from the remote East, and passed over Europe and onward to America in 1848-49. This visitation was both wider spread and more disastrously fatal, alike in Europe and in the New World, than the former epidemic.

The interval between the cessation of this epidemic and the following one was much shorter than on the previous occasion; it did not exceed three or four years at most, and, indeed, it is doubtful whether the germs of the disease had ever become thoroughly extinct or annihilated in Europe and America.

The epidemic at present existing along the shores of the Mediterranean is generally supposed to have commenced in or near to Alexandria during last June; but no reliable data have been obtained respecting the circumstances or conditions under which it manifested itself in Egypt, and whether it had been previously prevailing—and if so, for how long—in Mecca or other parts of the Arabian peninsula. Most imperfect, too, is the intelligence as to the earliest occurrence of the disease in many places which have been already attacked, more especially in Syria, the islands of the Archipelago, and the Adriatic coast of Italy, etc.

Hitherto, the information before the profession respecting the exact course of the development of cholera in the several epidemics which have traversed Europe has been far from being either so correct or so complete as the interests of science demand. A much more full and accurate knowledge of the geographical history of the disease—as it appears in different lands, and under the varying conditions of climate, country, the habits and diet of peoples, etc.—is greatly to be desired. Epidemiological inquiries have to be conducted in much the same way as meteorological inquiries; to be fruitful of good, both must equally rest on accurate data collected in a wide area of observation, and over periods of time more or less extended. What the Board of Trade now does to advance the progress of meteorological science may be done by other departments of the government to advance the interests of epidemiology.

On no point is authentic information more needed than as to the exact dates when the pestilence first appears in the different localities attacked over the face of the continent. Great Britain possesses greater facilities in obtaining such information, from her wide spread relations and intercourse, than most other countries. It is respectfully submitted that the object in view might be efficiently attained, through the co-operation of H.M. Consuls, if the Secretary of State for foreign affairs would be pleased to give instructions to those gentlemen to record and communicate the most reliable information within their reach in respect of their consulates and the surrounding districts, and if all such information were made available for the benefit of medical science. To the following points the Council of the Society would particularly invite attention:—

1. The exact dates of the earliest recognised or ascertained cases of the disease, whether the cases proved fatal or not.

2. Did these cases occur among strangers or persons recently arrived in the place?—or among residents who had not been recently away from it?

3. Had there been any unusual amount of bowel disorders, or other form of sickness, prevalent among the inhabitants prior to the occurrence of these cases?

4. In what part of the town or village did the first cases occur?—and what part or district suffered most during the visitation?

5. What is the nearest place where the disease was known to exist at the time of the occurrence of the first cases, or to have existed shortly before such occurrence?

6. What precautionary measures have been taken by the authorities to avert, or to meet, the visitation?

GAVIN MILROY, M.D., F.R.C.P., *President.*
J. N. RADCLIFFE, *Secretary.*

SYPHILIS IN THE NAVY. On the very threshold of the seamen's entry into the service, and in the seaport towns of his own country, he has been left exposed to such a mass of disease as renders these localities more destructive to health than the most pestilential rivers of Africa. It is considered that from Portsmouth and Plymouth more syphilitic disease has been sown broadcast over the globe than from any other cities on the face of the earth. Partial measures have at length been devised to mitigate this evil, but it is hoped the day is not far distant when effectual steps shall be taken to remove to the utmost this foul scandal from the nation. The surgeon of the *Euryalus* has reason to believe that most of the 48 cases of syphilis in his return for the first quarter of the year were caught in the same house at Portsmouth; therefore, he adds, "the sanitary precautions necessary for preventing such a common source of immense loss of labour to the service are simple enough." "I have now," he says, "a man under treatment who has had successively the primary, secondary, and tertiary forms of the disease; a strong, hale young man when he joined the ship, he has now become useless to the service. It is one example among many." The disease was almost unknown in Malta until 1860, owing to a system of surveillance established by custom, but whether derived from the knights or from the French it is not easy to say. In 1860 the Maltese women, discovering that there was no law upon the subject, refused to submit to the rules of custom. The results of this suspension of surveillance were unhappily so marked that it was found necessary to pass an ordinacne in 1861 reviving it. The beneficial consequences of this law, writes the Deputy Inspector General, "have far exceeded my best expectations." Facts like these are unmistakable. The bane and antidote are both before us.

Association Intelligence.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session will be held at the York House, Bath, on Thursday, October 26th, at 7.15 P.M. Dr. BRITTAN, President, in the Chair.

In the circular sent round to members of the Branch, an error has occurred by the substitution of the word "aneurism" for "anæmia", in the communication of C. Gaine, Esq.

R. S. FOWLER, *Bath Secretary.*

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

THE next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D.
G. P. GOLDSMITH. } *Hon. Secs.*

Northampton, September 20th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Kent County Ophthalmic Hospital, at Maidstone, on Friday, October 27th, at 3.30. Dinner is ordered at the Star Hotel for 5 P.M.

Dr. Woodfall has consented to occupy the Chair.

Papers have been promised by Matthew A. Adams, Esq., on "The Modern Methods of Dealing with Cataract"; and by Frederick W. Atkinson, Esq., on "The Treatment of Gonorrhœa in the Female".

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, October 18th, 1865.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch will be held on Friday, Nov. 3rd, at the Museum of the Natural History Society, Shrewsbury, at Two o'Clock. President-Elect, J. W. MOORHOUSE, Esq.; Vice-President, E. BURD, M.D.

Papers will be read, and the Members afterwards adjourn to dinner at Five o'Clock.

SAMUEL WOOD, *Secretary.*

Shrewsbury, Oct. 18th, 1865.

EAST YORK AND NORTH LINCOLN BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the General Infirmary, Hull, on Wednesday, October 4th, 1865; R. M. CRAVEN, Esq., in the Chair. Twelve members were present.

New Member. Henry Soulby, M.D., Hull, was proposed as a member of the Association and of the Branch.

Communications. The PRESIDENT made some highly instructive remarks on several interesting surgical cases that had recently occurred at the hospital.

J. Morley, Esq., Barton, related a singular case of Preternatural Labour, which the meeting unanimously requested Mr. Morley to forward to the Journal for publication.

Dinner. At the close of the meeting, the members dined together at Glover's Hotel, and spent a most agreeable evening.

Correspondence.

ON THE MINERAL ACIDS IN CHOLERA AND CATTLE-PLAGUE.

Letter from George Bodington, L.R.C.P.E.

Sir,—In the absence of any exact knowledge of the nature of the cholera or cattle-plague poison, all we can do, apparently, is to observe under what conditions or circumstances those poisons are neutralised or rendered innocuous; and, if there are facts indicative of such results, then the course to take would be to multiply and diffuse such facts as much as possible, and take due notice of the effects.

When the cholera invaded this country in the year 1830-31, it was remarkable that the populous town of Birmingham almost wholly escaped from the infliction; and the only exceptional cause assignable was, that the atmosphere over the town was almost constantly impregnated with the fumes of mineral acid gases, escaping from several manufactories of sulphuric acid which are carried on in various parts of it. I was so impressed with this notion, that, being then in general practice in the neighbourhood, I treated a case of Asiatic cholera, which came under my attention from Bilston, by the internal administration of mineral acid; and with complete success. I wrote and published a pamphlet on the subject; and, some years afterwards, a dispute arose and was carried on in the *Lancet* as to who had originated the treatment by sulphuric acid; and that journal assigned to me the credit, if any belong to it.

My object now is to endeavour to point out how sulphuric acid may be used beneficially as a prophylactic, as well as a direct remedial agent; for, if safe and perfectly effective prophylactic measures can be by any means discovered, then the onslaughts of the contagion may be defied. Cleanliness is good and necessary, but it is not enough. And all the common disinfectants are, no doubt, useful. But there is wanting some antidote in a gasecus shape, which may penetrate and impress with its own nature those passages which lead into the interior of the body. What is so cheap and constantly accessible as chlorine gas? Some common salt and a bottle of sulphuric acid can be always at hand; and once, or perhaps twice a day, a certain quantity of chlorine gas may be diffused; and the mucous membranes of the fauces, trachea, and air-passages of the animals could be impregnated with it; and, judging from analogous results, the contagious poison of the plague, if in the place, would be neutralised or rendered innocuous. Then why should not a certain dose of the acid be administered internally in a drink occasionally, perhaps two or three times a week, in any neighbourhood where the disease is prevailing? Again, as to the external application: a liniment of linseed, olive or neatsfoot oil, sulphuric acid, and spirits of turpentine, in proper proportions, might be applied occasionally along the whole course of the spine, which it would tend to tighten or render æsthetic, as we term it—a condition the very opposite to that which the spinal cord gets into when the contagious malady is prevailing. Evidently the whole nervous system is out of tune, like a violin with the strings all loose. Or a mixture of common tar with a due proportion of sulphuric acid or any mineral acid might be applied to the face of the animal above the nostrils, and along the spine and tail. When cows are turned out, the complete fumigation of the cowhouse may be effected by chlorine gas, and by closing the doors and every aperture.

As to diet, all the animals should be kept in the best condition; and, as an antiseptic and febrifuge, a gallon of malt twice a day, given to each, would probably be very effective, in addition to other food. When in general practice many years ago, I commonly observed that, of two families living in the same locality and exposed equally to the contagion of typhus, the one would be prostrated by the disease, the other escaped. The former got no beer, and but indifferent food; the latter lived well, and drank beer every day. It was the difference between nine or ten shillings per week and thirty shillings.

Now what the Government ought to do, as I think, is not to poleaxe every animal, but experimentalise. I have more faith in prophylactic measures than any other, although we ought not to despair of finding remedies to check the progress of this disease even when developed. Take an animal, or some animals, and treat them systematically as aforesaid, by fumigations, by smearing, and by internal means; and then expose them to the contagion, and observe the results. Would not John Hunter have done this? In some such way he would have made discoveries of some kind, even on a subject so obscure as the cattle-plague.

If the Government would sanction and encourage a system of experimentalising, the various plans and suggestions for preventing or curing the disease would be quickly brought to the test. Besides chlorine gas and sulphuric acid, we should have a long list of remedial agents. At all events, there is nothing very scientific in the poleaxe cure. Cannot the two professions between them discover something better? *Fiat experimentum in corpore vili.* The sacrifice of a few beasts in this manner might turn out the most economical way of proceeding, by the discoveries it might lead to. At least, we should be likely to discover how we actually stand, or are likely to stand in future, in respect of the nature or possible suppression or mitigation of the cattle-plague. I am, etc. George Bodington.

Sutton Coldfield, October 9th, 1865.

WHENCE CAME, AND WHAT IS, THE "YELLOW" FEVER OF SWANSEA?

Letter from J. Rose Cormack, M.D., F.R.S.E.

Sir,—Important items of truth have oozed out since I addressed you in reference to the famous cases of fever at Swansea, in which the skin was so yellow, and the general symptoms so severe as to originate the rumour that a foreign pestilence had reached our shores. In my former letter (British Medical Journal, October 7th, 1865), I called in question the propriety of applying the terror-striking name of "yellow fever" to these cases; and stated that the necessary conditions do not exist in this country for the spread of those aggravated and rapidly fatal fevers, grouped under that dreaded name in tropical localities. The malignant forms of intermittent, remittent, and continued fevers of the tropics—called in the aggregate (unfortunately for science) by the general name of "yellow fever"—flourish amid the favouring conditions of a very high temperature, filthy dwellings, rotten vegetation, bad water, excessive humidity, and miasmatic pollution of the air,

coupled with the required "epidemic constitution of the atmosphere," to use the phraseology of Sydenham. I neither argue nor believe that tropical fevers are essentially, that is, pathologically, different from those of temperate regions; but I suggest that "yellow fever" is a vulgar term which ought to be discarded from modern pathology. It is a fertile source of confusion to the student of the literature of tropical fevers; and into the nomenclature of the fevers of this country there can be no pretext for now introducing it.

In Great Britain and Ireland, we have three well marked and essentially distinct kinds of fever—viz., the "typhus" or low nervous fever with mulberry rash; the "typhoid" or gastric fever with elevated rose-coloured rash; and the "relapsing fever" without eruption. It is necessary to the proper understanding of the Swansea yellow cases, to remember that it has been placed on record by numerous authors, and is within the personal knowledge of myself and many readers of the BRITISH MEDICAL JOURNAL, that under certain conditions, particularly when there is a high atmospheric temperature in conjunction with filth and bad air, any one of these three essentially different fevers may, and often does assume a tropical, or semi-tropical type; and moreover, that during epidemics of the three fevers already named, cases have been very minutely observed and described in which were seen both black vomit and yellow skin. These two symptoms cannot, therefore, be accepted as distinctively descriptive of any specific fever. They generally, but by no means always, indicate an aggravated type; but certainly they do not furnish, in a scientific sense, a diagnostic criterion by which to establish the specific kind of fever to which any particular case belongs. This fact has been entirely lost sight of in the recent newspaper discussions on the Swansea fever, which is much to be regretted. Its recognition would have reduced an occurrence seemingly extraordinary and alarming to the dimensions of a not very unusual event; viz., hot, and otherwise peculiar weather, giving a somewhat tropical aspect to a contagious fever, which may or may not have been imported.

I reserve my opinion as to the precise connection between the arrival of the *Hecla* and the occurrence of the yellow cases, till the facts have been published in a circumstantial and authentic form; and in the meantime, ask particular attention to recent disclosures regarding the state of Swansea when they occurred, expecting that therein will ultimately be found an explanation of the whole matter.

The *Western Daily News*, a few days ago, said:—"Fever of one kind or another is chronic at Swansea, and has long been so. To the inhabitants it has been a terror, and the cause of much family bereavement"..... "The north-eastern and the north-western portions of the town are scarcely ever free from disease. In part of the last mentioned district called the Sandfields, the resident medical men, and the records of the infirmary could prove beyond dispute that slow fever, and malignant diseases of all shapes and kinds are seldom absent"..... "The private drainage in this section of Swansea has for a lengthened period been in a disgraceful state. No effective regard has been paid to it by the owners of the small tenements, of which it mainly consists; and the Town Council, identical with the Board of Health, have never employed as inspector of nuisances, any with better qualifications for the office than a common policeman. The town has always been, upon the whole, a foul spot, and therefore we repeat that alarm in the inhabitants and others may well be aroused for the safety of life. Also the matter is one where, in other towns on the same side of the Bristol Channel, and the public at large are seriously concerned, and on which they are entitled to make grave complaint."

In the face of these disclosures, it is rather clever in the good people of Swansea to have made a scapegoat of the barque *Hecla*. No one, however, will be disposed to press this point too hardly against them, if it be true (as the newspapers tell) that they have at last done the right thing, by commencing in good earnest the hygienic reform of their town, under the direction of a fairly salaried and fully competent officer of public health.

With a view to confirm and illustrate what has been said in this letter regarding the non-specific character of yellowness of skin and black vomit, I may be allowed to refer generally to Chapter III of my account of the epidemic fever which prevailed in Scotland in 1843,* and to subjoin a few facts. In the hot summer of 1822, Andral treated in the Hôtel Dieu of Paris cases of "typhoid" fever, in which yellow skin and black vomit were seen. Dr. Graves and Dr. Stokes saw similar cases in the Meath Hospital of Dublin, during the epidemic of 1827. On June 7th, 1843, Mr. Henry D. S. Goodsir, of Anstruther, communicated to the Medico-Chirurgical Society of Edinburgh a paper entitled, "Account of a Form of Continued Fever accompanied by Jaundice, which occurred in the Eastern District of Fife in 1841 and 1842." The fever described by Mr. Goodsir was typhoid fever. I have seen cases both in Scotland and England of typhoid fever with yellow skin. The late Dr. Alison of Edinburgh and others have described yellow cases of typhus; and I have seen such cases. Yellow cases of relapsing fever, which occurred in the "highly congestive form" of the Edinburgh epidemic of 1843, were noticed in my former letter.

There is another aspect in which it is necessary to examine the origin of the late outbreak of fever at Swansea. What was the condition of the hold of the *Hecla* as to bilge-water? Had it been recently rummaged? "Yellow" fever has frequently broken out in our ships in the Caribean Sea, and on the coast of Africa, when there had been no communication with the land from the time of leaving a healthy British port. In such cases, it has been generally remarked that the ballast had been altered, or the hold rummaged for some particular purpose. The stench and putrid vapours which arise on such occasions are often terrible; nor is this to be wondered at, when we recollect the corrupted water, dead rats, and decaying organic matter of all kinds which is too often allowed to accumulate in the holds of ships, and allowed there to rot unmolested for months and years. Forget states, in his work on *Naval Medicine*, that two French war-ships, when cruising off the Antilles, changed their ballast, and that immediately in all of them men were lost from "yellow fever." The *Bedford*, an English 74-gun ship arrived in Gibraltar Bay in 1794, from the Mediterranean, with all hands on board in perfect health. In the course of one week, "after the shipping of the shingle ballast," 130 men were taken to hospital with "yellow fever." Dr. Griffits, of Philadelphia, designates "yellow fever" as the "ship fever" of tropical climates; and Dr. Thomas Parke, another American physician, thinks that "yellow fever" may be produced by the bilge water of vessels, stating as his reason for holding this opinion that, since 1793, he has always seen this disease commence at Philadelphia near Delaware, and gradually extend to the west.

Reviewing, therefore, the facts which have transpired in relation to Swansea and its "yellow fever",

* "Natural History, Pathology, and Treatment of the Epidemic Fever at present prevailing in Edinburgh and other Towns: illustrated by Cases and Dissections." Edinburgh: 1843.

there does not appear to be anything exceptional in what has occurred, if we except the great heat of the weather. The yellow cases can be perfectly well accounted for, without supposing that the fever of which they were aggravated examples, was imported from Cuba in the *Hecla*. At all events, when the *Hecla* arrived at Swansea, the town was in a fit state to yield bad cases of any kind of native fever, with and without yellow skin, independent of foreign aid.

I am, etc.,

JOHN ROSE CORMACK, F.R.S.E.,

Formerly Physician to the Fever Hospital and Royal Infirmary of Edinburgh.

5, Bedford Square, London, W.C., October 11th, 1865.

P.S. The questions now discussed possess a commercial as well as a medical interest. Frightened by the name of "yellow fever", the French Minister of Commerce has directed that ships from Swansea and Llanelly arriving in French ports be subjected to quarantine. J. R. C.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, ESQ.

SIR,—I feel sure that all who are sufficiently interested in this subject to have read the correspondence will regret that the Vice-President, in his reply, did not address himself more directly to the specific objections raised, instead of ignoring the leading points, and contenting himself with a running commentary upon my style, and, with curious inconsistency, condemning as "illogical", "discursive", and "trivial", the letters upon which, in his opening sentence, he has passed the high and unmerited eulogium, that they comprised "every aid which rhetoric and language could command". If the Vice-President will once more look over my letters, and, passing by the "trivial objections", condescend to reply specifically to "the half-dozen inconsistencies" which, in his view, prove the excellency of the laws, and if he will also answer some questions asked, we may join issue, and pursue the discussion with satisfaction to ourselves and benefit to others.

Although we cannot doubt the sincerity and good faith of the Vice-President, when he tells us "how illogical are many of my objections"; and, again, that "under them (*i. e.*, the tables adopted), the Society *must* flourish"; "that the onslaught on the Rules of the Society has proved, in Mr. Steele's hands, an utter failure"; yet I think we may fairly remind him that mere expressions of opinion are not arguments; and, if he wishes to carry conviction to the minds of others, he must show in what respect his own conclusions are more correct than those of his opponent.

I particularly desire to disabuse the minds of all whom it may concern of the supposition, entirely groundless, that my objections to this Society are in any way connected with "a rival project of my own". If I should ever venture to point out to the profession how they may provide against sickness, my suggestions will have reference to no new scheme, but to principles and institutions which are older and more firmly established than either the Provident Fund or the Association itself.

I do not claim to understand "the science of mutual assurance", nor am I familiar with the somewhat abstruse calculations of the professed actuary; but I have for the last twenty years enjoyed considerable opportunity of watching the progress and working of "sick benefit clubs", and possessing, I believe, some powers of observation and a modicum of practical common sense, I have drawn the conclusions from experience which led me from the very first to the conscientious opinion that a mutual benefit club for medical men was unsuited to their social position, ill adapted to meet their requirements, and calculated to degrade rather than to elevate the status of the profession. That opinion was corroborated and confirmed by a careful examination of the scheme adopted by the Association; and, as one of its old and attached friends, I felt bound to raise my warning voice against the attempt to induce the British Medical Association to lend the weight of its name and influence to an undertaking which, I was convinced, possessed neither the elements of safety nor the promise of substantial benefit to the profession; not forgetting that the experiment had already been tried, and proved a failure, ten years ago. Nor have I been unsupported in this view. It is my privilege to enjoy an intimate professional acquaintance with a large number of my medical brethren; and amongst them are men of sound judgment, foresight, and experience. To those I have frequently appealed for an opinion upon this Society; and I find almost all to whom I have spoken, and who have thought about the matter, agree with me in regarding it as an impracticable and undesirable project. I may even add that in this, one of the largest and most influential Branches, and in this populous town, I have never yet met with a single individual who has expressed the least intention or desire of becoming a contributing member. Some of those who supported the resolution by which this Branch identified itself with the election of Directors, confessed that they knew nothing of the intrinsic merits of the scheme, but very naturally concluded all must be right because it was sanctioned by the Association.

How can we consider the Society is meeting "the want of the profession", when, without going beyond the limits of the Association, a mere handful of men have responded to its appeal by enrolment as contributing members? Surely, if there were anything like an enthusiastic or confident feeling, instead of ninety, we should have had, by this time, a list of nine hundred. If the profession really wish for a sick-club, they are bound by every consideration for their own interests, as well as for the encouragement of those who, with the Vice-President, are sacrificing their valuable time and energy in its promotion, to come forward in overwhelming numbers, and thus give a practical answer to the first important question—namely, Is such an institution really felt to be a want in the profession at large?

The Vice-President reiterates the erroneous proposition, that, "by registering the Society, security has been obtained for its funds, and ample guarantee of judicious government for its officers." Will he explain how this is reconcilable with the notorious fact that many registered societies have been ruined by bad management and insolvency, and with the recent public declaration of the Registrar himself that registration does not necessarily confer immunity from either of these contingencies?

I cannot conclude without pointing out that the Vice-President has, unconsciously perhaps, proved to a demonstration that assurance against sickness, as a principle, is impracticable. He tells us that a sliding scale of subscriptions and benefits will not succeed, but that the rates must be positive and unvarying; which, in effect, declares that the principles of assurance are inapplicable to sickness. In insuring furniture or other effects against fire, the insurer is enabled to cover the contingency by a sum equal to the loss; and, in assuring a sum at death, he can fix the amount according to the estimated extent of the pecuniary loss sustained by the survivors; but, in the case before us, one fixed payment alone can be secured, which, in many cases, it would

be absurd to consider as even an approach to a sufficient provision against the losses incurred by sickness. I am, etc., A. B. STEELE.

Liverpool, September 30th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on October 12th.

Fife, Joseph Bainbridge. Newcastle-on-Tyne; diploma of membership dated June 25th, 1842
Hoare, William Parker, Dartford; April 9, 1836
M'Leod, Alexander Charles, the Queen's Indian Army; November 13, 1840
Oldham, James, Brighton; December 10, 1841

APOTHECARIES' HALL. On October 12th, 1865, the following Licentiates were admitted:—

Arrowsmith, William Hixon, Coleshill, Warwickshire
Knott, Sydenham John, St. Mary's Hospital
Lyons, Moses, Birmingham
Taylor, James Mare, Hanley, Staffordshire
Webster, Thomas James, Conway, North Wales

APPOINTMENTS.

ROBERTSON, Robert, M.D., appointed Resident Medical Officer to the Workhouse Infirmary and Fever Hospital, Liverpool.
WATERWORTH, Thomas H., M.D., elected Surgeon to the Surrey County Gaol.

ARMY.

APPLIN, Assistant-Surgeon A. O., 68th Foot, to be Staff-Assistant-Surgeon, *vice* O. Codrington.
CODRINGTON, Staff-Assistant-Surgeon O., to be Assistant-Surgeon 68th Foot, *vice* A. O. Applin.
HANBURY, Surgeon W., 33rd Foot, to be Staff-Surgeon, *vice* J. Sinclair, M.D.
HANDY, Staff-Assistant-Surgeon S. W., to be Assistant-Surgeon 61st Foot, *vice* A. Hoyte.
SINCLAIR, Staff-Surgeon J., M.D., to be Surgeon 33rd Foot, *vice* W. Hanbury.
WILLIAMS, Assistant-Surgeon C., 68th Foot, to be Staff-Assistant-Surgeon, *vice* A. Sanderson.

INDIAN ARMY. To be Surgeons-Major, Bengal Army:—

ATKINSON, Surgeon R. J.
BANISTER, Surgeon G.
DOUGLAS, Surgeon F., M.D.
LEE, Surgeon J., M.D.
MACTIER, Surgeon W. F., M.D.
PLAYFAIR, Surgeon G. R., M.D.
SMITH, Surgeon C. M.
TRESIDER, Surgeon J. N.
TUCKER, Surgeon St. George W., M.D.
TURNBULL, Surgeon F., M.D.

To be Surgeons, Bengal Army:—

ALLEN, Assistant-Surgeon J. B.
CLARK, Assistant-Surgeon S.
MACNAMARA, Assistant-Surgeon F. N., M.D.
PESKETT, Assistant-Surg. W.
WILLIAMS, Assistant-Surgeon H. F., M.D.

To be Surgeons, Madras Army:—

CLEVELAND, Assist.-Surg. E. S.
DAY, Assistant-Surgeon F.
DICKINSON, Assist.-Surg. J. E.
EVEZARD, Assistant-Surgeon E. D'Arcy
HARRIS, Assistant-Surgeon W. H., M.D.
JOSEPH, Assistant-Surgeon J. M.
MONTGOMERY, Assist.-Surg. H.B.
SMITH, Assistant-Surgeon C.

To be Assistant-Surgeons, Bengal Army:—

BENNETT, J., M.D.
CLEGHORN, J., M.D.
GARDNER, E. B.
HARVEY, R., M.B.
KELLY, J., M.D.
KNOWLES, B., M.B.
MACIVER, J. R., M.D.
M'LEOD, K., M.D.
REID, R.
SKEEN, A., M.B.
SPENCER, L. D., M.D.
THOMSON, R. B., M.D.

To be Assistant-Surgeons, Madras Army:—

FFRENCH, T. E.
FOX, W. S.
HUNT, S. B.
M'CARTHY, D. J., M.D.
M'DIARMID, A., M.D.
PORTER, A., M.D.
RAWSON, W. S., M.D.
SPENCE, J. A. W.

To be Assistant-Surgeons, Bombay Army:—

BARRIE, A., M.D.
BROWN, A., M.D.
COOK, H., M.D.
DUCKERING, S.
LYON, I. B.
WELSH, J. T., M.D.
WILLIAMS, J., M.D.

MILITIA.

MOXEY, D. A., M.D., to be Assistant-Surgeon 3rd Middlesex Militia.

BIRTH.

ELLIS. On October 15th, at 8, Redcliff Parade West, Bristol, the wife of R. W. Ellis, Esq., of a son.

DEATHS.

HEELIS, Edward, Esq., Surgeon, at Limehouse, on October 10.
LAWLESS, Robert W., Esq., Assistant-Surgeon 23rd Foot, at Parasnauth, Bengal, aged 23, on August 18.
LESSEY. On October 6th, at Clarendon Road, Kensington, Mary S. de Lacey, widow of Thomas Lessey, M.D.
PERKINS. On October 3rd, at Wembdon, Somerset, aged 15, Laura Mary, only daughter of the late Dodd Perkins, Esq., Surgeon.
RANSFORD. On October 10th, at Bournemouth, aged 27, Isabella, eldest surviving daughter of John Ransford, Esq., late Staff-Surgeon Bengal Army.
ROBERTS, Charles, M.D., at St. Leonard's, Upper Deal, aged 44, on October 6.
SMITH. On October 17th, at Holland Place, Clapham Road, aged 68, Mary, wife of Joseph Smith, Esq., Surgeon.

MEDICAL STUDENTS. It appears that there is an increase in the gross number of students at our metropolitan hospitals, although some schools have not so many new entries as others. There appears, however, a decrease in the number of students pursuing their studies as dentists only.

CATTLE-PLAGUE. A deputation consisting of the Lord Mayor, Dr. Letheby, Dr. Aldis, Dr. Whitmore, Dr. Jarvis, Dr. Stiff, and other medical officers of health, etc., went before the Royal commission on the 18th inst. Some of them were examined, and expressed their views in reference to the appointment of sanitariums. The principal speakers are understood to have expressed themselves strongly against the system of indiscriminate slaughter of animals infected with the disease, and to have urged the commission to test its curability.

THE TEMPERATURE OF SEPTEMBER. Several observers have called attention in the public papers to the extraordinarily high temperature of September in the present year. The thermometer rose to 80 in an unusual number of days; and on two days—the 8th and 16th—stood at 85°, which has only once before occurred in September during the last eight years. The mean maximum temperature was about 9 degrees above the average. The temperature of this month was higher than that of July and August—a circumstance which has not occurred before for many years at least.

THE HUNTERIAN MUSEUM. Mr. Flower, the conservator of the museum of the College of Surgeons, during a recent visit to Paris, was so fortunate as to secure a fine and remarkably perfect skeleton of the Aye-aye, or *Chiromys*, which he found in a dealer's possession, and purchased at an expense of only £20. An interesting and fully illustrated account of the anatomy of this rare animal, by Professor Owen, was published in the *Transactions of the Zoological Society* for 1863. That Society has a living specimen in its gardens; but as the animal is of nocturnal habits, it is rarely seen by the visitors.

UNIVERSITY OF CAMBRIDGE. On the 12th inst., the undermentioned appointments were made: Dr. C. J. Hare (Caius), Dr. Humphry (Downing), and Dr. Latham (Downing), Examiners at the First M.B. Examination; and Dr. Paget (Caius) and Dr. Humphry (Downing), at the Second M.B. Examination; Mr. Holmes, to be Examiner for the Degree of Master in Surgery; Dr. Paget (Caius), to be Assessor to Dr. Bond, the Regius Professor of Physic; Dr. Drosier (Caius), to be Deputy to Dr. Clark, Professor of Anatomy. A grace also passed to allow attendants upon Dr. Humphry's Surgical Lectures the same status and privileges as attendants upon the Lectures of Professors.

Apothecaries' Hall. At the recent examination for the annual prizes in Botany, given by the society, the successful candidates were: Messrs. Stephen Wootton Bushell, of Guy's Hospital, the gold medal; and Henry Franklin Parsons, of St. Mary's Hospital, the silver medal and a book.

The Paddington Green Dead-House. At an inquest lately held in Paddington, Dr. Gibbon said that he wished to call attention to the state of the dead-house. The place had not been cleansed for a length of time, and it was besmeared with the blood from former autopsies. There was no water, and the smell was shocking. A police constable said that there was a row of cottages at the back of the dead-house, and the inhabitants complained of the intolerable smell issuing from it. The coroner said that the place was in a foul and indecent state. The jury recommended that the parish authorities should provide a proper dead-house, removed from the neighbourhood of inhabited houses, and that it should be kept properly cleansed.

St. George's Hospital. At the ordinary Quarterly Court of Governors of St. George's Hospital on Friday, the 13th inst., the prizes and honorary certificates for the past session were distributed to the successful competitors by the chairman. The following is a list of the students to whom they were awarded. The "Lewis Powell" prize for Clinical Medicine, Mr. W. Leigh; the "Brodie" prize for Clinical Surgery, Mr. Watson; the "Thompson" medal, Mr. Heywood Smith; the "Henry Charles Johnson" memorial prize in Anatomy, Mr. E. C. Ring. Honorary certificates in practical anatomy were also awarded to Messrs. Cant and G. A. Kenyon. The prizes for general proficiency in all the subjects of each year of study were obtained in the third year by Mr. Underhill; in the second year by Mr. Cant; in the first year by Mr. Pode. Honorary certificates were awarded in the third year to Mr. Watson; in the second year to Messrs. Ring and Tindale; in the first year to Messrs. Brett, Luking, and Lovegrove. Certificates of having passed the examination satisfactorily were also awarded in the third year to Messrs. Barrett and Ridout; in the second year to Messrs. Davson and F. W. Jackson; in the first year to Messrs. Cox, E. Jackson, J. E. Kenyon, M'Cormell, and Stanley Stevens. It is hoped that ultimately all students will present themselves for these examinations at the close of each year of study, in order that the teachers may be able to estimate their respective progress.

Ladies' Medical College. The second session was opened at the Hanover Square Rooms on October 2nd, with an address by Dr. Edmunds. He said the attempt to provide for ladies opportunities like those which had been accessible only to gentlemen, for the scientific study of midwifery and its cognate subjects, was last October a mere embryo project. A year's experience in the work on the part of the officers of the Female Medical Society only confirmed the opinion of those who had set the project on foot. Fourteen students had entered to the first year's courses of lectures, and the fees paid by those ladies had almost entirely reimbursed the committee for the cost of the lectures. Having spoken at length on the special qualifications of women for this work, Dr. Edmunds proceeded to say that it was a singular anomaly that up to this day in England the practice in midwifery was altogether unprovided for and unregulated by the state; that any worn-out old woman could set up and practise midwifery with impunity; that women who wished to qualify themselves properly had no means of doing so; and that there was no recognised examination open to women which would enable the public to distinguish the qualified from the unqualified, and would save respectable practitioners from being confounded with the careless, ignorant, drunken old creatures, who now attend thousands of our poorer class women. Until the act of 1815 medical men were in the same position, but now every one must follow out a specified course of study and pass a recognised trial by public examination before commencing practice. It would at once be evident that the practice and privileges which attach to public recognition would benefit alike this class of practitioners and the public who require their services. The Female Medical Society were anxious to come forward at some future time with a complete scheme for subjecting female practitioners of midwifery to appropriate regulations, but at present its powers were fully occupied with organising proper means of instruction and arousing the attention of the public. He contended that the practice of midwifery should be separated from the general practice of medicine and surgery with which it was now associated in the hands of the general medical practitioner. He concluded by stating that the society was in debt £200 to the treasurer, but he was confident that when public attention was aroused the needful assistance would be rendered.

The late John C. Spender, Esq. Mr. John Cottle Spender was born in the neighbourhood of Bath, on October 12th, 1801. Early bereft of both his parents, he was brought up by his maternal uncle, Mr. John Cottle. He was educated at the Grammar School, Wantage, and subsequently, for the medical profession, at St. Peter's Hospital, Bristol. He settled in Bath, and soon attained considerable practice. He early took part in political and philanthropical questions; and at the stirring times when the Reform Bill was still under discussion, he devoted all his energies to the furtherance of that measure. He was Councillor in 1835, elected by the burgesses of St. Michael's Ward. In 1841, he was chosen as alderman. He was repeatedly solicited to accept the highest civic post, but always declined to do so. On several occasions, he either proposed or seconded the nomination of one of the liberal candidates for the representation of the city in Parliament. Since 1847, he has, for the most part, withdrawn from public life—his health, at no time robust, having begun to fail. He devoted his spare time to reading, especially the higher branches of philosophy, of which he was always an ardent student, and on which he has on one or two occasions lectured at the Literary and Scientific Institution. In 1858, he published a little volume, entitled *Aids and Cautions in the Search after Truth*. In 1854, he relinquished his profession. For the past four years, especially, he has had to endure the most intense suffering, arising from an obscure disease, that at last deprived him of all muscular power. His mental capacity, however, was unaffected, and continued so until within a few hours of his death. Under this severe trial of fortitude, his faith became more steadfast, and as the flesh grew weaker, the spirit gathered strength. Mr. Spender was married in 1828. In his convictions and views he was an earnestly Christian man. The roots of his life were in the great facts and truths of Divine revelation; and as years advanced, they struck deeper and drew richer nourishment, which appeared in "much fruit". Prolonged study of the great problems of existence, impartial inquiry into different sides of religious truth, devout investigation of the Divine records, and a somewhat lengthened experience of life, all made him cling to the simple and sublime verities of the Gospel with increasing thankfulness and joy. (*Bath Gazette.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

PART VI of the very useful work entitled *A Dictionary of Science, Literature, and Art*, by Brande and Cox, brings us up to the letter L.

SALMON'S OBSTETRIC BINDER.—This article is intended as a substitute for the towel generally used immediately after accouchement. It is made of strong linen, shaped to the abdomen and hips, having a steel (removable) for extra support in front. It is capable of being washed, and so rendered available for future occasions. The fastening is simple, and causes no delay in putting it on, and the patient is not disturbed, as is usually the case in the adjustment of the towel. The alleged advantages are, facility of application and of removal, combined with comfort to the patient, and greater efficiency. The binder has been twice exhibited before the Obstetrical Society. It appears to be a simple and useful contrivance.

DURHAM MEDICAL REGISTRATION EXAMINATION.—Master George H. Huntley, aged 13, of Howden, near Newcastle, who has been a pupil at Heighington Academy for six years, has passed the above examination, and has been placed on the Register as a medical student.

MEDICAL PORTRAITS.—SIR: There is a great deal being said *pro et con* about the propriety of publishing photographs of eminent medical men, with their condensed biographies. However much some of us may disapprove of the latter part of the undertaking, few, I think, would object to the former—the artistic portion. On this head, I beg to notice a transatlantic idea, which, if carried out in this country, would, I am persuaded, afford universal pleasure and satisfaction to the medical profession.

The portraits of the Faculties of Medical Colleges in the United States are to be had engraved in a style suitable for being framed. As an example, I may mention that, having studied for some time at the University of New York, I possess such an engraving. It consists of seven portraits of the Professors of the Medical Faculty, arranged in a circular manner around a centre portrait of the Chancellor of the University, and forms a pleasing memento of my connection with the New York School of Medicine—all the more valued, that one of its distinguished chiefs, Valentine Mott, has recently cast off his mortal part.

It would be a source of great pleasure to me if I could secure similar engravings of the Faculties of other Medical Schools with which I am connected in this country; and believe that it would pay such a house as Churchill's to publish, in the style mentioned, portraits of the Professor or Teachers of the several Medical Schools and Hospitals of the United Kingdom. There would be very few medical men who would not possess themselves of such pleasing *souvenirs* of their former teachers.

October 10th, 1865. I am, etc., K. C. B.

INTRODUCTORIES.—SIR: Abstracts of Introductory Lectures at this season are in demand. I therefore send you two or three short ones, written by men of mark in their time.

From Faust.

Student. Would you indulge your humble servant in
A pregnant word or two on *Medicine.*
Three years is little space for rapid stride,
God knows! and then the field's so wide.
Could I but find a finger post at need,
I'd feel the distance dwindle as I read.

Mephistopheles. The spirit of Medicine's easily explained.
Into the Universe you pry, with gaze intense;
To let it go to pieces in the end,
As pleases Providence.
In vain you have your meetings scientific;
Each man's experience is not more prolific
Than his own Brain.
You seem of tolerable build, nor will
Lack impudence, though you may lack skill.
But if yourself will on yourself rely,
Others, be sure, will trust implicitly.
A sounding phrase will stand you in good stead,
For all that is or is not in your head;
And for the first year, specially
Observe strict regularity.
Ten lectures every day, at least,
And as the clock strikes, in at the feast.
Be well prepared before you go,
Reading the lectures through and through;
Be busy writing down whatever's stated,
As if the Holy Spirit itself dictated.

Faust's October Lecture.

Faust. Here I stand, with all my lore,
Poor fool, no wiser than before.
Master, aye, Doctor, styl'd indeed,
Already, these ten years, I lead
My pupils by the nose, and learn
That we in TRUTH can nothing know.

Bacon's Lecture.

To my understanding, it is a vain and flattering opinion to think any medicine can be so sovereign and happy, as that the receipt of it can work any great effect upon the body of man: it is order, pursuit, sequence, and interchange of application, which is mighty in nature; all which processes do indeed require much of time, and insensible effort towards renovation.

Montaigne's Lecture.

'Tis from the great Plato I lately learned—that of three sorts of motions, which are natural to us, purging is the last and worst; and that no man, unless he be a fool, ought to take anything to that purpose, but in the extremist necessity. Order a purge for your brain, Mr. Physician: it will there be better employed than upon your patient's stomach. On asking a Lacedæmonian, "What had made him live so long?" he made answer, "Never having taken physic." The Emperor Adrian continually exclaimed, when dying, "That the crowd of physicians had killed him." A bad wrestler turned physician: "Courage," says Diogenes to him, "thou hast done well; for now thou wilt throw those who have thrown thee." Nicooles said: "Physicians have this advantage, that the sun gives light to their successes, and the earth covers their defeats." Moreover, they have a very knowing way of making use of all sorts of events; for what fortune, nature, or any other causes (of which, the number is infinite), produce of good and healthful in their patients, they claim and attribute to their own skill. The occasions that cure all those who never take physic, physicians arrogate to themselves, in those under their hands. As to ill accidents, they lay the fault upon the patient himself, upon his ancestors, the weather, and such frivolous reasons as are always at hand—as the physic was not sent for in time; they lay with their arms out of bed; somebody opened a window; a coach rattled by; etc.

COMMUNICATIONS have been received from:—Dr. J. ROSE CORMACK; Mr. R. S. FOWLER; Mr. T. O'CONNOR; Dr. BULLAR; Dr. LANKESTER; Mr. J. N. RADCLIFFE; Mr. STONE; Dr. GEORGE BODINGTON; Dr. ANDERSON; Mr. RANDOLPH; Dr. FREDERICK J. BROWN; Mr. J. MORLEY; Mr. POLLOCK; Dr. MUNROE; Dr. T. K CHAMBERS; Dr. BARCLAY; Mr. J. BIRCHENALL; Dr. HENRY BROWNE; Mr. C. JOHNSON, JUN.; Mr. R. W. ELLIS; Mr. R. W. WATKINS; Mr. S. WOOD; Mr. R. M. BOWMAN; Mr. NUNNELEY; Mr. GOWLLAND; and Mr. R. HARRISON.

BOOKS RECEIVED.

1. The Right Use of Iron and other Remedies in the Cattle Plague. By R. Druitt, M.R.C.P. London: 1865.
2. The Principles and Practice of Medical Jurisprudence. By A. S. Taylor, M.D., F.R.S. London: 1865.
3. Some of the Causes and Effects of Valvular Disease of the Heart. By T. B. Peacock, M.D. London: 1865.
4. The Prescriber's Analysis of the British Pharmacopœia. By J. B. Nevins, M.D. Third edition. London: 1865.
5. The Restorative Treatment of Pneumonia. By J. H. Bennett, M.D., F.R.S.E. Edinburgh: 1865.
6. Introduction to Modern Chemistry, Experimental and Theoretic. By A. W. Hofmann, LL.D., F.R.S., etc. London: 1865.

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President's Address

IN THE

PUBLIC HEALTH DEPARTMENT OF THE SOCIAL SCIENCE ASSOCIATION.

Delivered at Sheffield, October 9th, 1865.

BY

EDWIN LANKESTER, M.D., F.R.S.

SUDDENLY called upon to fulfil the important duties of Chairman of the Public Health Department of the Social Science Association, I do not feel myself at all prepared to do justice to the subjects on which I am this morning expected to discourse. At the same time, I am so fully impressed with the value of the contributions made to our *Transactions* from year to year, by the addresses of the Presidents of our Departments, that I should be sorry to set the example of declining a duty, however unworthily I may perform it, so as to lead to the imperfect fulfilment of this part of our annual proceedings. In my address, I feel that I must rather bring before you the general principles of the various branches of science on which our Department of the Association is founded, than dwell upon details which would have required a larger amount of time and leisure, than I have had at my disposal, to collect and arrange.

In the minds of those who attend the meetings of this Association from year to year, there can be little doubt that the inquiries embraced by the Departments of this Association, are as much based upon scientific principles, and are as amenable to law, as any of those more generally admitted branches of science cultivated by the British Association for the Advancement of Science. It has, however, been the fashion of those who cultivate the natural sciences, to declaim against Social Science, as though it pursued its investigations in a different spirit, or had less satisfactory methods of inquiry. It is very certain that, if our laws, our education, our health and trade, had no better foundations for their existence than the prejudices and opinions of mankind, there could be no more ignoble and uninteresting work than for men to meet together and babble about them. But, if I understand this Association rightly, it has been established for the purpose of showing to the world that there is a science of society; that, just as we can inquire into the functions of a plant, and discover the laws of its existence, so that we can predict with certainty what will occur to it under certain known conditions, so, with regard to man, even in his most complicated relations, we may hope to discern the laws of his being, and, by predicting what must happen under certain conditions of his existence, to constitute the science of society. Nor is this a new idea. The thought that even the complicated phenomena of human life might be reduced to law, was present to the mind of that first great thinker of our race, the immortal Socrates. Lord Bacon saw that the rational method of inquiring into the properties and laws of natural objects did not terminate with the body of man, but applied to the results of the reaction of his thought and feeling on the external world. The great French philosopher Comte (mistaken, as most English writers believe him to be, on so many points of science and philosophy) was the first to define the limits of Social Science, to give it a name, and place it in a classification of the natural sciences. But, above all men, we in England are indebted to that great political philosopher and acute logician, John Stuart Mill, for clearing away all difficulties, and, with a philosophical insight and comprehensiveness of thought unrivalled in our day, showing that the science of society could be placed on the same inductive basis as astronomy, chemistry, or physiology. To almost any other mind, the reduction of the chaos of facts presented by that wonderful mass of phenomena exhibited in the history and social conditions of man upon the earth to anything like law and scientific prediction would have presented insuperable difficulties; but he has shown the way, and it is the function of the Social Science Association to follow in the path that he and his disciples have opened up to us.

Fortunately for society, its main facts rest on the branches of science presenting less complicated phenomena than itself, so that, as these sciences advance, it also is advanced. Let me give an illustration. There is Oersted, holding his magnetic needle on the galvanic current. He is studying the relations of those great forces, magnetism and galvanism. He discovers the laws of that relation. In the hands of others, this law is imparted into the transactions between men. It becomes the electric telegraph, and effects the relation of man to man through all time. Our own Department deals with human life—the relation of the laws of life to what we call health and disease. There is no practical hygiene unless we understand the laws of health and the causes of disease. We know not the laws of health but as physiology advances. Physiology is, again, dependent on the advances of chemistry. The phenomena of chemistry have been understood by the light of the facts borrowed from the sciences of heat and electricity, whilst all its precision has been given to it by the aid of mathematics.

The sciences are bound together by indissoluble links. Man separates them through his feebleness and for his convenience; but there is reason to believe that, analysing all the facts and phenomena of the external world, there is underlying one great force, one primal mover, out of which, with unvarying precision, the great phenomena of the universe proceed. Recent researches have shown that heat itself is but a mode of motion; that heat at certain temperatures becomes light. Light, in its turn, as we see in the photographic art, becomes the source of chemical change. Chemical force becomes galvanism; galvanism is converted into magnetism. Motion generates electricity. Galvanism and magnetism produce heat, light, electricity, motion. This demonstration of physical forces is regarded by some philosophers as complete, while others have gone yet a step further. It is but as the heat and light of the sun are poured down upon the earth that plants live. The rays of the sun become more direct, the heat and the light become chemical force in the plant, and now in its secret cells fresh energy is felt, and all the phenomena of plant-life are manifest. The rays are now withdrawn, the heat and life diminish, chemical change ceases, the plant-life grows sluggish. Some plants die, the majority drop their leaves, and our winter is characterised by a dormant vegetation. Here we have a correlation of physical and vital forces; but the correlation does not stop here. During the life of the plant there has been deposited sugar, and starch, and gluten, in its roots, its stem, its leaves and seeds. These are the food of animals. Withdraw this food, and they die. The chemistry of the sun has formed the starch, the sugar, and the

gluten. This chemistry is undone in the animal; it becomes heat—animal heat; it becomes motion—muscular force in the muscles, and that most refined of all motions, nerve-force, by which the spiritual consciousness of man becomes cognisant of sensations, accumulates ideas, reasons, and becomes an intelligent, conscious, and responsible being.

It is here, I think, that we get a glimpse of a real connection of the sciences; of a dependence of one upon the other; and of such a connection between the most recondite and the most practical departments of Social Science, and the most elementary inquiries of the physical philosopher, as clearly demonstrates the claim of this Association to the position of a scientific body, and clearly points out the road it must follow, in order to achieve for man the highest triumphs of his intellect in unravelling the deepest secrets of his existence.

But now let us inquire what is the position that the Department of Public Health should take amongst the branches of Social Science. At first sight, it is very evident that there is no sharply defined line between our various departments, and that each contemplates facts and principles which are, more or less, common to all. At the same time, our consciousness of health and sickness is one of the most common facts of our existence; and we have no records of communities of men who are not cognisant of disease as opposed to health, and who do not employ some measures, whether efficacious or not, for the prevention of disease. Our Department, then, contemplates the laws of health and disease, with the object of applying that knowledge to the prevention of the latter.

Herein hygeine differs from medicine—the first prevents, the latter cures. Or, if you like to enlarge the meaning of the term medicine, our department may be otherwise called that of preventive medicine. Our inquiries, then, must be more particularly carried on by the aid of the science of physiology, which contemplates the laws of life; and, in so far as physiology is connected with the science of chemistry, and with the various branches of experimental and physical science, we must call them to our aid.

Our object being the discovery of the causes of disease and death, and the means of so averting and altering these causes as to prevent these calamities, it becomes essential to us that we should classify our facts, so as to present them in a simple and comprehensible form. Now the great factors of our life are air, water, food, and heat. To one or other of the relations of these agents to our life, can we refer all the varied questions with which we have to deal.

There is no animal existence without air. The humblest monad needs for its existence a supply of oxygen gas. It moves and lives but as that oxygen produces chemical changes in its interior. The law is universal. Man is but an aggregation of monads. Each busy cell, of which his body is composed, contributes to the aggregate of his life, only as it is acted upon by the oxygen of the air. This fact lies at the foundation of a hundred branches of our inquiry. It is the necessity for this oxygenation of our tissues that gives all the importance to our inquiries into the ventilation of houses and workshops, of cowsheds and stables—in fact, of any place where living breathing beings are enclosed. It is this fact which lies at the foundation of all our anxiety about the overcrowding of our dwelling-houses, factories, and shops. By the aid of this great primal fact, we explain the unnecessary disease and death from scrofula and consumption; and by rendering it more and more a first principle of human action, we hope to save the lives of thousands of our fellow-creatures. These inquiries result from the one single fact that man requires oxygen, which he obtains from the air. But the air in which he lives not only supplies him with oxygen, but it is the great repository of all that is exhaled from the earth, and it comes to him and to the lower animals, burdened—alas! too often fatally burdened—with poisons; chemical agents that, swiftly coursing through his blood, work their destructive action on his frame, and either damage the functions of his life or destroy his existence altogether. All the great questions that gather round us of epidemic or endemic, miasmatic and contagious diseases, will find their appropriate place in our inquiries into the nature of impure and poisoned air.

Water is another factor of organic life. Without water, no chemical change can take place in a living body. A large number of animals have their existence determined by water. Water enters into the composition of all organic beings. A man weighing 154 pounds contains 111 pounds of water in his tissues. The oxygen that vitalises his tissues is conveyed by water. The starch, the fat, the protein, necessary to the existence of animals, are all digested, absorbed, and conveyed to the tissues by water. These substances, through whose chemical change life is possible, are decomposed in the presence of water, and the products of this decomposition are carried off by the agency of water. All the higher animals drink water for this very purpose, and the adult human being, on an average, in one form or another, drinks from 70 to 80 ounces of water a day. Water is the most potent of chemical agents; its solvent power is equal to that of aqua fortis or oil of vitriol, and it associates itself in nature with a vast variety of compounds with which it comes into contact in the external world. It dissolves both organic and inorganic matters; hence it may become so contaminated as to be unfitted for the purposes of life. From the inorganic world it may take up the salts of lime, iron, lead, and other compounds, in such quantities that when taken into the human body it is not only unfit for healthy life, but it may become the source of immediate disease or death. Like the air, it may become the medium of introducing those definite organic poisons, which, kindling similar poisons in the living system, are at once the source of disease to others and the death of the individual suffering from their action. Hence our inquiries embrace the means of supplying to every individidual a sufficient quantity of pure water for his healthy existence.

But water has other than this fundamental relation to the life of man. Man is a washing, cooking, and manufacturing animal; and wherever water is used in these relations so as to affect his health, the question raised is one that belongs to the department of public health.

As the animal organism cannot live in air and water, but requires varied compounds of carbon, oxygen, hydrogen, and nitrogen for its existence, the whole question of the relation of the compounds of these elements used as food, becomes the subject of our inquiries. Here our researches are based especially on chemical facts, and we must take for our guides Mülder and Liebig, and the great school of chemical physiologists. The freshest air and the purest water will be no protection from disease and death, unless the human system is supplied in its food with the elements necessary for the play of those chemical forces which result in life. Not only must there be food supplying the materials of combustion and nutrition, but each tissue is built up and constituted in its own peculiar way. The blood must be supplied with chloride of sodium and with iron; the bones with phosphate, carbonate, and fluate of lime; the muscles with potash; the bile with sulphur; the saliva with cyanogen; the teeth, hair, and nails with silica.

A diet deficient in all these materials may be the source of disease. Our navy were formerly decimated for want of fresh vegetables. Our army was starved on an excessive diet of salt beef. Our children die if fed alone on arrowroot and corn-flour. Those who inhale abundance of fresh air, and have access to infinite stores of pure water, nevertheless fall easy victims to diseases which result from the redundance or deficiency of the compounds which in natural quantities constitute the source of their daily life. The inquiry as to what constitutes the best food for man in all the various conditions of his life is one yet in its infancy, and it is perhaps a question as to whether the entire ignorance of a great portion of the community on this point is a greater evil than the arrogance with which pseudo-scientific teachers pretend to instruct the public as to what they should "eat, drink, and avoid." In the absence of all consciousness that he knows, man, like the lower animals, is guided by an instinct which is sufficient to preserve and increase his race; but with knowledge comes this danger (which in all cases must be risked), the danger of hasty generalisation. In this frail bark, how many of our race have perished before gaining a firm footing on the truths of well established science! This is the reproach which the student must patiently bear from the crowd, whilst he is seeking some higher guide than that which they possess in common with the brutes that perish.

Nor ought we to forget in our department, as a question of food, the remarkable tendency of man to partake of nervous stimulants. The extent to which substances may be taken with impunity that address the nervous system, is a question that is occupying the attention of some of our most distinguished physiologists; and, whilst at the present moment science cannot be said to have pronounced on the question, there is no doubt of the fact, that one of the most terrible scourges of the human race is the tendency to indulge to excess in drinking alcoholic beverages. The vices of tobacco-smoking, chewing, and snuffing, with opium and hemp eating, exert but little evil as compared with the terrible vice of drunkenness. There are many here who will feel that the interdiction of these beverages is not the sound conclusion of social science; but all must acknowledge, in a scientific point of view, the value of the large body of facts which have been presented us by total abstainers from alcohol, who have thus demonstrated that the consumption of these fermented liquors is not necessary for the maintenance of health or strength.

Air, water, and food, are necessary to the naked savage. Not in this climate could civilisation advance, without provision for the artificial maintenance of heat. At the temperature of 32°, water becomes solid, and is no longer capable of maintaining life. In those regions of the world where the temperature never rises above this, there is no life. At much higher temperatures, only plants and animals of the lowest types and feeblest vital powers exist. It is not till we ascend the animal scale, and arrive at birds and mammalia, that we find animals constructed to maintain their own temperature, and thus become independent of external sources of heat. This animal heat is maintained by the combination of the carbon of the food in contact with oxygen, and animals living in low temperatures maintain their heat by large supplies of food. Their whole existence is absorbed in seeking food, to maintain their heat against the cooling influence of the external atmosphere. Withhold food, and they perish. So with man; unclothed he barely exists; but he clothes himself with skins, and builds himself houses. He economises his heat, he consumes less food, his skins are changed for cotton, linen, and fibrous fabrics; his huts for houses, mansions, and palaces; and in this relation of his vital functions to that mode of motion we call heat, we see one of the great causes of his civilisation. No questions that can come before our department can have a higher or more commanding interest, than this one of heat. Look at the thermometer on your garden wall at this season of the year. Night after night it falls lower, and as it falls degree after degree, the rates of mortality rise. A cold day in winter is the death-knell of thousands. We know this. It is a law. Can we not avert this disaster? Must our intelligence be brought up at this point, and man be told that although he has, by clothing, and by warming his dwelling-place, successfully resisted the cold that must have made him a savage, he can go no farther? I do not believe it. Here is a great question for us to discuss and look into—how we can best save the life which is every year destroyed in our climate by cold.

But high temperature has its perils, though not perhaps so great as low. Diarrhœa, in the summer of our country, is the representative of the chest-affections of the winter; and, I believe, is more under the control of the application of known laws for its removal, than the latter diseases. We must then study the laws of heat in relation to the life of man, in order to be able so to construct and warm our houses, and arrange our clothing, as to secure immunity from temperatures destructive of health and life.

I might have prolonged this sketch of the fundamental principles and objects of the Department of Public Health; but I am anxious to dwell a little more at length on some occurrences which, at the present moment, have assumed a gravity that, in point of interest, throws a shade over all other questions. I allude to the presence of cholera on the continent of Europe, and to the extensive prevalence of the Siberian cattle-plague in England. In anticipation of the one plague, and in the actual presence of the other, there is enough to excite the keenest interest of the most apathetic, and to induce the most anxious inquiries as to the causes of these diseases, and the best means of arresting their progress.

I will not now attempt to settle the question whether these diseases are contagious or not; whether they arise from a special poison which is propagated in one body and is conveyed to another, or whether there are certain general conditions of external agents which engender poisons capable of spontaneously producing them. I need but generally remind you that amongst our sanitary reformers there are two great schools, the disciples of one of which maintain that the great mass of zymotic diseases are produced by special poisons, and are called contagionists; whilst the followers of the other school do not believe in the existence of special poisons, but maintain that certain general conditions of sanitary neglect and dirt are alone necessary to produce the group of zymotic diseases, and they are called anti-contagionists. Now, I believe that the extreme views of each school are wrong; and I have a very deep impression that for sanitary measures to be directed by one or other party, in the present state of our knowledge of the diseases, would be to plunge us into worse evils than quiet submission to their unresisted influence. For an officer of health to suppose that cleansing, and draining, and washing, would arrest the progress of small-pox in a house full of unvaccinated persons, would be an utter absurdity; whilst the placing a cordon around an ill-ventilated and badly warmed house, expecting to keep off bronchitis and pneumonia, whilst the temperature is 12° below freezing point, would be equally absurd. But, whilst all are agreed that small-pox is a contagious disease and

bronchitis is not, there is a large class of diseases on which sanitary authorities differ as to their nature, and the best modes of arresting their development. It is on this account that I now propose briefly to examine what is really known of the nature of contagious diseases and their mode of propagation; and if I succeed in nothing further, I hope I shall be able to show that it is of the utmost importance in all our sanitary operations that we should at least consider the issues of both theories; that, whilst believing in contagion, we should act as if all depended on the removal of the general external agencies of disease; or, whilst believing in the spontaneous origin of diseases in dirt, we should yet do all to avert the possibility of their propagation by contagion. It is of the highest importance, at the same time, that we should pursue the inquiry into the origin and nature of those zymotic or pneumatic diseases which carry off annually upwards of 100,000 of our population. In order to do this, I think there are three circumstances that demand our attention. There is, first, the poison that is supposed to kindle the disease; and, secondly, there is the medium that conveys it to, thirdly, the person predisposed to take the disease. If we lose sight of any one of these elements in investigating zymotic diseases, we shall most assuredly go wrong, and practically commit great mistakes. Thus, let me take small-pox as an example. In order to propagate this disease, there must be, first, the poison-matter from a small-pox pustule; secondly, a medium of conveyance, either the point of a lancet or an atmosphere to convey the poisonous germs; and, thirdly, there must be a person predisposed to take it. If the poison be not there, no amount of predisposition, that we are aware of, will engender the disease. Again, if the poison be there, and the predisposed person, there must be a medium of conveyance; if a predisposed individual be at one end of a room and the affected individual at the other, and the current of the atmosphere blow from the unaffected to the affected individual, no poison will pass and no disease be established. Or, again, the atmosphere may be so extensive as to dilute the poison to a tenuity by which it becomes powerless; or the atmosphere may be artificially ozonised, or iodinised, or chlorinised, so as to destroy the germs of the poison. But let the poison be ever so intense, and the medium ever so ready to convey it, if the unaffected individual have had the small-pox or have been vaccinated, no disease will be produced. Hence, we must study the poison-makers, the poison-bearers, and the poison-takers.

Now, with regard to poisons, even the anti-contagionists admit that, in what they call miasmatic diseases, conglomerations of dirt and filth, or matters in their wrong places, do enter the system, and, at one time or another, do upset and damage the healthy working of the machinery; and they are also bound to state in a scientific way what compounds are produced by dirt, and in precisely what way they affect the system. There can be no doubt that certain inorganic agencies, such as carbonic acid, sulphuretted, phosphuretted, and carbonetted hydrogens, ammonia, and sulphocyanogen, do produce injurious effects upon the system. Continued exposure to such exhalations may prevent a proper oxidation of the tissues, and render the body predisposed to take in the diseases of special poisons; but we have no evidence to show that any of these agents—although they will destroy life—are capable of producing alone any of the forms of miasmatic disease.

Again, it seems demonstrated that there arise, during the decomposition of vegetable and animal matters, certain organic molecules, which, being taken into the system, will produce certain definite changes in the system constituting well known forms of disease. Thus, ague and kindred fevers, called paludal, and paroxysmal fevers, do not seem to be produced by poisons formed in the animal system, but by poisons formed during the decomposition of vegetable matter. A certain amount, also, of the diarrhœa of summer is to be set down to the decomposition of animal and vegetable matters. Certain quantities of these matters are directly taken into the stomach and bowels; whilst others appear to come into contact with the mucous surfaces by inhalation. There is, also, one of the endemic and epidemic fevers of our country that is supposed by high sanitary and medical authorities to originate in the spontaneous decomposition of organic matters in drains and sewers; hence it has been called "drain-fever". It is, however, generally better known by the name of gastric or typhoid fever. That this disease is generated by a specific poison, has been demonstrated by Dr. William Budd of Bristol; and, should it be capable of demonstration that this disease is really generated *de novo* by the matter of drains and sewers, it would be an interesting fact, as showing the possibility of a contagious disease being produced afresh. But, up to the present time, we have no conclusive experiment with regard to the origin of any of the specific contagious diseases. There is no error, perhaps, of more vital importance to the public health than that which was fallen into by some of our early sanitary reformers—a belief in the spontaneous origin of the several forms of diseases produced by specific contagions.

The most common forms of contagious disease in this country are small-pox, scarlet fever, measles, whooping-cough, typhus fever, typhoid fever, and our occasional visitant, Asiatic cholera. Of the intimate nature of the poisons producing these diseases, we know but little; but recent researches with the microscope lead us to hope that we are not far distant from the time when, at least, the form of these poisons will be made visible to the human eye. It is a fact known to all, that the blood contains two sorts of cells or globules, one red, the other white. The white cells are composed of matter in a state of vital change. It is these cells which accumulate in inflamed parts, and which form the pus found in vesicles, pustules, abscesses, and inflamed surfaces of the body. These pus-cells have a great power of multiplication; and they retain their vitality after they have been removed from the living body. We can convey common pus-cells from one living body to another, and make them increase. There is a disease of the eye attended with a large formation of these pus-cells, and these may be conveyed through the air from one person's eye to that of another, and produce the same disease. In the disease known as pyæmia, these cells assume a specific character; and Dr. Richardson informs me that he has succeeded in producing, artificially, pyæmia in animals by introducing the secretions of an animal affected with pyæmia into one that is not. In small-pox, we have a disease characterised by pustules over the body. Each pustule contains a secretion abounding with pus-cells, and the matter of which they are formed. It is the introduction of this purulent matter into the blood, that sets up the dreadful malady of small-pox. In the same way, we find the vesicle of cow-pox charged with white cells, and the "germinal matter" of Dr. Beale. The germinal matter here, however, does not possess the vitality and energy of that of the small-pox pustule. It is seldom conveyed through the air; like some other animal poisons with which we are acquainted, it requires contact; but, on being introduced into the blood of another person, it produces the same disease—always the same disease, never another. We

may learn much of the nature of these poison-cells by the study of those which we know so well. These cells, or germinal elements, retain their vitality long after they have been removed from the body, if you exclude them from the air. The vaccine lymph has been conveyed between pieces of glass, or dried on tips of bone or threads of linen and cotton, all over the globe, and has been found capable of engendering the disease cow-pox. This shows us how all these poisons may be covered over in linen, cotton, and woollen fabrics, how they can be conveyed in letters and newspapers, how they may adhere to inanimate substances of all kinds, and only need the awakening influence of a little moisture to summon them to awake and live anew.

No one, that I am aware, has yet isolated the poison of scarlet fever, of measles, of typhus, of cholera, and of the other diseases of the group of contagious diseases; but, reasoning from analogy, and there could hardly be a better instance of the process, we are driven to the conclusion that these diseases depend on a cause similar to that of small-pox, and that the real form of the poison is the charged white cell of the blood. It is, however, interesting to notice some varieties in the habits of these poisons. Thus, we are not aware that the poisons of small-pox, measles, scarlet fever, or typhus, are conveyed by any means but through air; whilst there is every reason to believe that the poisons of typhoid fever and cholera are conveyed by the agency of water. There is an interesting relation between this fact and the seat of the disease; for, whilst one set of diseases manifest themselves by eruptions upon the skin, the other set is characterised by derangements of the mucous membrane of the intestines.

A question of high interest arises here, and it is one that has not at present been settled; and that is, as to whether the poison-matter of these diseases is capable of multiplying itself by cell-division, or the ordinary forms of the growth of fluvial matter out of the body. It does not seem impossible that this should be the case, although at present we have no demonstration of the fact. We know that such multiplication takes place among the lower forms of plants, as the yeast, or ferment-fungus (*Saccharomyces Cerevisiæ*), and that it also occurs amongst the vibriones and monadinæ in the animal kingdom.

Another interesting question connected with these poisons, is the possibility of transformation or development. In the animal kingdom, we have this phenomenon taking place, that an animal passing from its egg to its adult state is capable at each stage of multiplying itself, so that a number of creatures are produced at each period of its growth, capable of attaining, under proper external circumstances, the adult stage. Now it may be that, amongst these cell-poisons, there are stages of development at each of which the cell is capable of propagating its own form and no other, till it meets with the proper external circumstances for a further change or development. Professor Huxley relates that, on board the *Rattlesnake*, after they had been six weeks at sea, the cook got an attack of erysipelas; this spread through the ship and ceased. After this, one of the sailors had mumps, and this also spread through the ship. There are other interesting facts bearing on this point; but I throw out these hints here as subjects full of practical importance to the sanitarian.

Let me now say a few words with regard to the means of conveyance of poisons. The most obvious of these means are the atmosphere and water. The air, to carry most poisons, must be warm and moist. The poison of yellow fever spreads in hot climates; the poison of typhus is arrested by heat on the one side and by cold on the other. It prevails, in fact, only in climates having a range of temperature between 40° and 62° Fahrenheit. At the temperature of boiling water, all these poisons are destroyed. A most important fact, as we have in every household in Europe the means of destroying them.

But there are other means of conveyance besides air and water. Articles of food, articles of wearing apparel, bed-clothes, curtains, carpets, and all vessels and depositories containing the secretions of human beings, may retain the poison-cells in all their integrity. These things may carry the poisons from household to household, disseminate them in our streets, our omnibuses, our railways, steam-ships, and public conveyances of all kinds. The drain may carry them into the sewer, and the sewer into the river; but, in their course, they may escape from our ventilating-shafts, our gully-holes, and open closets. They may be emptied into our wells and rivers, and conveyed to our bodies by means of spring-water or river-water. They may be shut up in drawers or in old closets (of which there are many striking instances on record), and, at any moment when brought into contact with the human system, they may start into life and activity again, to renew their ravages on systems predisposed to their action.

That the poison of a disease may exist, and every possible access to a system be present, and yet the disease be not taken, is well known. Instances frequently happen of persons living to old age, without having had any of the ordinary contagious diseases of mankind. It would be well to make a more accurate study of these cases. But we know something of the laws of the predisposition to disease. We know, for instance, that persons who have had the small-pox are not disposed to take it again. We know that, in nine cases out of ten, if persons have been vaccinated, they will not take small-pox. This is one of the great triumphs of our modern civilisation. It is the beacon of our hopes with regard to crushing out for ever the poisons that can only be propagated in human systems. But our knowledge of predisposition extends further than this. We know that, where the four great factors of our life have been scantily supplied or vitiated, there predisposition exists, not only to idiopathic and self-generated disease, but to receive the germs of the poison-fevers of which I have been speaking.

So well is this known, that we can point out certain external conditions, which will so act upon the human system as to predispose it to certain forms of disease. Thus, amongst our working men and women, who live in badly ventilated and overcrowded houses, we find those who are most ready to take the poison of typhus. Amongst the underfed, the fever called relapsing, which differs from typhus and typhoid, finds its most ready victims. Hence it has been called famine-fever. But no class or condition of men have been discovered who are not susceptible of these poisons. The medical man who lives free from the influence of overcrowding or famine, in his own home is frequently stricken down with these fevers. The anxiety of the student, the statesman, or the prince, may undermine his health, and render him a ready victim for the poison that lies concealed like a snake in the grass in his path. It is not necessarily among the overcrowded and badly ventilated rooms of the poor, and the squalor and filth of our lowest classes, that scarlet fever selects its victims and commits the greatest ravages. The homes of the rich and the hearths of the comfortable middle classes of England are made desolate by this all-pervading scourge; and it is a mockery to say that we know the conditions of those who will be the subjects or the victims either of scarlet fever or its twin-sister of mischief, diphtheria. That both these diseases depend

on a special poison, which can be communicated through the medium of the air, and preserved in activity on inanimate substances, as clothes and excreta, I have no doubt; but we cannot predict with any certainty who will be their victims.

What is true of human diseases, is also true of those of the lower animals which man associates with himself. The horse, the ox, the sheep, and the pig, are all liable to idiopathic and contagious diseases. Like human diseases, many of them are *sui generis*, and incommunicable to man. The sheep of our country have just passed through "a great epidemic of small-pox." It had all the peculiarities of the small-pox in man, but it was not capable of extension to man. At the present moment, a more frightful scourge is visiting our cows, drying up one of the great sources of the food of our infant population, and rendering scarce the animal food so necessary to the health and strength of the working man. This disease is not new; it is the steppe-murrain of Siberia, where it seems permanently to exist. It is well known in Europe. Germany stands in constant fear of it; and, by her excellent quarantine arrangements, has for years stopped its introduction into the rest of Europe. It has, at last, escaped her vigilance; and, a cargo of affected beasts having found their way to Great Britain, our herds have been already more than decimated by its visitation. There is no mystery about this disease. Warning voices have not been wanting on this matter; and we are especially indebted to Professor Gamgee for having pointed out, years ago, the danger we were incurring in not taking steps for the prevention of the introduction of this terrible disease. It is not for me here to discuss the question of the nature and origin of this plague. But should there be any persons who are doubting either that this disease is contagious, or what are the best steps to be taken to arrest it, I would urge upon their attention the facts which have already been accumulated on this subject, for the purpose of removing that hesitation in adopting preventive measures, which is as fatal in cattle as in human diseases. In an able paper, read by Dr. W. Budd at the last meeting of the British Medical Association, he has clearly pointed out the close similarity of this disease to human typhoid fever, and has expressed his opinion that it is quite as nearly related to that disease as the small-pox of the sheep is to human small-pox.

That it spreads and behaves itself as a contagious disease, I have had the opportunity of observing in the parishes of Hampstead and Hendon. In the now celebrated case of Lord Granville's cows at his farm at Golder's Green, Hendon, the disease appeared in some cows not belonging to his lordship, but which were kept in a meadow contiguous to his lordship's farm. The disease broke out on that farm, in the largest and best ventilated cowshed of three that contained altogether 140 cows. Now this cowshed, which contained at least 1200 cubic feet of space for each cow, against a much smaller space for the other cows, was the one in which the disease first appeared. If dirt, overcrowding, or want of ventilation, had anything to do with this disease, it would not have broken out in that shed. But that shed is situate on the common footpath from Child's Hill to Golder's Green, and men, women, and children, are continually passing and re-passing that cowshed from the meadow in which the cows were first diseased. Knowing, as we do, that the excretions of these animals must contain the poison-germs of the disease, we can have little doubt as to how the cattle-plague got into that well kept and well ventilated shed on Lord Granville's farm.

Studying this disease from the three-fold point of view of its poison, the means of its communication, and the predisposition of its victims, we are struck at once with the fact that it is not the lambs, or the bullocks, or barren cows that are attacked, but it is the milch cows. We cannot fail to see a cause of this predisposition in the comparatively unnatural condition in which the milch cow is kept for the purpose of obtaining from her milk all the year round, that gives to her, beyond all her congeners, the tendency to take this disease. In such facts as this, we may see beyond the law which devastates our flocks—a law maintaining the integrity and strength of the species by the letting loose of poisons to destroy the weak and those which are likely to produce an enfeebled race. Nay, even further, is not this the great lesson that we should learn from the epidemic attacks of these poison-fevers,—Are they not sent to take from us the constitutionally weak and feeble, so that the race may retain its reign upon the earth? This, however, must be no excuse for indolence in doing all we can to place our race in such a position that it may successfully defy the attacks of poison, and each member of a community be the possessor of all the highest physical qualities of his race.

But I must pass on from the consideration of the abstract principle involved in our inquiries, and invite you for a moment to consider the practical action they involve. Our subject here very appropriately divides itself into two heads—public action and private action. It is the duty of the civil Government, in matters of life and health, to do for the individual what he cannot do for himself; and it is the duty of individuals to do for themselves what the Government cannot be expected to do for them.

If we could place our towns and cities under the governance of an enlightened despot, we should at once gain much from the application of our present knowledge of principles. Could we carry out as severe a code of sanitary laws as those which the ancient Jews submitted to as a divine dispensation, there is no doubt that results of a most astonishing nature would follow. But we must rest satisfied with following the slow genius of our nation, and submit to the government and institutions with which we are surrounded. I cannot here enter into the details of our sanitary legislation. It has been slow, and its action has been by fits and starts, as now and then the public mind has been alarmed and the legislative mind has sympathised with it. But the fearful death-rate of many of our large towns, the neglected and unsanitary state of our villages, show that, whatever our legislation may have been, it has yet failed to produce any great impression on the mass of our population; dirt and filth, disease and death, keep pace with our activity. We no sooner improve than we go back again. Here is a record of our deaths from zymotic diseases (the absence of which is regarded as the best indication of our sanitary activity) for the last twelve years. (*See Table, next page.*)

You see we have made but little, if any, progress.

In 1860 it looks as if these diseases were at bay; but how fearfully the mortality rises in 1863. My conviction is, that our legislature wants earnestness. All our acts are so constituted that they may be defied with impunity. They, in fact, give the power of action or inaction to those who are either interested in maintaining sanitary abuses or are ignorant of the dangers which arise from their toleration. The Metropolitan Management Act was, undoubtedly, the largest instalment that legislature ever made towards correcting the sanitary abuses of London; and, in the creation of the office of medical officer of health, has laid the foundation of future sanitary legislation. That this office has worked well in London, and has contributed to a large amount of sani-

tary action, there can be no doubt. But, from the fact of the medical officer of health being entirely dependent on the vestries of London for his appointment, his duties have in many districts been interfered with, and his ability to act for the public good reduced almost to a sinecure. So much has this been the case, that persons have suggested that he should be appointed by the Government, and responsible to the Government alone. The objection to this plan is, that he is at present paid by the parishes requiring his services; and that Government appointments are not always free from the objection that Government does not monopolise all the intelligence of the country, and is not free from the charge of favouritism in its selection of officers. The great bar to sanitary action in our vestries and local boards is their parsimony; and if they could be once made to see that disease and death are the most costly luxuries in which man can indulge, they would possibly give more scope to the action of their medical officers of health. Perhaps one of the greatest improvements that could take place in the London system, would be the appointment of the medical officers of health for life, and reducing their numbers, giving them larger districts to superintend, and appending salaries which would render it unnecessary that they should attend to private practice.

The same system should be extended to districts beyond the metropolis. It is almost impossible, under the present system, to initiate sanitary improvement in the villages and small towns of the country. The most gigantic nuisances are allowed to grow up without let or hindrance; and it is only when some terrible calamity visits a place, that any action is taken. The metropolitan boundary is studded with villages that the Management Act does not reach, and which are a disgrace to our civilisation. Such a village exists at Child's Hill, in the midst of a farm belonging to the Lord President of the Privy Council. I mention this to show how defective our sanitary legislation is at the present moment, as the representative of all sanitary authority in Her Majesty's Government is helpless to remove nuisances at his very door. It is most necessary that medical officers of health should be appointed to large districts in the country, with power to remove, and to compel owners of property to remove, the most common and obvious sources of death and disease.

In all great public improvements, which have for their end the health of the people, the law should act with more certainty, and the rights of property should not be allowed to interfere with the higher claims of health and life.

In thus commenting on what appear to be the defects of the law, I am aware how fully the laws represent the opinions and feelings of the people of this country; and if the law is inefficient or unacted upon, it arises from the want of knowledge on the part of the people themselves. Not only does this ignorance tell upon the legislature; but even leaves the legislature to provide all the conditions of a healthy existence. This object could not be obtained unless the people were sufficiently instructed to avail themselves of the rights thus conferred upon them.

I have alluded to some of the great facts upon a knowledge of which our healthy existence depends. It is in vain that the legislature enacts a plan upon which houses shall be built to ensure ventilation, unless the inhabitants of those houses understand the worth of fresh air. In vain is fresh water brought to our doors, if, in our indolence and ignorance, we refuse to use it. There must be intelligence both in the legislator and those for whom he legislates, if we are to take advantage of our present knowledge of the laws of life, to secure us from disease and death.

When one sees how little effort is made to introduce into our general systems of education a knowledge of those great laws of physics, chemistry, and physiology, on which our life depends, one is filled with dismay at the prospect before us. When the leading educationists in our country are carrying on a controversy, as to whether the highest rates of marks shall be given to classics, mathematics, history, or modern languages, one feels that they are quarrelling over dry bones, and forgetting all that which gives reality and life to our existence. It is not till the great facts of the natural sciences shall take a proper position in the studies of our Universities, where the majority of our statesmen are instructed, that we can expect them to be taught in the middle-class schools, where our vestrymen gain the elements of their education. It is only when those who instruct weekly in their pulpits, and influence the education of our lower-class schools, are themselves taught the great laws by which the Creator governs the life of the world, that we can expect our working classes to exercise that judgment and self-control with regard to their health, the want of which causes the sacrifice of holocausts of victims amongst them every year.

When I consider the sacredness of human life, when I know how sacred we all regard it, I feel as if it were a bathos which I ought to avoid, to remind you how costly a thing is disease and death. But it is true the gain of those 100,000 lives annually would pay ten times over the cost of all the exertions that would arise to secure them for life and for their country. But I will not pursue the subject. I leave now the question of the public health in your hands, to work out its great problems, as amongst the most patriotic and the noblest to the solution of which the human mind can be devoted.

Annual Rate of Mortality per cent. from Miasmatic Diseases in England and in London, in each of the years* 1851 *to* 1863.

Years.	Deaths annually to every 100 living.	
	England.	London.†
1851	.49	.53
1852	.52	.50
1853	.47	.54
1854	.61	1.07
1855	.45	.53
1856	.41	.50
1857	.47	.49
1858	.55	.58
1859	.52	.57
1860	.36	.43
1861	.42	.52
1862	.43	.59
1863	.56	.67

* The class of cases coming under the term of "miasmatic", are typhus, dysentery, diarrhœa, cholera, scarlatina, etc.

† The results for London were derived from the deaths in the Weekly Returns embracing 364, and in some cases 371 days in a year. The above rates have been corrected for the difference between those numbers and 365.2422 days in a year.

Royal Present for Sick Children. The little patients under treatment in the Hospital for Sick Children in Great Ormond Street have again been the objects of Her Majesty's regard. A large packing-case full of articles selected by Her Majesty as suitable for distribution among the children arrived from Coburg.

Original Communications.

ON THE TREATMENT OF ASIATIC CHOLERA IN THE STAGE OF COLLAPSE.

By James Risdon Bennett, M.D., F.R.C.P., Physician to St. Thomas's Hospital.

Amid all the nostrums and theories daily thrust before the notice of the public, and claiming the usual degree of infallibility, it is cheering to find a thoughtful physician offering, as an excuse for calling attention to a remedy for cholera, "that it is in perfect accordance with every rational view of the disease." Fully coinciding with my old friend, Dr. Joseph Bullar, that the treatment to which he has called attention merits this description, I am anxious to give him, and others who may be disposed to carry out his experiments, that support and encouragement which I believe my experience is calculated to afford. If, as he says, and truly I think, a single case such as that which he relates "should lead any thoughtful physician who observed it to try the remedy again," it will be admitted that analogous treatment adopted by me in 1849, has still stronger claims on the attention of all who may be called upon to renew the struggle between medical science and a disease which has hitherto proved but too victorious. For Dr. Bullar will be as ready as anyone to acknowledge that a single successful case has, after all, comparatively little value.

In 1849, a considerable number of cases of cholera came under my care at St. Thomas's Hospital, soon after the death of my predecessor, Dr. Burton (who himself fell a victim to the disease), and when the epidemic was at its height. On first taking charge of the cholera-ward, I determined to give a full and fair trial to the following treatment. My patients, on their admission, were stripped and packed in blankets wrung out of hot water, as hot as it was possible for the nurses to use; large mustard-plasters were applied to the feet, calves, and abdomen; and the patients were then covered up with dry blankets and counterpane. This treatment, as in Dr. Bullar's case, was frequently complained of at first, and the patients would have rid themselves of it, had it been possible. Ice and iced drinks, with light fluid nourishment, were then given freely. The iced water was, for the most part, acidulated with mineral acids; and sometimes I gave small quantities of stimulants in a dilute form, or champagne; but, generally, no medicine till reaction was fairly established. Under this treatment I had, in the hospital, *sixteen consecutive recoveries*. They were, for the most part, in a state of profound collapse when brought in; but all, whatever the degree of collapse, were treated alike till reaction set in. In the subsequent stages, the treatment varied. But, after this cheering amount of success, by which I admit that I was greatly elated, there came, alas! a number of fatal cases under precisely the same treatment.

In private consulting practice, my experience was similar; that is to say, I met with a number of cases in which this simple treatment appeared to be highly successful, and others in which it failed. But the general result of my experience in 1849 was such as to impress me very strongly with the conviction, that this sort of treatment was both the most rational and the most successful of any that I had tried, so far as regards the stage of collapse.

The *rationale* of the treatment I will not attempt to discuss; but I should like to know what evidence there is to sustain the assertion that "the rice-water secretion in the stomach is known to be a virulent poison." I know some disgusting experiments which directly negative such an assertion. Few physicians who have seen much of cholera will be disposed to deny that as yet we have very little ground for placing much confidence in any of the various specific forms of treatment that have been put forth; but there is now a considerable amount of evidence to prove that the simple treatment here described is attended by great relief to the chief sufferings of the patients, and is followed by success in many cases presenting all the worst features of the disease in its most dangerous stage. It has, moreover, the advantage of being readily and in almost all circumstances available. The hot wet blanket may be obtained even where neither a hip nor slipper bath can be had; and both mustard and cold water are easily procured.

No doubt this and all other modes of treatment will, as Dr. Bullar says, fail in those cases where, from the effects of a concentrated dose of the poison, "the disease begins with death". But this is only saying of cholera what may be said with equal truth of scarlatina, small-pox, or typhus. Most of us have seen cases of scarlatina where all remedies are manifestly as hopeless as they would be if the patient had taken a fatal dose of prussic acid or of aconite. Nor is it likely that our knowledge either of the pathology or therapeutics of cholera will be so much advanced by the study of the disease merely in this, its fully developed fatal stage, as by its careful observation in its milder phases, in the stage of premonitory diarrhœa, and in the important subsequent stage of secondary fever, as it occurs in cases that have not been complicated and aggravated by violent disturbing treatment.

In conclusion, I would beg to direct anew the attention of the profession at this time to the invaluable Reports of the Cholera Committee of the College of Physicians, as not only containing a vast amount of carefully sifted evidence on all points connected with the origin, spread, and pathology of this mysterious disease, but also as affording very important evidence corroborative of the opinion which it has been the object of these brief remarks to sustain; viz., that the simple treatment advocated by Dr. Bullar is in accordance with rational views of the pathology, and has been attended with no small amount of encouraging success.

NOTES OF CASES OF DIARRHŒA AND CHOLERA.

By G. K. Honey Paterson, L.R.C.P.E., L.R.C.S.E., Balbeggie, Perthshire.

During the past hot and dry month of September, several cases of diarrhœa occurred, of two or three days' duration, amongst young and middle-aged persons living in this country district, and who were pretty healthy previously to being attacked suddenly, without any assignable cause. All of them I have treated with either acid or alkaline mixtures and sedatives internally, with occasional sinapisms of mustard externally, according as the nature and symptoms individually seemed to indicate; each becoming well again speedily. I beg to subjoin also the following case of cholera, which happened

about the middle of September last, and may not be deemed uninteresting.

J. M., middle-aged, stout, and generally in good health, while employed in the country, and being much in the open air daily (during September last), had felt languid and more tired at evening than was usual with him, for a few days before being attacked. Previously to his supper-meal, he was seized with severe vomiting and purging. As evening came on, cramp ensued; and a messenger was sent off to summon my attendance immediately. On my arrival, he still had vomiting and purging, and was violently affected with cramp in the lower extremities. His voice was husky; the pulse feeble; the skin cold. The stools were watery and bilious-looking. I procured a warm bath with salt in it as soon as possible, and put him into it; but ere long he wished to be out of the bath, on account of the cramp seizing him; and he was put into bed. Still relief he had none; therefore I ordered ice to be got, which was fortunately soon procured from a kind-hearted neighbouring landed proprietor. The ice I applied often in a bladder to the spine of his back; but, there being no appearance or sign of speedy relief, I gave him the ice to suck internally, and also requested two individuals to take a large piece of ice in each hand and rub the parts cramped. They did so for some time, after which his suffering was much less; and also the motions from his bowels (latterly mucous) had greatly subsided. Nevertheless, as there was considerable coldness of surface, I applied sinapisms of mustard to the calves of the legs and the epigastrium, which induced a normal reaction, and he did well.

NOTES ON CHOLERA.

By R. W. Watkins, F.R.C.S., Towcester.

[*Read at the Annual Meeting of the South Midland Branch*, 1859.]

[*Concluded from page* 416.]

3. *Treatment.* When the epidemic first commenced, I was induced by what I had read, and by what I had heard from friends who had extensive experience of the disease in large towns, as well as from the successful result of the few sporadic cases which had occurred in my own practice, to place reliance on the calomel and opium treatment. In the earlier cases, it was given in doses of two, three, or sometimes four grains of calomel, and a quarter to half a grain of opium, at intervals more or less frequent, according to the urgency of the case. Observing the rapid passage into collapse of some of these cases, I thought that calomel was too powerful a sedative; and that the specific effect of mercury—the restoration of the biliary secretion—might be produced by the hydrargyrum cum cretâ, which might have an equal effect with calomel in checking the vomiting, and which I had already found very successful in diarrhœa, both simple and choleraic. Accordingly, from August 9th to September 6th, the majority of cases were treated with hydrargyrum cum cretâ and opium. Brandy was given frequently in moderate doses; and external warmth was applied by means of hot sand, hot water, mustard plasters, turpentine fomentations, and every other available method. Cold water was given *ad libitum*, to allay the urgent thirst; and in many cases a weak solution of chlorate of potash was used as a common drink. In the collapse stage, chloric ether was given very frequently, with brandy, and occasionally port wine. In several cases, a mixture of chalk and catechu with opium was given; but in every case it was rejected almost as soon as swallowed, and its use was therefore speedily discontinued. Six cases were treated by dilute sulphuric acid and opium, which had been found very successful in choleraic diarrhœa; but it was much less so when cholera was fully developed.

At the end of a month, I found that fifty-one cases had been treated with hydrargyrum cum cretâ and opium, of which twenty-four had recovered, and twenty-seven died; five cases had been treated with calomel and opium, of whom two had recovered, and three died—making twenty-six recoveries to thirty deaths under the mercurial treatment with opium. In twenty-one cases, chloric ether had been given, of which twelve had recovered, and nine died. It had, however, been given in many of these cases alternately with mercurials and opium. When given with opium only, the recoveries and deaths were about equal. The hot-air bath was tried in four cases, but all were fatal; in one only did it give even temporary relief.

The result, then, of our first month's treatment, though very successful in choleraic diarrhœa, was very unsatisfactory when the third stage of cholera (to which alone the above statistics refer) had developed itself. The deaths from the commencement had been as numerous as the recoveries; and, during the last week of the four, they had exceeded them in the proportion of thirteen to nine, showing that the epidemic was increasing both in the number of cases and in severity. I had lost all confidence in the mercurial treatment, both from the unfavourable results, and from having observed that, in the recoveries from collapse, a decided improvement in the symptoms had commenced before the biliary secretion had made its appearance in the evacuations. I had also begun to doubt the propriety of using opium; for although, under the pressure of so large a number of cases of cholera and diarrhœa, we had been unable to take notes of cases (other than the brief memoranda on the prescription-cards), we had not failed to observe that a cessation of the vomiting and purging was by no means an assurance of the patient's recovery, that several cases had died in the collapse stage after the evacuations had ceased, and that some who recovered had continued to vomit and purge (though less frequently) until decided symptoms of reaction had commenced. We had already determined to abandon the mercurial treatment with opium; my assistant had commenced the use of calomel in small doses every ten minutes, as recommended by Dr. Ayre; and I was using chloric ether and other stimulants.

It was at this period that I read the first letter of Dr. George Johnson, advocating the use of castor-oil, and describing its success in the earlier cases at King's College Hospital. My previous experience seemed strongly to corroborate his views as to the eliminative principle of treatment, and I determined at once to adopt it. In the following twenty-eight cases, castor-oil was administered in twenty-one, generally in doses of two drachms, occasionally of half an ounce, in milk or suspended in mucilage; and the result was that, of the twenty-one cases, nineteen recovered, and two died. Of the other seven cases, five were treated by small doses of calomel every ten minutes, and of these four recovered, and one died; two were treated by hydrargyrum cum cretâ and opium, and both died. I also observe from my memoranda that one case, which had been treated in the second stage with hydrargyrum cum cretâ and opium for two or three days, passed into collapse; that the mercurial treatment was changed for castor-oil, and she ultimately recovered.

During the last month of the epidemic, cajeput-oil was used in a large number of cases, either with ether or with castor-oil; and it certainly had a very remarkable effect in relieving cramps, even when

opium had failed to do so. But this, I believe, is the limit of its action: it did not appear to check the tendency to collapse. It is certainly a valuable auxiliary remedy.

In four cases, no medicines were taken. One of them was moribund when first visited; another, eighty-two years old, refused medicine, and died. A boy of three and a girl of fourteen obstinately refused medicine, but drank cold water with great avidity; both lay in a state of extreme collapse for a lengthened period, and gradually recovered—the boy without consecutive fever, but the girl's was one of the most severe cases of consecutive fever that we observed.

In the *first* seven days of September, before the treatment by castor-oil commenced, there were twelve deaths; in the *second* seven days, five deaths, of which one only had been treated by castor-oil, ten other cases having been treated by it during the week. It will naturally occur to others, as it did to me,—Had not the epidemic reached its acme before the castor-oil treatment was commenced? and was not the more successful result attributable to the modified character of the epidemic, rather than the adoption of an eliminative treatment? I will mention three circumstances which militate against this view. In the first place, it is a very extraordinary coincidence that the mortality, which up to the day of its commencement had continued to increase, should from that day have rapidly diminished. Secondly, during that second week of September when I had just begun to observe the results of the eliminative treatment, I was unexpectedly called in to take charge temporarily of some cases at Silverstone, four miles distant, where cholera had broken out about a week previously, and where it was, consequently, in the period of increase, instead of decline. Two of these cases have such an important bearing on the eliminative theory, that I must narrate them in detail.

Case I. My unfortunate colleague, Dr. Lett, had previously visited several of my cases at Towcester, and had expressed to me in strong terms his reliance upon opium as the "sheet-anchor" in this disease. Previously to my being called to him, he had treated seven cases by full doses of opium, and every case had died. On September 8th, Dr. Lett, who was much exhausted by his labours and discouraged by his ill success, was further depressed and very anxious in consequence of two of his children being attacked with diarrhœa. During that day he had two liquid evacuations, and on each occasion took a full dose of solid opium. About 8 P.M. he fell exhausted in his own surgery; and, being carried to bed fainting, he sent for me. On my arrival, I found him in a very excited state; he was in extreme anxiety about his own recovery and the prospects of his family; also about the illness of his children. He had no symptoms of cholera, and there had been no evacuation for six hours. I sat with him an hour, quieted and calmed him, and reassured him as far as possible as to his own case. After giving him a cup of coffee, finding him inclined to sleep, I left him to see a very urgent case in the village (Case II). About 12 I returned, found him in a quiet sleep, and at 1 A.M. left him in charge of another surgeon, whom I had summoned from a distant village. He slept quietly till 3 A.M., when he had an evacuation. He immediately got up in great agitation, and, taking some crude opium from his pocket, bit a piece off and swallowed it. From this period to the hour of his death, he had no other evacuation. I received an urgent message to revisit him about 11 A.M., and found he had been in a state of collapse more than an hour, and that stimulants had been freely administered for three or four hours. I immediately administered castor-oil in half-ounce doses frequently, and continued moderate stimulants, external heat, etc.; but he never rallied, neither did the castor-oil take any effect. The symptoms gradually increased in intensity till 3 P.M., when he died, having had no evacuation by vomiting, and but one by purging, for twenty-four hours previously.

Case II. A young man, a sawyer, who had gone to his work as usual on the morning of September 8th, had been attacked with diarrhœa, and was brought to Dr. Lett's surgery in a cart about 3 P.M. The collapse stage was then commencing, the hands being blue and shrunken, and the fingers cramped. It was about 11 P.M. when I first saw him; and he was then in a state of extreme collapse, with the most severe cramps I had ever witnessed. I immediately gave him half-ounce doses of castor-oil, repeated every hour, and warm applications to the surface of the body. Three hours later, I again visited him, and found him considerably relieved, the cramps very much diminished, and the warmth of the skin returning. In the morning, he had completely rallied from the stage of collapse; the skin and face had resumed their natural hue, and the cramps had entirely ceased. He had three or four evacuations that day, tinged with bile, and was able to take food. On the following morning (the 10th), he was equally well when first visited; but, having had two evacuations in the course of the morning, he had been incautiously given two pills, the composition of which was not known, but was suspected to be calomel and opium. On visiting him about an hour after the pills had been taken, I found him, to my great surprise, again in a state of collapse, the surface perfectly blue and shrunken, the voice gone, cramps in the limbs, and rice-water evacuations. I once more administered the castor-oil in frequent doses, and in the course of two or three hours he had again rallied from collapse; the stools were fæculent; and from that time he recovered without consecutive fever or any bad symptom. This was the first case of recovery at Silverstone.

The third reason for my opinion, to which I shall advert, is the fact that the cholera assumed a more virulent character at Towcester just when we thought it had entirely ceased. There had been no new case for nine days; the old cases were all progressing favourably; I had left home to recruit my strength at the sea-side, when four other cases unexpectedly occurred. The first only (who, like many other cases, had been previously trying "Dr. Coffin's medicine" until cholera was fully developed) was treated with castor-oil for several hours; but, as soon as collapse had set in, it was discontinued, and chloroform in ten-minim doses, and subsequently chloric ether, were given without effect; and the patient died in twenty-nine hours from the commencement. My assistant, who had not seen the cases at Silverstone, and who attributed the recoveries after castor-oil to the modified character of the disease, and not to the treatment, resorted to frequent doses of calomel, with the addition of chloric ether in collapse; but all the three cases thus treated died.

In conclusion, it is far from my wish to vaunt castor-oil as a specific in cholera; but I do think that the result of the cases thus treated should lead us, if it should ever again be our duty to treat an extensive epidemic of cholera, to use a mild eliminative treatment simultaneously with moderate stimulants, and carefully note the results week by week. For my own part, I have resolved not to administer opium, except, in combination with alteratives, in simple diarrhœa, in which cases I believe it is certainly of great utility.

British Medical Journal.

SATURDAY, OCTOBER 28TH, 1865.

CHOLERA.

THE *Moniteur* repeats the instructions for treatment already issued in 1854. The instructions drawn up in 1854 by the Board of Health, and by the Academy of Medicine in 1849, are a model of precision and clearness. The counsels are reduced to very simple precepts. These are—scrupulous personal cleanliness, warm clothing, cleanliness in habitations, removal of filth of every kind, ventilation, ordinary regimen, the usual food, provided it be not prejudicial to health, and the absence of all excess, above all shunning the abuse of strong liquors, bad *eau-de-vie*, and especially absinthe.

The *Union Médicale* says:

"The number of admissions to the hospitals has diminished sensibly. The patients admitted have a better aspect, and the cases are becoming more accessible to the resources of art. The general opinion of the doctors is that the malady within the last few days has reached its maximum of intensity, and that it has now entered on a period of decline."

The *Union Médicale* of the 21st has the following retrospective details concerning cholera.

"The information we have been enabled to give to our readers respecting the cholera, although not based on figures (which have been constantly refused), has nevertheless been as exact as possible, and has faithfully reproduced the movement of the epidemic. Our latest intelligence stopped at the 17th inclusively, and showed on that day a slight diminution in the number of deaths, especially in the hospitals. On the 18th instant, the situation remained stationary, with a tendency rather to a decline than an increase. On the 19th, there was no perceptible change; the deaths remaining at about the same figure, both in the hospitals and in the city. At the moment of going to press, one of our collaborators sends us the following note. 'During the last two days (18th and 19th), the number of cholera-patients in the hospital is perceptibly the same. In the city, there is an apparent diminution; thus, in one of the central *arrondissements*, the fourth, the number of deaths from cholera on the 18th was only three, and on the 19th only five. On the 17th, there had been fifteen deaths. The Administration of Public Assistance has opened at the old Hospice des Ménages an establishment of convalescence for patients leaving the hospitals. Many relapses have thus been prevented."

Dr. Bonnafond, at the Academy, said that the condition of climate, geology, etc., of a country engendered distinct maladies. Thus, cholera is peculiar to India, yellow fever to America, intermittent fever to Africa, and so forth. He did not think that the carcases of the animals sacrificed by the pilgrims to Mecca could account for the epidemic. Africa should, on these grounds, be constantly ravaged; and the plains of La Plata, where thousands of cattle were slaughtered, should be likewise infected. He was of opinion that the malady should be combated in the very place of its origin; namely, India. The measures which the French Government recently suggested should not be limited to Cairo or Constantinople, but be extended to India.

M. Le Verrier complained that the time of the Academy was taken up in condemning remedies without indicating those which were more capable of arresting the evil. The newspapers published receipts every day which contradicted each other. Every medical man had his own system. What was necessary was to point out at least what should be first done in the absence of the doctor. In a word, he wanted positive indications, instead of negative discussions.

The answer given him by M. Velpeau, we recommend to the publishers of cures for cholera in the *Times*.

"To indicate efficacious remedies is easy to say, but difficult to realise. The cholera is a malady as yet really little known, and which, like other maladies, is often cured without remedies. Many maladies, gentlemen, are cured without remedies. The truth should be told. In 1839, we tried all the means which are at this day again so much spoken of. In some instances they were successful; in others they failed. Was it because the patient cured himself alone, or was it the remedy that cured him? We do not know. How many persons are sure of their remedy? They speak of it confidently, and yet the patient is lost. It is probable that in the first case he cured himself, and that the remedy did not do much. This does not prevent every one from believing that his own receipt is infallible. Every doctor, like every other mortal, has his remedy. There is nothing so difficult as to indicate remedies where every one meddles in the matter.

"I am obliged to avow that it is not always in our power to point out an efficacious remedy. The cholera is no doubt caused by the introduction of a poison into the organism. If the poisonous element is in small quantity, and the organism strong, it makes no ravages; if the contrary be the case, the danger is real. Also, when the patient absorbs what is administered to him, his cure is probable. But sometimes the stomach refuses to absorb anything; and, in this case, recourse should be had to external means, which are often insufficient. In a word, the malady almost always commences by characteristic symptoms, such as premonitory diarrhœa. The preventive treatment is easy; and it is for each person to guard himself. Excess of every kind should be carefully avoided, and the rules of salubrity attentively observed. The means of arresting the malady at its outset are very simple. My advice is this:—Pour from three to four drops of laudanum on a lump of sugar, and swallow it. Repeat in two hours afterwards, and so on until the cholic and vomiting pass away. Take also very small injections of starch, poppy-flowers, with six, seven, eight, or ten drops of laudanum. But when the disease has become confirmed—when vomiting begins—remedies are no longer absorbed, and we may just as well throw them out of the window. In such case, we must employ external remedies, frictions, etc. Of course, such remedies are feeble enough against the effects of this terrible poison. But then so it is. We may grieve over the fact, but we cannot alter it."

On the 20th inst., the Emperor paid an unex-

pected visit to the Hôtel Dieu. His Majesty went through all the wards, in which he stayed an hour, speaking to all the patients suffering with cholera. His Majesty perceived with great pleasure that a great number were convalescent, and that many beds were already vacant, which showed that the epidemic had ceased to make progress. The patients were affected by the marks of interest shown them by their sovereign. The Emperor expressed his satisfaction to the sisters, the physicians, and attendants.

The *Moniteur* gives the following account of the visits paid by the Empress to the hospitals of Paris.

"The Empress, although suffering from a severe cold, devoted the entire day to visiting the patients suffering in the hospitals from cholera. Her Majesty successively visited the hospitals Beaujon, Lariboisière, and St. Antoine, and approached the bedside of all the cholera patients, questioning and exhorting them with solicitude and devotion. A Sister of Charity stated with great satisfaction that the number of recoveries showed a notable abatement of the epidemic. A large crowd cheered Her Majesty on leaving the hospitals."

The English Government has given its adhesion to the proposal of France that an International Sanitary Conference should assemble at Constantinople, with the object of devising means for preventing the spread of cholera from Asia into Europe, and removing, as far as possible, the causes which lead to the outbreak of this epidemic. The proposal has been favourably received by most of the European Governments.

M. Drouyn de Lhuys, in a circular to the diplomatic agents of France abroad, says:

"In order to prevent the spread of cholera, the Government of the Emperor has deemed it a matter of urgent necessity to establish a preliminary understanding with foreign powers, and to propose a conference at which delegates from the different states would consult with scientific men considered most capable of throwing light on the deliberations. The object of the conference would be to discover the first causes of the cholera, to ascertain the principal places in which it originates, and to study the characteristics of its progress. It would further propose practical measures for confining and suppressing the cholera upon its first appearance. It must be well understood from the commencement that the conference, while preserving the greatest liberty of opinion, would neither be entitled to interfere in the internal administration of any country, nor to take the initiative in any proposals of a nature to obstruct the free exercise of territorial sovereignty. The measures, of which the conference would advocate the adoption, could only be put into practice in each country by the independent authorisation of its Government. M. Drouyn de Lhuys, in conclusion, draws attention to the successive improvements which have taken place in Turkey in the administration of the Department of Public Health, and adds that this consideration naturally points to Constantinople as the proper seat of the conference."

The *Avenir National* says:

"The medical world is at this moment painfully affected by the deaths of MM. Cacciaguerra and Mocquot, of the Hospital St. Antoine, who have fallen victims to cholera whilst attending the sick. Three pupils of the College St. Louis have been attacked; two of them died on Thursday, and the other on Friday. One of the servants of the college has also been carried off. The death from cholera of Dr. Bréard, an eminent Parisian practitioner, aged 64, is also announced." Dr. Aquaronne also died at Toulon on the 17th inst. of cholera.

Mr. James Hough of Cambridge has published a pamphlet showing the shameful injustice to which he has been subjected by the *Times*. The *Times* published a very incorrect and injurious account of the treatment by Mr. Hough of the unfortunate gentleman who was lately drowned at Cambridge. To defend himself, Mr. Hough naturally wrote an explanation to the *Times*; but it was refused admission. Dr. Humphry and Mr. Temple also wrote letters to that journal defending and explaining Mr. Hough's treatment. Their letters were also rejected. One can only conclude, from the systematic slandering of the medical profession, the gross, unpardonably gross, ignorance, and the quackish mind and utter absence of philosophic spirit, which have lately characterised that journal in its dealings with medicine, that its medical department has fallen into the hands of some bitter apostate, some medical atheist, or American herbalist. At all events, in the case before us, every honest man will join with us in condemning a journal which first calumniates and then refuses the calumniated an opportunity of reply. We can only regret that Mr. Hough is not able to tell his tale through a court of justice. Mr. Hough, referring to Mr. Purkiss's death, says:

"I adopted the modes of artificial respiration known as Dr. Marshall Hall's and Dr. Silvester's..... When at length all hope of restoring animation by these means failed, I opened the trachea, and introduced a quill which I obtained from one of the bystanders. It should be borne in mind that I was in a field at a considerable distance from any house; the nearest surgery whence a suitable tube could have been obtained being upwards of a mile off. We had sufficient proof that we were justified in our operation by the free admission of air into the lungs, whereas I had found that I could not effect the same by simply blowing through the mouth and nostrils. .....Mr. Lewis, writing to the *Times*, suggests that such a course as I adopted is likely to be pursued by the inexperienced, and he, therefore, undertakes, at least indirectly, to condemn it. The improbability of any non-professional person attempting such an operation as tracheotomy is too great to need argument."

In reply to this attack of Mr. Lewis, Mr. Hough writes to the *Times;* but his reply was rejected. He said in his note:

"Mr. Lewis tells us, that none of the medical men consulted by the institution of which he is the secretary recommended cutting 'the apparently drowned man's windpipe with the view of inflating the lungs.' I should have been surprised had they recommended the performance of this operation in a paper evidently drawn up for the instruction of bystanders at an accident, among whom, perhaps, no surgeon

might be present. Surely no surgeon is to be fettered by instructions of this kind. Amid the almost infinite variety and combinations both of circumstances and symptoms, his best guide will be his professional knowledge and experience, and not the mere letter of any code of instructions, however excellent."

Dr. Humphry also, without any communication with Mr. Hough, addressed a letter to the *Times*, but it was not inserted.

"The procedure" (he said) "adopted by Mr. Hough, when all other means had failed, of opening the windpipe and inserting a quill for the purpose of carrying on artificial respiration, may not have received the recommendation of any of the medical gentlemen consulted by the National Life-boat Institution; yet it must not, therefore, be assumed to be either unauthorised or improper. I find it suggested as a *dernier ressort* in the very first essay on the subject that I refer to. The most effectual, indeed, in some cases, the only really effectual, means of carrying on artificial respiration (which is the chief thing to be resorted to in asphyxia) is the alternate compression of the throat and careful blowing of air into the lungs through a tube inserted into the trachea. Blowing into the mouth or nose cannot be relied on. ..... I think that, when the other means of artificial respiration had been tried and failed, Mr. Hough was justified in the step he took; indeed, is to be commended for it. Such a proceeding is not likely to be attempted by any but a medical man, which may be the reason that it was not recommended to be included in the 'popular instructions' issued by the institution."

On September 21st, a second letter appeared in the *Times* on the same subject. The anonymous writer expresses an opinion that the death of Mr. Purkiss was not caused by drowning, but by a "rush of blood to the head or other affection, etc." He further regrets that a *post mortem* examination was not thought necessary." The *Times* publishes the letter, and in so doing sends forth to the world a reflection upon two Cambridge surgeons. To rebut this implied accusation, Mr. Temple wrote to the *Times*. He said:

"As a medical practitioner of more than thirty years' standing, and having assisted in the efforts which were made on this occasion to restore animation, I am at least as well qualified to pronounce a judgment on both the above points as Mr. Lewis and W. M. F., M.A. I entirely approve of the treatment pursued by Mr. Hough."

Like Dr. Humphry's and Mr. Hough's, this letter was also suppressed by the journal which had given so ready a welcome to assailants.

At a meeting held on the 13th instant, the English Branch of the Medical Council appointed the following of their members to visit the examinations of the English diplomatising bodies. Dr. Storrar and Mr. Cæsar Hawkins to visit the Royal College of Physicians; Dr. Sharpey, Mr. Cooper, and Dr. Parkes, the Royal College of Surgeons; Dr. Parkes, Dr. Quain, and Mr. Rumsey, the Society of Apothecaries; Dr. Paget and Dr. Quain to visit the University of Oxford; Dr. Acland and Dr. Embleton, the University of Cambridge; the President (Dr. Burrows) and Dr. Alderson, the University of London. The appointment of visitors for the University of Durham has been deferred, as there will be no examination for medical degrees until next June. The visitors are not to be paid for their services.

The question of permitting country Fellows of the College of Surgeons to vote in the election of Councillors by papers has, we have reason to know, been under the consideration of the Council of the College. We believe that the question was received in a very fair spirit; and we cannot doubt that, if the country Fellows wish for such power of voting, they may now have it for the asking. Perhaps some of our readers will be surprised, when we tell them that one great objection taken to the proposal was this, that the country Fellows had themselves expressed no desire of the kind! The Council feel, and we must admit reasonably enough, that to justify them in taking the steps necessary for giving such vote to country Fellows, they ought to have some demonstrative proof that the country Fellows really are in earnest in asking for the privilege. The Council say: "It is all very well for a meeting of the British Medical Association to pass a resolution calling upon the College to take the steps necessary for giving country Fellows a vote by paper; but how do we know who, and how many Fellows of the College, were present when the resolution was passed? They ought to have sent us in their names. The Fellows must remember that, in order to obtain the privilege in question, the College must seek for a new Charter—an important and expensive affair. In order, therefore, to justify them in moving in the matter, the Council require that they should have the proof that the Fellows desire this vote—should have it under sign manual, or in some other way." We may remark, that it was even said in the Council, that country Fellows had been heard to exclaim that they did not want the privilege. Thus, then, the matter stands. We have heard enough to satisfy us that, if the country Fellows really want to have the vote, and will take the very simple and easy step of showing that they want it, the Council will assuredly do its best to further their wishes by endeavouring to obtain from the Queen the necessary alteration of the present Charter. If Fellows, therefore, really desire the vote by paper, they will show that they do so by petitioning the Council to that effect. The idea that this method of voting by paper might lead to great canvassing, etc., no longer exists. The last and several previous Council-elections have dispelled all illusion on this score. Whatever supposed evils this placing of the election in the hands of the Fellows at large may lead to, assuredly it will not produce this one. The experience of the last and several previous years shows that the system of canvassing—of hard election-fighting—is already an

established fact. Those who object to the canvassing system may reasonably hope to see it suppressed by such a widening of the constituency.

We have been informed, on good authority, that the number of cattle that have died in this country of the Rinderpest does not exceed 1700 up to the present time. Not a single sheep has yet been reported as killed by the disease. The rise in the price of butcher's meat is, therefore, in no way fairly attributable to the destruction by disease of animal life.

We are sorry to find that Dr. W. Budd's professional engagements prevented him from taking a part in the investigation concerning the Cattle-Plague; and that for the same reason, also, he was reluctantly compelled to decline the honour of a seat on the Commission which was offered him by the Government.

At the meeting of the British Pharmaceutical Conference at Birmingham, the President (Mr. Deane) spoke of the publication of the *British Pharmacopœia*, and justified the Medical Council in the publication of bare formulæ, without notes and comments. He then spoke of the revised edition now in preparation.

"As you are aware, the *Pharmacopœia* is at present under revision by a committee whose names are a sufficient guarantee that the work will be performed in a manner satisfactory alike to the prescriber, the pharmaceutist, and the purely scientific man; and I anticipate that the new edition will show that the existing volume contains the nucleus of the best medical code which we have yet seen. Probably, it will be found that the chemical notation and some other matters of abstract science which vary with the changing opinions of scientific men will be entirely omitted. That physicians will have greater liberty in the use of the old and convenient apothecaries' symbols for grains, scruples, and drachms; and that with the general revision of the work, and the removal of many existing inconsistencies, we shall have the insertion of formulæ for a large number of generally prescribed remedies for which it is most important there should be recognised Galenical preparations."

The preparation of an Indian Pharmacopœia was then alluded to; and its scope described as follows.

"Its object and aim is to supply medical men and pharmaceutists in India, as well as the medical students whose education may be conducted in the Government colleges, with a mass of information respecting the more useful drugs, including their method of preparation and administration. One object to which particular attention will be given is the introduction into notice of the more important drugs of India, hitherto but little employed except by native practitioners. As it will be necessary, in most cases, to describe the physical characters of the drugs, to point out their place of growth and manner of preparation, as well as to notice their therapeutical applications, the Pharmacopœia of India will have somewhat the character of a dispensatory. It is not intended to introduce into it chemical processes; and certain other drugs and preparations specified in the *British Pharmacopœia* will probably be omitted from that of India, as being either superfluous or not adapted to a hot climate such as that of India. It is intended that the work shall contain lists of drugs in some of the principal Indian languages, in order to facilitate the identification of drugs met with for sale in the bazaars."

Dr. Murchison, in the *Standard*, denies the correctness of the statement said to have been made in a speech delivered by Lord Brougham at the late Social Science meeting at Sheffield, that

"The sheets, linen, etc., from the Fever and Small-pox Hospitals, at the north of London, were carried right through the heart of it in the same carts that are used for the other customers of the laundry, to go to a laundry three miles south of London, which did the washing for many of the clubs, institutions, public schools, hotels, etc."

As regards the London Fever Hospital, says Dr. Murchison,

"The statement is utterly devoid of foundation. For seventeen years at least, the entire washing of the establishment has been done on the premises. Moreover, of late years, especial care has been taken to disinfect the clothes of all the patients before their discharge."

The *Journal de St. Pétersbourg* denies that the Rinderpest was introduced into this country from Russia. It says:

"An investigation having been ordered by the Minister of Finance to examine into the condition of the cattle of Esthonia, and to ascertain the number exported to England in 1865, we are enabled to give positive data to correct the erroneous assertions of the foreign newspapers. Since 1859, a period at which there were some isolated cases of disease introduced by cattle from Ukrania, no malady has occurred in that province, and the sanitary state of the cattle is excellent. During the month of May 1865, the steamer *Tönning* exported from Revel to England 321 oxen, 331 sheep, and three horses, which were not affected by any disease whatsover."

The cholera has not appeared at Vienna; but the medical journals say that the fear of its advent has been a great boon to the people, in that it has caused, of late, great and energetic doings in the sanitary way.

At an evening meeting of the Bordeaux Medical Congress, the subject of the cholera was discussed; and, by order of "superior authority", the public was excluded, and the press *requested* to keep the debates secret! It is unnecessary to say that the *secret* was spread all over Bordeaux the following morning. Could official folly go further?

M. Bucquoy lately read a paper to the Hospital Medical Society for the purpose of showing the necessity of isolating cholera patients in hospitals. The facts which he has analysed justify, he says, the following propositions. 1. The importation of cholera into the midst of persons enfeebled by disease appears to have been the chief cause of the great mortality in Paris hospitals in 1849 and in 1853-4.

2. As far as experience goes, it does not appear that the isolation of cholera patients in separate wards creates a focus of infection, or increases the mortality of the isolated.

DEATH OF WILLIAM NEWNHAM, ESQ.

This estimable man died on Tuesday last, at his residence in Tunbridge Wells, at the age of 74. Mr. Newnham was for many years in practice at Farnham, but retired a few years ago. He had been suffering from chronic disease of the brain for six or seven years; and on Sunday week he had an attack of paralysis, and on last Sunday a second, after which he gradually sank. He will long be remembered as the zealous and indefatigable Treasurer of the Medical Benevolent Fund, which, indeed, he may be said to have founded, and of which, as long as he was able, he never failed to advocate the claims on all occasions, with the earnestness of a man who has resolved to devote his energies to a good and noble cause.

DEATH OF T. HERBERT BARKER, M.D., F.R.S.E.

The profession will hear with deep regret of the death of this distinguished member of the Association. Those who saw Dr. Barker, little more than two months ago, receive from the hands of our President the Hastings Gold Medal, little anticipated such a sad result. Dr. Barker died on the 24th instant, at Bedford, of typhoid fever. He passed through the first three weeks of the fever very favourably; but the disease then took a turn for the worse, and he ultimately sank on the twenty-eighth day. Dr. Murchison visited him several times during his illness.

DEATH OF FRANCIS COOPER, Esq., OF SOUTHAMPTON.

After three days' illness, from a violent attack of cholera of the worst type, Mr. Francis Cooper, the Officer of Health for Southampton, died on the 24th inst. He was seized about two o'clock on Saturday morning. Notwithstanding the remedies applied, it was painfully evident from the first that the attack would in all probability have a fatal termination. His naturally strong constitution struggled against the malignant disease, but he gradually sank. The deceased had been suffering slightly from diarrhœa for three or four days previously, having complained of it to his friend Dr. Wiblin. So devoted was he, however, to the performance of the arduous duties of his office, that on Friday he inspected a cement factory at Northam, to ascertain the effects of a new invention for getting rid of noxious effluvium which detrimentally affected the health of the neighbourhood. Mr. Cooper, who was 64 years of age, has been in practice in the town about forty years. He was appointed Officer of Health in 1850, and performed the duties of that office for nearly eighteen months without any salary. After this, he had £150 *per annum* up to three or four years ago, when the salary was increased to £200. For a week or two before he was seized with his fatal attack, he now and then complained of exhaustion, and he had a careworn appearance, compared with his usual sturdy robustness, which was attributable, no doubt, to the harassing nature of his duties and the petty annoyances to which he was occasionally subjected, especially during the last few weeks, in the discharge of them. Added to this, one of his two sons, 31 years of age, died on the 14th inst. at Leith. Mr. Cooper was universally held in the highest respect and esteem by his townsmen, and his death is deeply regretted. In his own profession, also, he held a high place in general esteem.

Life in Bedlam. Suppose, then, that a patient has just left his home, reached the hospital, and been received with a few kind words by one of the two excellent physicians. A bell is rung, and the patient is committed to the care of one of the chief attendants, who introduces him to the bath room, and then gives him a general introduction to the other patients, who are seated or walking in the capacious gallery, and with whom he may form a closer acquaintance, or keep them at a distance, as his disease or judgment may dictate. He then finds the order of the day is as follows:—Rise at six, or thereabouts, perform your ablutions, make your bed, attend to your devotions, and be ready for breakfast about eight o'clock. The breakfast consists of a sufficient supply of tea and bread and butter, to which the patients may add any luxuries of fish, flesh, or fowl, which their private purse can provide. Breakfast being over, the patients betake themselves, after a brief interval, some to the tidying of the gallery, bedrooms, and library; a few to the carpenter's shop, and more to work in the gardens and grounds of the hospital, where, under the kind superintendence of the head gardener and his assistants, the patients may, till half-past twelve, do any horticultural work which ability or inclination may dictate, from mowing the grass, the digging of the trenches for the celery, down to the gentler exercise of watering the plants, or brushing the insects off the hothouse flowers; the labour of the patients being agreeably diversified by a lunch at eleven, consisting of a sufficient supply of bread and cheese and wholesome beer. At half-past twelve the patients return to the galleries, to attend to their toilettes, and be ready for dinner, which is served up about an hour after. The chief meal consists of a sufficient supply of roast or boiled meat (generally cold on Sunday), with vegetables varying with the season, and a liberal supply of agreeable beer. The commissariat department is well attended to under the superintendence of the kind steward, who now and then regales the patients with a first class fish dinner, not to mention the savoury geese with which he gladdens them on Christmas Day. Dinner being over, and thanks returned, the patients again separate till five. The artisans return to the shops, the gardeners to the grounds; some take a nap, some a pipe or a cigar; a few look over the books, take to chess or draughts; discuss the news of the day, or gather round the boards, of which there is a full supply, for a turn at billiards or bagatelle. At five the company assemble for tea, then spend about two hours more as they list, and at eight retire to rest for the night. (*Shilling Magazine.*)

THE VALUE OF LIFE IN SHEFFIELD.

In the Health Department of the Social Science Association, Dr. J. C. Hall read a very important paper on "The Effects of Certain Sheffield Trades on Life and Health."

"The parish of Sheffield," said Dr. Hall, "is ten miles in length, its average breadth three miles, with an area of rather more than 22,000 acres. At the last Census, the population was 185,157. The present population is more than 200,000. The number of houses is 43,563. In the ten years ending 1860, the death-rate was 28 in 1000; in 1863, 34 in 1000; in 1864, 34 in 1000. In 1615, the population was only 2207; in 1736, 9695. And this high rate of mortality prevails notwithstanding that the people are in many respects very advantageously situated. The wages of many of the artisans are also much higher than in other towns. Few towns have more pure and better water than Sheffield. The supply of all the necessaries of life is abundant, and generally reasonable in price. Most of the artisans have a house of their own, and those who live in the suburbs have frequently a garden.

"There is probably less of the confined alley and narrow *cul-de-sac* in Sheffield than in many other manufacturing towns. A good deal has been done of late years to the sewers and surface-drains of the town.

"The forging, grinding, cutting, and hardening of files forms one of the most important branches of our local trades, and one in which the workmen suffer most severely.

"Now, what is the file-cutter's disease. Poisoning by lead. The file rests on a bed of lead during the process of cutting; and fine lead dust may be seen to rise every time the chisel is struck by the hammer. The men have a foolish habit of wetting the finger and thumb with which the chisel is held, by licking them. They frequently eat their meals without washing their hands, and often take dinner in the workshop where the files are cut—as though fine lead dust, handling the lead at each shifting, and licking the fingers, were not sufficiently efficient poisoners. I saw, in one of the file-cutters' shops during the last few weeks, a man, whose wife had just brought him his dinner, eating it with unwashed hands, and dipping his fingers blackened and covered with fine lead dust into a paper which contained the salt for seasoning his beef. I went (Sept. 25) into a file-shop in which several men were at work cutting. These men all took their dinners in the shop; they never wash their hands until they get home at night 'sometimes not then.' They do not change their clothes when they get home. The file-cutters, after repeated attacks, have a peculiar dirty white and sallow appearance; the dropped wrist is common, and the blue line round the teeth, arising from the deposition of sulphuret of lead, very marked. A boy was admitted into the Sheffield Public Hospital a few weeks ago. He had all the symptoms of lead-poisoning except the blue line; being a file-cutter no doubt existed as to the nature of the disease. Iodide of potassium was given to him, and in a week the blue line appeared. If formed, it is difficult to say when it will disappear. I once had a file-cutter under my care who had suffered in early life from lead colic; he had not, however, cut files for eighteen years before I saw him, nor had he been in any way exposed to the influence of lead. The blue line was still present. With respect to hardening files in lead producing the file-cutters' disease, my own experience leads me to say that it most certainly is not nearly so injurious as file-cutting."

Dr. Hall suggested attention to the following simple rules for the prevention of the file-cutters' disease:

"*a.* Children ought not to begin to cut files at so early an age as at present; it tends to make them feeble in body, and deprives them of the possibility of being properly educated.

"*b.* Without the greatest care, lead will enter the system through the skin. Common sense will, therefore, point out the importance of washing the hands, arms, and face, many times a day; of frequently combing and brushing the hair; and of having one set of clothes for the shop and another when out of it. The mouth ought also to be frequently rinsed with water.

"*c.* The meals ought not to be taken in the workshop, and never taken without first washing the hands, arms, face, and lips, and changing the working-jacket, or the poison will enter the system with the food.

"*d.* On no account lick the fingers when at work.

"*e.* An orinasal respirator worn when working would keep out much of the fine lead dust, and consequently keep the poison from entering the air-passages.

"*f.* The dress should be of coarse linen; a cap of the same material would keep the lead-dust from the hair.

"*g.* The working-dress and shirt should be put on when entering the shop, and both should be changed for the ordinary dress before going home.

"*h.* On no account neglect the use of the hot and cold bath.

"*i.* Attached to every large manufactory where files are cut, there ought to be a large room supplied with hot and cold water, where the men could wash themselves and change their dress."

Grinders are divided into three classes: 1, Dry grinders, using only the dry stone; 2, mixed, or those who partly grind on the wet, and partly on the dry stone; 3, wet grinders. It is in dry grinding that the workmen are exposed to by far the greatest danger. The dust which is created by the stone and steel fills the room in considerable quantities.

"It is easy to protect the nose and mouth with a light handkerchief during this process; but the precaution is seldom taken. On my asking a file-grinder at the Union Wheel, a week or two ago, why he was thus exposing himself to causes certain to bring on a disease that would quickly bring him to a miserable death, he replied, 'We know all about it, doctor; but we never give it a thought.' Fork-grinders work on a dry stone, and their calling is perhaps more destructive than any of the grinding trades. The present number of men employed is about 150. Personal inquiries at the various wheels induce me to conclude the present condition of these men is no better than when a fork-grinder told me, some years ago, 'I shall be 36 next month, and you know that is getting an old man at our trade'; and when I found the average age of the men only 28.

"There is no more melancholy object than a fork-grinder, looking prematurely old and dying from the dust inhaled in his trade; no object more deserving of our pity, as we see him often crawling to his hull to labour when altogether unfitted by the grinders' disease for his calling. 'His poverty and not his will consents.' In this condition, a day or two a week, he grinds for a few hours, inhales additional dust, and, in order to obtain bread, increases the disease which already is rapidly destroying him. From the statement published a few weeks ago by the Committee of the Razor Grinders' Union, it appears there

re 290 workmen employed in grinding razors, and 81 boys under 21.

Ages.	Persons.	Ages.	Persons.
21 to 25	83	50 to 55	9
25 to 30	57	55 to 60	8
30 to 35	36	60 to 65	3
35 to 40	35	65 to 75	1
40 to 45	29		
45 to 50	29		290

The table may be left without a word of comment to tell its own tale. The Sheffield grinders' disease was formerly almost unknown. Men did not then grind day after day, as they now do."

Dr. Hall made the following suggestions for alleviating the condition of the grinders.

"1. To limit the hours of labour; 2. Wet and dry grinders ought, on no pretence, to be allowed to work in the same hull; 3. To oblige the owners of all wheels to provide a fan for every dry grinder. I propose that the owner of the wheel, and not the grinder, should provide the fan and see that it works properly. If the grinders are left to provide it for themselves, so reckless of life, so careless and indifferent are many of the fork, scissor, and razor grinders, that I am certain they will never provide it for themselves. To prevent the grinders' disease, all wheels should be placed under proper inspection, properly ventilated and kept clean, the rooms built of a proper height, with sufficient space for each man, and every wheel properly provided with conveniences, the want of which, or the substitutes for which, at many wheels are a disgrace to the civilisation of the nineteenth century, and in a sanitary point of view a great evil. Lastly, children should be prevented from entering the wheels at an early age. I wrote in 1857: 'To send a boy at eight or nine years of age into a grinding hull is an act of refined cruelty which the powerful arm of the law can alone restrain. The application of the Factory Act to the grinding trades of Sheffield would, in my opinion, be most wise and salutary. These helpless children I would, indeed, commend to the protection of the State; and glad, indeed, shall I be if these remarks attract the eye of any member of the House of Commons, and induce him to bring the question before Parliament; or, if the evils, religious, moral, and physical, under which these poor boys are suffering, lead the inhabitants of Sheffield to petition the legislature to cast around them that protection which they have not at present.' Such was the opinion I published in my work on *The Causes, Prevention, and Treatment of the Sheffield Grinders' Disease*, eight years ago. I repeat that opinion now; and right glad am I to see it in every respect confirmed by the evidence collected by Mr. White, and by the recommendation made to Her Majesty by the Children's Employment Commission."

LECTURESHIPS IN THE UNIVERSITY OF PENNSYLVANIA. The trustees of the University of Pennsylvania, through the liberality, it is said, of the Emeritus Professor of Medicine in that institution—Dr. George B. Wood—have devoted the sum of 50,000 dollars to the endowment of lectureships in the University on: 1. Zoology and Comparative Anatomy; 2. Botany; 3. Mineralogy and Geology; 4. Hygiene; 5. Medical Jurisprudence, including Toxicology. The appointments will be made in November next, and the first course of lectures will be given the ensuing spring. Each lecturer is to receive a salary of 500 dollars from the fund, and also all fees that may accrue from the sale of tickets, the fee not to exceed 10 dollars, and regular matriculants and alumni to be admitted free.

Association Intelligence.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch will be held on Friday, Nov. 3rd, at the Museum of the Natural History Society, Shrewsbury, at Two o'Clock. President-Elect, J. W. MOORHOUSE, Esq.; Vice-President, E. BURD, M.D.

Papers will be read, and the Members afterwards adjourn to dinner at Five o'Clock.

SAMUEL WOOD, *Secretary*.

Shrewsbury, Oct. 18th, 1865.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

JULY 5TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Dermoid Cyst. Dr. BATHURST WOODMAN showed a dermoid cyst, removed after death. It was attached to the right ovary. The ovary itself was converted into an enormous polycystic tumour, larger than the gravid uterus, filled with colloid matter, in which a few cells, many nuclei, granular matter, and exudation corpuscles in great abundance, were found. There were no evidences of malignancy. Ovariotomy would have been performed by Mr. Couper, but, apparently from the bursting of one or two of the cysts, peritonitis set in, and killed the patient before the operation could be done. Her age was 47; she was a married woman, living separate from her husband. Two attempts had been made at tapping some weeks before death, but the colloid matter would not run through the trocar. The dermoid cyst had been turned inside out, displaying two rudimentary teeth and hairs growing from the inside. The contents were hair and sebaceous material.

Hydrencephalocele. Mr. WAITS recited a case of hydrencephalocele of great size, in which tapping was practised, the child living about four months.

Hysterotome. Dr. AVELING exhibited a double-curved hysterotome, which he had invented some time since, but which he had now discarded: (*a*) because incisions could only be made by it in a lateral direction; (*b*) because the two blades did not cut to an equal depth, the yielding structures being deeply incised and the denser ones remaining merely scarified. He also showed the single straight Hysterotome which he now uses. By pressing a handle, the blade is projected so as to enable the operator to make an incision increasing in depth from the internal os to the external. Dr. Aveling also exhibited a Spring Tent which he uses after the operation to keep the uterine canal open.

The PRESIDENT thought Dr. Aveling's hysterotome an improvement upon Professor Simpson's, as the hinge of the blade was at the end of the instrument instead of in the middle. He would, however, ask Dr. Aveling whether there would not be some difficulty in passing the uterine portion of the instrument through a strictured os?

Dr. AVELING stated that he never used the slightest force in introducing the hysterotome, but, when necessary, always first passe l a small tangle tent, which in a few hours temporarily dilated the canal.

Monstrosity. Mr. ELLIS gave the particulars of a

Case of Monstrosity occurring in two children (twins), in both of whom the nose was represented by a short trunk. In one the eyes were totally absent, but in the other they were present.

Extrauterine Gestation. Mr. TRUMAN read a report of a fatal case of tubal extrauterine fœtation, to which was added the microscopical examination by Dr. Braxton Hicks. Death took place from sudden rupture of the tube at the end of the third month of pregnancy.

Mr. ROPER remarked that in the two cases of tubal pregnancy which had occurred in his practice, complete rupture of the cyst took place at the seventh or eighth week of pregnancy, and death rapidly followed from hæmorrhage into the peritoneal cavity. Coincident with the first symptoms in each case there were symptoms of menstruation. He believed that when the ovum was in the free part of the tube (not that part which passes through the uterine wall), rupture, partial or entire, might be expected at the seventh or eighth week of pregnancy, as at this period the ovum became so large that the tube would not allow of further distension without giving way; it was therefore at this period that we might look for the first symptoms of the accident. Diagnosis of the nature of the case would be importantly confirmed by noting the time at which the first symptoms happen (whether at a catamenial period), and the actual existence of a menstrual discharge. The uterus being unoccupied, the discharge might be regarded as truly menstrual, coming from the lining membrane of the uterus; and the increased functional activity of the reproductive organs at this particular period, the additional afflux of blood, and the turgescence of the vessels concerned in nourishing the ovum, were coincident circumstances likely to determine or hasten rupture.

The PRESIDENT called attention to the fact that previously to the rupture of the cyst—that is, previously to the shock and collapse which mark the epoch of rupture—it was usual to observe a discharge of blood *per vaginam*. The hæmorrhage, he believed, was commonly produced in this way:—The ovum growing at about two or three months, the period when chorion is rapidly forming placenta, the rate of growth of the villi greatly exceeds that of the sac. The Fallopian tube is unfitted to harbour the ovum; it cannot keep pace with the shooting-out of villi. These become detached, and hæmorrhage results. Then, under combined distension from growing ovum and hæmorrhage, rupture takes place. It was by a perfectly analogous process, in his (Dr. Barnes's) opinion, that hæmorrhage took place in placenta prævia. Here is an *error loci*, as in tubal pregnancy: the ovum grows in the wrong place. The cervical zone is not well adapted to grow with the growth of the ovum. Hence a time arrives, about the fifth or sixth month generally, when the shooting villi get detached from the uterine wall, and hæmorrhage results. This explanation, the President observed, differed entirely from the theory generally received, which attributed the hæmorrhage to the lower segment of the uterus growing away in some manner from the ovum. The cases of tubal gestation and placenta prævia were strictly analogous in this respect. Both were examples of ectopic gestation: the ovum growing in a structure not fitted to grow in proportion with it.

Dr. PLAYFAIR asked whether Dr. Barnes thought that, either with the assistance of the symptom he had pointed out or by any other means, he considered it possible to arrive at the diagnosis of a tubular fœtation before rupture had occurred. There could be no doubt that the question of diagnosis was one of extreme importance, because if the existence of a Fallopian pregnancy could be ascertained with a tolerable degree of certainty, it might perhaps be possible to adopt some method of treatment which would save the patient from the almost certainly fatal result following rupture. Thus, for example, it might be worthy of consideration whether the operation of gastrotomy and the ligature and removal of the Fallopian tube and its contents might not be successfully resorted to. The risk from such an operation would be infinitely less than that which follows the rupture of the cyst. At present, the difficulties of diagnosis are undoubtedly almost insuperable; but Dr. Barnes's interesting observation seemed to indicate a means by which they might in time be lessened or overcome.

Dr. BRAXTON HICKS thought the collection of the histories and of the *post mortem* examinations of such cases very valuable, inasmuch as it would help to guide us as to the possibility of operative interference, even if the diagnosis could be clearly made out. From what he had seen, he thought in the majority of these cases there would co-exist circumstances, such as adhesions, etc., which would entirely prevent our getting below the sac, so as to tie it. Even many of the cases of tubal fœtation were caused by curving of the tube by old contractions or other causes, rendering any chance of benefit hopeless.

Dr. PLAYFAIR believed, as a rule, that extensive adhesions would not be found in cases of tubular fœtation before rupture had taken place. After the fœtus had escaped into the cavity of the abdomen, if the patient survived the shock of the rupture, an adventitious cyst was formed round it, which was usually extensively adherent to the surrounding parts; and it would doubtless be very difficult to remove this *en masse* by gastrotomy; although Mr. Spencer Wells, in a previous discussion on the subject, had suggested the possibility of this being done. But in a tubular fœtation before rupture, he (Dr. Playfair) apprehended no such difficulty would be met with.

Dr. GRAILY HEWITT observed that the diagnosis of cases of the kind now under consideration was, and he believed always would be, very difficult; and he feared that but little reliance could be placed on the circumstance adverted to by the President—viz., the occurrence of hæmorrhage as a precursor of rupture, inasmuch as it was well known that in cases of extra-uterine pregnancy hæmorrhage from the uterus was not unfrequent, and that at periods some time antecedent to the rupture. With reference to the time at which rupture occurred in cases of Fallopian pregnancy, there was a very important fact to be borne in mind—viz., that, as Kassmaul had pointed out, many cases of supposed Fallopian pregnancy were really cases of bicorned uterus; and the difference in the result between such a case and one of Fallopian pregnancy with a normal uterus was necessarily very great. In the one case, rupture at a comparatively early period usually occurred; whereas in the other the pregnancy might proceed normally.

Dr. RITCHIE made some remarks on the interesting question of the period at which rupture of the sac usually occurs in tubal pregnancy. He referred to two cases which had been observed by a French accoucheur, where there was some reason to believe that the fœtus, after nine months of intra-tubal life, had been extracted by the natural maternal passages. He surmised that perhaps those cases were to be explained in the manner just referred to by Dr. Graily Hewitt: that they were perhaps instances of double uterus, where the entrance to the second horn or loculus had been mistaken for the uterine orifice of the Fallopian tube.

The PRESIDENT observed that the question now started—whether gastrotomy might not be performed

before rupture of the sac—must greatly depend upon means of diagnosis. He did not think that the preliminary hæmorrhage to which he had called attention, even aided by other indications, could ever raise more than a strong presumption: the evidence could hardly be great enough to justify the operation. Again, rupture commonly took place not later than three months. He had performed *post mortem* examinations in two such cases. In both, there was great difficulty in discovering and isolating the parts concerned. In the living subject, the task would often be impossible.

Anteflexion of the Gravid Uterus. Dr. Graily Hewitt related the particulars of a case under his care, in which anteflexion of the uterus, which existed before pregnancy and which had been nearly cured, was found to be present at the fourth month of pregnancy, and to such an extent as to interfere with the rising of the uterus out of the pelvic cavity into the abdomen. He was called to see her at that time, and found the os high up in the vagina, and the body of the uterus tilted forwards and pressing deeply on the bladder; the soft parts were greatly swollen, micturition exceedingly frequent, and acute pain was present. The patient was ordered to lie in bed, and in three days the uterus was liberated from the pelvis, and the symptoms became relieved. Dr. Graily Hewitt believed that anteflexion of the gravid uterus was very rare, and he had not met with any description of it. In this case, the patient had been previously treated by him for anteflexion, and this gave him at once a clue to the nature of the affection.

Correspondence.

THE MEDICAL PROVIDENT SOCIETY.

Letter from Alexander Henry, M.D.

Sir,—In continuation of my letter which appeared on the 14th instant, I now proceed to comment on Mr. Steele's second and third letters (September 16th and 23rd).

Mr. Steele begins his second letter (September 16th) by asserting that the Rules of the Medical Provident Society "must be interpreted according to their precise meaning". This statement is correct enough; and it is applicable to all written laws. But, as laws may be misunderstood or misinterpreted, there must be a power vested somewhere of determining their precise meaning. In the Medical Provident Society, authority is given to the Directors to determine "all questions which may arise as to the construction of the Rules"; and, more than this, provision is made for arbitration, if this be deemed necessary. The expensive litigation, therefore, which Mr. Steele holds out *in terrorem* as a thing that *may* be, is, at all events, of very remote possibility, and cannot occur until the more pacific means have been exhausted.

The want of power on the part of the Directors to relax or modify the Rules in individual cases is an element of safety, rather than, as Mr. Steele appears to consider, of unsoundness. If there were anything likely to give rise to discontent and jealousy, and even to litigation, it would be the exercise of a power, on the part of the Directors, of making such special relaxation or alteration.

Mr. Steele shows, by his objection to Rule I, and by other parts of his letters, that he does not possess a knowledge of the Friendly Societies' Act. It is there stated that the place of business of any society enrolled under the Act must be mentioned in the Rules. With regard to Mr. Steele's remark on the inconsistency of having the affairs of a British institution managed in London, we might be convinced of its validity, if it could be shown that it is inconsistent to have the seat of government of the British Empire in London.

In commenting on Rule II, Mr. Steele intimates his intention of showing that the Society is calculated to benefit those few alone who are least likely to require its aid. But, so far as I can find, he nowhere attempts to support this assertion by proof. The assertion reads strangely in connexion with the statement in his first letter, that the Society has been instituted for the benefit of "poorer brethren"; and both statements are equally incorrect. As I have already shown in my last letter, any duly registered practitioner may present himself as a candidate for membership; and the restrictions which are necessarily placed on admission, exclude only a very limited proportion of those so applying.

Mr. Steele sees in the sixth clause of Rule II a "manifest absurdity"; and, in his third letter (Sept. 23rd) he objects that no interpretation or limitation of the term "organic disease" is given. He cannot have carefully read the words to which he refers in connexion with their context. The Rule says that a candidate "shall not have any organic disease, or predisposition to periodical or recurring attacks of illness, *likely to incapacitate him from discharging his duties*," etc.; *i. e.*, likely to produce more than the average amount of incapacity from illness. The words which I have marked in italics, must be read with each of the two clauses preceding them, not with the last alone.

Mr. Steele finds fault with the expression "shall be healthy, and shall not have any organic disease," evidently regarding it as an absurd tautology; and yet, in his third letter, he says that certain organic diseases, such as harmless chronic tumours, varix, etc., may exist without endangering the health. How is Mr. Steele's objection to be reconciled with his admission?

In reference to what Mr. Steele considers the absurdity of a "conclave of doctors" drawing up Rules for the management of a Provident Society, I must inform him of the facts of the case. The Rules were in the first place drawn up by one of the Directors who possesses an unusual familiarity with all information relating to institutions of the kind, and were most carefully revised again and again by other members of the Board who could bring much valuable experience and sound sense to bear on the subject. When they were laid before the Registrar, they were so far complete as to require little more on his part than a few verbal alterations to make them closely fit the provisions of the law. The tables of annual premiums, too, were prepared by the Directors, and were, after careful examination by Mr. Finlaison, and after the correction of a defect which he pointed out in them, pronounced by him to be safe.

Mr. Steele compares the proceeding of the Directors to the practice of medicine or surgery on the part of lawyers. The cases are not perfectly analogous. For the diagnosis of a disease or the performance of an operation, special scientific knowledge is the main thing necessary; in drawing up Rules for a Society, common sense principles, which ought to be understood by men irrespectively of their special calling, must form a large share of the foundation of the proceedings—of course modified and guided by the skilled knowledge of the statistician and actuary. We may—notwithstanding that Mr. Steele might regard the idea as absurd—even suppose that a lawyer could set a fracture, if he had the skilled knowledge of a surgeon at hand to guide

him; and so it has been with the "conclave of doctors" who framed the Rules of the Medical Provident Society—they have not put their production forth before the world without, as I have already shown, first obtaining the advice and aid of recognised authorities. Before leaving this subject, I must ask Mr. Steele: If a "conclave of doctors" is incapable of drawing up a code of Rules such as those of the Medical Provident Society, by what special power is Mr. Steele, being a medical man and not a lawyer, made competent to criticise those Rules, or to point out any better code? In his letter of October 21st, he says: "I do not claim to understand 'the science of mutual assurance', nor am I familiar with the abstruse calculations of the professed actuary; but I have for the last twenty years enjoyed considerable opportunity of watching the progress and working of 'sick benefit clubs', and possess, I believe, some powers of observation and a modicum of practical common sense." Does Mr. Steele really mean to tell us, that his experience and common sense, *plus* his want of knowledge of the technicalities of provident assurance, are to outweigh the combined experience and common sense of the Directors who framed the Rules of the Society, *plus* the skilled legal and actuarial knowledge which they were able to bring to their aid?

Mr. Steele objects to the clause which debars a contributing member from receiving sick pay until he has been in the Society during twelve months; and intimates that it is not only unjust but unnecessary. There are two main reasons for its adoption. One is, that an additional bar is placed on the admission of men of unhealthy lives, who would be likely to drain the resources of the Society; and the other is, that time is allowed for the accumulation of funds, and for the removal of the operations of the Society beyond the unsatisfactory and perilous condition of a mere "give and take" system.

Mr. Steele objects to the rule by which members are debarred from drawing pay on account of infirmity, and gives a hypothetical case as an example of what may happen. No such case as that which he describes can occur. If Mr. Steele had not overlooked Rule v, Section 11, he would have seen that a member, when once admitted, is absolutely entitled to receive pay when sick, even though he be ill during two entire consecutive years; and, I may add, even though he have organic disease. At the end of two years—and not till then—the Directors will have to decide, after due inquiry, whether his case be one which comes within the definition of infirmity. Mr. Steele will, therefore, see that it is only the circumstance of having received sick pay during *two entire years*, without intermission, that can render a member liable to cessation of pay on account of infirmity. If his illness, though dependent on organic disease, be of shorter duration, he may again and again avail himself of the advantages of the Society; and therefore such "hardship and injustice" as Mr. Steele imagines can scarcely occur. Indeed, while the Society is necessarily strict in preventing the entrance of practitioners suffering from "infirmity", the Rules render removal from the fund a matter of some difficulty, if, after admission, a member fall into such condition of ill health as would have prevented him from becoming a member. I may here say, that an interpretation to this effect of the Rules relating to infirmity has, at my instance, been given by the Board of Directors.

The thirteenth section of Rule v was, I well remember, the subject of very careful discussion by the Board of Directors; and the words "going *to reside*" were inserted in order to give members an opportunity, without losing their privilege, of visiting foreign countries for the restoration of their health. The incompatibility of this provision with the tenth section, which is so apparent to Mr. Steele, is less than he imagines. If the medical referee, at his monthly visit, do not find the member at home, he can ascertain that such member is travelling for his health's sake, and report accordingly to the Directors. In any case, he can say that the member is not engaged in discharging his professional duties; and it is not easy to imagine that any one who has to get his living by his practice, and who is entitled merely to one or two pounds a week from the sick fund, will spend any long time abroad for mere pleasure.

The section prohibiting a member from discharging any professional duties during illness was inserted by the Directors only from a conviction of its necessity. It would be very difficult, and often invidious, to determine what amount of professional work a member should be allowed to do while receiving sick pay; and no rule, except that which now exists, could be made applicable to all cases. Nor would it have been right to abstain from making any rule; for, while the sense of honour which characterises the majority of the profession would in most cases prevent members from taking undue advantage of the Society, exceptions may occur, against which it is necessary to make provision. I may inform Mr. Steele, on the authority of the Board of Directors, that the section is not intended to prevent a member from giving directions for the carrying on of his practice, although he is not allowed to perform active professional duties.

I now come to Mr. Steele's third letter.

With regard to his remarks on the provision made for the election of Directors by the Branches, I will only observe that it carries out the recommendations of the Report adopted at the Cambridge meeting; and further that, if he will again carefully read Rule VI, Section 3, he will see that it is not strictly correct to assume that one at least in every fifty members of any Branch is to be compelled to become a member of the Society. The word "District" was substituted for "Branch" by Mr. Tidd Pratt, not by the Directors. I endeavoured, in my communication with the Registrar, to have the word "Branch" retained; but was shown that it had already a special meaning assigned to it in the Friendly Societies' Act.

Mr. Steele assumes too much when he says that "of course the Report will not come under the cognisance of any of those members who are not associates." It will be for the Directors to determine whether it may be advisable to devise some means of giving such members an opportunity of seeing the Report. As to the position of the Association with regard to the Report, it has just the same power as it has with regard to the Medical Benevolent Fund. The members can hear the Reports read, and criticise the working of the Fund or of the Society, and can point out for the consideration of the managers such changes as they may think advisable. But in neither case can the Association, *proprio motu*, alter the Rules. The main object, in both cases, is to receive the approval and support of the Association.

I have already referred to Mr. Steele's remarks on the term "organic disease", and have shown that a sufficient interpretation is given in the Rules.

Mr. Steele objects to the schedule, that it "appears to have been formed on the basis adopted by life-assurance societies;" and says that the probable duration of life is not a primary consideration in assurance against sickness. But he forgets that it is a primary consideration in assurance against sickness, to know whether the candidate has, or is liable to, such disease as may produce more than the average amount of disability; and how any distinction is to

be drawn between such disease and that which may shorten life, is more than one can understand.

In his remarks on the injury which, as he supposes, may be inflicted on the Society through impropriety of conduct on the part of a member, Mr. Steele has overlooked the fact that provision is made for such an emergency. In Rule XVI, the illness on account of which sick pay is granted, is defined as *arising from causes not within the voluntary control of the member*. This limitation obviously gives the Directors the power of withholding the privileges of the Society, where such conduct as that to which Mr. Steele refers is the cause of disability.

Mr. Steele's observations on the payment or non-payment for the certificates of two medical practitioners appear to convey a doubt of the honesty of the profession with which it is impossible to agree—in fact, an intimation that it is of very little consequence whether men are or are not paid for their work. Beyond this, it is not easy to understand whether he would have the certificates paid for, or given gratuitously. In any case, they are necessary; and, I believe, by far the majority of those who give them will have before them a full sense of their responsibility. Mr. Steele has overlooked the power which the Directors hold of testing the validity of the certificates, by the visitation of members; as well as their power to expel a member, if he have made any false statements.

One further special objection in Mr. Steele's reply to Mr. Clay (British Medical Journal, October 21) I cannot pass by without a word of comment. Mr. Clay, he says, "tells us that a sliding scale of subscriptions and benefits will not succeed, but that the rates must be positive and unvarying; which, in effect, declares that the principles of assurance are inapplicable to sickness." Any one who reads these words of Mr. Steele might readily infer that the Vice-President had defended the principle of having one fixed and unvarying premium for all ages—a system which has again and again been shown to be destructive to provident institutions. The tables of the Medical Provident Society have been constructed on the principle, derivable from the investigations of the most eminent actuaries, that the premiums in each case must, like those of life-assurance, be founded on averages, and vary with the age; the increase depending in the latter case on the decreasing probability of life, and in the case of provident societies on the increasing probability of sickness. The tables of premiums and benefits are calculated from averages. They must be so, and in this sense they must be unvarying; for it would be most dangerous to any society if its managers had the power of altering the premiums at pleasure, irrespectively of established data.

Having thus disposed of Mr. Steele's objections to various points in the Rules and constitution of the Medical Provident Society, I have next to notice briefly his general objection to the formation of such an institution in the medical profession. He says that "a mutual benefit club for medical men is unsuited to their social position, ill adapted to meet their requirements, and calculated to degrade rather than to elevate the status of the profession." On what ground this objection is founded, is more than I can comprehend. I have in vain attempted to find anything more degrading in the attempt to make provision among ourselves against the casualties of sickness or accident, than in insuring our lives. Does Mr. Steele mean that sickness-assurance is degrading to our profession, because the principle has hitherto been generally carried out by men engaged in trade or in manual labour? In such a matter, the knowledge of the moral and social obligations being equal, that which is honourable or dishonourable in one class of men is honourable or dishonourable in another; and, if it be a praiseworthy act on the part of our intelligent operatives to make provision against sickness, it cannot be the reverse on the part of those who are higher in the social scale, but who have equally to depend on their own exertions for the support of themselves and their families.

Mr. Steele, I have no doubt, approves fully of the principle of providence being carried out by the working classes, so that in times of sickness they may not become the dependent objects of charity; and yet he objects to this principle being carried out by medical men; or, rather, he says that the Association should not encourage them in doing so. We may, he says, "safely leave the strong and vigorous, with a fair prospect of health, and masters of a calling which, unless from their own negligence, will always secure them a respectable maintenance, to take care of themselves;" that is, until the Association has given proper support to the Medical Benevolent Fund. Now I have not a word to say against, but would rather add to, all that Mr. Steele has to urge in favour of that excellent institution, the Benevolent Fund; but I deny without reserve that the Medical Provident Society is a rival to it. The objects of the two institutions are distinct, and are each excellent and worthy of the support and influence of the Association. So far from the support afforded by the Association to the Provident Society being a hindrance to the Benevolent Fund, it would, in all probability, rather be a help to it, by relieving it of some of the distress which heavily presses on its resources. Mr. Steele must know well that the picture he draws of "strong and vigorous" men, "masters of a calling which will always secure them a respectable maintenance," far too often fails, without the aid of any negligence beyond the omission to provide against misfortune. How often does the disability of a practitioner through illness involve the arrest of the supplies necessary for living! Mr. Steele may think the provision against such misfortune degrading—a thing altogether beneath the notice of our Association; but I would ask him this question: Which is the least degrading, the most consonant with honourable independence—to make provision during health against disability from sickness, so as to be enabled, when the time of necessity comes, to claim as a right the benefits of an institution of which the privileges have been purchased? or to wait until, having the hand of sickness on him, the practitioner must either depend on the charity of his brethren to enable him to take the necessary rest from his labours, or must go on working, probably at the risk of shortening his life, and of leaving his family dependent on the bounty of others?

Before concluding, I must observe that Mr. Steele's statement, that the experiment of the Provident Society was tried ten years ago and failed, is not strictly correct. The Society which was instituted, with the most praiseworthy intentions, principally through the exertions of our lamented associate Mr. Daniell, failed because it attempted to do too much in proportion to the premiums, and had no reserve fund. It professed, in fact, to give practitioners the benefit not only of provision against sickness, but of annuity-assurance, and, I believe, of provision for widows and orphans. The Medical Provident Society, on the other hand, professes to undertake sickness-assurance alone; and has, as already been shewn, a fund on which it may depend in emergencies. The Society is founded on safe and just principles; and, if any of its provisions at first sight seem too rigorous, it must be remembered that they have been adopted by the Directors from a full conviction of

their necessity, and with a view not only to the present utility of the Society but of its permanent safety. The Society wants nothing more than the practical recognition of its value on the part of the profession, to render it not only a highly successful undertaking, but an example worthy of imitation.

I am, etc.,

ALEXANDER HENRY,
Secretary to the Medical Provident Society.

15, George Street, Portman Square, W., October 21st, 1865.

QUANTUM AND QUALE.

SIR,—It is always pleasant for a critic to find that his remarks have had influence; and it may even be a satisfaction to him, if attacked in turn, to find that the weapon used is drawn from his own armoury.

I see that Dr. Anstie, in the *Lancet*, has taken what he considers an opportunity of returning to you, with all the air of a man who has discovered a novelty, the lesson which he learned from your pages before "Mill on Hamilton" was published. It certainly was not familiar to him before, or we should not have had his work on *Stimulants and Narcotics*, which, from first to last, is full of confusion on the point he urges against you.

Anstie and Mill.

"I commend to the attention of the writer in the journal alluded to, the considerations touched upon in the following passage of Mr. Mill's examination of Sir Wm. Hamilton's philosophy.

"'One of the commonest modes of loose thought and sources of error, both in opinion and practice, is to overlook the importance of quantities. Mathematicians and chemists are taught by the whole course of their studies, *that the most fundamental differences of quality depend on some very slight difference of proportionate quantity*,' etc."

Reviewer of Anstie on Stimulants and Narcotics.

"We call the author's attention to his opening statement of the elements of the case, and ask him to enumerate his *agents* of the two first classes.

"We shall be much surprised by his success in the attempt. *We believe that in all cases it is the variable 'quantum' of the agent which produces the 'quale'* of the action. Thus we may have light to see, or effulgence to blind; heat to warm and quicken, or to destroy vitality; cold to invigorate, or to produce narcosis and fatal coma; and so on of all."

From first to last, agent and action are confused by Dr. Anstie, through neglect of this important principle, that the action is the *quale*, dependent on the *quantum* of the agent. One sentence out of many may be taken to prove this. At page 161, he proposes "that *agents* which produce excessive and morbid *action* be refused the name of stimulants, even though small doses of them may act in a truly stimulant manner."

If Dr. Anstie would try and re-write his book with Mill's and your critic's remark constantly in view, the result would be, not a second edition, but a new work.

I am, etc., SARTOR RESARTUS.

Ireland, September 27th, 1865.

TREATMENT OF PHTHISIS.

LETTER FROM G. BODINGTON, L.R.C.P.Ed.

SIR,—By this day's post I venture to send you a copy of my Essay on the Treatment of Consumption, published in the year 1840. I do so in consequence of seeing in the BRITISH MEDICAL JOURNAL of September 23rd, the announcement of a work on the same subject by Dr. MacCormac. Allow me to intimate to you, that in my work the principle is declared (and for anything I know to the contrary for the first time) that in phthisis and other diseases of debility the pulse is reduced in velocity by the administration of certain stimulants, as wine, etc. This doctrine was condemned by the critics in the medical journals of the day. Subsequently, however, the late Dr. Todd carried the hypothesis to an absurd length, and exaggerated in practice a theoretical truth, until it became suspected of being a mischievous error.

Adhering to my original principle, I claim to be exonerated from the extravagant views held by Dr. Todd on this subject. I announced also in the Essay that the terms and their meaning "phlogistic and antiphlogistic" would come to be expunged from medical literature, and I believe and hope they are so. At the time I wrote, they constituted the common language of the profession. Will you allow a humble member of that profession the opportunity of thus attempting to vindicate in the BRITISH MEDICAL JOURNAL his earlier views and published opinions?

I am, etc., GEO. BODINGTON.

Sutton Coldfield, October 7th, 1865.

[Dr. Bodington's Treatise gives him much more credit than he claims for it. It is a most sensible and practical Essay. The rational principles of the treatment of the disease which are accepted as orthodox at the present moment will be found there laid down in it twenty-five years ago. Dr. Bodington repudiated the treatment of consumption with "a meagre diet of vegetables, rice and water, aided by tartarised antimony: I should recommend to one thus consuming away, under the influence of this *wasting disease*, a nutritious diet of mild, fresh animal, and farinaceous food, aided by the stimulus of a proper quantity of wine."]

THE TREATMENT OF CHOLERA.

SIR,—Will you allow a former worker amidst epidemic cholera to corroborate Dr. Bullar's recent testimony, concerning the value of a hot bath with mustard in the treatment of cases of that disease?

Observation of the malady in 1849 led to a belief, which increasing experience strengthened, that, during the stage of "collapse", the external application of heat and friction was extremely beneficial; that it was, indeed, a necessary and most effectual method of treatment when it was performed properly—*i. e.*, zealously, assiduously, perseveringly. At the same time, the chief aim in the administration of internal medicines seemed to be *the maintenance of life* until the patients could get rid of the poison which they had imbibed, and which was the cause of all the symptoms of disease. Ammonia, chloric ether, etc., with small quantities of ice, therefore, were given according to circumstances and the different exigencies of particular cases.

The mode in which heat and friction may be applied must be regulated by varying conditions. This note has been written merely in order that the principle on which the treatment mentioned by Dr. Bullar was founded may be affirmed and kept in view on one side; and that, on the other, an indiscriminate use of the hot bath may not occasion disappointment and a consequent depreciation of a very valuable remedy. The use of a bath cannot be recommended always. Whenever it is tried, however, its efficacy will depend greatly on the care with which the water is made very hot, and on the mixture of a large quantity of good mustard with the water.

In hospitals, or in well furnished houses, such a treatment as that which Dr. Bullar has described

will be very beneficial; but the method will not have a fair trial amongst those who are the chief sufferers during an epidemic of cholera. Amongst the poor, it is impossible to procure the proper means of success —hot water, flannel, blankets, nurses, good beds, etc. In practice amidst such people, recourse must be had to friction and dry heat.

In the course of no malady, probably, has there been a larger proportion—in few has there been an equal proportion—of deaths which (if we may use the phrase) ought not to have taken place, which might have been averted by careful nursing and assiduous treatment—the very advantages which it is, unfortunately, almost impossible to ensure in attempts to withstand the influence of a malady so rapid in its progress. I am, etc., W.

THE YELLOW FEVER IN SWANSEA.

LETTER FROM GEORGE PADLEY, M.D.

SIR,—Two letters have appeared in your JOURNAL from Dr. John Rose Cormack, calling in question the propriety of designating as "yellow fever" a disease which lately made its appearance in this place (but which happily now no longer exists), and attempting to trace its origin to causes of a local nature, the result of an assumed neglect of the hygienic conditions of the town. Whatever view may be taken as to the essential nature of the malady, his latter position is altogether untenable.

A ship leaves a port in the West Indies where yellow fever is endemic. Shortly after her departure, a disease breaks out on board, having the well-known characters of that fever, and several of the crew die from it on the passage. On her arrival in port, one man suffering from the same disease is carried on shore, and dies the same evening. A few days afterwards, a man working in the neighbourhood of the ship, and who had been on board, was seized with symptoms similar to those which had affected the crew, but differing from any of the forms of fever which had heretofore fallen under the notice of the medical practitioners of the town. This case, which proved fatal after a few days' illness, I saw. It is unnecessary to occupy your space by detailing the symptoms. They fully accorded with the description of the disease given in standard authorities on the subject.

If Dr. Cormack would inform us what, according to his view, really constitutes yellow fever,—what pathognomonic conditions there are which would enable us to distinguish cases having the history and symptoms of those we have lately had to deal with, from yellow fever, or, as the term is objected to, from the disease under that name which appears in tropical countries,—if he would mention any symptom or symptoms essential to that fever which, we might then find, these cases had not, we should have something tangible to assist us, assuming we are wrong, in coming to a right conclusion. The question of the identity of this disease with true tropical yellow fever will probably be dealt with by abler hands than mine. Dr. Buchanan, commissioned by the Privy Council, has been here; has investigated with great zeal and ability all the circumstances connected with the appearance, extension, and characters of the disease; has pronounced it to be specific yellow fever; and has repeated this opinion at the last meeting of the Pathological Society.

There is one point, however, on which I wish to say a word or two. It is with respect to the "important items of truth" which are stated to "have oozed out" since Dr. Cormack's first letter; and the "explanation of the whole matter" which he expects to find in the "recent disclosures regarding the state of Swansea when they ('the yellow cases') occurred." The answer to the above is a brief one—viz., that the "items" alluded to are *not* those of truth; that the "disclosures" are either without foundation or are greatly exaggerated; and that the arguments based upon them are therefore worthless. Immense sums of money have of late years been expended upon the drainage and water supply of the town, which is, I believe, upon the whole, at least as well furnished with these sanitary essentials as any town of its size in the United Kingdom. The water, which is of the best and purest kind, is now brought in abundance from large and well-constructed reservoirs eight miles distant; and the system of drainage is ample and formed upon the most approved principles, such as exist in but few other towns in the kingdom. It is to be regretted that Dr. Cormack should, in supposed corroboration of his views, so hastily have adopted the statements of a newspaper paragraph, the production, it is said, of a person whose interest centres in a rival port; and who has either never visited our town, or whose ideas of the points of the compass must be somewhat confused. The "Sandfields" spoken of (certainly not situated in the "north-west") is a new portion of the town which has rapidly sprung up, the drainage and other sanitary arrangements of which have not yet been completed—it may, indeed, be admitted that they have been too long delayed; but it so happens that in this very district, thus singled out, there has not been one instance of the disease referred to; so that here also Dr. Cormack's argument fails. That in a town rapidly increasing in extent and population, as this has done, there should be room for improvement in its sanitary arrangements is not surprising; and some parts of it would doubtless be much benefited by a more active supervision; but we are certainly not worse off in this respect than other towns similarly circumstanced, and much better off than many. The impression intended to be produced that the town is the especial abode of "slow fever and malignant diseases of all shapes and kinds," would be as unfounded as are most of the assertions contained in the paragraph which Dr. Cormack has quoted and commented upon. The disease, unquestionably imported by the *Hecla*, cannot be said to have "spread" here, limited as it was to a few cases, and it would probably never have extended beyond the single case landed, had it not been for the exceptional circumstance of the almost tropical heat which prevailed at and before that time.

The relation which existed between the fever, whatever view may be taken of its nature, and the arrival of the *Hecla*, is to my mind too evident to be disputed; and the "good people of Swansea" had certainly no thought or desire to make the ship a "scapegoat" for their shortcomings, as imputed to them by Dr. Cormack. They have, indeed, had no interest or anxiety in proving the outbreak (if such a term can be justly applied to so small a number of cases) to have been that of genuine "yellow fever." If it can be shown on sufficient evidence to be anything else, we shall be both ready and willing to accept the truth and to submit to the correction.

There is one fact of importance which ought not to be omitted—viz., that there has been no instance of the disease having been communicated to any person who has not been more or less engaged within a limited area near the spot where the ship was first moored. It is, therefore, greatly to be regretted that there should have been so great a panic in consequence of a few cases of disease thus restricted, and, as the result both now and formerly has shown, incapable of extension in this climate.

Oftentimes, especially in such matters, "out of evil

comes good." The event, though it has not originated, has probably hastened the appointment of a medical officer of health; and will no doubt infuse more energy in the correction of evils still too prevalent in this and other large towns. But Dr. Cormack is in error when he implies that it has been the cause of our at last commencing the hygienic reform of our town. This has been commenced and energetically carried out years since; and I hold the impression conveyed in the assertion that "when the *Hecla* arrived at Swansea, the town was in a fit state to yield bad cases of any kind of native fever, with or without yellow skin, independent of foreign aid," to be an unfair reflection upon the town, and not borne out by the facts. All the evidence also goes to show that the "yellow cases" cannot "be perfectly well accounted for without supposing that the fever was imported from Cuba in the *Hecla*."

The disease which has already caused sufficient inconvenience and injury has, as I have said, happily passed away; and to persist in the restrictions which have arisen from it, by consuls and others, would now, even if they were ever necessary, be utterly unjustifiable; but still more unjustifiable is it to take the opportunity of attempting, as in the paragraph before referred to, to fix a stigma upon the town, which, as I trust I have sufficiently shown, it does not deserve.

I am, etc., GEORGE PADLEY,
Senior Physician to the Swansea Infirmary.

Swansea, October 23rd, 1865.

ACTION FOR DAMAGES: ACUPRESSURE. At Kilmarnock last week, Dr. John Caldwell sued one Hamilton, residing near Dreghorn, for £12 damages for defamation of his professional character. Defender's son was wounded in the leg by a scythe; and pursuer, on being called, found that the posterior tibial artery had been cut. He thought it a good case for the method of acupressure introduced by Dr. Simpson two or three years ago. He accordingly applied needles and bandaged the leg, which he said effectually stopped bleeding. On the ninth day after, secondary hæmorrhage ensued, and the same treatment was repeated; and again a third time. On the fourth occasion (September 13th), he cut up the limb in order to get at the artery, but finding it rotten up to the knee-joint, he sent for a tourniquet and screwed it on, to give time for a consultation. He then went for a few minutes into a neighbouring house, during which time the boy died. After he left, pursuer stated that the boy's parents had allowed him to unscrew the tourniquet, contrary to express instructions. It was complained that defender had subsequently said to different persons that pursuer had "murdered" or "killed" his son. The defence was that the expressions libelled on were not used; but it was attempted to be shown that acupressure was not a fit mode of treatment in the circumstances, and should not have been persisted in. Dr. McLeod approved of his treatment in every respect. Dr. Campbell thought it was unjustifiable to use needles at the depth of the posterior tibial artery, and said that the proper mode would have been to tie up the artery with ligatures. He also thought it was wrong of pursuer to enter on the last operation without professional assistance, as the parties who held the artery by thumb pressure could not do it properly unless they had a knowledge of anatomy. From the evidence, as to the expressions complained of being used, the Sheriff held that it had been substantially proved. He also held that it had not been proved that Dr. Caldwell had erred in any one particular, and his lordship therefore decerned for five pounds damages. (*Glasgow Herald.*).

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, October 23rd, 1865,

Richardson, Benjamin Ward, M.D.St.Andrew's, 12, Hinde Street, Manchester Square

previously a member of the College, was duly admitted a Fellow of the same.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Bruce, Alexander, 6, Albert Terrace
Burge, Frederick John, jun., Marlboro' Villas, New Road, Hammersmith
Gregory, George, Moses Gate, Bolton
Larkin, Henry William, Bilston
Lupton, Richard John, 58, Stanhope Street, Hampstead Road
Mackinlay, James Grosvenor, Isleworth, Middlesex
Redwood, Thomas Hall, L.M.Durham, Rhymney
Savage, George Henry, 46, Doddington Grove, Kennington
Searle, Richard Burford, St. Just, Cornwall
Smith, C., 24, Richmond Street, St. George's Road, Southwark
Tayler, Francis Thomas, 5, Brunswick Place, Lewisham Road, New Cross
Wilmot, Alfred Edward, 62, Nelson Square, Blackfriars Road

The following were reported by the examiners to have passed their *primary examination* for the Licence of the College:—

Cant, William Edmund, St. George's Hospital
Le Grand, Louis Marc, University College
Le Rossignol, Augustin, Stratford, Essex
Pollard, William F. B., King's College
Smith, W. Wilberforce, Middlesex Hospital
Young, Frederick W., University College

APOTHECARIES' HALL. On October 19th, 1865, the following Licentiate was admitted:—

Taylor, James Alonzo, Great Barr, near Birmingham

At the same Court, the following passed the first examination:—

Sansome, Thomas, Sydenham College, Birmingham

APPOINTMENTS.

ROYAL NAVY.

ASSLIN, William J., Esq., Assistant-Surgeon, to the *Spider*.
AYRE, William G. J., Esq., Surgeon, to the *Bristol*.
BARTLETT, W. F. C., Esq., to be Surgeon in Her Majesty's Fleet.
BICKFORD, Thomas L., Esq., Assistant-Surgeon, to the *Bristol*.
BROWNE, Francis H., Esq., Assistant-Surgeon (additional), to the *Implacable*, for the *Scalark*.
BUCKLE, William H. F., M.D., Acting Assistant-Surgeon, to the *Bristol*.
ELLIOTT, J. W., M.D., to be Deputy Inspector-General of Hospitals and Fleets on the Retired List.
FRASER, John, Esq., Assistant-Surgeon (additional), to the *Princess Royal*.
HUDSON, John, Esq., Surgeon (additional), to the *Fisgard*.
M'DERMOTT, William L., M.D., B.A., Assistant-Surgeon (additional), to the *Bristol*.

MILITIA.

HIBBLER, R. C., Esq., to be Assistant-Surgeon King's Own Light Infantry Tower Hamlets Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

FLOWER, I., Esq., to be Assistant-Surgeon 10th Wiltshire R.V.
SWYER, R. E., M.D., to be Assistant-Surg. 7th Tower Hamlets R.V.
THOMAS, J., Esq., to be Assistant-Surg. 6th Glamorganshire R.V.

BIRTH.

CANDLISH. At Alnwick, on October 21st, the wife of *H. Candlish, M.D., of a son.

DEATHS.

*BARKER, Thomas Herbert, M.D., F.R.S.E., at Bedford, of typhoid fever, on October 24.
BUNCE. On October 17th, at Spring Street, Sussex Gardens, Louisa, widow of John Bunce, Esq., Surgeon.

COOPER, Francis, Esq., Medical Officer of Health for Southampton, of cholera, aged 64 on October 24.
FORD, William, M.D., of the Mauritius Civil Service, at Caroline Street, Eaton Square, on October 18th.
GREGORY, J. L. V., Esq., Surgeon to the Government Emigration Service, at Calcutta, aged 42, on August 15.
HENDERSON, James, M.D., at Nagasaki, Japan, on July 30.
IRVINE, Samuel, M.D., Deputy Inspector-General, at Portsmouth, aged 71, on October 14.
*NEWNHAM, William, Esq., late of Farnham, at Tunbridge Wells, aged 75, on October 24.
RUDGE. On October 15th, at Oystermouth, aged 28, Verrina, wife of J. E. Rudge, Esq., Surgeon.
THOMSON. On October 12th, at Clifton, Maria, widow of the late Henry Thomson, M.D., of Piccadilly.
TRAVIS. On October 16th, at Geneva, aged 58, Esther Jane, wife of N. A. Travis, M.D., of Nice.
YELLOWLEES. On October 18th, at Bridgend, South Wales, Margaret Eliza, wife of D. Yellowlees, M.D.

PROFESSOR MALGAIGNE died on the 17th inst. from apoplexy. It was his third attack.

ARMY MEDICAL SERVICE. The next examination of candidates for the medical department of the army will take place in February, and that for admission to the Royal Staff College in July.

MARRIAGE OF J. F. SOUTH, ESQ. The newspapers lately announced the marriage of John Flint South, Esq., of Blackheath Park, late Surgeon to St. Thomas's Hospital, to Mary Ann Emma, only surviving daughter of the late J. L. Lemme, Esq., of Blackheath.

UNIVERSITY OF OXFORD. Dr. Acland gives notice that there will be holden this term examinations for the degree of Bachelor of Medicine, both for the first, or scientific, and for the second, or practical part. Candidates are requested to give immediate notice of their intention to present themselves, personally, or by letter addressed to the professor. Candidates who may desire to pass under the old statute are also invited to intimate their wish to that effect.

SWALLOWING A HALF-CROWN: INQUEST. The deceased was a file-maker, aged 18. About three weeks ago, he, in a jest, put a half-crown-piece into his mouth, and the coin slipped down his throat. Dr. Kidley was called to see him, and prescribed for him, and he got a little better. He grew very ill on Sunday morning, vomiting blood, and gradually sinking. The doctor said he had no hesitation in saying that death was caused by the half-crown; and that a *post mortem* examination would only be for the purpose of satisfying curiosity. The immediate cause was hæmorrhage. The jury returned a verdict in accordance with the medical testimony. (*Sheffield Daily Telegraph.*)

UNFOUNDED CHARGE AGAINST A MEDICAL MAN. At an inquest in St. Luke's, a few days ago, the coroner was informed that Dr. Bruce, the parish surgeon, had been prevented by the family from making the necessary examination of the body of the deceased. The mother of the deceased stated in the most earnest manner that Dr. Bruce had killed her son. It appeared that deceased was a labourer, and was taken ill with sore throat on Friday week. The widow said that she sent for the parish doctor last Friday morning, but her husband was dead when the messenger returned in half an hour. Emma Everitt, mother of the deceased, gave similar evidence, and was reprimanded by the coroner for her unwarrantable charge against Dr. Bruce. Dr. Yarrow, who had made the *post mortem* examination of the body, said that the cause of death was suffocation from sore throat. No medical man could have saved the life of the deceased. The jury returned a verdict that "deceased died from suffocation from sore throat," and expressed their strong censure of the conduct of the parents of the deceased in bringing a false charge against a medical man.

TESTIMONIAL. On the 21st inst., a testimonial was publicly presented to Mr. and Mrs. E. Hartley, on their removal from Ivybridge, where Mr. Hartley has been in practice during twenty years. The testimonial consisted of a handsome and richly embossed salver, bearing the following inscription: "Presented to Mr. and Mrs. E. Hartley, as a token of the esteem and regard in which they have been held by their numerous friends during a residence of nearly twenty years in Ivybridge; to the former for his valuable and prompt services rendered in time of need, particularly to the poor; and to the latter for her sympathy in affliction and usefulness in every good and Christian work.—Oct. 21, 1865."

CURES FOR CHOLERA. M. Grimaud, of Caux, has sent in a paper to the Academy of Sciences on the cholera at Marseilles, with a view to show that it was imported there from Alexandria before quarantine regulations were enforced. Several other communications on cholera were received. One from Dr. de Wouves, advocating purgatives to carry off the miasmatic particles absorbed, and Madeira and broth afterwards, with mustard-plasters on the limbs; another from Dr. Bertrand, recommending arsenical preparations, especially Fowler's drops; a third from Dr. J. Reids, proposing vaccination on the epigastrium as a preservative; a fourth from Dr. Dyonnet, recommending purgatives; and, lastly, one from Dr. Marie, proposing a system of fumigation for the streets during the epidemic.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH. At a meeting on October 18th, the following office-bearers were elected for the ensuing year. *President*—James Dunsmure, M.D. *Secretary*—James Simson, M.D. *Treasurer*—John Gairdner, M.D. *Librarian*—Archibald Inglis, M.D. *President's Council*—James S. Combe, M.D.; Andrew Wood, M.D.; Robert Omond, M.D.; Benjamin Bell; James D. Gillespie, M.D.; James Spence; *ex officio*, John Gairdner, M.D. *Examiners*—James Simson, M.D.; Richard Huie, M.D.; William Dumbreck, M.D.; Archibald Inglis, M.D.; Andrew Wood, M.D.; Robert Omond, M.D.; James Dunsmure, M.D.; Peter D. Handyside, M.D.; James D. Gillespie, M.D.; Henry D. Littlejohn, M.D.; Patrick H. Watson, M.D.; David Wilson, M.D. *Assessors to Examiners*—James S. Combe, M.D.; James Syme; William Brown; James Spence. *Conservator of Museum and Registrar of Students' Tickets*—William R. Sanders, M.D. *Officer*—John Dickie.

CURE FOR THE CHOLERA. A St. Petersburg doctor, we infer from a statement in the BRITISH MEDICAL JOURNAL, has effectually made an ass of the English embassy at St. Petersburg. He had long been awaiting an opportunity to exhibit the wonderful efficacy of an infallible cure for cholera. At the outbreak of the epidemic at Alexandria, he applied to the French embassy, where they were sufficiently smart to give no satisfactory response. He then applies to Mr. Lumley, the English ambassador, who sends it to Lord Russell, and Lord Russell refers it to the College of Physicians. "The cure consists in the administration of a powerful snuff. If the patient's Schneiderian membrane responds, and eight or ten sneezes can be got out of him, he is safe, and saved; but if the snuff (which is powdered hellebore) produces no effect, the patient must die. No sneeze, no cure! It is this remedy which the philanthropic doctor earnestly hopes Lord Russell will send on at once to Alexandria, and of which Lord Russell transmits notice to the college. We recommend the notion to some of our *Yankee cousins, who have already done a great business in hellebore and veratria.*" Beg your

pardon, gentlemen! The point of the joke is not visible here. We have done some business in veratria, establishing beyond cavil its powerful and good effects in a number of diseases, but we must respectfully decline the honour of this kind reference until you find some American ambassador sufficiently verdant to allow himself to be duped by a foreign quack, and communicate his verdancy through official channels. (*Philadelphia Medical Reporter.*)

University of Cambridge. At a meeting of the senate on October 21, the report of syndicate upon the teaching of anatomy and zoology in the university came under discussion. This report stated that an extension of the teaching in these subjects is necessary, and recommended in addition to the professorship of anatomy, the appointment of a demonstrator with a stipend of £100 a year, and the establishment of a new professorship of zoology and comparative anatomy with a stipend of £300 a year. Dr. Paget sympathised with the object of the report, but thought it would fail to put matters on a good permanent footing, for want of a regulation such as had been introduced at Oxford—viz., one debarring the professor of anatomy from the practice of medicine or surgery. The university had a right to expect that the professor of so large a subject should not only lecture, but enlarge the boundaries of science by his own researches, or at least should have time at his disposal for so doing. The professor could not do this while carrying on a medical practice. To advance with the front rank of physiologists or zoologists required the whole of a man's time and thoughts. To perform the duties of a large medical practice required a very large share of a man's time and thoughts. To do both, and to do them well, was impossible. The professorship with a fixed stipend would probably become subordinate to the practice, and Cambridge would fall below the position of Oxford, where the zeal and activity of Professor Rolleston was a proof of the wisdom of their arrangement. In London and Edinburgh the lectureships were mostly held by young men, who resigned them when they got into large practice. Such a restriction would require an addition to the stipend sufficient, with the fees, to raise it to £600 a year, while £300 a year would perhaps suffice for the professorship of zoology. As to the mode of appointment, the electoral roll was an unsatisfactory body of electors to scientific professorships, and he thought the university should go to the Privy Council for an alteration of the statute in this respect. Dr. Humphry said that if the staff were not increased it would be better not to attempt to teach human anatomy here. The university was, however, pledged by the institution of new examinations to put matters on a better footing, and the funds would now bear the additional drain. The influence of the university on the medical profession was great, and it could not confer a greater boon on the public than by promoting the study of medical or the collateral sciences in its body. With regard to the restriction proposed by Dr. Paget, it might be a drawback if the professor of anatomy were occupied in any other way; but those who studied anatomy were a limited class, and almost all poor, so that unless the chair were highly endowed the professor must have some other means of obtaining an income. At Oxford the stipend was £1,000 a year. He (Dr. Humphry), however, did not feel the restriction as absolutely essential. Great advances in anatomy and physiology had been made by practising men, such as Harvey, Hunter, Sir Astley Cooper, and Dr. Beale. Anatomy being a practical science, was most impressively taught to those who were going to practise it when the teacher could draw from the experience of his own life, and he did not think, taking men as they were, that the professorship would really become subordinate to a medical practice. Professor C. C. Babington said that all were agreed, that if the University had plenty of money the professors should be paid as well as it could afford, but if it could not afford more than £300 a year it would have to take its chance, even if the professor should practise medicine. Professor Liveing agreed with the last speaker. The Vice-Chancellor closed the debate, stating that he had been induced to recommend this measure to the Senate as the best that could be devised, when regard was had as well to the lectures which were needed as to the funds which were at their disposal.

Treatment of Quacks in France. Two quack doctors, of extraordinary local celebrity, named Colandre and Benati, the latter an Italian, calling himself a commendatore, have just been tried by the correctional police at Lille, for the illegal practice of medicine, and sentenced to fines of 1,600 *francs* (£64) each. They drove about Lille and the environs in a carriage and four horses, proclaiming that they would cure the poor of all sorts of diseases gratis, their rich clients paying for them; and they became so much in vogue that people thronged their doors from five in the morning till eight at night waiting for their turn to get advice.

Army Medical Service. Mr. Longmore, speaking of the value of a good place in the examination list, says: The importance of promotion in military service does not end with the advantages merely resulting from increased rank, but, in addition, the promotion immediately widens your opportunities of attaining a higher elevation. The gain of a single place in the list at the end of the session may consequently have a material influence in improving your future prospects in the service. During the year comprehended between March 31st, 1864, and March 31st, 1865, 114 candidates for commissions passed through the school, and were gazetted to assistant-surgeoncies in the Queen's British service, while twenty assistant-surgeons were promoted to surgeoncies. Since April 1st of the present year there have been already more than that number of promotions—viz., twenty-five; but even if the number were doubled, it would still show the importance of gaining even a single place in the examination list.

A Just Estimate of Medical Science. Dr. Smart's report on the cattle-plague is a document of great value, from the careful and scientific manner in which the cases embodied in it have been observed and reported, and for the rational and logically-deduced treatment which it recommends. We should very much like to know that there was ground to hope for a series of similar reports, with equally well reported cases, from other localities, and referring to successive epochs of the epidemic. We have all the more faith in the treatment recommended by Dr. Smart that it is rational and not empirical. Here, as in fever in the human subject, our object must be to conduct the patient through his peril, obviating as best we can the tendency to death, applying our measures judiciously as difficulties arise. In conclusion, we will only add that great light has been thrown upon the nature and treatment of the cattle-plague by Drs. Budd, Smart, and others. Existing data fully justify the statement that, so far from science having proved powerless in the face of the existing danger, she has earned great triumphs through the patience and skill of her accomplished and faithful followers. (*Morning Post.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Obstetrical Society of London, 8 P.M. Dr. Marion Sims, "Procidentia Uteri"; Mr. Roper, "Embryotomy"; Dr. Aveling, "New Mode of Treating the Pedicle in Ovariotomy", and other papers.—Geological.

THURSDAY. Harveian Society of London, 8 P.M. Dr. Tilbury Fox, "Remarks on the Cholera in Egypt."—Linnæan.—Chemical.

FRIDAY. Western Medical and Surgical Society, 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MR. M.—There can be no doubt that it is a highly unprofessional act for any medical man to call upon a patient whom he knew to be under the charge of another medical man, and offer to perform an operation upon him.

FAUST ON MEDICINE.—SIR: Without the slightest wish to detract from the merit of the lines of *Faust* upon the study of medicine, published in your last impression, yet Goethe's original remarks upon man's knowledge generally, as rendered in the following translation, are, I think, at least equally worthy of note.

October 21st, 1865. X.

Mephistopheles.
We have an oath but duly to attest,
That her dead husband's limbs, outstretch'd repose
In holy ground at Padua....
Without much knowledge we have but to swear.

Faust.
Against your plan I must at once protest.

Mephistopheles.
Oh, holy man! methinks I have you there!
In this the first time you false witness bear;
Have you not often definitions vain,
Of God, the world, and all it doth contain,
Man and the workings of his heart and brain,
In pompous language, forcibly expressed,
With front unblushing, and a doubtless breast?
Yet if into the depth of things you go,
Touching these matters, it must be confessed,
As much as of Herr Schwerdtlein's death you know!

Faust.
Liar and sophist, still thou wert and art.

Mephistopheles.
Yet am I right!

LADIES' MEDICAL COLLEGE.—SIR: It struck me, in reading your report of Dr. Edmunds's speech at the opening of the "Ladies' Medical College", that a very serious impediment to the due appreciation of that body by our profession, exists in the unfortunate name they have chosen. It cannot but open them to ridicule; for one naturally associates it with a mincing amateur dabbling in grave subjects, with popular superficial lectures to a rustling silken audience, with making life and death *amusing* (save the mark!) to crinolines and parasols. Dr. Edmunds's speech makes us pause before we attach ridiculous ideas to the scheme. It appears from him that it is not, as I fancied, for "*ladies*", but for women—not to communicate "*medical*" science, but midwifery and nursing—not a "*college*", but a school, like any of ours. Suppose that excellent institution, "The School of Cookery", were to call itself a "Ladies' Gastronomic College", would it be as useful as it is now? Should we send our daughters and servants to learn there as freely as we do now? A good name will not preserve a bad thing, but a bad name will ruin a good one. I trust Dr. Edmunds will follow up his explanation of the objects of the institution by altering the name into an accordance with those objects. I then, for one, should be heartily glad to see it flourish.

I am, etc., T. K. C.

VAN SWIETEN AND TANNER: ANCIENT AND MODERN THERAPEUTICS.—SIR: A perusal of a recent leader in the *Times*, in reference to the slow progress of medical science, induced me to compare the treatment of some common disease, as described by the authors above mentioned.

I think your readers will admit that rheumatism is a fair affection to select, and that Van Swieten and Tanner may be regarded as trustworthy exponents of the most approved practice at their respective periods.

Tanner speaks of nitrate of potash in large doses—480 grains in twenty-four hours—largely diluted, as one of the new things out. Dr. Brocklesby had published the results of the same treatment before Van Swieten's time—ninety years ago. Van Swieten, commenting upon it, says: "I have made great use of nitre, and have often given half-an-ounce in twenty-four hours, but always took care to make the patient drink largely of diluting liquids." (Van Swieten's *Commentary*, vol. xviii, article Rheumatism.)

The lemon-juice treatment is generally considered to be a modern invention.

"As rheumatism is said to be allied to the gout and the scurvy, it is not to be wondered at that antiscorbutics are prescribed for it. Boerhaave drank large quantities of the expressed juice of succory, endive, fumitory, and water-cresses." (Van Swieten, vol. xviii.)

Quinine is mentioned by Tanner. Bark was largely used in Van Swieten's time for rheumatism, on the supposition that the attendant fever was allied to ague. Commenting on a case in which it had been used, he says: "It is worthy of remark, that the bark cured the fever, but the rheumatic pains and the intermitting pulse still continued." (Same Chapter,)

In the same chapter will be found much valuable information on the treatment with and without bleeding, by purgatives, diuretics, diaphoretics, opiates, sedatives, hot baths, cold affusion, mineral springs, electricity, shampooing, blistering, and firing; indeed, there is hardly a remedy, scientific, hydropathic, or veterinary, that has not been rediscovered since Van Swieten's time.

I fear the only defence we can make to the accusation of the *Times* is, that we have not tried to go back to the reign of King Edward the Sixth. I am, etc.,

CHRISTOPHER JOHNSON, JUN.

2, Nicolas Street, Lancaster, October 17th, 1865.

COMMUNICATIONS have been received from:—Mr. RICHARD GRIFFIN; Dr. H. CANDLISH; Dr. WM. BUDD; Dr. PADLEY; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. R. W. WATKINS; Mr. MORETON; Dr. J. F. ANDERSON; Mr. JAMES ROBERTSON; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; Dr. T. K. CHAMBERS; Mr. W. H. MASTERS; Mr. HOUGH; Mr. WILLIAM COPNEY; Dr. W. F. NOOTT; THE SECRETARY OF THE HOSPITAL FOR CONSUMPTION OF DISEASES OF THE CHEST, BROMPTON; Dr. BARCLAY; Mr. LAWSON; Dr. CURREY; Mr. MOON; Dr. J. RISDON BENNETT; Dr. PAGET; Mr. SLOMAN; Dr. CARR; Dr. FREDERICK J. BROWN; Dr. J. D. HARINGTON; Mr. J. GARDNER; Dr. ROBERT FOWLER; Mr. T. M. STONE; Dr. A. RANSOME; and Mr. HORTON.

BOOKS RECEIVED.

1. Lectures, chiefly Clinical. By T. K. Chambers, M.D. Fourth edition. London: 1865.
2. The Elements of Prognosis in Consumption. By J. G. Pollock, M.D. London: 1865.
3. Nice and its Climate. By Edwin Lee, M.D. Second edition. London: 1865.
4. The Health Resort of the South of France. By E. Lee, M.D. Second edition. London: 1865
5. Report on the Sanitary Condition of the City of Edinburgh; with Relative Appendices, etc. By H. D. Littlejohn, M.D. Edinburgh: 1865.
6. On the Cleansing Operations of Edinburgh, as compared with other Towns. By H. D. Littlejohn, M.D. Edinburgh: 1865.
7. The Antecedents of Cancer. By C. H. Moore, F.R.C.S. London: 1865.

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JOHN GODFREY, Secretary.

The Asylum, October 25th, 1865.

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PHILIP ROSE, Hon. Sec.
Brompton, October 25th, 1865. HENRY DOBBIN, Sec.

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Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[*Continued from p.* 252.]

In previous communications, I have adduced some facts and arguments adverse to the commonly received theory that the worst symptoms of cholera are mainly due to the drain of water from the blood by vomiting and purging. If this theory be erroneous, it is of incalculable importance that it should be discarded; for it is unquestionable that it has had immense influence on the treatment of cholera, as well as on the estimate which men have formed of the effect of various modes of treatment. Let a practitioner be thoroughly persuaded that the essential cause of choleraic collapse is a drain of liquid from the blood, and it will be difficult to convince him that opium and astringents can do harm, or that an emetic or a purgative can do anything but harm in the treatment of that disease.

A recent writer in the *Lancet* (Oct. 21st, p. 461) says: "Were we a cholera patient, we should pray to be delivered from men who have only one idea." Yet it is manifest that this writer is of the class from which he would pray to be delivered. His one idea is, that the secretions are suppressed "for want of serum; and that by supplying the materials of this, and by the use of means that shall act astringently, we are taking the best means to restore secretions." What does it avail to refer one, whose mind is thus prepossessed by a theory, to such facts as are contained in the very interesting paper by Mr. Watkins, published in a recent number of the British Medical Journal (Oct. 28th, p. 445)? Mr. Watkins there states that, in 1854, the deaths under various modes of treatment, but mostly with opium, having been more numerous than the recoveries, at a period, too, when "the epidemic was increasing both in the number of cases and in severity," he treated twenty-one cases by repeated doses of castor-oil; and, of the cases thus treated, nineteen recovered. About the same period, his colleague, Dr. Lett,* treated seven cases by full doses of opium, and "every case had died". What will be said of facts like these by a man whose one idea of the treatment of cholera is, that loss of fluid is to be counteracted by astringents? He will probably argue, that those who recovered while taking purgatives did so in spite of an erroneous and a mischievous treatment; while those who died under the opiate treatment succumbed to the disease in spite of a treatment which was theoretically correct, and which ought, therefore, to have saved them.

I am convinced, from a careful study of the history and literature of cholera, that there will be no general agreement as to the treatment of the disease until we have freed ourselves from erroneous theories as to its pathology and the relation of its symptoms to each other. With this conviction, I purpose now to set forth, as clearly yet as briefly as I am able, certain facts and conclusions regarding the pathology of cholera which appear to me to be well established.

That the symptoms of cholera result from a morbid poison, which may enter the blood either through the lungs or through the gastro-intestinal canal, is a point so generally admitted, that I will not now stop to discuss the question, or to adduce any of the numerous facts upon which this view is based.

The most constant and characteristic effect of this poison is to excite a copious secretion from the mucous membrane of the stomach and bowels. This secretion is tinged with bile *before* collapse comes on, and again *after* collapse has passed off; while during the stage of collapse it has the characteristic rice-water appearance, and bile can be detected only by chemical tests. The vomiting and purging constitute the means by which the morbid secretions are eliminated from the alimentary canal.

It is certain that the cholera stools contain some poisonous materials by which the disease may be communicated. One fact confirmatory of this view is the frequency with which washerwomen and their families have suffered from coming into contact with the soiled linen of cholera patients. It is probable, therefore, that the poison is eliminated through the gastro-intestinal canal. It is also probable that the secretion from the mucous membrane of the digestive canal, together with the vomiting and purging, are as much parts of the natural process of cure as is the eruption on the skin in the case of small-pox. This, at any rate, is certain, that, as no patient ever yet recovered from small-pox without the appearance of the characteristic eruption, so no sufferer from cholera was ever known to get well without more or less of vomiting and diarrhœa.

As, in the worst and most malignant forms of small-pox, the patient may die of blood-poisoning before the rash appears, so, in the worst and most malignant cases of cholera, he may die of collapse without either vomiting or purging, or with little of either. There is no direct relation, as we have seen (see *ante*, p. 449, vol. i for 1865) between the degree of collapse and the amount of vomiting and purging—sometimes rather an inverse ratio between them.

There is yet one more point of analogy between small-pox and cholera. As the variolous eruption, which is unquestionably curative, may yet by its very abundance be fatal through its destructive influence on the skin, so the choleraic secretions may be so copious as to kill by exhaustion. Death by exhaustion is certainly not a common result of cholera; yet, with the known possibility of such a result, a rational eliminative treatment, while it endeavours to free the stomach and bowels from the morbid secretions which have been spontaneously poured into them, makes no direct attempt to increase the amount of excretion from the blood.

It has been suggested by some writers, that the analogy of small-pox and its treatment affords an argument against the eliminative treatment of cholera. It is said, with truth, that when the treatment of small-pox was conducted on the theoretical principle of assisting the development of the pustules and so the elimination of the poison, by keeping the patient in a close and heated atmosphere, the mortality of the disease was much increased. It would have been strange indeed if the mortality had not been increased by such a mode of treatment; but it is a result of shallow observation and reasoning, to infer that there is any analogy between that mode of treating small-pox and the use of emetics and purgatives in cholera. The unhappy sufferer from small-pox, who was covered with heaps of bed-clothes and

* The case of Dr. Lett himself is one of peculiar and most painful interest.

confined in an artificially-heated atmosphere, with closed doors and windows, was not only deprived of the refreshing influence of cool and pure air; but he was compelled to inhale again through his lungs the morbid poison which had escaped from his skin. This treatment was the exact opposite of eliminative. To eliminate is to put *è limine*, or out of the door; but this irrational treatment rendered elimination impossible by closing the doors and windows through which the poison might have escaped.

So far from there being any analogy between this destructive mode of treating small-pox and the treatment of cholera by emetics and purgatives, the analogy would be much closer with an opposite mode of treatment—one by which a patient should be made to swallow his own evacuations, or one which approaches very near to this in its results; namely, that which has for its object to restrain the evacuations by opium and astringents, thus increasing the risk of the morbid secretions being reabsorbed into the blood.

There is no known cure for cholera—there probably never will be; but, as the cooling treatment of small-pox which, in spite of violent opposition, was first introduced by Sydenham, materially lessened the mortality from that terrible disease, so the general adoption of an eliminative treatment of cholera—by means of emetics, mild purgatives, and copious draughts of water—would, I am persuaded, do much to lessen the mortality from this great modern scourge.

The analogy of small-pox and the results of the two opposite modes of treating that disease, are certainly in favour of, and not opposed to, this view, as some writers have too hastily assumed.

In my next communication, I shall endeavour to explain the symptoms of that remarkable condition which we know by the name of choleraic collapse.

[*To be continued.*]

A Lady Doctor. There is a lady doctor—Madame Newman—practising in Islington. She informs the public "that none need despair, no matter what are the opinions of medical attendants, or how complicated the disease"—of course, if they will only go to her.

Gateshead Infirmary. At the last monthly meeting of the committee of this charity, the secretary laid before the committee a letter from Mr. F. Bennett tendering his resignation as one of its medical officers. "I wish," Mr. Bennett said, "to give place to younger members of my profession, because I think that even honorary services ought not to be monopolised." Thereupon it was unanimously resolved—"That the Committee have heard the announcement of Mr. Bennett's resignation with great regret. That they call to remembrance that, in the earliest report of this institution, made to the governors in 1833, after the passing away of the first visitation of cholera in Gateshead, the able execution of his duties and his kind and assiduous attention to his patients, during a period of unexampled distress, were emphatically recognised as deserving and receiving the blessings of the poor; that they feel that from that time to the present Mr. Bennett has continued to render his invaluable services to the charity, in the same earnest spirit of self-devotion, and with a kindness to the objects of his care, which has won for him their warmest gratitude and esteem. That these resolutions be entered in the minutes, and that the secretary be requested to transmit a copy of them to Mr. Bennett, with an assurance of the high and grateful respect unanimously entertained towards him by the officers and committee of the dispensary."

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

Reported by J. Ford Anderson, M.D.

MIDDLESEX HOSPITAL.

TWO CASES OF SUPPURATION OF BRAIN AFTER INJURY TO THE SKULL: TREPHINING.

[*The notes of these cases were taken by* Mr. Reeves, *House-Surgeon.*]

Case I. John W., aged 42, was admitted on August 4th, 1865, under the care of Mr. Shaw, for a contused and lacerated wound of the scalp, a little to the right of a point corresponding to the junction of the frontal and sagittal sutures. It was three inches long, and the pericranium was stripped from the bone. He stated that, shortly before admission, he had fallen on the pavement from a height of ten or twelve feet; but he had had none of the symptoms of concussion, not even feeling stunned at the time of the accident. The wound was closed by steel wire sutures, and water-dressing applied. On the 16th and 18th August, some small sloughs were removed, leaving a healthy looking wound, which in three days more had healed in its central third, and seemed about to close in the remaining parts. The patient had remained in bed only for a few days at first; but, feeling well and cheerful, he rose and assisted in the duties of the ward till August 19th (the fifteenth day since the accident), when he had rigors, with sickness and general feverishness, which increased in violence till the 21st. The wound continued to look healthy. He was clear in his mind till the morning of the 22nd, when he had a slight epileptiform fit, followed by great drowsiness and prostration. In the afternoon of the same day, he had several similar fits; his evacuations were passed involuntarily; and he was roused with difficulty. The left side of the body was found to be paralysed, the arm being bent and rigid.

On August 23rd, the insensibility being more profound, it was resolved to trephine. On enlarging the wound by dividing the central cicatrised portion, the surfaces of skull corresponding to the unclosed parts were found bare and bloodless, though no distinct line of demarcation was visible. The larger dead portion of the skull having been removed, a few drops of pus were seen lying on the dura mater; and, shortly afterwards, about half a drachm escaped from under the bone. This was followed by a gradual accumulation of blood and serum in the cavity. There was no bulging of the dura mater, and no pulsation; it was, therefore, not considered necessary to open it. There was no perceptible change after the operation, except that the rigidity of the left arm ceased. The patient was ordered to have two grains of calomel every two hours for three times, and to have ice-bags kept to the head. He was bled a few hours later to twelve ounces, with the effect of relieving the breathing and quieting the pulse; and a blister was applied to the back of the neck. Turpentine enemata were administered to act on the bowels.

The day after the operation, he had frequent fits, affecting both sides of the body; and, after lying in a low typhoid state for some hours, he died, thirty hours after the operation.

Autopsy. Coagula of blood with a superficial layer of pus were found adhering to the dura mater near

the trephined hole, especially in the line of the longitudinal sinus. Both hemispheres, especially the right, were thickly covered with lymph and pus. The lymph was of very dense structure, and dipped between the convolutions which it united. These deposits were traced on the right side to the under surfaces of the three lobes, but, on the left side, only to the under surface of the anterior lobe. On slicing the brain, nothing beyond increased vascularity was observed. The longitudinal sinus was found lined throughout its whole course with lymph and pus. The surface of the fourth ventricle was rough and granular.

Case II. The case of Mary C., aged 40, is of great interest in connection with the preceding. She was kicked by a man, a month before admission, above the right frontal eminence, causing a wound three inches and a half long, which she neglected. No cerebral symptoms were observed by herself or friends till the afternoon of Aug. 26th, 1865, when she had a fit at home, and was the same day sent to the hospital. On admission, she was rather stupid. The edges of the wound were puffy and glazed; and, on probing, bare bone could be felt. During the night, she had several fits, and became unconscious; the pupils were much dilated; and she was found to have paralysis of the left side of the body, with rigidity of the arm. Mr. Hulke trephined her the next morning. When the portion of dead bone was removed, two or three drachms of pus squirted out with considerable force. The rigidity of the arm ceased after the operation; but there was no other improvement, and she died in a few hours, without having been again conscious.

Autopsy. The dura mater was found ulcerated; and a large abscess occupied the right anterior lobe of the cerebrum, and communicated with the right lateral ventricle; one portion extended backwards to the optic thalamus. There was considerable œdema of the brain and breaking down of the cerebral tissue. The dura mater adhered to the arachnoid around the abscess.

Remarks. In the first of these cases, the absence of any unhealthy action in the wound up to the day on which trephining was performed went far to throw the surgeon off his guard in regard to its true nature. In the second case, this difficulty did not exist. Both cases shew the necessity for a careful prognosis in injuries of the skull; for in neither of them did any symptoms indicating affection of the brain appear for a considerable time after the accident. In this respect, Mr. Shaw's case is especially trustworthy, as the patient was constantly under observation from the time of the accident; and, with the exception of slight and obscure fits, he had no clearly marked cerebral symptoms till the eighteenth day after the accident. Yet the *post mortem* examination shewed that inflammation of the meninges must have commenced, and given rise to the adhesions of the convolutions, at a much earlier date.

KING'S COLLEGE HOSPITAL.

HYDATIFORM CYST IN THE ANTERIOR LOBE OF THE CEREBRUM.

Under the care of A. B. Duffin, M.D.

Betsy K., aged 10, was admitted on August 2nd, 1865. She had always enjoyed good health till October 1864, when she began to suffer from frontal headache, which had continued since with varying intensity. About Christmas 1864, she became rapidly blind—first, she believed, in the right eye. Her friends stated that, for a month previous to admission, she had been subject to fits, which were probably due to the exacerbations of pain in the head. She had never lost consciousness.

On admission, she was emaciated, and so blind as to be just able to distinguish light from darkness; she complained of constant frontal headache, subject, however, to frequent sudden exacerbations, accompanied with vomiting. There was no distinct periodicity of occurrence in these paroxysms of pain, as she had sometimes none, and occasionally as many as four in the day. The pain was relieved by pressure. There were no reflex movements of the eyelids, and the pupils were much dilated and insensible to light. There was no paralysis of motion. The urine was free from albumen.

While she was under observation, the paroxysms of pain became more frequent, rendering sleep impossible. The sickness also became more troublesome, and the emaciation increased. On August 28th, she did not appear worse than usual, and was supposed to be sleeping quietly, when it was noticed that her face and lips were livid, and there was froth at her mouth. On closer observation, she was found to be dead. No convulsion, or anything which could show the exact time of death, had been observed.

Autopsy, thirty hours after death. On sawing through the skull about a pint of straw-coloured serum escaped. This was found to come from a sac in the substance of the right anterior lobe of the cerebrum, the wall of which had been torn by the saw. This sac was of about the size and shape of a large orange, and had excavated the whole anterior lobe. It was completely lined with a firm and highly elastic membrane, of gelatinous appearance, an eighth of an inch in thickness, which was very loosely connected externally with the brain-substance. The brain-substance external to this sac was from one-sixth to one-fourth of an inch thick, and the convolutions were obliterated. The optic commissure and nerves were flattened by the pressure of the sac; and when examined by the microscope, their fibrous structure appeared to have degenerated into a yellowish pulpy mass (chiefly consisting of granular corpuscles, oil-globules, and granules) surrounded by the sheath. There was some abnormal vascularity of the pia mater, and the lateral ventricles were full of serum. There was general thinness, but no local absorption of the skull.

In the chest, there were old adhesions of the right lung. There were deposits of tubercle at the apex of the right lung, and on both pleural layers of the same side. The left ventricle was slightly hypertrophied.

The liver and other abdominal organs were normal.

Poisoning by the Vine-Disease Fungus. It is stated that in France cases have occurred in which inoculation with Oïdium Tuckeri, or the fungus which causes the vine-disease, has proved fatal to human beings. Wounds accidentally made with the instrument used for cutting off the diseased vine shoots have presented, according to Dr. Collin (Medical Inspector of the Mineral Waters of Saint-Honoré, Nièvre), marked evidence of poisoning. In some cases the persons thus wounded have died in from twenty to twenty-five days, notwithstanding the most energetic treatment. Messrs. Desmartes and Bouché, of Vitrany, have also concluded, from their experience, that deleterious effects are produced by the Oïdium, but they seem rather disposed to establish a coincidence between the epidemic development of the Oïdium and a greater frequency of certain forms of inflammation of the mucous membranes. The subject has been submitted to the consideration of the Academy of Medicine in Paris. (*Quarterly Journal of Science.*)

Original Communications.

TREATMENT OF CHOLERA.

By James Gardner, L.R.C.P.Ed., Bungay.

In my remarks on the subject of the pathology and treatment of cholera, inserted in the Journal of September 16th, my principal object was to elicit from those in the profession who had previously had some experience of the disease such practical information as would serve as a guide, and assist us in deciding how to act, should the disease come upon us. Since that time, two more cases have occurred in my own practice, both more severe in their character than the former cases. Both occurred in the latter part of September, since which I have met with no other cases. I at present merely observe that the violent retchings were stopped in both instances by calomel alone.

So far, we have received very little guide from the cases reported, with regard to the practical treatment of the disease. Should, however, the disease attack myself, the treatment that I should pursue and recommend to others would be a warm bath immediately, and remain in it until reaction takes place; putting four or five grains of calomel alone on the tongue; drinking cold water (with ice, if procurable). Should the sickness not abate in an hour, three grains of calomel should be given; and, on coming out of the bath, the patient should be wrapped up in blankets; hot bottles of water should be put in the bed; and frictions with camphorated oil and turpentine should be used. When reaction is restored, and feverish symptoms come on, an effervescing draught, with citrate of ammonia and soda, can be taken to allay thirst and fever. The principal object to accomplish is to restore the action of the liver and kidneys; as, unless this can be done, the disease invariably proves fatal. The first signs of recovery are, a return of bile in the evacuations, and urine from the bladder. I do not know if any *post mortem* examinations have been made in any of the cases already related. But would it not be satisfactory to know if there was any bile in the ductus communis choledochus, or urine in the bladder; and what was the state of the blood in the heart and vessels?

In the outbreak of cholera in 1832, my uncle, one of the old class of practitioners, who was in practice at Streatham, attended Brixton Prison, where the disease was very violent and carried off several of the inmates. He informed me that, after losing six or seven in a very short space of time, he applied for permission to make a *post mortem* examination, which was granted. After doing so in the next case, it induced him to treat all the other cases which occurred afterwards by putting them into a warm bath immediately, and bleeding whilst in the bath. He told me that, after pursuing this treatment, he did not lose another case. His explanation was, that he found the blood dark and coagulated in the heart and larger vessels; and that, from being drained of its fluid part by the excessive flow from the bowels, it was unable to circulate; so that the warm bath produced reaction sufficient to take away enough blood to restore the circulation. As much cold water was given in the meantime as the patient could drink.

Although my chief object has been to elicit some practical treatment of the disease, and not to enter too deeply into the pathology or physiological part of the question, I should wish to make a few observations, as concisely as possible, on the two vexed questions, as to the contagiousness of the disease, and whether it can arise *de novo*, or, in fact, without contagion.

In my former article, I mentioned that Dr. Wilson of the Haslar Hospital gave it as his opinion, from what he saw of the cases which occurred there in 1848 and 1849, that the disease was not contagious, because not any of the nurses, or those in contact with the patients, had the disease. I was formerly of the same opinion, from the fact of being shut up on board ship with the disease, and seeing those in attendance on the sick, and all the Europeans, with the exception of one formerly reported, escape the disease; as well as from observing its sudden departure on our getting to sea. This certainly appeared strong proof of its non-contagiousness. However, on giving the matter further consideration, I was induced to change my opinion from observing, what no doubt many other medical practitioners have seen in their practice, that other zymotic diseases, such as small-pox, measles, and scarlatina, which are known to be contagious, follow the same eccentric course, attacking sometimes only one or two in a family, those in attendance escaping; and the next attack being in a family residing at some distance, in an apparently healthy spot. All we can say is, that those attacked are, from a variety of causes, predisposed to the disease; and those escaping are enabled to withstand it. That the disease is communicable may, I think, be considered a settled fact. Such is certainly the opinion of the country practitioners whose opinion I have had on the subject. The cases at Epping, too, strongly corroborate this; and, if I remember rightly, Key of Guy's Hospital fell a martyr to the disease from going to a cholera patient, after coming home tired in the evening, without staying to take some refreshment. Of the many predisposing causes, I may mention fear as no doubt the worst; and this may explain why we see sometimes the apparently strong and robust man so easily succumb.

As to the question of zymotic diseases arising *de novo*, or independently of contagion, I find that time will not admit of my discussing it with that fulness which it deserves. Perhaps I may be allowed, on another occasion, to give the experience of between twenty and thirty years of fever seen in India, Australia, and China; having been twice struck down myself, once in India, and again in Australia; and nearly losing my life in both instances. In the latter place, as bearing on the point, I may mention that, after taking out emigrants in 1853, I was induced to go up the country and try my luck at the diggings (practising). The place to which I went was newly formed, about five or six miles from Ballaratt. Gold being found in large quantities, a rush was made, so that there were probably two or three thousand people assembled in a spot previously uninhabited. The only provisions to be got were mutton and damper. The sanitary state was quite unheeded. In the first month, there was not one case of fever. Soon afterwards, however, one case occurred, then another; and at the end of three months they were dying by scores of pure typhoid fever, in several instances running into typhus. I was with a party of three. One managed to reach Geelong, and died; his death was reported as typhus. I then fell ill myself, managed to reach Geelong, was admitted into the hospital, and recovered, but was obliged to come home invalided.

Now the question arises, how did this fever originate? Was it from contagion? or, as it is called, *de novo?* I leave it for the profession to judge.

And now I have a proposition to make to the members of the Association. A commission is now sitting to take into consideration the disease amongst cattle; and I have no doubt that the inquiry will be efficiently carried out. But as we are threatened by a disease equally disastrous to ourselves and fellow-creatures, if not more so, and as the Government does not seem inclined to stir, will it be out of the province of the Association to take the matter up? I would suggest that a Committee of the Association be formed to gain all the information as to the nature and treatment of cholera; that all the different Branches should form Subcommittees, and meet to discuss the subject; and I appeal to all the members of our Association to aid in carrying out the details, which I leave to the Committee to advise.

ON THE HOT WATER AND MUSTARD HIP-BATH IN CHOLERA.

By Joseph Bullar, M.D., Physician to the Royal South Hants Infirmary.

That my early friend Dr. Risdon Bennett's experience, in his large field in 1849, confirmed the principles of the means I have advocated as worthy an immediate trial in the epidemic now visiting us, must have its due weight.

Many years have passed since we both were fully engaged, though at a distance, in endeavouring to combat a disease which has not appeared since (with one partial exception) with the same violence; and, therefore, old modes of treatment, if good and safe, require to be revived for those especially to whom this disease is a novelty, and are asking, What shall we do?

I am not desirous to draw wider inferences from a single case than that case warrants; and it warrants the inference, that this common but powerful remedy of a hip-bath of hot water at 110°, with mustard (say from one to two ounces to a gallon), for half an hour, if used early, when all the symptoms are indeed present, but have not continued so long as to produce that dead state of blood from which recovery is very rare, is calculated, by its powerful revulsion to the surface, to stop the fatal flow of the uncoloured blood through the mucous membrane of the stomach and intestines which is destroying life by a white hæmorrhage.

As the great principle we all acknowledge as practically proved in this country is, that the mortality is diminished by arresting the premonitory diarrhœa to which so many are subject when cholera is present—so looking on one stage further: to that condition in which indeed vomiting and purging of rice-water, and cramps, and collapse of the surface, and its commencing lividity and failing pulse, are present; but before the next stage, in which the patient lies leaden, cold, prostrate, exhausted, with hardly power to vomit or to purge, with a hardly perceptible or absent pulse. In the stage preceding this fatal collapse, the immediate application of as powerful a stimulus as we possess—great heat and mustard—to the abdomen itself may, as in the case I related, be the turning point of recovery.

This inference the single case warrants; and, in emergencies by the bedside, we more often get from one fact, a central fact, well observed by ourselves, a more useful lesson (as my old friend will admit) than from any statistics based on a multitude of so-called facts, often loosely tabulated by others or imperfectly remembered by ourselves.

But it is this premonitory period of the fatal stage in which there is hope from such a remedy. Let this stage pass, neglected most often, or as bad, treated by mere placebos, or even by strong remedies instantly rejected, and the disease may turn on to that condition in which there is no real stamen left, and when a powerful stimulus excites the living powers for a short time only, and then they gradually or quickly cease.

Dr. Bennett relates, however, that he had, by packing his patients in blankets wrung out of very hot water, covered with dry blankets, and with mustard plasters to the abdomen and legs, sixteen consecutive recoveries, many of which might have been in this apparently hopeless stage; but next came, as was to be expected, deaths under the same remedies. The reason was undoubtedly that, in the cases which recovered, there was still living power left to work upon.

The statement, that the secretion from the stomach and bowels (for they are one in pouring out this rice-water) is a virulent poison, is based on the evidence that those who drink water from wells into which these excreta have percolated are liable to the worst forms of the disease; and the theory of Dr. Snow and Dr. W. Budd (of Clifton), that these excreta moist and dry, drank or tasted, or wafted by the air—a theory so vigorously promulgated and reduced to practice by Dr. W. Budd—has certainly the merit of explaining the general facts of the transmission of the disease.

Most remarkably has this view, as far as drinking the poison, been confirmed by a mercantile man who was at Constantinople in the late epidemic, and who relates (see *Medical Times and Gazette*) that the clothes and linen of cholera patients were washed at a common fountain; and, owing to a broken pipe, this water flowed into the drinking-water, and a large and most fatal outbreak of cholera immediately occurred in a large district of those who used the fountain—a fact confirmatory of numbers of others of a like kind. This view, that the *materies morbi* exists in the secretions, has enough probability to guide us in action.

To isolate and describe this possible cholera-cell, and to make experiments to prove that it is a purgative, are necessary to convert this probable theory into an incontrovertible law. If this cholera-cell exist, our microscopists will discover it; and, if we can judge of our present investigators by the past, none are so likely as some of our own body to test this experimentally on themselves.

And this point, as to the excretions from the gastro-intestinal mucous membrane being a virulent poison, is of vast practical importance. Dr. W. Budd has drawn up, in his *Memoranda on Asiatic Cholera, its Mode of Spreading, and its Prevention*, a series of rules for destroying this poison. With the evidence we have, it is certainly a wise precaution to take means to prevent any of the inmates of the house where there is any case of cholera from drinking the same well-water, and to remove the pump-handle, if necessary; to give directions to the nurses and attendants not to eat anything without washing their hands; in the medical attendant himself, not to drink tea or coffee, or anything cooked in water, in the house; and, if exhaustion compel him to eat and drink there, to confine that to wine, soda-water, and biscuits, eaten after washing his hands—all which directions simply and rationally follow the fact that cholera excretions infiltrating into wells have produced cholera.

And this brings me to the duty medical men owe their families and those dependent on them.

Amongst the few deaths from Asiatic cholera which have already occurred in England, and in two places

only, two medical men have died—Dr. McNab, sen., of Epping, and Mr. Francis Cooper of Southampton. Not ten days before his fatal attack, Mr. Cooper said to me, "I feel a young man;" and though I saw what he did not feel—the marks of the wear and tear of life—yet he was a man of unusual vigour, and of that kind of organisation most fitted for strength and endurance. The next time I saw him was twelve hours after his attack, when he lay prostrate, leaden, sunk-eyed, nearly pulseless, hopeless, except so far as there is hope in cholera where there is life. He had had disordered bowels for a week; but he continued his official work as officer of health, together with his private practice. He worked from morning to night, and for the last day or two without appetite. Then came the suddenly violent purging and vomiting, and he never had reaction. He might have taken medicines for the premonitory diarrhœa, and I believe he did; but he went on with his work, and this made the mischief fatal. Had he, when his bowels were loose and his appetite failing, gone to bed, kept himself warm and quiet, and in the recumbent posture, so essential to the treatment of diarrhœa of an urgent kind, taking any suitable medicines he knew would suit him, there seems no reason why, with his fine organisation, he might not have lived. And I would most strongly urge those of us who, whilst attending cholera cases, may have any diarrhœa or griping pain in the bowels, to do themselves what they would advise others to do—not to take astringents and go on with their work, but to go to bed, to apply a hot bag to their bowels, to keep quiet in the recumbent position until they are well; and, if they find this warmth and rest, and such remedies as they are in the habit of using for diarrhœa, do not remove it, and wish to get to work again soon, to sit in a hot water hip-bath at 90°, to raise it gradually to 110°, having mixed half a pound of mustard in it; and remain in it half an hour. I have seen a patient, who has had diarrhœa for nine days, get out of such a bath free from pain, and with no return afterwards of either the nine days' sickness or the purging. If a man has any doubt as to whether he should act on the safe side, let him think of the change in a prosperous household when the hard worker is gone.

CASE OF SENILE GANGRENE: RECOVERY.

By J. Birchenall, Esq., Macclesfield.

Hannah Adamson, aged 72, of swarthy complexion and bilious-nervous temperament, had been for many years the subject of a chronic bronchial affection, together with periodic asthmatic paroxysms in cold and changeable weather. She had also suffered much at times from acute rheumatic pains of the costal and intercostal muscles, from occasional gastrodynia, and other forms of muscular rheumatism. Her appetite had been failing for some time, and her strength declining (though formerly very robust); her flesh was wasted and flabby; and there was extreme arcus senilis, owing to the semi-erect and prone posture she had been obliged to maintain when in bed. On June 29th, 1864, she complained that, during the two previous nights, she had experienced agonising pain in the left foot, which, on examination, I found to be gangrenous, a dusky sub-inflammatory blush occupying the entire metatarsal surface; the little toe black and insensible, with a patch of vesication stretching onwards from its root towards the cuboid bone. A spirit lotion was ordered to be applied with lint, under a covering of oil-silk; and a pill, containing half a grain of opium with a grain of camphor, to be taken every three hours; the strength to be supported with beef-tea and soups; and, as the pulse was small and feeble, with milk and brandy in the intervals.

On the following day, I found the patient more free from suffering, though the slightest motion of the toes caused intense pain. The pills were continued; and camphorated spirit and laudanum, in the proportion of one of the latter to two of the former, substituted for the spirit lotion. This treatment was persisted in for three or four days; but, at the expiration of this period, as the erysipelatous blush was becoming more dusky, and the cutis under the vesicated portion of the integument was assuming a greenish orange tinge, it occurred to me to brush over the parts with tincture of iodine, in the proportion of forty-eight grains to the ounce.

On the following day, I was pleased to find that the duskiness of the skin, as well as its sensitiveness, was diminished; and that the serous exudation of the vesicle was getting absorbed; although, in the interval, the second toe had put on a dark livid hue on its under surface. The iodine application was now repeated at each visit, for six successive days, to the toes affected, as well as to the foot (the embrocation with lint being still continued). At this period, the latter had assumed a comparatively healthy appearance, the inflammatory blush and pain having entirely disappeared. The second toe had regained its natural state. Sensibility had returned in the little toe; it had lost its shrivelled character; and the upper surface was changed from a purplish to a brownish hue. To this warm poultices were now applied, under the use of which the cutis on the under surface slowly sloughed away, leaving a clean sore, which gradually cicatrised under the use of the unguentum ceræ.

Though there was no obvious indication of disease in the blood-vessels of the limb, as the remote cause of the gangrenous condition, I had reason to suspect organic disease of the heart and its large vessels; but its precise nature was not determined; as, at the time of her death, which occurred in January last (from general debility), I was again laid aside by my bronchitic affection.

IS ALCOHOL FOOD OR PHYSIC?

By Pathfinder.

I notice in a contemporary three laboured columns of writing, purporting to be a reply to a leader in this Journal on the question, Is Alcohol Food? May I be permitted to appraise this criticism very briefly? for to me it seems,

"Like a tale of little meaning, though the words are strong."

For any misapprehension which anybody may have of the nature of the French experiments, the eminent men who performed them are not responsible; but no misrepresentation can be greater than that which insinuates that only "a very minute portion" of the alcohol is accounted for. M. Perrin, in his crushing reply to M. Baudot, shows that nearly one-third was re-collected in some of his experiments; and a *litre* of French wine is not a quantity which, on a Frenchman especially, will produce "profound intoxication."

The charge of "inexact research" is itself an illustration of inexactness. The experimenters either did, or did not, make and record examples of the non-absorption of liquid chloroform and ether. If they did, I shall certainly trust to their record; without impeaching the differently circumstanced (because different) resultant of Dr. Anstie. If both be true, then

the error of the Frenchmen is an error of inference; generalising too soon. If they did not themselves experiment, then, again, they were simply illogical and credulous; but, in either case, the exactness of their actual researches on alcohol remains unaffected. If not, how can Dr. Anstie call them "contributions" of "great value"? The question is, did their experiments prove that alcohol is not decomposed in the body? Certainly they did. If ever anything was proved, they proved, first, that the living system, from within a few minutes of receiving alcohol and for long hours afterwards, persistently eliminates the poison; and, second, that the derivatives of alcohol (alcohol in the act of transition to aldehyde and acetic acid, as alleged by Todd) were never present. Talk about any other point than this, is simply impertinent and sophistical. I say to Dr. Anstie: If the eggs were eaten, produce the shells; if the wood were burnt, show me the ashes. Neither M. Baudot, nor he, I venture to say, can do this; but, until they do, the proof of the prooflessness of Dr. Todd's theory of alcohol being food remains irrefragable.

As to the question of alcohol as medicine, if Dr. Anstie could prove anything here, it would not in the least weaken the assertions made in the JOURNAL concerning food. But what Dr. Anstie does, is to concede "that a certain reaction has taken place since Dr. Todd's death against his practice in regard to the administration of alcohol"; and to "hope that a new and very delicate indication of the propriety, or otherwise, of commencing or continuing the use of alcohol in febrile states may hereafter be available"!

It is amusing to note the dogmatic tone with which this young author speaks of those who ignore his pet and prooflessness statement of the difference of action between the first and second, or second and third, spoonfuls of wine! Why, the most experienced and enlightened physicians who yet use alcohol—such as Dr. King Chambers—expressly use it for its sole virtue of narcotising, and as expressly repudiate the small dose system as an inefficient deadening of the system!

Dr. Chapman, another "working physiologist", as Dr. Anstie calls himself, in his little work on *Cholera* (pp. 34-7), while admitting some of the phenomena stated, gives a very different interpretation to them. But his cases show that, what Dr. Anstie alleges of minute doses of alcohol is equally true of "an extraordinary quantity"; which cuts away entirely the ground of Dr. Anstie's inference, that the difference of physiological condition resulting depends upon *an altered action of the alcohol*. After minutely detailing his cases in relation to alcohol and opium, Dr. Chapman arrives at a conclusion which seems to me much more reasonable and logical than the inference that where qualities of No. 1 (alcohol) and No. 2 (body) are joint causes, and when No. 2 is altered, the joint effect (3) is altered—therefore *à la* Anstie, it is because the quality of No. 1 is fundamentally different, in different doses. Dr. Chapman does not conclude that the nature of the drug is transformed, because it may "apparently" produce no narcotic symptoms (which are joint results). He says: "The drug is not inoperative; its influence on the brain is counterbalanced, and so far the exertion of narcotic power is masked (only); but its influence on the sympathetic (nerve) and on the spinal cord is in no degree opposed (or changed). On them it expends its full force, and, hidden from physical vision by co-operating with and intensifying the disease, hastens the death of the patient."

Dr. Anstie had need, on this weak point, to bring in the dead weight of Mr. J. S. Mill's logical authority. But, in doing so, he only falls out of the frying-pan into the fire. Mr. Mill, if examined by any competent person—such, for example, as Mr. Stirling, the author of the *Secret of Hegel*, and the critic upon Sir William Hamilton—would have enough to do to defend himself. I could point out a hundred fallacies in Mr. Mill; and I am not disposed to accept the responsibility of his judgments. I observe, for example, that he has the theory that intoxication arises from the vapour of alcohol ascending from the stomach! But what is the pith of the remarks quoted from him? Why, that *quantities* are important elements in certain effects. Of course they are; who ever disputed it? Is it not equally patent, that *qualities* are quite as important? But the astounding blunder (I will not say "unpardonable") is this: that the whole essence and meaning of the extract from Mill, has reference to the chemical law of equivalents and proportion. Now, is that law in any way involved in passing from the use of the first to the second glass of wine? Pray let Dr. Anstie explain himself.

The quantity, of course, has to do with the fact whether the action of alcohol be gentle or violent—*i.e.*, of a small or a larger degree; but how it affects the question of the kind of action, I am at a loss to perceive.

Mr. Mill, however, affords an excellent example of Dr. Anstie's cardinal fallacy that, because the physiological symptoms are different in different circumstances or with different doses of a drug, therefore the force and character of the drug is different. "If gravity retards the upward motion of a projectile and deflects it into a parabolic trajectory, it produces, in so doing, the very same kind of effect, and even the same quantity of effect, as it does in its ordinary operation of causing the perpendicular fall of bodies when simply deprived of their support."

I cannot believe that "gravity" is a different kind of force when seen in the curve and when seen in the right line—that impetus is a "stimulant" in the one and a "narcotic" in the other—as Dr. Anstie asserts of alcohol; possessing a different kind of property, or changing its qualities with the accident of dose or application.

Lastly, I observe that the "liberal" use of wine in puerperal cases is commended; and immediately followed by the assertion that it is a libel to affirm that medical prescription of intoxicants often creates drinking habits. Well, all I can say is, I know many such examples—deplorable examples; but, of course, Dr. Anstie will be ready with his reply. "So much the worse for the facts!"

MEDICAL SERVICES AND THEIR REWARD. The death of Dr. Francis Cooper of Southampton, brings into strong relief the burden which is often imposed on a conscientious officer of health. Dr. Cooper had held this post in Southampton for fifteen years, during which he calculated that he had paid sixty visits a week, ten for every working day, to local slaughter-houses, lodging-houses, and nuisances of every description. For all this labour—performed, as his townsmen believe, most thoroughly—he received at first nothing, then £150 a year, and at last £200; the highest reward being in fact equal to the wages of a first-class artisan. The task, moreover, is one which scarcely allows of private practice, and certainly brings no business; the well-to-do dreading the visits of a man always in contact with typhus and cholera, and stenches, and other unpleasant things. After the outburst of cholera in the town, Dr. Cooper worked "double tides," and though sixty-four years old and troubled with diarrhœa, still over-exerted himself to suppress a noxious effluvium arising from some cement works, and died of a virulent attack of cholera. He fell fighting as much as any soldier who ever died in the field. (*Pall Mall Gazette.*)

Transactions of Branches.

EAST ANGLIAN BRANCH.

ON POLYPIFORM CONCRETIONS OF HEART: WITH CASE.

By John W. Goodwin, M.D., Bury St. Edmunds.

[*Read July 14th*, 1865.]

Polypous concretions of the heart have been noticed by writers from a very early period; as early as the commencement of the sixteenth century. Galen was probably acquainted with the existence of concretions in the arteries, as he alludes to the complaint of Antipater under the name of slight obstructions of the arteries. Pasta, Tantoni, Ruysch, and others, believed that these concretions were invariably formed after death; whilst, against these, are authorities of equal weight—Malpighi, Vater, Van Swieten, Morgagni, and Haller, men of extensive learning and deep anatomical knowledge as well as practical experience—and they all both defend the existence of polypi, and have either themselves seen such as had long existed in the living body, or mention them as having been seen on the authority of others. Hence there has been a grand division of these concretions into true and false; the former having been formed during life, and having, in fact, occasioned the disease; the latter only formed at or after the patient's death. Of these two classes, the latter is incomparably the more frequent. That the blood is capable of coagulating, and even becoming organised, during life, within its natural recipients, we have certain proof in what takes place in inflamed and obstructed veins; and, therefore, it is not unreasonable to expect a similar change in the cavities of the heart under similar circumstances.

Rokitansky gives the best account of polypiform concretions that I am acquainted with. He says that there can be no doubt that fibrinous concretions are formed in the heart from the blood during life; and it would appear certain, that they form an organic textural connection with the inner wall of the heart; and, further, that they experience various metamorphoses in their elementary composition. The conditions of the formation exist partly in the heart and partly in the blood, and both are not unfrequently coexistent; the latter, however, are the more important; while the former are to be regarded as merely affording favourable special causes. The first condition involves an abnormally prolonged continuance of the blood in the cavities of the heart, in consequence of a decrease in the activity of the heart's action, as in hypertrophies of considerable intensity, passive dilatations, and in every death-struggle depending on general paralysis, or in consequence of pre-existing contractions of the orifices; or there may be various mechanical conditions in the form of inequalities and roughnesses on the walls of the heart and on the valves on which the blood deposits its fibrine. The second and most essential condition consists in an unusual tendency on the part of the blood to deposit its fibrine. Rokitansky is of opinion that polypous concretions cannot in themselves be regarded as evidence of endocarditis, where the essential evidences of the presence of this disease are wanting. He describes them as of a roundish-oval or cylindrical form of various sizes; and they appear attached to a broad or narrow base as by a pedicle. They are of a sponge-like or elastic and tough consistence. They generally consist of a fibroid structure; but, in some cases, exhibit a soft texture composed of membranes covered with elementary granules and cellular nuclei of delicate fibrilli, and of thick and even tubular fibres and amorphous coagula. Their colour is red, yellowish-red, or white. When they are gradually receiving one or more coverings of newly formed endocardium, which extends from them to the inner surface of the heart, they present the appearance of having been developed below the original endorcardium, or, at all events, in the innermost layers of the muscular substance of the heart. Osseous and cretaceous concretions may be developed in them. We have never been able to detect vessels in them. He gives three classes of them.

1. Clotty, roundish, membranous, ramifying coagula.

2. Globular vegetations, usually confined to the left ventricle, though occasionally seen in the left auricle, as well as the right and left ventricle.

3. All those coagula which have, in recent times, been distinguished under the collective designation of vegetations of the valves of the heart.

To the second class I should consider the specimen which I have the opportunity of exhibiting to-day to belong. On the posterior wall of the left auricle, centrally situated about one inch above the valves, I found a large pyriform polypus, of about the size of a green fig; of a yellowish-green colour externally; soft and gelatinous in feel when slightly touched; but, when squeezed, it appeared to have a firm nucleus. It was attached to the auricle by a broad pedicle. It exactly reached and fitted into the auriculo-ventricular valve. The appearance now is very different from the effect of the spirit. The outer gelatinous coating is gone; which, no doubt, was the latterly deposited fibrine. I imagine this to have been a fibrinous coagulum metamorphosed into this globular vegetation now firmly adherent to the wall of the auricle. There is no evidence of a clear character of endocarditis; but I imagine that there must have been some special mechanical condition at the point of attachment, from some cause or other, which furnished the necessary nucleus for deposition of fibrine. The heart was dilated; and conjoined to this was a peculiar blood-crasis, rendering that fluid more capable of depositing its fibrine. That this latter condition was present, is shown by another morbid appearance found in the left kidney; where you may see that there are two or three large fibrinous deposits extending from the surface into the cortical substance, and of a pyramidal form. The fibrous coat of the kidney had also corresponding patches of deposit, giving the kidney a highly variegated appearance.

The subject of this case was a man of 50 years of age, a porter in a seed-warehouse, of rather intemperate habits, but still by no means an unhealthy-looking man. He was a strongly built man; and he stated that he had never had a day's illness in his life. His work was to carry very heavy weights, sacks of seeds, etc. About a year and a half ago, he found his breath becoming rather short; but still not sufficient to cause him to give up work, until about a month previous to his admission into the hospital on May 23rd, 1865. He had a peculiar half-scared, staring look about the eyes; and his complaint was of cough and great shortness of breath, which caused intense constriction and tightness in the chest on the slightest exertion, and a feeling of impending suffocation; his lips were blue, and his face a dusky colour. There was an increase of pericardial dulness; no increased impulse. The pulses in both wrists were extremely irregular and small. There was a very loud, harsh, double murmur, heard all over the chest. The lungs were engorged; and sibilant and bronchial *râles* were everywhere to be

heard. His nights were very bad, and he could get no sleep; and he complained of constant uneasiness in the epigastrium. My diagnosis of his case was obstructive disease of the mitral valve, with regurgitant aortic disease. He had slight œdema of the ankles and legs, but to no great extent. His treatment was very simple. The kidneys and bowels were kept active; and slight stimulants and sedatives were given. He gradually sank; the dyspnœa increased; and he died suffocated.

Now, the symptoms in this case were shortly as follows. The pulse was small, unequally irregular, and intermittent; great anxiety; extreme uneasiness and painful sensations in the chest; difficult breathing; cough and expectoration; dark dusky-looking face and blue lips; slight œdema of ankles and legs. He had always been a healthy man; and had no history to give of heart-inflammation. He was accustomed to lift great weights, which probably caused him at times to be exhausted and faint; he was intemperate. To correspond with these symptoms, I find a dilated heart; with this curious polypus in the left auricle acting as a ball-valve for the closure of the auriculo-ventricular orifice; an unusually good specimen of nutmeg-liver; and these fibrinous deposits in the kidney. I imagine that this polypus must have been in existence a very long time, probably for years; but until it had acquired a sufficiently large size, by gradual accretions of fibrine, to interfere with the mitral orifice, little or no inconvenience was felt. The firm and organised nature of its attachment make me believe that it must have existed for years. Knowing how doubtful the history of heart-disease is, and the formidable appearances which are often found after death, I confess I expected to find some very decided indications of old standing valvular inflammation; but as the result is, I think they may be said to be entirely absent. His habits of life, the nature of his employment, must have gradually caused that alteration in the character of the blood, which I believe to be the origin of this curious formation; some particular accidental circumstance determining its attachment at this particular spot. The extreme rarity of such a morbid appearance must be my apology for having detained the meeting so long.

The Indian Medical Service. We hear that the want of medical officers for duty in India, has at last arrived at such a pitch, that, at the suggestion of the Commander-in-Chief, government has telegraphed to Sir Charles Wood upon the subject. The department is miserably underhanded, because its members are underpaid and uncared for, and have been systematically deceived by the Secretary of State. Regretting the present condition of things as an immediate evil, we could otherwise rather congratulate our Indian medical establishment upon a dilemma that will probably enforce an improvement in their position ere long. (*Times of India.*)

The Poison of Mushrooms. MM. Sicard and Schoras give, in the *Journal de Pharmacie*, the following conclusions regarding the poison of mushrooms. 1. The poisonous principle that exists in many species of mushrooms ought to be regarded as an alkaloid, as it unites with acids and forms salts. 2. This salt, obtained by the process described in their paper, is extremely poisonous. The employment of an indefinitely small quantity, in the authors' experience, was always mortal to frogs. A small quantity also was sufficient to kill a dog; and it is remarkable that the effects exercised upon the animal organism by this substance are the same as those observed in latter times from *Curarin*.

Reviews and Notices.

The Antecedents of Cancer. By Charles H. Moore, F.R.C.S., Surgeon to the Middlesex Hospital. Pp. 53. London: 1865.

Mr. Moore has published his very valuable paper read on the above subject at the last meeting of the British Medical Association. He has, in doing so, made several additions to it; and we are sure our readers will be glad to know what they are. In a preface, Mr. Moore lays down the points upon which he holds that information is still especially wanted; and we may take this opportunity of saying that we know Mr. Moore will feel greatly obliged to any members of our profession who will communicate to him the results of their experience in the matter. He says:

"It is to be hoped that the study of cancer will be prosecuted on a larger scale than heretofore, and in a new direction. Much has been already ascertained, and doubtless yet more will be discovered, with regard to its nature when once established in the body; and for such inquiries the opportunities are ample. From the extent of the mortality and the average duration of the disease, I calculate that there cannot be fewer than 30,000 persons suffering from cancer in England and Wales; and, while patients are but too abundant, special establishments for their reception and relief are being multiplied. Our old endowed department of the Middlesex Hospital is no longer the only institution for cancer. The towns in the provinces have begun to set apart wards for such cases. At St. Petersburg, the Empress of all the Russias is at this moment engaged in erecting a special hospital for this malady, which is planned to accommodate 150 patients. Besides benefiting a people among whom cancer seems to be unusually rife, her munificence will confer on her intelligent medical officers vast opportunities of extending our knowledge and improving the treatment of the disease.

"But that which now even more demands attention than the pursuit of cancer through its stages of increase and decay, is the antecedent condition to which it is due. There are fewer facilities for the detection of this than might be expected in public institutions, where no intimate preliminary acquaintance with the applicants can be had, and where aid is too rarely sought, even at the beginning of the disease. Misled by the trifling inconvenience which it then usually occasions, or deterred by dread of an operation, or of disreputation from the avowal of such an ailment, patients fail to bring it to the cognisance of their medical attendant in its incipient stage. The opportunity of early investigation, as well as the advantage of prompt treatment, is thus missed. Yet somewhere, among the personal, social, industrial, traumatic, or geographical conditions of the patient, in the *débris* of foregoing disease, or in his ancestral entail, the cause of cancer surely lies within reach of an adequate search. May it not be that reflection on the part of our elder associates—practitioners who have been sole attendants of families for years before the appearance of cancer among them—should bring to light some further facts bearing on this inquiry?

"We need to know, amongst other things, these chiefly:

"*a.* The nature of the cases returned as cancer. Of this there is probably little doubt at the time of death.

"*b*. The fact of its unequal distribution in the community. This should include returns from districts which have little cancer, as well as from those which have much.

"*c*. Differences in the form and usual duration of the disease, and in its primary site, which vary, as I have reason to think, in different parts of the country.

"*d*. The concurrent morbid productions of the places where cancer is rife, and the alternative diseases, or those prevalent where it is rare.

"*e*. The general condition of the people who are the more liable to cancer, and of those among whom it is infrequent.

"*f*. The individual characteristics of the person affected with cancer: his place in his mother's family; his vigour as compared with that of his brothers and sisters; his previous state of health or disease; the usual and the fatal ailments of other members of his family; and any further facts which might seem to bear upon the origination of the disease.

"*g*. Is it too much to hope that, amid such reflection, circumstances capable of repetition might be recalled to mind, in which a temporary or a permanent arrest of the disease could be traced to some definite cause?

"The greater part of the following argument—a mere essay in so great an inquiry—was presented to the British Medical Association at their last annual meeting at Leamington. It was designedly made brief, and chiefly suggestive, being prepared, at the request of the Committee of Council, for the purpose of introducing a discussion on the subject, 'Are there any Antecedent Conditions influencing the Production of Cancer?' It is a part of the result of the study of this disease to which I am bound by my office in the Middlesex Hospital. In some degree it is a return to the profession of their own labours, which are compiled in the volumes of the Registrar-General; and it has been furnished forth with contributions, which I gladly and gratefully acknowledge, from Kendal, by Mr. Noble; from Newcastle-on-Tyne, by Dr. William Murray; from Derby, by Mr. Curgenwen; from Leicester, by Mr. Benfield; from Exeter, by Mr. Kempe; from Plymouth, by Mr. Eccles; and from Dr. Stewart, Mr. De Morgan, Mr. Nunn, and others of my friends and colleagues, both medical and surgical, at the Middlesex Hospital." (Pp. iii-vi.)

Under the head of sequence of the tumours, Mr. Moore says:

"A doubt as to the usual sequence being preserved in the formation of the tumours cannot reasonably be entertained when it has been distinguished in another equally rapid case. Such a case came under my care ten years ago at the Middlesex Hospital. A well-grown and womanly looking girl of fourteen years of age noticed some soreness at the fissure of the palm near the ring finger of the left hand. In a week there was a small nodule there of the size of a pea, and situated under the skin. Four days subsequently the lymphatics inflamed, the skin along their course was temporarily marked with red lines, and a tumour as large as a hazel-nut was noticed in the middle and inner part of the upper arm. This was slightly painful, and was hard. A swelling as large as a pea next formed four inches higher up, near the axilla, which rapidly grew to the size of a large nut, diminished, and then increased again. The tumour in the hand was opened, but no matter flowed. All this had happened in one month, when the girl came under my care. In three weeks more the palmar tumour increased greatly in size, and was partly soft, partly firm and nodular. The tumours in the arm increased, and a slight tender lump appeared in the neck, near the left angle of the jaw. In the succeeding week, the eighth of the disease, three days of unexpected inflammation yet more increased the tumour in the hand, which sloughed on its surface, and presented the everted edge of cancer at the open parts. At the same time a new tumour formed above the wrist, near the ulnar nerve. Eventually tumours formed in the skull, and the upper parts of the body, and she died in about half a year from the outbreak of the disease. The orderly appearance of the tumours in this rapid case was as clear as in any which have a more chronic course, and their derivation from that which first grew in the hand was equally demonstrated." (P. 10, 11.)

As regards the connexion between tubercle and cancer, Mr. Moore adds:

"Enough, perhaps, has been already said upon the relation of cancer to tubercle. It is not altogether inconceivable that they are related; but not as cause and effect. The occasional though very rare occurrence of a subsidence of cancer upon the outburst of pulmonary phthisis apparently establishes the fact of a connection, though it be an antagonistic one, between them. Consumption, moreover, is in some few families a kind of alternative of cancer, proving fatal to those members of the household who do not die of the latter disease. But, in the relation of cause and effect, it must be admitted that no definite connexion is made out between tubercle and cancer. There is little resemblance between the antecedent conditions of those who are liable to the two diseases. And it is likely that their somewhat frequent coincidence in the same persons, albeit at different periods of life, and in different organs of the body, is due to the fearful prevalence of phthisis in the community. If in one year 66,612 persons amongst us die of tubercle in some of its forms, traces of once active tubercle may be very frequently found in the bodies of those who survive it and die of other diseases. But these facts furnish no ground for supposing cancer more than other diseases to be an offspring of tubercle, but rather for regarding it as equally independent of them all, and as springing up with indifference to all known morbid conditions, whether of the body in general or of any of its organs." (P. 25, 26.)

"If the conclusion be accepted, that cancer is unconnected with any previous general malady, and is primarily a local disease, the search for its cause is much narrowed. We have to look for it in the prior conditions of the structures in which it originates, and in such personal characteristics as influence structural growth. The local occasion of cancer may be changes induced from without during the course of life in a tissue once rightly formed, or it may reside in a yet anterior, that is an original, misconstruction of it.

"As to the former of these conceivable causes, cancer may certainly, in its least virulent and heterologous form, come on where there has been prolonged local irritation. But no amount of irritation is of itself sufficient to induce it, or cancer would be excited in multitudes of places and conditions where it never comes, as by the lifelong annoyance of a corn. Some far more specific occasion is needed to induce a growth of cancer. Thus, at various orifices within and without the body, at parts, as the navel and the recto-cutaneous septum, where embryonic growth comes latest to perfection, among organs, as the thymus gland, whose life ends before that of the rest of the frame, about chronic ulcers and fistulæ, characterised by long repetition of the same fruitless efforts at repair, even also in scars, cancer originates; but it does so under conditions of cellular growth and decay, with which, in some few regions, but not in

all, friction, injury, or traumatic irritation may combine, which they may possibly even intensify, but which they are incompetent to produce. In regard to the second presumed cause of cancer, whilst the growth of the disease in moles and other defective parts of the integument, or in an undescended testis, declares plainly what exposure to disease results from original imperfection of structure, it is not possible to draw from that occurrence the universal conclusion, that cancer is a product of incompleteness or feebleness of primordial construction. There are many defects and deformities, involving various textures, and entailing on them a permanent feebleness, in which yet no outbreak of cancer is ever known. This branch of the inquiry is in an unsatisfactory state, and is thus likely to continue, so long as we are without the means of observing organs previously to the development of cancer in them, or are unable to discern the nature and the moment of the first textural change.

"In a more general way, the prior condition of the persons exposed to cancer allows of being ascertained; and the results of my investigations appear to justify the following assertion with regard to it." (Pp. 27-29.)

Further on, Mr. Moore says:

"It is not necessary, and may not indeed be advantageous, to suggest any explanation of the possible influence of prior healthiness upon the production of cancer. A theory which should attempt to account for the growth of disease out of health must, from the nature of the case, render the acceptance of the fact itself precarious. I am emboldened, nevertheless, to offer my own opinion as to the ultimate occasion of the disease, because, being formed independently, and from an altogether different view of the subject, it coincides to some extent with the conclusions of certain other observers. It is thus partly in accord with the opinion of Mr. Simon, that cancer is a new organ, and partly with that of Mr. Hutchinson, who graphically ascribes the outbreak of cancer to a mutiny and ineffective regulation of some, it may be even a very few, of the cells.

"It appears to me that persons of unusual vigour possess in their textures a capability of action beyond that which suffices, and is usually employed, for their perfect construction. Growth naturally stops at the point which best suits the destiny of the organ, and the demand of the remainder of the system upon that organ. An excessive demand on a completed structure leads to hypertrophy or over secretion, as the case may be. But this capability I think of is not one issuing in hypertrophy, but in a new formation. It is the reproductive faculty of tissue, as distinguished from that of the species; and the new growth resulting from it is equivalent in nature to that which prepares the lung or the tooth in the embryo, not because of any present demand for its use, but in readiness for service yet future. Whilst equivalent in nature to new embryonic formations, and thereby distinguished from hypertrophy, it begins and proceeds without adequate control. Just as there is no use in the adult frame for superfluous growth, for any parts beyond those which constituted the original and total body, so there is no power in it to model an untimely bud into a new organ. And neither is there a genial directing maternal influence; for the individual, severed and already grown, has virtually no longer a parent.

"There is, I conceive, such an active formative control by the mother over the young she carries, corresponding in body to that which she afterwards exercises over mind. I think I even recognise a converse influence of the fœtus upon the mother, and am prepared, therefore, to find the power to grow, which is of the life of the embryo, modified by the power to control and direct, which is maternal. It is true that the fœtus is as isolated as it possibly could be; suspended in liquid, connected with its mother only by a nerveless funis, not continuous, even at the attachment of the placenta, and distinct in its very blood current; yet there is connection enough to impress figure, and feature, and every external stamp of lineage, upon the child; and it is presumable that the regulating influence reaches to the internal organs, even to their first development and their place, no less than to their minuter construction.

"According to this view, the period of uterine life constitutes the spring time of existence. Then only are new organs produced. When a bud is put forth in after life, in its summer, or autumn, or winter, it is without the order, the slowness and definiteness of growth, and the compact isolation of a normal organ. It manifests an uncommon survival of embryonic power in the person in whom it sprouts, a residual vernal energy, potential spring; yet, for want of the control of a modelling power, its growth is excessive, and its final construction, at the same time, stops short of the perfectness of the rest of the adult body.

"It accords with this theory, that cancer is almost peculiar to organs during the wane of their functional activity. When special nervous sensitiveness is over, when the variations of the vascular system are out of correspondence with the local nutrition, when tissue metamorphosis is at a minimum, and the part is reduced from its capability and energy as an organ to something less than even a tissue securing its own maintenance (for it may be actually shrinking), then any disproportionate activity, any renewed impulse of growth, in a single microscopic structure, would be not only beyond the control of the rest of such an organ, but in excess of its ability to resist encroachment. Of such renewed activity of life may cancer be the product; for it is but an undirected and unrestrained heaping together of materials in their earliest form of development. Its value to the organ it springs from is less than *nil*, since with superior vitality it supersedes the waning or extinct forces of its site, which it destroys in place of renewing. Its subsequent general influence in the body is as pernicious, as that of oxygen, which it resembles in its diffusibleness, is good.

"There is one conclusion from the facts brought forward in this paper, which, though collateral only, and not contemplated at the institution of the inquiry, is yet of too great importance to pass unnonoticed. I allude to the valuable argument furnished by them for early operations in cancer, and an argument which corresponds with their comparative success." (Pp. 49-53.)

THE CLIMATE OF MALAGA, IN THE TREATMENT OF CHRONIC PULMONARY DISEASE. By THOMAS MORE MADDEN, M.D. Dublin: 1865.

DR. T. M. MADDEN, in this pamphlet, says:

"In my opinion, when a very dry, warm, tonic winter climate is indicated in the treatment of chronic pulmonary disease, especially phthisis, Malaga will be found superior to any health-resort in Europe, and only inferior to Western Australia and Upper Egypt."

Malaga is, he says, easy of access. Its climate is dry, equable, warm, and somewhat bracing; but at night the temperature falls rapidly. The mean annual temperature of Malaga is 65°; of its winter, 55°; and of its spring, 68°. Rainy days are less numerous there than in any part of Southern Europe. But

Malaga has its drawbacks. The north-west wind is "un viento fatal", a deadly wind; and when this *terral* prevails, patients must keep in-doors. Cold weather, though it does not last long, is severely felt there; for there are no means of keeping out the cold, or of warming the rooms, except the *brasero* or pan of deadly charcoal. As for the food, Dr. Madden says:

"It must be admitted that the animal food in Malaga is very inferior to that used in this country. The meat there is generally hard, stringy, lean, and flavourless, except the pork, which, as throughout Spain, is excellent, but is not a fit food for invalids. The fish, however, is of such good quality, and of so many various kinds, that it makes up in a great measure for the shortcomings of the animal food, and invalids may manage to live very well and very cheaply at the hotels, on fish, kid, turkeys, ducks, fowl, game, especially partridge, which is a standing dish here, and vegetables and fruits, many of which are unknown, except as rarities, in this country, even if they do not choose to venture on the meats served at the *table d'hôte*. Spanish cookery is generally considered as intolerable by British travellers, but I think this is mere prejudice; and that garlic and oil, which enter so largely into all culinary operations in Spain, are absolutely necessary (moderately used) to supply the want of fat and of flavour in the meat, and to render it more digestible."

The hygienic state of Malaga is not flattering; "it is as defective as it can well be." In fact, Malaga is a capital illustration of "the connexion of zymotic diseases with bad sewerage." There is also another "peculiar affection, which frequently attacks strangers at Malaga" soon after their arrival.

"It consists of a very painful acute inflammation of the margin of the gums, leading to the formation of minute ulcers round the teeth, and attended with considerable constitutional irritation."

Deaths from consumption among the natives are less than in any other European southern locality. But the statistics do not seem to us very satisfactory; for they tell us at the same time that deaths from affections of the respiratory organs are nearly as great as in Dublin. Altogether, we can scarcely say that Dr. Madden's details of Malaga bear out the favourable conclusion at which he has arrived of its excellence as a residence for invalids.

WINTER IN THE SOUTH OF EUROPE; or, Mentone, the Riviera, Corsica, Sicily, and Biarritz, as Winter Climates. By J. HENRY BENNET, M.D., M.R.C.P., late Physician-Accoucheur to the Royal Free Hospital, etc. Third Edition. Pp. 442. London: 1865.

SINCE the second edition of this work appeared, between two and three years ago, Dr. BENNET has collected material by means of which he has been enabled to make considerable addition to his work.

The chapter on Sicily is an entirely new one. That island was visited by Dr. Bennet in the winter of 1862-63.

The whole work is a most pleasantly written and instructive account of the various localities in the South of Europe, which Dr. Bennet has visited with a view to testing their capabilities as health-resorts.

British Medical Journal.

SATURDAY, NOVEMBER 4TH, 1865.

[THE question of voting of country Fellows by papers will again come before the Council of the Royal College of Surgeons at its next meeting during the current month. We have already informed our readers of the position in which the matter stands at present. The Council has again received, and this time favourably considered, the memorial of the British Medical Association; and, we have good reason to believe, will take steps to enable the country Fellows to obtain the vote, if assured that they actually desire it. It, therefore, becomes incumbent on the members of the different Branches immediately to take the necessary steps of giving the College the proof it desires, by obtaining the signatures of assenting Fellows of the College. We do not at all know how the Council of the College became seized with the idea that there was any lukewarmness felt by the Association on the subject. We have no doubt that at least a hundred and fifty members of the Association were present at Leamington when the memorial to the College was unanimously agreed to; and it must be remembered that the same document had been previously agreed to, first, by the Committee of Council of the Association, and, secondly, by the Council of the Association; and that this is not the first time the Association has memorialised the College on the subject. Under the circumstances, nevertheless, it is evident that the Fellows should take at once the proper steps of showing the College that they are desirous of obtaining the power of voting by paper. The result of the elections of Oxford University demonstrates that voting by papers may be most satisfactorily carried out. The body of Fellows was created on purpose to make a constituency to elect the Council; and it is very certain that the giving of votes to country Fellows will not create a system of canvassing. There is, therefore, clearly every reason why the country Fellows should have the power of voting by paper.—Since writing the above, we learn that our Branch Secretaries will be requested at once to obtain the signatures of Fellows residing in their districts. No time should be lost in doing this. The returns should be forwarded as early as possible to the General Secretary, T. Watkin Williams, Esq., Birmingham.]

MOVEABLE KIDNEY.

M. Trousseau lately made a few clinical remarks on this subject, of which the following is a summary.

A strong, healthy man, thirty-five years old, presented himself, complaining of having a tumour in his belly. He had frequently had pain at the part where the swelling was; and there the abdomen was found scored with the cicatrices of cuppings and leeches, which had been used, as he said, to cure attacks of *peritonitis!* On examination, there was discovered a solid, oblong, roundish tumour, painful to the touch, in the right side; it was easily moved backwards, but could not be brought to the medial line. By regular and careful pressure, it could be forced back into the right renal region. To demonstrate the nature of the tumour, M. Trousseau pressed upon it slightly, so as to produce pain; and then pressed over the region of the left kidney, and so produced pain, as the patient said, of an exactly similar kind. A proper bandage was ordered for the man, to protect the kidney from external injury.

In most cases, the kidney displaced is the right kidney; and much more frequently, according to statistics, is it displaced in women than in men.

What is the cause of this displacement of the organ? and why is the right kidney more frequently displaced than the left?

Nature displays a wondrous art in protecting the organs of the body—a simplicity in means, and a marvellous grandeur in effects—which cannot be too highly admired. "Although arrived at a time of life when one is little apt to be enthusiastic in the contemplation of these works of Nature, I feel," said M. Trousseau, "full of enthusiasm." The brain, for example, is lodged in a bony cavity, thin, but resistant; thin, that it may not press heavily, so as to interfere with the movements of the head; and resistant, being a spheroid, and composed of bones so grooved one into the other as to prevent shocks by effecting a decomposition of forces. The spinal cord is equally well protected, solidity being joined with flexibility. We know, again, how the lungs dilate in their flexible, resistant cage. The liver, again, is hidden behind the lower right false ribs, and under the diaphragmatic arch; the spleen is protected by the lower left false ribs. The kidneys lie upon thick masses of muscles, and are protected by the spinal column, by the muscles, by the transverse processes of the lumbar vertebræ, etc., and by the intestinal convolutions which separate therefrom the abdominal walls in front. The bladder and the uterus are hidden in the pelvic cavity. The intestines alone seem ill protected by the walls of the abdomen; but, as they contract and expand, a distensible cavity was necessary for them. Yet are they not unprotected. In order that their contents may be passed freely along, the intestines are distended with air; and this air forms an elastic cushion for their protection. Moreover, they have a remarkable facility of movement, accommodating themselves readily to pressure. Hence, then, the stomach and intestines alone are in contact with the soft walls of the abdomen. All the solid organs—the liver, the spleen, kidneys, and uterus—are deeply seated, or protected by bony covering. Pressure on these solid organs produces pain.

Are moveable kidneys always painful? M. Walther, who has carefully investigated this subject, finds that the kidneys are moveable in a considerable number of persons, who suffer in no way from them. The kidney, under such conditions, usually becomes painful suddenly, after violent pressure, or after great fatigue. Thus, for example, a gentleman complained of great pain in the right side of his abdomen. The surgeon at once discovered a moveable kidney. But how came it to be thus suddenly painful? On inquiry, it was found that the patient had to do duty as national guard every six months; and that on the last occasion, having grown stout, he had much difficulty in putting on his uniform. The pressure on his abdomen was consequently very great, and on the morrow the pain was considerable. Rest and a bandage were all that was required for the treatment. Three cases which have come under M. Trousseau's notice were in men; but M. Roger has said that the affection is much more common in women than in men; and, of thirty-five cases collected by Dr. Fritz, thirty were observed in women. M. Cruveilhier has explained this by the suggestion, that the right kidney is more readily displaced by the pressure indirectly exercised on it through the liver by the stays.

There is nothing surprising in this dislocation of the kidney. We must remember the slight attachments which the kidneys have. They are held to the vascular system only by arteries and veins; and the tissue which attaches them to the surrounding parts is only a feeble bond of union. In fact, the only actual bond is the peritoneum, which fixes the organs against the quadratus lumborum; and the peritoneum is certainly not a firm bond of attachment.

M. Walther's researches show that, in the majority of cases, the symptoms indicative of the affection are very slight. Often, indeed, the existence of the floating kidney is only discovered accidentally. The nature of the moveable body may be generally made out when its existence is ascertained. It is smooth and ovoid, and has, in fact, the shape of a kidney; it is dull to percussion. Careful palpation also may show an absence of the kidney in the corresponding lumbar region. Pressure also on the moveable body will produce the same kind of pain as it produces on the other kidney *in situ*. A tumour of the liver is not moveable. The spleen, when depressed, is larger

than the kidney. But, nevertheless, moveable kidneys have been mistaken for disease of the liver, of the gall-bladder, of the spleen, of the mesentery, of the intestines, and for fibrous disease of the ovary.

As for the treatment, all we can do is to support and protect the kidney so displaced. What is especially worthy of note, in reference to floating kidney, is this: that the displacement is far from unfrequent; that its nature is very generally misunderstood; that the patient is consequently often put to much inconvenience through error of treatment, and to much unnecessary mental anxiety; and that, by keeping the fact of the existence of this affection in his mind, the medical man may sometimes save himself from much disrepute and annoyance.

MORTALITY OF TROOPS IN INDIA.

The Royal Sanitary Commission of India some time since alarmed the public by announcing that the present mortality of European troops in India was 69 per 1000. The Commissioners remarked that upwards of 5000 recruits would be consequently required from this country every year to fill up the death vacancies in the Queen's Indian Army. In the same Report, it was maintained that five-sevenths of this mortality was preventible by sanitary improvements, that the death-rate could be reduced from 69 to 20 per 1000, and the demand for recruits from 5037 to 1460.

The Government of India, however, contradicted the statements and refuted the conclusions of the Commission. It declared that the present mortality of European troops in India was nearer 20 than 69 per 1000, and explained the discrepancy.

"The Commissioners have been reckoning on fallacious principles. They began with the early years of the century, and finished with 1856. The true point to be ascertained was not the death-rate between 1816 and 1856, but the death-rate at this very day, and that was soon found. The actual number of deaths (said the Indian Government) was only 1408, instead of 5037, in the year 1862, and it was not much greater in 1863."

This is a very satisfactory refutation of the statements made by the Commission; and happily, though the Commissioners justify the plan of their Report, they do not attempt to gainsay the statistics of the Government. They were, it appears, appointed in 1859, and pursued their inquiries in England up to 1861, while similar inquiries were conducted under their auspices in India itself. In 1861, their work terminated; but their Report was not published till 1863. Thus, the Government receive a Report in 1863, professing to comment on the "present" mortality of the Indian Army, which took no heed of anything later than 1855 or 1856.

The mistake of the Commissioners was, that they did not make it clearer that their conclusions had been based on imperfect returns, and were inapplicable to the present state of things. The average mortality of soldiers in India for the forty years preceding 1856, could certainly not be described with any correctness as the mortality "now" prevailing. The average for the years 1860-1864 would undoubtedly give us the "present" death-rate more nearly. At all events, the grand and satisfactory point seems to be that, since the cessation of war and the introduction of sanitary improvements, the mortality of soldiers in India has not been 69 in 1000, but only 20.

CHANGE OF TYPE IN DISEASE.

[*Communicated.*]

We would recommend the gentlemen who deny the truth of this theory to study some of the writings of the ophthalmic surgeons of twenty-five years back. They will find that men of large experience—whose names indeed were household words—considered that, in the treatment of eye-diseases, the most violent remedies were needed. It is not possible that they could be mistaken.

Mr. Guthrie must have been correct when he believed that, "as a general rule, the patient should be bled largely after any of the operations for the formation of an artificial pupil." It is true that this operation is *now* the most simple and least painful one that can be performed; but then disease has changed its type! When an unhappy man became blind, without a symptom of inflammation or any appreciable structural change, he was said to be suffering from amaurosis. Immediately, he was got under the influence of mercury, kept on low diet, and had a long issue made in his scalp. The ophthalmoscope *now* shows that such treatment would be perfectly ruinous; but in 1865 disease has changed its type!

Syphilitic iritis in infants was a fearful malady, even in 1843 (see Walker's *Oculist's Vade Mecum*). Leeches to the lids, "in such numbers as are suitable to the age and constitution of the child", were necessary; with purgatives and nauseants. An infant seven months old *only* required two grains of calomel twice daily for five weeks, and then once a day for eight weeks longer; at the end of which time the dose was again given night and morning.

As for gonorrhœal ophthalmia, it is wonderful how any patient could ever get over an attack. One sanguinary authority maintained, that "the lancet must be hardly ever out of our reach; for if ever there was a disease in which blood may be taken away without limitation, it is this." Another gentleman mildly urged:

"You will deem it necessary to bleed at the outset of the attack most freely; it would be almost criminal to stop the flow of blood until your patient exhibited symptoms of faintness; and as soon as he rallies, and the pain returns, the operation should be repeated until syncope is again produced. At the

same time, you would prescribe a liberal dose of calomel and jalap, so as to act freely on the bowels, and afterwards tartarised antimony in sufficient quantity to maintain a state of decided nausea."

When these remedies had produced sufficient debility, nothing more was needed than scarifications of the conjunctiva, "a quantity of leeches" to each lower eyelid, and a blister between the scapulæ, etc.

It is certainly to be hoped that, in our day, disease will not play any more vagaries. What should we do if it ventured some fine morning to return to its former type? It is very unpleasant to be ill in these good times. What must it have been a few years ago? If it be correct to assume the theory of a change of type, because the plague has disappeared in this country and cholera has been introduced, it seems to be a logical conclusion that we are threatened with another revulsion now that the effects of trichiniasis have become developed.

CHOLERA.

THE accounts generally of the decrease of cholera in all parts of Europe are satisfactory.

The *Union Médicale* says that the admissions have considerably decreased in all the Paris hospitals, with the exception of La Pitié and St. Antoine, situated in the quarters most severely visited.

Dr. Caunière, who has studied cholera, says that, in India and at Madagascar,

"No doubt whatever exists as to the cause of the disease; being nothing else than exceedingly small animalculæ of a special kind, oviparous, and multiplying with exceeding rapidity. They are suddenly formed in the human intestines, where they breed. If the general hygienic state of the patient is strong enough to resist their attacks, they die out immediately; but if the condition of the human body is favourable to their propagation, they soon produce a disorganisation, which increases with extraordinary speed, and terminates in the death of the person attacked."

A letter from Gibraltar, of Oct. 24th, says:

"The pestilence may almost be said to have passed away from among us, after having slain one in every thirty-five of the inhabitants in three months. Of the 5000 men who compose the garrison, about 70 have fallen, and 60 of the 700 convicts."

Cholera remedies begin to flourish in the papers. Mr. Hensman, Assistant-Surgeon of the 20th Regiment at Yokohama, recommends strychnine. He used it there, he says, with success.

"I would give such doses as shall produce the slightest operation of its therapeutical effects, and this will differ according to the severity of the collapse; in moderate collapse, with failing circulation, cold hands and feet, rice-watery stools, and frequent spasms, from one-eighth to one-fourth part of a grain, dissolved in weak spirit, every half-hour, until amendment takes place. I found generally after the second dose, or third, a visible improvement; the spasms were quieter; the pulse was steadier and fuller; and the countenance better. In cases of more severe collapse, I would give the fourth part of a grain at once, and repeat it twice or three times at intervals of thirty minutes. Most of the cases recorded below were of this kind, and reaction took place in the following order. The cramps ceased, the pulsations at the wrist became stronger, the countenance lost its ghastly aspect, warmth returned to the feet and hands, and the rice-watery character of the evacuation ceased, and they then acquired a more natural and fæcal appearance. I remarked, in several cases, after taking two or three doses of the medicine, a peculiar irritability of the muscles of the leg, so that, upon touching the sole or grasping the foot, a sudden exclamation and jerking of the extremity occurred. This was the point of nervous stimulation up to which I desired to bring the action of the remedy; and it was then discontinued altogether if reaction progressed, or given in smaller doses at longer intervals if it commenced again to decline."

Mr. Hensman reports six cases in which recovery followed the administration of the remedy. Of course, in these cases, the greatest part of the strychnia must have been ejected from the body by the vomiting or purging. Half a grain of strychnia will destroy life. But there is nothing new under the sun; and Dr. Thomas Dyer claims to be the originator of strychnia-giving in cholera.

"I published in 1849, *Practical Observations on the Efficacy of Strychnia in Asiatic Cholera;* and the result of my experience both in 1849 and 1854 was, that strychnia, in the doses given by Mr. Hensman, is the most efficient remedy yet known for this dreadful disease; and it enabled me to arrest many cases from running into 'collapse', and to bring about reaction in some which had fallen into that condition. Nevertheless, I am bound to admit that I lost several cases, and the treatment in my hands did not meet with a success so decided as to leave no better to be desired."

Strychnia was used in cholera in 1849 by some of the French practitioners—among others by M. Lévy of the Val-de-Grâce Hospital in Paris.

Dr. Jeanneret of Cheltenham assures us, in a pamphlet, *De la Guérison Prompte et Facile du Cholera Asiatique*, that he conscientiously believes that, during his forty years' experience in practice, he has met with no disease, however severe, which appears to him so easy of cure as the Asiatic cholera (*si facile à guérir que le cholera asiatique*). His remedy is simple enough. It is powder containing three grains of camphor and fifteen grains of aromatic confection.

On Monday last, the Minister of the Interior in Paris, the Prefect of the Seine, and the Prefect of Police, visited the Hôtel Dieu and the Hôpital Beaujon. The Minister of the Interior announced that the Emperor, sensibly touched by the indefatigable zeal of the house-surgeons and students in the cholera hospitals, and desiring to recompense their entire body in the persons of two who had particularly distinguished themselves, had named M. Legros, surgeon at the Hôtel Dieu, and M. Lelion, of the Hôpital Beaujon, Chevaliers of the Legion of Honour. The Minister of the Interior presented the Cross of the Legion of Honour to M. Legros and M. Lelion in the cholera wards.

It appears, from a document issued from the Veterinary Department of the Privy Council Office, that the total number of cattle reported as having been attacked since the first appearance of the murrain amounts to 14,033; and that of these, there have been killed, 5119; died, 6711; recovered, 707; remaining, 1545. The plague is still on the increase, as the cases of attack in the week ending Oct. 21st were 1729, against 1054 in the previous week.

"These returns do not profess to give the total number of cases which have occurred in Great Britain; but only those which have been ascertained from the official information received at this office from inspectors, whether appointed by the clerk of the council or by the local authorities."

By an error of the press, it was stated in last week's Journal that 1700 cattle had died of the plague since its outbreak in this country: it should have been 6700.

It is reported that the new edition—so long expected—of the *British Pharmacopœia* will be published early next year, and 10,000 copies of it in octavo form have been ordered to be printed. The work is therefore in the press. The time of publication will of course depend upon the conclusion of the corrections of the proofs.

We lately referred to the absurdly small sum (£50) offered for the remuneration of medical men engaged in the scientific investigation of cattle-disease. We are glad to find that the Cattle-Plague Commission has since then revised its original offer; and no longer calls upon the profession for anything like gratuitous medical service. It is now decided that the gentlemen engaged in the inquiry shall be remunerated with a fitting *honorarium* for their services. In addition to expenses, £150 has been allotted as a *honorarium* to two at least of the scientific gentlemen engaged.

We have been requested to publish the following notice:

"By the new statutes of the Scottish Universities, three medical degrees have been instituted, those, namely, of Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.). The degree of C.M. is not, however, conferred on any one who does not at the same time obtain the degree of M.B. All candidates for the two first degrees are required to pass the full preliminary examinations, and to have been engaged in professional study for four years before being admitted to the final examination. The degree of M.D. may be conferred on any Bachelor of Medicine twenty-four years of age, who has been engaged, subsequently to his having received the degree of M.B., for at least two years in medical and surgical practice, provided that he is either a Graduate in Arts of a University, or that he has passed an examination in Greek and in Logic or Moral Philosophy, in addition to the other branches of a preliminary examination. Those, however, who had commenced their medical studies previous to the period at which the statutes came into force at the different universities, are entitled to graduate either under the system in force before that time, or under that now established, according as they may prefer to comply with the regulations in force before or after these dates. Consequently, those who began their medical studies previous to the dates mentioned below, may either take the degree of M.D. at the age of twenty-one, and without a preliminary examination, except in Latin; or they may obtain the degrees of M.B. and C.M.; in which cases, however, they will be required to pass the full preliminary examination. This alternative refers to candidates who began their medical studies before the following dates:—In Edinburgh, before the 4th of February 1861; in Glasgow, before the 1st of October 1861; and in Aberdeen, before the 5th of November 1861."

A good example of the *benefits* of the "cures" published in the *Times*, may be found in a letter to that journal from a Mr. Lofts. He says:

"About six weeks since, I lost a cow from pleuro-pneumonia, hardly distinguishable from the plague; and a second cow having been attacked in the same way on Friday last, I immediately put it under the treatment recommended in a letter sent to you by Mr. Cyrus Elliott, and stated to have been successful in his case; viz., turpentine and oil in the first instance, and afterwards a wineglassful of Condy's fluid every hour. This was persevered with for two days without any relief. I then sent to Mr. Elliott's farm to inquire if the symptoms had been similar, when I found that, out of twelve animals, seven had succumbed, and five were then in a worse state than my own. Mr. Elliott, having written in a positive and circumstantial manner, should, I think, upon finding the cure was not effectual, have lost no time in undeceiving the public; and if you will kindly insert this in your columns, it will have the effect of preventing many others being misled as I have been."

We recommend Mr. Lofts' advice to Mr. Elliott to the attention of those medical men who have hastened to send their cures of diseases to the *Times*.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Birmingham and Midland Counties. [Ordinary.]	Medical Department, Old Library, Birmingham.	Thursday, November 9th, 6 P.M.

MEDICAL BENEVOLENT FUND.

The Committee of the Medical Benevolent Fund beg to acknowledge with thanks a most liberal donation of £300, received at their meeting on Tuesday, Oct. 31st, with the accompanying letter addressed to the Treasurer.

"A medical man (M.C.R.), who desires to be unknown, grateful for the many blessings attendant upon the practice of his profession, has the pleasure to present the enclosed three notes to the Treasurer of that real charity, the Medical Benevolent Fund; the amount to be distributed by the Committee as they think best."

They desire also to inform the generous donor that they have devoted £200 to the Annuity Fund, the remaining £100 to the General Fund.

THE LATE THOMAS HERBERT BARKER, M.D., F.R.S.E.

The death of a man at a period of life when he might be reasonably supposed to have before him several more years in which to pursue with skill and honour the exercise of his profession, is at all times a matter of regret. But the source of that regret generally lies more in the relations existing between the deceased and his immediate friends and acquaintances, than in any which, beyond general professional kinship, have existed between him and his fellows in the same calling. When, however, he has not only made for himself an honourable local reputation, but has earned a name far and wide among his profession for the endeavours he has made to contribute to the improvement of the science and art which he practises, and is unexpectedly removed before all that might be expected of him has been fulfilled—then the loss is felt as one affecting not only his immediate circle, but the whole profession. It is with such a feeling that the death of Dr. Herbert Barker, at the early age of fifty-one, must be regarded. Engaged in the onerous duties of a general practitioner—including those of an union surgeon—in a country town of no great size, he yet, during many years of his professional life, found time and opportunity to carry on laborious inquiries into subjects connected with medical science, and to make contributions to its literature, which have long since made him a man of mark in his profession.

Thomas Herbert Barker received his medical education at the Birmingham Queen's College, and also at University College, London. He was at one time house-surgeon in University College Hospital—we believe under Liston. He received the licence of the Apothecaries' Company in 1837, and became a Member of the Royal College of Surgeons in 1842. In 1847, he obtained the degree of Doctor in Medicine from the University of London; and in 1851 became, after examination, a Fellow of the Royal College of Surgeons.

The greatest part of his professional life was spent at Bedford, where he carried on a general practice, following all departments of his profession with energy and ability. He was a skilful surgical operator, and a sagacious and able physician and obstetrician, persevering, in spite of difficulties, in that course which he judged to be right. A local paper, in a sketch of Dr. Barker's labours, bears witness to his possession of these qualities; observing, in proof, that "many persons who have survived severe attacks bear witness to his skill and unwearied attentions." Further evidence of his professional skill may be found in the practical contributions which he occasionally furnished to this Journal and to other periodicals, and to which we shall presently refer.

But it is his labours as a sanitarian, and as an investigator of the causes of epidemic and endemic diseases, that will most probably cause his name to be remembered in his town as well as by the profession. Long ago he began to urge on his fellow-townsmen the necessity of sanitary measures; and ever since he has, amid his other labours, persevered in this one. The paper to which we have already referred (the *Bedford Times* of October 28th) says:

"More than twenty years ago, Dr. Barker stood alone in his earnest endeavours to give a practical application to those principles which were accepted by few in this town, who saw the question impeded by the greatest difficulties. The inertness around him he tried to put in action; and his impulsive earnestness brought about himself an amount of opposition which would have overwhelmed any ordinary man, and for a time he laboured profitlessly to convince his neighbours of the necessity for improved sanitary measures of a general nature. In vain did he endeavour to show the immediate connexion between dirt and disease, and point to the success of his suggestions, carried out under the directions of a beneficent nobleman in a village which had been decimated by fever. The only activity which prevailed in the town upon the subject was an active opposition to his proposals. At length, in 1854, he startled the inhabitants of Bedford by issuing a pamphlet addressed to them entitled, *Is Bedford healthy? and if not, why not? and how can it be made so?* This remarkable pamphlet was really the gauntlet thrown down publicly on the sanitary side of the question, and it had the effect of producing the largest and most continuous agitation we have ever known in Bedford. Not a day did he rest, not an opportunity did he miss; incessantly charging the public mind with the best information and evidence he could obtain to carry conviction upon the question as to which was the best policy and the greatest economy, as well as the highest social duty, of those in power. He issued tables of the high rate of mortality in Bedford from preventible causes, and by letters and addresses alternately worked upon the fears and the higher sentiments of his opponents. His statistics were impugned; his statements were denied; and at length the opposition grew so strong, that a clean sweep from public office was made of all his sympathisers and coadjutors. Still he continued to press his case, and furnish facts and figures for the better instruction of his neighbours. By degrees he carried conviction into the minds of many unwilling persons, that, by the neglect of proper sanitary measures, Bedford kept up a constant nurturing bed of fevers, thereby annually destroying numbers and enfeebling much larger numbers of its people. . . . A mighty change has now come gradually over the public mind in this as well as other towns. Important sanitary measures have already been carried out; and at this moment there are works in progress for a complete system of drainage, for the purification of the river, and for a regular supply of pure water to the whole population."

It is so far satisfactory to learn that the sanitary measures of which Dr. Barker inculcated the necessity have been commenced; and, although he has not lived to see them fully carried out, we trust that the spirit which animated him yet exists among a sufficient number of his townsmen to ensure perseverance, in spite of outcries about "extravagant expenditure", in a course which shall raise Bedford far above the unenviable reputation which has been assigned to it for disease and mortality. That which was effected in Croydon through the exertions of our associate Dr. Westall, may be effected in Bedford; and the men of

that town and its neighbourhood, even of the present generation, may yet have reason to remember Dr. Barker with gratitude as a man who taught them how to prevent disease and death.

The exertions of Dr. Barker in the cause of sanitary medicine were not confined to his town. Amid his other duties, he engaged in researches into the causes and prevention of disease, the results of which have been at various times laid before the profession. One point which he specially studied was the action of meteorological influences on disease; a subject in which there is much room for observation, and towards the elucidation of which, we believe, he had for a long time been providing materials. For many years he carried on, and carefully recorded, a series of meteorological observations, which, with those of others, have been from time to time incorporated in the reports of the Registrar-General. As a record of his labours in this direction, he possessed a handsome chronometer, presented to him by the meteorologists of Great Britain. In 1853, he was one of the chief organisers of a plan of "medico-meteorological observations" which was carried on for some time in the Association Medical Journal; and, we believe, an editorial article explanatory of the plan to be followed, which appeared when the tables were first published, was from his pen. In the beginning of 1854, he published in the Journal an account of an epidemic of jaundice which had occurred among children in 1852, appending thereto some valuable remarks on meteorological influences, and shewing that, during the period in which the disease existed, there were present one or more of the recognised remote causes of hepatic affection—high ranges of temperature, vicissitudes of temperature, and humidity of the air.

The influence of emanations in the causation of disease was also a subject to which he devoted a large share of attention, beyond that to which he was led in his endeavours to amend the sanitary state of Bedford. In 1858, the Medical Society of London awarded him the Fothergillian gold medal for an essay on *Malaria and Miasmata;* which he published in 1863. In this essay, having examined the opinions which had been held as to the nature of the poisons producing epidemic diseases, he gave the conclusions at which he had arrived, as well as the results of a series of carefully conducted experiments on the action on animal life of cesspool air, and sulphuretted hydrogen and other gases. He believed that, while these gases were capable of producing symptoms closely resembling those of specific disease—typhoid—the disorder so produced was not identical with the disease arising from the action of the true epidemic poison—its want of communicability to other persons being one great point of difference.

In the treatment of cases of fever, Dr. Barker insisted strongly on the necessity of free ventilation; and, in 1856, read at the annual meeting of the British Medical Association an able paper, in which he expounded his views on this subject.

There are probably other contributions of Dr. Barker towards epidemiology and hygiene, which, however, escape our notice at the present time. His latest great effort in this direction was that which gained him in the present year the Hastings gold medal of the Association. The prize essay, on "Deodorisation and Disinfection", is before us. In accordance with the terms of the notice given regarding the prize, it will be published in the Journal, and our readers will then have an opportunity of perusing it. We will only say, that it contains the records of numerous careful experiments—which must have been conducted at much personal inconvenience—made on the deodorising properties of various substances. The essay, we gather from some remarks made by the author when the medal was presented to him, forms but a part of a more extended series of researches on the same subject which he had in preparation.

In addition to the special class of investigations to which we have referred, Dr. Barker made also a number of valuable contributions to medical literature. He was the author of a work on the *Hygienic Management of Infants and Children*, and published also several papers in this and other periodicals. Among them are, "Removal of Large Secondary Prostatic Calculus" (*Transactions* of the Provincial Medical and Surgical Association, vol. III, N. S.); "Case of Poisoning by Oxalic Acid" (Association Medical Journal, 1855); "Intrauterine Fractures" (*ib.*, 1857); "Cases of Strangulated Hernia", and "Cases of Vomiting and Diarrhœa during Pregnancy" (*ib.*, 1859); "Poisoning by Lobelia", "Case of Extensive Pelvic Abscess", and "Urticaria from Setaceous Larvæ" (*ib.*, 1860); as well as a paper on "Annular Laceration of the Cervix Uteri", read before the Obstetrical Society in the same year; "Poisoning by Almond-Flavour" (*ib.*, 1861); etc. In 1856, he read before the Medical Society of London a paper on a Case of Cystic Entozoa in the Human Kidney, for which the Council awarded him a silver medal, and which was published in the *Glasgow Medical Journal*. These communications are marked not only by the practical information, derived from the author's personal observations, which they convey, but by the evidence which they manifest of considerable literary research. When a case occurred in his practice which he thought specially worthy of being placed on record, Dr. Barker, in general, would not content himself with simply recording it, but would collect and epitomise all the literature of the subject—sometimes, indeed, undertaking journeys to London in order to consult those works which were not within his immediate reach.

Dr. Barker was for many years a member of this Association, in the prosperity of which he took a deep interest. It was, we believe, in a great measure through his exertions that the South Midland Branch was founded in 1856; and it must have been highly gratifying to him to witness the prosperity which has steadily attended that Branch from its commencement. In 1860, he was elected President of the Branch; and, on taking the chair, delivered a very able and comprehensive address on the

objects and prospects of the Association, and on the progress of medicine in modern times. In this address, we find what we believe to be the first revival of a proposition for prizes, made long ago by the founder of the Association. At the first meeting in 1832, Sir Charles Hastings, addressing the assembled members, and explaining the objects of the Association, said:

"If, from the subscriptions being numerous, our funds will admit of such a measure, we have it in contemplation to have a medal struck, to be conferred by the Council on any successful promoter of medical science."

This proposition seems to have lain dormant for many years, until, in 1860, Dr. Barker, speaking of means by which the influence of the Association might be extended, observed:

"The second means to which I would refer .... consists in offering to the members of the Association annual *Association prizes*, either for the best series of papers published in the JOURNAL during the year, or for a separate essay to be announced for competition at one annual meeting, to be awarded at the next annual meeting, and to be afterwards published in the JOURNAL, or for both together."

In matters relating to the honour of his profession and the welfare of its members, Dr. Barker was not an idle man. We have had occasion lately to criticise one of his acts; not because we had any doubt that in his hands the scheme would be carried out with as little ground for objection and as honourably as could be done by any man in the profession, but because we considered that he had acted injudiciously (though with good intentions) in setting an example liable to be followed, for ignoble purposes, by men far less scrupulous than himself. All that we have said on this subject does not in the least set aside our recognition of what he has in years past done or attempted to do in the interests of his profession. Several years ago, he endeavoured to obtain the formation of a code of medical ethics by the Association; and will be remembered as having been, at the annual meeting of the South Midland Branch in 1858, one of the foremost in denouncing the conduct of those members of the profession who were in the habit of meeting homœopaths in consultation.

Dr. Barker was a steady supporter of the Royal Medical Benevolent College, of which he was a local secretary. We find him, in a letter published in the ASSOCIATION MEDICAL JOURNAL for 1853, defending the proposed plan of the college against attacks which had been made on it, through misapprehension, as he believed. Again, in 1856, he issued an appeal in behalf of the college, in which, at the same time, he asserted the principle that members of the profession ought not to look to others for assistance without at the same time endeavouring to make provision for themselves and their families. When the Medical Provident Society was started last year, his name soon appeared on the list of donors; and at the Leamington meeting he was elected a director by the Committee of Council of the Association, and was subsequently chosen by the Board of Directors as a member of the Executive Subcommittee.

His fellow-townsmen can also bear witness to his readiness to aid them in all matters within his power.

"'There was," says the *Bedford Times*, "scarcely a public institution in the town that had not the benefit of his contributions, his counsels, and his attendance; and he displayed as much zeal and earnestness in organising a little coal-club for the very poor, as in aiding to improve the affairs of the General Infirmary or in the erection of the Fever Hospital. The Bedford Dispensary was, if we mistake not, an idea of his own. He was one of the first little group who founded the Literary and Scientific Institution, and his Presidency over it in the zenith of its career was signalised by the most brilliant *conversazione*, and most agreeable display of hospitality ever witnessed in a country town. Of the Archæological Society, and of the Microscopic Society, he was a valued member of Council: and amongst all these and other calls upon his time he contrived occasionally to meet his friends at the assemblies of the Alpine Club, of which he was an enthusiastic member. Being one of the most accessible men in the town, it may be easily imagined that he was not without many calls upon his sympathies. Whether it was for a recommendation for admission to a particular hospital, or for an orphan to an asylum, the applicant, if a worthy and really needy one, never went away without an attempt on his part to assist, and it was rare for him to attempt to do a service for another person without succeeding, if it could be achieved by personal exertion and influence."

He was, too, always ready to assist his professional friends in literary or scientific research. One of these, Dr. Richardson, acknowledges in his work on the *Cause of the Coagulation of the Blood*, his obligations to Dr. Barker for having, though "engaged in the harassing duties of the busy medical practitioner," undertaken, and "efficiently performed, the experiments recorded in the work as having been conducted by him."

The professional and scientific honours, in addition to those already mentioned, were numerous. He was a corresponding member of the Epidemiological Society of London and of the Natural History Society of Neuchâtel; a Fellow of the London Medical, Obstetrical, and Royal Medical and Chirurgical Societies; and a member of the Pathological, British Meteorological, and Microscopical Societies. A few years ago, the title of Fellow of the Royal Society of Edinburgh was conferred on him for his contributions to science.

Dr. Barker was a man apparently of great physical power as well as mental energy. Some years ago, however, he suffered from irregularity in the action of the heart, for which he consulted Dr. Williams and Dr. Richardson. But this scarcely, if at all, made a breach in his labours, or impaired the energy with which they were conducted. He generally renewed his strength by an annual visit to Switzerland. About a month before his death, he was seized with symptoms which ultimately declared themselves to be those of typhoid fever. To all appearance he went on favourably for a time, and the critical period of the disease had apparently been passed, when, on the 18th October, unfavourable symptoms appeared, he gradually sank, and died on the 24th. His mental

faculties remained clear almost to the last: and it is said that, on one occasion, he inquired if Dr. Murchison (who had visited him) had calculated the ratio of deaths from typhoid fever in persons at his (Dr. Barker's) own age. He was attended in his illness by his partner, Mr. Goldsmith, and by Mr. Couchman and Dr. Wharton of Bedford, and was several times visited by Dr. Murchison.

We have represented Dr. Barker as the hard-working, energetic, persevering man, always ready to act for the good of his profession and of his fellowmen. No man, however, is altogether blameless; and it must be acknowledged that his energy sometimes led him beyond the bounds of prudence. His faults, however, will be forgotten, while the good which he did will remain; and not only will his townsmen remember gratefully the benefit which has been conferred on them, but the country practitioners of England will have his example to look to as one of their most worthy representatives,—a man who, by his own exertions and in circumstances of comparative disadvantage, not only gained for himself a widely spread reputation, but, in so doing, conferred honour on that class of the profession to which he belonged.

Dr. Barker was twice married; and leaves a widow and six children.

Patent Medicines. During the past revenue-year, £6,125 was paid to the government by patent medicine vendors.

John Hunter and Sir Benjamin Brodie. The late Sir Benjamin Brodie commenced his Hunterian oration in 1837 by saying: "The annual oration which I have this day undertaken to deliver, was founded by the late Sir Everard Home and Dr. Baillie, for the purpose of commemorating John Hunter and other illustrious individuals who exist no longer among us, and who, while they did exist, contributed to advance the sciences, or otherwise to adorn the character of the surgical profession." He himself is now numbered with those of whom he then spoke, and has already taken a place among them second to none—John Hunter alone excepted. Nor will his reputation suffer much by comparison with that rare man. If he had not Hunter's brilliant genius and profound originality; if his contributions towards the advancement of the sciences of surgery were less pregnant, and less revolutionary, it may at least be said, that he did far more to adorn the character of the profession. In some respects his life and history are more worthy of study and "commemoration" than even Hunter's. Hunter was wholly an exceptional man; Brodie emphatically a representative man. He was a representative man, not in the often-used sense that he represented or embodied peculiar abstract views or theories, but in the sense that he might be taken without hesitation as the representative of the class to which he belonged. While he lived he did, on more than one occasion, actually represent the profession to government, and his name was continually used among us as the symbol of his calling. . . . . Now that he is dead, his character is still looked up to as realising with a near approach to perfection both what the public would desire the profession to be, and the profession would wish themselves to become." (*From a Review of Mr. Charles Hawkins' edition of Sir Benjamin Brodie's Works in the North British Review for September.*)

Reports of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, October 17th, 1865.

T. B. Peacock, M.D., President, in the Chair.

This was the first meeting of the session. The President opened the proceedings with a few introductory remarks.

Dr. Peacock showed a *Malformed Heart*, taken from a cyanotic boy seven years of age, who had been subject to syncope, and had died suddenly. The malformation was of the common form, the orifice of the pulmonary artery being dilated, and the ventricular septum defective; but the aorta arose from the right auricle, and the foramen ovale was closed.

Mr. Shaw showed a cast of a case of *Double Congenital Dislocation of the Hip*, in a healthy girl ten years old. She could walk; and the dislocation had been discovered only a year ago. The displacement was more backwards and upwards than in ordinary dislocation in the dorsum ilii.

Mr. Spencer Wells showed two specimens of *Fibrous Tumours of the Round Ligament of the Uterus*. One, fibrous, and of the size of a large orange, he had removed more than a year ago. It had been supposed by various surgeons to be a hernia, or a malignant or glandular tumour; but, as the tumour was painless and moveable, and had grown slowly, and there was no neighbouring disease, Mr. Wells removed it with perfect success. In the second case, the tumour was as large as a small cocoa-nut, and in all other respects resembled the former. This patient also recovered after its removal.

Dr. Gibb exhibited two *Tumours removed from the Larynx*. The patient was a lady aged 38, who had had aphonia for six years, and during a great part of the time had laboured under orthopnœa. On examination with the laryngoscope, Dr. Gibb found a long fleshy bulbous growth arising anteriorly below the origin of the true vocal cords. After preparation of the patient, this was removed by the laryngeal *écraseur*, when a second tumour was discovered, which was also removed six days afterwards. The voice was immediately restored, and the patient soon recovered. The tumours consisted wholly of epithelial cells.

Dr. Beigel showed some *Preparations of Healthy Teeth*, illustrative of structure.

Dr. Murchison exhibited specimens illustrating the *Pathology of the Cattle-Plague*, with special regard to the intestines. In his dissections of twenty-seven cattle, he had found the mucous membrane intensely red, and covered with gelatinous or puriform mucus, sometimes with lymph. Peyer's patches, unlike what occurs in the typhoid fever of man, gradually disappeared, so as to be incapable of detection by the hand, and sometimes even by the naked eye. In the early stages, they contained puriform fluid, which was easily squeezed out, and the escape of which caused collapse. The solitary glands consisted of a thick cyst, full of cheesy material; this condition was unlike that of typhoid fever, and was met with in healthy animals. There was no submucous deposit or ulceration; and the spleen and mesenteric glands were healthy. In the fourth stomach were catarrhal inflammation, minute erosions, and patches of extreme congestion or ecchymoses, with here and there sloughing of the mucous membrane.

Dr. Crisp showed thirty wax preparations, and the morbid parts in spirits, illustrating the various phases of *Cattle-Plague*. He gave the following as

the conclusions derived from his investigations. 1. The cattle-plague bears but slight resemblance, either in symptoms or morbid appearances, to the typhus or typhoid fever of man. 2. The malady bears a greater resemblance to some exanthematous diseases in the human subject, affecting in ruminants chiefly the mucous membranes. 3. The specific poison alters the condition of the blood, and affects principally certain parts of the nervous system, paralysing the digestive organs. 4. The disease is attended, in most cases, with an eruption or erythematous blush affecting all the mucous membranes. 5. An animal may have the disease in its first stage without the possibility of its being detected, and the plague may thus be disseminated in fairs and markets. 6. There is not sufficient proof that the meat of animals in the first stage of the disease is injurious as food to human beings. 7. The poison of the cattle-plague produces no injurious effects when introduced into the human system, except a papular eruption on the skin. 8. The best means of eradicating the disease is to prevent all movements of cattle and sheep for a month or six weeks (unless under special circumstances), and to establish dead meat markets in cities and towns.

Dr. Crisp showed preparations, in wax and spirits, of the tongue and larynx of a boy aged 8, who had died from *Inflammation of the Epiglottis*. He died rather suddenly, with symptoms slightly resembling those of croup, after having been indisposed for two or three days. The epiglottis and neighbouring parts were red and swollen: all other organs were healthy.

Dr. Greenhow showed a specimen of *Millstone-maker's Phthisis*. The man had been a French millstone-maker, and latterly a stone-mason. The apices of both lungs were coal-black, dense, and hard; the bronchial tubes here being dilated and rigid. The remaining parts of the lungs were rather dense, almost black in parts, but mostly crepitant. They contained some scattered small nodules, pale on section, the products of chronic inflammatory exudation. There was one cavity in the lower lobe of the left lung; none elsewhere, nor anything resembling true tubercle. The bronchial glands were hard and black, and somewhat enlarged. Except slight pericarditis, all the other organs were healthy. The dense tissue on the apices consisted of fibrous tissue, mixed with abundant granular exudation-cells, and black pigment, arranged partly in small nodules, partly in fine granules. The walls of the air-cells were thickened at the junction of the condensed and crepitant portions, and contained black deposit in their substance. Portions of the dense black part, being incinerated and treated with hydrochloric acid, left a siliceous residue of minute angular particles, which were dissipated on exposure to the fumes of hydrochloric acid.

Dr. Buchanan showed two specimens of the *Vomit of Yellow Fever*, taken from patients at Swansea, on the second or third days of the disease. One specimen was black, and, when first vomited, had the appearance of black grains suspended in a nearly colourless fluid; the other resembled beef-tea grounds, and was scanty. The vomited matter consisted of blood-corpuscles, mostly aggregated into yellow masses or disintegrated, with squamous, columnar, and spheroidal epithelium. After filtration, the liquid part was nearly colourless, and gave no indication of bile. The last named specimen contained less blood than the other, and a large quantity of torula.

Lord Palmerston's Funeral. Dr. Watson, Dr. Protheroe Smith, Dr. Drage, and Mr. Paget were present at Lord Palmerston's funeral.

Correspondence.

IS ALCOHOL FOOD OR PHYSIC?

Sir,—I have lately read in one of your contemporaries a paper on the subject of the action of alcohol, written in a spirit and style not calculated to advance science or do credit to medical literature; and yet it is written by a gentleman who, as the author of a book on *Narcotics and Stimulants*, aspires to the character of a scientific observer. You have already shown, in a review of that book, the looseness of the author's mode of argument, his obscurity of style and self-contradictions; and I think you may now add to those serious failings a manifest defect of temper, which must tend to throw a shade of doubt over the value of any observations made, or conclusions arrived at, by him. Passion and a spirit of calm philosophical inquiry are assuredly incompatibles; and you will be doing the writer a great benefit if you apprise him of the fact. I see that he accuses the writer of an article, "Is Alcohol Food?" in the Journal of September 9th, 1865, of "serious misrepresentation", of making an "extraordinary and unwarranted statement", of "wounding the honour and reputation of the medical profession", of "vague assertions", etc.; and I may add, that the language throughout the whole of the paper alluded to is characterised by a similar passionate and unmannerly tone. But I note in it something even worse than this; and that is, a misinterpretation of your language and of the sentiments contained in your article. In fact, I observe that the above accusations are mainly founded on such misinterpretation. I think you should not let these things pass without notice.

He begins with saying that you "profess to pronounce, *ex cathedrâ*, the *final* voice of the profession" on the effects of alcohol. Now, from the beginning to the end of your article, I find not a word to justify this statement. What you do say is, that "the teetotallers have, from a scientific point of view, the best of the argument;" and you wind up as follows. "We cannot do better than conclude these *few suggestions* with the calm judicial summary of the case given by Dr. Parkes. 'It is certainly undesirable to draw any strong conclusions as to the use of alcohol in health from our present knowledge of its physiological action,' etc." Next, the following words in your Journal, "We believe that there is rising up in the profession a general feeling that the indiscriminate practice of giving patients and lying-in women large amounts of wine and spirits has been carried to a most unwarrantable extent by orthodox practitioners," are thus rendered: "*The statement is to the effect that the employment of alcohol in the acute forms of disease has proved to be useless or mischievous in the hands of recent practitioners.*" Again, your words, "Notwithstanding the stones which have been thrown at the experiments of MM. Lallemand, Perrin, etc., their conclusions still hold *a solid scientific status*," are converted into, "The writer affirms that the theory of the physiological action of alcohol deduced by MM. Lallemand, etc., . . . is to be considered *an established physiological truth.*" Again, Dr. Anstie accuses the writer of saying "that the administration of alcohol in acute diseases by Dr. Todd is not only, by the above mentioned researches, shown to be devoid of a scientific basis, but that the practical experience of the leading medical practitioners has condemned it as unsuccessful in actual treatment." You do nothing of the kind. What you

actually do is to point out that the theories or bases upon which *Dr. Todd* founded his administration of alcohol have been upset by later researches; you nowhere say that the empirical administration of alcohol in acute disease is necessarily devoid of a scientific basis. So far from this, you suggest: "Why may not alcohol be, as drugs are, in themselves poisons to the physiological body, but correctives of the unnatural—the pathological—states of the civilised body of humanity?"

As for the last part of the imputed statement—"that the practical experience of leading medical practitioners has condemned it as unsuccessful in actual treatment," all I can say is, that there is not, from the beginning to the end of the article, a single line or word which either directly makes such an assertion, or which can be even disingenuously tortured into any meaning of the kind.

I could, if necessary, point out further similar misinterpretations, etc., on the part of the author of *Narcotics and Stimulants;* but I think I have given far more than enough to show the value of reasonings founded on such data. Every one will, I am sure, agree with me that such a method of treating a scientific question is not likely either to further the ends of scientific discussion, or to add to the reputation of the author in question as a candid or philophic writer. I am, etc., F.R.C.P.

October 1865.

ALCOHOL.

LETTER FROM EDWARD SMITH, M.D., F.R.S.

SIR,—I observe in a lecture recently published by Dr. Munroe of Hull, which has been largely quoted by you in one of your recent numbers, a statement which has somewhat startled me, and would be of the highest interest, if proved to be correct. It is found in the following passage, and particularly in that part of it which I have italicised.

"I now draw your attention to the disorder occasioned to the process explained, by the addition of alcoholic beverages. It is an error to suppose that, after a good dinner, a glass of spirits or beer assists digestion; or that any liquid containing alcohol—even bitter beer—can in any way assist digestion.

"That the stomach is only a stewpan, where the various kinds of food are mingled together and acted upon by the gastric juice, is shown by the fact that the same result can be produced upon food out of the stomach acted on by gastric juice, in a pan or retort kept at the heat of ninety-eight degrees—the heat of the human body. Were I to mix some bread and meat with gastric juice, place them in a phial, and keep that phial in a sandbath at the slow heat of ninety-eight degrees, occasionally shaking briskly the contents to imitate the motion of the stomach, I should find, after six or eight hours, the whole contents blended into one pultaceous mass. *If to another phial of food and gastric juice, treated in the same way, I add a glass of pale ale or a quantity of alcohol, at the end of seven or eight hours, or even some days, the food will be found to be scarcely acted upon at all. This is a fact; and you are led to exclaim—Why? I answer, Because alcohol has the peculiar power of chemically affecting or decomposing the gastric juice by precipitating one of its principal constituents, viz., pepsine, rendering its solvent properties much less efficacious. Hence alcohol cannot be considered either as food or as a solvent for food. Not as the latter, certainly; for it refuses to act with the gastric juice.*"

Here Dr. Munroe not only states that a glass of pale ale, when added to a mixture of food and gastric juice, as in the process of artificial digestion, almost entirely prevents the digestion of the food, but he proceeds to state, in explanation, that alcohol precipitates pepsine; and intends the reader to infer that it does so when taken into the stomach, with or after food, in the ordinary process of digestion. There may be, perhaps, some confusion, from "pale ale" and "alcohol" having been both quoted in the statement of the fact, and "alcohol" only in the explanation; and from the strength of the alcoholic dose not having been stated. But I presume that the strength and quantity of the alcohol referred to, when mentioned alone, are the same as that found in a "glass of pale ale".

Assuming, then, that this is the proper construction to be placed upon this passage, may I venture to ask if you or your readers are acquainted with any exact experiments which have shown that the digestion of food in man is retarded when pale ale, in the proportion of a glass for a man, is taken into the stomach with or soon after the food; and that, under such conditions, the gastric juice is decomposed, and pepsine is precipitated? I do not ask whether strong undiluted alcohol has or has not this influence, since that is not the drift of Dr. Munroe's argument; but whether alcohol in the dilute form, and in the quantity in which it exists in "a glass of pale ale", has this effect.

As a matter of science, it is of the highest importance that this statement should be confirmed or rejected, and particularly as Dr. Munroe in express words states, "This is a fact"; whilst, in our relations as medical men to the public, it is incumbent upon us to be able to prove whatever statements are made to them. I am, etc.,

EDWARD SMITH.

16, Queen Anne Street, W., October 28th, 1865.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I shall feel obliged by your permitting me, through the medium of your journal, again to address the Poor-law medical officers, as the time has arrived for me to take their opinion as to the course to be pursued in future.

Nearly ten years have elapsed since I first addressed them on the subject of the medical relief of the poor, and as yet no comprehensive measure of reform has been obtained. Some of the medical officers, in consequence of the general agitation of the question, have induced their guardians to grant an increase in their salaries; but these instances are, I fear, but exceptions to the rule, and the majority of them remain as they were—a capriciously and underpaid body of men. Some of them have fixed salaries and extra medical fees, as the order of the Poor-law Board provides; others fixed salaries and no extra medical fees; others fixed salaries and some extra medical fees; others fixed salaries combined with a per case payment. Some have fixed salaries and find all medicines; others (a few only) fixed salaries and the guardians find all the medicines, etc. These various modes of payment show too clearly the entire absence of any well digested plan of medical relief.

In February 1861, parliament appointed a Select Committee on Poor Relief (England), which continued its sittings from time to time until May 31st, 1864, when their report was submitted to parliament, but as its original proposer never intended the question of medical relief to come before it (the inquiry was only made to embrace this subject on the motion of an independent member of the House of Commons), it will cause no surprise when I say it was only on the last day and last hour of the session

of 1861 that three medical men were called upon to give evidence upon a question which actually involved five-ninths of the whole pauperism of England and Wales, thereby proving that the most important part of the relief of the poor was almost totally ignored; and when the report on this question was made to parliament, it was founded almost entirely on the evidence of Mr. Cane, a Poor-law inspector, as is proved by the quotations contained in the report. That evidence, I unhesitatingly say, was most inaccurate, and given in such a way as to mislead the Select Committee; but still there was a minority on that committee who were not to be mystified by his statements, as is proved by the adjournments and amendments on this question, and a majority ultimately decided that it was requisite for the benefit of the poor that the guardians should find cod-liver oil, quinine, and other expensive medicines; but it was not until many months had elapsed, and after many importunities, that the Poor-law Board could be induced to issue a circular letter empowering the various Boards of Guardians to carry out the recommendation of the Select Committee, but as this was only a permission, and not an order, many boards have refused to carry it out (Weymouth, for instance); some, however, have allowed their medical officers to order a few articles of the druggists; others have permitted them to charge as extras for these articles; some now find cod-liver-oil; and one Board of Guardians (Southampton) have adopted the wise and judicious course of establishing a dispensary, and now find all medicines, to the great relief of their medical officers, and benefit to the poor. Some Boards of Guardians still, however, ignore the recommendation of the Select Committee, so far as the poor are concerned, but in order to obtain a little peace, have raised the salaries of the medical officers; but all this is most unsatisfactory, and a disgrace to a public body like the Poor-law Board, to permit Boards of Guardians thus capriciously to carry out the recommendations of the Select Committee of the House of Commons.

At the last annual meeting of the British Medical Association, held August 1st, 1865, it was resolved—

"That a committee of this Association be appointed to inquire into the present system of Poor-law medical relief; and to ascertain whether any, and what alterations are required therein, in order to ensure the efficient treatment of the sick poor, and the just remuneration of the Poor-law medical officers.

"That the committee be desired to report the result of their labours to the next annual meeting of the British Medical Association, and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the legislature and on the Poor-law Board."

In accordance with these resolutions, it will follow that no measure of relief can be laid before parliament before February 1867. Are the medical officers willing to wait so long? My own impression is that a deputation should wait upon the Poor-law Board before parliament meets again, and urge the president to bring in a bill on the subject of Poor-law medical relief, or make it a part of his proposed Poor-law Renewal Bill; failing which, we should press upon parliament at its meeting in February next, the necessity of reform, which can only be done by preparing a bill and laying it before them; but this must be supported by a clearly written pamphlet to each member of parliament, showing how the Select Committee arrived at an incorrect decision on this subject; this must be backed up by repeated meetings and private applications to members; but all this cannot be done without money. Will the Poor-law medical officers again make an effort and furnish it? Will each of them forward to me at the least a 5*s.* subscription?

There never was a better time for action. A new parliament, and perhaps, ere long, a new government, may listen to us, particularly if the medical officers have all pointed out to their individual members at the late election, as was advised, the necessity of a reform of the abuses now existing in the system of the medical relief of the poor. Can any one have read the reports of the *Lancet* Sanitary Commission for investigating the state of the infirmaries of workhouses, without being impressed with the necessity of great reform in the union houses?

In the *Times* of September 14th, 1865, is a leader on this subject,—and in it we read: "A useful act, moreover, was passed empowering the guardians to award pensions to superannuated officers. In old age, the officials of workhouses not uncommonly ended their days in the workhouse themselves, and in order to avoid this fate, they frequently lingered in their office when they were unable to discharge its duties. All these measures are so many improvements in the treatment of that unhappy class, who depend upon the public for support. We may be sure that, so far from the burden they impose on the country being increased by a more liberal and judicious management, it will be diminished. Thus, as we have recently had occasion to show, it is sickness which constitutes the chief problem of pauperism; and a better system of medical relief would unquestionably have the effect of diminishing the number of paupers. According to the returns in the present report, the medical relief forms but one twenty-sixth part of the total expenditure, although the able-bodied—including men, women, and children—compose even nominally but four-ninths of the whole number of paupers. The question is now, however, being thoroughly considered, and the next few years will no doubt see still more important improvements than those we have been reviewing."

After this statement of the *Times*, will the medical officers be silent? I trust not.

The whole system of Poor-law medical relief requires revision. The present Poor-law inspectors (with one exception), so far as illness is concerned, are a perfectly useless set of men. They know nothing of sickness nor the requirements of the sick poor, as is proved by the monstrous state of our workhouses, as revealed by the *Lancet* Sanitary Commission. There must be medical inspection, and that by medical inspectors. Dispensaries ought to be established in all densely populated places, as is the case in Ireland; and where this cannot be done, a separate payment should be made to the medical officer for drugs, independent of his salary.

The salaries of the medical officers should be adjusted on a definite principle, regard being had to the number of patients, and distance to be travelled; and then, and not until then, will the guardians ever trouble themselves as to the class of persons receiving medical relief; with a fixed salary they are utterly regardless of the number of patients sent to the medical officer. In one union with which I am acquainted, a boy acts for his father, the relieving officer, and gives medical orders to all who ask for them; and there the midwifery orders to the wives of artisans are very numerous, and as the guardians do not pay any extra medical fees, they make no inquiry. This, I need not say, is most unjust to the medical officer. There ought to be a Superannuation Fund for such of the medical officers as are incapable of doing their work, and are in such a pecuniary position that they cannot give up their appointments. It is a cruelty to the poor to insist on men doing that which they are

physically incapable of accomplishing There are many other points to be considered, but in a letter of this kind sufficient has been said to arouse the thoughts of all men who are desirous of improving the medical relief of the poor. I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, October 20th, 1865.

VOTING AT THE ROYAL COLLEGE OF SURGEONS.

LETTER FROM T. TAYLOR GRIFFITH, ESQ.

SIR,—From your important remarks and suggestions in the last JOURNAL respecting voting-papers for the country Fellows of the College of Surgeons, it seems as if the time were come in which an earnest and general effort should be made by those who are anxious for the privilege, or the subject be no longer kept up as a matter of remonstrance or hope.

If the object be as important and interesting as it appears to be, it will not be difficult to ascertain the feelings and wishes of a large number of country Fellows, by having petitions prepared for all the local Association meetings which may be held during the next few months, with a request that they may be signed by all those who would consider the concession a privilege. In addition to this procedure, I would suggest having a petition ready for signature at the next College election, where some Fellows might be present who either do not belong to a local Association, or may have been prevented attending the local Association meetings. Nobody could have witnessed the large gathering at the last College election, without the conviction that a petition then signed by the London and country Fellows then interested in the question would have been accepted by the Council of the College as the unmistakable expression of the sentiments and wishes of a very numerous and most influential body of petitioners.

I am, etc., THOS. TAYLOR GRIFFITH, F.R.C.S.

Wrexham, Nov. 1, 1865.

SIR P. DUN'S HOSPITAL. Surgical as well as medical cases are to be in future admitted into Sir Patrick Dun's Hospital; formerly it received only medical cases. The consequence of this is, that its clinical certificates will now become of as much value as those of other clinical hospitals.

THE SANITARY STATE OF WEYMOUTH. The great benefits to society which result from well conducted house-to-house sanitary visits, is clearly shown in the following facts. The local Board of Health of Weymouth lately selected Messrs. Griffin, Tizard, and Samson, to make a house-to-house visitation in their respective Poor-law districts. In his report, amongst other valuable information, Mr. R. Griffin says: "I have made a house-to-house visitation of all the houses in Weymouth parish, to the number of 612, and have to report that there are 242 houses with open privies, most of which are more or less in a foul state. In fifty houses, there are open privies connected with the street drains. In 44 houses, the inhabitants use a pail, tub, box, or pan, and empty them by night into the harbour, street-gratings, or anywhere they can conveniently do so without being caught by the police. In one instance, a pole serves for a seat. In 101 houses, there is no place of convenience whatever. Without a regular system of drainage, water-closet accommodation can never be carried out. In ten houses, there are cesspools. In 294 houses, the drains run direct either into the street, under drains, or harbour. The best remedy for this is an effectual public drainage."

Medical News.

APOTHECARIES' HALL. On October 26th, 1865, the following Licentiates were admitted:—

Bailey, John Coyte, Plymouth
Burge, Frederick John, jun., Hammersmith
Butler, William Harris, Charlton, Kent
Huet, Charles William, Southgate, Middlesex
Kelly, Charles, Market Deeping, Lincolnshire
Redford, George, Normanton, Yorkshire
Roberts, Griffith Williams, St. Asaph, Flintshire
Scott, Robert Fullarton, Calcutta
Thorp, Disney, Maldon, Essex
Williams, John Babington, Monkton, Kent

At the same Court, the following passed the first examination:—

Lardner, Frederick Boultbee, Guy's Hospital
Melson, John Waller, Queen's College, Birmingham

APPOINTMENTS.

ARMY.

MANLEY, Assistant-Surgeon W. G., Royal Artillery, to be Staff-Surgeon, *vice* P. M. Bleckley, M.B., for distinguished and meritorious services rendered to the sick and wounded in the field during the recent operations in New Zealand.

INDIAN ARMY. To be Surgeons-Major, Bengal Army:—

SQUIRE, Surgeon J.
THRING, Surgeon R. S. O., M.D.
WALKER, Surgeon J. P., M.D.

To be Surgeon-Major, Madras Army:—

LESLIE, Surgeon W. A.

To be Surgeons-Major, Bombay Army:—

BROUGHTON, Surgeon F.
COLES, Surgeon W. C.
GIRAUD, Surgeon H. J.
JOHNSTONE, Surgeon T. B.
NICHOLSON, Surgeon R.
PEET, Surgeon J.
PITMAN, Surgeon H.
SHEKLETON, Surgeon J. F.
SMITH, Surgeon J. Y.
TRESTRAIL, Surgeon J. C.
TURNER, Surgeon J.
WYLLIE, Surgeon D.

To be Surgeons, Bengal Army:—

CREW, Assistant-Surgeon A. G.
HUCHISON, Assistant-Surgeon R. F., M.D.
PICTHALL, Assistant-Surgeon J. M.D.

To be Surgeon, Madras Army:—

REAN, Assistant-Surgeon W. H., M.D.

To be Surgeons, Bombay Army:—

BAIN, Assistant-Surgeon J.
BALLINGALL, Assist.-Surg. G. R.
BARNETT, Assistant-Surg. J. M.
BEAN, Assistant-Surgeon J.
BEATTY, Assistant-Surgeon T. B.
BROWN, Assist.-Surg. G. F. H.
DAUBENY, Assistant-Surgeon J.
FOX, Assistant-Surgeon A.
GANE, Assistant-Surgeon H. J.
GILBERT, Assistant-Surgeon J.
GLEN, Assistant-Surgeon J.
HAINES, Assistant-Surgeon R.
HUNTER, Assist.-Surgeon W. G.
JAMES, Assistant-Surgeon R. W.
JOYNT, Assistant-Surgeon F. G.
KNAPP, Assist.-Surgeon J. M.
LAURENCE, Assist.-Surg. H. P.
LOWNDS, Assist.-Surgeon T. M.
LUMSDAINE, Assist.-Surgeon J.
MACKENZIE, Assist.-Surg. M. M.
MARTIN, Assist.-Surg. T. E. P.
MILLS, Assistant-Surgeon J.
MOORE, Assistant-Surgeon W. J.
MURRAY, Assistant-Surgeon T.
PEACH, Assistant-Surgeon W.
PIRIE, Assistant-Surgeon J.
RIMINGTON, Assistant-Surg. J. S.
ROGERS, Assistant-Surg. A. M.
SHEPHERD, Assist.-Surg. W. A.
STRATTON, Assist.-Surg. J. P.
SYLVESTER, Assist.-Surg. C. J.
THOMSON, Assistant-Surgeon C.
THOROLD, Assistant-Surg. H. O.
WARD, Assistant-Surgeon A. V.
WELSH, Assistant-Surgeon J.
WOOD, Assistant-Surgeon W. E.

ROYAL NAVY.

DUNCAN, George, Esq., Assistant-Surgeon, to the *Flora*.
LONEY, William, M.D., Staff-Surgeon, to Haulbowline Hospital.
MASON, George, Esq., Surgeon, to the *Lion*.

MILITIA.

KIBLER, R. C., Esq., to be Assistant-Surgeon King's Own Light Infantry (Tower Hamlets) Militia.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

RIDSDALE, G., L.R.C.P., to be Assistant-Surg. 1st Middlesex A.V.

DEATHS.

BARLOW, Francis, M.D., Civil Surgeon at Prome, Burmah, on August 16.

BAYNE. On October 18th, at Nairn, N.B., Jane, widow of James Bayne, M.D.

BRACE. On October 24th, at Bath, aged 7 months, Frances Alice, infant daughter of William H. Brace, Esq.

BRUCE, James, Esq., late of the Bengal Medical Service, at Queen Street, Edinburgh, aged 66, on October 27.
COX. On October 27th, at Weybridge, Charlotte, widow of Joseph C. Cox, M.D., of Fishponds, Bristol.
CRELLIN, William, M.D., late of Gloucester Place, Portman Square, at Paris, aged 70, on October 21.
DIX, William, Esq., Surgeon, at Long Buckby, Northamptonshire, aged 77, on October 28.
FERDINANDS. On October 27th, at Lee, Kent, aged 16, Alice Ann, second daughter of F. W. Ferdinands, M.D., of Kandy, Ceylon.
FERGUSON, Charles, Esq., Surgeon, at Holland Villas Road, Kensington, aged 32, on October 25.
*FRASER, Hugh, M.D., Surgeon Royal Army, at Sydenham, aged 72, on October 23.
GAMBLE, Harpur, M.D., Surgeon R.N., at Charlotte Street, Fitzroy Square, on October 23.
GREAM. On October 28th, at Upper Brook Street, Isabella, wife of *George T. Gream, M.D.
HANBURY, William, Esq., Staff-Surgeon Royal Army, at Netley, on October 28th.
*JONES, Thomas Stead, Esq., at Ely, aged 77, on October 26.
*KING, William, M.D., at Brighton, aged 79, on October 19.
SCOTT, Nathaniel G., Esq., Surgeon, at Wappenham Rectory, Northamptonshire, aged 25, on October 27.
*SWINSON, George Newton, Esq., late of Birmingham, at Leamington, aged 76, on October 20.
WARD, Thomas, Esq., Surgeon, at Southgate, on October 18.
WHIPPLE. On September 9th, at Nainee Tal, Himalayas, aged 26, Arthur Leroux Whipple, Lieutenant 12th Regiment, eldest son of *John Whipple, Esq., of Plymouth.
WHITCOMBE. On October 21st, at Bewdley, aged 84, Maria, widow of Edmund Whitcombe, Esq., Surgeon, of Cleobury Mortimer.

CONTAGION OF CHOLERA. Marseilles and Toulon have both prayed the Emperor to establish restrictive measures when epidemics occur in the East—a practical illustration of popular belief in the contagious character of cholera.

SURVIVORS OF TRAFALGAR. The following are the only medical officers in a list of those now living who were present at the battle of Trafalgar:—Deputy Inspector-General Peter Sutler, then surgeon of the *Swiftsure;* and Surgeon P. Lyon, then Assistant-Surgeon of the *Royal Sovereign.*

ROYAL COLLEGE OF SURGEONS. Mr. Skey has been re-elected Examiner of the College of Surgeons; and Mr. Quain has been elected an Examiner in the place of Mr. Hodgson. Mr. Hodgson still remains in the Council. Mr. W. A. Harrison has been elected a member of the Dental Board in the place of Mr. T. Bell, resigned.

CATTLE DISEASE. An important Order in Council concerning the exclusion of cattle from markets, etc., appeared in the *Gazette* of last Tuesday. By this Order, local authorities in different districts can, after giving due notice, prevent the sending of cattle of a certain class and description to fairs or markets for exhibition or sale.

NON-COMBATANTS(?) AGAIN. Major Thomas Holmes, reporting to the garrison adjutant at New Plymouth on an engagement with some natives of New Zealand, has "the honour to bring to the notice of the colonel commanding the very zealous and efficient services rendered by Assistant-Surgeon Grant, 43rd Light Infantry, who was exposed, as I am informed, to a very heavy fire, under which he directed Captain Close's body to be carried under cover."

EDINBURGH. On Saturday the sheep were removed from the sanitarium, after a three weeks' confinement, for an hour daily, along with the diseased cattle, besides which they were also shut up in the sanitarium all night. To all appearance they were in perfect health. Two of them were, we understand, sent to Dr. Smart, for further experiment, by inoculation, or otherwise, as the doctor may think fit, and the others were put under lock and key in a field, in the neighbourhood of the canal. In order to test whether the sheep can convey contagion in their fleeces it is intended to place alongside of them four or five healthy cattle. This, we have reason to believe, will be done in the course of the week. (*Scotsman.*)

YELLOW FEVER ON BOARD SHIP. Just before quitting Sierra Leone fever broke out on board the *Zebra,* and in a short time she had 100 of her officers and crew on the sick list. Besides losing several of her crew, she has lost her surgeon, assistant-surgeon, and master during the time she has been in commission—three years and a-half—on the West Coast of Africa.

CHOLERA RECEIPTS. At a late sitting of the Academy of Sciences, M. Costa, the secretary, mentioned that he had received a mass of letters announcing what were called "infallible receipts" for the cholera, more or less absurd—one, for instance, that "the patient should be enveloped in a blanket of new wool, and made to swallow the wing of a fowl very hot," etc.

BEQUESTS. By will, the late Sir John Henry Palmer leaves to the Northampton and Leicester Infirmaries £100 each.—The Rev. Robert Moore, of Hunton, Kent, has left £100 to each of the following institutions—the Canterbury Hospital, Canterbury Dispensary, North Kent Hospital (Maidstone), and North Kent Ophthalmic Hospital.—The late Mr. Soames, formerly of Ruislip, has left to the West London Hospital, £2,000: to University College Hospital, £4,000: and to the Great Northern Hospital, £4,000.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. An ordinary general meeting of this Society was held on the 25th of October last, when B. G. Babington, M.D., and Charles Hawkins, Esq., were elected vice-presidents of the Society; and John Scott, Esq., of Harley Street, a director, to fill up vacancies in the list of officers. The treasurer's accounts for the first six months of the year were also read, from which it appeared that eighty persons, widows and orphans of deceased members of the Society, had received relief, ordinary and extraordinary, to the amount of £1,177:10 during that period.

DEATH OF DR. IRVINE, R.N. Deputy Inspector-General of Hospitals and Fleets Samuel Irvine, M.D., died at Portsmouth on October 21st, aged 71. He became a surgeon in the Royal navy August 17th, 1815, and was surgeon of the *Alligator,* in charge of an hospital ship during the Burmese war, and of the *Dartmouth* at Navarino. He was afterwards attached successively to the *St. Vincent, Britannia, Impregnable,* and *Caledonia,* and was awarded the gold medal of Sir Gilbert Blane, Bart. He was afterwards surgeon for many years to the Royal Marine division and Royal Marine Artillery at Portsmouth, and obtained the above rank on the retired list Dec. 28th, 1857.

DIETETIC ERRORS. Whole nations, says Dr. Beddoe in the *Dublin Quarterly Journal of Medical Science,* go on, year after year, and generation after generation, committing gross dietetic errors without finding them out. I suppose the Westmann islanders would never themselves have discovered that their diet of sea-fowls' eggs and stinking fish had anything to do with the death of all their infants from trismus. The Färoers are said to prefer their food putrid; yet most of them live on it to a good old age, though it entails on them habitual diarrhœa. Norfolk dumplings are accused of producing the stones in which that county is so fertile; and Balassa, the eminent Hungarian surgeon, speaking to me of the frequency of both cataract and calculus among the peasantry of his country, was disposed to ascribe it to their diet of boiled flour and grease. In the northern parts of this island, at the present day, the mass of the population is gradually, voluntarily, and without any other motive than taste or fashion, deserting a better for a worse, a stronger for a weaker diet; and the substitution of white bread and tea for oatmeal and milk will probably soon manifest its effects in a notable deterioration of the breed.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. General Meeting for Alteration and Revision of Laws for Society. Dr. Althaus, "On Degeneration of the Posterior Column of the Spinal Cords"; Mr. Leonard Clark, F.R.S., "On the same subject."—Epidemiological Society, 8 P.M. Address by the President; Dr. Frederick J. Brown, "On Epidemic Cerebro-Spinal Meningitis at Rochester."—Entomological.—Odontological.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M.—Zoological.—Pathological Society of London, 8 P.M.—Ethnological.

WEDNESDAY. Microscopical.—Geological.

FRIDAY. Astronomical.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

4 weeks ending August 26th.

Diseases.	A.	B.	C.
Small-Pox	8	20	9
Chicken-Pox	—	4	13
Measles	36	—	79
Scarlatina	35	11	53
Diphtheria	—	1	6
Hooping-Cough	60	1	64
Croup	1	1	2
Diarrhœa	616	113	1093
Dysentery	14	23	11
Erysipelas	22	1	32
Insanity	33	1	13
Bronchitis and Catarrh	409	91	517
Pleurisy and Pneumonia	46	6	27
Carbuncle	—	—	7
Accidents and other diseases	4101	620	3722
Totals	5381	893	5648

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. CORMACK'S letter shall appear next week.

F. T.—A *post mortem* examination was, we understand, made of the late Lord Palmerston's body; but, for some reason or other, the exact particulars have not transpired. The immediate cause of his death was, we believe, abscess of the kidney and a diseased state of the bladder.

F. R.—The Report which proposes the establishment of a Professorship of Zoology and Comparative Anatomy at Cambridge, is likely to meet with opposition. The University is unfortunately very limited in its means. The riches of Cambridge are in the Colleges. If the University were richer, no doubt the Professors would be treated more handsomely.

THE PROPOSED PROFESSORSHIP OF ZOOLOGY AND COMPARATIVE ANATOMY AT CAMBRIDGE.—The Professorship of Zoology and Comparative Anatomy (if established) will be open to any candidate. The persons on the Electoral Roll are the officers of the University and members of the Senate resident in Cambridge.

MR. W. J. P. HORTON.—The most complete information on the Sewage Question is to be found in the Report of the Parliamentary Committee published in July 1864, by order of the House of Commons. Dr. Westall's pamphlet is published by W. Ridgway, 169, Piccadilly.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—G. D. Brown, Esq. (Ealing), 10s.

Amount previously announced, £129:3:3. Received at the *Lancet* office, £9:9:0.

I am, etc., ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, October 26th, 1865.

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Mr. T. M. STONE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. A. B. STEELE; Mr. R. S. FOWLER; THE HONORARY SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY; Dr. BROADBENT; Mr. HOUGH; Dr. O'CALLAGHAN; Dr. GEORGE JOHNSON; Dr. S. W. J. MERRIMAN; Mr. C. S. BARTER; Dr. J. ROSE CORMACK; Dr. A. SAMELSON; Dr. J. BARCLAY; Mr. RICHARD GRIFFIN; Mr. LAWSON; Dr. ATTFIELD; Dr. COPELAND; Dr. MARTYN; Mr. W. M. CLARKE; Mr. ADAMS; Dr. BULLAR; Dr. EDWARD SMITH; Dr. MUNROE; Mr. SOUTHAM; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Dr. J. M. BRYAN; Mr. F. COX; Dr. W. NEWMAN; Dr. J. EDMUNDS; Mr. C. GAINE; Mr. H. W. FREEMAN; Mr. T. A. HILLS; Dr. W. F. WADE; and Mr. T. T. GRIFFITH.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S. Eng. (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

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Notes
ON
THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY
GEORGE JOHNSON, M.D., F.R.C.P.,
PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[*Continued from p.* 466.]

The Symptoms and Pathology of Collapse.

The symptoms of choleraic collapse are so well known as to need no minute description. The most important and characteristic of them are the following. Coldness and blueness of the skin; great diminution of the volume and force of the pulse; shrinking of the features, with a corpse-like sinking of the eye-balls; more or less hurry and difficulty of breathing, with a short dry cough; a peculiar feebleness of the voice; coldness of the tongue and breath; a sensation of burning heat in the epigastric region; great thirst; more or less complete suppression of bile and urine; vomiting and purging of a rice-water fluid; torpor and drowsiness in a variable degree, but without delirium; and, lastly, cramps in the muscles. Most of these symptoms are present in every case of collapse; some, however, may be absent.

What is the pathological explanation of this remarkable train of symptoms? The one great central fact is this, that, *during the stage of collapse, the passage of blood through the lungs from the right to the left side of the heart is, in a greater or less degree, impeded.* Let us now consider the evidence of there being this impediment to the pulmonary circulation; and let us endeavour to ascertain the probable cause and consequences of this obstruction to the flow of blood. Very conclusive evidence as to the existence of impeded pulmonary circulation during life is afforded by the appearances observed in the heart, blood-vessels, and lungs after death. The *post mortem* appearances within the chest have been described, with more or less minuteness, by several authors; but by no one, I believe, with so much care and accuracy as by Dr. Parkes. (*Researches on the Pathology and Treatment of the Asiatic or Algide Cholera.*)

In the great majority of cases in which death has occurred during the stage of collapse, the right side of the heart and the pulmonary arteries are filled, and sometimes distended, with blood; while the left cavities of the heart are generally empty, or contain only a small quantity of blood; the auricle being partially and the ventricle completely and firmly contracted. The tissue of the lungs is, in most cases, of pale colour, dense in texture, and contains less than the usual amount of blood and air. With respect to the extremely anæmic condition of the lung, when death has occurred during the stage of collapse, there is an entire agreement amongst those authors who have most accurately described the *post mortem* appearances. There is something surprising, as Briquet and Mignot observe (*Traité Critique et Analytique du Cholera Morbus*), in the contrast between the almost constant occurrence of this extremely anæmic condition of the lung, from which scarcely even a few drops of blood flow when the tissue is cut, and the hyperæmia of most of the other viscera.

There is a remarkable contrast, too, between this anæmia of the lung when death has occurred during collapse, and the great engorgement of the lungs which is almost invariably found when death occurs in the febrile stage which often follows reaction.

Now, it is evident, from the appearances here described that, during the stage of collapse, there is an arrest of blood in the branches of the pulmonary artery *before* it has reached the pulmonary capillaries. The arrest at this point explains the remarkable anæmia of the texture of the lungs, while the hyperæmia of the lungs after reaction is due to engorgement of the pulmonary capillaries. Before I attempt to explain this remarkable arrest of blood, it may be well to allude briefly to certain phenomena in the living but collapsed patient which afford confirmatory evidence that the pulmonary circulation is greatly impeded. The impeded flow of blood through the lungs resulting, as it must, in a very scanty supply of blood to the arteries, accounts for the character of the pulse in cholera. It accounts, too, for the fact that the pulse has often been observed to increase in power and volume under the influence of venesection, which, by relieving the over-distension of the right cavities of the heart, increases their contractile power. (See Dr. Reid's essay, *On the Effects of Venesection in Renewing and Increasing the Heart's Action under Certain Circumstances.*)

Another appearance which receives explanation from the small stream of blood in the arteries, is that of the shrinking of the integuments, and especially the collapse of the features and the sinking of the eye-balls. The eyes of a patient in deep collapse are often as much sunk as those of a corpse; and the chief cause of this, in the case of both the cholera-patient and the corpse, is the more or less complete emptiness of the branches of the ophthalmic artery.

That the arterial stream during collapse is reduced to a minimum, is proved by the fact that arteries of considerable size have been opened during life without the escape of blood. Magendie states (*Leçons sur le Cholera Morbus*, p. 21) that, on one occasion, he cut across the temporal artery of a patient in collapse and no blood escaped. ("Il ne s'écoula pas une goutte de liquide.") Scot says (*op. cit.*, p. 30) that the temporal artery has often been opened without the escape of blood. He also states that a surgeon, "despairing of other means, cut down upon the *brachial* artery; but so completely had the circulation failed, that no blood flowed."

While, therefore, the small and feeble pulse, the collapse of the features, and the occasional absence of hæmorrhage from a wounded artery, are explicable on the supposition that the arteries receive a very scanty supply of blood, these phenomena afford evidence confirmatory of that derived from *post mortem* appearances, that during the stage of collapse the passage of blood through the lungs is much impeded.

It appears, therefore, that, during the stage of collapse, the blood which is sent into the pulmonary artery is, in great part, arrested in the minute branches of the artery before it reaches the capillaries of the lungs. What is the cause of this arrest of blood? Some writers have suggested that the blood has been rendered so thick by the loss of serum, that it cannot pass through the minute vessels. This theory is scarcely deserving of a moment's consideration. It is entirely at variance with the fact before referred to, that there is no direct relation between collapse and loss of fluid by the bowels; and, again, with the fact that the state of collapse passes off, while loss of fluid by purging continues, and while,

therefore, the thickening of the blood which, according to this theory, has stopped its passage through the lungs, should be continually increasing. The suddenness with which collapse often occurs, is quite inexplicable by the theory that thickening of the blood through loss of its water is the cause of that condition. In illustration of the sudden occurrence of collapse, I may refer to the following passages in Sir William Burnett's Report on Cholera in the Black Sea Fleet in 1854. "The first to be attacked were men already on the list for diarrhœa, several of whom fell into a state of collapse one after the other; but, about the same time, robust healthy men, who had fallen suddenly down in a state of collapse, began to be brought in from various parts of the ship (the *Britannia*), even from the yards, where they were seized while reefing sails." And the surgeon on board the *Albion* reported that "the attacks in many instances were so sudden, that many men fell as if they had drunk the concentrated poison of the upas-tree." The supporters of this theory of blood-thickening as the cause of collapse would have us believe that, in the course of a few minutes, the blood of these robust men had become so thickened by loss of water as to be incapable of transmission through the minute vessels of the lungs. I shall hereafter show that the thickening of the blood is a *consequence* and not a *cause* of the arrest of blood in the pulmonary arteries.

I believe the true explanation of the arrest of blood in the lungs to be this. The blood contains a poison whose irritant action upon the muscular tissue is shown by the painful cramps which it occasions; the blood thus poisoned excites contraction of the muscular walls of the minute pulmonary arteries, the effect of which is to diminish, and in fatal cases entirely to arrest, the flow of blood through the lungs.

We have seen that the condition of the lungs after death during collapse affords conclusive evidence that the arrest of the blood occurs, not in the capillaries, but in the branches of the pulmonary artery, before the capillaries are reached by the blood. We know that the walls of the arteries are muscular, and that they have the power of contracting upon their contents under the influence of a stimulus, such as cold, electricity, or mechanical irritation. I suppose that no physiologist at the present day would deny that spasm of the arteries is as real a fact as spasm of the muscles.

Many experiments and observations prove that contraction of the muscular walls of the arteries has great influence on the passage of their contents. For instance, it is a well known fact, that the tissues of an animal immediately after death cannot, without a force which endangers the integrity of the vessels, be injected with any of the fluids which are commonly used for that purpose. The coats of the arteries, so long as their vital tonicity remains, contract upon their strange contents, and impede the passage of the injection into the capillaries.

Nearly a century ago, Hales (*Statical Essays*, 1769) performed some ingenious experiments to demonstrate the power which arteries possess to control the flow of various liquids through them. His experiments were performed on animals recently killed; and he found that, while warm water passed very readily through the arteries, cold water, decoction of bark, and brandy, passed much more slowly.

Some experiments performed by Blake (*Edinburgh Medical and Surgical Journal*, vols. liii, liv, and lvi) on living animals bear upon this question. He found that a concentrated solution of a salt of soda, when injected into the jugular vein of a dog, killed the animal in less than a minute. On examination after death, the right side of the heart was found greatly distended, while the left contained only a little black blood. A few grains of nitrate of silver in solution destroyed life in precisely the same way. The passage of blood through the lungs is arrested, and the animal dies with the right cavities of the heart distended while the left cavities are nearly empty.

The sudden arrest of the flow of blood through the lungs in consequence of the accidental admission of air through a wounded vein in the neck or axilla has some relation to this subject. The entrance of air has usually been indicated by a peculiar gurgling sound in the wound, and the symptoms which rapidly follow are thus described. (Dr. John Reid's *Physiological, Anatomical, and Pathological Researches*, p. 553.) "Speedy occurrence of syncope, which is either preceded by a cry, with the expression, 'I die,' 'I am dead,' 'I suffocate,' or by anxiety and tremblings. Or, without any such precursors, the syncope rapidly reaches such a degree that all consciousness is lost, and the patient falls down; cold sweat breaks out on the forehead; and, in a quarter of an hour, sometimes sooner, sometimes later, he is dead." After death, both in the human subject and in animals that have been the subjects of experiments, the right side of the heart is found to be much distended with frothy blood; and the same mixture of air and blood is usually found in the pulmonary arteries. The left side of the heart is usually empty; but a small quantity of frothy blood is occasionally found in the left cavities and in the aorta. The cause of death in these cases is the distension of the right side of the heart, which results from the impeded transit of frothy blood through the vessels of the lungs. Mr. Erichsen found, by experiments on a dog recently killed, that beaten bullock's blood, mixed with air, required nearly twice the pressure to drive it through the pulmonary vessels, that would suffice to drive unmixed blood through the lungs. (*Edinburgh Medical and Surgical Journal*, vol. lxi.)

I have referred to these experiments in illustration of the general principle: 1, that the movement of blood through the lungs may be quickly arrested by the addition of some foreign ingredient to the blood; and 2, that this arrest is probably due to the power which the arteries possess to contract upon their contents.

The proof that the blood is arrested during the stage of collapse in cholera is, as before stated, partly the anatomical condition of the lungs after death, partly the symptoms observed during life.

About two years since, I had under my care in the hospital a woman (S. B.) who was suffering from dropsy, the result of heart-disease of long standing. On going through the ward one afternoon, I saw her sitting up in bed as well as usual. In less than five minutes after I left her to go into another ward, I was sent for in consequence of her having become suddenly worse. I found her gasping for breath, cold, and pulseless, with a blue and shrunken appearance of the features, exactly resembling the collapse of cholera. I at first thought that she would die in a few minutes; but she rallied in some degree, and lived forty-eight hours, during which time her dropsical legs became rapidly gangrenous. We found, as I had predicted, that, besides old standing disease of the mitral valve, there were firm fibrinous coagula in the branches of the pulmonary artery. The sudden obstruction of the pulmonary arteries by fibrine caused a state of collapse exactly resembling that of cholera. (Hospital Case-Book, vol. xix, p. 59.)

The most interesting and conclusive evidence that arrest of blood in the lungs is the true key to the pathology of choleraic collapse, is to be found in the simple yet complete explanation which it affords of all the most striking chemical phenomena of the disease—the imperfect aëration of the blood, the fall of

temperature, the dark and thickened appearance of the blood, and the suppression of bile and urine.

Chemical Consequences of the Obstructed Flow of Blood through the Pulmonary Arteries. It is obvious that the stream of blood from the pulmonary capillaries to the left side of the heart is the channel by which the supply of oxygen is introduced into the system. One necessary consequence, then, of a great diminution in the volume of blood transmitted to the left side of the heart, must be that the supply of oxygen is lessened in a corresponding degree. This position probably will not be disputed by any one who will give the subject a moment's consideration. Nor, again, can it be denied or doubted that certain results must of necessity follow this limited supply of oxygen.

The combustion of those constituents of the blood which are normally subjected to the action of oxygen will be diminished in proportion to the deficiency of that gas; and thence follows simultaneously and of necessity a reduction of temperature, and so scanty a formation of urinary and biliary constituents, that, while the state of collapse continues, the functions of the kidneys and liver are virtually suspended. The blood at the same time has that black, thick, treacly appearance which is not peculiar to the collapse of cholera, but which is common to it with all diseases which are attended with a defective aëration of the blood. The blood has this character during the cold stage of a severe ague fit. Dr. Mackintosh and others, who have bled patients during the cold stage of ague, describe the blood as flowing from the arm at first in a slowly trickling stream, being of a dark colour, and not coagulable. (See Mackintosh's *Practice of Physic*, vol. i, p. 86 *et seq.*) Dr. Dundas Thomson, who published an elaborate paper on the Chemistry of the Blood in Cholera (*Med.-Chir. Trans.*, vol. xxxii, p. 67), states that one specimen of blood from "a patient who laboured under an affection of the mucous membrane of the air-tubes", contained a greater excess of solids, in proportion to water, than he had found even in cholera-blood.

The blood in cholera is black and thick only during the stage of collapse; in other words, during the stage of pulmonary obstruction and defective aëration. This state of the blood bears no relation to the loss of water; it comes on when the loss of water has been very trifling; it passes off rapidly, while loss of water by purging continues unchecked. It is simply a result of defective aëration, just as the thick and smoky flame of a lamp is a result of defective aëration.

The constituents of bile and urine and carbonic acid are all results of oxidation; none of them can be formed without a large supply of oxygen. Suppression of bile and urine during the stage of collapse is a necessary consequence of the limited supply of oxygen which results from the obstruction in the lungs. The amount of carbonic acid expired during collapse is also much diminished. (See, on this point particularly, Twining's *Clinical Illustrations*, etc., 2nd ed., p. 15.) One fact confirmatory of the view that the very scanty formation of bile, urine, and carbonic acid during collapse is a result of the diminished supply of oxygen, is, that *the secretion of milk continues apparently undiminished.* I have myself observed this fact, and it has been mentioned by several authors.* Thus Magendie states that, one of his patients having been delivered of a child a few days before she was seized with cholera, the secretion of milk continued so abundant through a first and a second collapse, which ended fatally, that it was necessary to empty the breasts, in order to relieve the pain which their distension occasioned. Now, if the other secretions are suppressed on account of the deficiency of water in the blood, why does the secretion of milk continue? Magendie says, because the blood reaches the breasts, and supplies the materials for their secretion, on account of those glands being nearer to the heart than the liver and kidneys, which, being at a greater distance, do not receive the supply of blood necessary for the discharge of their functions! My explanation of this remarkable and instructive fact is simply this. The chief constituents of milk—casein, sugar, oil, and water—may be obtained from the blood without the addition of oxygen. The secretion of milk, therefore, continues during the stage of collapse; while the highly oxygenised secretions are suspended, their essential constituents being formed only in very minute quantities during that stage, on account of the defective supply of oxygen.

Explanation of the great temporary Relief resulting from the Injection of a Hot Saline Solution into the Veins. No theory of collapse can be considered complete which does not give a satisfactory explanation of the great temporary benefit which immediately follows the injection of a hot saline solution into the veins. I have before referred to this subject (see *ante*, p. 251); and I deferred my explanation until I had given some account of the phenomena of collapse.

I have adduced many facts and arguments in proof of the position that the essential cause of collapse is an arrest of blood in the lungs, occasioned by a spasmodic contraction of the muscular walls of the pulmonary arteries. If this be the actual cause of collapse, we might, *à priori*, expect that for a time it would be removed by the injection of a hot fluid into the veins. The temperature of the fluid injected by Dr. Mackintosh varied from 106° to 120°; but he states that "the good effects of the injection were rapid in proportion to the heat of the solution." (*Op. cit.*, vol. i, p. 365.) The hot fluid, rapidly mixing with the blood in the right side of the heart and in the pulmonary artery, would as it were dilute the poisoned blood and render it less irritating, just as diluents render the urine less irritating to an inflamed bladder or urethra. It is probable, however, that the chief action of the injection would be to relax the spasm of the minute arteries by its high temperature.* Thus, the impediment to the circulation being overcome, the blood rapidly flows on to the left side of the heart and the arteries, and the phenomena of collapse pass away with marvellous rapidity. The benefit, however, is of but short duration; for the primary cause of the impeded circulation—namely, the poisoned condition of the blood—being still in operation, and the originally hot solution being cooled down by its diffusion through the entire mass of the circulating blood, the stream of blood through the lungs will soon again be obstructed; and the patient thus passes into a state of collapse as profound as and more hopeless than before.

* See on this point Magendie, *Leçons sur le Cholera Morbus*, 1832, p. 27; Dr. Hutchinson, *History and Observations on Asiatic Cholera in Brooklyn, New York, in* 1854, p. 10; Dr. Robertson, *Edinburgh Monthly Journal*, 1848, p. 393; and Dr. Gairdner, "On the Pathological Anatomy of Cholera", *Edinburgh Monthly Journal*, July 1849.

* Dr. Parkes, who tried the injection in some cases, states that he did not see even the temporary vivifying effects which others describe. (*Op. cit.*, p. 219.) The probable reason of this is, that the temperature of his injection was too low. In one case, he says it did not exceed 98°; while in another it was "tepid". In the other cases, the temperature is not stated. I think, therefore, that Dr. Parkes's failure to do good by a tepid injection is confirmatory of my view, that the high temperature of the injection employed by Dr. Mackintosh and others had more influence than the mere mixture of water with the blood. I believe that the hottest room of the Turkish bath would quickly relax the spasm of the pulmonary arteries; and so, if it did not cause faintness, it might be a real help to recovery.

It appears, therefore, that the hot saline injection into the veins, and the operation of venesection, when it rapidly relieves, as it often has done, the symptoms of collapse, have this effect in common, that they facilitate the passage of the blood through the lungs, and thus lessen that embarrassment of the pulmonary circulation which is the essential cause of choleraic collapse. But, whereas the hot injections act by removing the impediment which results from spasmodic contraction of the arteries, venesection acts by relieving over-distension of the right cavities of the heart, and thus increasing the contractile power of their walls.

In concluding this communication, I would implore those pathologists who have hitherto thought that the temporary benefit following injections into the veins affords conclusive evidence that collapse results from loss of water, to consider whether the explanation here offered is not at least as probable, as complete, and as consistent with all the known facts of the problem, as that which is commonly received.

[*To be continued.*]

Original Communications.

HOT MUSTARD BATHS IN THE COLLAPSE STAGE OF BRITISH CHOLERA.

By John Barclay, M.D., C.M., Banff, N.B.

In the British Medical Journal for October 21, I observe a paper by Dr. Joseph Bullar of Southampton, on the excellent effects attending the employment of hot mustard baths in the collapse stage of cholera; and it might not be uninteresting to relate the effects of substantially the same treatment in a class of cases, the severity of which was nearly equal to that of the true Asiatic cholera. The only difference between his mode of employing the mustard bath and that followed here was, that instead of the actual mustard and water bath, I preferred the "hot blanket mustard bath," as employed and recommended by Dr. Newington in the *Lancet* for June 10th, 1865, in the treatment of insanity and other diseases.

In and around Banff for the past three months—August, September, and October—we have had a very severe epidemic of what is commonly demonstrated British cholera. On reference to our case-book, I find that we have entries of no fewer than 116 cases, of all degrees of severity, during that time. Of the whole number, 32 were children of and under two years of age; 14 were above four and under fifteen years, and the rest were from sixteen to sixty.

First, as regards the infants attacked. The epidemic commenced on August 5th, during which month there were 8 cases; then during September there were 16 cases, and during October up to the 20th, there were 8 cases. The whole of these were quite different from the ordinary forms of infantile diarrhœa; the child seemed to be seized suddenly, or as some of the mothers observed, "just in a second." Purging of dirty water was first noticed, followed immediately by paleness and coldness of the whole surface, the lips being especially pale; the eyes very much sunk, and half open; a marked blue circle around the eyelids; the tongue shrunk, dry, glazed, and of a pale colour, but not furred; breathing almost imperceptible, and the pulse very weak; in some cases intermittent, and in the very bad ones almost imperceptible. In a few there was vomiting; but in the children this was not such a marked symptom as in the adults, nor one which there was much difficulty in combating. The skin was cold, moist, and clammy, in some more, and in others less so. In the milder cases, the little patients seemed to suffer some pain, or, at all events, uneasiness, though none of them seemed to suffer severe pain in any part; but in the severe cases, the child lay as if in a dead faint, neither crying, moaning, nor betraying any sign of uneasiness whatever.

In one, a child of seven months, all the above symptoms were seen in their aggravated form. The case occurred in the middle of September when there was the greatest number of adult cases. The infant seemed deprived of all consciousness; indeed, I imagined it to be moribund. When applied to the breast, it made no attempt to seize the nipple, and when nourishment was put into its mouth, it made no attempt to swallow. The pulse was imperceptible at the wrist; and I could barely perceive the chest heave in breathing, noticing only a periodic tremulous movement of the intercostal muscles. I ordered enemata of strong beef-tea with milk, brandy, and a minim of tincture of opium immediately, and to be repeated every two hours, leaving out the laudanum afterwards; the infant to be put in a mustard blanket bath from neck to heels, with hot bottles to each side when laid in its crib; also whenever it made an attempt to swallow, to put it to the breast. Next day the report was that heat and colour were restored to the surface by the bath, that the enemata had been retained, but that the child would neither suck nor swallow what was put into its mouth. The collapse was still very great, and unconsciousness not much less, but yet there was some improvement. I ordered the bath to be repeated, and the enemata to be persisted in without the laudanum, unless they should be passed off as soon as given. On the fourth day, the child had so far recovered as to look up and seize the nipple; no more enemata were required, and the subsequent recovery was rapid.

In a second case, almost exactly parallel, the same means were ordered, but unfortunately none of them were available till after several hours had elapsed, and though the child seemed to rally somewhat after the bath and first enema, it gradually sank and died convulsed. Another unfavourable circumstance connected with this case, was that the child had been some twelve or fourteen hours ill before assistance was sought for.

A third bad case, of which that of the first is nearly as exact a description, was likewise lost on account of the ignorance of the nurse (not the mother) of the child, who preferred, as she said, "to allow the child to die in peace without tormenting it." The second and third cases did not look a bit worse than did the first, and had the means employed in the first been as early begun and as energetically persisted in in them, I think both might have been saved.

The other twenty-nine cases of children were milder than the above, and all recovered with only a partial application of the bath, to the legs in some, and as far as the belly and chest in others. Grey powder, with Dover's powder and chalk, seemed the best remedies where there was no vomiting, and the following mixture where that symptom was present:—

℞ Pilulæ hydrargyri gr. xvi; tincturæ opii ♏ iv-vj-viij-xvj; syrupi zingiberis ʒv; mucilaginis acaciæ ad ℥ii. Misce: signaque—A teaspoonful every four hours.

Of the remaining 84 cases, 14 were above four and under 15 years of age, and of these 14 cases, that of a girl ten years of age was probably the most severe.

She was a thin and delicate child, constantly taking coughs and colds, and very dyspeptic. On August 15th, she went to bed in her usual health, but in the middle of the night awoke intensely sick, cramped all over, and vomiting and purging dirty water, there being little difference between the liquid vomited and that purged. She was quite conscious, and complained of the cramps and pain in the stomach and bowels. I ordered a sinapism to the stomach, hot brandy and water, and a pill containing two grains of calomel and half-a grain of opium, the pill to be repeated if the first was vomited; or if kept, and the patient unrelieved, in four hours. At 10 A.M. on the 16th, she was completely prostrated, eyes sunk, pulse imperceptible, breathing almost imperceptible also, skin of a pale bluish colour, cold, and damp; had refused to take the pill or the brandy, but drank cold water, which was instantly rejected. The cramp had now left altogether; the eyes were half open, with a dark blue ring around them; she paid no attention when spoken to, but lay as if dead. No urine had been passed, and the suprapubic region was tympanitic. I ordered a complete hot mustard blanket bath with hot bottles around her to keep up the heat, enemata of strong warm beef-tea and brandy, with five minims of laudanum in the first, every two hours. It was with great difficulty that the parents could be got to adopt the above measures, nor *would* they have adopted them had I not procured a nurse, who energetically went about the performance of them, so hopeless did they think the case. Before noon, however, reaction was fairly established; she could speak, though still in a very hollow tone, and was persuaded to swallow one of the pills, and afterwards some ice and strong beef-tea. She made a good recovery.

The other cases in this division were much less severe; they had obstinate vomiting and purging, some of dirty water, others of biliary matter; all with more or less collapse, and all followed by intense weakness. In all who applied during the beginning of the attack, calomel and opium were given with effervescing draughts, ice, and sinapisms to the chest, stomach, and bowels. None of them required a whole bath. Where the vomiting had disappeared or never been present to a great extent, fuming nitrous acid with tincture of opium were given, which in most cases effectually relieved the purging. The greater number had cramps more or less.

The remaining 70 cases were all adults, the age varying from sixteen to sixty, but in only four cases was the collapse so alarming as to call for the application of the whole bath. In them, however, the effect was striking and most gratifying. In a few minutes the cramps disappeared, the skin became warm and red, the vomiting became less urgent, and a tendency to sleep induced. All four recovered. Two of the cases were above fifty years of age, and both were very severe cases and made slow recoveries.

With regard to the other treatment of these adult cases, the combination of calomel and opium was found to answer admirably, both in relieving the sickness and vomiting, and the pain and purging. We soon found that one grain of opium was of little use given as a single dose to an adult; but that a grain and a-half, when combined with three grains of calomel, and administered on the cessation of a wave of sickness (for it was always observed to come as if in waves), almost invariably remained on the stomach, relieving all the symptoms. Effervescing draughts were given for the intense thirst. When the calomel and opium failed to stay on the stomach, ice swallowed in small pieces invariably afforded relief. The remainder of the adult cases varied very much in severity, from what in the absence of an epidemic would be called severe bilious attacks, to what is usually denominated British cholera. The calomel and opium, ice and sinapism treatment was adopted in all, with all the success that could be desired. When diarrhœa persisted after the attack was over, nothing did so well as the fuming nitrous acid with laudanum every four hours. In one case, drachm-doses of carbonate of soda were given, with the effect of aggravating all the symptoms; it was therefore in that case discontinued, and not again tried.

So satisfied were Dr. Manson (a member of the British Medical Association) and myself of the admirable effects of the mustard bath in this class of cases (and he was equally pleased with it in the cases in which he ordered it), that we determined, if unfortunately at any time we should be visited with an epidemic of real Asiatic cholera, to give the treatment a fair trial in it also. It was with much pleasure, and great interest, therefore, that I read Dr. Bullar's paper in the JOURNAL recommending the same line of treatment, and I hope others will give it a fair trial too. As regards the form of the bath, I think the blanket bath should be preferred, as being in most cases more readily and more quickly available, and also more easily applied in very bad cases.

Transactions of Branches.

EAST ANGLIAN BRANCH.

ON AMPUTATION IN GANGRENE.

By WILLIAM CADGE, Esq., Norwich.

[*Read July 14h*, 1865.]

Two years ago, at our annual meeting at Yarmouth, I had the honour of reading a paper on the subject of amputation for traumatic gangrene. My object was, in that communication, to oppose the common practice of *immediate* amputation in all cases of traumatic gangrene of a limb; and I endeavoured to support my views by the narration of cases of great interest bearing directly on the question. I return to the subject now, in order to enforce the practice I then advocated; to add a few fresh cases, and still further to ventilate the matter by eliciting the opinions of the members now present.

The rule of practice, as at present taught in schools and in almost all modern surgical works, is this:

1. In senile gangrene, or gangrene from any spontaneous cause, such as arteritis, embolus, etc., amputation is not to be thought of until the mortification has ceased and a line of separation has formed.

2. In traumatic gangrene, whether from fracture, laceration, gunshot wound, or wound or ligature of arteries, amputation should be done *immediately* the gangrene has manifested itself, and before the line of separation has formed.

The reasons assigned for these opposite modes of treatment are clear and simple. In gangrene from internal causes, we are to wait for a line of separation, because we cannot tell how far the mortification will spread; and, if we operate, we may operate in parts already doomed, and the disease will reappear in the stump. On the other hand, in traumatic gangrene, we are not to wait for its cessation, lest the disease should spread rapidly to the trunk, and life will be lost.

Now, with all submission, I would take exception both to the practice and to the reasons by which the practice is supported. In both these classes of gangrene, I think that the bare fact of the cessation or spread of the gangrene should not be the only or

even the chief guide by which we decide the question of amputation. I will speak first of gangrene from internal causes. It is very seldom that a question of amputation can arise in cases of senile gangrene. Usually, from the age of the patient, the diseased condition of the arterial vessels, or the lessened vitality of the whole system, amputation can seldom be thought of; but it will occasionally happen that the disease commences in a system which we would consider able to sustain the shock of operation. In such a case, supposing that the whole limb, say the whole foot, is engaged, why should we wait and see the patient's strength exhausted by the continued and intense suffering which usually attends the disease? Why wait for that line of separation which may never occur? Why not amputate at a point well above the dead parts? I have seen many cases of senile gangrene; but I never saw or heard of one in which it reached above the knee-joint. Either the gangrene ceases, or the patient dies worn out before it reaches so high. Amputation, therefore, in a case otherwise suited for operation, should be done above the knee, say in the middle of the thigh, without any reference to, or waiting for, the cessation of the gangrene. Some years ago, such a case occurred in the Norwich Hospital, in a woman whose general condition seemed favourable for an operation. One foot was black from senile gangrene, and there was no sign of its arrest. I had long been watching for such a case; and I urged my colleague, who had charge of the patient, to amputate at once. He did so, a few inches above the knee; and the stump healed fairly. Let me illustrate the subject further by reference to an interesting case now under my care in the Norwich Hospital.

A farm labourer, of healthy appearance and abstemious habits, aged 34, was admitted with gangrene of the toes of the right foot. It came on spontaneously, and extended slowly over the instep. The remainder of the foot and ankle was of a dusky red colour, and evidently doomed to die; but the progress of the disease was very slow. The pain was intolerable, and could be mitigated only to a slight extent by opiates. The subcutaneous injection of morphia gave most relief; but, with all that could be done, he still suffered acutely; his health and strength yielded, and he implored to have the limb removed. The history of the case was this. Three or four weeks before the commencement of the gangrene, he felt pain and tenderness in the calf of the leg, and it was hard. He thought but little of it; and it ceased in about a week. Connecting this history with the mortification, I considered that this was a case originally of arteritis, leading to obstruction of the circulation and to gangrene. To what extent the disease in the arterial coats might extend, I could not tell. There was doubtful pulsation in the popliteal, and the femoral artery at the groin beat but feebly; still the pain and tenderness in the calf seemed to point to that situation as the chief seat of mischief, and I hoped that the gangrene would not extend above that part. I determined to amputate without waiting for the mortification to stop; but I hesitated whether to do it above or below the knee. The former would doubtless have been the safer; but to save the knee is a very important matter to a labouring man, and I therefore amputated close to the joint by making skin-flaps and a circular section of muscles. The popliteal artery bled but little, but the smaller ones more freely; the flaps sloughed to some extent; and superficial necrosis of the bones occurred. But now, a month after the operation, all sloughing has ceased, the stump is covered with healthy granulations, and there is a fair chance of recovery. Inflammation and commencing calcification of the inner coat of the arteries was found on examination; there was no coagulum; but the tibials were shrunken and empty.

Here there are two cases in which the "golden rule" of waiting for the line of demarcation was successfully departed from. Others might be quoted, particularly five or six by Mr. James of Exeter, in which amputation of the thigh was done during the progress of the gangrene.

But I hasten on to speak of the second class of cases—viz., of traumatic gangrene of a limb, the result of external violence, fracture, injury or ligature of arteries, gunshot wound, etc. In these cases, we are told to amputate the limb as soon as the mortification has begun, above or on a level with the original seat of injury. It is this rule especially which, I think, requires reconsideration and alteration. Why, I would ask, should we be in such a hurry to remove a limb when gangrene has commenced? There is no fear of its extension beyond the local injury which led to it. At least, in not more than one in a hundred cases would it do so; and in that one case the mortification would of necessity depend more on some constitutional defect than on the local injury; and here amputation would be of no avail. Let us take a case—one which has recently occurred in my hospital practice.

A farm labourer, aged 28, was admitted February 9th, 1865, with a deep lacerated wound in the popliteal space. A surgeon had seen it, and stitched up the wound. When he reached the hospital, he was greatly collapsed and very pale. There was no sensation below the middle of the leg, and he could not move the foot. A clot showed between the stitches in the wound, but there was no bleeding. The next day, the foot looked blue, but it was warm. The third day, it was clearly mortified, and no line of demarcation was visible; the leg was not swollen, but was hard and painful; the wound was discharging blood and pus. Now was the time when, by the rule of surgery, I should have amputated the thigh above the wound in the ham. But what was the state of the patient? He had not fully recovered from the first shock and loss of blood; his pulse was feeble, at 130 to 140; his tongue dry and white; the surface of the body pale and bloodless. I have a firm conviction that amputation, if done at this time, would have proved quickly fatal. Why be in a hurry to add a second shock and loss of blood to that from which he had barely recovered? By waiting until the full establishment of suppuration, I hoped that much of the fever would pass away; that he would still more recover from the first collapse and depression; and I had no fear that the mortification would extend above the wound in the thigh. Accordingly, every attention was given to maintain his strength; he took food freely, and improved for a time. Suppuration became free, and the wound showed healthy granulations. The mortification spread very slowly, and for some days seemed to stop about the lower third of the leg. On the eleventh day after the accident, I amputated the thigh by skin-flaps and circular division of the muscles. At this time he had become very weak and hectic. It would have been better to have operated two or three days before; and I intended to have done so, but was prevented by engagements. For some days he was very low and delirious; but he gradually improved; took food freely; and the stump, which at first was without action and sloughy, slowly granulated, and the patient fully recovered.

This case, I think, shows, and several others which I have recorded show even more vividly, the wisdom of selecting the time for operating, not by the mere occurrence of mortification, but entirely according to

the state of the patient. It may be that he has suffered so little from the first injury, that he can well bear the additional shock of amputation, which may then be done as soon as gangrene has clearly set in; but much, very much more frequently, it will show good surgery to wait until the violence of the constitutional disturbance attending the occurrence of gangrene has passed away, and until suppuration has been established. By this time the mortification will very probably have ceased; there will be little or no swelling, or serous effusion, or extravasated blood, in the part where we wish to operate; the system will have become calmer; hectic fever will, perhaps, have begun to show itself; and the operation may be done with the best prospect of success. Moreover, by delay we may sometimes save a portion of the limb. Thus, in gangrene following ligature or wound of an artery, all modern writers on surgery recommend immediate amputation above the ligature or wound. But how can we say that the gangrene will spread up to the ligature? Such a case I have reported in the paper referred to. A man received a punctured wound of the popliteal artery; the wound healed at once; gangrene of the foot followed; and the surgeon requested my attendance, with a view to immediate amputation. I advised delay. The mortification ceased about the middle of the leg; and eventually the limb was removed below the knee, and not above the wound of the artery. The patient recovered rapidly.

Without entering more fully into the details of this important subject, which I should like to do, I will sum up thus. In those few cases of gangrene from internal causes in which amputation is permissible, we should decide the time for operation and the point of election less by the formation or non-formation of the line of separation, than by the other circumstances of the case, the general condition of the patient, and particularly by the amount of disease in the arterial system. In the other class, viz., gangrene from external causes—traumatic gangrene—I would say: Let us not be hurried into operating too soon; let us watch the spread of the disease without fear, so as to know to what extent it is likely to go; let us seek to maintain and restore the strength of the patient; let the period of active febrile excitement pass away, and suppuration be in full force,—then, and not so well till then, may we relieve him of the burden; and, judging from considerable experience, I would say that we may save many a life which, by over haste and the blind obedience to a "golden" but too narrow and dogmatic rule of practice, would be lost.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

CASE OF TETANUS.

By Frederick P. Atkinson, M.B., M.C., St. Bartholomew's Hospital, Rochester.

[*Read September 29th*, 1865.]

Alfred Sage, aged 28, labourer, residing at Borstal (in the city of Rochester), was admitted into St. Bartholomew's Hospital, March 27th, 1865, with violent tetanic spasms affecting the whole trunk. He was seized, he said, about two days previously with pain in the back of the neck, and some difficulty in swallowing. No cause could be assigned for the attack. He had not been exposed much to cold or heat, and had not pricked or wounded himself in any way. He appeared to be a man of robust and vigorous constitution, and had never been the subject of ill health. There were some small superficial indolent-looking ulcers on the legs; but these had existed, he said, for years. During the fits, the extremities were rigidly extended and the back bent, so that the body rested, as it were, on the head and heels. The eyes were fixed, and the jaws, which were separated about an inch, were immovable. The forehead was drawn into wrinkles, and was hot and perspiring. Pulse 96. There appeared to be some slight remission about every ten minutes. He was ordered a warm bath on admission and a minim of croton oil; a belladonna plaster to the spine, and a mixture, consisting of eight grains of saccharine carbonate of iron and twenty-five minims of tincture of cannabis Indica, every hour; also a liberal allowance of beef-tea and wine. In the evening, the bowels not having been moved, he was ordered an enema of turpentine.

March 28th. He slept about half an hour last night, and the fits were a little less frequent and painful. He was ordered to have two grains of calomel and half a grain of powdered opium night and morning.

March 29th. He slept about four or five hours last night; but the fits were more frequent and severe again this morning. There was great dyspnœa. The skin was clammy. Pulse small. He continued in this state till about twelve o'clock, when he sank exhausted.

Nothing was revealed by the *post mortem* examination. The spinal cord, however, was not inspected, as it should have been, microscopically.

Remarks. It seems to me that the treatment of tetanus has hitherto been directed towards an alleviation of the symptoms, rather than the cure of the disease. Lockhart Clarke has now demonstrated that the true cause of tetanus is softening or degeneration of the upper part of the spinal cord; and thus shewn, I think, why mercury, tartar emetic, bloodletting, tobacco enemata, and sedatives, have proved of so little avail. Stimulants, with sulphate of zinc and phosphoric acid, seem to me to hold out the greatest chance in the cure of this fatal disease.

EAST YORK AND NORTH LINCOLN BRANCH.

CASE OF TWINS.

By J. Morley, Esq., Barton-on-Humber.

[*Read October 4th*, 1865.]

On September 18th, 1864, between 12 and 1 P.M., I was requested to attend, for Mr. Eddie (during his temporary absence), Mrs. J. B., aged 22, residing at Barton, in her first confinement. The catamenia last appeared on November 27th, 1863; and she was married between this date and the end of December.

On examination, I found the os uteri fully dilated, the vertex presenting; and at 2 P.M., she gave birth to a living male child, of the average size, which appeared to have arrived at the full period of utero-gestation. Upon further examination, I detected another fœtus; and, having ruptured the membranes, the feet presented, and at 2.15 P.M. a male child was born alive, which survived fifty-five minutes. This child measured after death only twelve inches and a half. The testes had not entered the scrotum; and it presented generally the appearance of a fœtus that had not arrived at more than the seventh month of utero-gestation. The placentæ were continuous, and the membranes divided into two compartments.

As I had not met with a similar phenomenon out of nearly three thousand midwifery cases which I have attended, I thought it worthy of being brought before the members of this Branch, and hope that its bearing on the subject of generation will give rise to a discussion which will throw some light on this obscure branch of physiology.

Reviews and Notices.

Du Suicide et de la Folie Suicide. Par A. Brierre de Boismont, Docteur en Médecine de la Faculté de Paris, etc. Deuxième Edition, revue et augmentée. Pp. 763. Paris: 1865.

(On Suicide and Suicidal Insanity. By A. Brierre de Boismont, M.D., etc. Second Edition, revised and enlarged. Paris: 1865.)

M. Brierre de Boismont has a reputation among the most distinguished of French psychologists, and is well known as the author of several works of much merit, bearing on psychological subjects. The work before us, in the preparation of which he has been occupied more than twenty years, is based on an examination of the documents relating to 4595 cases of suicide preserved in official records, and the histories of 862 insane patients who have come under his care, and of whom 265 had either contemplated or attempted suicide.

The book is divided into eight chapters; viz., 1. On the Causes of Suicide; 2. Analyses of the Last Sentiments expressed by Suicides in their Writings; 3. Symptomatology of Suicide in the Insane; 4. The Nature of Suicide; 5. Suicide in its Relations to Civilisation; 6. Distribution of Suicide according to Regions, Modes, Epochs, etc.; 7. Treatment of Suicide; 8. Legal Medicine.

In the first chapter, the causes of suicide are considered under the heads of *predisposing* and *determining*. As predisposing causes are enumerated: hereditary predisposition; climatic and meteorological influences; sex; age; civil state; state of fortune; education; moral condition; occupation. The determining causes are: drunkenness; poverty; misery; reverses of fortune; misconduct; want of work; idleness; domestic and other troubles; love and jealousy; remorse; fear of dishonour or of judicial proceedings; gambling; pride, vanity, self-love, and ambition; inordinate opinions of self; novel-reading; exaggerated devotion; avarice; love of gain; fright; anger; revenge; politics; sundry diseases; and various forms of insanity.

The remarks made by M. Brierre de Boismont, while he notices suicide in general, are especially intended to be applicable to France.

In the fifth chapter, he gives the following as the number of suicides in each million of inhabitants of the undermentioned countries.

"Saxe Altemburg, 303; Denmark, 288; Saxe-Royal, 251; Sleswig, 209; Holstein, 173; Mecklenburg Schwerin, 159; Lauenburg, 156; Oldenburg, 155; Hanover, 128; Prussia, 123; France, 110; Baden, 109; Norway, 94; Bavaria, 79; England, 69; Sweden, 66; Belgium, 55; Austria, 43; Scotland, 35; United States, 32; Spain, 14." (P. 502.)

According to these statistics, France yields a far greater proportion of suicides than many others, England included. This proclivity of the French to commit suicide, the author attributes in great measure to their physical constitution—to their marked impressibility.

"Of all modern people", he says, "there are none in whom general sensibility is more developed than among the French.....Incessantly carried away by sentiment, the Frenchman presents in himself the union of all that denotes the qualities and the defects of general sensibility; and it is hence easy to conceive how suicide is so readily committed by him. On what depends this predominance of sensibility in our country? On race; on that drop of blood, of which some have desired to contest the influence." (P. 9.)

But he does not ascribe the prevalence of suicide among the French wholly to race or to other physical causes. He finds a very efficient cause in their obnoxious mental training. A very large proportion, he observes, of the persons who commit suicide—independently of insanity, which he holds not to be the only cause—have received an education; that is, they can read and write. But, as he rightly observes, this is not sufficient; something more is required to regulate the moral temperament—to moderate the impressibility of the mind to external agencies; and on this point education is very commonly worse than defective.

"It must not be forgotten," says M. de Boismont, "that this instruction, based on romances, dramas, and party publications, is not of a nature to form the judgment, to rectify the moral sense; and that it tends on the contrary to exaggerate the passions, and to lead people to consider suicide as the end of that multitude of pretended evils of which these unfortunates believe themselves the victims." (P. 44.)

The influence of other predisposing causes of suicide is fully discussed; and a summary is given at p. 54, which we will here translate, adding a few notes from the text of the work.

"The influence of hereditary predisposition is undeniable; but it is most marked among the insane.

"Climatic and meteorological influence must be reckoned among the causative conditions of suicide."

Extremes of temperature conduce to suicide, as has been shewn among European troops and sailors both in cold and in hot climates. But the influence of climate is modified by other causes. Suicide was rare among the inhabitants of France at the time of the Roman invasion, while it is now common; and, on the other hand, it was common in Italy, where it is now rare—except, perhaps, in Piedmont.

"With regard to sexes, the proportion of suicidal females is about one in three. This diminution of the number of suicides in the female sex is remarkable among prisoners. It would give but an imperfect idea of the proportion of suicides in the two sexes, if we did not take into account the number of attempts at self-destruction."

There are, observes M. de Boismont, certain conditions peculiar to the female—those connected with menstruation and childbearing, which might be regarded as, and indeed are in many cases, causes of suicide. If, then, we refer many of the suicides among females to these causes, the diminution in the number who are not subjected to their influence is the more remarkable; and M. de Boismont attributes it to the want of that degree of energy and despair which are required for the commission of the act, but which are not compatible with the ordinary female constitution; as well as to the influences of family life and of religious principles, more developed in the female sex and therefore more powerful.

"The period of life when most suicides are committed is from 20 to 30 years; but it is especially from 40 to 50 years that the predisposition to suicide reaches its highest figure. Old age, which one would

think very greedy of its days, has its voluntary deaths; and the proportion to the population at each age is equal among the old to that among persons of middle age, if not greater. Self-murder in youth is most rarely met with; but for some years it seems to have undergone a perceptible increase."

As a cause of suicide among children, M. de Boismont again refers to their faulty education, by which sentiment is developed at the expense of reason and reflection.

"The increase of the number of suicides among the unmarried and widowed is due to special causes, among which must be enumerated, isolation, irregularity of manners, cessation of former habits, etc.

"The state of fortune must be taken into consideration among the causes; but, though poverty has a marked action, it is evident that there are also other elements. Suicides are most numerous in those departments in which industrial progress is greatest.

"Immorality predisposes greatly to suicide, and certain professions also appear to have an influence."

Among the exciting causes, intemperance in drink is one of the most common. This statement, however, must not, according to M. de Boismont, be taken too absolutely. About one-eighth of the number of suicides which he has collected were drunkards; but, in many of these, the causes which have themselves led to the intemperance must be taken into account. Intemperance may be a result of individual organisation or of hereditary predisposition; but in many instances it is the result of chagrin, of misery and poverty, or of the contagion of example. Some diseases also lead to drunkenness; thus it has been observed to follow an injury of the head in which recovery followed the use of the trephine; it has occurred in a puerperal woman; and has followed apoplexy. In all those cases, the patients ultimately committed suicide. The pain of disease sometimes leads to intemperance.

In speaking of disease as a determining cause of suicide, M. de Boismont says that

"The medical man, when he remembers the physical tortures which he has witnessed in others, and which have so often discouraged him, knows better than any one why so many commit suicide. It is very easy to say to a suffering man: 'Take courage; have patience; your ills will pass away.' These consolations have but a moderate influence on him whose days and nights pass without a moment of repose. Moral courage and religious feeling, which may aid one to bear suffering, are not at the disposal of all. The immense majority of men have an invincible repugnance to pain. When it is continual, when it lasts during months or years, it is not surprising that it should give rise to despair. There are always miserable persons, who are the prey of agonising pain, who know the severity, even the incurability, of their disease. They follow its progress with the eye; they measure the time which they have yet to live. Is not such a contemplation sufficient to shake their courage?.....If pain be the source of such poignant thoughts in the rich, in what condition must it not place the artisan, who sees his moveables go one by one, and misery invade his sad dwelling." (P. 200.)

On account of disease, 415 persons, or about one-fifteenth of the entire number, committed suicide. The diseases which were the most frequent causes of suicide were: pulmonary consumption (27); weakness or loss of sight (19); cancer (19)—the disease being in the uterus in 11 cases; paralysis (17); disorders of the stomach (16); obstinate headache (15); venereal diseases (14); diseases of the urinary passages (13); asthma and heart-disease (11); aneurism (8); epilepsy (6); etc. Among the cancerous diseases, cancer of the testicle predisposes remarkably to suicide.

M. de Boismont is not at all disposed to agree with those who would consider every suicide a lunatic.

"The love of life," he says, "is so natural to man, that it seems quite a simple thing to attribute voluntary death to derangement of the intellectual faculties. With a little observation, however, it will be perceived that each man possesses different degrees of this instinct.....We indeed find a large group of suicides determined by disgust of life, by weakness, by mental depression or excitement, by hypochondriasis and melancholy, by mania and hallucinations, by other kinds of insanity, by psychical disorders depending on intemperance. But to maintain that insanity is the only possible explanation of suicide, is to go against the teachings of history, to shut one's eyes to evidence. When the Greeks and Romans attempted to put an end to their days, they obeyed their philosophical and religious convictions." (Pp. 212-13.)

He holds distinctly that suicide may be committed by the sane as well as by the insane.

"The motives," he says, "which sane persons (*les gens raisonnables*) invoke as the reason for putting themselves to death are found in passions, desires, regrets, in a word, in all the ordinary exciting circumstances which attend life. In the insane, on the other hand, the tendency to suicide is caused by hallucinations, by illusions, by the conceptions of delirium, by irresistible impulses—by a true diseased condition. .....No one, after reading the chapters on the causes, nature, and symptomatology of suicide, and the analysis of the last sentiments of those who have committed it, can confound the insane suicide with him who is conscious of the act he is committing." (*Preface.*)

As typical examples of these two categories, M. de Boismont gives the following.

"A military officer who has been obliged by a revolution to quit his profession, because he cannot swear fidelity to a principle which he detests, finds no other means of escaping the *ennui* consequent on his change of life, than the excitement of gambling. The passion is developed, and in the end overwhelms him. After several years of intoxication, of despair, of resolution, of remorse, there is a period of rest. He coolly examines his situation. Half his fortune is lost; but enough remains to educate his son and ensure an honest competency to his wife. 'I will,' he says, 'profit by this gleam of reason to prevent your ruin', and shoots himself.

"A melancholic patient imagines that he is the object of persecution. He sees pretended enemies surrounding him, and laying ambush for him; they hold threatening discourse about him; they throw poisons into his food. He has not an instant of rest. Existence becomes insupportable to him. To escape such a punishment, death appears the only resource; he procures a cord and strangles himself." (*Preface.*)

In the first case, M. Brierre de Boismont looks on the suicide as the deliberate act of a sane individual; in the second, it is that of a madman.

In the summary of his remarks on insanity as a cause of suicide, M. de Boismont says:

"Insanity is a very frequent cause of suicide, having been noticed in half, or at least in more than a third, of the known cases. The most frequent form is melancholia. Exaltation of ideas, mania, may lead to suicide, through the influence of the accompanying illusions. Hallucination is often a cause of suicide, either by the terrors or the errors to which it gives rise. Imitation has in several instances led to self-destruction. Suicide may occur instantaneously, without being traceable to any known cause. Most frequently, however, when the attempt has failed, it is recognised as the first symptom of mental alienation, which afterwards passes through its phases. The insane sometimes commit suicide during lucid intervals, through the despair arising from a knowledge of their malady." (Pp. 235-6.)

A long and instructive section is devoted to *ennui*, or *tædium vitæ*, as a cause of suicide. The author first discusses the subject historically, referring copiously to the writings of Seneca and of the early Fathers of the Church. In the writings of old authors, *ennui* sometimes leading to suicide is noticed as a not uncommon result of the monastic life. St. Jerome has some very sagacious remarks on the subject.

"There are," says this Father, "some monks, who, through the insalubrity of their dwellings, through immoderate fasting, through the *ennui* produced by solitude, and through excess in reading . . . . fall into melancholy, and have more need of the medicines of Hippocrates than of our advice. . . . I have seen persons of both sexes, in whom the brain had undergone change through too much abstinence; especially among those living in cold and damp cells. They no longer knew what they should do, nor under what circumstances they should speak of or be silent on any subject." (P. 249.)

The writings of modern authors who speak of *ennui* are also referred to; and M. de Boismont says:

"Thus, at an interval of eighteen centuries, we meet with the same morbid mental disposition, masked under different forms, but originating in the same passions. . . . Love of country among the ancients, religious feeling among the moderns, cease to have a place in the heart. A thirst after material well-being, a fear of losing it, replace the generous sentiments; and individualism, more powerful than ever, raises its proud head unrestrained. Is not this similarity between the two epochs such as to inspire most serious inquietude?" (P. 267.)

In another part of the book (p. 480), he makes the following remarks in reference to the influence of different periods of civilisation.

"Antiquity, through its philosophical and religious doctrines, essentially pantheistic and mystical, was very favourable to the development of suicide.

"The middle ages, on the other hand, through the establishment of Christianity, through the predominance of the religious sentiment and of spiritual philosophy, succeeded in diminishing the progress of the evil.

"Finally, modern civilisation, by propagating doubt, by exalting pride, by producing egotism, scepticism, and indifference, by inordinately developing material interests, has given a new impulse to suicide."

The author then goes on to speak of *ennui* in reference to the cases which form the groundwork of his book; and sums up in some remarks, of which the following is an abstract.

"Suicides produced by *ennui* must be classed in two subdivisions: one, containing those cases—the most numerous—in which *ennui* has been due to moral or physical suffering; while in the other, suicide has resulted from habitual melancholy or gloomy ideas. In the former case, the disgust with life is secondary; in the latter, it is primary. Weariness of life is often produced by the predominance of thought over action—by the want of an object for activity. It is also liable to attend puberty; and may arise from excess of all kinds, and its consequent exhaustion. Injured *amour-propre* among artists, mistakes of all kinds among ardent and energetic men, the writings and ideas of the time, exaggerated pride in the young, extreme susceptibility of opposition, may also produce it. Generous minds, animated with a desire of ameliorating the condition of their fellows, are often led into disgust of life by witnessing the failure of their efforts. A naturally melancholic disposition tends to suicide; but it does not *per se* constitute insanity. *Tædium vitæ* may manifest itself at all periods of life. The only treatment which can successfully combat the malady is to constantly follow out some object; when it is complicated with insanity, special means are demanded. *Tædium vitæ* is frequently a cause of suicide, without any symptoms of insanity; but it would be an error to suppose that it is always so." (Pp. 290-2.)

Passing over an interesting chapter, entitled an Analysis of the Last Sentiments expressed by Suicides in their Writings, we come to one on the Symptomatology of Suicide of the Insane. The subject is very fully discussed; but we can only give some of the conclusions.

"Suicide in the insane presents marked differences from that of rational persons. The proportion of the sexes is equal; and it is more frequent in the married than in the single. Lypemania (melancholy) is the most common cause of voluntary death. Hereditary predisposition and diseased conditions have an influence in most cases. Anterior attacks of insanity must also be taken into account. In insane persons who attempt suicide, the motive lies in the fancied objects of their delirium, or in morbid impulses; while, in the sane, the passions or moral and physical suffering are the cause. When the ideas of the insane are analysed—when it is noticed how the majority of them imagine that they are being poisoned, that they are losing their money, that they are persecuted, etc.—it is surprising that there are not more suicides among them. This is to be accounted for by the indecision and apathy common in lypemania. Failure in suicidal attempts is frequent among the insane. Suicide among the insane is distinguished from that of the sane by the repetition of the attempts and by the difference of the motives. Insane suicides, contrary to what is observed in the sane, write little or nothing in their last moments; and, if they do so, their writings bear the impress of a disordered mind. Refusal of food is also a distinguishing characteristic in suicide of the insane: it is, however, not always connected, even in the insane, with the thought of suicide. Hallucinations and illusions, generally of a depressing character, are very common in suicidal mania, and have a decided influence on the perpetration of the act. Hallucinations of the sense of feeling have great medico-legal importance; for, under their influence, the insane, especially females, complain of acts committed on their persons. Illusions arising from changes of figures, or from interpretation of words, may also have grave results. The hallucinative character is a capital symptom in the differential dia-

gnosis of the two kinds of suicide; but hallucination and illusion may occur without the idea of self-destruction. . . . Suicide is not rarely met with in hypochondriacs. Many suicides present physical symptoms at the commencement of their disease. The nature of the ideas and words, the actions, the general physiognomy, the expression of the eyes, the antecedent history, furnish indications which should cause the disposition to suicide to be carefully watched. Most generally, insane suicides choose one means; but sometimes they employ several in succession. Insane persons who contemplate suicide manifest tenacity of idea, dissimulation, and silence as to their object; and not unfrequently shew much discernment in arriving at their end. The idea of suicide may be disclosed all at once in the insane. Suicide may be preceded by homicide. Morbid impulses, sometimes irresistible, are not rare in insane suicides. They are often connected with delirious ideas and hallucinations, but may be the only leading symptom, apparently constituting suicidal monomania. The tendency to suicide, common in lypemania, is observed also in other forms of insanity where gloomy ideas prevail, as in the insanity of drunkards, in puerperal insanity, erotomania, etc." (Pp. 408-11.)

The Nature of Suicide, and Suicide in its Relations to Civilisation, are ably discussed in the following two chapters. The last mentioned chapter contains a very interesting historical and statistical account of suicide at all periods and among various nations.

In the next chapter (the sixth), M. de Boismont treats of the Distribution of Suicides according to Regions, Modes, and Epochs. His observations here are specially applicable to France, and are arranged in the following sections: Place of Birth of Suicides; Localities of Suicide; Discovery and Verification; Objects found with the Body; Statistics of Suicides claimed and unclaimed, recognised and unknown; Modes of Suicide in Paris; Distribution of Suicides according to the Time of Day or Night, and according to Days, Months, Seasons, and Years. With regard to the latter point, the author finds that suicide in Paris is most frequent in the summer, and least so in the winter months. From an examination of the suicides in Paris from 1835 to 1860, it appeared that the numbers of suicides, calculated on a total of 10,000, during May, June, and July, were respectively 1019, 1084, and 1011; falling to 640 in November, 638 in December, and 681 in January.

In the next chapter, the Treatment of Suicide is spoken of. The author first descants at length and instructively on the mode of dealing with the tendency to suicide in the sane, and gives a summary from which we make some extracts.

"Palliative measures are not sufficient in the treatment of suicide among the sane; preventive means must be used. The most efficacious, in present circumstances, are religious and moral training, and crossing of the race by mixed marriages. The study of physiology and hygiene should form a part of public education. We cannot too strongly discourage marriage between near relatives, if there be disease, or between persons having hereditary disorder." (P. 630.)

He then goes on to insist on the importance of good moral training, and the avoidance of books of an exciting character.

"The moral treatment is of great importance, and in most cases produces cure; but we should also examine whether the physical state is an element of the disease, and treat it accordingly." (Pp. 631-2.)

Speaking of Suicide among the Insane, M. de Boismont observes:

"Its treatment differs completely from that of suicide among the sane. It is most generally necessary to employ isolation, medicines, and coercive measures. Prolonged baths and continued irrigation are suited to the acute stage of suicidal insanity. Cold affusions, hydrotherapy, tonics, antispasmodics, dry friction, bloodletting, blisters, etc., may also be used with success. Artificial feeding by the œsophageal tube is sometimes necessary. Morphia appears to have an useful action in the treatment of suicide. Good feeding is of high importance. When the acute period is passed, *family life*, which we have carried out in practice during nearly twenty-five years, is of great service. When convalescence has set in, travelling, amusements, gymnastic exercises, and intellectual and manual labour, hasten and establish recovery. Suicidal insanity may be cured by a physical or moral crisis. The children of suicidal parents should be subjected to a preventive treatment consisting in a special physical and intellectual education, directed with sagacity and perseverance by persons chosen for the purpose." (P. 665.)

In the eighth and last chapter, on Legal Medicine, M. de Boismont treats of the following subjects: Asphyxia by carbon; by submersion; by strangulation or suspension: gunshot-wounds; precipitation; cutting instruments; poisoning; crushing by the wheels of carriages; starvation; simulation of suicide; policies of assurance; suicide in its relation to homicide; medical responsibility in cases of suicide among the insane.

This work of M. Brierre de Boismont is the result of much labour; and his opinions are worthy of the most attentive consideration. He has, as has been already said, spent many years in collecting his materials and in elaborating from them the results at which he has arrived. His opinions on the question, whether or not suicide is always to be regarded as dependent on insanity, are not in accordance, it will have been observed, with some which have been put forth in our pages; and he certainly brings forward instances which lead one to hesitate before classing all cases of suicide as the result of irresponsibility—except so far as that irresponsibility may be said to depend on the absence of a proper moral and intellectual education. The book contains much matter of interest beyond that which we have extracted, and ought to be carefully studied by all who would gain a good insight into the subject of suicide in its moral, political, and social, as well as in its more purely medical, relations.

LECTURES, CHIEFLY CLINICAL. By THOMAS KING CHAMBERS, M.D.; Honorary Physician to H.R.H. the Prince of Wales; Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital; etc. Fourth Edition. Pp. 612. London: 1865.

THIS edition differs but little from its predecessor, for a reason which is probably well known to the profession, and which is explained by Dr. CHAMBERS in his preface.

"When," he says, "that (the third) edition was in the press, I was struck down by a dangerous illness, and have been out of work nearly eighteen months.

On my return, by God's grace, to health and labour, I find it sold off, and a new one called for before I have again occupied the teacher's chair. I have, therefore, no fresh matter to offer, and must content myself with a thorough revision, and the addition of an index unavoidably omitted last year."

In announcing, therefore, the appearance of this new edition, we can but reiterate the terms of commendation which we applied to its immediate predecessor; at the same time congratulating the author on his restoration to health, and expressing a hope that he may be enabled to give to the profession much more of that valuable teaching which he has proved himself so well able to impart.

San Remo as a Winter Residence. By an Invalid. London: 1865.

The author of this work—whom, from the preface, we learn to be Mr. W. B. Aspinall, of Foxdale, Tarporley—has given a very pleasant description of San Remo. The profits are, he informs us, to be applied to the cost of building an English church in the place—a matter in which he appears to take much interest.

British Medical Journal.

SATURDAY, NOVEMBER 11TH, 1865.

CHOLERA.

A correspondent asks for information about the ice-bag cure for cholera. We can only repeat to him the facts which are patent to the profession. The remedy received publication in the *Times*, which means glorification. Out of this naturally sprang notification in other journals, and, we have no doubt, the wide world celebrity which attaches to the *Times'* correspondence. As to the real value of the remedy, we can say but little. The bag, under the benign warmth of the *Times*, certainly received a temporary inflation at Southampton; but, from the subsequent silence of its author, and, above all, of the members of the medical profession at Southampton who witnessed its application, as to its merits—the much noise and little wool which has ushered it in—we conclude that it has undergone a certain degree of collapse; is, in fact, to be set down in the same limbo as the two thousand cures for cholera which have already preceded it. The fact is worthy of allusion, as an illustration of the worse than impropriety of forwarding details of cures of diseases to the *Times*. Who ever does so, even from the best of motives, necessarily subjects himself, in the eye of his brethren, to the imputation of being stirred thereto by, at all events, not the highest professional motives. Humanity is not served by his so doing, but usually very much injured. Again and again, have very hurtful "cures"—cancer-cures, for example—been puffed into notoriety through the daily journals. Such puffing encourages the ignorant and credulous to deal with that which is ofttimes their ruin. He who desires only to serve humanity, would let his medical brethren decide the value of his remedy—whether it was really good, indifferent, or bad—before he attempted to thrust it down credulous throats. To publish cures in the *Times*, instead of submitting them to the test of professional trial, exhibits an overweening self-estimate—a conceit indicative of want of the true philosophic spirit; or, if not this, it shows a man anxious for that kind of spurious reputation which is obtained by appeal to the public—a longing for the applause and countenance of incapable critics.

Since writing the above, we find the ice-bag once more in the field.

"At a meeting of English physicians in Paris, at the house of Sir Joseph Olliffe, M.D., physician to the English Embassy, Dr. John Chapman of London has given an exposition of his discovery of a new method of treating disease by controlling the circulation of the blood in different parts of the body through the agency of the nervous system. This he does by cold or heat, or both together, applied along the spine."

Then follows, in the *Times*, a column of abstruse disquisition, explanatory of the "discovery."

"The lecture, though a long one, was listened to with attention and interest; and the lecturer received the thanks of the auditors, who assured him that they should each make trial of his therapeutical method."

Surely, it is high time that those gentlemen at Southampton who witnessed the treatment of cholera by the ice-bag should tell us what they saw and thought of its effects.

Infallible cures for cholera still flow into the Academy of Medicine. Sulphate of copper is the last.

"Each day," said M. Velpeau, "numerous remedies are vaunted by estimable physicians, but utterly fail, infallible as they are. We should all be on our guard against them. The heads of hospitals are overwhelmed with recommended remedies. Lately, an English doctor sent me an infallible and instantaneous cure, and with it numerous proofs of its efficacy. ['What was the remedy?' asked M. Serres. 'I have forgotten,' replied M. Velpeau, amidst general laughter.] Another honourable and scientific Parisian doctor assured me that, by the aid of a lavement containing ether, he cured cholera in all its stages; and that never had the remedy failed. I, therefore, asked my medical colleagues at La Charité to let their patients have the benefit of it. They tried it in three cases, but all the three nevertheless took the fancy to die. Cures, therefore, shower down on us, one more sure than the other; but, alas! they rest on nothing—I mean only on the simple ideas of their inventors."

M. Velpeau then went on to defend himself against some remarks which had been made on his late reply to M. Le Verrier.

"I have been accused of saying that the patient gets well better without than with a doctor. What I did say was, that half of all cases of cholera were not fatal, and that this was a very lucky thing, be-

cause we had as yet got no specific for its cure. Most assuredly I never said that the treatment of a case could be undertaken by any other than a medical man. At all events, I am happy to be able to add that the disease is rapidly on the decrease."

We regret to have to announce more deaths of medical men from cholera. Dr. Landry of Anteuil, aged 39, has been carried off; so, also, has M. Jubin, an *interne* of the Hôtel Dieu. Dr. Axenfeld is also in a precarious state from the effects of a puncture received whilst opening the dead body of a cholera patient.

The *Wien. Med. Woch.* says that the cholera gains ground at Trieste. The soldiers who are suffering are, it is said, to be removed out of the city. Nevertheless, no case has yet occurred in Vienna, notwithstanding the constant intercourse which is going on between that city and Trieste, Paris, and other infected places.

The *Moniteur* says that cholera prevails with intensity at Jerusalem.

"The French consul has informed the physician of the St. Louis Hospital that one floor of the consulate has been placed at his disposal in order that he may have all patients attacked in the neighbouring houses conveyed there and tended, at any rate in the first stages of the disease. Mgr. Valerga, the Apostolic Vicar, has caused a new hospital to be opened, where patients are conveyed and tended by the sisters of St. Joseph de l'Apparition."

Dr. Chauffard, of the Children's Hospital at Paris, in a paper lately read to the Hospital Medical Society, says:

"That the present epidemic of cholera was not preceded by diarrhœa in Paris; and that the same is true of the cholera in the South of France. The diarrhœal affections appeared immediately subsequent to the cholera. The statement, therefore, that diarrhœa always precedes the advent of cholera, cannot be taken as true."

M. Velpeau, speaking of the infectious character of cholera, has well said:

"There is, doubtless, danger in considering as infectious diseases which are really not so; but we must, nevertheless, be very careful not to set down amongst non-infectious diseases those which are capable of being communicated from one person to another. Such an error in doctrine may be a fatal error, and cost many a person his life. It may lead people to be careless in preventing the importation of a dangerous disease."

L'Union Médicale, speaking of the unfortunate effects often observed in persons who have a great dread of the contagiousness of cholera, says:

"Pious women, like Elizabeth of Hungary—courageous queens—have dressed with their own hands the hideous wounds of leprosy. Bishops, priests, and sisters of charity, have rendered such acts of devotion familiar to us. Saint Louis tended the plague-smitten, and boasted in the title of Royal Hospital attendant. When cholera was announced at Moscow, the Emperor Alexander immediately visited that city. In the worst days of the epidemic of 1832, Louis Philippe visited the Hôtel Dieu, which was filled with cholera patients. The Emperor Napoleon was starting from Toulon when the cholera broke out in Paris. He visited carefully the Hôtel Dieu and the Val de Grace, stopping at the bed of every cholera patient; and the Empress did the same at Beaujon, Lariboisière, and St. Antoine. These visits reanimated the dying, and gave general confidence. Such acts may be called acts of duty; but, at critical moments of life and in perilous occasions, to do his duty is often a great glory to a man."

L'Union Médicale gives the following fact showing the infectious character of cholera:

"On Oct. 12th, 1865, M. and Madame B. went to their country house. The maid with them was suffering from cholerine. During the night, the chorine became converted into cholera. Two females of the village were at once set to take charge of her. Next morning (Friday), a Sister of the Bon-Secours was sent for from Paris. Thus, three females were in constant attendance. On the Saturday morning, one of the two villagers was seized and died of cholera on the Monday. On Sunday, the Sister of Charity was seized and died at midnight. The other villager was also seized on Sunday and died on Tuesday. A few days later died the lady's maid. Several other persons of the family and another Sister of Charity also suffered severely; but recovered on returning to Paris. No case of cholera existed in the commune before the arrival of an infected maid, and none happened afterwards."

The *Union Médicale* says:

"The cholera decidedly seems to be disappearing; not suddenly, and to return in the same manner, as was seen in preceding epidemics, but gradually. All alarm should therefore cease, but without salutary precautions being forgotten. On the 1st instant, the total number of deaths from cholera in private houses and in the hospitals was only 92; on the 2nd, 80; on the 3rd, 75; and on the 4th, 70. The civil and military hospitals are down for only about a quarter in that total. The number of admissions to the hospitals has diminished in proportion to that decrease, and the number of home cases is lessening. The epidemic appears, therefore, to be fairly dying out. If the cholera thus stays its ravages, it will have been relatively mild as compared with preceding invasions; and this satisfactory result must be attributed to the improvements in the capital, and the disappearance of the numerous and unhealthy quarters of Paris in which the epidemics of 1832 and 1849 made so many victims."

THE CATTLE-PLAGUE.

The "Reports to the Lord Provost, etc., of Edinburgh, on the Pathological Appearances, Symptoms, Treatment, and Means of Preventing Cattle-Plague," have just been published. They are carefully drawn up, and illustrated by coloured plates; but nevertheless are not altogether satisfactory. There is in them a want of clearness and precision; they leave confusion in the mind of the reader. Instead of being "Reports of the Cattle-Plague," we find them actually to be "Reports of Cattle-Plague and other Epizootic Diseases". True, the reports of Dr. Smart are called only "interim" reports; but still they are confusing to ordinary readers. Dr. Smart speaks of Rinderpest and of Murrain as of different diseases; but surely the terms, in ordinary parlance, are convertible. Pleuropneumonia, he says, "is the most frequent and dangerous complication of the dis-

case." (What disease?) "Many of the animals dissected were cases of pleuropneumonia, without Rinderpest." "Of the hundred dissections, there were sixteen in cattle affected with murrain disease also, without other complication." What is the meaning of this last sentence? In the first place, what is "murrain"? Then, what means "murrain disease *also*"? Lastly, how could the murrain have been without "other complication", if the animal had "murrain disease *also*"? We notice these defects in these otherwise excellent reports, because we happen to know that their value has been thereby to a great extent diminished in the view of those who are practically interested in the matter. We may also notice that the colouring (shading) of the plates varies greatly in different copies of the reports, so as really to give a different pathological signification to them. Besides this, from the "description of plates" it is almost impossible to learn, in many cases, whether the descriptions are of specimens from the Rinderpest, the murrain (whatever that be), or pleuropneumonia. We hope Dr. Smart will remedy these defects, and do justice to the results of the great experience which he has had of Rinderpest.

We have the satisfaction of being informed through the head supporter of medical quackeries—the *Times*—that a homœopathic doctor of London has just returned from a cattle-plague visit to Holland. The gentleman says that "his journey was attended with the most satisfactory results", but does not tell us to whom they were satisfactory—whether to himself, to the sick cattle, to the Dutch Government, or to science in general. But, as the doctor's visit proved the virtues of homœopathic remedies—of arsenicum, rhus, phosphorus, phosphoric acid, and sulphur—we may conclude that the satisfaction belongs to homœopathy.

"The preventive homœopathic treatment was arsenicum chiefly—ten drops of the third dilution to each cow or ox daily. Of 230 put under this plan, only twenty-five took the disease."

The *Moniteur* says:

"On account of the prevalent opinion in England that the cattle-plague was imported into that country from Russia, the Russian Government ordered an investigation to be made on the subject, whence it results that the cattle-plague has not appeared in Russia since 1859."

Dr. Hunter, whose name has long been made familiar to the profession and the public through the aid of the newspapers, in connexion with the treatment of consumption, has lately added to his celebrity by appearing in a police-court. The result is, that he is held to bail on the charge of committing a rape on a married woman, far gone in consumption, in his own consulting-room. Whatever opinion we may have of Dr. Hunter as a practitioner of medicine, and of his mode of obtaining practice, we do not hesitate to say that the evidence brought to sustain the charge against him, so far as it goes, is most inconclusive. It is in the interest of the profession at large that we say we sincerely trust the charge will be disproved. Every medical man is liable to imputations of this kind, which are so easily brought, and, it may be, very difficult to disprove. We would call to our readers' recollection the similar charge which was lately brought by a young girl against a Mr. Sprague. We ventured to anticipate at the time that it was without foundation, as it afterwards proved to be—the grand jury having at once ignored the bill of indictment.

The Paris Faculty of Medicine reopened on the 3rd instant with an address from the Dean, M. Tardieu, who gave an account of the proceedings of the past year. He lamented the deaths of Professor Malgaigne, and of MM. Réveil and Bauchet. He referred to the promotion of Denonvilliers to the chair of *operative medicine*, and to that of M. Behier to the chair of *medical pathology*. During the past year, the number of inscriptions had increased. At the examinations, the note "very satisfactory" had been much oftener affixed than in the previous year; the number of rejected or "adjourned" had lessened; and of the theses, twenty-one were held worthy of recompense and honourable mention. After referring to the "historical conferences" which were initiated by M. Verneuil, and had proved so successful during the past winter, he pronounced with emotion the names of the *externes* and of the *interne* who had perished on the field of battle with the cholera. He also spoke of the two *internes* on whose breasts had been so legitimately affixed the Star of the Legion of Honour. After this, Professor Laugier read the *éloge* of J. L. Petit; and next were distributed, by Bouchardat, the prizes for the *concours* of 1865. On this occasion, contrary to anticipations, the proceedings passed off very quietly—MM. les Etudiants refraining from the boisterous exhibition of last year's opening day.

The Master of the Rolls has again given a judgment in reference to a bequest of the late Lord Henry Seymour of a sum of about £60,000 to the charitable institutions of London—"*aux hospices de Paris et de Londres.*"

"The question the English Courts have to determine is, What institutions are included under the words '*aux hospices de Londres*'? After examining a number of French definitions of the word 'hospice', his Honour held that such word, and the gift covered by it, did not include 'hospitals' as generally understood in this country, but must be confined to such institutions as gratuitously received within their walls and permanently provided for persons incapacitated from taking care of themselves, either from old age combined with poverty, or neglected infancy, or mental incapacity, or from bodily ailments not sus-

ceptible of cure. Such a gift did not include such hospitals as discharged their patients when cured or when incurable, such as St. Bartholomew's and St. George's Hospitals; or hospitals merely for instruction, such as Christ's Hospital; or hospitals merely for the relief of sickness, and not admitting inmates, such as dispensaries. The gift must be construed and confined strictly within the meaning of the French word 'hospice', and the various claimants must be marshalled accordingly."

At the recent examinations at the Royal College of Surgeons, three members of the Council of Medical Education and Registration attended—viz., Professors Sharpey and Parkes, and Mr. Cooper. They were close observers of the ordeal the young gentlemen were going through, with which, it further appears, they were perfectly satisfied. Mr. Quain, the recently elected member of the Court of Examiners, took his seat at the Board on Tuesday last, when, as we hear, out of seventeen candidates who offered themselves, no less than eight were referred back to their studies for three months.

A lady named Fergusson, holding the degree of M.D. from the University of Philadelphia, and who is said to have acted as resident surgeon or *chirurgienne* to a lying-in hospital in that city, and to have made the voyage to Australia in charge of a ship, applied in June last to the Medical Board at Melbourne, to be placed on the Register. The Board, not knowing what to do, referred the application to the Attorney-General, to ascertain whether the Australian Medical Act comprehends the admission of female practitioners. *Apropos* of this event, the *Australian Medical Journal* remarks,

"Until we have reached that perfect social economy in which the sexes are to be confounded, or rather, perhaps, in which the relative inferiority of the male sex is to be demonstrated, it is not possible to look upon lady-physicians as other than curious examples of exceptional idiosyncrasy. No doubt, it requires a peculiar condition of the moral sense, or a special concurrence of favouring circumstances, to produce the medical woman. The duties for which women are commonly supposed to be naturally qualified, presuppose a certain mental fitness, the very opposite of that which furnishes the substratum of the medical woman. There is no necessary antagonism between the domestic virtues and literary or scientific studies, so long as these are studies pure and simple, and do not carry the student into the responsibilities and anxieties of their professional application; but when they are thus pursued beyond the boundary that separates the abstract from the practical, they undoubtedly suggest an incompatibility with the duties of home existence, and a woman who has voluntarily devoted herself to a state in which the abandonment of the domestic qualification seems a necessity, is a being whom men do not love, and with whom women can hardly sympathise. A great deal of flatulent eloquence has been expended by the champions of so-called women's rights, in an endeavour to prove that the healing art is peculiarly fitted to display the qualities of benevolence and kindliness, essentially belonging to the female character; and they tell us how, in the dark ages, when pathology was yet unknown, and the elements of therapeutics had not yet coalesced into a science, of woman travelling about the world with balsams, oils, herbs, and adhesive plaster, ministering to the sick and wounded, and exercising their skill without the certificate of boards or councils, and that therefore it would be well to restore to the sex this social right of medical practice, and bring back a custom so Heaven-inspired. Moreover, as a further argument, they point exultingly to a benevolent lady who, at the sacrifice of much comfort and personal convenience, went to the wars in our own times, in order that the hospital comforts of wounded soldiers should be thoroughly looked to. But the medical women of the middle ages already have their representatives in these days. It is a weakness with many ladies who have reached the leisure time on the other side of middle life, to prescribe physic for their neighbours. There is not much harm done by this playing at doctoring, and the medical lady-physicians were probably not more mischievous than the matrons of our own day. Of Miss Nightingale, there is no true woman who would not be glad to learn a lesson from her. Ministrations such as she performed are not only strictly within the limits that bound the domestic virtues, but they are among the most exalted of these. The sick chamber is desolate if there be no women in it to perform the thousand little offices necessitated by the helplessness that disease creates. But a woman who dissects, who makes *post mortem* examinations, who tests urine, who perhaps carries diseased specimens in her dress pocket, who can pass the male catheter and introduce bougies, who has perhaps performed lithotomy, who punctures buboes, probes sinuses, examines dejecta, sputa, and purulent discharges, applies ligatures to hæmorrhoids, and may have just come from operating for fistula in ano, is not a person in whom you would look for the tenderer domestic qualities. It is too much forgotten that the duties of the surgeon are many of them extremely repulsive, and that not seldom even strong men recoil from them. The necessity for their performance makes us sometimes forget how repulsive they are. But it is abhorrent to the sense of delicacy that women, in whom delicacy is a constituent rather than a quality, should desire to perform them."

THE EDINBURGH UNIVERSITY CLUB.

On the 8th instant, the Edinburgh University Club held their quarterly meeting at St. James's Hall. Dr. C. J. B. Williams presided at the dinner on the occasion, and was numerously and warmly supported by members of the Club. In proposing "Prosperity to the Club", he remarked that the Club formed a rational point of reunion in the metropolis of members of the University, and was useful in serving to revive old reminiscences. It was now forty years since he had graduated in Edinburgh; and he still felt that the University was an *Alma Mater* to be proud of. He remembered it as undoubtedly the first school of medicine in the world; and was glad to see that the spirit of progress was still going on there, and that the school continued to maintain a foremost rank, and to possess its advantages. Extension of knowledge is still kept in view; "and therefore," he said, "as *alumni* and as graduates, we drink success to our *Alma Mater*."

Special Correspondence.

NORWICH.

[FROM OUR OWN CORRESPONDENT.]

SINCE I last communicated with you, our old city of Norwich has been in great commotion, in consequence of the annual meeting of the Church Congress, which brought a large number of strangers into the town, and kept us all alive. Indeed, it seemed as if everything unconnected with it was at a standstill, and people could not find time to be ill. The meetings occupied nearly the whole week, and were in many respects very interesting and instructive. The connexion between science and religion, and the light thrown by the one upon the other, occupied a fair share of attention; and I could not help thinking what a wonderful effect would be produced in the exaltation of our profession and the subversion of all kinds of quackery, were it generally understood by the clergy that a knowledge of science should be a necessary accompaniment to the knowledge of the dead languages and theology, and form a part of the daily study of those who have such good opportunities of influencing all classes of society. I cannot help coming to the conclusion, that the absence of scientific acquirements and pursuits has a directly contrary effect; and that clergymen who are ignorant of science, and take no pleasure in it, are the great promoters of unsound doctrines in medicine. From time immemorial, the clergy have taken an active part in the treatment of disease, arising out of the peculiar position in which they are placed with respect to the poor of their several districts. They have been, and always will be, dabblers in physic; and, if qualified, might render valuable assistance to the educated medical men of their neighbourhood; but if they neglect, or take no interest in, scientific pursuits, they are apt to be credulous and led away by unscrupulous pretenders, and thus become the means of encouraging quackery in whatever form may be most fashionable at the time.

To pass on to subjects more strictly professional, I have to state, what many of your readers may already know, that we are suffering very much in this neighbourhood from the cattle murrain; and numbers of valuable animals, both cattle and sheep, have died or been destroyed in consequence. The nature of the disease has been described in your pages, and needs not repetition. It is, no doubt, very contagious amongst cattle herded together, and, generally speaking, very fatal. I have seen several *post mortem* examinations, disclosing an inflamed state of the mucous surfaces of the alimentary canal, which appears to be the real cause of death. I have myself a great abhorrence of indiscriminately slaughtering valuable beasts as soon as they are attacked, without any attempt being made to cure them; it is unscientific and cruel, to say nothing of the loss both to the owner and the consumer. No *post mortem* appearances that I have seen have given me the impression that the disease must unavoidably be fatal; and, through the kindness of one of our veterinary surgeons, a trial is now being made of a mode of treatment which I suggested to him, and which, he thinks, has had a decided effect upon the animals. The result, however, is quite uncertain at present; but, if anything good come of it, you shall be informed. The treatment alluded to is as follows: Half an ounce of chlorate of potash, in a pint or more of decoction of cinchona bark, three times in the twenty-four hours; plentiful diluent drinks of linseed-tea, or even water, if the animal prefer it; cleansing the hide frequently with warm water; and using plenty of Condy's solution and chlorate of lime about the stall. An association has been formed here to investigate all matters connected with the origin, spread, and treatment of the murrain (including several of our principal medical men); and when they have made a report of their proceedings, I will request them to send it to you.

We have no cholera at present, neither have I seen many troublesome cases of diarrhœa.

[Does our correspondent, of his own knowledge, know of any cases of death of sheep from the murrain? Experiments made at Edinburgh seem to show that the communication of the disease to sheep is almost impossible. At least, the efforts made in that direction have hitherto failed. EDITOR.]

Association Intelligence.

SOUTH MIDLAND BRANCH.

THE ninth autumnal meeting of this Branch, consisting of ninety members, was held at the Angel Hotel, Market Harborough, on Thursday, Oct. 26th, 1865, at 2.30 P.M.; GEO. ASHDOWN, Esq., President, in the chair. The members and visitors were previously entertained at luncheon by John Francis, Esq., at his house. The following gentlemen were present; viz., George Ashdown, Esq.; John Barclay, M.D. (Leicester); D. W. Byers, Esq. (Market Harborough); J. M. Bryan, M.D. (Northampton); Fred. Cox, Esq. (Welford); J. Q. Costin, Esq., John Francis, Esq., W. H. Gatty, Esq., and Thomas Heygate, Esq. (all of Market Harborough); T. Macaulay, Esq. (Kibworth); Wm. Newman, M.D., and O. B. Shore, M.D. (Stamford); H. Terry, jun., Esq. (Northampton.)

Dr. BRYAN (Honorary Secretary) read the report of the last meeting, and stated the purposes for which the Association was formed, and that the members might congratulate themselves on the continued success of the Branch, which numbers about the same as at the last annual meeting in June; also, in its prosperity, as the funds now in the hands of the Treasurer amounted to £6 : 11 : 1, with a good prospect of the same continuing.

The PRESIDENT made a short address; and read letters from several gentlemen unable to attend; viz., Messrs. T. W. Williams, F. Buszard, Manley, Kite, Skinner, Ceely, Olive, Veasey, Moxon, and Goldsmith.

Papers, etc. The following communications were made.

1. Case of Animal Poisoning from *Post Mortem*

Examination of a Diseased Horse. By W. Newman, M.D., Stamford. The patient was aged 45, of broken-down constitution (a veterinary surgeon); and the poisoning was supposed to have taken place from bites of flies, as two spots were observed in the arm in which the inflammation, etc., was set up, and this did not take place until after seven days. Only one ounce of urine was passed daily, although the symptoms were not those of uræmic poisoning. Incisions were made into the swollen arm. There was constant vomiting and extraordinary restlessness, and he eventually sank. Sulphite of soda, in drachm doses, was given for about a day or so, and champagne and various remedies; but nothing allayed the sickness.

Mr. Gatty remarked that wounds during *post mortem* examinations where ill effects occurred, arose from an ill state of health or from blood-poisoning; and instanced wounding himself at the same time as another at a *post mortem* examination, when he was not affected, but the other was.

Mr. F. Cox said that the most violent symptoms of blood-poisoning were those occurring in an intemperate man.

Dr. Barclay instanced a case of a midwife who, having a venereal sore on the finger, inoculated a female at her accouchement, inducing puerperal metritis.

2. Laryngoscopical Demonstrations with Lamp, and Remarks. By O. B. Shore, M.D., Stamford. A pocket-lamp, with powerful lens, made after the pattern of Dr. Mackenzie's of London, was shown by Dr. Shore. He brought it before the members for two reasons. 1. Because the lamp itself was very useful in the numerous cases in which the interior of the mouth and other cavities of the body required to be examined, and, being very portable, could be carried about with ease, always ensuring a good and powerful light at hand; and 2. Because any practitioner possessing a lamp of this kind, which can be used either for direct or reflected illumination (an assistant being necessary to hold the lamp in those cases in which both hands require to be used), and a laryngoscopical mirror for the inspection of the throat, with a few brushes, would not require to buy the rather expensive apparatus which men with a large number of patients to examine would prefer to employ. Dr. Shore mentioned that he was not quite satisfied with a few of the details in the manufacture of the framework; but these the maker has received orders to alter; and he will be happy to supply any member with a lamp of the kind for twenty-three shillings. The address is, Mr. Meyer, 51, Great Portland Street, Oxford Street, W. The oil used is that suggested by Dr. Cruise of Dublin, in his endoscope (ten grains of camphor to one ounce of petroleum oil), which gives a much more powerful light than any other oil. [A lamp, somewhat similar in construction to the one now shown, was exhibited at the annual meeting in August.]

3. A Cheap and Portable Ophthalmoscope Stand (price £1 : 1), made by a whitesmith at Stamford. By W. Newman, M.D.

4. Spontaneous Cure of Ovarian Dropsy. By W. H. Gatty, Esq.

5. Singular Case of Lumbricoides, strangled by a Bead in the Inside of a Child. By J. Q. Costin, Esq, In cases of the same, from two grains to ten grains of santonine rubbed up with powdered sugar, were recommended, according to age.

6. Labour complicated with Rupture of the Uterus. By F. Cox, Esq. Turning was adopted in this and a similar case, with successful results; and the question was, whether such was the best practice, or whether forceps or the perforator should be used.

A vote of thanks was then given to the authors of papers, with a request that they allow them to be published in the British Medical Journal. Also, a vote of thanks was given to the President.

The Next Annual Meeting is to be held at Bedford, under the presidency of Dr. Lawford of Leighton Buzzard, who purposes offering a prize of ten guineas to members of the Branch for the best essay on the effects of intemperance.

Dinner. Gentlemen, to the number of twelve, then adjourned to a handsome dinner with haunch of venison. After which, the usual loyal and patriotic toasts were drank; also, success to the British Medical Association and South Midland Branch, and to the President and several officers of the Branch; and the meeting terminated, after a very pleasant and instructive gathering.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The first ordinary meeting of the session was held at the York House, Bath, on Thursday evening, October 26th; F. Brittan, M.D., President, in the Chair. Thirty members attended.

New Members. Christopher Royston, Esq., of Bath, and Anthony C. Farrington, Esq., of the United Hospital, Bath, were unanimously elected members of the Branch.

Papers. The following papers were read, and ably discussed.

1. Case of Embolism. By F. Brittan, M.D.
2. Notes of several Cases of Injury of the Shoulder-Joint. By C. S. Barter, Esq.
3. Case of Retention of Menses from Occlusion of Vagina. By W. M. Clarke, Esq.
4. Anæmia of Optic Nerve constituting Extra-Cerebral Amaurosis, following Abscess of the Antrum caused by a Diseased Molar Tooth. By C. Gaine, Esq.
5. Discs of Calcareous Matter from the Scrotum after Hydrocele. Exhibited by E. H. Swete, Esq.
6. Case in which a Child was Born with Unaccountably Lacerated Scalp. By E. H. Swete, Esq.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The second meeting for the ninth session, 1865-66, was held at the Kent County Ophthalmic Hospital, at Maidstone, on October 27th, 1865; Dr. Woodfall in the Chair. Eleven members and visitors were present.

Communication. A paper was read by Mr. Matthew A. Adams, on the Modern Methods of dealing with Cataract. Various instruments were exhibited; and ophthalmic cases of interest in the hospital were brought before the meeting.

Next Meeting. Dr. Gramshaw was elected chairman of the meeting to be held at Gravesend in March 1866.

Dinner. The members and visitors adjourned to dinner at the Star Hotel.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ANNUAL MEETING.

A monthly meeting of the Birmingham and Midland Counties Branch was lately held; the President, J. Russell, M.D., in the Chair. Thirteen members were present.

Communications. 1. Dr. Wade read a paper on Trichiniasis, and exhibited specimens of trichinæ

found in the body of a man who had recently died under his care in the General Hospital of phthisis. There was no history obtainable of trichiniasis; and, from the condition of the larvæ, it appeared probable that their introduction had been at a date long antecedent to death.

2. Mr. J. H. HOUGHTON (Dudley) exhibited a very remarkable specimen of Intrauterine Fracture. The bones of the cranium and all the long bones, as well as the metacarpals, were fractured.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, OCTOBER 5TH, 1865.

THE first meeting of the session was opened with an

INTRODUCTORY ADDRESS. BY H. LOWNDES, ESQ.

Mr. LOWNDES chose for his subject the "maintenance of health". In the course of the session, there would be many cases and papers of strictly professional interest; "all shapes of foul disease" would pass in review. Many of the members of the society were passing their days in the midst of disease and death, a melancholy occupation—

"Crudelis ubique
Luctus, ubique pavor, et plurima mortis imago."

This evening, then, he was glad to devote to a more cheerful topic—that of health. In sanitary reforms, as regarded our towns, ventilation, etc., modern medical writers had greatly distinguished themselves; but in the attention they paid to the influence of diet, of ablution, of exercise, of repose, and so forth, on the health of individuals, they seemed to him almost to fall behind the ancients; at any rate, systematic books of medicine did not teach the student the laws of health in the same full and intelligible manner as the ancient treatises.

After a few remarks on the nature of health, Mr. Lowndes said the principal points to be attended to in its maintenance, were the regulation of the diet, cleanliness, exercise and aëration, sleep, and the maintenance of the healthy state of mind. He would devote a little time to each of these topics.

On the subject of diet, he insisted on the great importance of adjusting the diet to the season, and to the age and temperament of the individuals; and quoted from Celsus and Paulus Ægineta, to shew how carefully the ancients studied these points. He made some remarks on Bantingism; and said that if diet alone was to be taken into consideration, agricultural labourers ought to be troubled with corpulency, as bread and cheese and beer were all supposed to tend to bring on that affliction; but the reducing effect of their laborious exercise, hard beds, short slumbers, etc., shewed how much more philosophical were the ancients in considering the question in all its aspects. Of stimulants, he thought their moderate use absolutely essential to good health and energy—at least, in large towns. He thought the light wines were at present a little too much praised at the expense of those fine ales for which this country was so renowned. In another era, Messrs. Bass, Guinness, etc., would have been deified. As to teetotallers, he said, we see them in our midst, pale, dyspeptic, languid, low spirited. He then referred to the lamentable mode in which they try to propagate their views. As to intemperance, he had more hope from the example of other classes and the gradual process of civilisation, than from precept.

On the subject of cleanliness, bathing, etc., Mr. Lowndes advocated the cleansing the whole surface of the body daily with soap and cold water. The warm and shower-baths, and still more the Turkish baths, he thought, all injurious if used habitually, however useful they might occasionally be medicinally.

He then insisted on the great necessity for sufficient exercise in the open air, and the vital need of sunlight and pure air for man as well as for the vegetable kingdom. In gymnastics, the use of heavy clubs and dumb-bells was to be reprobated, as overstraining the heart and great vessels. The use of light clubs, fencing, boxing, climbing, etc., were all valuable exercises. Vociferation was much extolled by the ancients as exercising the chest; but it was doubtful whether we ought to encourage it too much in these days. In some places—vestries, etc., for instance—it was still in vogue, with uncertain effect as regards health. In the female sex, singing was a desirable substitute.

Passing on to the subject of sleep, Mr. Lowndes referred to the idea of the ancient philosophers as to the philosophy of sleep. "Est autem somnus nihil aliud quàm animi in medium se recessus." Those powers which have been busy all day carrying on the campaign of life, directing the muscular movements, communicating through the external senses with the outer world, setting the brain a fretting and fuming and raging and mourning—these powers were thought in sleep to leave their post, and to concentrate in some internal recesses; so that, for instance, those who slept with their eyes open, did not perceive the objects that were nearest to them. After referring to the circumstances favourable to sound sleep, and making some remarks on dreams, Mr. Lowndes considered the subject of open windows in bed-rooms, and thought that, as sleep partook to some extent of the nature of that state called hibernation, in which animals required warmth, darkness, and repose, and were not solicitous as to the number of cubic inches of air, so it might be doubted whether the free access of perhaps cold air by open windows was desirable, particularly as cool air was the natural stimulant of the respiration, whilst in sound sleep the rate of respiration was low, as well as the pulse, the temperature, and the excretion of urea. He thought that, except in extremely hot weather, it was more prudent as well as more philosophical to keep the windows closed at night, and to be content with the milder ventilation of an open door and a fire-place, if, indeed, this were ventilation at all.

In conclusion, Mr. Lowndes referred briefly to the maintenance of the state of mind good for health. For the mind to be healthy and cheerful, we must not be too much alone; we must mix with our kind, and be sociable. "Voluntary solitariness," says Burton, "is that which is familiar with melancholy, and gently brings on, like a siren, a shoeing-horn, or some sphinx, to this irrevocable gulf." We must not give ourselves up to the fear of imaginary evils, nor yet of that which is inevitable. Bacon says: "Men fear death as children fear to go into the dark; and as that natural fear is increased with tales, so is the other." And again: "as was well said, 'Pompa mortis magis terret quàm mors ipsa.' Groans and convulsions and a discoloured face, and friends weeping, and blacks and obsequies and the like, shew death terrible." But, indeed, it was not the passage over, but the new country, "the undiscovered country from whose bourn no traveller returns", that we must needs take thought of. Leaving this subject, for fear of trenching on the province of the divines, he said that all had little ills and troubles, that they magnified. We must think of the foxes, Burton says, who, when they were going about lamenting the loss of their tails, were reproved by the molewarp

or mole: "Why this fuss? look at me, I am blind." "The greater evil makes the loss unfelt."

All the faculties of the mind were to be duly exercised and developed. The imagination could hardly be too much brought into play, provided the other faculties, the will and the judgment, were also duly exercised. Dr. Conolly had some interesting remarks on this point. Though so many of our minor poets had suffered from impaired reason, Shakespeare and Milton never lost the serene balance of their minds; and we know that they were both busily engaged with worldly matters, as well as with their immortal tasks. The very surnames of the passions shewed them deadly enemies to health: "heart-burning hate", "green or gnawing jealousy", "wan despair", "sharp remorse". We could avoid being envious of the lot of others, and need not emulate the nightingale, who was said to die for shame if she heard another sing more sweetly than herself.

We must fill our state, mend it if we can, if it need it; but in any case, we must try to be content. And we must give our minds due recreation and amusement. Bacon says well: "To be free minded and cheerfully disposed at hours of meat and sleep, and of exercise, is one of the best precepts of long lasting." "Entertain hopes, mirth rather than joy, variety of delights rather than surfeit of them; wonder and admiration, and therefore novelties; studies that fill the mind with splendid and illustrious objects, as histories, fables, and contemplations of nature."

Mr. Lowndes concluded by thanking the meeting for their attention.

A cordial vote of thanks to Mr. Lowndes for his interesting address was unanimously adopted.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, OCTOBER 20TH, 1865.

GEORGE POLLOCK, Esq., President, in the Chair.

MR. TURNER exhibited a Photograph of the Face of a Woman, which in two or three weeks became covered with a thick crop of short and white downy hair. The body and extremities were also covered. The face had the appearance of being painted. She is 42 years of age, and is suffering from carcinoma of the breast.

Dr. MORELL MACKENZIE then brought forward two cases of what he termed Spurious Diphtheria. One case was that of a man, aged 31, whose uvula, pharynx, tonsils, epiglottis, ventricular bands and vocal cords, were covered with a thick white opaque membrane. On the artificial or natural separation (by coughing) of the false membrane, the surface was seen to be inflamed and marked by bloody lines and points. The patient had complete aphonia and a croupy cough. The false membrane has been present in the throat at least for four months. The patient declared that he never had syphilis, nor were there any evidences of the previous existence of that disease. He had not been confined to his bed for a day since his throat was bad. He felt slightly weak, but the principal inconvenience was the loss of voice. There was no albumen in the urine. Dr. Andrew Clark had made a microscopic examination of some shreds of the membrane, and declared it to be croupous lymph. Dr. Mackenzie said that the case presented all the local and pathological features of diphtheria; and that the absence of severe constitutional symptoms alone differentiated it from true diphtheria. Indeed, had the disease occurred in a child, it is possible that the presence of the false membrane in the larynx would have given rise to constitutional fever.

In the second case, a lad, aged 17, has both tonsils, uvula, and posterior wall of the pharynx, covered by a membrane, looking like wash-leather, and at least one-sixth of an inch in thickness. He had never had syphilis. His throat had been bad eight months, and had been under observation one month.

Dr. Mackenzie said that in the first case caustics aggravated the disease, and led to the rapid reproduction of the false membrane. The membrane (since the discontinuance of local treatment) was slowly clearing away. Cod-liver oil and quinine were being given internally. Such cases as these, he considered, went far towards proving that diphtheria, croup, and aphtha, were but varieties of the same disease, agreeing in their essential pathological features, but differing in severity, and modified by the age and constitutional peculiarity of the patient, the surface affected, and by the presence or absence of epidemic influence.

Correspondence.

TREATMENT OF PNEUMONIA.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—Dr. Bennett intends to persevere with his scheme of collecting statistics on the treatment of pneumonia, although no response has been made to his previous appeal to the profession on the subject; and he has again issued a circular soliciting co-operation. It does not become me to offer any opposition to a praiseworthy effort, even though I am convinced that it is labour entirely thrown away; but perhaps you will permit me, through the medium of the JOURNAL, to reply to his strictures upon myself, as it is his intention to lay the results of his inquiry before the next meeting of the Association.

Dr. Bennett objects, in the first place, to the proposition in *Medical Errors*, that where no law of causation can be proved, the attempt to determine the influence of treatment by statistics must be futile. The simplest answer would be to refer him to the pages of Stuart Mill, the greatest master of inductive reasoning of the present day, who asserts an exactly similar proposition. But I went further than Mill has done; and endeavoured to show that, by the calculation of chances, such a number of cases must be collected, as to make it impossible to prove by statistics the effect of any mode of treatment except it were so clearly beneficial or so clearly prejudicial as to be easily recognised as the cause of the recovery or death of the patient, when it at once comes under the "laws of causation". Dr. Bennett says that my own statement that a certain number of cases of pneumonia will die in spite of any treatment yet known, is "an excellent example of loose reasoning." My proposition is an assertion, not an argument; and I do not say a certain *proportion*, but a certain *number*. I can only now add, that if Dr. Bennett does not lose a certain number, small or large, of cases of pneumonia, he is a lucky man. Let any of your readers whom he may have addressed turn to his statistics, and they will find just such treatment as they have employed over and over again, when patients have died in spite of it.

In order to convince Dr. Bennett that my idea was correct of the value of such general and loose statistics as he proposes, I have referred, in the Lumleian Lectures, to the result which might be deduced from summing up the statistics collected, as I believe he

rightly states, by Dr. Sibson, though published without his name. These give a relative mortality considerably in favour of blood-letting. The cases, as Dr. Bennett says, differed widely in other respects, but the total is just as I have stated; and is, or ought to be, to one who so sternly ignores blood-letting, a proof that they are valueless. It is the wide difference among cases, in regard to everything belonging to them except the one fact of consolidation of lung-tissue, which must make statistics almost impossible on such a subject. Whatever may be the actual or relative number of successful cases recorded to-day, a series of unsuccessful ones may commence to-morrow, and the rate of mortality will differ from year to year.

Let me turn for a moment to Dr. Bennett's own account of the Edinburgh Infirmary. It will be seen that, from 1839 to 1846, the mortality from pneumonia is given as about thirty-three per cent.; the lowest being in the year 1845-6, when it reached only twenty-four. Immediately after this, the death-rate rises suddenly and remarkably to forty-four in each of the following years; and sinks again as suddenly to nineteen. Are these fluctuations to be explained by treatment? Was there nothing in the coincidence of typhus fever in those two fatal years? It is very gratifying to find that we have made advances in the knowledge and treatment of disease; that in the Edinburgh Infirmary, for example, the general mortality from pneumonia, in ten years from 1854 to 1864, is only fourteen per cent., while from 1839 to 1849 it was thirty-four per cent.; and, still more, that in the practice of Dr. Bennett the mortality may be reduced to *nil*. I cannot help observing that this remarkable fact of invariable recovery took place equally with antimony without wine, and with wine without antimony. Probably all had "nutrients", by which I suppose beef-tea, milk, etc.,—in fact, *food*—is meant; but the fact is stated with reference to some and not to others. The only possible conclusion from statistics arranged in this fashion is, that neither mode of treatment had anything to do with the recovery, and that treatment has no influence, except a pernicious one, on the course and progress of the disease.

But I have been drawn away from my more immediate object of replying to Dr. Bennett's strictures. He goes on to quote an observation of Louis to the effect, that the leaf of a tree having been once described can always be recognised; and, by some curious method of reasoning, thinks this remark is applicable not to diagnosis, but to treatment. What I have ventured to suggest in *Medical Errors* is simply this. 1. That, when medicine has a distinctly curative tendency, we trace in its operation a law of cause and effect, and statistics add nothing to such knowledge once acquired; 2. That, when the power of the remedy is doubtful or uncertain, the only proof of its power which statistics can afford must be derived from two exactly parallel series, in one of which the remedy was, and in the other the remedy was not given; 3. That, inasmuch as no two individuals are alike, and no two cases of disease are alike, and the accidental circumstances which may determine recovery or death are very many, we must either be content with a very select number of instances, or we must count the series of cases by tens of thousands. It is, therefore, clear to my mind that statistics never will and never can establish the value of any mode of treatment, because the select series must be too small, while the larger number is either unattainable, or, as in the case cited from Dr. Sibson's Review, the result may be opposed to our actual experience in the matter, and does not command our assent.

In conclusion, I would venture to suggest to Dr. Bennett that, when he professes to give every case that has been under his care, he would do well to make no reserves. Why should a case partly treated by a colleague be withheld, when a case "bled, blistered, and purged, before admission", is included? Then, again, the advocates of bleeding may very fairly urge that cases admitted into the hospital might possibly have been saved if they had been bled at once, in place of waiting for Dr. Bennett's regular visit, and no harm could be done by the details of such cases being frankly given. Of course, he is quite justified in withholding cases that were not recognised during life; but of the nine cases unknown to himself among his patients, perhaps more than one were taking "nutrients", and so ought not to have died from the pneumonia. Information on all these points would be highly interesting, because in Dr. Bennett's statistics it is impossible to find any one circumstance *invariably* present or absent in the series of recoveries and deaths, which in the least degree accounts for the termination one way or the other. Practically, there is little difference between the treatment of Dr. Bennett's cases and my own, so far as the abstract given can enable me to form an opinion; but I am quite sure that the mortality at St. George's has not yet reached the zero point. Nor do I believe that, while the patients include brewers' draymen and debilitated gin-drinkers, over-fed butlers and half-starved needlewomen, it will ever with us reach that point. But those who do not claim for treatment much of the credit of recovery, surely ought not to accuse its absence as the cause of a fatal termination.

I am, etc.,

A. W. Barclay.

LADIES' MEDICAL COLLEGE.

Letter from James Edmunds, M.D.

Sir,—As Honorary Secretary to the Female Medical Society, I have great pleasure in acknowledging the courteous remarks from T. K. C. in last week's Journal, and to state that our Committee will be most glad to avail themselves of any suggestions which may arise out of the experience and judgment of the medical profession in respect to their project.

I ought, however, to ask you to allow me to state that this Society is in no way animated by any feeling of disrespect or hostility to the medical profession, or associated with any love of quackery; and that certain statements which from time to time have been made in the *Lancet*, as to the proceedings of this Society, are errors, and not creditable to the profession which that journal is anxious to be considered to represent. An article in the *Lancet* of June 10th is full of misstatements. Presuming at the time that the editor was labouring under some misapprehension, I sent on copies of all our papers and prospectuses, and claimed insertion for a short counterstatement; but not only was this denied admittance, but subsequently a second attack was made upon us in another editorial article. At a time when the *Lancet* is anxious to drive its powerful rivals out of the field, it is well that such specimens of impartiality be made known to the members of the Association; and I do so without any wish to prejudge the merits of this particular question.

The Society is now endeavouring to provide for *superior* women proper opportunities for learning the science of midwifery and the supplementary branches of medical knowledge, including hygiene and the treatment of the minor ailments which are peculiar to women and children. It is not attempting to substitute women for men in general practice,

but would like to see the routine practice of midwifery left to the management of properly educated women, with the understanding that they call in well known obstetricians in cases of difficulty and danger. Thenceforth it would leave all questions as to women attempting to deal with difficult cases, or the general practice of medicine and surgery, to settle themselves. Irrespective, however, of the full and efficient development of this range of teaching, there is at present an urgent want in the way of proper tuition for our ordinary midwives.

At present, there are two courses of lectures established—one on Midwifery and the Diseases of Women and Children, by Dr. Murphy, consisting of at least eighty lectures, and taking about the same range as those courses which Dr. Murphy gave for many years at University College; and a second supplementary course of general outlines of medical science, consisting of fifty lectures, by myself. I shall be happy to post all our papers to any gentleman who will send on a stamped address, and to give every information as to the objects and character of our proceedings; and shall be grateful for any suggestions which I may receive.

T. K. C. objects to the name "Ladies' Medical College". It is easy to object to any name; but will T. K. C. suggest one which is more accurate and less objectionable? The word *medical* might be displaced by *midwifery*; but that term is one which it is preferable not to use too obtrusively, and, moreover, it would not include all the subjects, as sanitary knowledge, etc., which we wish to impart. *Medical* is, on the contrary, not open to any objection for daily use in conversation; and it does not follow that we profess to deal exhaustively with all which may be comprised under the term; nor, indeed, is the use of the word generally held to imply any such profession. As to the word "school", in place of "college", I am not aware that the distinction suggested by your correspondent between the meaning of the two terms is borne out either by lexicographical authorities or by general usage. T. K. C. will find, on reference to the advertisements, that many of the medical schools are designated as "colleges". (See "Charing Cross Hospital", "London Hospital", etc.) The analogy suggested between a school of cookery and a school of medicine carries no weight to my mind on this point. I am, etc., JAMES EDMUNDS.

4, Fitzroy Square, November 1865.

THE RINDERPEST IN SHEEP.

LETTER FROM H. W. FREEMAN, ESQ.

SIR,—From a paragraph in your JOURNAL of last week, I inferred that no cases of this malady in sheep had been reported as fatal; but, within the past few days, my attention has been drawn to a disease ravaging several flocks of sheep in our neighbourhood, which seems, in the main, identical with the Cattle-Plague in the ox.

Five weeks ago, a flock of seventy sheep, bred in the vicinity of Bath, was bought at a cattle-fair by a well known and intelligent agriculturist in this neighbourhood, and taken to his homestead. At the expiration of a fortnight, two sheep died, after two or three days' illness, from a peculiar and supposed specific train of symptoms, and the mortality has steadily increased; so that twenty-six sheep have died in less than eighteen days, all presenting the like characters of disease. In no single case has the animal recovered.

From what I can gather, this appears to have been the first outbreak in our neighbourhood; but since its development two other proprietors of cattle, within easy distance of the former, have suffered amongst their own homebred flocks. Two bullocks, in an adjoining farm to the infected flock, have died within the past few days, from the same train of symptoms and *post mortem* appearances. A herd of seventeen yearlings, I am told, have died or been slaughtered within ten days from this supposed disorder, and within the same district.

Speaking from personal observations of the symptoms and *post mortem* appearances of the sheep, they appear pretty uniform in all, varying only in degree.

The corneæ of the animal are first observed to be dull; and a watery discharge from the eyes, nose, and mouth, quickly appears, and soon becomes tenacious and offensive. The tongue and salivary glands appear swollen and red. The animal remains motionless, heavy, and dull; the abdomen is drawn up with frequent jerkings; its coat seems to stand out and "stare"; sooner or later, an intestinal flux or inflammatory diarrhœa sets in, which nothing seems to check; death ultimately occurs from exhaustion.

Some, after being attacked, have lived but a few hours; others as long as three or four days; the majority dying within twenty-four and thirty-six hours.

On making examinations of the dead carcases, the after-death appearances were striking. The mucous membranes of the mouth, trachea, and upper portion of œsophagus, were much reddened, discoloured, and injected; the injection decreasing towards the paunch or first stomach.

The lungs appeared much congested; for the most part crepitant, and not sinking in water. No pleuro-pneumonia was found.

The heart contained much fluid black blood.

The paunch, or first stomach, was not discoloured; but its rough papillary epithelial coating peeled off on the slightest touch, leaving the muscular coat bare.

The second and third stomachs were not materially altered.

In the fourth stomach, as in cows, the whole mucous surface was in a state of great tumidity and lividity, highly injected, and, towards the pyloric end of the organ especially, there were found patches of exuded lymph, with superficial erosions of the mucous surface. The discoloration extended somewhat, in most cases, along the upper portion of the duodenum; and the surface appeared roughened, as if devoid of its epithelial coating, but there was no ulceration.

In the course of the small intestine, stretching towards and situate about the ileum, were patches of congested mucous membrane; the small solitary glands which, in the healthy subject, feel shotty and raised, had for the most part disappeared, traces remaining here and there, but no ulceration. The larger Peyerian glands were somewhat swollen and raised, but not ulcerated.

The large bowel, in most cases, did not appear materially altered. Some specimens presented a single patch or so of inflamed tissue, with a slight amount of exudation of lymph. The hæmorrhoidal vessels about the rectum were somewhat congested. The liver, spleen, and kidneys, appeared quite healthy.

The meat itself seemed, if anything, a little darker than usual, but there was no other material alteration.

I have failed to discover how the disease has been introduced into the neighbourhood of Bath; but we have had no case of known importation.

A strict *cordon* was kept round the infected flock; the dogs were prevented from coming into contact with the beasts; yet, within a few days, the disease spread and infected the adjoining farm-yards. Sometimes, before the dead sheep can be buried, they have been partially devoured and attacked by foxes, which are very numerous in this vicinity; and I would suggest the

possibility of these animals being one of the sources of communication. Although we have no proof that the vulpine species suffer in like manner, yet might they not be the fomites of the zymotic poison?

From the preceding statements, we cannot fail, I think, in associating this malady with the Rinderpest of oxen. That it is not ovine typhus or typhoid, or the analogues of those diseases to the human subject, appears certain; that it is a form of gastro-enteritis scarce admits of a doubt, and that caused by a specific poison.

I am, sir,

H. W. Freeman,

Resident Medical Officer, Bath United Hospital.

October 30th, 1865.

WHENCE CAME, AND WHAT IS THE "YELLOW" FEVER OF SWANSEA? WHAT IS THE "YELLOW FEVER" OF AUTHORS?

Letter from J. Rose Cormack, M.D., F.R.S.E.

Sir,—I have read with attention the letter by Dr. Padley of Swansea, which appeared in your impression of October 28th, under the heading—"The Yellow Fever in Swansea"; but I have failed to see its scope and point, if it be intended, as its opening paragraph suggests, to supply information to contribute to a solution of my question—"Whence came, and what is the 'Yellow' Fever of Swansea?" This is not a question which can be solved by the enunciation of generalities, and an appeal to standard authorities. In matters medical, and particularly in matters medico-epidemiological, we must remember the epigram of Rousseau, that "the truth is in the facts, and not in the mind which observes them."

Dr. Padley amiably endeavours to mitigate the unfavourable opinion which has gone abroad, and which I quoted, regarding the place of his dwelling. I do not find, however, that he asserts that the condition of Swansea was such in September last, as to afford no scope for the easy propagation of fever by continuous succession, there being during that month a predisposing atmospheric constitution. On this point, therefore, there is nothing to reply to. Dr. Padley's admissions are more than enough to justify my remarks, so far as they refer to local conditions.

The most important statement contained in Dr. Padley's letter is to the effect that: "Dr. Buchanan, commissioned by the Privy Council, has investigated with great zeal and ability all the circumstances connected with the appearance, extension, and characters of the disease; has pronounced it to be specific yellow fever; and has repeated this opinion at the last meeting of the Pathological Society." Under such circumstances, it would be unbecoming in me, for the present, to say more upon the Swansea fever. It would, moreover, be absurd to discuss it now, as there are no facts, and only reported inferences to deal with.

Dr. Padley asks me to state my views as to the nature of yellow fever, and in fact to define *specific* yellow fever. I admit at once my entire inability to accept this challenge. Touching the existence of a specific yellow fever, my reading and dispassionate reflection have resulted in nothing more than deep-rooted scepticism. The only precise conclusion I can arrive at is, that it is inexpedient to follow the present vague traditional beliefs repeated by a succession of systematic authors, most of whom have evidently taken their materials and their creed second-hand from previous compilers. The fevers of tropical countries require a kind of elucidation which they have not yet received. Individual cases, and particular outbreaks, must be observed and described in such a way as to enable those who do not see for themselves to compare or contrast the descriptions with the corresponding descriptions of our well-known home fevers. Then, and not till then, shall we be able to determine whether the differences between the fevers of tropical and temperate regions are specific, or the mere results of temperature and climate. An individual opinion, particularly an opinion based upon mere book knowledge, is not worth much in matters of this kind, except in so far as it goes to support the admission or rejection of evidence upon a matter in dispute. To that extent, however, every one is fairly entitled to hold and state the conclusion he has come to, with regard to any medical question. On the present occasion, I, of course, claim nothing for my opinion beyond that due to an allowable hypothesis, which present imperfect knowledge can neither confirm nor set aside; but which hypothesis (unless it be sheer nonsense), I humbly submit, ought, in the interests of our fleets and armies and general communities, to be established or confuted by accurate and extended inquiries.

What I suspect, but cannot prove, is, that a considerable number of the West Indian and other epidemics of "yellow fever", from which "standard authorities" have formed their ideal of a specific yellow fever, have been in reality epidemics of remittent and typhoid fever. This is either a stupid heresy, or a practical question of momentous importance. If we find that an epidemic of fever is an epidemic of typhoid, we then know how to check the propagation of the disease; viz., by disinfecting the discharges, a method which has been proved by Dr. William Budd, and amply confirmed by others, to be completely efficacious, if completely carried out. It is impossible briefly to state the grounds of my suspicion; but I may be able in a few paragraphs to indicate their nature.

We find, for example, in army statistical returns, that an epidemic is seldom viewed as a whole, but is parcelled out and ticketed in a sort of red-tape fashion. I have now before me an official return of fever cases from the Windward and Leeward Commands, in which there is given a total of 46,922 cases, of which twenty only are called yellow fever, and of these twenty fifteen were fatal. I should like to know upon what principle these twenty cases were separated from the remainder of the 46,922 cases. I should also like to know the principles which guided the classification into intermittent, remittent, common continued, yellow fever, and synochus; and, in particular, as to the 38,393 of the 46,922 which are set down as "remittent". Perhaps the distinction between the twenty cases of "yellow fever" and 38,393 concurrent cases of "remittent", was not a specific distinction. Who will venture to say that it was? We used to read about, speak about, and treat cases of "infantile remittent fever"; but we now know that "infantile remittent" and typhoid are one and the same specific disease. At all events, the cases of so-called "infantile remittent" are chiefly cases of typhoid; but practitioners frequently include a variety of different affections under that old and familiar, but let us hope now soon to be obsolete name. There is much interesting information on this subject in the last edition of the classical work of Rilliet and Barthez, *Sur les Maladies des Enfans*, and in the work of E. Friedrich, *Der Abdominal-Typhus der Kinder*, published at Dresden in 1856. Is it not possible that, when fevers come to be observed and studied in the tropics as they have been in Great Britain, discoveries may be made, equally disturbing as that now mentioned to the old stereotyped descriptions of "standard authorities"?

It has long been currently taught, that in India and other tropical regions typhus and typhoid are

unknown. Mr. J. B. Scriven, in the *Indian Annals of Medical Science* for April 1857, disproves this opinion, and reports cases of fever which were beyond question cases of typhoid. Drs. Lyons and Aitken, in their *Report on the Pathology of the Army of the East* (Blue-Book, 1856), describe typhus, typhoid, and relapsing fever, in the English army in the Crimea during our late war with Russia; and cases of fever associated with jaundice, apparently cases of relapsing fever, are given. In the *British and Foreign Medico-Chirurgical Review* for October 1859, Mr. Robert Lawson, Inspector-General of Army Hospitals, publishes "Observations on the Outbreak of Yellow Fever among the Troops at Newcastle, Jamaica, in the latter part of 1856." In that paper, he gives the case of a man (Malony), whose case was first entered as "remittent", and then as "yellow" fever. Dr. Copland, at p. 775 of his *Dictionary*, in a valuable article on Epidemics, says that "various writers have contended that yellow fever commences as the bilious remittent of the country—the latter passing into the former by such insensible grades, that a difference between them cannot be assigned." ....."But that there is a wide difference in the cases, the symptoms, and the duration, I am morally convinced." These references are at least sufficient to show the vague character of the notions upon yellow fever which we find in books. The time is probably not far distant, when the whole literature of tropical fevers will have to be recast. In the meantime, it is a step in advance of the last generation to know that the same fevers which we have in England occur in the tropics. This cardinal truth will throw increasing light upon the whole subject, as reliable observations are made in different places and seasons and by different men.

Early intercourse with physicians, both in this and in other countries, originated my scepticism as to the existence of a specific disease entitled to the name of yellow fever. In 1839 and 1840, I visited the haunts of fever and cholera in Barcelona, Cadiz, Gibraltar, and many other towns in the peninsula. I had the advantage, when on that tour, of living a week under the hospitable roof of the late Dr. Gillkrest, Inspector-General of Hospitals at Gibraltar, and of receiving from his lips much of his personal experience and opinions regarding yellow fever, and its then comparatively recent outbreaks at Gibraltar, and throughout the coasts of the Mediterranean. What particularly strikes me in a retrospect of my intercourse with Dr. Gillkrest and the Spanish physicians at that time, was the wavering and discordant character of the statements which they made when pressed to name, in addition to yellow skin and black vomit, some specific sign by which the fever which they called yellow fever could be distinguished. My impression was, that they mainly relied on yellow skin and black vomit as diagnostic signs. If so, their diagnosis was really baseless; because these phenomena have occurred in typhus, but still more frequently (though rarely) in some epidemics of typhoid and relapsing fever in Great Britain and Ireland. They depend primarily upon toxæmia, and secondarily (at all events the black vomit) on sanguineous exudation into the stomach and alimentary canal. Black vomit is chiefly altered blood. Before it appears in yellow fever, we often have "white vomit," as several authors have pointed out. This white vomit contains a large portion of serum. White vomit is often seen in this country associated with watery dejections in typhoid. White vomit and black vomit both occur in non-febrile gastric affections. Black vomit, therefore, has nothing whatever specific in its character, and is simply an acid ammoniacal liquid containing altered blood. The black sediment—like coffee-grounds—consists of coagulated albumen and broken blood-cells. The exudation of the blood from which black vomit is formed, may depend on toxæmia of different kinds, or it may result from non-toxæmic causes. But the point which I wish here to insist on, is this—that black vomit and yellow skin are not pathognomonic of any specific fever.

In 1846, Quetelet, in his work on Probabilities, gave a very unflattering estimate of the value of medical data. After pointing out the necessity of informing ourselves by observation, collecting well recorded facts, and rigorously testing their fitness for comparison with each other, before proceeding to deduce from them a methodical appreciation of causes, he asks: "Is this what we see in medical inquiries?" He replies that that which we see is the very opposite—viz., "observations which do not admit of comparison, heaped up pell-mell, or so arranged as to lead not to an unbiased conclusion, but to the belief of that which it is wished to establish." Quetelet's strictures are severe, but they are not unjust, though it is gratifying to feel that they are decidedly less merited now than when written twenty years ago. It rests with the profession to remove the scandal proclaimed against us by the Belgian astronomer. Few have the time, the talent, and the opportunity of minutely exploring the natural history of diseases; but all can refuse to accept doctrines which have an inadequate basis of facts to rest upon, temperately stating their incredulity apart from advocacy of any theory of their own. A judicious pursuance of this course will promote the cause of truth, at least in our own minds, and also most probably in the minds of others. This is my apology for explaining the cause of my inability to accept Dr. Padley's challenge to define specific yellow fever, and for freely expressing at the same time scepticism as to there being proof of the existence of any such disease, distinct from other fevers.

I am, etc.,

JOHN ROSE CORMACK, M.D., F.R.S.E.,
Formerly Physician to the Fever Hospital and Royal Infirmary of Edinburgh.

5, Bedford Square, London, W.C., October 31st, 1865.

THE ROYAL ALBERT INFIRMARY AT BISHOP'S WALTHAM, the foundation-stone of which was laid by Prince Leopold last year, was opened on the 7th instant by the same youthful Prince, accompanied by his sisters, the Princesses Helena and Louise. A statue of the late Prince Consort in terra cotta, modelled by Theed after his design of the Coburg statue, was also uncovered on the occasion. The building was designed by Mr. Critchlow of Southampton, and has accommodation for twenty beds.

THE FORCE OF HABIT. Dr. Gairdner, in a memorandum on Dr. Anderson's report of the state of the water in the twelve wells in Glasgow, observes that the produce of two of the worst wells is highly relished by drinkers. "Nos. 9 and 10 must be condemned without reservation. In the case of the Bridgeton Well, indeed, it is perfectly obvious that the water is within the range of soakage of a great quantity of stable manure, as well as of a privy in the immediate neighbourhood. Yet, although these facts are quite notorious, or at all events can be ascertained without much difficulty, they do not hinder the water of this well from being extremely popular, and I am told that an attempt to remove the well some years ago was strongly resisted. Probably the peculiar flavouring of the water comes, by long habit, to be rather relished than otherwise; and I do not doubt that some of the drinkers consider this pump as superior to Loch Katrine."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners, on the 7th instant, and when eligible will be admitted to the pass examination.

Blenkinsop, Frederick Henry, St. George's Hospital
Drew, Walter Henry, University College
Duke, Benjamin, Guy's Hospital
Harvey, Thomas, St. Thomas's Hospital
Hodder, Frederic William, Toronto
MacCarthy, Jeremiah, Dublin
MacEgan, Barney Constance, Galway
Steele, Henry Murray, University College
Wilson, Richard, St. George's Hospital

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Fergusson, James, Kirkcudbrightshire
Garde, William Henry, Australia
Hanifin, James, Kerry
Little, William J., Kilkenny
Straton, Charles Robert, Montrose

And the following gentlemen passed their final examinations, and were admitted L.R.C.P.Edinburgh, and L.R.C.S.Edinburgh.

Cornish, Henry, Taunton
Crane, Charles Albert, Avranches, France
Crowe, George, Paris
Dunlop, Andrew, Haddington
Farrelle, William Keys, Longford
Godfrey, Abraham Cross, Cork
Grealy, John, Galway
Green, Edwin Septimus, Houghton-le-Spring
Long, Bourke, Cork
Miller, Alexander Hamilton, Londonderry
Patrick, Josias Wilson, Belfast

ROYAL COLLEGE OF SURGEONS, EDINBURGH. The following gentleman passed his first professional examinations during the October sittings of the examiners.

Palanque, John Antoine, Hounslow

And the following gentlemen passed their final examinations, and were admitted Licentiates of the College.

Chestnut, Joseph Wallace, Antrim
Macarthur, Peter, New York
Mack, John Steele, Lanarkshire
Watson, Robert, Dunfermline

APOTHECARIES' HALL. On November 2nd, 1865, the following Licentiates were admitted:—

Hulme, Samuel James, Infirmary, Manchester
Loane, John, Dock Street, Whitechapel
Raven, Thomas Francis, St. Bartholomew's Hospital
Wood, John Hurd, Notting Hill

At the same Court, the following passed the first examination:—

Evans, Septimus, London Hospital

APPOINTMENTS.

RUTHERFORD, William, M.D., appointed Assistant to the Professor of the Institutes of Medicine in the University of Edinburgh.
*WOOD, J. A., M.D., elected Resident Physician in the Queen's Hospital, Birmingham.

ROYAL NAVY.

BAXTER, William H., Esq., Surgeon, to the *Spiteful*.
CREIGHTON, Robert, Esq., Surgeon (additional), to the *Cambridge*.
DAVIDSON, James, M.D., Staff-Surgeon, to the *Eagle*.
DUCKET, Clarke A., M.D., Surgeon, to the *Niger*.
SMITH, Horace H., M.D., Surgeon (additional), to the *Saturn*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CAMERON, A., M.D., to be Assistant-Surgeon 35th Yorkshire R.V.
COOK, J., M.D., to be Honorary Assistant-Surgeon 2nd Surrey A.V.
HART, W., Esq., to be Assistant-Surgeon 2nd Surrey A.V.

BIRTH.

PIOTTI. On October 22nd, in Rome, the wife of Dr. Piotti, of a daughter, stillborn.

DEATHS.

HELPS, William, M.D., Resident Physician of Bethlehem Hospital, aged 37, on November 7.
*MONCKTON, Alfred, Esq., at Brenchley, Kent, aged 26, on November 3.
PIOTTI. At Rome, lately, Sophia Margaret, wife of Dr. Piotti, and daughter of the late *Edward Daniell, Esq., of Newport Pagnell.

THE CATTLE-PLAGUE continues to increase in virulence.

CHOLERA. Two cases of Asiatic cholera are said to have occurred in Barnsley. In one case, the patient recovered; the other was fatal.

THE ANATOMICAL ROOMS IN PARIS, which have from some motives of prudence been closed of late, will be reopened on the 15th instant.

DEPOSIT OF DEW. Dr. Allnatt calculates that during some of the heavy dews of late, as much as a ton and a-half of water has been thereby deposited on an acre of land.

THE FRENCH MEDICAL CONGRESS has decided to hold its next annual meeting at Bordeaux; and also to hold an international medical congress at Paris in 1867.

THE LATE DR. MOTT. The value of the estate of the late Dr. Valentine Mott of New York, is said to be 400,000 dollars. He left his anatomical museum to the New York Medical College.

THE DEATH OF COMMISSIONER FONBLANQUE is announced. He died in his 80th year. Commissioner Fonblanque, in conjunction with the late Dr. Paris, published in 1823 the well-known *Treatise on Medical Jurisprudence*.

NEW MEDICAL SOCIETIES IN CANADA. A society has been formed in Montreal, for the reading of papers, and the discussion of medical and surgical topics, styled the Medico-Chirurgical Society of Montreal. A similar society called the Quebec Medical Society has also been organised in that ancient city.

BRITISH RAINFALL. The drought in September was at many stations quite unparalleled. Out of twenty-six English stations, only two (Arncliffe and Seathwaite) had an inch of rain, eight had less than a tenth of an inch (Goodamoor being of the number), and two had none—viz., Pevensey and Taunton.

A FRENCH GOVERNMENT TRANSPORT, the *Tarn*, employed in transporting French troops between Vera Cruz and different ports in the neighbourhood, has been visited by yellow fever. There were twenty-nine deaths out of 127 cases on board, amongst whom were the commander and the surgeon-major.

THE RAVAGES OF WAR. The books of the government undertaker at Nashville, Tenn., shew that he has buried, since that city was occupied by the national troops, 13,631 soldiers and government employees, there being 1,000 of the latter; also 8,000 rebel soldiers and 10,000 contrabands and refugees.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON. At the last meeting of the committee of management of this charity some special business was transacted, viz., the selection from the list of candidates of twenty of the most eligible cases to proceed to Madeira, where they will remain for the winter. The committee have exercised the greatest care in choosing the patients for this experiment, both as regards the physical condition and the character of the persons selected. The selected patients have already sailed.

Suicide of a Medical Student. A medical student at Vienna a few days ago poisoned himself with cyanide of potassium on the day he was to have undergone his first examination. The body was examined by Rokitansky, who pronounced the existence of disease of the brain.

Diarrhœa in London. The deaths from diarrhœa in the last four weeks were 54, 62, 48, and 61. When the sixty-one deaths are compared with the average, it will not be questioned that an epidemic tendency exists in the London population at the present time. Two deaths of children in the week were referred to cholera.

Sanitary Precautions. Last week, the opening address to the course of lectures to be given during the present session, under the auspices of the Manchester and Salford Sanitary Association, was delivered in the Hulme Town Hall, by Mr. Thos. Turner, F.R.S., the subject being "The Policy of Prevention in connexion with the Plagues of the Day."

University of Cambridge. A new schedule of regulations for degrees in medicine and surgery has been proposed to the Senate for adoption by the Board of Medical Studies. The alterations refer to the number of terms to be spent in the University, and to the arrangement of the subjects of study and examination. The number of examiners is also proposed to be diminished.

Medical Athletes. There is, we are glad to say, an athletic society at St. Bartholomew's Hospital School; also there is at University College an athletic club. It is needless to dilate upon the excellence of such societies—of the great benefits, both moral as well as physical, which they must produce amongst medical students. These clubs should be encouraged at all our medical schools.

Death of a Surgeon from Fever. On the 3rd inst., died at Brenchley, Kent, of typhus fever, contracted in the discharge of his professional duties, Alfred Monckton, Esq., aged 26 years. So highly esteemed was the deceased, that upwards of three hundred of his fellow parishioners attended the funeral on the 6th inst., and all business operations were suspended. He had greatly extended a practice which had been held for two centuries by his ancestors.

University College, London. At a meeting of Council on Saturday last, the Longridge prize of £40 for general proficiency in medicine and surgery, was awarded, on the recommendation of the Faculty of Medicine, to Mr. Bryan Holme Allen of London. The Filliter exhibition of £30, in pathological anatomy was, on the report of the examiners, Dr. Sharpey, Mr. Erichsen, and Dr. Wilson Fox, awarded to Mr. John Williams, of Blanllynant.

The New Hôtel Dieu. The operation of fixing the limits of the new Hôtel Dieu of Paris is shortly to be completed. A contract has been concluded at the Hôtel de Ville for the demolition of sixty-four houses to prepare a place for the new hospital. The grand entrance to the hospital will be near Notre-Dame. It will be bounded on the north by the Quai Napoléon, on the east by the Rue d'Arcole, and on the west by the Rue de la Cité.

Female Doctors: Suing for Fees. The plaintiff, Mrs. Dr. Ward, of New York, sued to recover of Mrs. Dr. Nevison the sum of about 200 dollars, for professional services alleged to have been performed by plaintiff for defendant. It seemed that for about three months in the summer of 1864, the plaintiff attended and performed daily professional duty at the defendant's institution at Dryden, and for this she claimed the sum above named. Defendant did not deny the allegation as to the performance of the service, but answered that it was understood at the time, that they were to be wholly gratuitous; that she came to defendant's house as a visitor and guest. The court took the papers, and reserved decision.

The History of a Special Failure. A daily paper gives an account of a dinner lately held on behalf of a hospital for diseases of the heart. The hospital (says the report) "is situated in Margaret Street, and has now been in operation eight years; but it has not yet met with that support which the admirable object to which it is devoted must naturally have led its founders to expect. Heart-disease, it is well known, has become one of the widespread and growing maladies of busy and highly civilised communities, etc.... The first year the hospital was opened, the applications for relief were but few, but they have since gradually increased from year to year, until they have risen to 150 a week. Within the last twelve months, the applicants have been so numerous, that it has been found absolutely necessary to refuse any further assistance to any but the most destitute and the most afflicted sufferers. The establishment, however, has been kept open, in the anticipation, that it would ultimately receive a fair share of that liberal support, etc....The receipts from the public are insufficient to defray the cost even of the drugs dispensed. The dinner was thinly attended, and it was therefore agreed that it should be regarded as a sort of private party. The Chairman, Mr. T. Chambers, M.P., said that the number of persons who died last year in England of heart-disease was not less than 20,000; and Dr. Spratt, the principal medical officer of the hospital, believed that a great majority of the persons suffering from that malady could be cured by a proper system of treatment. That gentleman had kept the hospital open for a number of years at a considerable personal loss. It was manifestly desirable that his labours and his devotion to the task he had undertaken should meet with a different return," etc.

Death of Professor Lindley. We have to record the death, on the 1st instant, of Dr. John Lindley, lately the distinguished Professor of Botany in University College. Dr. Lindley was born February 5th, 1799, at Catton, near Norwich, where his father was proprietor of a large nursery garden. After leaving the Grammar School of Norwich, he devoted his attention to botanical science. In 1819 he published a translation of *Richard's Analyse du Fruit*, and in 1820 a work entitled *Monographia Rosarum*, in which he described several new species of roses. About the same period he contributed to the *Transactions of the Linnæan Society* various papers on botanical subjects. Some time afterwards he proceeded to London, where he became Assistant-Secretary to the Horticultural Society, and was engaged by Mr. Loudon to write the descriptive portion of his *Encyclopædia of Plants*, the merit of which, as a botanical work, was entirely due to him, as was stated in the Preface. The *Encyclopædia* was completed in 1829. In the same year he was appointed Professor of Botany at University College, which appointment he held until about four or five years ago. At this period the Linnæan system was almost universally followed by English botanists. It is one of the chief merits of Dr. Lindley that he early saw the necessity of superseding the artificial by the natural classification of plants. In an essay on this subject, inserted in his *Introduction to the Natural System of Botany*, published in 1830, he showed very clearly what the advantages of this system were, and thus paved the way for its general adoption in England. Two years later he published the *Introduction to Systematic and Physiological Botany*,

and a Synopsis of the British Flora, in which our indigenous plants were arranged and described for the first time according to the natural system. In a *Natural System of Botany*, published in 1836, Dr. Lindley took new views of botanical classification, and proposed a new nomenclature for the families of plants. Some years later, his great work, *The Vegetable Kingdom*, was published. This work, the most elaborate that had appeared on systematic botany, gave a description of all the families of plants, and more especially of those useful to man. It gave very extended lists of the genera, and was generally recognised as one of the most important contributions which had at that time appeared on systematic botany. He was also the author of works on the *Elements of Botany*, *Botany for Schools*, and the *Theory and Practice of Horticulture*. While engaged in writing these works, Dr. Lindley was most diligently employed, as a practical botanist, in describing new species, on which he wrote a large number of papers contributed to botanical publications. In 1841 he became editor of the *Gardener's Chronicle*, a weekly publication, which he conducted with great ability. For some years, he lectured on botany at the Gardens of the Apothecaries' Society in Chelsea. In 1860 he was appointed examiner in the University of London. He was a Ph.D. of Munich, and a Fellow of the Royal Society, of which in 1858 he received the medal as a reward for his services to botanical science.

Mr. Rose was a nephew of Dr. Reid, the author of the *Inquiry into the Human Mind*, and had been educated by him at Glasgow. From thence he was transplanted to Oxford as one of the Glasgow exhibitioners at Balliol, and then to London as a student in surgery. He was a thoroughly honourable, high-minded man, having little imagination, but a very clear head and sound judgment. This excellent man belonged to a family who had a tendency to pulmonary disease. In the year 1828 he had the misfortune to lose three out of four children from the effects of scarlet fever. This broke his heart. The disease of which his brothers and sisters had been the victims became developed in himself, and he soon followed his children to the grave. (*Sir B. Brodie's Autobiography.*)

Adulteration of Food. Annexed year by year to the Inland Revenue Report comes a communication from the Principal of the Laboratory. It is a chapter of the history of invention and adroitness in the acquisition of wealth by fraud. Perhaps no article subject to revenue duties is more "sophisticated" than pepper. It may be mixed with its own weight of almost worthless ingredients without being rendered unsaleable on the score of want of pungency. Of samples analysed the first was found to consist of 25 per cent. of gypsum, the rest being mustard husks and a little cereal starch, and, though a good imitation, did not contain a trace of pepper. The second sample consisted of 16 per cent. of gypsum, 44 per cent. of mustard husks, a little cereal starch, and the rest pepper. Coffee is another article much adulterated. There are good reasons for believing that it is now being extensively sold mixed with large proportions of burnt sugar or caramel. The most usual mode of adulterating beer, and one which, says the Principal of the Inland Revenue Laboratory, there are good grounds for believing is very generally practised by the publicans in London, is to add water to the beverage, the injury to the fulness or "body" of the article arising from this dilution being repaired by the introduction of sugar, treacle, or other saccharine matter. Within the past year 31 samples of beer and of materials used by brewers were examined, and of these 23 were found to be illicit. In 13 instances grains of paradise had been used, and in one that drug in conjunction with coriander seeds; in four coriander seeds alone, and in one those seeds with a large proportion of white mustard seeds; two samples contained sweet flag (calamus aromaticus), and another sulphate of iron. No detection of the illicit use of cocculus indicus, tobacco, or other poisonous substances was made. The stringent measures adopted by the Customs to prevent the importation of simulated wines are still continued, and 182 samples have within the year been examined, of which 102 were found to be composed chiefly of factitious wine, while nearly the whole of the remaining 80 were of very low value, and, although genuine wine predominated more or less in their composition, they still contained considerable proportions of spurious wine. There can be no doubt but that these made-up liquids would have passed into consumption either *per se* as sherry, or mixed with genuine wine.

Health of the Navy. The report just issued on the Health of the Navy in the year 1862 shows that the number daily sick was 3,370, or 57 per 1,000 of the force in the service afloat corrected for time, which was 58,870. There were almost exactly three entries on the sick list for every two men, and a mean of about 18 days' sickness to each man of the force. But a very large proportion indeed of the sick rate in the royal navy is from boils, simple catarrh, and injuries of a more or less trivial nature, the duties of the man-of-war's man involving such constant exertion that it is necessary to pay much more attention to trifling ailments than their immediate importance would seem to call for, in order to avoid the risk of their aggravation. The ratio of sickness from disease, properly so-called, as in reality very small. The Cape station showed the highest rate in 1862, owing to duties in the Mozambique Channel and in the Zambesi river. The number of men invalided from the navy in the year was 1,944, or 33 per 1,000; and the number of deaths 902, or 15·3 per 1,000. But eliminating disturbing elements arising from accidental duties—that is to say, excluding deaths from casualties by wounds and injuries and deaths from outbreaks of cholera and yellow fever, the death-rate in the service as a service is reduced to 9·6 per 1,000, which is very little higher than the death-rate among the healthiest class of outdoor labourers in England. It may be said the death-rate in the navy is reduced by invaliding, but the vast majority of invalided men labour under diseases of by no means a fatal nature, and very many of them re-enter the service. The rate of mortality on the Cape station was as high as 23·7 per 1,000; but the station had to sustain the loss of two boat's crews massacred at Bareda, in the Arabian Gulf, by Somalis, to whom they had applied for goats and water. Excluding deaths by violence, the ratio of mortality at this station was only 4·3. On the India and China station the mortality rose to no less than 66·3 per 1,000, the great majority of deaths being from dysentery and cholera contracted in river service against the Taepings. The surgeon of the Euryalus sketches incidentally a fearful picture of the state of Shanghai, to which his ship returned after the capture of Kahding. Then, again, the mortality on the American coast has to bear a certain number of deaths caused by the Mexican expedition. Vera Cruz is a city of open sewers, and is situated on a level surface, the fall towards the sea being so trifling that the courses for foul water, etc., require repeated sweeping during the day. The Mexicans are very particular as regards this act of cleanliness, but under the conjoint rule of France, Spain, and England it became neglected, and the neglect was avenged. The accumulation of

offal is kept down by the turkey buzzards, everything being placed on the outside of the houses for removal by these, the scavengers of the place. But besides perils abroad from foes to health and life, Dr. Mackay has the old tale to tell in this report of foes in our own household.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. A. T. H. Waters, "On the Morbid Anatomy and Early Physical Signs of Pneumonia"; Mr. Squarey, "On the Effect of Coffee on the Urea and Chlorides in Health."—Anthropological Society, 8 P.M.—Statistical.

WEDNESDAY. Meteorological.

THURSDAY. Harveian Society of London, 8 P.M. Debate "On Rheumatism and Gout."—Zoological.—Royal.—Linnæan.—Chemical.

SATURDAY. Association Medical Officers of Health.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

	5 weeks ending Sept. 30.		4 wks. endg. Sept. 23.
Diseases.	A.	C.	B.
Small-Pox	10	18	22
Chicken-Pox	2	15	1
Measles	24	72	—
Scarlatina	40	38	18
Diphtheria	1	2	—
Hooping-Cough	155	43	—
Croup	3	4	1
Diarrhœa	509	878	71
Dysentery	21	1	6
Erysipelas	33	26	2
Insanity	54	17	3
Bronchitis and Catarrh	615	614	75
Pleurisy and Pneumonia	41	14	7
Carbuncle	—	10	—
Accidents and other diseases	5626	4313	627
Totals	7134	6076	833

BOOKS RECEIVED.

1. The Climate of Malaga in the Treatment of Recent Pulmonary Disease. By T. M. Madden, M.D. Dublin: 1865.
2. Lectures on Inflammation. By J. H. Packard, M.D. Philadelphia: 1865.
3. Vertical Hemiplegia of the Palate. I. On Facial Palsy. II. On a Case of Diabetes Mellitus. By W. R. Sanders, M.D. Edinburgh: 1865.
4. On Epidemic Cholera and Diarrhœa. Their Prevention and Treatment by Sulphur. By J. Grove, M.D. Third edition. London: 1865.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

CHOLERA IN FRANCE.—From public documents published in 1862, it appears that in France the cholera carried off 103,000 victims in 1832; 100,000 in 1849; and 143,438 in 1854.

F.R.C.S.—The scales of charges as fixed by the Manchester Medico-Ethical Society can be obtained of J. E. Cornish, Piccadilly, Manchester.

F. T.—INFECTION AND CONTAGION.—Great confusion has arisen from the use of the terms "contagion" and "infection". But the disputes as to the meaning of the words are idle; for there is really no essential difference between them. It might, indeed, be well if the term "contagion" were abandoned, and that of "infection" alone retained. Clearly what we mean by the word is, that a specific disease has been communicated from one person to another. It matters little how the communication was effected—whether the infectious principle is conveyed directly from the air breathed by the person diseased, or whether it is conveyed in water, or in old clothes, etc. The main fact is still the same; viz., that a diseased principle originating in one individual is by some agency conveyed into the body of another. Even when the principle is conveyed by actual contact of human bodies, it is still always through the agency of some distinct medium that the infection is produced. The essential poison of syphilis is conveyed through a secreted medium from individual to individual, just as that of small-pox, for example, is conveyed through the medium of air.

MEDICAL ETIQUETTE.—SIR: Would you kindly inform me whether it is usual for a medical gentleman on taking a practice to call first on an old practitioner he may find in the same town, or the reverse? Which ought to make the first call?

I am, etc., F. C. H.

[The new comer should, we think, make the first advances.]

THE LATE DR. BARKER AND THE SOUTH MIDLAND BRANCH.—SIR: I think every member will read your Review of Dr. Barker's Life, as I have done, with great satisfaction. One point alone I think is not strictly correct; viz., the origin and formation of the South Midland Branch. The facts, I believe, are these. A year or two prior to the formation of the Branch, I was urged by some friends at Birmingham to agitate the establishment of a Branch in this district; which, alone, I was not able to accomplish. Subsequently, the late Dr. Barker had his attention drawn to the same subject—I believe, also, at Birmingham. He then corresponded with myself and other friends in this county; and I hope I am not egotistical in stating, that we rendered him such assistance in this matter, as to start the Branch; which, in all probability, without such assistance, would have been confined to the county of Bedford. I have seen this subject spoken of once or twice previously in the JOURNAL, or should have scarcely, on this occasion, alluded to it. I am, etc., HENRY TERRY, JUN.,

Late Secretary and Treasurer to the South Midland Branch.

Northampton, November 1865.

CHARTS OF URINARY DEPOSITS.—A correspondent writes: "What is much needed for men engaged in active practice is a Chart of the Urinary Deposits to hang in a room, so that the forms could be immediately seen by running the eye down it, together with the shortest possible practical remarks. In looking for the engraving of 'Cystine' to-day in the New Sydenham Society's translation of Neubauer and Vogel, it struck me that if the engravings there could be used for this purpose, it would put them to good use: and if the Sydenham Society would publish such a chart, it would be very acceptable. It should be well mounted on linen and a roller, and the type large.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—H. Boxall, Esq. (Horsham), 5s.

Amount previously announced, £129: 13: 3. Received at the *Lancet* office, £9: 9: 0.

I am, etc., ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, November 8th, 1865.

J. B. writes: "We take several of the journals besides the Association one, but we find none so practical and useful to the general practitioner as your admirable JOURNAL."

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, November 1865.

COMMUNICATIONS have been received from:—Dr. FREDERICK P. ATKINSON; Mr. R. HARRISON; Mr. H. LOWNDES; Mr. JOHN MORLEY; Dr. BULLAR; Mr. LEE: Dr. BRUSH; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. H. TERRY, JUN.; Mr. T. M. STONE; Dr. J. BARCLAY; Mr. T. M. EVANS; Dr. D. B. WHITE; Mr. BRODRIBB; Dr. J. ROSE CORMACK; Mr. THOMAS MARTIN; Mr. S. WOOD; Mr. JAMES ROBERTSON; Dr. J. A. WOOD; Dr. R. FOWLER; Dr. GEORGE JOHNSON; Mr. G. K. H. PATERSON; Mr. H. W. FREEMAN; and F. C. H.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S. Eng. (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

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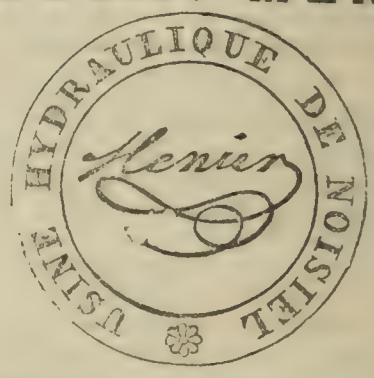
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Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[*Continued from p.* 494.]

The Evidence as to the Existence of a Morbid Poison in the Blood as the Cause of Cholera.

In a previous communication (p. 465) I stated that the presence of a morbid poison in the blood, as the essential cause of cholera, is very generally admitted. There does, however, exist some scepticism with regard to this point; and, therefore, it seems not undesirable to state briefly the chief facts and arguments which are in favour of the doctrine in question.

Now, the proofs of the existence of morbid poisons are to be found mainly in the history of the diseases to which they give rise, and in the impossibility of giving a rational interpretation of the morbid phenomena without assuming the existence of some morbific agent. Neither chemistry nor the microscope has thrown any light on the essential nature of morbid poisons. "It is the human body," as Dr. Carpenter well observes (*Human Physiology*), "which forms the appropriate testing-apparatus for morbid poisons; and even if we could always obtain them in a separate state, and could subject them to chemical analysis, we should know much less of their most important properties than we can ascertain by observation of their actions in the system; this alone affording the means of judging of their *dynamical* character, which is of far more importance than a knowledge of their chemical composition."

The hypothesis, that a poison in the blood is the cause of the gastro-intestinal symptoms of cholera, is supported by many analogous facts. For instance, vomiting and diarrhœa not unfrequently result from breathing air which is contaminated by the exhalations from decomposing animal matter. Thus Dr. Christison states (*Treatise on Poisons*, 4th ed., p. 636) that M. Ollivier, "while visiting a cellar where old bones were stored, was seized with giddiness, nausea, tendency to vomit, and general uneasiness; and subsequently he suffered from violent colic, with profuse diarrhœa, which put on the dysenteric character, and lasted for three days."

Breathing the air of the dissecting-room and the dead-house is a common cause of diarrhœa; and Mr. Simon (*Lectures on General Pathology*, p. 231) remarks upon the instructive fact that, when a diarrhœa has been excited by dissecting animals whose flesh has a peculiar odour, this odour may sometimes be detected in the evacuations of the patient. Some years since, I was present while a medical friend examined the dead body of a patient who had died of cancer of the bladder and bowel. The stench was singularly strong. Within a few hours, my friend was seized with diarrhœa; and he noticed that his stools had the strong and peculiar odour which had pervaded the room when the body was being examined. In such cases as this we have conclusive evidence that fœtid gases may pass, with the inspired air, through the lungs into the blood, and thence be eliminated through the bowels. Can it be beneficial to prevent or retard that process of elimination?

It has been proved by experiments on animals, that many of the symptoms of cholera may result from the injection of putrid matters into the blood. Mr. Henry Lee, in his *Pathological and Surgical Observations*, describes several experiments of the kind which were followed by vomiting, diarrhœa, difficult breathing, great prostration, and death.

The remarkable arrest of blood in the branches of the pulmonary artery, which I have shown to be the essential cause of choleraic collapse, has its exact analogy in the arrest which is caused by the injection of certain salts into the blood, or by the admission of atmospheric air into the veins. (See *ante*, p. 492.)

Evidence of blood-poisoning in cholera may be derived from a consideration of the *symptoms of invasion*, as they have been called. The pathological theories which have unhappily prevailed in this country have led to an undue regard being paid to diarrhœa as a premonitory symptom of cholera, and to an almost entire disregard of other symptoms, to which the Indian practitioners attach great importance. The symptoms in question are those indicative of general discomfort and derangement of function, particularly affecting the nervous system. Twining says (*op. cit.*, p. 9): "Prior to the more distinct and alarming attack, there are sometimes for a few hours, and in some cases for two or three days, symptoms of indisposition, evident not only to the patient himself, but to his friends. When cholera is raging severely, the disease is often ushered in by diarrhœa; at other times, it begins with catarrh, nausea, and oppression at the scrobiculus cordis, which are not in an early stage to be distinguished from the slight indisposition which often precedes fever. The approach of cholera in this manner makes the patient suppose he is feverish or bilious; and *if recourse be had to some of the medicines commonly used in slight ailments of that sort, the disease is said to be caused by the dose of medicine taken, when, in fact, it had been insidiously making progress for some hours.*" In this country, it has not unfrequently been asserted that an attack of cholera has been caused by the operation of a rhubarb pill or a dose of castor-oil. I can give a parallel to this *post hoc ergo propter hoc* argument. Some years since, when I was seeing out-patients at the hospital, a woman brought a child who was suffering from febrile symptoms, and for whom I prescribed a mixture containing nitrate of potash. Two days afterwards, the mother returned, and said, in a complaining tone, "Your medicine has brought out the small-pox." Truly the small-pox had come out; but certainly it was in the blood before it came into the skin. So, when symptoms of cholera follow speedily on the action of an aperient, the morbid poison was before in the blood, and probably caused the feeling of derangement for which the dose was taken. It is as probable that small-pox might result from rubbing croton-oil on the skin, as that a specific disease like cholera would be caused by a purgative.

Annesley gives an extract from the letter of "a zealous and intelligent medical officer", who strongly insists on the great practical importance of studying the initiatory symptoms of cholera. Referring to the purging, vomiting, and spasms, his correspondent says: "I am so thoroughly convinced that these symptoms are only secondary, that, were the following marks present, I should not hesitate to pronounce the case one of epidemic cholera. As the patient is approached, an appearance of overpowering lassitude

is at once perceived, with a pallid, anxious, and sorrowful cast of countenance; and, in more advanced stages, the countenance is dejected and sunk." He then refers to a case in which he observed this peculiar expression of countenance; and, feeling confident that cholera was impending, he kept a close watch upon the man. After an interval of nine hours, vomiting, purging, and cramps set in.

Bell and Orton (*op. cit.*) describe the initiatory symptoms of cholera in much the same terms as Annesley; and Dr. Paine, whose experience of the disease was obtained in New York, says: "Diarrhœa and vomiting do not always distinguish the premonitory stage; but it is sometimes denoted only by headache, loss of appetite, oppression at the chest, etc.; and, again, spasms are known to have been the earliest symptom, and at first the only prominent one." These symptoms of general derangement, which often attend the invasion of cholera, appear to be strictly analogous to those which mark the commencement of other undoubted zymotic blood-diseases.

Again, Orton and others of the Indian authors have remarked on the striking resemblance between the symptoms of cholera and those which result from the bite of a snake or other venomous animal. The venom of these animals unquestionably enters the blood, and thus often destroys life. So, it is probable, does the cholera-poison enter the blood.

Another fact, which is almost certainly indicative of a morbid condition of blood in cholera, is the frequent occurrence of albuminuria during the progress of the disease. This symptom, in connexion with cholera, cannot, I think, be a result of a merely passive congestion of the kidney. Much more probably is it due to an active congestion excited by a morbid quality of blood.

One of the most conclusive arguments in favour of the doctrine that a morbid poison in the blood is the essential cause of cholera, is based upon the fact that the worst symptoms of collapse have often been observed to follow immediately upon the arrest of the vomiting and purging by opiates and astringents. The first case which painfully convinced me of the fatal mischief which may result from the treatment of diarrhœa by opium, occurred during the cholera epidemic of 1849. A woman, about forty years of age, was seized with the usual symptoms of choleraic diarrhœa—vomiting, purging, and cramps. She had not a symptom of collapse. The countenance was natural, the skin warm, the pulse good. I gave her five grains of Dover's powder every hour until three doses had been taken. When I saw her again, in about three hours from the time of my first visit, the vomiting, purging, and cramps had ceased; and she was in full collapse, from which she never rallied. This case gave a terrible shock to my belief that collapse is a consequence of loss of fluid, and that it is to be prevented by arresting the vomiting and purging which usually precede and accompany the symptoms of collapse. I saw no way of escape from the painful conviction, that my patient's condition had been made fearfully worse by my well-intended but mischievous interference. Since that time I have had frequent opportunities of ascertaining from the published reports of cases, and from what I have seen in the practice of others, that the immediate occurrence of profound collapse is a not uncommon result of the sudden arrest of the vomiting and purging by opium. The salutary and curative efforts of Nature—the vomiting and purging—by which the morbid poison is being eliminated, are thus arrested; the poison then accumulates in the blood; the flow of blood through the lungs becomes obstructed; and the state of collapse is established.

MM. Briquet and Mignot have published some instructive particulars of the results obtained by them in the treatment of diarrhœa by opium. (*Op. cit.*, p. 514.) Their practice was to prescribe rest, rice-diet, and from fifteen to thirty drops of "laudanum of Sydenham"; the dose to be repeated in an hour, and to be followed by opiate enemata, if necessary. In obstinate cases, they gave altogether as much as from eighty to a hundred drops of laudanum. The result of this practice was, that, out of 200 patients who came under treatment at the commencement of the attack ("dès le début des premiers accidents"), no fewer than twenty-six—that is, 13 per cent.—passed into collapse. This, I have good reason to believe, is a far larger proportion of cases of collapse than would ordinarily occur if choleraic diarrhœa were allowed to take its own course and terminate, as it tends to do, in spontaneous recovery. Those who advocate the use of opiates and astringents in the treatment of choleraic diarrhœa appear to forget that there is such a result as spontaneous recovery, and they claim the credit of a cure in every case of diarrhœa so treated which does not pass on to collapse. During the last epidemic of cholera (in 1854), the late Mr. Wakefield stated, in a letter to the *Times*, that in a large number of cases of diarrhœa occurring amongst the prisoners at Cold Bath Fields, the only medicines which he gave were carbonate of soda and mint-tea; and not a single case passed into collapse. It can scarcely be supposed that this plan of treatment had any other effect than to dilute the contents of the bowel, and so to assist their speedy expulsion—a mode of operation entirely different from that of opium and astringents.

Mr. French states, with reference to the treatment of diarrhœa (*The Nature of Cholera investigated*, 2nd ed., 1854, p. 75): "I am satisfied, from much experience, that cases of epidemic diarrhœa generally subside speedily under the use of the simplest possible remedies which are wholly free from astringent properties." In this statement I entirely concur.

But it may be asked how it could happen, if there be a morbid poison in the blood the escape of which it is dangerous to arrest by opium, that so large a proportion as nearly seven-eighths of MM. Briquet and Mignot's patients escaped without more serious consequences? Ought not the whole number thus treated by opium to have passed into a state of collapse? To these questions it may be replied that, happily for the patients, in a large proportion of cases, the diarrhœa continues, in spite of repeated doses of opium, for a period varying from a few hours to several days; and, in such cases, it is reasonable to suppose, that the curative efforts of Nature succeed in eliminating the morbid poison from the blood, notwithstanding the opposing influence of the drug.

During the last epidemic of cholera, I saw several cases in which a diarrhœa had for some days gone on, in spite of large and repeated doses of opium and astringents. In each of these cases, the diarrhœa quickly ceased after the exhibition of one or two doses of castor-oil. And it is evident that the experience of MM. Briquet and Mignot was in perfect agreement with this; for they state that if, in spite of the energetic employment of opium, the diarrhœa continues for a period of two days, opium is then of no avail; and they have found in such cases that an emetic of ipecacuanha has immediately put a stop to the disease. It is probable that a diarrhœa which thus continues for several days while opiates are being given, and which is so speedily arrested by an emetic or a purgative, is due, not to the continued presence of a morbid poison in the blood, but rather to the local irritation of the mucous membrane of

the digestive canal by the morbid secretion which has been poured into it, and the complete escape of which has been retarded by the opium.

The peculiar character of the intestinal discharges in cholera affords some evidence of blood-poisoning.

Boehm (*Die Kranke Darmschleimhaut in der Asiatischen Cholera*, 1838) was the first to publish the fact, that the secretions discharged during life, and those which are found in the bowels after death, contain a large amount of epithelium.

The flocculi in the rice-water stools consist almost entirely of perfectly organised epithelial cells, most of them of large size. Of this fact, I have satisfied myself by repeated examinations of the discharges from different patients. The peculiar creamy viscid secretion, which sometimes nearly fills the small intestines after death, is also almost entirely made up of the same fully formed epithelium. Now, it is obvious that this large amount of epithelium cannot be explained by the peeling away of one or two layers of cells from the surface of the mucous membrane—the result of a local irritation during life, or of maceration by the fluid contents of the bowel after death. This abundant cell-formation can result only from a very active vital effort. And if the object of that cell-growth be not to withdraw from the blood some morbid products—some constituents of the blood or of the tissues which have been damaged by the morbid poison—it is difficult to suggest any explanation of the phenomena.

The desquamation of the skin and of the uriniferous tubes of the kidney, under the influence of the poison of scarlatina, is probably analogous to this intestinal desquamaton in cholera. In both cases, it is probable that a poison in the blood is the immediate cause of the process.

The very peculiar odour of the rice-water stools —so entirely unlike any other odour, that it alone would suffice for the diagnosis of cholera—shows that the stools contain some new material, or that some constituent of the body has undergone a peculiar morbid change.

It is nearly certain that the intestinal discharges contain a morbid poison by means of which the disease may be communicated to others. So that, as Dr. William Budd has suggested (Association Journal, 1854), a single case of cholera may, through the sewers, infect a whole district.

The facts and arguments here adduced are sufficient to warrant the inference that a morbid poison in the blood is the essential cause of cholera. The poison excites the gastro-intestinal symptoms, the vomiting and purging; by means of which the poison and its products are eliminated. And, in the worst cases, the same poison excites contraction of the muscular walls of the pulmonary artery, and then the condition of collapse occurs. During an epidemic of cholera, there occur many cases of choleraic diarrhœa which never pass into collapse. It is probable that both classes of cases are of essentially the same character; the same morbid poison is the cause of both; and the transition from choleraic diarrhœa with bilious stools to choleraic collapse with rice-water stools takes place by almost imperceptible gradations in different cases. The transition back again from the state of collapse to that of bilious diarrhœa occurs when the morbid condition of the blood is so far lessened that the circulation through the pulmonary vessels again becomes free. The stage of reaction is then established; and this is sometimes followed by fever, with engorgement of the lungs and a scanty secretion, or even complete suppression, of urine, which is often fatal.

[*To be continued.*]

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

[*Cases reported by* T. M. Evans, Esq., *House-Surgeon.*]

EXCISION OF KNEE: AMPUTATION: DEATH.

Under the care of William J. Lunn, M.D.

Ellen Ganley, aged 11, was admitted July 28th, 1864. She was a strumous looking child, but in pretty good health at the time. The left knee was swollen, tense, and shining, and contracted at an angle of 135°; but not very painful, except when handled. It had been affected upwards of twenty months. She was ordered to rest in bed, and to take half a drachm of syrup of iodide of iron three times a day.

Aug. 24th. There was very little, if any, improvement. Under chloroform, a single transverse incision was made; and about an inch of the femur, and rather more of the tibia, with the patella, were removed; the limb being afterwards placed on a straight iron splint with foot-piece. The operation was borne very well.

The cartilages were much ulcerated, leaving the bone exposed in several places; and the synovial membrane was thickened.

In the evening, she was frequently sick, and suffered great pain in the limb. She was ordered to have soda-water as required, and ten minims of tincture of opium at night.

Aug. 25th. She was sick during the greater part of the night, but better this morning. She still had pain; pulse 150, and feeble; tongue slightly furred. She was ordered to have a citrate of potash draught with four minims of tincture of opium every four hours, and to repeat the opiate draught every night.

Aug. 27th. Pulse 120; cheeks flushed. She was still occasionally sick. The wound looked well.

Aug. 29th. She felt better, and had scarcely any vomiting. The limb was more easy.

Sept. 1st. She was still improving, and her appetite was returning. There was a free discharge of pus. She was ordered to have three ounces of wine daily.

Sept. 12th. The wound looked sloughy, and was painful. She slept badly. Half a drachm of tincture of cinchona was ordered to be taken three times a day in decoction of cinchona.

Sept. 22nd. The splint and pads having become very foul from the abundant discharge, fresh ones were applied under chloroform. The child was so restless that there was great difficulty in keeping the limb in good position.

Oct. 5th. The wound discharged profusely, and had extended in size.

Oct. 15th. Dressing the wound caused so much pain and nervous alarm, that it was sometimes necessary to give her chloroform. Her health was beginning to fail very much, the discharge continuing most abundant; but the limb was kept in better position.

Oct. 27th. Her health was suffering greatly. She was much emaciated, and her bowels were relaxed. The wound was very sloughy, and discharging pro-

fusely; the thigh was extensively excoriated. Amputation was performed in the middle of the thigh. The ends of the bones were in parts covered with granulations, in others ulcerated. There was no union of any kind between them.

Oct. 29th. The stump was dressed; it looked pretty well.

Oct. 31st. Several of the sutures had given way, and the wound had opened out, and looked sloughy.

Nov. 5th. She had much hectic fever. The wound was less sloughy, but there were scarcely any granulations. She was ordered to have three grains of ammonio-citrate of iron and two minims of liquor opii sedativus three times a day.

Nov. 9th. The stump was very foul, with no granulations. Her strength was failing rapidly; she had occasional sickness.

Nov. 11th. She died at 3 P.M. No *post mortem* examination was made.

COMPOUND FRACTURE OF THE SKULL, FOLLOWED BY EXTENSIVE CEREBRAL PROTRUSION: RECOVERY.

Under the care of R. M. CRAVEN, Esq.

George Nicholson, aged 15, was admitted March 1, 1865, at 7 P.M., having received an injury to his head, caused by the falling upon it, from a height of twelve feet, of an iron plate three feet square and seven-eighths of an inch in thickness. A wound, four inches in length, extended along the vertex of the head, a little to the left side of, and parallel to, the longitudinal sinus, from which broken-down cerebral matter protruded. He was perfectly sensible; but vomited whilst being undressed; pupils natural. On examination, a detached piece of bone, two inches long and one inch wide, was felt, depressed to the depth of half an inch, and was removed with forceps, as also two other small detached pieces, the wound having been slightly enlarged for the purpose. A dressing of wet lint was applied.

March 2nd. Complete paralysis of the right arm and leg had supervened, without anæsthesia or any facial paralysis. The action of the pupils was perfect; the pulse natural; the intellect was unimpaired, but he complained of headache.

March 3rd. There was now paralysis of the right side of the face, and a tendency to contraction of the muscles of the paralysed arm. Consciousness remained perfect.

March 5th. Considerable protrusion of cerebral substance had taken place, and the facial paralysis was very marked. He sighed frequently, and was rather drowsy.

March 12th. The protrusion had increased to the size of half an orange, and pulsated very much. Consciousness was quite perfect.

March 21st. The paralysis of the face was rather less marked, the tongue being protruded more centrally; and the surface of the cerebral matter had a sloughy appearance. In other respects there was no change.

March 28th. A bandage was carefully applied with firmness over the cerebral protrusion, which was dressed with oiled lint.

March 30th. The facial paralysis was much less marked, and he had regained some power over the leg, being able to draw it up in the bed.

April 7th. There was further improvement in the paralysed limb, and a diminution in the size of the protrusion.

April 11th. The application of the bandage caused dilatation of the pupils and retching, which were at once relieved by loosening it.

April 18th. The protrusion was much reduced in ize. All paralysis of the face had passed off.

April 22nd. There was a slight return of power in the arm. The bandage caused headache, unless very carefully applied.

May 2nd. The size of the protrusion was greatly reduced; but it still pulsated when uncovered. He could raise the hand to his head, and was also regaining power over the leg.

May 10th. He could now walk with a stick. There was no cerebral protrusion; but only a flat granulating surface, which pulsated when exposed.

July 4th. He was discharged with the wound entirely healed. He was able to use his arm, and to walk without assistance, though rather lame.

MALFORMATION OF THE VULVA: CURE BY OPERATION.

Under the care of R. M. CRAVEN, Esq.

Betsy Thrippleton, aged 20, was admitted May 5, 1865, on account of an impediment to coition, she having been married seven weeks previously. On examination, the perinæum was found to be prolonged forward, with its median raphe, nearly to the meatus urinarius, where it admitted only of the passage of a catheter into the vagina. About an inch in front of the anus was a small depression, marking apparently the more proper termination of the perinæum.

She stated that the malformation was congenital. She menstruated regularly, and was in all other respects well formed.

Under chloroform, a director was passed into the vagina in front, directed backwards, and made to emerge at the posterior depression before mentioned, and the intermediate part, about one-fourth of an inch in thickness, was divided with a bistoury. By this means, a perfectly free passage into the vagina was formed, of the natural dimensions. Oiled lint was inserted between the labia.

At each succeeding dressing, chloroform was rendered necessary by the acute sensibility of the parts; but the wounds healed rapidly without adhesions, and she was discharged cured at the end of a fortnight.

VERY LARGE CAULIFLOWER EXCRESCENCES REMOVED FROM THE VULVA.

Under the care of WILLIAM J. LUNN, M.D.

Sarah A. Kirk, aged 21, was admitted August 8th, 1864. From the labia and their neighbourhood projected a mass of condylomata, as large as a child's head, discharging an abundance of very fœtid matter, and having an inflamed and irritable appearance. It had been two years and a half in growing to its present dimensions. The patient was in delicate health, and had had several attacks of gonorrhœa and syphilis.

Cloths wetted with a weak solution of chloride of lime were ordered to be constantly applied, and a bath of the same used twice a day.

Aug. 24th. She was very considerably improved, the mass being now separable into several distinct pedunculated growths. Under chloroform, a portion of the size of the closed fist was removed with the knife, and the bleeding vessels secured by ligatures; but such serious hæmorrhage resulted as made it evident that she would not bear any further loss of blood; and another portion of the same size was then removed by the *écraseur* without any hæmorrhage. The remainder were afterwards tied with strong cord. Brandy was freely given during the operation and afterwards, and warmth applied to the extremities; but she remained very faint, and was frequently sick. She was ordered to have soda-water occasionally, and fifteen minims of tincture of opium at bed-time.

11.30 P.M. Pulse 100, very feeble; hurried and sighing breathing. She was tossing about frequently, and was still constantly sick. A mustard poultice was applied to the epigastrium.

Aug. 25th. She had somewhat rallied; pulse 100, feeble; breathing quieter; extremities warm; the sickness had nearly ceased; there was no further hæmorrhage. She was ordered to have four ounces of brandy daily, and fifteen minims of tincture of opium twice a day.

Aug. 27th. She was altogether better. Some of the ligatured portions had come away.

Sept. 6th. The whole of the parts ligatured had now separated, leaving healthy suppurating sores.

Sept. 15th. A large slough had formed over the sacrum. She was improved in other respects, and her appetite was good.

October 8th. Ligatures were applied to several small growths still remaining. These separated in a few days, and she was discharged quite well on November 5th.

POPLITEAL ANEURISM: LIGATURE OF THE FEMORAL ARTERY: SECONDARY HÆMORRHAGE, AND RE-LIGATURE.

Under the care of K. KING, M.D.

Albert Smales was admitted April 26th, 1865, at noon, with a swelling in the right ham, of the size of half an orange, filling the popliteal space. Pulsation in it was very marked and forcible, and the pulse throughout the arterial system remarkably hard and strong; the heart's impulse was forcible, and there was a loud aortic regurgitant murmur. He was a strong looking man, formerly a stoker, but now a cabinet-maker, and had never suffered from acute rheumatism or any other illness. The aneurism was first noticed ten days before, as a small swelling, and had been preceded by a beating and stinging pain in the part for nearly a month. Since its appearance, it had rapidly increased in size, and had been extremely painful.

On account of the urgency of the case, and his having been under observation for some days previously to admission, the operation was at once performed under chloroform, which was well borne. A silver wire ligature was used; and pulsation in the tumour ceased on its application, but returned in a few minutes, and before he was removed from the table, though only to a slight extent. There was very little hæmorrhage; one small vessel being secured by an ordinary ligature. The wound was closed with wire-sutures, and the limb wrapped in cotton wool. An hour afterwards, there was no reduction in the temperature of the limb, but it was very painful. He was ordered to have twenty minims of tincture of opium immediately.

In the evening, pulsation in the aneurism was very marked; the limb was of the same temperature as the other, and very painful. He was ordered to have fifteen minims of tincture of digitalis every three hours, and to repeat the anodyne-draught at night.

April 27th. He felt easier after a tolerably quiet night; the pulse was less strong, and the aneurismal pulsation feebler; the limb was quite warm; tongue furred; bowels constipated; he had some pain in the abdomen. He was ordered to have a senna draught.

April 29th. He was more comfortable. The aneurism still pulsated, but was much reduced in size; the tibial artery of the same limb could be distinctly felt to beat, and the pulse in the other arteries was still very strong and jerking.

May 1st. Suppuration was established in the wound. Though he had continued the digitalis, there was the same violent jerking pulse.

May 3rd. The pulse was very irregular and intermittent, but still forcible and jerking. He was ordered to omit the digitalis, and to take fifteen minims of tincture of opium every four hours.

May 4th. He was quieter and more comfortable; the pulse was more regular and steady.

May 5th. At 10 A.M., hæmorrhage occurred suddenly, and half a pint of blood was lost before it could be restrained; arterial blood escaping in several streams between the edges of the wound. Two stout silk ligatures were now applied, one above and the other below the bleeding point, which itself required another ligature, hæmorrhage being apparently kept up through some anastomising branch. The wire ligature, being firmly attached, was left, and Skey's tourniquet applied at the groin to moderate the violent pulsation of the femoral artery. Pulsation in the aneurism again ceased, and the limb was enveloped in cotton wool. Forty minims of tincture of opium were given.

7 P.M. The temperature of the limb was not lowered, but there was much pain and slight numbness. He was ordered to have half a drachm of tincture of opium immediately, and fifteen minims every two hours.

May 6th. There was no alteration since the last note.

May 8th. He was more comfortable; there was free suppuration in the wound. The opiate was continued.

May 10th. Skey's tourniquet being kept in position with difficulty, Signoroni's was applied.

May 13th. The pulse had been quieter during the last few days, and the tourniquet had been constantly applied, keeping up slight pressure. There was no pulsation in the ham, and the tumour was much reduced in size.

May 15th. A distinct pulsation in the wound was noticed, and was stopped by the application of Skey's tourniquet on the distal side.

May 20th. The pulse was much quieter; and the patient slept better. None of the ligatures have separated.

May 27th. The upper ligature came away to-day. He had been very comfortable all the week, and continued the opiate.

June 1st. The lowest ligature had come away; the remaining one was still firm, and apparently included a nerve, as, on pulling it, acute pain shot into the knee and down the leg.

June 5th. The tourniquets were removed, pulsation in the artery near the wound being only very slight. His health was good. The original wire-ligature had come to the surface, and had been removed. The tincture of opium was omitted.

June 17th. The remaining ligature was still firmly attached. He was allowed to get up.

June 26th. He was made an out-patient; the wound having healed, except in the track of the ligature, which had not yet separated.

July 26th. He walked with the knee very slightly bent; there was no tumour nor pulsation to be distinguished in the ham; and the ligature had come away to-day. The cardiac *bruit* was much less marked.

ACCIDENTS TO AMERICAN PHYSICIANS. Dr. Prescott at London, Canada West, was out shooting, when his gun burst, shattering his left hand so severely, that it had to be amputated above the wrist. Dr. J. G. Hall, of Maine, broke through the scaffold floor of his stable recently, while assisting in unloading some hay, and broke one of his legs.

Original Communications.

THE HOT MUSTARD HIP-BATH IN DIARRHŒA AND CHOLERAIC DIARRHŒA.

By Joseph Bullar, M.D., Physician to the Royal South Hants Infirmary.

We all know that, in the former epidemics of cholera in this country, there was a general disposition to diarrhœa or to painful affections of the bowels in those places where Asiatic cholera was prevalent. The same was the case here. There were much diarrhœa, some choleraic diarrhœa, and a few cases of genuine Asiatic cholera. The use of the hot mustard hip-bath in diarrhœa and choleraic diarrhœa I will illustrate by cases in which it was alone used, and in which its immediate benefit was unmistakeable.

Case I. J. C., aged 31, the head gardener of my neighbour, had diarrhœa for nine days. He said that he was suddenly seized, between two and three o'clock in the early morning, with sickness and purging; and that ever since he had vomited his dinner, and had six or seven stools daily, with constant epigastric and abdominal pain, and occasional severe griping. He took at first a quarter of a pint of brandy in hot water to stop it; and then some domestic opiate astringent; and the last day a dose of calomel, which was followed by twelve stools. He was naturally a strong, healthy young man; but he began to look ill. He had taken his usual food, and, the last two or three days, a good deal of brandy and water.

I directed him to try a hot mustard hip-bath, which he prepared and regulated himself. He mixed four ounces of mustard with seven gallons of water; got into it at 90°; raised it to 110°; and, after twenty minutes, it stung him so much that he could only remain in it five minutes longer. He went to bed, felt drowsy, and went to sleep; and had no return whatever of the diarrhœa, pain, or sickness. The next day, he was fit for work. I ordered him to avoid stimulants, and to keep to tea, mutton, and rice for a few days. He has been since quite well.

This was a case of simple diarrhœa in a healthy young man, injudiciously treated by brandy and astringents, running on for nine days, and immediately cured by one hot mustard hip-bath of 110° for twenty-five minutes.

Case II. A very delicate baby of nine months old had diarrhœa for a fortnight after weaning. Lime-water did not stop it. The bowels acted three or four times a day. The secretions were fœtid, and the child was sick after his food. Directions were given that he should be seated in a hip-bath, containing a gallon of water and a tablespoonful of mustard, for five minutes night and morning: the water as hot as he could bear it. No medicine was given. This was continued for three days. The diarrhœa yielded, and never returned.

This was simple diarrhœa in a strumous infant of nine months old, showing the applicability of the remedy to an early age and a weakly subject.

Case III. A strumous boy, about three years old, was an out-patient of the infirmary here with a diseased finger, and was brought by his mother for this, and obstinate diarrhœa. The house-surgeon, struck with his sunken eyes and collapsed look, requested me to see him. He was cold, with cramps, griping pains, and occasionally was sick, and purged with rice-water stools. He had had diarrhœa for a week; but these aggravated symptoms came on the day before, and he had passed no urine. His pulse was hardly perceptible. It was a case which struck me as likely to run into fatal collapse easily. I requested the nurse to put him immediately into a mustard bath as hot as he could bear it. She used a hot bath in which his legs and half his body were immersed. He struggled and cried, but was kept in the bath for ten or fifteen minutes, then dried and wrapped in a blanket, and laid down. He soon fell asleep. Four hours after, when I saw him, he was playing in his bed, and had no return of vomiting, purging, pain, or cramps, since he left the bath. I told his mother she might take him home, and give him milk and water and bread and butter only; and on the house-surgeon going to see him, on the second day, he found he had remained quite well; and his mother had given him a teaspoonful of castor-oil, as his bowels did not act.

This was a well marked case of choleraic diarrhœa. Though there was not collapse, there were rice-water purging and vomiting, cramps, cold skin, failing pulse, no secretion of urine, and that sunken eye which shows that much of the watery part of the blood has escaped. Chalk mixture, kino, and opium had failed to restrain the fortnight's diarrhœa. The child gave me the impression that, if he had been sent home to a low suburb, with his mother a mere inexperienced girl, with directions as to food and medicines, he would have got worse and died. One hot-water mustard-bath, which covered and well reddened his legs and half his body for a quarter of an hour, cured him, and he was sent home safe.

In these cases, no medicines were given. They are fair, simple experiments, in which there can be no possible doubt that the hot water mustard hip-bath relieved simple diarrhœa in a strong vigorous man and in a puny infant, and choleraic diarrhœa in a weak strumous child. I bring them forward as simple experiments worthy of attention; not as proofs that this should be the universal treatment of diarrhœa, but that it is one promising mode of treatment, simple, efficacious, rational, and now especially valuable as strengthening the more important point, that there is a stage in Asiatic cholera—that stage in which the great gush of watery fluid from the gastro-intestinal surface has taken place, followed by the cold skin, the shrunken hands, the want of secretion of urine, the commencing decarbonisation of the blood—in which this powerful remedy may, by producing reaction, bring back the circulation to the surface, and stop the progress of the disease.

That it is a most powerful remedy, these cases of diarrhœa prove; and the reasons seem to me to be these. In the first place, it produces a revulsion of blood to the surface, and thus changes that tide which has set in towards the organs of the abdomen.

The visible effect of hot water at 110° with mustard is to redden the skin more, and with greater rapidity and permanence, than water alone.

This red colour arises from the coloured blood-corpuscles becoming redder, more oxygenised, and therefore of higher vitality, than they do in passing through the lungs.

Here, in the skin, the blood-corpuscles are passing from the smallest arteries to the radicles of the veins through the intervening capillaries, and would normally have become more purple instead of scarlet, having expended part of their oxygen. In cholera, they have become at this point much more venous, giving the characteristic blue, or rather leaden, aspect. The corpuscles are highly carbonised instead of oxygenised, and the patient dies of carbonised blood.

In the last stage of life, his whole surface is leaden or blue and cold, and he lies pulseless often for hours; and, though so icy cold to the touch, throws off his bed-clothes, instinctively seeking through the skin more oxygen for the carbonised blood stagnating in his capillaries.

Some years ago, a pastrycook here went into his ice-well, and was asphyxiated by carbonic acid gas there. Shortly afterwards, when his dead body was brought up, it was as blue and leaden and livid as a cholera corpse. He died of carbonised blood.

It is true that respiration goes on to the last in cholera; but pathological anatomy shows that the mass of blood in the body is venous. The pouring out of the watery parts of the blood and its salts leaves the corpuscles without life, and in a short time incapable of being re-vitalised. The object and hope is, to stop this white hæmorrhage before the red corpuscles are incapable of re-oxygenation.

Now, if we consider the large surface of the skin which is reddened by a hot mustard bath and the rapidity of the circulation, the bath itself must, by this reddening process, be a powerful agent towards arterialising the whole mass of blood, and thus in giving more life. A blood-corpuscle does not take a minute to complete the whole circuit of the body. Each corpuscle thus reddened, and therefore more highly vitalised, passes on to the heart, and its place is instantly taken by another, subjected to the same process, and so on in every capillary vessel subjected to the heat and stimulus in an ever-flowing stream, and so rapidly that each makes the whole circuit (though it does not return to the same spot) in less than a minute of time. The amount of corpuscles so reddened in half an hour must be very considerable. I can only explain in this manner the rapid restoration to good health and strength in the cases related; and, if so, the hope that this treatment early employed may diminish the pernicious after-effects of the devitalised corpuscles in the vessels, only to be got rid of, if at all, by an after-fever.

From this reasoning, it follows that the reddening stimulus to the skin must be over a large surface, and continued for a considerable length of time, and tried early, before the blood-corpuscles have altogether lost the power of becoming oxygenated. And the test that the remedy has been applied in time would be in its reddening effects on the surface. If no reddening were produced, the hot mustard-bath would have been applied too late.

In the early stage of the hatching of an egg, the red corpuscles may almost be seen to be formed out of the yellow yolk, by equable, continual warmth and air—a process of the same kind as this, but a slower one, and by heat and air alone. Here heat is combined with a stimulant of the nerves, which goes to explain the rapid action of the joint means. For here is direct heat to re-vitalise the corpuscles, and a powerful excitant of nerve-force to circulate them more rapidly and to rouse the sluggish powers.

The *rationale* of this is the conversion of physical into vital forces.

Very hot water and mustard over a large surface is one of the most powerful vitalising agents we can employ.

On the continent, the grocers sell "mustard bran" for mustard foot baths and poultices, which our neighbours much use; but it is not to be procured in our shops. From the kindness of a lady who sent a quantity of it, which she obtained at Colman's, 26, Cannon Street, London, to the Infirmary here, I find that it is much stronger than common mustard, both in poultices and baths; and, as it is only three pence a pound, it should be introduced generally into this country for external use.

ABSTRACT OF A PAPER ON CHOLERA.

By P. O'Callaghan, LL.B. and LL.D.Dub., and D.C.L.Oxon; formerly Surgeon in the 11th (Prince Albert's Own) Hussars.

[*Read before the Social Science Association, October 6th*, 1865.]

In the year 1832 I happened to have medical charge of the garrison of Limerick, under the district superintence of the late Sir James Pitcairn, during the memorable outbreak of spasmodic cholera. I believe that the number of cholera cases in that garrison was nearly a third of those in the whole of the troops serving in Ireland at that time. My responsible and arduous duties on that occasion gave me the most favourable opportunities for studying this extraordinary disease, not only in the military hospitals, but likewise in the crowded civil establishments and refuges extemporised for the reception of the numerous cases of cholera in that populous city; and much subsequent experience and observation enabled me to test the value of the practical knowledge thus acquired.

Long before the idea was accepted, or even generally entertained, by the medical profession, I satisfied myself that the cholera was not a contagious disease, and that it was incapable of reproduction from the human body either alive or dead. I was also convinced that it was produced by a subtle atmospheric poison, borne along in suspension in the air, but not in chemical solution. It would, on this supposition, be likely to invade localities capriciously as it were, and in various degrees of intensity; and in general would be more under medical control in its advent and retrocession, because the poison would be at those times in smaller quantity and more diluted. I have been further convinced that this singular poison is material, and that its specific gravity is a little greater than the atmosphere, although it may be wafted forcibly in its strong currents; for I have observed that it had always a tendency to subsidence in calm and stagnant states of the air.

The latter supposition will serve to explain many of its strange phenomena. For instance, I have remarked that most persons were attacked towards morning, after they had lain several hours in a horizontal position, near the floors of their apartments, and probably immersed in the most polluted portions of the vitiated air during that time. It would occasionally happen, that even the lee-side of a ship might be alone infected, if the vessel had been sailing any length of time with a side wind.

I have observed the disease to stoop, as it were, and pounce upon a single bell-tent in a large camp, leaving all the others perfectly unharmed; and in another striking instance, I have seen one side of a large barrack-room attacked, although not a single case occurred on the opposite side, which was equally crowded. The immunity of the uninfected side in the latter case, appeared to me to have been caused by the poisoned air having been blown over it through high windows, and deposited on the beds under the opposite wall.

From these observations it can be easily conceived that this terrible atmospheric poison is mainly influenced in its course by the direction of the winds, and that any locality in which it unhappily might prevail should look for a storm or strong gale of wind as the most merciful of all providential visitations; for I believe that neither the heat nor the cold, the humidity nor dryness of the air have the smallest influence in lessening its virulence.

If this theory should be true, it must follow that the worst localities are those in which the air is least circulated—such as narrow and crowded streets in

low situations, enclosed courts, areas, cellars, etc. These unwholesome places are unluckily the most densely populated; and the physical condition of the inhabitants, from a combination of various causes, is in the worst possible state to resist infection, or struggle against disease.

It is therefore too hastily assumed that the locality, or something about the locality, is capable oi *generating* this peculiar poison; as if this state of things was new, and had not always existed even in a far worse degree than at present. The drainage is first accused as the "teterrima causa," next that universal culprit the water, then the graveyards, slaughter-houses, shambles, and even many of our most useful manufactories; in short, everything that produces a disagreeable smell. Nothing, however, appears to be more conclusively established than the fact, that smells are not noxious in proportion to their sensational offensiveness. On the contrary, there are good reasons for supposing that the agreeable fragrance of many perfumes, and in some cases the grateful odour of certain plants, become exciting causes of serious constitutional disturbance. For example, it is too well known that the pleasant scent of a newly mown hay-field, is far more injurious to many than the most noisome effluvium from a knacker's reeking slaughter-house.

This is not simply a theoretical idea, supported by mere assertion. Let any person of ordinary acuteness of observation take a morning walk through that most elegant, spacious, and best stocked of all gardens, Covent Garden; he cannot help being struck with the generally pale and unhealthy aspect of its occupants, who sit enthroned in their airy and well-ventilated stalls, surrounded with piles of delicious fruits and gorgeous bouquets of sweet-scented flowers. If he will then take the trouble to extend his walk only a little way further, and try to wend his way through the narrow, close, and offensive purlieus of Newport Market, those loathsome depots and receptacles of animal matter in all its stages of decomposition, he will probably be compelled to hold a handkerchief before his nose; but he will see, at the same time with astonishment, the rosy and chubby cheeks of the boisterous children who inconveniently obstruct his way, and the florid glow of rude health in the countenance of their robust parents. The most eloquent leaders in the most popular journals should not delude the public into the unjust impression that the useful trades of the butcher, skin-dresser, glue-maker, chandler, etc., are more unhealthy occupations than those of the greengrocer, fruiterer, milliner, bouquet-maker, etc. The contrary is the actual fact.

When the sewage of London was discharged into the Thames, a short time ago, the stench from the river at low water was exceedingly offensive. The whole of the press was unanimous in its clamorous demand for the suppression of such an alarming public nuisance, and London was menaced day after day with a pestilence which never came. On the contrary, the health-returns clearly proved that the metropolis was unusually free from epidemic disease on that occasion. My sole object, at present, is to urge with all the earnestness in my power the paramount duty of providing before-hand for the immediate removal of decided cases of cholera from infected localities. The necessity for making such preparations is, in my opinion, of the most vital consequence, not only for the more favourable treatment of the patients themselves, but likewise for the absolute safety of the medical officers and their attendants. In furtherance of this object I would recommend that all cholera hospitals should be made ambulatory where possible, or at all events easily and expeditiously removable. For such a purpose nothing appears to me to be so easily procurable, and so thoroughly available, as a large canvas tent. This suggestion, which was submitted many years ago to the consideration of the head of the Military Medical Department, I am happy to hear has been since occasionally adopted with the most beneficial results. I must confess I looked with serious apprehension upon a former recommendation of the General Board of Health—viz., that a medical staff should be organised for the purpose of house-to-house visitation, and the local treatment of cholera cases. As well might they have recommended that medical men should be sent down into foul mines, with the senseless object of resuscitating the unfortunate creatures whom they might find there gasping in the agonies of choke-damp.

In the town of Sligo, in 1832, no cholera hospitals were established, and the sick were all treated in their own houses. The consequences were appalling; most of the doctors, patients, and attendants were soon carried off, and that devoted town was rapidly decimated. I was, however, rejoiced at the authoritative recommendation of the central board for the early treatment of "premonitory symptoms." When the cholera visited this country a second time, I think in 1849, the 11th Hussars (of which regiment I was then surgeon) were quartered at Hounslow. The disease prevailed to a great extent in the neighbourhood, and was alarmingly fatal in the town and surrounding villages. Our barrack at that time was most unfavourably circumstanced. Its construction was bad, its ventilation and drainage very defective, and it was in great part enclosed by a foul and stagnant ditch.

My principal efforts then were directed to arrest, if possible, the disease in its first symptoms. For this purpose every barrack-room was supplied with a bottle of an astringent medicine, composed of the compound chalk mixture, catechu, and opium. This was given in charge to an intelligent non-commissioned officer, with orders to give a tablespoonful to every man who complained of the slightest premonitory symptoms, and even to repeat the dose if necessary before the man could be removed to the hospital.

This barrack-room self-treatment was attended with the happiest results, and was almost invariably successful. Few of such cases even required admission into the cholera ward; still fewer assumed an alarming character; and none proved fatal.

This is the arrangement which I would now venture to urge upon all local boards of health for general adoption. Let there be at once established convenient depôts for the immediate and gratuitous administration of this description of medicine, and appliances for the speedy removal of the decided cases either of rich or poor, from the infected atmosphere in which they may happen to be immersed, and I feel confident that under providence this dreaded visitation will become divested of much of its malignity, and much of its terror.

Not Acclimatised. The mortality returns of New York for the second week in October show that of the 262 deaths of children in the week, 203 are reported the offspring of foreign parents, and only 59 of native parents. If life and death bore the same proportions in the entire population, the above figures would indicate that of the 1,500,000 residents within ten miles of the city hall at least 77 per cent. are foreigners. Of course, this is absurdly wrong; but the returns prove two things—foreigners produce five children where natives have two; and the former raise one where the latter raise three. (*New York Times.*)

Reviews and Notices.

A Description of the Diseased Conditions of the Knee-joint which require Amputation of the Limb, and those Conditions which are favourable to Excision of the Joint: with an Explanation of the Relative Advantages of both Operations, as far as they can be ascertained by Cases properly authenticated. By Peter Charles Price, late Surgeon to the Great Northern Hospital. Edited, with a Preface and Memoir of the Author, by Henry Smith, F.R.C.S., Assistant-Surgeon to King's College Hospital. Pp. 192. London: 1865.

This work is an essay which was submitted by the lamented author to the Council of the Royal College of Surgeons, in competition for the Jacksonian Prize in 1860. That prize was not awarded; for what precise reason is unknown. It has, however, according to Mr. Smith, been said the Essay was rejected on the grounds, that all the conditions for the acquisition of the prize were not fulfilled, and that Mr. Price had written rather an essay upon excision of the knee-joint than answered the questions proposed. Mr. Smith admits that the author, in his zeal for the success of excision of the knee-joint, did not pay so much attention as he might have done to the other subjects referred to in the prize question; but, at the same time, he maintains that the subject on which information was really desired, was excision of the knee-joint.

The first part of the book contains a description of the Anatomy of the Knee-joint and its Appendages.

In the second part, the author gives a Sketch of the Various Diseased Conditions of the Structures comprising the Knee-joint, which under certain phases demand a Recourse to Amputation of the Thigh or Excision of the Articulation. At pages 12 to 48, and pages 127 to 142, this subject will be found very ably discussed. The conclusions at which he has arrived are founded on the records of 291 cases of excision which, with considerable research, he collected. Of these 291 operations, 78, or 1 in 3.7, terminated fatally. Among those—238 in number—which had come under British surgeons, there were 55 deaths, shewing a mortality of 1 in 4.3. These calculations include five fatal cases in which amputation was performed after the failure of excision.

As to the conditions in which excision of the knee-joint is indicated or contraindicated, Mr. Price regards the operation as advisable when the disease, demanding complete removal, is limited to the synovial membrane; provided that the general conditions are not unfavourable. It has been objected that disease may be lighted up by the operation in the ends of the bones; but the author cannot see why it should be more so when the disease has been confined to the synovial membrane, than when a greater extent of bone has been affected and removed. Nor does he entirely admit the force of the objection, that it is sometimes impossible to remove the whole of the diseased membrane. This may, he allows, sometimes be the case. The operation, in cases where the synovial membrane merely is affected, he holds to be strictly conservative; the small amount of bone and cartilage removed allowing ready osseous or fibrous union, and, in young subjects, the growth of the bone.

Excision is also held by Mr. Price to be a proper remedy in cases of so-called ulceration of the cartilages of the knee-joint; in simple inflammation of the spongy texture of one or more of the bones, especially if the disease be chronic; in circumscribed chronic inflammation of the ends of the bones proceeding to suppuration; in limited inflammation of the ends of the bones resulting in necrosis, provided that this be not too extensive; and in circumscribed strumous inflammations. Excision is also preferable to amputation in cases of deformity without disease, where milder means have failed; and the author also considers it a judicious proceeding when operative measures are required in consequence of fracture and dislocation in the neighbourhood of the joint. It is not a proper remedy in acute inflammation of the synovial membrane; nor in the diffuse form of tuberculous infiltration of bone; nor, for very obvious reasons, in cases of malignant disease affecting the knee-joint.

Speaking of excision in the acute synovial disease, he says:

"From what I have seen of excisions, I am led to believe that the less amount of local mischief there is about a joint condemned to removal, the greater the chance of success after excision. Besides the great and excited local disturbance, the general health is more or less rapidly and seriously implicated; and the constitution is, therefore, rendered more than ever susceptible to morbid inflammatory lesions. In addition, the cut surfaces of the bones are inflamed, and the absorbents and veins about the implicated parts are in an excited condition, and ready to transmit unhealthy action to neighbouring or remote parts." (P. 131.)

To this Mr. Smith adds in a note:

"I think it may be laid down as a rule, that excision of the knee should not be undertaken for acute suppuration in the joint. The danger attending excision in such a case is far greater than that accompanying amputation."

Having pointed out the conditions of the joint which indicate or forbid excision, the author comments on certain circumstances which are held by some to preclude the performance of the operation; viz., 1. The state of health of the patient; 2. His age; 3. The extent to which the soft parts are implicated; 4. The time supposed to be necessary for adequate repair.

It has been objected, that patients who have long suffered from chronic disease are incapable of withstanding the shock of a severe operation. In reply to this, Mr. Price refers to the histories of some successful cases, in evidence that, "provided the operation be skilfully performed, and the after management judiciously carried on, the result often surpasses the most hopeful expectations of the surgeon." Even the presence of pulmonary disease is, with him, not an absolute contraindication; for, while he would not recommend operating on a patient in an advanced stage of consumption, he believes that

"The earlier stages of phthisis, and even those more advanced, do not very frequently so seriously militate against excision of a vitiated joint as is generally supposed. It is, I am convinced, far easier for the constitution, however much depressed, to

exert new and, perhaps, taxing energies for the production of repair, than it is for it to bear the exhausting depression of disease." (Pp. 144-5.)

In fact, Mr. Price is not convinced that, because a patient is much reduced in health, he is unfit to undergo the operation of excision and the subsequent long treatment; and Mr. Smith, coinciding with the author, refers to cases where, the operation having been performed on patients whose health seemed to have been greatly shaken, recovery has taken place, while in others, where the constitution has suffered but little, the result has been unfavourable. Of this, Mr. Smith offers the following explanation.

"I think we may assume that in the one case the system has been so accustomed, as it were, to the irritation of the local disease, that it does not feel the shock of the operation; nevertheless, when the offending cause has been removed, the powers of Nature assert their supremacy, and the relief afforded by the aid of the surgeon is surely, although in some cases but slowly, exhibited by an ultimate rallying of the patient; but in those instances where the local suffering has not been so great or prolonged, the constitution feels the shock of an operation more acutely, and a patient in moderately good health will succumb quickly, either from the immediate effect of the proceeding or from some other mischief set up." (Pp. 145-6.)

In support of this view, Mr. Smith also refers to the results of cases in which perinæal section had been performed for struma.

Organic visceral mischief militates against the performance of excision of the knee-joint, as of any other important operation; not only as regards the immediate effect, but also as to the ultimate result.

As to age, the operation has been performed at all ages. Mr. Kendall operated on a child aged $3\frac{1}{2}$ years; and an American surgeon on a patient aged 55; but it does not follow, says Mr. Price, that because the operation was successful in these cases, it can be resorted to at all ages.

Excision of the knee has been objected to as inapplicable in children, on the ground that operative measures are not needed in them in joint-disease. This however, as Mr. Price observes, is "an assertion which meets with daily exceptions." Another objection, and a very important one, is, "that the limb, after removal of the joint, ceases to be developed at a rate corresponding to that of its fellow." On the consideration of this subject, Mr. Price enters fully; and, noticing the opinions of Syme, Butcher, Keith, Jones, Humphry, and other surgeons, he arrives at the conclusion that, while the effects of previous disease exercise considerable influence on the future progress of the member, the arrest of growth in children is rather to be explained on physiological grounds; that is to say, "if the epiphysal cartilages be taken away by operation ere the full growth of the bone be completed, this condition will obtain." The two bones—the femur and tibia—do not bear an equal share in the defect. Equal portions of both being removed, it appears, according to Mr. Barwell (British Medical Journal, Dec. 24, 1859), that the deficiency is greatest in the femur. This liability to ultimate shortening of the limb may be obviated by removing as little as possible of the epiphyses.

"I think," says Mr. Price, "Mr. South and his colleagues have, at St. Thomas's Hospital, shown that there seldom exists a necessity for taking away such an amount of bone as will materially interfere with the epiphysal portion of the lower end of the femur and upper extremity of the tibia. Mr. South in his operations merely takes away the articular cartilages without in any material way interfering with the subjacent structure, in all cases in which the expanded portions of the femur and tibia are not seriously implicated in the disease." (P. 151.)

Mr. Smith, too, confirms the opinion that, in proportion to the amount of the epiphysal structure removed, the limb will be arrested in growth, and *vice versâ*; but observes that,

"Fortunately, in by far the majority of cases, the disease is so far limited that a perfect excision of the joint may be effected by taking away a very thin slice of the hard tissue."

Mr. Price does not admit either extensive suppuration of the soft parts, or the length of time required for recovery, as obstacles to the operation. The great object to be gained is the removal of the cause of mischief; and the time required in the after treatment depends much on various circumstances—on the skill of the operator, on the condition of the patient and the aid which he can give to the surgeon, and on various agencies over which neither surgeon nor patient have control (erysipelas, etc.). All that can be said, according to Mr. Price, is, that adequate repair cannot take place in less than six weeks; while it may require months.

In the third part of the book, the author considers the Various Ways of Performing the Operation of Excision of the Knee-joint; the after-treatment required; and the union which takes place both immediately after operation and subsequently.

The fourth part is devoted to a Comparison of Excision and Amputation in regard to their results. The author, as might be expected from the fact of his having been a leading advocate of excision, maintains that the resulting limb, in any circumstances, is better than a stump and mechanical support; and that the dangers attending excisions are, as a general rule, less than those of amputation. The cases of excision collected by Mr. Price, 291 in number, give a mortality of 78, being 1 in 3.7; while the average mortality after amputation of the thigh (of which the statistics vary much) is probably 1 in 3.5 or perhaps 1 in 4.5 or 5; but Mr. Price believes that

"The more frequently the operation (excision) is performed, with due attention to all the points I have insisted on, the more successful will be its results, and the less frequent will be the resort to amputation."

In publishing this essay, Mr. Smith has considered it his duty to publish it as the author left it—adding only a few notes of his own. He has not even thought it right to alter or omit certain passages containing severe remarks on some surgeons, and which the author, had he lived, would most probably have modified. Having been, he says, entrusted by the family and friends of Mr. Price with the publication of the work; and in which he has not felt "permitted to make any alteration in the essay whatever, so far as regards curtailing the text." In these circumstances, Mr. Smith was naturally placed in a very delicate position: but we must say that we should have preferred not meeting with some few expressions, the removal or modification of which would in no way have impaired the value of the book. We must not, however, look too closely at

small faults when great merit is obvious: and that Mr. Price's essay possesses such merit, is sufficiently shewn by our analysis of it. Mr. Smith, than whom a more competent man could scarcely have been found, deserves thanks for the faithful manner in which he has performed his task: and also for the admirable memoir of the author of the essay, which he has prefixed to the work.

Mr. Price, it will be remembered, died just a year ago of consumption, at the early age of 32, after giving the fairest promise of rising to the first rank among British surgeons. Those who knew him, and had opportunities of observing his character as a man and as a surgeon, can agree with his friend Mr. Smith that

"It is not a matter of wonder that much real sorrow should have been expressed for his premature removal from this earthly scene, and that handsome tributes should have been paid to the memory of one who died so young, but yet lived long enough to leave a permanent name amongst the benefactors and ornaments of surgery."

A Practical Treatise on Rupture: its Causes, Management, and Cure; and the Various Mechanical Contrivances employed for its Relief. By T. P. Salt, Birmingham, Anatomical, Surgical, and Orthopædic Mechanician. Pp. 112. London: 1865.

Mr. Salt writes this book for the guidance of the public, in their choice of instruments for the relief of hernia; and also for the instruction of those who are not ruptured, in order that they may avoid becoming so. He divides the book into six chapters; of which the first three are devoted to general observations on rupture, its causes, management, and cure, and on the means of preventing it; while the remainder of the book is occupied with a description of various trusses, and of instruments for the relief of prolapsus uteri and prolapsus ani. The author expressly disclaims all intention of interfering with the duties of the surgeon, holding that, even if he could point out how and when professional means should be employed, "it would be highly injudicious in any person to undertake the management of his own case."

In an instructive preface, Mr. Salt insists strongly on the importance of making physiology a part of general education; and makes some very sensible remarks on the violation of the rules of health often met with, especially in schools for girls.

The book seems well calculated, in its way, for the removal of error, and the diffusion of reliable information in regard to the preservation of health, so far as the immediate subject treated of is concerned.

A Medical Vicar. The newly elected vicar of Caverswall is Dr. B. N. Arnold, a Fellow of the College of Physicians. He was once curate of Binfield; and practised medicine before entering into holy orders.

The Charge against Dr. Charles Blackburn. There seems to have been but little foundation for the charge brought against Dr. Blackburn of having sent clothes of patients dead of yellow fever from Bermuda to New York. He has been discharged and admitted to bail on his own recognisances.

British Medical Journal.

SATURDAY, NOVEMBER 18th, 1865.

STATISTICS AS A GUIDE OF PNEUMONIA.

Dr. Barclay, in his *Medical Errors*, assures us that statistics, as indicative of the value of a remedy in the treatment of pneumonia, drawn from less than 3,200 cases, are not to be trusted. Professor Bennett tells us that the results of his treatment of 105 cases of pneumonia scientifically demonstrate—1. The value of the treatment adopted by him; and 2. The injury done by bleeding and certain other remedies, when employed in this disease.

We must leave Dr. Barclay to answer the objections made to his algebraical formula by Dr. Bennett, and shall only occupy ourselves here with a few critical observations on one or two of the points touched upon in the pamphlet lately issued by Dr. Bennett.*

Is the position therein assumed—viz., that the treatment of pneumonia which he adopts is the best treatment—a fair deduction from his premises; *i.e.*, from a correct reading of the tabulated results of his practice? Now, assuredly it must be admitted that a treatment which, according to Dr. Bennett, has been followed with successful results in 105 consecutive cases, bears upon it the *à priori* signs of being a good treatment; and few persons will take exception to the treatment adopted by him, for it may be said to be the treatment which is at present generally followed in this country. As a confirmation, therefore, of the present method of treating pneumonia, Dr. Bennett's tables may be regarded as a valuable addition to pathology. Great credit, indeed, is due to him for the earnest desire which he has so perseveringly exhibited of finding out a scientific basis upon which to rest the treatment of the disease, and for his enforcement of a restorative practice in its cure. But, if his statistics may be accepted as a general indication of the propriety of a restorative treatment, we cannot accept them as demonstrative of injury effected by the employment of certain special remedies. In this direction, Dr. Bennett has drawn from them, in our opinion, conclusions which by no means logically flow from them; and our present purpose is to point out his error, at least in one particular—viz., in the matter of bleeding as a remedy in pneumonia. We shall show that his statistics do not prove (as he holds that they do) that bleeding, properly employed, is a hurtful remedy in pneumonia.

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* The Restorative Treatment of Pneumonia. By John Hughes Bennett, M.D., F.R.S.E. Edinburgh: 1865.

Dr. Bennett maintains that "the only proof of any successful medical practice must be the actual cures that are effected by it." Dr. Bennett would have stated his position more correctly, if he had said that the best proof medical practice can give us of the efficacy of any plan of treatment is, that the patient recovers after its employment. Assuredly there is no *proof* that any special remedy cures a disease, merely because a thousand cases of the disease recover *after* the administration of the remedy. If it be shown that a very large number of such cases die when the remedy in question is not administered (other conditions being the same), then, indeed, there is something approaching to a proof that the remedy effects the cure. Neither, assuredly, does it follow that, if a certain number of cases of pneumonia die *after* being bled, the bleeding killed them. Certainly, if a thousand cases of pneumonia were bled, and a thousand were not bled (the cases in other respects being treated alike, and placed under precisely similar conditions), and if a large number of those bled died, and all those not bled recovered—then we should have some grounds for saying that the bleeding was hurtful. But Dr. Bennett's cases show nothing of this kind; rather, as we shall show, something much to the contrary.

Dr. Bennett, to prove his case, give us, in a tabulated form, the results of his treatment of pneumonia in the Edinburgh Royal Infirmary during sixteen years. These results, he says, show

"That the mortality of all the acute pneumonias, complicated and uncomplicated, in the practice of the clinical wards while under my care, is, up to February 1865, 1 death in 32¼ cases. Taking only the cases of uncomplicated pneumonia, however, 105 in number, not one has died, although many of them have been very severe, involving the whole of one lung in 15, and portions of both lungs in 26 cases."

The inferences which Dr. Bennett draws from his statistics are these: "That simple primary pneumonia, whether single or double, if treated by the restorative plan, is not a fatal disease;" "that prostration and weakening complications or remedies lengthen the period of the disease, and prolong convalescence;" that the amount of lung affected by the pneumonia does not exert so much influence over the result and duration of the disease as is generally supposed; and that pneumonia of the apex is not more fatal, under the restorative treatment, than pneumonia of the base of the lung.

Now, we do not stop to question any of these conclusions; they may be accepted as fair deductions of Dr. Bennett's experience of pneumonia, as here recorded. But what we take exception to are the conclusions drawn by him from his "comparative statistics as to the treatment of pneumonia". Dr. Bennett compares the results of the practice of numerous hospital physicians with his own, and out of the comparison condemns the use of bleeding and certain other remedies in pneumonia. But there is one fatal objection to the correctness of any conclusions drawn from his statistics as to the hurtfulness or the utility of any special remedy. The terms of the comparison are totally different. No just conclusion, for example, as to the value of moderate and exceptional bleeding in pneumonia, can be drawn from a comparison of his cases with those of patients who were bled day after day, and at the same time kept on starvation diet. In these cases, we have as good a right to say that the patients were starved to death, as that they were bled to death. Clearly, we cannot compare the case of a person suffering from pneumonia, who is bled once and well fed, with the case of one who is bled again and again and starved. And here we must remark, that Dr. Bennett has not clearly stated the position as to bleeding assumed by those whom he combats. No one, as far as we are aware, has ever proposed at the present day to make bleeding a systematic remedy in pneumonia. He overstates the case when he says "that an effort is being made to restore the dangerous practice of bleeding in pneumonia," as well as begs the question in calling it dangerous. Dr. Markham, whom he especially criticises, had distinctly stated that venesection, in his view, was to be applied, not for the cure of the pneumonia, but for the relief of the respiratory and circulatory apparatus, labouring and overwhelmed in consequence of the pneumonia; and that it was only *in the very exceptional cases of pneumonia* that the action of those organs was so painfully impeded as to require venesection. But Dr. Bennett has made it appear as though this proposal were a proposal of employing bleeding generally in pneumonia, *for the cure of the disease as such.*

Now, we maintain that Dr. Bennett's statistics do not prove the dangers of bleeding in pneumonia—1. Because they admit of no comparison with the other statistics by which he tries them; and 2. Because the bleeding, as proposed at the present day, has no analogy with the kind of bleeding practised in past days.

But Dr. Bennett refers his readers to a modern record of cases, where moderate bleeding was practised, and without starvation; and he triumphantly points them out as proof demonstrative of the injury done by bleeding. He states the case as follows.

"Dr. Markham further remarks: 'When Professor Bennett talks of the dangers attending the loss of a few ounces of blood in pneumonia, I cannot help asking him to explain how it is that we daily see so many patients in hospital, surgical and medical, the feeble as well as the strong, losing without apparent injury, and often—and especially in lung and heart diseases—to their very great relief, large quantities of blood? What proof do these very numerous facts daily under our eyes afford of the danger of the loss of a few ounces of blood?'

"The proof is clear—viz., that wherever we have authentic records of cases of pneumonia treated by the loss of from twelve to twenty ounces of blood

even when starvation was not practised, we find among the uncomplicated cases a certain proportion of deaths; whereas under a restorative treatment we have no deaths. Of 71 cases treated in this moderate way by Dr. Bell of Glasgow, 4 died—that is, 1 death in 18 cases,—and the average duration of their residence in the hospital was 47 days; whereas in my 105 cases there were no deaths, and the average residence was only 21$\frac{2}{7}$ days. Are there better statistics than those of Dr. Bell to be found? and if not, how can Dr. Markham maintain there is no danger in the practice of bleeding even as a palliative."

If you want a proof, says Dr. Bennett, of the dangerous effects of small losses of blood even when starvation is not practised, here you have it in Dr. Bell's cases.

Now, we have examined Dr. Bell's cases, and find, to our surprise, that, so far from supporting Dr. Bennett's views, so far from yielding the proof that bleeding in pneumonia is injurious—they actually show the very contrary; viz., that bleeding is of service in pneumonia.

In the first place, we find that not a drop of blood was taken away from any one of Dr. Bell's four fatal cases. More than this; it appears, that every single patient of Dr. Bell's who was bled, or cupped, or leeched, actually recovered. How then can it be said that bleeding increased the mortality of the pneumonia in Dr. Bell's cases?

With facts like these before us, we might indeed, if we chose to run statistics to death, turn the tables on Dr. Bennett, and assert that bleeding is shown by them to be a right treatment of pneumonia. We might even go further, and say that the fatality of the four cases of Dr. Bell is to be accounted for by the circumstance that they were not bled. Assuredly, such a conclusion is more justifiable than the conclusion which Dr. Bennett has drawn from them; viz., that they demonstrate the injury resulting from loss of blood in pneumonia.

A word more we must say of these four fatal cases of Dr. Bell, which are used by Dr. Bennett to prove his position. Dr. Bennett, in justice to Dr. Bell, ought, we think, in making the above comparison, to have stated the fact that Dr. Bell excludes these four cases of his from consideration, and for the same reason that Dr. Bennett excludes his own four fatal cases from calculation. Dr. Bell says:

"We have, therefore, out of seventy-one cases, a mortality of four; one dying from the absorption of purulent matter, and the other three patients were in a perfectly hopeless condition when admitted; one living only twelve hours, another three days, and the third lingering fourteen days. I think every candid person will concede that these cases should be excluded from our consideration, when forming an opinion of the value of the plan of treatment adopted. Exclusive of these four cases, we have in sixty-seven cases no mortality, etc."

Dr. Bennett makes a like claim for his own cases.

"In the four fatal cases, death was evidently caused by complications independent of the pneumonia. They ought to be regarded as pathological accidents; for in not one of them could the pulmonary disease be properly regarded even as assisting the mortality. The table shows that in many instances where weakness was much greater than existed in any of them, pneumonia rapidly passed through its natural progress. To arrive at true statistics *with regard to treatment*, therefore, it becomes necessary to eliminate these four cases, as has been done by many other hospital physicians, and to fix our attention on the first 125 cases reported in the previous table."

Dr. Bell had just as good grounds for excluding his four fatal cases from consideration as Dr. Bennett has for excluding his four fatal cases, and may, therefore, in all fairness, claim for his treatment as good results as Dr. Bennett claims for his. Dr. Bennett must have forgotten that he himself has elsewhere told us, that his tables "do not include a few" (cases of pneumonia) "which were admitted *in extremis* at night and never seen by the physician; nor such as were partly treated by other physicians in the hospital, and for which treatment I am not responsible." Why, it is this very kind of cases *in extremis*, "admitted in a perfectly hopeless condition", that Dr. Bell says were his four fatal cases—the class of cases which Dr. Bennett excludes from his own tables, and yet makes use of to prove the mortality in Dr. Bell's cases.

But even if the four fatal cases be included in Dr. Bell's statistics, how is it possible, we again repeat, to draw from them a proof of the dangerous effects of bleeding, when bleeding was not employed in any one of them? It may be well, also, here to mention what was the kind of very modified bleeding practised by Dr. Bell.

"The bleeding was only employed in the more extensive, recent, and sthenic cases; the amount never exceeded twenty ounces, the average quantity being fourteen; the mode of evacuation being generally either cupping or leeching. *In two cases venesection was practised.* In four other this operation had been performed before admission."

Again, Dr. Bennett has fallen into another error. He tells us (and still as a proof, be it remembered, of the ill effects of bleeding), that "the average duration of Dr. Bell's cases in hospital was forty-seven days; whereas the average residence of his own cases in hospital was only twenty-one days and two-sevenths."

Now we find, on reference to Dr. Bell's paper, that the very contrary of this is the fact; viz., that the duration of residence of Dr. Bell's cases in hospital was less than eighteen days; and instead, therefore, of being more than double, was actually less than in Dr. Bennett's cases.

Dr. Bell divides his cases into classes. In the first class are twenty-seven cases, and the average residence in hospital eighteen days; in the second, twelve cases, average residence thirteen days; in the third, twenty-eight cases, average stay in hospital twenty-two days—giving an average of about seventeen days and two-thirds for each patient in hospital. Dr.

Bennett has here made a very great miscalculation; and we feel bound to point it out, because Dr. Bennett rests upon it the proof that even small bleeding is dangerous in pneumonia. Our readers will, we are sure, agree with us, that Dr. Bennett must adduce some more satisfactory answer than the one he has above given to Dr. Markham's question, before he will convince the profession that to take a few ounces of blood from a patient suffering from pneumonia is to endanger the patient's life.

Furthermore, a closer examination of Dr. Bennett's tables reveals to us another striking proof of the erroneous conclusions which may be deduced from a too partial interpretation of statistics. We find that no fewer than twenty-five of those very cases (his own) which he employs to illustrate the dangerous effects of bleeding in pneumonia were actually subjected to bleeding (by venesection, cupping, or leeching*); the bleeding being of much the same kind and degree as that practised in Dr. Bell's cases.

Now if, as Dr. Bennett asserts, bleeding were a cause of mortality in Dr. Bell's cases, how comes it that it was not equally a cause of mortality in his own cases? How can it be fairly assumed, that bleeding which did not destroy life in Dr. Bennett's cases, did destroy life in Dr. Bell's cases?† If the loss of a few ounces be dangerous to life in pneumonia, how comes it that none of those cases of Dr. Bennett's in which many ounces of blood were taken ended fatally?

The truth is, if we follow Dr. Bennett's method of reading statistics, we may actually deduce from his own tables a proof of the benefits of bleeding in pneumonia. More than one-fifth of my cases of pneumonia, Dr. Bennett might say, were subjected to loss of blood, and recovered. Here is a proof of the good effects of bleeding! At all events, how can Dr. Bennett fairly adduce as proofs of injury by bleeding the twenty-five cases of recovery which were, as we have seen, subjected to bleeding? How can he reckon as demonstrative of the success of the non-bleeding treatment, cases which were actually bled and recovered?

Dr. Bennett may perhaps tell us, that if the bleeding did not kill the patient, it protracted the recovery in his cases. But to this we may very fairly reply: 1. With the hypothesis, that the fact of the bleeding was in itself an indication of the serious character of the disease, and that, therefore, the cases of pneumonia which were bled being most severe were naturally more protracted in the recovery, and quite independently of all treatment; and 2. We may use the very argument employed by Dr. Bennett, and say that, inasmuch as the average of Dr. Bell's cases showed only eighteen days' residence in hospital, whilst his own cases showed a residence of twenty-one days and two-sevenths, we have the proof that the bleeding had a beneficial influence in Dr. Bell's cases. And, lastly, it must be kept in mind that what we have been here alone combating, is the assertion of Dr. Bennett's that even a moderate bleeding in pneumonia is destructive to life.

* We conclude that the bleeding was performed before the patients came under Dr. Bennett's charge.

† Of course, we are here arguing on Dr. Bennett's own grounds, to show the fallacy of his conclusion. We need hardly remind the reader, that bleeding could not have been the cause of death in Dr. Bell's fatal cases, for the reason that none of them were bled.

THE REPORT OF THE CATTLE-PLAGUE COMMISSIONERS.

Two important pathological facts were a few months ago communicated through the *Times* to the public. S. G. O. assured us that a placid moonbeam gently falling on a dung-cart had, by an incomprehensible conjunction of the infinitesimals, begotten fever, and communicated the same to the sleeping *corpus* of a yokel, who was reposing on the soft but odoriferous couch. Then the *Times* again explained in its own philosophic way how that, out of cow-sheds, by another unfortunate concourse of atoms, was created Rinderpest. But the Commissioners do not support this Printing-house Square pathology. They believe in the importation of the Cattle-Plague, and that it is a specific disease identical with the Russian murrain.

"The symptoms during life, the results of *post mortem* examination, and the whole train of general characteristics, are precisely the same, or varied only by such minute shades of difference as we might expect to find in different breeds and climates. A comparison of what we see with the full descriptions contained in foreign medical works leaves on this head no doubt at all; and no doubt is entertained by competent and trustworthy witnesses who have had and used opportunities of personal observation both here and abroad."

They do not tell us precisely the name of the vessel or of the port through which the disease was imported; but truly enough remark, that whether it came by Revel or by Holland is a matter of very secondary importance.

The disease originally appeared towards the close of June, in London, among cows purchased at the Metropolitan Cattle Market. All the earlier cases, at least, seem to have been directly traceable to purchases made in that market; whence the disease spread in different directions through the country. The Commissioners hold it to be a swift and subtle contagion, and terribly destructive in its effects; and they give historical details of its former visits to this country in 1348, in 1480, in 1715, and in 1745. But the main point for them to deal with is, to tell us how to get rid of the ravaging pestilence; and hereon we find that Commissioners, men of science, and representatives (as we may call them) of the agriculturists, are not agreed.

To suppress the disease, says Science, you must for

a time prohibit the movement of cattle from one place to another in Great Britain. But this, reply the other four of the Commissioners, will never do. Such a proceeding would be fraught with results worse than the Cattle-Plague itself. It would drive the farmers and butchers mad. It would upset railway traffic. It would starve the Metropolitan Market and its thousand hangers-on. It would, in fact, be a revolutionary movement; and the genius of England is dead set against revolutions. True, this way of dealing with the Plague has been successful in foreign countries; but then foreign countries are accustomed to movements of a revolutionary character. We prefer some gentler kind of reform; we like patching up for a season better than a radical cure by the knife. It will be time enough to talk of the knife when the disease is more advanced, when suppuration is more excessive, and wasting better marked. At present, the loss of a few score of thousand cattle is a mere flea-bite. Thus seem to argue Lord Spencer, Lord Cranbourne, Mr. Read, Dr. Bence Jones, and Mr. McLean. To this the representative men of science—Dr. Lyon Playfair, Dr. Quain, Dr. Parkes, Mr. Wormald, Mr. Ceely, Mr. Lowe, and Mr. Spooner—rejoin: The disease is still widely spreading; the public have (through published statements) little idea of the real havoc hitherto made by the Plague; the public have no conception of the havoc which it will yet make, and of the virulence of its contagiousness. No temporary sacrifice can be too great to stamp it out for once and all. The temporary evil would be a flea-bite compared with what evils will come if such a measure be not followed. It may require the eye of science to see those coming evils; and the public will probably refuse to see them, and the Government not have courage to take an initiative repulsive to large private interests.

Thus seem to argue the men of science. They do their duty and quiet their conscience by advising what they believe to be the best. But then the men of science, happily, are also men of the world—*i. e.*, of common sense—and, in anticipation of a refusal of the "abstract" best, are ready with another and the next best scheme for scotching the evil. They evidently do not believe it will answer; and regard it only as an interim measure, to be carried out until a more painful experience has demonstrated the necessity for the adoption of the more vigorous cure. To this—in the view of the men of science, a mere palliative—all the Commissioners but one give assent. The succedaneum is, the exclusion of lean and store stock from all fairs and markets; the removal of beasts to slaughter-houses only under licence granted by magistrates in petty sessions certifying to the health of the district whence they came; the strict supervision of the slaughter of the cattle and sale of their flesh; the drawing of distinguishing lines between infected and uninfected localities, in order that whenever a case occurs in the unaffected it may be officially "proclaimed", and all egress of cattle from it thenceforth made penal. Next, the Royal Commissioners recommend the withdrawal of the powers of seizing and slaughtering at present held by inspectors.

Altogether, from the Report, it will be seen that the Commission confirms with its authority the main particulars touching this Cattle-Plague which have been already given of it by men of science here and on the continent. We may add, as noteworthy, that the recommendations—the stringent regulations—of men of science have been long ago acted on in Prussia and in France, etc., and more, and above all, have been effectual in arresting and preventing the spread of the Plague in those countries. These recommendations, it may be observed, were, as far as France is concerned, received and acted upon at the very moment when the *Times* was, day after day, turning them and the French veterinarians and English doctors into ridicule, and attempting to force down the throats of the people of this country its own baseless theory of the cow-shed origin of the disease. It is amusing to see with what subtle ingenuity of mastication that journal now swallows the leek. However, science justifies her children in spite even of quackery, dealt out in columns of the Thunderer; and, we will venture to prophesy, will yet further, in this very case, justify her children.

We have much pleasure in giving Dr. Andrew Smart of Edinburgh (whose very valuable contributions to Rinderpest pathology have already more than once been noticed in the JOURNAL) the opportunity of explaining some remarks made by us in our last number on his Cattle-Plague Reports. It appears that the term "murrain" is used by him to signify the "mouth and foot rot".

"In reference to your notice of my Reports on the Cattle-Plague in to-day's impression of the BRITISH MEDICAL JOURNAL, will you allow me to thank you for directing my attention to a verbal inaccuracy which, you justly remark, is fitted to lead to some confusion?

"Permit me to mention that in the sentence, 'Of the hundred dissections, there were sixteen in cattle affected with murrain disease *also*, without other complication,' the word *also* is a misprint for *alone*, which, having escaped correction, has led to the apparent confusion.

"Allow me further to explain, that I employ the terms 'Rinderpest' and 'murrain' in their application to diseases which do not merely differ, but have really nothing in common.

"Of the hundred dissections of cattle which I have now completed, there were sixteen of animals affected with murrain (or mouth and foot rot). The object of instituting this series of comparative dissections was to ascertain the distinctive pathological lesions existing in each. The result of these examinations was to show that in Rinderpest and murrain—diseases usually regarded as synonymous—the morbid appearances were distinct and broadly distinguishable.

"The dissections of a number of animals which died of uncomplicated pleuropneumonia further shewed, that the morbid lesions in this latter disease were as well marked and distinctive as in the two former. The results of the entire series of dissections proved that Rinderpest and murrain, although usually confounded, were quite different diseases; and secondly, that pleuropneumonia, although a frequent, was not, as often alleged, an invariable concomitant of cattle-plague.

"I beg, in conclusion, to add that the drawings, with one exception, as may be inferred from the perusal of my Interim Report on the Pathological Appearances of Cattle-Plague, refer to the morbid lesions present in that disease. The exceptional drawing is fully explained in the 'Description of Plates' under the heading of Plate I, Fig. 4."

THE COUNCIL AND THE COUNTRY FELLOWS OF THE COLLEGE OF SURGEONS.

It will be seen by the letter of Mr. Paget of Leicester, that a large body of Fellows of the College of Surgeons have already asked the Council to give them a power of voting by paper. Some of the Council, we are led to understand, regard the number of applicants as a matter of considerable importance. If (they seem to say) a very great physical pressure, as shown by signatures of Fellows, be put upon us, then we may yield to the demand; but, if no such pressure be exerted, we may conclude that the moral pressure needs no consideration. We do not believe that this is the sentiment of the majority of the Council; for it is manifestly a most illiberal and unjust one. If the Council take the ground that the question should be settled by the general opinion of the country Fellows, then they are certainly bound to take proper steps to learn what that opinion is. And does any man in his senses believe that, out of the whole body of country Fellows, there could be found six who would not desire a vote by paper? But surely the Council will consider and decide the question on its own abstract merits. It is either right and good that the country Fellows should have the vote, or it is not. Now, we ask the College to grant the vote, because we maintain, in the first place, that it is for the good of the College that they should have it; and, secondly, that they have a right to it. The Council, indeed, in justice cannot refuse it to them. They may have the power to negative the question for the moment; but so plain a right cannot be indefinitely postponed. The Fellows, we again repeat it, were originally created to form an elective constituency. The main—we might say the only—duty of the Fellows, as such, is to elect the Council. But, inasmuch as country Fellows are *de facto* deprived of the power of voting in person, they are stripped of their chief prerogative; and the result is, that the election of Council falls wholly into the hands of the London Fellows. But on what principles of sense or justice are the country Fellows thus disfranchised? Are they so benighted and ignorant as to be incapable of properly exercising the franchise? or is it given to the London Fellows alone to be able to put the right man in the Council? No one will say this. What argument, then, is or can be used against the voting by paper of country Fellows, we have yet to learn. None have we ever heard. It surely cannot be said that the matter is too insignificant to warrant the important step of obtaining a new Charter. If it be, there is a ready answer to the objection—viz., that an alteration of the Charter, quite independent of this matter of the vote by paper, is absolutely required for the proper government of the College. It has been again and again proved to demonstration, that the Council has not the moral power of reforming itself. Even at the very latest election of Examiners, for example, the old and pernicious system of making examinerships a life-property was again illustrated and maintained. The question of a new Charter, for the purpose of giving the vote by paper, will no doubt have brought home to the minds of the Council the fact that other important alterations are required in the Charter. But this, instead of leading the Council to hesitate, should only assist in bringing them to adopt the proposition. Notwithstanding what we have heard of opposition to it, we have a strong belief that the good sense of the Council, aided and prompted by the voice of the liberal minds whose influence is beginning to be appreciated in the Council, will lead it to the doing of this simple act of justice—viz., of allowing country Fellows to vote by papers.

The following is a copy of the memorial which has been forwarded to the College of Surgeons.

"To the President, Vice-Presidents, and Members of the Council of the Royal College of Surgeons of England.

"The Memorial of certain Fellows of the Royal College of Surgeons of England resident in the provinces,

SHEWETH—

"That your memorialists are desirous of bringing before you the general dissatisfaction of the Fellows of your College resident in the provinces at the mode of electing your Council.

"That the privilege of electing members of the Council is vested by the Charter in the Fellows generally, without any personal distinction whatever, and that this is the chief or sole function of the Fellows in relation to the College; but the personal attendance required virtually deprives a large portion of those Fellows resident at a distance from London of their privilege, and makes the Council the representative body, not of the Fellows generally, but of a limited number only.

"That your memorialists therefore earnestly request that you will be pleased to obtain a new or supplementary Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford and Cam-

bridge in their election of Members of Parliament."

Although the number of declarations of opinion made all in a few days (viz., 135) is, in fact, a strong indication of the feeling of the body of Fellows at large, still, in the further discussion of the subject, it is likely—or we may rather say is certain—that it will be taken, by those who oppose the change, as the expression only of so many individual Fellows, the rest being adverse to the proposed alteration, or, at all events, indifferent. We hope, therefore, that the views of the memorialists will be evidenced by many more memorials; and that as many names as possible should be enrolled on the same memorial. This form seems likely to carry more weight, where it is practicable, than the notes with single names, numbers scarcely making up for the weight of more combined action.

CHOLERA.

The *Union Médicale* announces that, "in consequence of the continued decrease of the malady in Paris, it will publish no more special bulletins." The *Gazette des Hôpitaux* corroborates what its contemporary states.

The papers tell us that the wife of the Rev. Mr. Forbes, the chaplain of the English Church, Rue d'Aguesseau, has gratuitously administered chlorodyne in between fifty and sixty cases of incipient cholera, in some where the disease had made considerable progress, and succeeded in arresting it in every instance. On the fact becoming known, the patentee of the medicine gave a further liberal supply, which the French Customs passed gratuitously, while the South-Eastern Railway Company declined payment of the carriage.

Some fourteen deaths from cholera among the English population occurred during the height of the malady. The victims have been generally of the class of grooms, stable-helpers, etc.

A private letter from Seville states that the deaths from cholera in that city have been 9,000, out of a population of 100,000. The mortality appears to have been considerable in the suburb known as the Triana, the favourite abode of smugglers and gipsies. The disease has, however, now almost entirely disappeared from Seville, as well as Madrid.

At Toulon, the doctor of the 28th Regiment died last week within twenty-four hours, after having attended a patient who has since recovered. The funeral was attended by a great number of officers of every arm, and of the inhabitants, who desired to express their regret for the loss of a man who had rendered great service to the town since the outbreak of the disease. There have been no deaths from cholera at Marseilles, Arles, or Nimes, for several days past.

The *Moniteur* says:—

"The majority of the Powers, to whom the proposal of the Emperor's Government for the meeting of a sanitary conference was addressed, have given their assent. Public opinion has understood the opportuneness of this measure; and the eagerness with which the idea has been taken up, augurs favourably for the result of the studies and deliberations which will take place at Constantinople."

On account of the appearance of the cholera at Naples, the King of Italy at once went there. His Majesty has visited the cholera hospitals, and contributed liberally to the relief of the patients.

The cholera has appeared in Russia.

Dr. Trench, the energetic and philanthropic medical officer of health for Liverpool, has written to Mr. Robert Hutchinson, pointing out the advantages which would accrue from the erection of a mortuary chapel as a temporary receptacle of the dead, in order to remove them from among the living in crowded dwellings. To this appeal Mr. Hutchinson has generously responded, and a mortuary chapel will forthwith be erected at his personal expense. The objects of the mortuary are well described in Dr. Trench's letter.

"In the overcrowded districts of the town, the dead are retained for days and nights in the apartments of the living, too frequently in the single room occupied by the whole family. The usual period selected for the burial of their dead is on the Sunday after decease; but, if this occurred late in the week, then the interment is sometimes postponed till the subsequent Sunday. With the Irish population, it does not signify of what disease the person may have died, nor to what state of decay the corpse may be hastening. During the continuance of the wake, the room is open to all comers, as long as there is anything to drink or smoke. As this occurs always in a small room, badly ventilated and heated by fire and lights, the noxious vapours evolved in the process of decomposition are presented to the persons exposed to them in a highly concentrated form. And when it is remembered that these persons sleep huddled together on the floor, and have all their meals in the room, and are, by the depressing influences of grief, fatigue, wretchedness, and intoxication, peculiarly predisposed to suffer from disease, it is easy to understand the rapid and fatal spread of fever and other contagious maladies so frequently observed by physicians among such families and in such neighbourhoods. This spread of contagion will be most certainly seen in the epidemic of scarlatina which is now threatening the community. The only remedy against wakes, and against the sanitary evils of retaining the dead among the living, appears to me to be providing mortuary chapels, wherein the corpse can be at once received with decent, respectful solemnity. I confidently hope that a time will yet come when (as at Frankfort and other places in Germany) the law will prevent the keeping of the dead among the living for even the shortest period. Should the experiment of one mortuary chapel succeed in relieving the misery and in lessening the spread of

contagious diseases among the poor, I shall be emboldened at some future period to make an appeal to the public at large."

THE following is the reputation of the War Office and the Horse Guards in the opinion of the *Times*.

"The War Office is the weakest point in our whole administrative system. This overgrown establishment has long maintained a bad eminence for the costly inefficiency of its organisation. The prime requisite for that most responsible and arduous of posts is an inflexible preference of public interests to private influences. How seldom the Duke of Wellington's ideal of a Commander has been realised at the Horse Guards is, unhappily, but too notorious; and it was partly to check the inveterate favouritism at head-quarters that a new Secretary of State was appointed, with a power of control over the Commander-in-Chief. Let the Secretary of State for War once become subservient to the Commander-in-Chief, and we may at any time relapse into the abuses of that period when the British Army was commanded by the Duke of York."

This of course means, in plain language, that Earl de Grey has succumbed to H.R.H. the Duke, and is, therefore, unfit for his post. He is accused of yielding to the efforts made to weaken the Council of Military Education.

"This institution, so distasteful to the dispensers of military patronage, is the great security for impartiality in the entrance examinations for the army. Last year a blow was aimed at it; and we have reason to fear that another attempt of the same kind is contemplated, and *that at the Horse Guards the hostility to all safeguards against jobbery is as strong as ever*."

THE Medical College of Cincinnati has issued the following circular:

"In view of the fact that several medical schools have announced a rate of *fees* for the course of instruction at a point almost nominal, the trustees of the College have determined to make no charge for lectures, and to place the fees of this school at a rate calculated merely to pay expenses."

Hereupon the *Philadelphia Medical Reporter* remarks:

"We must protest against a growing spirit of pecuniary rivalry between the schools; and a sort of '*underbidding*' in the fees, with no other apparent object than that of rivals in any kind of business—to catch customers. Again: it is establishing a very bad principle in medicine, as every where else—to *work* without *pay*. If this principle is established, it will force some of the ablest and most successful teachers to abandon their calling, because they cannot afford to spend their time gratuitously, and must make room for some much inferior men, who happen to be possessed of sufficient wealth to make work for pay no object to them."

A SUBSTITUTE FOR LINT. A surgeon in the Vosges recommends the use of an aquatic plant, *Confervo bulbosa* in place of lint, to which he declares it to be much superior. Dr. Jobert de Lamballe recently tried it in the hospitals by order of the Emperor, and reports very favourably of it. He says that it may be advantageously employed instead of common lint, and it would be better still if it could be deprived of the putrescent substances it contains.

DEATH OF EDWARD TEGART, ESQ.

[*Communicated.*]

WE regret to have to record the death of this very estimable member of our profession, which took place under most melancholy circumstances. On the 10th instant, Mr. Tegart had been attending to his official duties at Apothecaries' Hall; and on returning home in the afternoon, when crossing Piccadilly at Hyde Park Corner, he was knocked down by a cab, and rendered at once insensible, with partial loss of the use of one side. He was immediately removed to St. George's Hospital, where he died on the following Tuesday. Few men were better known or more justly appreciated for his strictly honourable conduct through a long professional life, than Mr. Tegart. He received his qualification to practise his profession from the Society of Apothecaries in 1818, and at once commenced practice in Pall Mall in conjunction with his father, who had long previously enjoyed a most extensive practice, more especially among the highest classes of the Irish, who resorted to London at the time of the Union. Like his friend and colleague at St. George's Hospital, Mr. Nussey, and other practitioners of his standing, he never sought a qualification from the College of Surgeons. In constant consultation with all the leading physicians and surgeons of his day, and possessing a very practical and observant turn of mind, he soon became a most successful practitioner. He was for many years one of the Visiting Apothecaries of St. George's Hospital. He was also a member, and eventually chairman (as his father had also been) of the Board of Examiners of the Society of Apothecaries. But although he had been a member of that body since 1818, and had nearly completed seventy years of life, it was not until very recently that he was admitted into the Court of Assistants, as the council or managing body is called. About four years ago, he experienced a slight attack of paralysis, at which time he retired from practice, being succeeded by his cousin, Mr. Edward Tegart, of Jermyn Street. He will be long remembered with affection by a large number of his medical brethren, and a wide circle of patients and friends, for his uniform kindness of disposition and warm heartedness. R. I. P.

ANATOMICAL HANDS. At the Windmill Street school I worked hard in the dissecting-room, and learned a good deal of anatomy. If I did so, however, it must be owned that it was rather as a duty, than because I had any particular taste for the details of anatomical study. I remember some years afterwards dining with a friend (the late Henry Drummond, member of Parliament for West Surrey), who was a craniologist, at the Athenæum, when he told me that he saw that I had the organ of constructiveness much developed, and that this explained how it was that I excelled in the use of my hands, and was an excellent dissector. There was never a greater mistake. I was naturally very clumsy in the use of my hands, and it was only by taking great pains with myself that I became at all otherwise. *(Sir B. Brodie's Autobiography.)*

Scientific Notes.

ACETIC FERMENTATION.

Acetic fermentation, says M. Pasteur, is always produced by the exclusive influence of an organism—the *mycoderma aceti*—one of the most simple vegetables. However much charged with albuminoid matter, no alcoholic liquid has ever been known to give the appearance of acetification without the presence of this mycoderm. On the contrary, if a trace of the mycoderm is spread on the surface of an albuminoid liquid, alcoholic or slightly acid, it is immediately seen to develope, extend like a veil over the surface, and by a correlative action the atmospheric oxygen in contact with the liquid disappears and the alcohol acetifies. It is not essential for the liquid to contain albuminoid matters; provided the mycoderm finds there besides the alcohol a small quantity of alkaline and earthy phosphates, it will live and its action be the same as before; and this identity proves that the albuminoids which have been employed were merely nourishment for the ferment, and not the ferment itself. It is this mycoderm which forms the gelatinous mass which was formerly called mother of vinegar; and which by spreading over the beechwood chips used in the German process produces acetification. While alcohol is present the small vegetable produces acetic acid; but what happens if the alcohol is wanting? M. Pasteur shows that the vegetable can in this case bring its burning action to bear on the acetic acid itself, and reduce it to the state of water and carbonic acid. For the production of acetification it is necessary that the mycoderm should be at the surface of the liquid; the process is arrested by submersion, and only recommences on the formation of a fresh film on the surface. (*Chemical News.*)

A NEW INK.

Ink is a precipitate of gallate of iron mixed up in gum and water. As the water evaporates the ink thickens, and, moreover, becomes mouldy owing to a small proportion of organic matter proceeding from the gallnut. M. Mathieu Plessy has got rid of these inconveniences by making a new kind of ink with pyrogallic acid and the colouring matter derived from Brazil wood and other sorts of wood used in dyeing. This ink flows well, and never turns yellow on paper.

PHENIC VINEGAR.

Dr. Quesneville gives the following recipe for an *antipestilentiel*. Take acetic acid, 900 *grammes*; camphor in powder, 5 *grammes*; a crystallised phenic acid, 100 *grammes*. This combination of three antiputrescents is said to be extremely useful, and for hygienic purposes far superior to *vinegar of the four thieves*, as toilet vinegar was once called. It has been used a good deal on board ship to keep the cabins of sick persons sweet. (*Moniteur Scientifique*, 1865; and *Chemical News.*)

DIET OF ROYAL ENGINEERS.

The Royal Engineers, while in the depôt at Chatham, are actively occupied either in constructing field works, or in pursuing their avocations as artisans, from which class they are all selected. Desirous to obtain the dietaries of these men, Dr. Lyon Playfair applied to Colonel Collinson, R.E., the second in command at Chatham, and he, with the consent of Colonel Harness, instituted a careful inquiry into the actual amount of food consumed by 495 men for twelve consecutive days (January 1st to 12th, 1865.) The returns were reduced to their dietetic value by Dr. Playfair, so that they may be considered as affording the most complete evidence which we possess of the requirements of food for labouring men during a fair but not an excessive amount of work in twenty-four hours. The following are the results. Number of men giving returns, 495; weight of solid food, 66·97 oz.; flesh-formers, 5·08 oz.; fat, 2·91 oz.; starch, sugar, etc., 22·22 oz.; starch equivalent, 29·38; mineral matter, 0·93 oz.; total carbon, 14·844 oz.; ratio of flesh-formers to starch equivalent, 5·82 oz. There are several points of interest shown. The working soldier finds it necessary to take about five ounces of flesh-formers daily. The dietaries of soldiers, European and American, during recent wars, shows that about 5·5 ounces of flesh-formers, and 23½ ounces of the starch equivalent of heat-givers are required by the soldier to enable him to withstand the fatigues of war. Army surgeons state that the diet of our own soldiers, which does not differ widely from the mean, is not sufficient for recruits during their drills, though the sergeants fatten upon it. As the average value is also nearly the same as that of middle-class diets, we may safely assume it to be a correct expression of the diet of men who live well and take moderate exercise, of from five to seven miles daily. (*Dr. Playfair.*)

A NEW EXPLOSIVE.

Glycerine has received an application of rather an unexpected nature. In 1847 a pupil of M. Pelouze's, M. Sobrero, discovered that glycerine, when treated with nitric acid, was converted into a highly explosive substance, which he called nitroglycerine. It is oily, heavier than water, soluble in alcohol and ether, and acts so powerfully on the nervous system that a single drop placed on the top of the tongue will cause a violent headache which will last for several hours. This liquid seems to have been almost forgotten by chemists, and it is only now that M. Nabel, a Swedish engineer, has succeeded in applying it to a very important branch of his art—namely, blasting.

PHENOMENA OF THE VOLTAIC BATTERY.

At the recent meeting of the British Association, Mr. Gassiot read a paper on the Changes of Form and Colour which the stratified discharge assumes when a varied resistance is introduced in the circuit of an extended Series of the Voltaic Battery. He said that the battery with which he attained his results, consisted, when completed, of 4,000 insulated glass cells, and in lieu of sulphate of copper, as used by the late Professor Daniell, a table-spoonful of sulphate of mercury was introduced into each cell. Zinc plates were then introduced into the cells, which were subsequently filled with rain water. When one wire was inserted in the water, and the other touched the moistened surface of the glass, but was not in actual contact with the water, a luminous discharge was observable, filling the entire tube without any sign or appearance of stratification. On depressing the wire, discs of red light were rapidly produced from the positive pole; and on further depression, the discs receded, and disappeared one by one until nineteen remained, which were much intensified in brilliancy and distinctness. On further depressing, there were other singular effects produced.

THE MILK OF THE DROMEDARY.

This milk is described by M. Chatin as perfectly white, of an agreeable taste, and without odour. The fat globules are much smaller than those of cow's milk; the density of the milk rises to 1042 from its richness in sugar; casein and albumen also are more abundant than in the milk of the cow, amounting to 4-100ths.

PRESERVATION OF WINES.

M. Pasteur believes that he has established: 1, that wine ripens, or in other words, is improved by age, simply by the action of atmospheric oxygen; 2, that when wine becomes what is called sick, it is in consequence of the presence of parasitic vegetation; 3, that deposits form in wine either in consequence of oxidation, or from the presence of parasites, or most frequently from the two causes together; 4, that the deposits resulting from oxidation adhere, but parasites render the wine turbid. Consequently the most important thing for the preservation of wines is to destroy the vitality of the parasitic germs. He says that new wine placed in bottles with the air completely excluded gives no deposit, never changes colour, and never acquires a bouquet. On the contrary, the same wine under the influence of atmospheric oxygen becomes muddy, loses the taste of new wine, does change in colour, and acquires a bouquet, and he adds that all these effects of *ageing* may be produced in the interval of a few weeks. M. Pasteur destroys the parasitic germs by exposing the wine for a time to a high temperature. He states that it is sufficient to raise the wine for a few minutes to 60° or 70° (C.) to give an extraordinary power of resisting *sickness*. His last experiments seem to show that 45° C. may be sufficient. After exposure, it is said that the wine may be exposed to the air without fear of its becoming acid. As regards the flavour of wine treated by this process, he relates that a professional taster who made comparative experiments without knowing which had been submitted to treatment and which had not, gave a preference to the treated wines seven times out of nine. (*Chemical News.*)

ESTIMATION OF NITRITES IN THE PRESENCE OF NITRATES.

Mr. C. R. C. Tichbourn, at the Pharmaceutical Conference held recently in Birmingham, detailed the results he had obtained on attempting the direct quantitative analysis of nitrites. They were all, he said, most unsatisfactory, because, knowing no easily available precipitant of nitrous acid, we were obliged to fall back on processes of oxidation, and to do this in the presence of such a strong oxidiser as nitric acid was exceedingly difficult. The most successful method was based upon the reduction of chromic acid to chromic oxide, by nitrous acid. Bichromate of potash, sulphuric acid, and the nitrite, were placed together in a flask, at a low temperature, and, after standing for some time, the sulphate of chromic oxide produced was decomposed, with certain precautions, by an alkali, and the precipitate collected and weighed; its amount, by a simple calculation, indicating the percentage of nitrite originally present.

AGEING OF WINES.

In his lectures on vinous fermentation, M. Béchamp has said that all the acids, alcohols, ethers, and even extractive matters in wine, may react on each other in the course of time, and produce the alterations of colour, flavour, and bouquet which, when achieved, constitute the peculiarities of old wines. Recent writers, and M. Pasteur in particular, contest the truth of this statement. In reply, M. Béchamp asserts that the cause of the improvement of wine by age is a fermentation provoked by organisms developed after the alcoholic ferment properly so-called; and he states that wine is improved by an influence analogous to that which spoils it. The whole secret of improving wine, he says, is to favour the production of the "benevolent" organisms. Wine, he tells us, is improved by a heat which does not destroy these animals, but exaggerates their functions. (*Chemical News.*)

CHEMICAL RESEARCHES ON THE GREEN MATTER IN LEAVES.

Five years since M. Frémy announced his discovery that the green matter of leaves was composed of a blue and yellow matter, to which he gave the names *phyllocyanine* and *phylloxanthine*. He then separated these two bodies by shaking chlorophyll, extracted from leaves by alcohol, with a mixture of dilute hydrochloric acid and ether. Under the influence of the acid, the chlorophyll split up, the yellow matter dissolved in the ether, and the acid became blue. He has since found that the earthy bases, especially alumina, added to an alcoholic solution of chlorophyll, combine with the green matter, which is precipitated as a lake, leaving the yellow matter in solution. With the alkaline earths, and particularly baryta, the reaction is more distinct. When an alcoholic solution of chlorophyll is boiled with hydrate of baryta, it is split up, and the phylloxanthine, which is a neutral body insoluble in water, is precipitated along with a baryta salt of *phyllocyanic acid*. Thus chlorophyll is seen to be a sort of coloured fat, which undergoes saponification by the action of powerful bases, and in which the phylloxanthine appears to be the glycerine and the bluish-green phyllocyanic acid the fatty acid. Alcohol dissolves the former body from the mixed precipitate, and the solution on evaporation yields crystals, sometimes yellow plates, and sometimes reddish prisms. These crystals are insoluble in water, but soluble in alcohol and ether; they possess considerable tinctorial power. The baryta salt of phyllocyanic acid may be decomposed by sulphuric acid, and a solution is obtained which, according to the strength, may be green, reddish, violet, or a beautiful blue. M. Frémy does not think that the two bodies exist together in chlorophyll; he believes this body to be an immediate green principle of excessive changeability, which, under the influence of reagents, and probably by the action of vegetation, undergoes various modifications, and produces the bodies described above. (*Chemical News.*)

SOLUTION OF PERCHLORIDE OF IRON.

Dr. J. Attfield said that of all the methods of making solution of perchloride of iron, there was only one that yielded it in the pure state, namely, by dissolving the solid crystalline anhydrous salt in water. The use of spirit in making a solution of perchloride of iron was unnecessary, useless, and always productive of instability; moreover, it was not so good a solvent of the salt as water. The author was borne out in his statements by the officers of several of the metropolitan hospitals. At some of those institutions water had been for some time substituted for spirit in making the preparation, and at others the change was contemplated. Dr. Attfield exhibited to the Pharmaceutical Conference specimens of tincture of perchloride of iron which had become almost colourless from the reaction of the spirit of wine in them on the dissolved salt.

THE DEPOSITS WHICH FORM IN WINE.

M. Pasteur recognises three kinds. The first is a deposit of crystalline bitartrate of potash or tartrate of lime, or a mixture of the two. The second, which adheres to the sides of the bottles, is oxidised colouring matters. These two are deposited in sound wines, but the third, which falls in sick wines, consists of cryptogamic vegetation. The author believes that wines are greatly improved by the influence of oxygen, and recommends that they should be left in casks, and bottled as they are wanted. He is speaking, it must be remembered, of French wines. (*Chem. News.*)

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

After a period of long, comfortable, but necessarily dull and somewhat stupid, vacation-time, we are at work again. The lecture-rooms, the library, and the museums, of our University, have been roused from their lazy stillness, and the passers-by may see the groups of students loitering about the gates—that characteristic piece of evidence to the fact that the session has fairly commenced. But although *de jure* the session has commenced, there can be little doubt that a large section of our students have as yet scarcely realised the fact, that there is plenty of hard and anxious work before them; that the *dolce far niente* of vacation-time must give way to the stern and severe labours of a winter session; for we have been plunged in the excitement of a contested election, engaged in the very onerous duty of choosing a worthy successor to our late distinguished Lord Rector, Mr. Gladstone.

To choose one at all worthy of following him would, under any circumstances and at any time, have been considered in the highest degree difficult; but, after the magnificent oration with which he delighted us in the Music Hall but a week ago, all have become convinced that we must renounce the privilege of conferring one of the highest honours our University can bestow upon one who, to the same extent as Mr. Gladstone, unites, to administrative talents of the highest order, the subtlest scholarship, joined to the charms of an enchanting eloquence. For, *en passant*, and before speaking more particularly of the present election, I cannot omit to mention that Mr. Gladstone's valedictory address, in giving up the Rector's chair, produced the greatest enthusiasm amongst his auditory, who felt that, besides adding another to the many claims which Mr. Gladstone possessed to be considered one of our most brilliant scholars, he had, in his address, roused an enthusiasm and love for refined and philosophical classical pursuits, which cannot fail to stimulate our students to emulate more and more those of other seats of learning, where these studies have been specially and remarkably cultivated.

But, having to lose Mr. Gladstone, the question as to the best successor became important. We must, said one party, have a man of high literary distinction, who possesses, in addition, the high practical tact and the shrewdness which are testified by a brilliant political career; we must, said this party, have one as our Rector whose position as a member of Parliament will enable him to speak with authority in our favour, and fight, if need be, for an extension of the rights of our University; and the party whose members expressed these opinions chose as their favourite candidate, Mr. Disraeli. We do not, said an opposite party, want our Rectors to be politicians; the Rector's chair cannot be better filled than by the ablest scholar, the most honest thinker; and none, we say, better fitted for the Rector's office than Thomas Carlyle, who, to other qualifications, adds those of being an old pupil of Alma Mater and a Scotchman.

The other, but minor, parties would, had they been able, have urged the claims of others, and very distinguished men; of Sir Roderick Murchison, for example, whose scientific career would have rendered him the worthy Rector of an University, which, as our own, has won its laurels as a school of science; but these minor parties were obliged to give in, and the contest which terminated on Nov. 11th, raged between the supporters of Mr. Disraeli and those of Mr. Carlyle.

It would be useless to follow in all their details the electioneering tactics which each party pursued. In their choice of a conservative candidate (and it cannot be doubted that political reasons influenced not a little the choice of Mr. Disraeli), his supporters shewed that they were unacquainted with the constituency with which the election rested, whose political sympathies (and young men will be politicians) certainly did not prepossess them in favour of the conservative leader, whilst their literary tastes refused to allow a comparison between Mr. Disraeli and Thomas Carlyle as writers; a comparison which, to use the words of one of our contemporaries, "would be cruelty to the one and impertinence to the other." Suffice it to say, that the canvassing and the polling were conducted with the greatest decorum and good feeling, and that the contest terminated in favour of Mr. Carlyle, who was elected by a majority of 657 votes against 310.

Amongst the University changes which have occurred since I last wrote, there are few, if any, of special interest to medical readers. The filling up of the chair rendered vacant by the death of Professor Aytoun by the appointment of Mr. Masson; the death of Mr. Donaldson, Professor of the Theory of Music, who has been succeeded by a gentleman whose claims to the office no one seems to know anything about; these are the only topics which I think it worth while noticing.

I had almost forgotten to mention that the Natural History Museum has been removed to the New Industrial Museum, which is situated at the back of the University, and which we believe is to be opened to the public sometime this spring.

The Rinderpest has committed the most serious havoc in our dairies; and, in spite of the improved sanitary condition of our byres and the vigilance of inspectors, it continues its work of destruction. The sanatoria which were opened for the treatment of diseased cattle have been closed; some doubts as to their utility appearing to have been entertained. The very admirable reports of Dr. Smart and of the Medical Committee appointed to investigate the disease, testify, however, that, if failing in some of their primary objects, these establishments have not been altogether useless.

The elections of our Town Councils have just taken

place; and Mr. William Chambers, the eminent publisher, has been chosen Lord Provost. It appears that the Council intend taking into most serious consideration, or, rather, intend setting about carrying into execution, many of the very admirable suggestions for the sanitary amelioration of Edinburgh, which have lately been made by our Medical Officer of Health, Dr. Littlejohn, in his model Report on the Sanitary Condition of Edinburgh; a report which, as it ought to do, is attracting great attention here at present.

The Medico-Chirurgical held its first sitting on Wednesday, when Dr. Matthews Duncan read a paper entitled "Notes on the Retentive Power of the Abdomen." The first meeting of the Botanical Society took place on Thursday; and the Royal Medical held its first meeting on Friday. These proceedings offered, however, no special points of interest. The Royal Society does not commence its sittings until December.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Fountain Hotel, Canterbury, on Thursday, November 23rd, at 3 P.M.

Dinner at 5 P.M.. Charge 5s., exclusive of wine.

Papers have been promised by Mr. C. Holttum, Mr. Rigden, Mr. F. H. Sankey, Mr. W. Thurston, Mr. A. Andrews, and Dr. Tassell.

R. L. BOWLES, L.R.C.P., *Honorary Secretary.*

Folkestone, November 16th, 1865.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held in the Natural History Museum, Shrewsbury, on November 3rd, 1865; J. W. MOORHOUSE, Esq., President, in the Chair.

Honorary Members. The Rev. W. A. Leighton, B.A., F.B.S.E., and T. P. Blunt, Esq., B.A., were elected Honorary Members of this Branch.

Officers. The Treasurer and Honorary Secretary were re-elected. W. Newman, M.D., of Stamford, was unanimously elected Vice-President for the ensuing year.

Communications. The following papers were read:

1. On the Sense of Smell as applied to Medicine. By Henry Johnson, M.D.
2. On a Painful Surgical Affection of the Heel. By William Newman, M.D. (Stamford).
3. On Villous Growth in the Bladder: with Case and Preparation. By Samuel Wood, Esq.
4. Case of Leucocythæmia: with Microscopical Demonstration. By William Eddowes, Esq.
5. On Disinfectants. By T. P. Blunt, B.A.
6. Some beautiful Wax Models of Disease were exhibited by T. B. Barrett, Esq.

A full and free discussion of the several communications ensued; and votes of thanks were passed to the contributors.

The Dinner took place at the Lion Hotel; twenty-six sat down and spent a very agreeable and harmonious evening together. The Chair was occupied by the President, J. W. Moorhouse, Esq., and the Vice-Chair by Dr. Burd.

Three new members were announced to be balloted for at the quarterly evening meeting in January next.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: MONTHLY MEETING.

A MONTHLY meeting of this Branch was held on Thursday, November 9th, 1865; J. RUSSELL, M.D., President, in the Chair. Nine members and one visitor were also present.

The Secretary. Dr. WADE resigned the office of Secretary, not having sufficient time to devote to his duties; and requested that his successor might be appointed as soon as convenient. Dr. Wade's resignation was received with regret, and the next meeting was made special for the election of a Secretary.

Hour of Meeting. Mr. MANLEY gave notice that he should move that the hour of meeting be altered from 6 to 7 P.M.

Papers. The following papers were read.

1. Case of Extroversion of the Bladder: with Physiological Observations made on the Urine in that Case. By T. A. Carter, M.D., Leamington.
2. Case of Excision of the Ankle-joint. By J. F. West, Esq., Birmingham.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 4TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Specimens, etc. Dr. PRIESTLEY exhibited a variety of Medicated Pessaries and Suppositories, manufactured by Messrs. Duncan and Flockhart, of Edinburgh. They had been made at the suggestion of Professor Simpson, with the view of administering a diversity of drugs by the vagina and rectum. The vaginal pessaries were so far new that they were of a convenient Minie-bullet form instead of round; and were made of cocoa-nut butter, which readily melted at the temperature of the body, although perfectly hard before introduction.

Dr. GREENHALGH recited a fatal case in which Cæsarean Section had followed the use of the Cephalotribe. A committee was appointed to examine the effect of this instrument upon the fœtal head. The report of the case and of the committee will appear in a subsequent number.

The PRESIDENT laid before the Society the original Cephalotribe of Baudelocque, which had been presented to the Society by Madame Petitjean, of Paris, through the thoughtful mediation of their Honorary President, Sir Charles Locock.

Dr. BARNES also exhibited a specimen of Fallopian Dropsy.

Mr. BAKER BROWN, jun., exhibited a preparation of two parts of Chloroform with one of Alcohol, to which the distilled essence of *eau-de-Cologne* had been added, which he had found to allay the pain of labour without complete anæsthesia, and recited cases in which it had been used.

Dr. BARNES exhibited an instrument made for him by Weiss, for introducing the perforated laminaria-tents into the cervix uteri.

Dr. Way read a case of Twin Pregnancy, in which one of the fœtuses had died at about the fourth month of intrauterine life, but was expelled at the same time with the other, nearly at full term.

Extrauterine Pregnancy. Dr. J. Braxton Hicks, at a former meeting, read a case of extrauterine fœtation, in which he had detected a fœtus alive in the recto-vaginal pouch of the peritoneum. Considering its advance to maturity in that position highly dangerous throughout its development and after, he endeavoured to arrest its growth by powerful galvanic currents. This was repeated without effect. It was then determined to pass a trocar into the fœtus, which was done *per vaginam* readily without any bleeding. The fœtal movements ceased next day; but vomiting, partly from the chloroform given, continued very violent till about the fifth day, when, sudden collapse supervening, the patient died on the sixth day after the operation. The *post mortem* examination showed that hæmorrhage was the immediate cause of death, owing to slight separation of the upper part of placental attachment to the exterior of the uterus, but none whatever occurred at the seat of puncture. The examination also showed a curious fact; namely, that the cyst in which the fœtus originally was formed had ruptured, and that the ovum entire had escaped into the recto-vaginal pouch, and continued to live and grow, the ovular membranes filling entirely the pouch, the placenta being attached to the back of the uterus. On opening the original cyst from above, the ovular membranes were seen through the rupture in the cyst. Dr. Hicks having requested the assistance of the President in elucidating these points, and in giving a report, the report was read, confirming the above facts, and endeavouring to explain the mode of occurrence.

A discussion arose between Dr. Routh, Dr. Graily Hewitt, Dr. Greenhalgh, and Dr. Hicks, as to the advisability of attempting the abdominal section in such cases.

CHRONIC INVERSION OF THE UTERUS.

BY J. MARION SIMS, M.D.

Dr. Marion Sims recited two cases of his own. In one of these, he attempted manual reduction without success, and, as the hæmorrhage from which the patient suffered was so excessive as to threaten a fatal result, he determined to remove the organ. It was attempted first by ligature; but as this gave rise to severe symptoms, pain, and depression, it was decided to remove it with the *écraseur*. Severe bleeding ensued from the broad ligament, which was controlled by ligature, and the line of section united by silver sutures. The patient recovered rapidly. In the other case, reduction was effected under ether by the hand. The uterus was grasped and partially restored. By pressing firmly the right cornu with the thumb of the left hand, and pushing upwards, while the fingers compressing the opposite side tended rather to draw the left cornu down, the uterus jumped, as it were, out of the hand, and was restored to its natural condition. The author then alluded to the successful plan of Dr. Tyler Smith by continuous pressure by air-ball, and to Dr. White of Buffalo, for the plan of lateral pressure on one cornu; and considered that, with the success which had latterly attended attempts at reduction, one should hesitate a long time before removing the uterus for inversion.

Dr. Sidney Turner remarked that the reduction of inversion just mentioned reminded him of the mode of reduction of hernia by the taxis; and suggested continuous grasping of the organ to empty it of its blood as much as possible, so as to lessen its bulk before attempting its reduction.

Dr. Hall of Brighton concurred in the view of the last speaker; and further suggested that bags of ice might be passed into the vagina to diminish the bulk, instancing the advantage of cold in treatment of paraphymosis.

Dr. Barnes mentioned that Dr. M'Clintock had fully explained the analogy of reduction of inversion of the uterus and hernia. He thought that the mode of action by the elastic ball of Dr. T. Smith was by wearing out the muscular resistance of the uterus.

Dr. M. Sims then replied to the various speakers.

Mr. F. Lawton related a case of Vascular Tumour of the Funis in a new-born infant, with its microscopical appearances by Dr. Hicks.

LIVERPOOL MEDICAL SOCIETY.

Thursday, October 19th, 1865.

W. H. Manifold, Esq., Vice-President, in the Chair.

Uterine Hæmorrhage. Mr. Steele narrated the particulars of a case of accidental hæmorrhage, attended with a fatal result, that had come under his observation. Dr. Parsons mentioned in his remarks that in one very severe case of hæmorrhage, where everything had failed in procuring uterine contraction, he had used electro-magnetism with the best possible result, the uterus contracting firmly under its influence, the patient making a good recovery.

Excision of Elbow. The President introduced a patient whose elbow he had excised for compound fracture into the joint. The movements of the limb are very free; and, when the extent of the mischief done to the joint is considered, a more perfect artificial joint could not be desired.

Poisoning by Extract of Belladonna. Dr. Skinner read a case, of which the following is an abstract.

On September 29th last, he was called to a young woman, about 22 years of age, a housekeeper in a large millinery establishment. She was said to be suffering from a fit. On Dr. Skinner's arrival, she was sitting up in bed, evidently insensible to all that was going on around her; her countenance, face, and neck were much suffused; the upper extremities and the trunk were swollen, and of a florid red colour; the conjunctivæ were deeply injected; and the pupils were dilated to the full, the irides being scarcely traceable. She was very restless, and was constantly picking at and pulling the bedclothes. Her look was at times wild and maniacal, always vacant; some times she would chuckle and laugh. The breathing was generally calm and equal, but frequenly she lapsed into profound coma, with loud snoring and stertor. The pulse at the carotid and temporal arteries was 140 when she was first seen, and while the more urgent symptoms lasted. The flexor muscles of the forearm were in a state of constant clonic spasm; and the cervical and upper dorsal muscles were similarly though less violently affected. The temporal and masseter muscles were sometimes violently contracted; and deglutition was very greatly impaired. Vomiting was not a marked symptom; but she could vomit when sufficient stimulus was used. Violent delirium and purgation were never observed. After swallowing the poison, she had wandered about the house, and hid the keys in a room she was unaccustomed to enter, and had even talked with her co-inmates; but she had no remembrance of having done so, nor of two doctors and anxious friends having been about her, nor of the fact of the stomach-pump having been used in spite of her efforts at resistance. The poisonous symptoms lasted from 6 P.M. to 12 P.M. During all this time, the only sensation she could call to remembrance was the

word "telegram", or "sending a telegram". (Dr. Skinner had recommended that a telegram should be sent to her only brother in Sheffield, apprising him of the danger of her position.) On inquiry being made if she had been taking any medicine, Dr. Skinner was told that she had taken a dose of confection of senna. On the pot being asked for and presented, it was labelled "Extract of Belladonna". This had been dispensed by a chemist in July 1864, as an antilactescent for another person. The patient had taken about two drachms and a half; and, allowing for the vomiting, etc., it is pretty certain that about one drachm was retained. Mr. Hakes was sent for, and the stomach-pump was used about three hours after the ingestion of the poison; but none of the fluids returned smelt of, or had the appearance of containing, belladonna. Ultimately, nothing but pure water came up. She was put to bed; cold wet cloths were tied round her forehead; and the head was constantly fanned, the feet being pronounced warm. Under this treatment, the surface of the head and face became very cold, and deglutition improved. Brandy was administered in strong bitter coffee; and before Mr. Hakes and Dr. Skinner left the patient, she was beginning to recognise those around her, and to speak a little. Dr. Skinner said he had long been of opinion that belladonna was not nearly so poisonous as was generally believed; and this he attributed to its possessing less power over the more important nervous centres, such as the medulla oblongata, than other more deadly narcotics, as aconite and opium. Its action was more stimulating than sedative. Mr. Hakes and he weighed the question of giving opium as an antidote; but they felt that they could not do so, in a case of life and death, in private practice. It was just possible that in many cases where opium had been given as an antidote to belladonna, undue credit may have been given to the antidote, and too little to the *vis medicatrix naturæ*, which acted well in the above case. Animal charcoal and gallic acid were not given, because the case seemed capable of being managed without.

Dr. Nottingham, Dr. Prytherch, Dr. Parsons, Dr. Desmond, Dr. Shearer, Dr. Imlach, Mr. Steele, and Mr. Hakes, took part in the discussion.

Excision of the Tongue. Dr. George Buchanan, Surgeon to the Glasgow Royal Infirmary, has successfully excised one lateral half of the tongue, following "the bold and ingenious proposal of Mr. Syme to divide the lower jaw at the symphysis." (See *Edinburgh Medical Journal*, November 1865.)

Death of Dr. John Macadam of Melbourne. Dr. Macadam was, twenty years ago, assistant to the late Professor George Wilson of Edinburgh. Twelve years ago he received his appointment in the Scottish College, Melbourne. He is brothor of Dr. Stevenson Macadam, of Edinburgh. He died on his passage to New Zealand, whither he had been subpœnaed to give professional evidence in a criminal case. Dr. Macadam filled the offices of government analytical chemist, professor of practical chemistry at the University, and public health officer to the city of Melbourne. He was for several years lecturer on chemisty to the Scottish College, and honorary secretary to the Royal Society of Victoria. In the latter capacity he was intimately concerned with the arrangements of the Bourke and Wills and other exploring expeditions. Dr. Macadam represented the district of Castlemaine in the Legislative Assembly from 1859 to 1864, and was Postmaster-General during the latter part of the existence of the Heales Administration. Dr. Macadam had only attained his thirty-eighth year.

Correspondence.

THE ROYAL COLLEGE OF SURGEONS: VOTING BY WRITTEN PAPERS.

Letter from Thos. Paget, Esq.

Sir,—The fifty-five memorials and notes from one hundred and thirty-five Fellows of the College, which met me at the Council yesterday, seem to demand an acknowledgment of their receipt, and an assurance that they were duly presented.

I am, etc., Thomas Paget.

November 10th, 1865.

ON THE USE AND ABUSE OF PURGATIVES.

Letter from Thomas Martin, Esq.

Sir,—In reference to Dr. Radcliffe's communication in the Journal of the 23rd September (p. 303), on the above-mentioned subject, permit me to offer a few observations as the result of the experience of half a century.

It is conceded that man is an omnivorous animal; not as an error or an abuse, but by nature, as demonstrated by his teeth, his stomach, and the length of his intestines. He inhabits the whole earth from the arctic to the antarctic regions, and is necessitated, therefore, to live exclusively on animal food, or on vegetable food, or on a mixture of both.

In temperate climates like our own, he is best nourished, and mentally and corporeally is most fully developed and sustained by a mixed diet, consisting of due proportions of animal and vegetable (comprising farinaceous and succulent) food, the textures of which require to be disintegrated, decomposed, and perhaps coagulated, in the stomach.

Unquestionably, therefore, in our climate and with our habits, a mixed diet of animal food, farinaceous food, and succulent food from the garden, properly cooked in due proportions, constitutes the best and most nutritious food for man. Man is a cooking animal; and the *green meat* which Dr. Radcliffe repeatedly mentions and recommends should all undergo processes of cookery. No green meat is easy of digestion in a raw or crude state. Salads, celery, and cucumbers, as usually eaten, are all difficult of digestion.

From errors of diet of various kinds constipation takes place, sooner or later, at or after the adult age; and people will send continually for a blue pill or a calomel pill and a black draught, thereby increasing the habitual constipation.

Purgatives or aperients are of three kinds.

First. Those which operate by increasing the secretions from the glands of the intestines only; as the saline purgatives, which weaken and exhaust, and increase the mischief.

Second. Those which operate by increasing the peristaltic motion of the intestines only, as colocynth, the aloetics, and the like; which at the same time improve the tone and functions of the intestines.

Third. Those which operate in both modes, by due combinations.

In the correction of the constipated habit, as Dr. Radcliffe observes, much may be done by a regulation of the diet, even by the adoption of brown bread in lieu of white; but not by the adoption of much *green meat*, that is to say, raw vegetables. Mothers are, or have been, in the habit of committing great errors in the diet of their children. Some observe, with a

smile of self-complacency, "I never give my children any sugar, or very little." Another will say, "I never give my children any butter, or a mere apology."

Most adults who can afford it eat too much, both of animal and vegetable food, and thereby induce a costive habit. Such persons are benefited by, and indeed require, the habitual use of a gentle *peristaltic persuader*—a dinner pill or a pill at bedtime, with which they are well and comfortable, and attain length of days—I may say, a high degree of longevity—and without which, obstructions and congestions of various internal organs, more or less serious, ensue.

Dr. Radcliffe and our other brother-members may, therefore, be assured that, with a regulated diet, the habitual daily use of *peristaltic persuaders* in the form of pills which never gripe or sicken, but move the bowels gently, as if naturally, produces health, comfort, and lengthened life. Of these pills, formulæ innumerable—some better than others, and adapted to special cases—are everywhere to be had.

In the treatment of disordered conditions, whether acute or chronic, I am ever an enemy to *sweeping* rules or conclusions. Every individual case has its peculiarities, requiring modification of treatment.

Permit me to add, in reference to Dr. Edward Smith's communication, that Dr. Beaumont caused Alexis St. Martin, after a dinner of wholesome food which was digesting happily, to take a glass of gin. The digestive process was immediately arrested and suspended, until the spirit had been absorbed and taken up into the general system, when the digestion of the food was slowly resumed and tardily completed; showing, moreover, that "brandy is not always Latin for goose." In all probability, the pale ale alluded to by Dr. Smith is a *weak* alcoholic beverage; and a glass of it with a meal of food cannot be very prejudicial *in retarding* or impairing the digestive process, as is the case with the introduction or imbibition of ardent spirit.

I am, etc., THOMAS MARTIN.

Reigate, November 8th, 1865.

A CURIOUS TALE. In a paper lately read by Dr. Kelburne King, president of the Hull Literary and Philosophical Society, on "The Recent Visit of the British Association to Birmingham," Dr. King, in speaking of a visit which he and Dr. Richardson, of London, had made to Shakespeare's birthplace, at Stratford-on-Avon, narrated the following curious incident. He said that a blind gentleman, who thought that no one but the guide was present, mentioned that a friend of his had a relic which would be a valuable addition to the Shakespearean Museum at that place,—the skull of Ben Jonson. This friend had attended the funeral of Dr. ——, (? John Hunter) at Westminster Abbey, when he perceived that the next grave, that of Ben Jonson, had been opened, and he could see the skeleton of the body in the coffin. He could not resist the opportunity of putting in his hand and extracting the skull, which he placed under his cloak and thus carried it off. From a remark which the blind gentleman dropped Dr. Richardson thought he could identify the offender, and he asked if the person's initials did not consist of certain letters. The blind gentleman, who was not a little startled at finding that the secret was out, admitted the fact, but prayed that no advantage might be taken of the discovery. This was promised; but as Dr. Richardson is an ardent admirer of the Avonian bard, he is determined that, without going to extremities, he will bring the necessary pressure to bear on the possessor of the skull, so that it shall be placed in a more worthy repository than the cabinet of an obscure individual. (*Manchester Guardian.*)

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on November 14th.

Adams, James Edward, Finsbury Circus
Barry, Edward Joseph, M.D.Edin., Ramsgate
Body, Henry Martin, Cheriton, North Devon
Brockman, Edward Forster, L.R.C.P., Brunswick Gardens, Kensington
Digges, Charles John Stokes, Dublin
Grace, Edward Mills, Downend, Bristol
Jackson, Andrew Christopher, Cape Town
Kerswill, John Bedford, St. Germains, Cornwall
Land, William John, Exeter
Lewis, Charles Gray Montgomery, Sedgley
Lovell, Francis Henry, Aspley, Woburn
Perkins, John Shirley Steele, Exeter
Prince, Frederic Tickell, Sawston, Cambridgeshire
Simpson, Reginald Palgrave, Norwich
Smith, Charles, M.B. and L.R.C.P.Lond., Basingstoke
Tatham, Hamilton de, Dorset Square
Taylor, Theodore Thomas, Cricklade, North Wilts
Thomas, William, L.S.A., Birmingham
Walker, Alfred, Albion Road, Stoke Newington
Ward, Frederic Henry, L.S.A., Scarborough
Willoughby, Edward Francis, Bristol
Wood, Robert, L.S.A., Uttoxeter, Staffordshire

New Fellows. At a meeting of the Council of the College, on November 9th, the following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such.

Shillitoe, Richard Rickman, Hitchin, Herts (Deputy Coroner for North Herts); diploma of membership dated August 4th, 1840
Young, Francis Ayerst, Hawkhurst, Cranbrook, Kent; October 31st, 1834

UNIVERSITY OF CAMBRIDGE. At a Congregation held on November 9th, the degree of Bachelor of Medicine was conferred on

Lee, Robert James, Caius College

APOTHECARIES' HALL. On November 9th, 1865, the following Licentiates were admitted:—

Bell, William, 7, Torrington Square
King, William, Moreton Terrace, Pimlico
Thomas, David, Carmarthen
Woodford, Edward Russell, Ventnor, Isle of Wight

APPOINTMENTS.

*DROSIER, W. H., M.D., appointed Assistant to the Professor of Chemistry in the University of Cambridge.

*HUMPHRY, George M., M.D., F.R.S., appointed a Member of the Botanic Garden Syndicate, and Assistant to the Professor of Anatomy, in the University of Cambridge.

*LATHAM, P. W., M.D., appointed Assistant to the Regius Professor of Medicine, and to the Professor of Mineralogy, in the University of Cambridge.

LESTOURGEON, C., Esq., appointed Assistant to the Regius Professor of Medicine in the University of Cambridge.

MEDICAL MAYORS. The following members of the medical profession have been elected Mayors for the ensuing year.

*ALDRED, Charles C., Esq., elected Mayor of Great Yarmouth.
ALDRIDGE, John P., M.D., elected Mayor of Dorchester.
*MARTIN, Anthony, Esq., elected Mayor of Evesham.
MAY, George, Esq., elected Mayor of Maldon.
WAYLEN, George, Esq., elected Mayor of Devizes.
*YATE, Frederick, Esq., elected Mayor of Godalming.

ARMY.

ANDERSON, Staff-Surgeon-Major R. C., M.D., retiring upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.
BARTLEY, Surgeon A. F., 12th Foot, to be Staff-Surgeon, *vice* W. G. N. Manley.
CANNY, Staff-Assistant-Surgeon D. J., to be Assistant-Surgeon 11th Foot, *vice* R. T. Scott.
CREYK, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon 4th Foot, *vice* E. Miller, M.D.
DONALDSON, Assistant-Surgeon J. Y., M.D., 100th Foot, to be Staff-Assistant-Surgeon, *vice* J. Thompson.

HUDSON, Assistant-Surgeon A. R., M.B., 6th Foot, to be Staff-Surgeon, *vice* Staff-Surgeon-Major R. C. Anderson, M.D.
JONES, Staff-Assistant-Surgeon M. J., to be Assistant-Surgeon Royal Artillery, *vice* W. G. N. Manley.
MANLEY, Staff-Surgeon W. G. N., to be Surgeon 12th Foot, *vice* A. F. Bartley.
POWELL, Staff-Surgeon G. W., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.
RATTRAY, Staff-Assistant-Surgeon Charles, M.D., to be Assistant-Surgeon 6th Foot, *vice* A. R. Hudson, M.B.
SCOTT, Assistant-Surgeon R. T., 11th Foot, to be Staff-Assistant-Surgeon, *vice* D. J. Canny.
THOMPSON, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 100th Foot, *vice* J. Y. Donaldson, M.D.
WEBB, Staff-Surgeon H. M., M.B., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.
WHITE, Surgeon T. E., M.D., 65th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.

INDIAN ARMY.

HARRIS, Surgeon F. W., to be Surgeon-Major Bombay Army.
ROSS, Assistant-Surgeon C. G. H., to be Surgeon Bombay Army.
STEINHAUSER, Surgeon J. F., to be Surgeon-Major Bombay Army.

MILITIA.

MICHAEL, D., Esq., to be Surgeon 2nd Somersetshire Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

SHONE, W. J., Esq., to be Honorary Assistant-Surgeon 1st Buckinghamshire R.V.

DEATHS.

ALLANBY. On November 13, at Hampstead, aged 22, Ernest William, eldest surviving son of J. S. Allanby, M.D.
BECK. On November 5th, at Ipswich, Elizabeth Margaret, widow of Edward Beck, M.D.
BLOXAM, William, M.D., at 28, Duke Street, Grosvenor Square, aged 59, on November 5.
BYNOE, Benjamin, M.D., Staff-Surgeon R.N., at Old Kent Road, aged 61, on November 13.
DICKINSON, W. F. D., Esq., Surgeon, at Ulverston, aged 55, on November 11.
DRURY, James S., M.D., at Radnor Place, aged 43, on November 11.
*EASTON, John A., M.D., Professor of Materia Medica in the University of Glasgow, suddenly, on November 11.
HAYWARD. On October 30th, at Chelsea, aged 70, Frances F., widow of R. B. Hayward, Esq., Surgeon, formerly of Epping.
MACADAM, John, M.D., Professor of Chemistry in the University of Melbourne, at sea, aged 37, on September 2.
MATHER, John B., Esq., Surgeon, at Dalston, aged 58, on November 12.
*MAYOR, Emilius Scipio, Esq., at Bristol, aged 65, on November 13.
MICHAEL, John, Esq., Assistant-Surgeon Royal Artillery, at Woolwich, aged 32, on November 14.
RANDOLPH. On November 11th, at Marsham Street, Westminster, aged 68, Mary, wife of John Randolph, Esq., Surgeon.
STODART, Edward, M.D., at Hendon, aged 61, on November 5.
TEGART, Edward, Esq., late of Dover Street, Piccadilly, at Onslow Crescent, Brompton, aged 69, on November 14.
TENISON. On November 7th, at Keith Terrace, Shepherd's Bush, aged 32, Fanny Hatton, wife of *E. T. R. Tenison, M.D.
TUSON, Edward W., Esq., F.R.S., at Devonshire Street, Portland Place, aged 63, on November 10.
WALLER. On November 12th, at Flegg Burgh, Norfolk, Mary Harriet, wife of John T. Waller, Esq., Surgeon.
WILLIAMSON, George, M.D., Surgeon-Major 64th Regiment, at Brighton, aged 44, on October 31.

THE CATTLE-PLAGUE. A Committee of the Lords of the Privy Council assembled on the 13th instant to take into consideration questions relating to the cattle-plague.

CHOLERA IN AN AMERICAN STEAMER. The steamer *Atalanta*, arrived at New York, has been detained in quarantine. She had sixty cases of cholera on board, among which were fifteen deaths.

SIR BENJAMIN BRODIE, Bart., M.A., has been appointed Waynflete Professor of Chemistry at Oxford. This appointment will render vacant the Aldrichian Professorship of Chemistry, in the gift of the University, but will not be filled up now.

CHILDBED MORTALITY IN VIENNA. At a late meeting of the Vienna Society of Physicians, Professor Späth stated in a report of the Clinical Lying-in Hospital for 1864, that out of 8,761 deliveries there were 86 deaths.

THE BRITISH HOME FOR INCURABLES held an election on the 14th instant at the London Tavern. There was a large number of candidates, of whom eight in- and eight out-patients were elected.

DR. HUMPHRY, of Downing College, has announced his intention of offering himself a candidate for the Professorship of Anatomy, if it should be vacant by the resignation of Dr. Clark, as mentioned in the *Times*.

UNIVERSITY OF ST. ANDREW'S. The following gentlemen have been nominated as candidates for the Rectorship of St. Andrew's University: Mr. J. Stuart Mill, Lord Lyttelton, Lord Kinnaird, and the Hon. Duncan M'Neill.

THE EDINBURGH SANATORIUM. The cattle which had been three weeks in contact with the sheep from the Sanatorium—which are themselves still in excellent condition—were on Sunday eating their hay and turnips with their usual appetite, and apparently all in perfect health. (*Scotsman.*)

DEATH OF DR. EASTON. We are deeply concerned to notice the death of Dr. Easton, Professor of Materia Medica in Glasgow University. The doctor's health had not been, for the last two years, so robust as formerly; but on the 11th inst. he attended to his professional duties as usual. The next morning, however, he was suddenly seized, and death ensued after about three hours' illness. Dr. Easton was extensively known and respected as an eminent practising physician, and an able and successful medical teacher. (*Glasgow Herald.*)

ACUPRESSURE. We know not what credence is to be given to the following, taken from an Edinburgh paper; but if it be correct, it would seem to indicate that acupressure was just superseding the ligature with the majority of surgeons in Scotland. "*The Medical School of Edinburgh.* At the first meeting of the Edinburgh Medico-Chirurgical Society, Dr. M'Kinlay of Paisley described ten cases of amputation, in all of which he had secured the bleeding vessels readily and perfectly by accupressure. He stated that he had employed the same method of arresting the attending bleeding in various other operations besides amputation, and always with such facility and certainty as to make him now decidedly prefer the use of the needle to the employment of the ligature in surgical hæmorrhage. In no case where he used the needle did secondary hæmorrhage follow, and the resulting wounds all healed rapidly and kindly. In the discussion which followed, none of the surgeons stood up in defence of the ligature, though several hospital surgeons were present."

AN INVALID TRANSPORT SHIP. The *Florence Nightingale*, a small vessel, built for the transport of troops' invalids between transports arriving at Spithead from India and other foreign stations and the Royal Military Hospital at Netley, will very shortly be made ready to enter upon her duties. The *Florence Nightingale* is a small flat bottomed vessel, built of iron, having one large cabin below for the use of the invalids, sheltered from the weather, and with no attempt therefore at deck accommodation. Her draught of water is very light, and this will enable her to float over the greater portion of the mud shoals intervening between high-water mark at Netley and the deep channel at Southampton Water. This will be a great boon to invalids, who under previous regulations had very often in rough weather to land at the end of the long pier at Netley and walk the distance up to the hospital, with the water breaking over the pier, and drenching men, women, and children over their knees.

Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[*Continued from p.* 521.]

The General Principles of Treatment.

The account which I have now given of the pathology of cholera, although brief, will, I trust, have been sufficient to convey to those who have carefully read these papers a definite idea of the doctrine which I advocate. If there are any who desire to have further details and proofs and illustrations, these may be found in a book which was published ten years ago, but which has hitherto attracted singularly little notice.

I proceed now to the inquiry, What has this pathology to do with treatment? And I maintain that it is a compass which will guide the intelligent practitioner over a "sea of troubles" and perplexities in the treatment of cholera. We now have a definite view of the nature of cholera, of the relation which the symptoms bear to each other, and of the manner in which the disease tends to a spontaneous recovery. We can see that, amongst a vast number of plans of treatment, some have been unquestionably beneficial by assisting the curative efforts of Nature, while others have been as unquestionably detrimental by opposing those efforts. Others, again, have been of a mixed character; as, for instance, the combination of calomel—a purgative—with opium. And, lastly, some methods have been simply neutral in their effects, except in so far as the knowledge that something was being done for him may have inspired the patient with hope and confidence. As an illustration of this, I may mention one of the many infallible cures which have found their way into the *Times*. I mean the inoculation with quassia. If that which has been satirically said contained the whole truth—namely, that "the chief art of the physician is to amuse the patient while Nature performs the cure"—the inoculation with quassia would be as effectual as any other method of treatment, and it would have the great negative merit of doing no harm.

There is no remedy which has the slightest pretension to be considered a cure for cholera; no drug or agent which, so far as we know, will neutralise the poison or lessen its virulence. I have not the faintest hope or expectation that a specific remedy for such a disease as cholera will ever be discovered. The number of really specific remedies which we possess for any diseases is unfortunately very small. Those who believe in specifics are, in general, ignorant of the nature of disease and of the true methods of cure; and this ignorance renders them quite incompetent to estimate the influence of treatment.

If I have correctly interpreted the phenomena of cholera, the natural method of cure is eliminative. The process of elimination takes place by two successive stages. 1. There is excretion from the blood into the stomach and bowels; and 2. The morbid contents of these viscera are ejected by vomiting and purging.* Can we do anything to assist this natural curative process? Unquestionably we can; by emetics and purgatives. But is it necessary or beneficial to interfere in any way? Ought we not rather to leave the cure entirely to Nature? I have no doubt that much may be done with advantage. And my conviction of this is based partly upon theoretical grounds, and partly upon the actual results of treatment. If we carefully observe the condition of a patient in collapse, we shall often find that the intestines are more or less distended with fluid; and this, too, while perhaps there is general torpor and very little effort at expulsion. Again, it is often found that, although there has been copious watery purging during life, the small intestines contain after death a large amount of a peculiar viscid dirty white material, having a very offensive odour. A purgative may be useful in removing both these conditions; namely, over-distension of the bowel by liquid, and accumulation of offensive viscid semi-solid secretions. The object of a purgative in cholera is not to increase excretion from the blood into the stomach and bowels; but simply to assist in the expulsion of the morbid secretions from the digestive canal. To fulfil this indication, that purgative is best adapted which acts most speedily, yet with the least amount of irritation. I believe that castor-oil best accomplishes this object; but a great variety of purgatives have been given with more or less success.

When, in September 1854, I first publicly stated that I was giving castor-oil as a purgative in cholera, the announcement was received with a howl of execration. Give a purgative to a patient whose blood has already been drained of all its liquid and thus rendered too thick to circulate! Unheard of atrocity! Statistics must immediately be published to show that this plan is most deadly in its effects.† But at the same time statistics were showing that calomel in frequent and sometimes in large doses is a very successful remedy. How does the calomel act? Is it not an irritant and a violent purgative? Or what is there to deprive it of its purgative properties when given for the cure of cholera?

Calomel a purgative! exclaims indignant orthodoxy. No! calomel is an alterative. It acts upon the liver, and restores the secretion of bile. Those who give this explanation of the action of mercury in cholera, are of course quite unaware what is the real cause of the suspended secretion of bile during collapse, and are therefore equally ignorant of the conditions essential for the restoration of that secretion. To call calomel an alterative and a restorer of the biliary secretion does not, like its combination with opium, deprive it of its purgative properties. I therefore claim the reported success of the calomel treatment as evidence in favour of elimination.

Saline Treatment. Another plan of treatment which has unquestionably been attended with a large

* If there are any who doubt the elimination of a *morbid poison* by the stomach and bowels, no one can doubt the existence of offensive *morbid secretions* which require to be cast out.

† It was evidently the opinion of some who chanced to be in prominent positions at that time, that my alarming outbreak of heterodoxy must be treated, like cholera, by very active repressive measures. So fierce an onslaught was made upon me, that I began to fear lest what Sydenham said of small-pox two hundred years ago, would be found equally applicable to cholera in the present century. "I venture to assert," said Sydenham, "that the physician who has much to do with small-pox runs many risks with his reputation. The vulgar are ever in the habit of ascribing deaths to the officiousness of the attendant; whilst physicians themselves catch greedily at opportunities for slander. They make out their case before incompetent judges, and procure most uncharitable verdicts. They act thus in order that they may build up a name for themselves, upon the ruined reputation of others; a proceeding disgraceful to even honest artisans—doubly disgraceful to scholars." (The *Works of Sydenham*, translated by Dr. R. G. Latham for the Sydenham Society, vol. i, p. 137.)

amount of success is that which is known as the saline treatment of Dr. Stevens. The theory upon which this treatment is based—namely, that the essential cause of cholera is a deficiency of the saline constituents of the blood—has been shown by accurate chemical analysis to be fanciful and erroneous; but this happens to be one of those rare cases in which a theory may be wrong and the practice based on it not far from right. I have condensed from Dr. Stevens's work (*Observations on the Nature and the Treatment of Asiatic Cholera*) the following account of his theory and his practice.

"The first efforts towards a cure should be directed to assist nature in throwing off the poison from the blood, *per vias naturales*, and, at the same time, supplying the necessary saline stimuli, on which the action of the heart and its vessels depends. In accordance with this view, patients presenting merely the first stage of premonitory symptoms, diarrhœa and vomiting, took, on their admission, a Seidlitz powder; and, if sinking was felt but without bowel complaint, more active purgatives were then employed; or three or four teaspoonfuls of Epsom salts were added to the Seidlitz powder. On the bowels being moved, plenty of thin beef-tea, well seasoned with salt, was given. This simple treatment was so successful, that a great many patients had no further complaint, and were generally dismissed cured in a few days."

"If cramps, coldness, or sinking of the pulse, were present, the patients were considered as cholera-patients in the second stage. The 'non-purgative' salts were administered every half-hour, or more or less frequently, according to the symptoms, and in the following dose: Muriate of soda ℈j; carbonate of soda ʒss; chlorate of potash gr. vij. When life seemed rapidly ebbing, the collapse stage having been reached, a strong solution of the same salts, at a temperature of 100°, was thrown into the bowel. The saline mixture was administered half-hourly; and, in severe cases, the muriate of soda was increased to a drachm, or even more, as circumstances seemed to require. In some cases, an enema, composed of a large tablespoonful of common salt in water, at as high a temperature as the patient could bear, was administered every two or three hours."

This plan of treatment has been attended with a large amount of success in the hands of many different practitioners; but, for a very obvious reason, it has not been generally adopted. Its mode of action is essentially eliminative; and, therefore, it is incompatible with that theory of collapse through loss of water which has taken such firm hold of the European medical mind.

This theory of collapse, which now, we trust, has received its death-blow, started into life when cholera first visited Europe in 1832. Before that time, our countrymen in India could not only *give* purgatives as a part of the regular treatment of cholera, but they might also *call* them purgatives without subjecting themselves to the imputation of culpable rashness and folly. Abundant illustrations of the use of purgatives in the treatment of cholera may be found in the writings of the following Indian practitioners: Bell, Orton, Scot, Curtis, Twining, Christie, Rogers, Kennedy, Searle, and Corbyn. None of these writers had any very definite pathological theory. They looked upon cholera as a disease chiefly of the nervous system. They called it spasmodic cholera; and they often gave opium to relieve cramps at the same time that they gave very active purgatives to remove the morbid secretions from the bowels. The fact that, in many instances, their treatment was a mixed treatment—a combination of opiates with purgatives—renders their writings the more instructive, since it clearly appears, on a careful study of their cases, that, in proportion as either the opiate or the purgative plan prevailed, was the mortality increased or diminished.

Several of these authors speak highly of the use of castor-oil, on account of its unirritating properties, and the completeness with which it brings away the viscid and putrid secretions from the bowels.

The very interesting paper by Mr. Watkins (British Medical Journal, Oct. 28th, p. 445), to which I have before referred, contains a most instructive illustration of the effect of various modes of treatment. It will be seen that four distinct sets of cases are there described. In one set opium was given alone; these were all fatal. In a second set, the opium was combined with calomel or with gray powder; of these more than half died. The purgative action of the mercury somewhat lessened the mortal effects of the opium. In a third set of five, calomel alone was given; and of these one died, while four recovered. In a fourth set of twenty-one, castor-oil was given; and nineteen of these patients recovered. Besides these, one case which had been treated by gray powder and opium passed into collapse, and then, castor-oil being substituted for the other remedies, she ultimately recovered. Lastly, one most interesting case in full collapse was treated by castor-oil until he rallied; then, through some mistake, two pills, probably of calomel and opium, were given, he fell again into collapse; he was a second time treated by castor-oil, and ultimately recovered.

It is sometimes argued, that no remedies can possibly be of use during collapse because absorption is suspended. Now, in the first place, Magendie has shown that absorption is not absolutely suspended during collapse, though it is rendered much less active. He injected camphor into the rectum, and detected its odour in the breath in five minutes, whereas in health, he says, it may be detected in one minute. He performed the same experiment with ether, and with a similar result. He reasonably infers that absorption is slowly carried on during collapse. (*Leçons sur le Cholera Morbus*, p. 97.) There is undoubted evidence that opium and alcohol become absorbed, and produce narcotic effects during collapse. But the remedies which are of real use during collapse have no need to be absorbed. Surely a mustard or salt and water emetic need not be absorbed in order to excite the stomach to expel its contents. And it can scarcely be doubted that calomel and castor-oil, by their stimulant action on the inner surface of the bowel, may excite muscular contraction, and so act as purgatives without being taken up by the blood-vessels.

A writer on cholera during the last epidemic stated that "brandy, ether, and ammonia, turpentine, and even champagne, were given to rouse the flagging energies of life, but to little purpose; they were generally thrown from the stomach as soon as swallowed, and draughts containing creasote, chloroform, and camphor, shared the same fate. The stomach had, as it were, lost the power of ministering to the wants of the system."

Now, it may be asked, whether the stomach was not much wiser and more useful than the doctor, and whether it could better "minister to the wants of the system," than by the expulsion of its morbid secretions, together with such a horrible mixture of drugs as could not be retained and absorbed without adding to the perilous oppression of the vital powers.

During the last epidemic, I observed very carefully the effect of *brandy* in the few cases in which I ventured, in a tentative manner, to give it to patients who were in collapse. I found that it speedily increased the restlessness and feeling of oppression; at the same time the pulse lost power and volume, and

he temperature fell. I infer, therefore, that brandy and all alcoholic stimulants during the collapse stage of cholera add to the obstruction of the pulmonary circulation, instead of passing freely through the lungs and then stimulating the left ventricle, as they do in other states of system. I resolved, therefore, never again to give alcoholic stimulants in collapse, no matter how great the *apparent* exhaustion may be.

In a few cases, the *sesquicarbonate of ammonia* was given with apparent benefit; and this remedy appears to deserve a further trial as a stimulant during the stage of collapse.

It is worse than useless to attempt to *feed* a patient during collapse. The secretions of the stomach are utterly deranged, and the power of digestion is suspended. The mildest nourishment administered at this time only adds to the feeling of oppression and general distress, from which the act of vomiting often gives immediate relief. Upon this point, I have satisfied myself by repeated and very careful observation.

The wife of the English chaplain in Paris has recently obtained notoriety by administering *chlorodyne* in fifty or sixty cases of incipient cholera, and, as it is stated, "has succeeded in arresting the disease in every instance." What would be the effect of chlorodyne in cases of choleraic diarrhœa? It would relieve the cramps, and, by its narcotic operation, it would in some degree retard the spontaneous recovery of the patient. Nevertheless, if a lady have a determination to step beyond her own proper sphere, and to play at doctoring, chlorodyne would be a much less dangerous drug in her hands than opium and strong astringents.

Dr. Bullar and Dr. Risdon Bennett have recently spoken in high terms of the good effects of *external warmth* to the skin of patients in collapse. Dr. Bullar recommends the hot mustard bath; and Dr. Bennett packing in hot wet blankets. There can be no question that to thoroughly warm a patient in collapse is often a real benefit; the pulse, the temperature and the colour of the skin, and the expression of the features, all improve simultaneously. And we can readily understand this effect of warmth if we have thoroughly comprehended the *modus operandi* of the hot saline injection into the veins. But too much must not be expected from the application of external warmth. The warm bath has often been found to have a very depressing effect. Annesley declares that, in his opinion, it did more harm than good. "The fatigue arising from going in and coming out of it, and from rubbing and dressing the patient, exhausted him." (*Diseases of India*, p. 156.) Christie found the bath injurious; and Dr. Parkes says: "I have seen a man walk firmly to the bath, with a pulse of tolerable volume, and a cool but not cold surface, and in five or ten minutes have seen the same man carried from the bath, with a pulse almost imperceptible, and a cold clammy skin. I cannot find in my notes a single case in which the warm bath appeared beneficial." (Parkes *On Cholera*, p. 210.)

During the epidemic of 1849, I saw several patients in King's College Hospital placed in the hot-air bath; and the result of my observation was that, while the warmth appeared to be beneficial, by relieving the cramps, and sometimes even improving the pulse, yet, on the whole, the patients appeared to be rather distressed than comforted by the bath. The employment of hot baths in the treatment of cholera obviously requires caution. Faintness is a not uncommon result of remaining too long in a hot bath, even when the bather is in health; and, in the collapse of cholera, a sudden and deadly exhaustion may be thus induced. Then be it remembered, that choleraic collapse is a form of asphyxia. There is an instinctive craving for air. Again and again will the patient toss all covering from his body; and it is likely that surrounding the body with hot water, or hot air, or wet blankets, may cause distress by interfering with cutaneous respiration—*i. e.*, the aëration of the blood through the skin. A very convenient way of keeping up the warmth of the body is by the application of hot bottles, hot dry flannels, or hot sand-bags, to various parts of the surface.

Dr. Murray, an Indian practitioner, obtained very striking results in the improvement of the pulse by *injecting into the rectum* every half-hour, or hour, or two hours, according to the urgency of the case, a pint of a weak solution of common salt and carbonate of soda, at a temperature of 120°. (Roger's *Reports on Asiatic Cholera*, p. 241.) The injections were retained generally from two to four minutes—sufficiently long to impart considerable warmth to the blood in the vessels of the large intestine; and to this, without doubt, the good effects were due. It appears to me that hot injections into the rectum may be used with advantage in cases of extreme collapse.

The good effects of heat are unquestionable. But what is to be said of *ice* or *iced water*, either taken into the stomach, or applied externally? During collapse there is usually a sensation of burning in the region of the stomach, and a strong craving for cold liquids. Iced water relieves that sensation of heat, and it has a powerful influence in checking vomiting. Are these sufficient reasons for giving iced water to a patient in collapse? In my opinion, decidedly not. I am sure that vomiting, when not excessive, is beneficial; and I believe that iced water lessens the burning sensation in the stomach by diminishing the vascularity of the mucous membrane, and thus interfering with the excretion of the morbid poison, upon the ejection of which by vomiting depends the patient's recovery. For these reasons, I believe that the administration of iced water to a patient in collapse is injurious. In most cases, I would allow an unlimited quantity of water of the temperature of the room; but, in extreme collapse, I would persuade the patient to drink *hot liquids*, with a view to add some warmth to the blood.

The application of *ice to the spine* has been recommended by Dr. Chapman. The theory which suggested this practice is a speculative web spun from the projector's brain. There is no evidence to show that this practice has been useful in any case. That some patients subjected to this distressing mode of treatment would recover, is certain; it is equally certain that their chances of recovery would be lessened by the depressing influence of the ice on the nervous system, and its chilling effect on the blood. We know that, if we can thoroughly warm a patient in collapse, we improve his general condition; and this, whether the warming be effected by the external application of heat, or by hot injections into the veins or into the rectum. We therefore can have no difficulty in perceiving that to thoroughly *chill* a patient in collapse must be a painful and a dangerous proceeding.

Venesection, as we have seen (*ante*, p. 607), has often afforded great relief during the stage of collapse; and I have before pointed out that the only rational interpretation of its *modus operandi* is that, by lessening the over-distension of the right cavities of the heart, it increases the contractile power of their muscular walls. The symptom which appears especially to call for venesection, and which has most commonly been relieved by it, is rapid breathing, with an oppressive sense of suffocation. When, with these symptoms, there is a cessation of vomit-

ing and purging, which is probably a result of the almost entire arrest of the blood in the lungs, I believe that venesection affords the only hope of benefit. If during the last epidemic I had known as much of the essential cause of collapse, and of the influence of venesection, as I now do, I believe that I might have saved more than one patient who, for the want of that knowledge, was lost.

In this communication, I have done little more than sketch the general principles of treatment. The only safe guide in conducting the details of treatment is to have a very clear and definite view of the pathological interpretation of symptoms, and of the mode in which remedies may assist the natural process of cure. Without this pathological knowledge, it is scarcely possible to avoid falling into some of the many errors which have affected the treatment of cholera, and which have often led to the neutralisation of the good effects of one remedy by the simultaneous use of other means having an opposite and an injurious influence.

Original Communications.

MEDICAL LOGOMACHY.

By Pathfinder.

In the Inaugural Address of Mr. Toynbee, F.R.S., delivered at the opening of the Medical School, St. Mary's Hospital, Paddington, on October 2nd, 1864, we find the following.

"What *purpose* does disease answer in the great scheme of Nature? He proposed to attempt an answer, incomplete as he knew such an attempt must be in an ordinary lecture. *Dis*ease, as the word implied, indicated [signified?] an absence of ease; and why does disease visit man?"

Now, ease is feeling—comfortable feeling, arising from the normal condition of the nerves, which have no injury to proclaim—*i. e.*, no sympathy to express. But is the "expression"—the feeling that indicates injury—really that injury? The purpose of the watchman is to give notice of, where he cannot prevent, injury. But, when he cries out "Fire", is his bawling the "injury"—the veritable *ill-health* (or bad condition) he wants mending or abating? All the pertinent meaning to be got from the word "disease" is this—that it denotes a feeling of uneasiness, which in turn denotes or implies *a state of injury*—*i. e.*, a not-*just* state. This malady is an effect or sequence of other conditions; and hence the inquiry of medicine is, first, In what does this mal-condition consist? and second, What are its causes? This opens out three practical courses; viz., one preventive, one curative, and one palliative. Our duty is, with a diseased person before us, first to cure; secondly, to prevent for the future; and, thirdly, when we can do no better, to palliate. We *prevent* only by avoiding causes. We *cure* either by dislodging removable causes of malady, when the effect vanishes, or by applying counteractives (*i. e.*, remedies which promote right action and lessen wrong). We *palliate* symptoms (*i. e.*, procure ease) when we can do nothing else, or even sometimes when we are also touching causes. If it be asked, How do we dislodge causes? we answer, by strengthening the vital system—first, through the sole direct conditions, those of assimilating food and supplying natural elements of normal action; and second, by administering medicines possessed of specific powers to suppress injurious function.

But let us return to the question, "*Why* does disease visit man?" If that at all differs from the questions, "Why does a blister inflame?" or "Why does fire burn?"—I am incapable of perceving the difference. It appears to me the same as asking, Why is action followed by reaction? But, accepting the first definition given of disease (as implying, indicating, or meaning *absence* of ease), what intelligence is there in the query, "Why does absence visit us?" If we are ever to have any science of medicine, we must learn to define our words more accurately, and to employ them with less ambiguousness. There is, indeed, one answer to be given to the question, "Why disease becomes?"—viz., because the cause of it becomes. But that can hardly have been the meaning of Mr. Toynbee, who proceeds:

"There was one circumstance common to all diseases, however various or utterly unlike [in what?] they might be; all imply a previous influence operating upon the body, disarranging its natural condition; all imply some antecedent injury [antecedent to what?] He agreed with Hunter and others, that disease [the *disarrangement*] had a different object from that of destroying life; and that there was a more satisfactory course to be pursued with respect to it than treating it merely as an enemy to be subdued and stopped."

Here we are plunged into chaos! If disease have the common property of (in other words, essentially is) "disarrangement", which is "injury", how can its purpose be good? Is a broken leg, or a bullet-perforation in the chest, or a bleeding lung, or strangulated hernia, or a fractured skull, or a jerking heart, neither to be mended, stopped, nor subdued? All injury must tend to destroy life; all disarrangement must be bad; and all that is bad is the work either of an enemy or of an ignorant friend. Was Mr. Toynbee thinking of some "healing process", or of some "vital reaction"? I answer, in that case he was not thinking of the malady, but of an instinctive, blind effort of the vital power to resist or repair it. Ought we to confound together in one indiscriminate term the fire and the firemen—the disease and the symptoms by which we recognise Nature's associated effort to cure it?

But, in the next paragraph, Mr. Toynbee absolutely dissevers disease from injury altogether! It is no longer a disarrangement or injury, but the *Vis Medicatrix Naturæ*, which re-arranges and re-adjusts! In short, that which was the result of a previous influence, disturbing the natural condition, is now the old chronic Vitality of the body; the suffering Patient has become the active Doctor! I wish he would explain how, consistently with his theory, is justified the subduing of the heart's jumping and jerking action by the administration of digitalis.

"Mr. Toynbee contended that the just interpretation of all this was, that, in disease, Nature was always attempting to remedy an injury; that sometimes without, but often with, the aid of Art, her purpose was accomplished. Sometimes the injury was too great to be remedied even by Nature and Art combined, and life was lost in the contest. It was unwise to attempt to cure a disease without first seeking to ascertain and remove the *injury*, for the repair of which the disease existed. He was disposed to regard an ordinary cold, not as a scourge, but as a remedial process. . . . Assuming, then, that disease was the consequence of an injury, the question before them was—What is to be the end, the aim, of the disease which was thus induced? Could the object be to add further injury? This question was answered in the affirmative by some, who recognised in it, at least in its progressive stages, a process essentially destructive. It must be manifest to every medical man that, in many cases at least, *Disease*, in

stead of increasing, in reality repaired the injury from which it arose. A cough obviously often served to remove the *Injury* which caused it."

I am amazed at this arguing. Is the doctor, then, called in to assist disease? If so, the M.D. is only assistant doctor. This is a transposition of names, however, from which we can possibly gain nothing, unless it be the suspicion that we do not know what we are talking about. Look at the novel sequence of causation: 1. Objective cause of injury (physical, chemical, or toxilogical); 2. The injury effected (say fever-injury, cardiac injury, skin-injury, etc.); 3. Natural disease, or curative process following injury; 4. Human disease—*i. e.*, physician's remedy; 5. Health or death.

Surely Dr. T. K. Chambers's definitions are better than these, when he places disease as the intermediate stage of vitality between health and death. Besides, what possible advantage is got by this novel, strained, and undefined use of the word disease, whereby it is made to discard the notion of injury or malady, and to assume the contrary idea of just and beneficial action? Let the injury be defined, at least; and let it be separated from the actions to be defined as disease. We shall then be able to reason intelligently, and to see—what we shall see! For one, I confess to an irresistible inclination to believe that malady is mischief; that disease is deterioration and injury; and that injury is the progressive element of destruction. If, however, zymotic diseases, cholera, etc., be constructive, and the torment of tic reproductive, so much the better. Good things have had to suffer from bad names, which Mr. Toynbee of London and Dr. Trall of New York are attempting to re-nominate and redress. Well, we won't quarrel about their new versions, or inversions, *provided they can educe any practical benefit out of the metamorphosis.* "A rose will smell as sweet by any other name." So, while cholera will be as fatal, cure will be as welcome, under the respective names of Injury, Symptom, and Disease, as of Disease and Remedy.

THREE CASES OF ASIATIC CHOLERA.

By Henry Dayman, F.R.C.S., Southampton.

The three cases here narrated occurred in my practice, and were narrowly watched by myself and my assistant, Mr. Robinson, to whom I am indebted for the particulars of the first case; the treatment of which was conducted, and the results accurately observed by him, from the beginning.

Case I. Samuel Bessant, aged 60, employed by a farmer to bring manure in a cart (on which he invariably rode) from the Southampton Docks to his farm at Milbrook; of unhealthy constitution; living in an ill-drained filthy hovel; and surrounded by circumstances of a depressing character; was attacked, on October 14th, 1865, by Asiatic cholera. The usual symptoms were present when he was first seen, and there was no pulse perceptible at the wrist. The ice plan, according to Dr. Chapman's method, was carried out.

On the 15th, at 10 A.M., the skin was warm; the cramps had ceased. There was no diarrhœa nor vomiting, nor pulse. At 11 A.M., he died.

Case II. Mary Ann Bowers, aged 44; had been employed as a nurse to watch a lunatic for several days and nights, in a neighbourhood where there had been three fatal cases of cholera. She returned to her home on Oct. 18th.

Oct. 21st. I was called to see her. She then had rice-water vomiting and diarrhœa. She had a cold deathy skin of a greyish brown colour; very feeble beating of the heart; and a small thread-like pulse; also cramps of the extremities.

Living in a miserable room, with little or no furniture in it, there was no means of putting her into a bath; and no nurse, except a sickly daughter with a child at her breast, to wait on her. I ordered her to have mustard cataplasms applied over the abdomen and feet, and to take twenty drops of dilute sulphuric acid every two hours.

Oct. 22nd. The skin was warm. She had not much pain or cramp; no diarrhœa; slight vomiting. There was distress of countenance. The pulse was firm; the urine scanty. I ordered her to have diluents; and to sit over hot water in the absence of the bath.

Oct. 23rd. The choleraic symptoms were gone. There was total suppression of urine. She had occasional delirium; pulse quick. I ordered hot fomentations to be applied, if possible, to the loins; and diluents with liquor potassæ and nitre to be taken.

Oct. 24th. She had muttering delirium with convulsive twitchings. There was no urine; pulse quick and feeble. She was ordered to take half a drachm of compound jalap powder every four hours until watery action was obtained. (On this day, a grandchild of the patient died in the same house of diarrhœa, after six hours' duration.)

Oct. 25th. The symptoms were the same. There was slight action of the bowels. She passed half a teacupful of dark turbid urine. The patient was comatose and sinking.

She died early on the 26th.

Case III. T. S., aged 45, a well-built man, whose health had always been good, removed with his family from a large well-constructed house to a small cottage immediately under the walls of a bone and blood manure factory, where there is a perpetual stench, and where the thatch of the neighbouring cottages seems to have absorbed much of the fœtid gases that are constantly given off.

Nov. 4th. Two days after his removal to the cottage, he was attacked by cholera. I saw him on that day at 11 A.M. He was blue, cold, clammy, shrivelled like an old man. The pulse was scarcely perceptible; he had incessant vomiting and diarrhœa, violent cramps in his feet, legs, hands, and arms, with much general pain in the abdomen. He was at once put into a warm hip-bath, in which a pound of mustard was mixed. His feet were put into a pail of warm water, with a quarter of a pound of mustard. He began immediately to feel warmer. He took no medicine at this time, except twenty drops of dilute sulphuric acid, which he instantly vomited.

3 o'clock P.M. The surface was warm; the pulse improved; the other symptoms the same.

7 P.M. The skin was warm; the pulse rising. The cramps were not so severe. Vomiting and diarrhœa continued. I ordered half a grain of calomel and a quarter of a grain of opium every three hours.

Nov. 5th. He had had a disturbed night, from the constant vomiting; the diarrhœa was stopped. The cramps were slight; the urine scanty. He still looked bluish. The calomel and opium were omitted, and the warm hip-bath was repeated without mustard.

6 P.M. The vomiting continued. There was slight increase of urine; no action of the bowels. The bath was repeated.

Nov. 6th. No action of the bowels had taken place. The vomiting was distressing. The urine was scanty. He was ordered to take one grain of blue pill, three grains of compound rhubarb pill every four hours, and to repeat the warm hip-bath.

The hip-bath was used on the 7th and 8th, when the normal quantity of urine was obtained. The vomiting gradually subsided as the kidneys began to

work; but the bowels did not act copiously until the 12th, after an active pill of calomel, gamboge, aloes, and soap.

Nov. 14th. He had no choleraic symptoms, but was weak, depressed, and without appetite. His bodily discomforts seemed now to arise from his still breathing an air that was full of a foul smell.

DELIVERY DURING SLEEP.

By Adolphus Samelson, M.D., Manchester.

The cases quoted from the *Philadelphia Medical Reporter* in the number of this Journal for Oct. 21st, p. 417, remind me of the following.

In the evening of February 22nd, 1844, I was sent for to Zabelsdorf, a village near Zehdenick, in the Uckermark, where I then resided (some thirty miles from Berlin), to attend a case of labour. Hannah Rohde, the wife of a farm-labourer, about forty years old, of middle size, spare habit, and sallow complexion, having had eight children, of whom three were living, had passed easily through all her confinements; but, immediately after several of the births, especially after the eighth, she had for a short time been unconscious.

At about 1 A.M. on the above day, some blood was first observed to come from the vagina; however, it stopped again, when about noon a more copious flow set in, which now continued through the afternoon, and soon associated itself with unconsciousness. At 7.30 P.M.—the time of my arrival—I found the os uteri pretty well dilated, and the membranes fairly distended, but the head placed quite to the right, and still so high that the particulars of the presentation could not be verified. Towards the right, partly in front, and partly to the side of the membranes, the placenta could be felt. The flooding had ceased. The woman did not recognise any one, and answered incoherently. The pulse, but little accelerated, and at first weak, became somewhat fuller soon after my arrival. The skin perspired moderately. During the afternoon, one single pain had been felt. From time to time the membranes grew a little more tense, but the woman made no complaint; she only appeared to feel rather hot. She was placed on her left side—that opposed to the uterine tumour. She kept pretty quiet in this posture, appeared to sleep tranquilly, and after a time awoke a trifle more conscious. Soon, however, she relapsed into her doze. A few slight twitchings of the arms had been observed meanwhile. At ten o'clock the messenger returned, who had been sent for some ergot to the town, about six miles distant. At five minutes past 10, I gave half one of the ten-grain powders ordered. Almost immediately a labour came on; but, even before it was observed, the woman exclaimed, "The water!" The membranes were ruptured; the head had at once descended lower; it soon placed itself right in the middle of the pelvis, and came further down. Fifteen minutes after the first, the woman got another dose of ergot, of two-and-a-half grains only (the midwife in attendance having mistakenly once more divided the half powder left); fresh labour-pains ensued, which, thirty-five minutes after 10, caused the face of the child to appear at the outlet. The entire body followed rapidly, and was immediately succeeded by a great gush of blood, welling out in two or three large waves. Within a few minutes more, the placenta, perfectly normal, came away; the funis was rather short.

The child, a middle-sized male, was some little time before he made himself heard. Only by degrees the woman's consciousness returned; she felt weary, and was much inclined to sleep. Soon after eleven o'clock, she had recovered her senses, and was not a little surprised at what had happened. The uterus kept contracting satisfactorily; nothing unusual further occurred. The number of pains had been seven or eight in all. As a stimulant, about three tablespoonfuls of poor Sauterne wine had been consumed during the process.

SANGUINEOUS DISCHARGE FROM THE VAGINA OF AN INFANT.

By J. Birchenall, Esq., Macclesfield.

On the morning of August 25th, 1865, I was sent for in haste to Mrs. W., who had been suffering through the night from cramps in the abdominal muscles, recurring at intervals, which, as she was at the full period of utero-gestation, she regarded as the precursors of labour. On my arrival, I found that, half an hour previously, but without any other premonition, she felt as if the bowels would be moved, and withdrew to the water-closet for this purpose. Whilst she was there, a smart labour-pain supervened, by which the head of the child was protruded. The nurse, who was at hand, quickly replaced her on the bed; but the body of the child was not expelled until the moment I entered the room.

There was no pulsation in the cord, which was perfectly flaccid; and the child was asphyxiated, the head and neck being livid and cold, and a general pallor diffused over the body. As the action of the heart, however, had not entirely ceased, I endeavoured to restore it by applying flannels dipped in hot water to the chest, and sponges similarly charged to the groin and to the fontanelle. By the use of these means, the pulsations of the heart gradually increased in frequency and force; and, after the lapse of half an hour, there was a faint convulsive inspiration, which was repeated at intervals during from five to ten minutes more, when the breathing slowly quickened into its natural state.

The child was a female, of large development, as compared with the children the lady had previously borne.

On the morning of the fifth day after birth, the nurse was startled by a discharge of blood on the napkin of the infant, to which she called my attention, stating, as her firm belief, that it proceeded "from the female passage". She produced a napkin which had been recently removed, upon which there was a patch, of about the size of a crown-piece, of a florid muco-sanguineous discharge. It was obvious that the blood could not have proceeded from the bowels, as the fæcal discharge occupied a distinct patch on the napkin in this, as well as in every previous and subsequent instance. On separating the outer labia, I found the internal surface suffused with blood; and the vulva, when cleansed by sponging, uniformly injected. On the third day, the vaginal discharge assumed a somewhat brownish colour; but on the fourth it became florid as at first, and terminated on the fifth with a dark clot, such as not unfrequently occurs at the close of the usual menstrual period. There was no marked turgescence in any portion of the sexual appendages.

Although there has been no recurrence of this particular phenomenon, it is worthy of note, as something like an approximative coincidence, that, at the end of the month precisely, from the period first indicated, there was a transudation of sero-sanguineous fluid from the mucous surface of the bowels, like that which is ordinarily seen in the milder forms of dysentery, which continued a day or two only, but without any deviation from the natural state of the alvine evacuations.

Transactions of Branches.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

FIBROUS DISORGANISATION OF THE PYLORUS.

By JOHN GRANTHAM, F.R.C.S., Crayford.

[*Read at Dartford, April 28th*, 1865.]*

I PURPOSE continuing my remarks on the Importance of Observation in the Investigation of Disease. If there be any motive more imperative than another in endeavouring to uphold and maintain the great truths connected with the investigation and treatment of disease, it will be found in the duty of our adhering more strictly only to what we may be able to observe; and more closely adopting those principles of treatment which are based on correct mechanical, chemical, and physiological knowledge; avoiding, in our practice, any incompatibility, particularly in the arrangement and combination of therapeutical means; for I fear there is not a chemist but who is too well conversant with the heterogeneous compounds written in many prescriptions. I say, in charity, that such unchemical arrangements in drugs do indeed prove the writer to be far away from those rational laws which ought to be in his thoughts in the management of disease.

The following case came under my notice in the early part of 1863. It was one that excited great interest in the minds of several in our profession, and was the cause of difference of opinion in reference to diagnosis. There was also an unusual interest felt by many of the patient's friends, who moved in the higher circles of society, giving it a degree of importance of no ordinary character.

On February 8th, 1863, the Rev. E. E., aged 56, came to consult me in reference to what had been diagnosed to be a tumour in the abdomen, with induration of the mesenteric glands. His appearance was most cadaverous, with great emaciation of body; he was highly sensitive to cold; and could with difficulty walk upstairs.

I made a careful examination of the chest and abdomen; but could detect no enlargement, only hardness from an overloaded colon; and I thought there might be hypertrophy of the pancreas, but the evidence of this was doubtful. The circulation of the blood was quicker than normal, and the pulse felt thin in its volume. The patient complained of great inability to retain his food; indeed, he generally vomited about the third day, and that in copious quantities. Still there was not the least pain or tenderness over the region of the stomach; nor could I detect any abnormity of the liver. The intestines appeared to be exempt from all disease. The urine was of specific gravity 1022, of an amber colour, transparent; it gave no evidence of the phosphates, albumen, or sugar. Microscopical examination proved oxalates to be present in very great abundance. I therefore diagnosed the case to be one of malassimilation peculiar to "oxaluria"; by which I mean the defect of function to be in the cardiac extremity of the stomach, implying error of chymification. The patient had been irregular in his habits of living; that is, he had indulged very freely at the table, but was remarkably temperate in drinking; this irregularity, no doubt, primarily causing that form of dyspepsia in a malarial district of country. Furthermore, he had undergone the operation for strangulated hernia, which had added to the cause of functional derangements in the stomach, by shock or damage to the solar plexus of nerves, in some degree suspending the supply of organic nerve-power necessary in chymification.

After his first visit to me, he returned to his own residence in Norfolk; when I wrote to him, explaining the nature of his malady, and advising as treatment a bland, light, nutritive diet, with ammonia and rhubarb twice a day. Under this, he appeared for a short time to regain power. After returning from Yarmouth, where he had been for change of air, he began again gradually to become weaker and weaker; and, despite of minute management and great improvement in the function of the colon, he died on July 28th, 1863, at Erith, without pain in any part of the system.

The body was examined in the presence of four medical men, and presented the following appearances. Every viscus was perfectly healthy, excepting the pyloric end of the stomach and the adjoining portion of the duodenum, which were soft and enlarged from interstitial deposition—not true carcinoma, but an interstitial infiltration, probably of a fibroid character.

Experience during the last few years has proved to my mind the great difficulty of defining the early indications of those diseases pertaining to the pyloric end of the stomach, in consequence of the absence of pain in that part where organically diseased. It is admitted by the best writers that, notwithstanding the aid of touch and sight, the diagnosis of abdominal tumours is difficult and puzzling.

* The Secretary regrets that this paper was laid aside and forgotten for many months.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

SELECTION OF HALF-A-DOZEN CASES OF PLACENTA PRÆVIA.

By EDWARD GARRAWAY, Esq., Faversham.

[*Read at Dover, September 21st*, 1865.]

IN our several experiences of midwifery practice, we can call to mind perhaps no cases which have involved us in greater anxiety for the time being, have been fraught with more imminent danger to our patients, or have demanded a greater amount of skill, promptitude, energy, and decision on our part, than so-called cases of placenta prævia. Although comparatively rare, they are sufficiently common to render it needful that we be always on the alert and ready to act when the moment arrives, for life or death may really sometimes hang upon moments; and it is well that we should all have fixed principles, so far as the varying nature of cases will allow, for our guidance in one of the gravest complications to which the parturient state is liable. I have nothing new to advance upon the subject; but simply with a view of provoking discussion, and thereby eliciting sparks of wisdom to add to my own limited stock, I have thought it well to bring before the society a selection of half-a-dozen cases of the ordinary varieties of placental presentation, and the different methods of treatment which at the time I thought they appeared to require. Certainly, with an enlarged experience, if some of them were to recur, I should now act differently. Possibly this may be considered a humiliating admission, but I think otherwise. In these days of universal progress, it is hard if any man can look back twenty, ten, or even five years, and not discover some points of practice in which he has become enlightened, some modes of treatment upon which he has improved.

The first case is one of a very simple character. A

delicate young woman, in her seventh month of pregnancy, suddenly lost about half-a pint of blood. On reaching her house, I found the hæmorrhage had ceased; her pulse was quick, more from trepidation and alarm than from the amount of the loss. The recumbent posture was enjoined, a cool room, acidulated drinks, etc.; and the patient was advised that labour might not come on before its due time, for happily these first gushes are often premonitory warnings of what we may expect when the term of gestation is completed. However, in this case labour supervened at once—that is to say, in six hours pains came on and bleeding recurred. Examination now revealed the vagina filled with coagula, the os high up and undilatable, admitting only the point of the finger just sufficiently to detect the cushion of placenta implanted over it. The vagina was now plugged with a conical sponge; no more blood escaped, and the pains for a time subsided. After a lapse of ten hours, fresh uterine effort came on, forcing out the sponge, and, of course, occasioning renewed hæmorrhage. The os was now beautifully soft and dilatable, and expanded to the size of a florin. A little detachment of the placenta enabled me to find its margin and rupture the membranes. At the same time a dose of ergot was given. Not a drop of blood was subsequently lost; active pains came on, and notwithstanding it was a first labour and the presentation a breech, one hour sufficed for the completion of the delivery. The child was dead. This case needs no comment.

The next patient had experienced some degree of hæmorrhage, just sufficient to put one on the *qui vive*, five weeks before. I was now hastily summoned, and found that not less than a quart of blood had been lost, and a steady flow was continuing with frequent expulsion of clots: no pains. The os was found dilated nearly to the size of a crown, and the placenta entirely implanted over it. The head of the fœtus could be felt presenting through the walls of the uterus. There was evidently not a moment to lose, for the woman was already blanched, and the pulse running. The os dilated readily; but so firmly adherent was the placenta in its whole circumference, that I could nowhere, without undue violence, detach a margin so as to reach the membranes. However, it was necessary to enter the uterus, and that instantly, for blood was trickling rapidly past my arm, and the patient beginning to toss about. With a sawing movement of the tips of the fingers, I plunged through the placental mass and straight on to the feet of the child, which being brought down through the rent, all hæmorrhage ceased, and labour was completed with facility. The child was dead. This was a case to congratulate one's self upon—that is to say, when it was over, though certainly during the process of delivery, the position of the accoucheur, unaided, and fearing every moment the patient would die under his hands, was anything but an enviable one.

In the next case, some blood had been lost three weeks prior to the coming on of labour. The membranes had already been ruptured by a midwife. The hæmorrhage, not previously great, had now altogether ceased, and I was summoned on account of some obscurity about the presentation. Examination revealed some inches of funis lying in the bed, and on tracing this upwards, the os was discovered half dilated and occupied by a head, a foot, and a detached flap of placenta. On essaying to bring down the foot, powerful uterine effort came on, frustrating my design by forcing down the head and completing the labour in a natural manner. The child was dead. Perhaps I had better have left the foot alone.

Three weeks' warning was also given in the following case, by some slight hæmorrhage. On its recurrence a surgeon was sent for, who found the loss very trifling; there was no pain; the os was high up, and insufficiently dilated to determine the nature of the presentation. The patient was directed to lie in bed; and, the rectum being loaded, a dose of castor-oil was given. A few hours afterwards, I was sent for in great haste, and found the woman sitting on the commode exsanguined and fainting. The pan was full of coagula, which had followed an evacuation from the bowels. I dragged my patient on to the bed, plied her well with brandy, but she was too far gone to rally. Another practitioner at this moment arriving, passed his hand through the placenta, which was implanted entirely over the os, and delivered the child. This proceeding was had recourse to without any view of benefiting or fear of endangering the mother, who was already *in articulo mortis*, but solely to save the friends the horror which they always entertain of a woman dying undelivered.

This was a very distressing case, the termination of which could hardly have been foreseen, or perhaps prevented. It is not to be supposed that the castor-oil in any way conduced to the fatal result. It would appear that the os had been slowly dilating, unaccompanied by pain or external escape of blood, by which the attention of the patient or her nurse might have been aroused, until at length, the vagina being filled and distended, and the poor woman getting out for relief, the flood-gates opened, and a further gush at once sank her beyond recovery.

In the next case, the usual three weeks' premonition—slight hæmorrhage—took place; and the implantation of the placenta over the os was readily detected. Gestation was allowed to go on to the full term. When labour commenced, I was summoned, and found the os already dilated beyond the size of a half-crown, four-fifths of it being occupied by placenta. The vagina was full of clots; hæmorrhage inconsiderable. The hand was passed by the side of the placenta, and turning and delivery effected with the utmost facility in less than five minutes. The child was living. Certainly there was no absolute need here to have entered the uterus; rupturing the membranes doubtless would have been sufficient. Nevertheless, it is possible that natural delivery would have been more protracted, and the child might have been sacrificed.

The last case which I shall mention, was one in which there was no premonitory hæmorrhage. Slight labour-pains had been going on for twelve hours, when I was sent for, and found a bag of liquor amnii filling the vagina and constricted by the os uteri, which was thick, rigid, and undilatable; the presentation could not be detected. On rupturing the membranes, two loops of funis protruded, and I fancied a scrotum and breech were to be felt, but the diagnosis at this period was very cloudy. The os being very rigid, but little dilated, and the pains slight, I ventured to leave for an hour. On returning, it appeared that flooding had commenced, and clots were passing. The vagina was full of coagula, and a good sized flap of placenta was hanging through the now slightly dilated os uteri, together with the before mentioned two loops of cord. The question as to what was the presentation of the child, which even yet I was not able satisfactorily to answer, fortunately was of no moment. Immediate delivery was indicated. Considerable difficulty was experienced in dilating and getting through the os, which proved to be occupied by the hands and feet of the child, in addition to the funis and placenta. The feet were brought down, and there was no trouble in completing the labour without further hæmorrhage. The child was dead.

There was a remarkable feature in this patient's

case—not, however, connected with the presentation or delivery—worth noting. For some weeks before the end of her pregnancy, she had become the subject of anasarca with albuminous urine, a state of things which also obtained in her previous labour, and which labour had been completed under severe convulsions. Anticipating similar trouble this time, I had been stealing in minute doses of calomel for a week or two previously, and the gums were just perceptibly affected. Whether the mercurial action should have the credit of averting convulsion this time, I will not take upon me to say; at all events, though prepared to deal with this formidable complication, there was not the slightest tendency to anything of the kind.

It will have been noted that, in five out of six of these cases, warning was given some weeks before the completion of gestation that the placenta was in malposition. In one, however, labour supervened immediately upon the occurrence of hæmorrhage. The others were allowed to go on to the full term; and of these, four of the children and one of the mothers were lost. Of course, this mortality is not to be taken as my average, nor as any average in placenta prævia. These are six cases selected as illustrations. If the few others I have encountered were added, more children would appear saved, and no other maternal death would be recorded.

Now comes the all-important question—How far are we justified in neglecting these warnings? How far are we justified in hoping that we may "be in the way", and in simply determining to do the best we can when the great emergency shall arise; as, sooner or later, arise it will. I believe that the opinions of the most enlightened accoucheurs of to-day are decidedly in favour of proceeding to immediate delivery whenever hæmorrhage after the seventh month can be detected as proceeding from an exposed surface of the placenta. Dr. Graily Hewitt speaks of these cases as liable to perish at any moment, and strongly urges the induction of premature labour. Had this course been adopted in my cases, at least it is probable that the mother who lost her life might have been saved, and possibly more of the children. Perhaps the best mode of bringing on premature labour, having always in view the particular object we desire to accomplish, is first to plug the vagina with a compressed conical sponge, pressing its apex well into the os uteri—this will check hæmorrhage, soften and dilate the os, and probably induce uterine action; then to rupture the membranes, when the pressure of the presenting part will prevent any recurrence of bleeding; and, if uterine action be delayed, to quicken it by the administration of ergot and the application of a bandage; and, in the event of all these measures failing, to proceed to artificial delivery as soon as the os will admit the passage of the hand—even then not to hurry the work, but to suffer the pelvis of the child to be engaged some time in the os, that the head may afterwards pass more readily, and the child not perish from the constriction of an unyielding os about its neck. I think we may be apt, when once we have brought down the feet, to expedite delivery by more or less continuous traction, when there is really no occasion to hasten the process at all.

In cases where the placenta is entirely implanted over the os, rupturing the membranes may not suffice, version being often also necessary; and, of course, if this can be effected after the method of Dr. Braxton Hicks, without introducing the hand into the uterus, so much the better; although I fancy this proceeding is more easily described than accomplished. And, I may also remark, that I never saw any evil consequences which I could attribute to the careful introduction of the hand into the uterus, more especially when this organ has been distended with liquor amnii, an advantage which we usually have in the cases I am describing.

In no instance have I considered it expedient to detach and remove the placenta first; for although arrest of hæmorrhage may invariably result, yet the child's life is almost as invariably sacrificed—a life which, under other modes of management, the accoucheur will at least have the satisfaction of feeling he has endeavoured to save.

[The opinion of the meeting, unanimously expressed, was to the effect, that, although every case must be treated *per se*, having regard to the condition of the patient and the condition of the os, yet if any rule could be laid down, it would be not to induce premature labour, as often gestation will go on for some weeks after the first hæmorrhage, the child thereby being afforded a better chance of living, and the accoucheur, knowing what he has to expect, can hold himself in readiness to act when his services may be required.]

WEST SOMERSET BRANCH.

TYPHUS FEVER.

By H. W. Randolph, Esq., Milverton, Somerset.

[*Read October* 4, 1865.]

As it is still an unsettled question in the profession, whether typhus fever be contagious or the result of an epidemic; whether it be specifically conveyed from person to person, or influenced by atmospheric causes—a poisoned state of the air we breathe, overcrowded habitations, placed over foul cess-pools, or badly constructed drains, I think I shall be enabled to advance evidence to prove that an outbreak of fever in Milverton in 1863 owed its origin entirely to the latter cause.

Situated in the lowest part of Milverton is a nest of houses, which, some twenty years since, was the parish workhouse, but is now converted into seven cottages. The families are small, and the rooms capacious; but, at the head of the row, turning at right angles with the top house, and facing you as you enter the premises, are several pigsties, and a large open privy for the accommodation of all the inhabitants of the row. The stench from this putrefying accumulation, openly exposed, without the slightest means of escape, was perfectly sickening, and highly offensive to the senses of all but those who were habituated to it. The consequence was that, in the fall of 1863, a fever of a typhoid character broke out, of a very malignant nature. No fewer than twenty were struck down; four died, whilst all the others went through a very protracted convalescence. The fever assumed a low type, presenting no acute symptoms, being ushered in with great prostration. There was no cerebral disease; no derangement of the digestive organs; no symptoms, in fact, indicating other treatment than stimulants and light nutritious diet.

The only important and interesting feature in the case worthy of attention, is the cause that produced this sudden attack of fever, and how it happened that the inmates of the several houses, one after another, without any communication with each other, were smitten with fever. The first case was that of a boy, 11 years of age. He was taken with mild febrile symptoms; and, with all the best care and attention that could be bestowed, the attack ran through the very worst form of typhus, and the boy, though he ultimately made a good recovery, was months under treatment. The case thus cursorily mentioned

may be said to represent the type of fever that prevailed throughout the several infected houses.

The first family attacked lived in the house at the head of the row, contiguous to the pigsties and privy; whilst the second case, which ended fatally, was that of a man in the last house but one of the row, who had had no communication whatever with the family of the first house. The third case was two doors from the second. All the inmates of this house were struck down. Then came others in quick succession, until all the inhabitants of the several houses in the row were prostrated in fever. There was no evidence, from first to last, of any personal contact; and this sudden outbreak, I think, may fairly be attributed to the poisonous atmosphere arising from the causes before mentioned.

As the property belongs to an individual with whom I have some influence, I lost no time in representing the necessity of an entire and immediate removal of the great cause of offence. All the pigsties, etc., were swept away and built afresh far up in the garden. The premises were thoroughly drained, and the houses white-washed. The epidemic subsided; and, as this row of houses is detached by several hundred yards from other dwellings in the place, it was satisfactory to find that no fresh cases presented themselves in the neighbourhood, but that it was strictly confined to this locality; though, had it been contagious, as has been maintained by many practitioners, it could not have failed to be conveyed to other parts of the town by the nurses attendant on the sick.

Knowing that many high authorities attribute the spread of this disease to contagion of a specific character, and as the sanitary measures now being enforced in both town and country are, in my opinion, so essential to the happiness and well-being of the community, I think it desirable that the profession should be in possession of all the evidence that can be procured, to enable them to determine for themselves the simple question, whether the disease emanates from a cause not within the control of man, or whether we may look upon our crowded dwellings, choked-up cess-pools, and exposed decaying vegetable matter, as the fruitful sources of that most widespread malady, the typhus fever of this country.

I may add, in conclusion, that since the revolution was effected in the locality referred to, the dwellings made clean, and nuisances removed, not one case of fever or other disease has occurred, and the district is now as healthy as any other part of the neighbourhood.

Lady Doctors in France. It appears from the *Temps*, that the medical schools of France decidedly object to admit females to study medicine. Some months since, a young lady, a native of Algiers, obtained the diploma of bachelor of letters after passing a brilliant examination. Wishing to utilise her talents, Mdlle. Rengguer appeared to the Dean of the Faculty of Medicine at Montpelier for permission to follow the course of medical instruction in that university, but met with a refusal, on the ground of her sex. The lady appealed from that decision to the Minister of Public Instruction, who received her demand favourably, but proposed the following compromise:—"That, as Mdlle. Rengguer could speak the Arab language, she should be exceptionally authorised to study for the diploma of doctor in medicihe, but on condition that she should engage to practise only in Algeria, where the Arab women have a great repugnance to the attendance of male physicians. The lady declined to make the engagement, and persists in her claim as a free citizen. So the affair stands for the present.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

Atrophy of the Olfactory Nerves: Hypertrophy of the Roots of the Optic Nerves: Sense of Smell Impaired. M. J. L. Prevost related at a meeting of the Société de Biologie in Paris the case of a woman aged 69, who had been under the care of M. Vulpian in the Salpêtrière. She had hemiplegia twice—once twenty years and again eleven years ago. On the first occasion, the paralysis was on the right side, and recovery was perfect; in the second attack, it was on the left, and left permanent difficulty of walking and of speech. On April 22nd of this year she was again seized with apoplexy. The face was drawn to the right and upwards; the right buccinator was slightly paralysed; the tongue was straight; there was no strabismus; and the pupils were equal. Motion was almost completely abolished on the right side. She died on the 24th. On *post mortem* examination, there was found to be a single narrow whitish band, proceeding from the convolution in front of the anterior perforated space, and representing a part of the external root of the olfactory nerve. In the course of the nerve, the arachnoid was much thickened; and the nerve itself was represented by a narrow greyish semitransparent trunk, which ended in a small olfactory bulb. The parts were so small as not to be seen without a careful examination. By the microscope, neither M. Prevost nor M. Vulpian could discover any nerve-fibres. There was only a slightly granular amorphous substance, with some very minute fibrils, probably the *débris* of the sheath of the nerve-tubes. Scattered through the amorphous substance were also a number of nuclei and of amyloid corpuscles. The roots of the optic nerves were much hypertrophied, representing two fusiform cords. The optic commissure appeared normal, and the optic nerves were slightly enlarged. Cavities were found in both corpora striata. On inquiry of the son and daughter of the patient, M. Prevost found that formerly she had a well developed sense of smell; but that for two or three years it had been gradually diminishing; and that this diminution was accompanied with a loss of taste. (*Gaz. Méd. de Paris*, Sept. 16, 1865).

Affections of the Peripheric Nerves in Poisoning by Charcoal Vapour. Asphyxia by the vapour of charcoal, says M. Leudet, produces disturbance of the peripheric nerves in some cases. The motor, sensory, and vaso-motor nerves may suffer either simultaneously or alone. The disturbance of the motor and sensory nerves is at first manifested by paralysis of motion or of sensation, and by local swelling and redness in the course of the nerve. These symptoms have been observed by M. Leudet in a case of neuritis of the radial nerve, and in one of the sciatic nerve, following asphyxia by charcoal vapour. It has long been observed that there is a causal relation between zona and a lesion of the nerves; and, in persons who have been exposed to the deleterious influence of the vapours of burning charcoal, herpetic eruptions identical with those of zona are developed in the course of the nerves. The symptoms appear sometimes immediately after the cessation of the phenomena of asphyxia; this M. Leudet has observed to be the case with the vaso-motor nerves, and more rarely with the motor nerves. In general, the paralysis of the peripheric nerves does not appear till some days after the cessation of asphyxia. The her-

petic eruption may recur. In some rare cases, abscesses are formed. Local gangrene, especially bedsore, appearing in twenty-four hours, denotes a severe lesion of innervation; and may be referred to disorder of the vaso-motor nerves. In one instance in which he had an opportunity of making a *post mortem* examination, M. Leudet found hypertrophy of the cellular sheath of the sciatic nerve, near its exit from the pelvis. Symptoms of neuritis had been manifested at this point during life. (*Gaz. Méd. de Paris,* 16 Sept., 1865.)

Yellow Atrophy of the Liver. Dr. Grainger Stewart details an interesting case of this disease; and, commenting on its pathology, arrives at the conclusion that it is a blood-disease, and that it leads to atrophy of the liver, by diffuse exudation into the hepatic cells, which is followed by rapid fatty degeneration. The reasons on which this conclusion as to the nature of the disease is founded, especially with reference to the case related, are the following. 1. The blood was dark and fluid, and the muscles were dry, as in typhus fever and other blood-diseases. 2. The spleen was soft and pulpy, as in many febrile blood-diseases. 3. The fact that the kidneys and liver were affected by a peculiar and identical morbid process indicated that they were influenced by a common cause situated in the blood, and a form of fever-poison. 4. The appearance, amount, and effect of the exudation being different from what is seen in simple inflammation, either of the liver or kidneys, indicated that some peculiar matter was present in the system altering the ordinary processes. 5. The facts that this disease occurs so often during pregnancy, and that it seems to be induced by depressing mental emotion, indicate that it is of a constitutional origin. (*Edin. Medical Journal,* October 1865.)

Capillary Aneurism of the Pons Varolii. Not unfrequently, says Dr. Heschl of Graz, there are found in the pons Varolii reddish well defined spots, varying in size from a hempseed to a pea. On section, an appearance is presented of distinct red points, which, with a very moderate magnifying power, are found to be dilatations of the smaller and smallest blood-vessels. Similar spots are more rarely found in other parts of the brain. Virchow has described them in his *Archiv* (III, p. 440, and XXX, p. 272), and appears to regard them as of the same nature as nævus. On the whole, says Dr. Heschl, they have been overlooked; and on the other hand some (as Meynert says) have overrated their importance. Schroeder van der Kolk conjectured that they bore a causal relation to epilepsy.

Since April 1859, Dr. Heschl has collected sixteen cases in which these appearances have been observed. By the naked eye, there are seen very small dark red spots, generally thickly set together; the substance of the pons between them being slightly reddened. On microscopic examination, Dr. Heschl has found red and white corpuscles, and also frequently a network of fibrinous bands, often 1-300th of a line in diameter. The size of the spot in which these aneurisms are collated varies from the size of a hempseed to that of a hazel-nut, or larger. The number of these foci is generally limited to one; in many cases there are two; and very rarely there are numerous foci scattered through the brain—the aneurismal tumours being distinctly limited, and unattended with any effect on the surrounding brain-substance beyond slight imbibition, detectable only by the microscope. The spots are generally round or elliptic in form; some, especially the larger ones, are tongue-shaped. As to their locality, in eleven cases out of sixteen they were situated in the pons Varolii; in one in the right *processus à cerebello ad pontem*—the disease extending into the arbor vitæ of the cerebellum; in one case, there was a spot of the size of a hazelnut in the left anterior lobe of the brain; in one, the roof of the left lateral ventricle was the seat of the aneurisms; in one, the aneurisms were found scattered extensively in the right centrum ovale; in one, there was a spot of the size of a linseed in the pons, and numerous dilatations of the capillaries in the rest of the brain; in another case, capillary dilatations were found scattered through the whole brain.

The frequency of the appearances at various ages in proportion to the number of *post mortem* examinations made, is shown in the following table derived from Dr. Heschl's paper.

Age.	Number of Autopsies.		Cases of Capillary Aneurism.		Proportion to Autopsies.
	M.	F.	M.	F.	
40—50	73	67	3	2	1 in 28
50—60	82	51	4	1	1 in 26
60—70	38	45	1	2	1 in 27
70—80	20	18	2	0	1 in 19

In one case only were the capillary aneurisms found in a patient aged under 40. In more than 800 autopsies made during forty years, Dr. Heschl has never met with them in young subjects; hence he doubts their affinity with true nævus. They are very commonly connected with atheroma of the vessels—which was observed in a large proportion of the cases. None of the patients appear to have suffered from epilepsy, although three were in an asylum. (*Wiener Med. Wochenschrift,* Sept. 6 and 9, 1865.)

Double Vagina. A strong healthy girl, aged 18, was admitted into the hospital at Miskolcz with gonorrhœa. On examination, Dr. Popper found that there were two vaginal openings, separated by a septum five or six lines in thickness. The opening on the left side was patent, but that on the right was a mere slit; both canals, however, yielded a discharge. The septum extended as far as the uterus, and probably through it, producing a double uterus. There was no communication between the two sides of the vagina. The clitoris and urethra were normal. (*Wien. Med. Wochensch.,* Oct. 16, 1865.)

The Nature of Contagion. Dr. Lionel Beale sums up his views on this question as follows. The *materies morbi* of contagious diseases does not consist of lifeless organic or inorganic matter, nor of any form of gas or vapour generated in the decomposition of animal or vegetable substances, nor of any matter set free during the decomposition of fæcal or other excrementitious matter of animal origin; nor is it any species of animal or vegetable organism or parasite; but the active contagious material consists of exceedingly minute particles of living germinal matter which may be regarded as the direct descendants of the germinal or living matter of an organism which has been for some time living under unusual conditions. Contagious poisons affecting men and animals have originated in their organisms. The living or germinal matter of some contagious diseases originating in the bodies of animals may grow and multiply in man, and *vice versâ*. These particles of living germinal matter may retain their vitality for some time after they have escaped from the seat of their formation. They may pass through the air or be preserved in clothes, or various fluids, or moist solids. The smallest particle (less than the millionth of an inch in diameter) being introduced into the body already in a fit state for its nutrition, may grow and multiply; giving rise, in due time, to the symptoms characteristic of the particular disease, and producing myriads of particles like itself. But it is probable

that such particles, being introduced into a perfectly sound organism in a state of perfect health, would not grow and multiply, but would die; or, in other words, such an organism would resist the influence of the contagious matter. Some of the germinal matter forming the *materies morbi* of certain contagious diseases may retain its vitality for a considerable period of time in a comparatively dry state, like vaccine lymph. Knowing what we do of the protecting influence exerted by vaccination, it seems probable that the ravages of many other contagious diseases, besides small-pox, may be mitigated or prevented by the inoculation of certain forms of contagious matter which would produce allied but much less severe forms of disease. It seems desirable that numerous experiments should be instituted on cattle, with the object of ascertaining if any such protective influence would be really exerted. (*Medical Times and Gazette*, September 23rd, 1865.)

Facial Hemiplegia and Paralysis of the Facial Nerve. Dr. W. R. Sanders of Edinburgh questions the correctness of the statement first maintained by Mr. John Shaw, and more lately supported by the late Dr. Todd, that, in facial paralysis of cerebral origin, the nerve usually paralysed is not the portio dura, but the motor portion of the fifth nerve. Quoting Dr. Todd's description of the phenomena of facial hemiplegia from cerebral disease, Dr. Sanders remarks that, among the symptoms described, those of paralysis of the portio dura are undoubtedly present; and that the symptoms indicating paralysis of the fifth are not satisfactorily demonstrated. Dr. Todd's description points to great impairment of action on the part of the muscles of expression, while the masticatory muscles retain a considerable amount of power. Dr. Sanders has also clinically investigated the facial phenomena in cases both of peripheral paralysis of the portio dura and of facial hemiplegia due to cerebral disease, which have occurred in the wards of the Edinburgh Royal Infirmary under his charge; and finds the result equally opposed to Dr. Todd's views. In all cases, he has found that, in ordinary facial palsy of cerebral origin, the muscles of expression, including the buccinator, were more or less affected; while the action of the masseters, temporals, and pterygoids, was unimpaired. The usual facial distortion was exhibited in a greater or less degree according to the amount of the paralysis; although it rarely approached the completeness usually seen in peripheral paralysis from lesion of the nerve-trunk. The movements of smiling and of labial articulation were impeded on the paralysed side; mastication was rendered difficult so far as the action of the buccinator was concerned, but the proper masticatory movements of the jaw were vigorous and equal on the two sides. The mesial line between the lower incisors corresponded accurately to that in the upper jaw; while, on the contrary, the middle line of the lips was drawn to the sound side. As usually occurs in cerebral hemiplegia, the orbicularis palpebrarum was little affected; the eyelids on the paralysed side could not be closed so firmly as on the opposite side, but the voluntary closure could take place, and the act of winking was unimpaired. This partial exemption of the orbicularis palpebrarum muscle, Dr. Sanders regards as one of the difficulties in the phenomena of facial hemiplegia which led Dr. Todd to adopt the views referred to; the other was, the paralysis of the buccinator muscle both in palsy of the portio dura and in facial paralysis of cerebral origin. With regard to the buccinator muscle, Dr. Sanders points out that it is supplied both by the fifth and by the seventh nerves. Till recently, the buccal branch of the fifth was supposed to be its chief or only motor nerve; Dr. Todd, however, held that the facial was the nerve of the buccinator as a muscle of expression, while its movements in mastication depended on the fifth nerve. Dr. Sanders points out that, more than twenty years ago, Longet shewed that the seventh nerve is the only motor nerve of the buccinator; and that this muscle derives sensory fibres only from the fifth nerve. Much error on the subject has, however, prevailed; and the fact has been correctly stated, according to Dr. Sanders, by but few anatomists—one of these being Professor John Struthers of Aberdeen. The buccinator muscle, says Dr. Sanders, is interrupted in all its functions, wherever the portio dura is paralysed; it is unaffected, and all its actions are performed, in motor paralysis of the fifth pair. The difficulty in regard to the orbicularis palpebrarum muscle has arisen from the fact that it is almost invariably paralysed in facial palsy from lesion of the portio dura (peripheral); while, in the majority of cases of cerebral hemiplegia of the face, its action is not materially affected. To explain this, Dr. Sanders observes that the portio dura contains—1, voluntary motor fibres; 2, emotional fibres; 3, reflex motor fibres. Of these, there is reason to believe that the voluntary fibres originate from a cerebral centre of conscious volition; that those for expression are connected with the cerebral organs of the emotions; while those for reflex action arise from the medulla oblongata. In lesion, then, of the nerve-trunk, all the fibres indiscriminately are liable to be affected; and hence not only voluntary, but emotional and reflex motions will be suspended. But when the cause of the paralysis is cerebral, one set of fibres may be involved while another escapes. The voluntary and emotional actions, either or both, which have their origin in the cerebrum, will usually suffer; while the fibres for reflex action may retain their power. The play of the features will be lost, and buccal and labial speech and mastication impaired; but the natural position of semiclosure, and the involuntary winking of the lids, will be preserved. In short, there are three species of paralysis of the facial nerve—voluntary motor, emotional, and reflex; which may or may not co-exist. In support of this view, Dr. Sanders refers to two cases quoted in Romberg's work. In one, related by Magnus, in *Muller's Archiv* for 1837, the voluntary movements of the face were lost, while the facial muscles acted principally under the influence of emotion. In the other case, recorded by Stromeyer, there was paralysis of expression and of respiratory movements on the right side of the face with the usual facial distortion, increased by emotion or by talking; but the voluntary power over the muscles of the face on that side still remained. The views which he has put forward, Dr. Sanders says, suggest a further inquiry into facts, especially dissections of cerebral hemiplegia, which may, in confirming or confuting them, extend our knowledge. (*Lancet*, Oct. 21 and 28.)

Case of Malposition of Abdominal Viscera. Dr. Ruttan records in the *Cincinnati Lancet and Observer* a case of malposition of the abdominal viscera. The subject was a soldier who died from chronic diarrhœa. The autopsy revealed the following state of things. The lungs were normal in colour and size. The heart was situated on the right side of the sternum. The liver occupied the left hypochondriac region, the right lobe being smaller than the left, in the same ratio that the left is smaller than the right in the normal subject. Its inferior border strongly adhered to the transverse colon. The stomach was situated in the right hypochondriac region, the great end occupying the extreme right, the small running

from right to left. It was strongly attached to the transverse colon, so firmly that they formed a solid mass. The spleen was also situated on the right side, having the same relations to the organs of that side as when situated on the left; its lower end was adherent to the right kidney. The caput coli occupied the left iliac fossa, ascending on the left side, crossing from left to right, descending on the right side. The intestines showed the usual appearances of chronic diarrhœa, ulceration, etc. (*Philadelphia Med. Reporter.*)

Reviews and Notices.

INTRODUCTION TO MODERN CHEMISTRY, EXPERIMENTAL AND THEORETIC. Embodying Twelve Lectures delivered in the Royal College of Chemistry, London. By A. W. HOFMANN, LL.D., F.R.S., V.P.C.S., Professor of Chemistry in the Royal School of Mines, etc. Pp. 233. London: 1865.

HAVING been called to professorial duties in a continental university, Dr. HOFMANN has resigned the post which for many years he ably filled in the Royal College of Chemistry; and, in doing so, has left for the instruction of English chemical students this, the introductory portion of the fifteenth and last course of chemical lectures delivered by him at the College. During the time in which he has been occupied in teaching at that institution, chemical science has been undergoing a marked transformation, and there have been developed

"New laws and principles of co-ordination, engendered, perhaps, partly by the sheer force of their own deeply felt necessity, but partly also, and mainly, from the powerful initiative impression of a few philosophical master-minds.

"Based on the concurrent examination of the volumetric and ponderal combining-ratios of certain typical elements, and on the recognition, in their standard combinations, of a few well-marked structural types, these principles have introduced into the domain of chemistry the pregnant idea of *Classification*—the conception of a series of natural Groups, resembling the genera of the biological sciences, and culminating in the establishment of an orderly *System*, where before there had seemed to be but a chaos of disconnected facts.

"Under the influenes of these and certain other cognate ideas, new views have arisen as to the constitution and chemical properties of matter; a reformed chemical notation has thence of necessity ensued; and structural relations, previously unsuspected, have disclosed identity of parentage in compounds till then deemed utterly diverse." (*Preface.*)

It is the explanation of these principles which is the object of the twelve lectures of which the book consists.

Dr. Hofmann begins by shewing how hydrogen may be liberated from water, from hydrochloric acid, and from ammonia, by the intervention of potassium or sodium, as well as by the electric current; and how water and hydrochloric acid may be reformed from the ingredients—hydrogen and oxygen, and hydrogen and chlorine—thus dissevered, proving that these ingredients are the true and only constituents of the bodies named. Ammonia has not yet been formed synthetically; but that it consists of hydrogen and nitrogen, in certain proportions, has been proved by the balance.

Another question now arises—Is it possible to resolve hydrogen, chlorine, oxygen, and nitrogen, into simpler forms of matter? This Dr. Hofmann answers in the negative; at least, he says they "are incapable of decomposition by any means as yet at our disposal." At the same time, he allows it to be possible, that some of those bodies which we call elements may at a future period be resolved into constituents by the application of means to be revealed by the progress of science.

Having separated the three compounds already mentioned into their constituent parts, and shewn in general terms how these compounds may be synthetically re-formed from their constituents, Dr. Hofmann next proceeds to examine the volumetric proportions in which they combine, and to describe the means of investigating this synthetical process. On reviewing the inquiry and its results, it is found that 1 volume of hydrogen combines with 1 volume of chlorine to form 2 volumes of hydrochloric acid; 2 volumes of hydrogen with 1 of oxygen form 2 volumes of water-gas; and 3 volumes of hydrogen with 1 volume of nitrogen form 2 volumes of ammonia.

"Thus it is evident that hydrochloric acid, water, and ammonia not only differ as to the volume-ratio of their elementary constituents, but also as to the ratios of the spaces occupied by these before and after their combination to form chemical compounds. These ratios rise from unity or $\frac{1}{1}$, in the case of hydrochloric acid, through $\frac{2}{3}$ in the case of water-gas, to $\frac{1}{2}$ in the case of ammonia; the condensation increasing, in these cases, *pari passu* with the complexity of the chemical compound." (P. 59.)

The observations which have preceded lead the author to a brief but clear consideration of some important general laws, especially the immutability of the proportions in which the elements are combined, and the changes in character and properties which the compounds manifest. The author points out, by examples, the differences between mechanical mixtures and chemical compounds; and shews under what circumstances the former may be transformed into the latter.

Dr. Hofmann next turns to the consideration of chemical symbols; and, still keeping in view water, hydrochloric acid, and ammonia, he shows how their elementary composition may be represented by squares in each of which is inscribed either the initial letter of the constituent element, or its volume-weight; and also how, the degree of condensation undergone during combination being remembered, the compound formed may be represented in an analogous manner. These figured squares he regards as a means of fixing in the memory the ratios of volume, weight, and condensation; which being effected, the well-known concise formulæ H Cl, H^2O, and H^3N, may be employed. (Our readers are probably aware that modern chemists double the ordinary combining weight of oxygen, making it 16 in place of 8.)

Certain other elements are now introduced for consideration, which bear typical relations to those already mentioned; viz., bromine and iodine, closely allied with chlorine; sulphur and selenium, which have many points of analogy with oxygen; and phosphorus and arsenic, which, when studied in their combinations with hydrogen, present themselves as

analogues of nitrogen—phosphoretted and arsenetted hydrogen being reproductions of the type of ammonia. The considerations which have led to the admission of these typical relations are traced step by step; and an apparent exception to the rule of the coincidence of the volume-weight and combining weight is pointed out to exist in phosphorus and arsenic, the volume-weights of which are double the combining weights.

Having taken an opportunity here afforded of commenting on the value of chemical symbolisation as a means of research and record, the author returns to the decompositions of water, hydrochloric acid, and ammonia, and demonstrates the application of symbols in shewing the *quantitative* as well as the *qualitative* composition of these bodies. He then recalls the fact that, in the decompositions described in the early part of the work, potassium and sodium were employed; and investigates the nature of the reactions, the changes undergone by the potassium and sodium, and the weight-ratios in which the substances present act upon one another. In doing this, a difficulty presents itself in the want of a direct means of ascertaining the volume-weight of sodium and potassium as gases; and he shews how chemists have endeavoured to overcome this difficulty by falling back on the ponderal analysis of these and other solid bodies. By this method of investigation it has been shewn, for example, that

"Equal volumes of chlorine, oxygen, and nitrogen combine with very unequal weights of sodium. The weight of sodium combining with one volume of oxygen is *twice*, the weight combining with one volume of nitrogen is *thrice*, the weight combining with one volume of chlorine. We thus see that, in its behaviour towards chlorine, towards oxygen, and towards nitrogen, sodium exactly resembles hydrogen." (P. 93.)

A fourth member of the series of typical compounds now comes under notice—marsh-gas. This has been reserved for special consideration, because one of its constituents—carbon—is not only solid, but incapable of volatilisation; and because, therefore, marsh-gas cannot be ranked, with respect to its volumetric composition, on the same certain footing as is assigned to hydrochloric acid, water, and ammonia. The sources of marsh-gas, its distinctive characters, its composition, the means of determining its volume-weight, and its symbolic expression, are commented on; and, as evidence of the claim of this gas to be introduced into the series of typical hydrogen-compounds, an analogous silicon-compound is mentioned. Marsh-gas is composed of 4 volumes of hydrogen and 1 (hypothetical) volume of carbon, condensed into 2 volumes; the silicon-compound contains 4 volumes of hydrogen and 1 (hypothetical) of silicon, also condensed into 2 volumes.

Having thus, in the first six lectures, treated of the typical hydrogen-compounds—an important and extensive class—Dr. Hofmann next examines the deportment of nitrogen towards oxygen. He shews that, of the five chemical compounds of these gases, three—nitrous and nitric oxide and hyponitric acid—obey the same law of condensation as has been already described; while in the others—nitrous acid and nitric acid—the conformity with this law is not yet demonstrated by experiment, although the strongest analogies lead to the assumption that they also obey it.

In the lectures which have preceded, Dr. Hofmann has arbitrarily referred the weight and volume ratios to hydrogen as unity; and he now proceeds to the selection of a definitely measured unit of space to serve as a standard. Before doing this, however, he makes a digression for the purpose of pointing out the inconveniences attending the use of the ordinary systems of weights and measures, and of describing and advocating the adoption of the French metrical system. Returning to the immediate purpose of the lecture, he selects, as the most suitable unit of weight and volume, 1 cubic *decimètre—i. e.*, 1 *litre* of hydrogen taken at a temperature of 0° cent., and at a pressure of 76 *millimètres* (29.92 in.) This volume-unit is represented by the figure of a cube of which the front side is drawn of the true size. This cube of hydrogen weighs 0.0896 *gramme*—a figure which Dr. Hofmann earnestly desires his pupils to impress on their memory, as it is the standard by which the weight of one *litre* of any other gas is computed. As a simple means of denoting this standard weight, he proposes the word *crith* (from κριθη, a barley-corn, and figuratively a small weight); but observes that this may be dispensed with by those who can retain in memory the value of the coefficient 0.0896.

"The weight of 1 *litre* of hydrogen being called one *crith*, the volume-weight of other gases, referred to hydrogen as a standard, may be expressed in terms of this unit. For example, the relative volume-weight of chlorine being 35.5, that of oxygen 16, that of nitrogen 14, the actual weights of 1 *litre* of each of these elementary gases, at 0° cent. and 0 in. 76 pressure, may be called respectively 35.5 *criths*, 16 *criths*, and 14 *criths*." (P. 131.)

"By aid of the hydrogen-litre-weight or *crith* = 0.0896 gramme, employed as a common multiple, the actual or concrete weight of 1 *litre* of any gas, simple or compound, at standard temperature and pressure, may be deduced from the mere abstract figure expressing its volume-weight relatively to hydrogen." (P. 132.)

That is to say, by means of the coefficient 0.0896 (for which 0.090 may be used when merely approximative results are required), we may at once find the weight of a given volume of a gas. We must remark, that the use of the term "multiple", in the sense in which it is employed by Dr. Hofmann, is calculated to lead to some confusion. "Multiplier" or "factor" would have been a more appropriate term.

Having thus far dealt with fact, Dr. Hofmann now turns to hypothesis, and enters on the consideration of the essence and nature of matter, and its divisibility. He recognises three kinds of divisibility: *molar*, denoting "the reciprocal actions of measurable masses through measurable intervals of space", and produced by mechanical means; *molecular*, effected by the aid of physical forces, such as heat, and resulting in the disruption of masses into their constituent molecules; and *atomic*, capable of accomplishment only by agencies so applied as to produce chemical decomposition, breaking up the incommensurable molecule itself into *atoms* or particles incapable of further subdivision by any means at our disposal. He then reverts to the volumetric constitution of hydrochloric acid gas, for the purpose of shewing that the typical elementary molecules have a diatomic structure; and that hence a new adaptation of symbolic language is required.

"Hitherto, the symbols of the elements have merely

expressed for us their unit-volumes and combining weights; and the formulæ of the compound gases have, in like manner, only represented to us their product-volumes and combining-weights. . . . It is true, no doubt, that our old expression for the unit-volume and combining weight of hydrogen (H=1) conveys no adequate picture of the *diatomic* structure of its *free* molecule. But this symbol answers perfectly well to express the single atom of hydrogen as it exists in *combination*. . . . Again, the expressions employed to represent the product-volumes and weights of the compound gases require no modification to fit them for representing the atomic structure of the molecules of these gases. For example, the formula H + Cl = H Cl = 1 + 35.5 = 36.5 affords as perfect a picture of the diatomic molecule of hydrochloric acid as it does of its bivolumetric composition. . . . And, as we know that the molecules of the free elementary gases are formed on the binary type of hydrochloric acid, we may seek in the formula of that acid a model on which to frame appropriate symbolic expressions for those free elementary molecules. Thus, for example, the molecular formulæ for free hydrogen and free chlorine are respectively" H H = 2, and Cl Cl = 71. "Hence it further appears that, for the volumetric symbolisation of the free elementary gases, our formerly used monolitral (and in exceptional cases hemilitral) expressions are no longer appropriate, but must be replaced by dilitral symbols." (Pp. 153-4.)

The terms monilitral, hemilitral, and dilitral are derivates of the cubic *litre* which, as has been already mentioned, Dr. Hofmann assumes as the standard unit of volume and weight. Among the advantages of the dilitral expression of the elementary gases are, according to Dr. Hofmann, the following. It gives a true idea of the synthesis of compound gases from their elements; the molecular equation for hydrochloric acid, for instance, not being H + Cl = H Cl, but H H + Cl Cl = H Cl + H Cl, or 2 H + 2 Cl = 2 H Cl. It further brings the elementary gases into direct comparison, volume for volume, with the compound gases; whereas, in the monilitral system, the formulæ of the compound gases require to be halved.

The author deduces from his considerations on this subject the contradistinctive definitions of the terms atom and molecule.

"We may define the *atom* of any given elementary body to be the smallest proportional weight thereof which is capable of existing in *chemical combination;* and we may define the *molecule* of an elementary body to be the smallest proportional weight thereof which is capable of existing in the *free or uncombined* state.....The terms (of this definition) are wide enough to admit the conception not only of diatomic, but of triatomic, tetratomic, and polyatomic molecules; while, on the other hand, ... this definition admits as possible the conception of a *monatomic molecule.*" (P. 157.)

Dr. Hofmann next points out how this mode of symbolisation may be applied to the other elements—bromine, iodine, etc.—which have been passed in review; and how, in the case of phosphorus and arsenic, the symbolisation requires to be tetratomic, the weight of their molecule or free minim being four times as great as that of their atom or combining minim. This lecture—the ninth—ends with a comparison of the merits of the atomic and molecular notations.

In the tenth lecture, Dr. Hofmann notices the numerical relations of the types of molecular and atomic constitution. In hydrochloric acid, water, ammonia, and marsh-gas, taken as types, the single atom of chlorine is connected with one hydrogen-atom; that of oxygen with two; that of nitrogen with three; and that of carbon with four hydrogen-atoms. Hence chemists attach to the molecule-forming weights, or to the symbols, dashes or (still better) Roman numerals to denote the number of standard atoms the weight is adequate to satisfy. The term *atomicity* has been applied to this atom-fixing power; but Dr. Hofmann prefers the term *quantivalence*—the elements being designated *uni*valent, *bi*valent, *tri*valent, etc. The author then points out the relation of quantivalence to condensing power, and the chemical value of bodies in exchange according to their quantivalence. The doctrine of quantivalence is illustrated by the synthesis of ammonia, and by the decomposition of water by chlorine, of ammonia by chlorine, and of marsh-gas by chlorine; and also by the decomposition of hydrochloric acid by chlorine and by oxygen; etc.

In the next lecture, Dr. Hofmann passes on from the consideration of binary to that of ternary, quaternary, etc., compounds, and of the several modes of their genesis from binary compounds; and the work is concluded with a summary.

From the analysis which we have given of Dr. Hofmann's book, it will be seen to be not an ordinary elementary work on chemistry, but a highly philosophical treatise, shewing how steadily—and, within the last few years, rapidly—chemistry is becoming raised to the position of an orderly system, having its natural groups. The development of chemical science in this direction is as yet incomplete; but sufficient has been done to render it worth the labour of some one to shew to the student of chemistry how far it advanced; and this Dr. Hofmann has done in instructive and elegant language. His book we commend to the perusal of our scientific friends; reminding them only, that, if they would profit by it, it must be read, line by line, and word by word, from the beginning to the end, with the understanding as well as with the eye.

THE HEALTH-RESORTS OF THE SOUTH OF FRANCE: Notices General and Medical of Hyères, Cannes, Pau, Biarritz, and Arcachon. By EDWIN LEE, M.D. Second Edition, with Alterations and Additions. Pp. 213. London: 1865.

NICE AND ITS CLIMATE. By EDWIN LEE, M.D. Second Edition, with Alterations and Additions. Pp. 179. London: 1865.

As these works have already been before the profession in the form of a first edition, and as the instructive manner in which Dr. LEE treats of foreign health-resorts must be well known, it is, we think, scarcely necessary to do more than call the attention of our readers to the appearance of a second edition of the two books whose names are given above.

We observe that in both there is the same appendix, more than forty pages in length, on the Chief Causes of Pulmonary Consumption, and on the Influence of Climate in that Disease.

THE HEALTH OF KING LEOPOLD. Dr. Jenner arrived in Brussels on Monday last, having been instructed by the Queen, who is anxious to know the exact state of King Leopold's health.

British Medical Journal.

SATURDAY, NOVEMBER 25TH, 1865.

THE CHOLERA AND THE MEDICAL PROFESSION.

HAPPILY, the pestilence of cholera, which has this year visited so many neighbouring countries, has not fallen upon us. We are, at all events, spared for a season, and have had time given us to put our house in order, and to prepare ourselves for a struggle with that dreaded and dreadful enemy to life. But who can assure us that our cities have yet escaped the ravages of this present epidemic? Who dare venture to assert that the coming year will not find it raging amongst us? Happily, in the main particular of preventive—sanitary—medicine, never perhaps was this country, comparatively speaking, more fitted to meet the enemy; although, even in this particular, an immense work has yet to be done. As the dispenser of true sanitary science, Medicine may, at all events, boast that she has done her part in impressing on the country the necessity of working out the dictates of that science. But what preparation has Medicine made for combating the disease, if she should again have to stand face to face with it? What weapons has she to wield in defence of cholera-stricken humanity? What principles of pathology has she to direct her hands? With what confidence can she approach the sick-bed? What grounds of hope does she possess that her powers may avail her to stand between death and the destroyer? More than once has this plague visited our cities; and hundreds of the most enlightened practitioners of our art have had occasion—only too full occasion—to try conclusions with the disease. Every remedy that a tortured invention could supply has been again and again tried to arrest the mortal struggle. If ever that "experience" of which we boast so much could give us guidance, it should do so here. But how stands the account?

No surer proof can be given of the incapacity of physic over a disease than the fact that the remedies employed in its cure are infinite in number. Tried, then, by this unerring test, we may safely say that the cure for cholera has yet to be found. But if, out of a large and fatal experience, we have hitherto learnt nothing in a *positive* sense as regards the treatment of cholera, have we learnt nothing in a negative sense? If next year the epidemic should appear amongst us, are we once again to repeat that enormous experimental trial of drugs, etc., which has been already practised in vain? Is it really true that our experience in the past is useless to us as a guide in the future? Out of that infinite list of medical weapons which have been employed to combat cholera, are there none of which we can positively assert the inutility—none of which we can say they have been but too well tried, and have utterly failed; that it is useless, and worse than useless, again to torture the poor body with the trial? But, unless some authority speak as declarative of the opinion of enlightened medicine, is it not certain, should the disease once again appear among us, that once again will be repeated those vain, and worse than vain, efforts to stay its progress?

Surely these are questions which it becomes our profession to answer. Surely it is something approaching to criminal negligence on our part, if, in this case, we do not endeavour, out of the experience of the past, to draw some conclusion to guide us as to the treatment of the disease in the future. The use or non-use of certain drugs in cholera cannot be a matter of indifference. It cannot be said, that if they do no good they will do no harm. *They must be prejudicial if they are not beneficial. If they do not assist in saving, they must aid in destroying life.* Drugs are poisons to the physiological body; and can only be of service in its pathological states; and, if not of service in diseased states of the body, then assuredly they are hurtful also—that is, unless they be ejected by vomiting or purging, as happily often happens when enormous doses of calomel have been given, or when doses of strychnia has been administered every half-hour. It is not at all impossible that opium given in large quantities, and retained in the body, has assisted in destroying life, by exerting its influence as soon as absorption has recommenced. Instances, too, of the frightful effects of accumulated mercury, as manifested in the loss of teeth and of part of the jaw-bone, are on record.

Does not our profession, then, as the great curative guide, owe it to the nation and to itself that it should at this juncture come forward, and, through its Colleges of Physicians or through its learned Societies, authoritatively declare what its views are in reference to the usefulness or hurtfulness of certain agencies in cholera? Why should it hesitate to declare what it considers to be the value of the remedies which have heretofore been employed? Is opium hurtful or beneficial? Have hot saline injections been of service? Does brandy do harm or good? Is bleeding a saving or a destroying remedy? Do external applications of warmth or cold do harm or good? And so on of the other thousand remedies. What is the most rational theory of the disease? Or have we no theory to guide us in the treatment; and are we still to follow blind accident in the cure?

Now, we put it to the profession, if the cholera were to appear amongst us to-morrow, are we one whit better prepared as medical men to deal with it

than we were on past occasions? Is it not certain, unless some authoritative body speak, as the collective wisdom of the profession, that all those useless, and worse than useless, remedies which have been a thousand times tried and have a thousand times failed will be again brought into action, and just as in the past, as if they had never been used at all?

And more, and worse, than this. Are we sure, have we any satisfactory proof, that those particular weapons which we have regarded, and still regard, as above all the most useful and essential, are really such? Have we the proof, not that they do good, but that they do not do harm?

We think it is impossible for any one to read the deeply instructive papers on Cholera in this JOURNAL from the pen of Dr. George Johnson, without questions of the above kind being painfully forced on his consideration.

Dr. Johnson takes a ground as to the pathology of cholera which may be fairly called rational. He avows a principle upon which he bases his treatment. He gives a theory of the collapse stage of cholera which is based upon physiological experiment, and is not in disaccordance with pathological experience.

We believe that we may fairly say of his views, that they are the most philosophical which have yet been published on the subject of cholera; and if this view of them be correct, we must add that they are assuredly the most important. They indicate that the ordinary treatment of collapse of cholera—the opium and brandy treatment—so far from being of service, is, in truth, highly prejudicial to the patient. It is now ten years since Dr. Johnson's views were published. That they did not attract the attention they merit, may be ascribed to the fact that the cholera had then disappeared. It is something that they still will bear the test of inquiry; and that they still have the author's firm belief in their truth. It is, indeed, something to be proud of that we are able to turn from the *Times* and its long list of puffed quackeries, its ephemeral cholera cures, and the baseless empirical formulæ of its correspondents, to a production like the work of Dr. Johnson. Earnestly pressing its attentive perusal at this period on the profession, we shall take an early occasion of giving a summary of the views of Dr. Johnson upon the subject of cholera. We shall do this with the hope that the attention of the profession may be aroused to the subject, and that some proper steps may be taken to prevent us repeating, at all events, some of the many errors which must have marked our former treatment of cholera.

Let it be remembered that, according to our former experience of the visitations of cholera, we may fairly anticipate that next year will show its presence here as an epidemic at our very doors.

CHOLERA.

AT the Academy of Sciences, M. Velpeau lately quoted the opinion of three medical men who were more or less in favour of sulphate of copper as a cure for cholera —Dr. Burq, Dr. Lisle, and Dr. de Prado; and added, that the medication in question had produced no marvellous results in Parisian hospitals. M. Chevreul offered some considerations on our actual knowledge of cholera. The cause of cholera is unknown; so also is its therapeutical treatment, or otherwise the prize Bréant would have been already adjudged by the Academy. The observations made as to the appearance of the disease in places where it is not endemic, give us, if not the certitude, at all events the great probability, that it is contagious. Assuredly the opinion that cholera is non-contagious cannot be held as demonstrated. In the meantime, it is far better, for the sake of science and of the public health, to regard the disease as contagious. The physician who prescribes the isolation of cholera patients, and restriction of intercourse with persons in an infected ship, for example, subjects himself to no fear of self-reproach; but he who asserts the non-contagious theory, and places cholera patients side by side with others, *may* be the cause of fatal results. M. Guyon, who has had great experience of cholera, also spoke of its nature and treatment. Our learned and *spirituel* friend (M. Velpeau), he said, gave us a most truthful definition of the disease: "It takes a man and screws him up" ("Le mal vous prend et vous tortille"). M. Guyon views the disease as essentially spasmodic—the spasm resulting from primitive lesion of the nervous system. The heart is thus, he tells us, the first and most deeply smitten organ. "Its spasms and abnormal contractions explain all the disorders of the circulation, and the cyanosis attending the disease. In Poland, one of my colleagues gave to the cholera the name of spasm or cramp of the heart." The alvine dejections he regards in the same light as the fluids thrown off by the skin in sweating sickness. If these dejections contain, as some affirm, morbid matters, then their expulsion should be aided. Is their scantiness in very serious cases, and their absence in "dry" cholera, to be considered as a proof of their impurity or contagiousness? At all events, whatever opinion we hold, assuredly *it is not against these alvine dejections that we should direct our medication.*

Dr. Bonnafont tells the Academy of Sciences that the only efficacious remedy for cholera is a prophylactic one.

"The cholera can only be efficaciously attacked on the great Indian peninsula, or perhaps still better in London. Therapeutics have no remedy capable of neutralising the deadly choleraic miasm. We must therefore trust to hygiene; and hygiene furnishes us with one which is undoubtedly efficacious."

The cholera seems still to linger at Malta. Some

fresh cases have also occurred at Alexandria, and, in consequence, quarantine of twenty days has been placed on arrivals at Malta from that city. In Russia, cholera has appeared; and most energetic, and it is said efficacious, measures have been taken to prevent its spread. In Paris, the cholera still lingers; and there, wisely or unwisely, the number of deaths from the disease is kept from the public. *L'Epoque* says:

"Notwithstanding our utmost desire to keep our readers correctly informed as to the progress of the epidemic, we are unable to do so, as the Administration not only refuses to communicate official returns, but has warned the newspapers that any inaccuracy in the figures they might publish would render them liable to a prosecution for false news."

The number of deaths from cholera in Paris during October last is stated at 4,020; deaths from other causes being 4,274. From the 6th to the 12th instant, the deaths from cholera are put at 272.

Dr. Mülig, Physician to the Imperial Navy Hospital at Cassia Pacha, gives, in *Gazette Médicale d'Orient*, an account of the cholera in Constantinople.

"Up to the 28th of June, nothing in the hygienic condition of the city announced an epidemic of cholera. On this day, the frigate *Mouchbiri-souroar* arrives from Alexandria with cholera-sick on board; they are landed at the arsenal, and not five days pass before the first case occurs in a patient from the military workmen's barracks, situated hardly ten steps from the landing of the arsenal. From this day, cases multiply in the arsenal, and on board the vessels anchored there; thus the corvette *Ismir* is the first attacked, being at the same time nearest the barracks; and it is only a few days more before the transports anchored a little further off are visited by the disease. The guard of Parmak-capon, at the entrance of the arsenal, and only a few paces distant from the barracks, is roughly dealt with in its turn; finally, the rest of the guard and the workshops are infected. In the meantime, the corvette *Ismir* is towed to the exterior port, where she remains for forty-eight hours; the cholera continuing, she is removed to Bouyouk-liman. Several days later, the first case of cholera appears in the exterior port. On the other hand, the citizen workmen employed at the arsenal propagate the disease in Kassim-pacha. If we turn to Yeni-Keny, which is a considerable distance from the original point of origin, we find here also that the disease is propagated from the arsenal; for the first established case is that of a stone-mason from Kassim-pacha, arriving already sick at Yeni-Keny, where he dies the next day, with all the symptoms of cholera."

After detailing at length all these facts, Dr. Mülig goes on to say:

"It appears to me that these facts do not need much commentary. Patients arrive in a perfectly salubrious city, and we see the same disease of which they suffer spread at the very place where they are landed; it subsequently seizes an entire district, and a little later rules supreme over the whole city. By Æsculapius! how will you name such a disease? Is it a contagious disease? or do you wish to quibble upon the word? Let us state then the fact; it is this—*cholera patients import cholera.* Do you wish an additional proof? That which has happened to the marine hospital itself may furnish it. The first cases of cholera having stayed at the hospital hardly longer than a few days, the patients remaining there for other diseases were affected and succumbed under it. Cholera does not appear to be contagious by simple contact of the patients, but the cholera patients rather develope contagion like those affected with small-pox; with this difference, that whereas in small-pox contagion is communicated by the skin, in cholera it is through the excretions, especially the stools, that the infection is propagated."

A deputation from the Health Committee of the Social Science Association, consisting of the Secretary, Dr. Hardwicke, Mr. Godwin, Dr. Aldis, and Mr. Rendle, has waited upon the Right Hon. C. P. Villiers, to urge upon the Board the necessity of obtaining and making known the facts and localities of epidemic diseases, such as cholera, fever, and the like, and especially in anticipation of a probable inroad of cholera, and the actual presence of fever. It was urged, that such cases chiefly began among the poor who are under the notice of the Poor-law authorities. It was also urged, that the information always in the possession of the guardians of the poor and their officers should systematically, regularly, and very promptly be supplied to the local bodies having the care of the public health and the prevention of epidemic diseases in their respective localities. The matter was urged in various ways by each member of the deputation. The President and gentlemen of the Poor-law Board paid the greatest attention to the statements, and promised that they should receive their favourable attention, possibly a complete local investigation in one or two of the worst localities, in order to see what might be done.

No deaths from cholera were registered last week in London: there were thirty-two deaths from diarrhœa, the mortality from which has much decreased.

Dr. Nonat of La Pitié gives statistical proofs, as he considers, of the value of chlorine fumigations in preventing the spread of cholera in a hospital. The statistics are the results of observations made during the first eight months of 1854. He gives two tables, showing the number of cholera-patients brought into La Pitié and the number of cases which arose in the hospital itself, and the number of beds under different physicians.

Cholera-Patients brought into Hospital.

	Beds, Male and female.	Number of Cholera-patients.
M. Gendrin	94	173
M. Nonat	94	35
M. Valleix	80	31
M. Marrotte	96	50
M. Sée	82	40
M. Laugier	84	1
M. Michon	84	2

Patients seized with Cholera in the Hospital.

M. Gendrin	44	M. Sée	19
M. Nonat	5	M. Laugier	11
M. Valleix	17	M. Michon	5
M. Marrotte	23		

These tables show that the greatest number of cases of cholera arose within those wards into which

the greatest number of cholera-patients were brought from without; but that this increase is not observed in M. Nonat's wards where fumigations were practised. Whether it may be considered as a coincidence or as a mere sequence, it is a fact (says M. Nonat) that the almost complete immunity from cholera contagion in my wards occurred from the moment of the permanent instituting of chlorine-fumigations in them.

THE CATTLE-PLAGUE.

During the last few weeks, experiments have been undertaken in Edinburgh to test the accuracy of the statement, that sheep are liable to be affected with Rinderpest. In the first series of experiments, four sheep were kept in the same stable with animals very seriously affected with Rinderpest, and were, besides, inoculated with the secretions obtained from the same animals. The results appear to have been entirely negative. In a second series of experiments, four sheep were inoculated with the lacrymal secretion and with the milk of cows affected with Rinderpest. Of these, one is stated to have exhibited on the sixth day after the inoculation symptoms of ill health. Subsequently, all the symptoms of Rinderpest became developed, and the animal died. We understand that at the *post mortem* examination, which was performed in the presence of Professor Maclagan and Dr. Andrew Wood, the lesions which are considered to be characteristic of Rinderpest were found to exist.

At a meeting of the Cattle-Plague Committee in Ireland, Professor Ferguson recommended that an Order in Council be issued prohibiting the passage of herdsmen from infected districts within a certain period after they had been in attendance upon distempered animals. The Committee approved of the suggestion, and embodied it in a resolution to be transmitted to the Government.

An Act has been passed in the Cape of Good Hope, to continue in force for twelve months, forbidding the importation of any horned cattle at any port of the colony, under a penalty of £400.

An enlarged spleen has been excised for the first time in Great Britain this week. Mr. Spencer Wells performed the operation on Monday; and exhibited the spleen at the Pathological Society on Tuesday. The patient was married, 34 years of age, and the spleen seemed to be simply hypertrophied. It weighed, as removed, 6 lbs. 5 oz. avoirdupois; but as nine ounces of blood afterwards drained from its vessels, the weight of the specimen as exhibited was 5 lbs. 12 oz. It was eleven inches long, eight broad, and three or four in thickness. The operation was not difficult. An incision, seven or eight inches long, was made on the outer border of the left rectus abdominis, and the spleen was easily turned out through the opening. The vessels were tied with silk; the ends of the ligatures being cut off short, and returned into the abdomen. The only peculiar symptom observed was want of power over the legs, a few hours after the operation; but Mr. Wells stated at the Pathological Society that the patient was going on tolerably well twenty-nine hours after the operation. He stated that the operation had been done twice before in Germany; but the patients survived only a very few hours. A full report of the case will be looked for with much interest. Those who are interested in the physiological aspect of the operation, will do well to refer to a very able paper by Dr. Wilks in the last number of *Guy's Hospital Reports*.

The profession will be glad to learn that a Committee has been appointed, and is now sitting at the Admiralty, to inquire into the condition of the army and navy medical officers, as respects their rank, pay, etc. The members of the Committee are, Admiral Milne (chairman), Lord Paulet, Captain Galton, Sir James Gibson, Dr. Bryson, with Dr. Markham and Mr. Busk as representatives respectively of the College of Physicians and of the College of Surgeons.

The Grand Jury at the Central Criminal Court have brought in a true bill against Dr. Hunter, charged with the rape of a Mrs. Merrick. It is only fair to add, that the Common Serjeant had previously advised the Grand Jury so to do, for Dr. Hunter's sake, as well as for that of Mrs. Merrick. We may gather from his remarks, that he had no great faith in the truth of the story.

"It appeared that the charge rested principally, if not entirely, upon the evidence of one witness, the prosecutrix. The prosecutrix appeared to admit that she gave no alarm at the time, or made any noise; and it also appeared that she did not make any complaint until some time afterwards; and her statement certainly was one of a very astounding character."

The cholera has destroyed several medical men at Madrid. Professor Quintanilla, and Drs. Avilès and Montana, two of the leading physicians of the city, have fallen victims to it; so also have MM. del Pozo and Andrès, attached to the Ambulance; and Gabridra, the Dean of the Pharmaceutical Faculty pon y Camps, and the *pharmacien* Iniguez, have been carried off. At Cadiz, Dr. Gabarron, Professor of Surgery, died of cholera.

We regret to hear that M. Jobert de Lamballe is suffering under mental derangement, which has necessitated his removal into a lunatic asylum.

Scientific Notes.

ACTION OF LIGHT ON VEGETABLE MATTER.

Some novel experiments have been lately described before the Chemical Society of Paris, by M. Jodin, illustrating the action of light on vegetable matter. The author destroys the vitality of green leaves by immersing them in alcohol, or heating them to a high temperature in sealed tubes, and finds that after this the leaves still present some signs of life. In the light they are rapidly decolorised, but excluded from air and light they preserve their greenness for an indefinite time. In the course of the decoloration by solar light, he proves that oxygen was absorbed and carbonic acid evolved. Under the same circumstances he finds the yellow matter in etiolated leaves to absorb oxygen. On the contrary, it is proved that etiolated leaves, in becoming green in the light, evolve oxygen, while those kept in the dark and unchanged in colour absorb oxygen. The author is disposed to regard chlorophyll as a body quite distinct from the yellow colouring matter of leaves. (*Quarterly Journal of Science.*)

MINERAL SOURCE OF IODINE.

The ocean is the great storehouse of this element, all sea-water containing the iodides of sodium and magnesium, and sea-weeds have hitherto formed the whole commercial source of it. Chemists have been aware of its existence in certain Mexican silver-ores, in various land plants growing near the sea, in sponges, and in the oil of the liver of various fishes; but none of these bodies, animal, vegetable, or mineral, contain it in such quantities as would pay for extraction. There is said, however, to have been lately discovered in Chili a mineral consisting of a mixture of iodide of lead, with the oxide and chloride of that metal, in such proportion as to contain ten per cent. of iodine. This mineral is believed to exist in considerable abundance. (*Druggists' Circular*; and *Dublin Medical Press.*)

INFLUENCE OF WATER IN THE PRODUCTION OF MILK.

M. Dancel has noticed that women, when suckling, drink a great deal more than at other times. Cows, too, before they drop a calf will be satisfied with from 12 to 20 quarts of water a-day, but afterwards they require 30, 40, or 50 quarts. He notices also that cows fed in houses on dry food give a fourth or even a third less milk than when at pasture. He states, too, that cows fed upon dry sesame-cake gave very little milk until they were freely supplied with water. He concludes from all this that water has a good deal to do with the secretion of milk. (*Chemical News.*)

PRODUCTION OF ORGANISMS IN CLOSED VESSELS.

Dr. Child has come to the conclusion that there is no doubt of the fact that *bacteria* can be produced in hermetically sealed vessels containing an infusion of organic matter, whether animal or vegetable, though supplied only with air which has passed through a red-hot tube, and though the infusion be thoroughly boiled. The germ of *bacterium* must therefore be either capable of resisting the boiling temperature of a fluid, or they are spontaneously generated, or they are not organisms at all. Dr. Child is convinced that they are minute vegetable forms; and says that Powell and Lealand's fiftieth digestive has already shewn something like an appearance of structure in these minute *bacteria*, which leaves no doubt about their organic character. (*Quarterly Journal of Science*, July 1865.)

FOOD PRINCIPLES.

The great generalisation of Liebig, that food contains two chief classes of organic ingredients, one class consisting of nitrogenous substances, which give the plastic materials for the formation of tissues, while the other class contains the amylaceous and saccharine bodies destined to support the heat of the animal body, has met with general acceptance, notwithstanding the objections entertained by some physiologists to the general terms of the division. They state that the nitrogenous aliments may also support animal heat, as well as fulfil their special function of forming the tissues. But the distinguished author of the classification admitted this fact in his first work, when he pointed out that the carnivora must waste their tissues in the support of animal heat. The recent experiments of Bischof and Voit, and of Petenkofer and Voit, in feeding animals on flesh from which all fat had been removed, completely prove that nitrogenous substances can act as heat-givers as well as flesh-formers. But the converse of the classification is not true, for we have not the slightest evidence to show that alimentary bodies free from nitrogen can build up any organ of the body. (*Dr. L. Playfair.*)

OXIDATION OF FATTY VEGETABLE OILS.

M. Clöez has exposed oils to the air in colourless glass vessels, and also in vessels of red, yellow, green, and blue glass, and also left some oil exposed to air in total darkness. After ten days' exposure the increase of weight was greatest in the colourless glass vessel; it was rather less in the blue glass; was very small in the red, yellow, and green; and no increase of weight at all was observed in the oil exposed in the dark. Like results were found after twenty days; but after thirty days' exposure the results were somewhat different. The increase of weight was greater in the coloured glasses than in the uncoloured, green showing the largest increase after 150 days' exposure. Poppy oil, after a time, oxidised faster in the dark than when exposed to coloured or white light. Oil heated in atmospheric air oxidised much more rapidly than cold oil. The oxidation may be accelerated without heat by adding some oil already oxidised. (*Chemical News.*)

PURITY OF BROMIDES AND IODIDES.

At the Pharmaceutical Conference, Mr. Henry Matthews gave complete analyses of nineteen specimens of the above-named salts. The results showed that the bromides of ammonium and of cadmium, and also iodide of cadmium, are practically pure; but the same cannot be said of the bromide of potassium. In seven samples of this salt, the contained chloride ranged from 0 to 5 per cent., the iodide from 0 to 3·88 per cent. Smaller quantities of sulphate and bromide were also present usually. The largest amount of impurity was found in the iodide of ammonium, two samples out of three examined giving from 6 to 7 per cent. of sulphate of ammonia.

THE CHIGOE.

A long account of the Chigoe (*Rhyncoprion*, or more correctly *Sarcopsylla penetrans*) is furnished by Karsten to the *Bulletin de la Société de Naturalistes de Moscou*. It is only the fecundated females which are parasitic. They establish themselves under the skin, generally under the toe-nails, and soon attain an enormous size; when all the eggs are developed and deposited, the empty and shrivelled body is supposed to be thrown out, but whether the larvæ are developed in the ovary, or from the eggs after deposition, has not yet been ascertained. (*Quarterly Journal of Science.*)

INJURIES OF THE HEAD: TREPHINING.

Dr. H. Fischer, of the Charité Hospital in Berlin, has published in the *Archiv fur Klinische Chirurgie* (Band vi) an interesting paper, entitled A Clinical and Experimental Contribution to the Doctrine of Trephining. He remarks that the statistics of the results following the operation of trephining, and the opinions of surgeons as to the propriety of performing it, are so varied, that it is impossible to form a true and clear idea of its value. He has, therefore, besides making clinical observations as opportunities offered, performed a series of experiments on animals with the view of ascertaining the possibility of avoiding the dangers of the operation. He first relates at length the histories of several cases, of which the following are the leading features.

Case i. E. B., aged 34, had a fracture with depression of the right parietal bone, from the fall on his head of a hammer weighing four or five pounds. Symptoms of meningitis set in; the left limbs became paralysed, the arm being flexed; speech was much impaired, and he died at the end of thirty-six hours. On section, two long splinters of bone were found perforating the right hemisphere of the brain; the neighbouring brain-structure being softened, with some small ecchymoses. There was purulent meningitis on the right side.

Case ii. A Dane came under observation after the siege of Düppel, with a gunshot fracture of the right parietal bone, which was splintered, and fissured in various directions. The dura mater and brain were wounded by several long splinters of bone. The patient was carried a long distance; after which paralysis of the left limb set in. In the night of the eighth day after the injury, symptoms of meningitis set in, and the patient died in four days. On *post mortem* examination, there were found two long fissures in the parietal bone; several splinters perforating the brain; purulent meningitis; a small extravasation of blood on the dura mater; and softening of the brain around the perforating splinters of bone. Dr. Fischer remarks that this case shews the danger of a long transport in perforating fracture of the skull; and that this, by the shaking and friction of the splinters against the brain and its membranes which it occasioned, produced the effusion of blood, which probably was an important cause of the paralysis. Throughout the whole course of the case, there was scarcely any disturbance of the mental faculties.

Case iii. A grenadier in the Prussian army had a gunshot wound of the frontal bone on the right side, producing fracture with depression—several very sharp fragments of bone perforating the dura mater and brain. Suppurative meningitis set in on the third day after the injury, and the patient died on the tenth day.

Case iv. G. B., aged 9, fell from a height of four stories and fractured the frontal bone on the right side; the bone was depressed, and the brain injured. The left radius was broken; and there was a complicated fissured fracture of the left femur. The patient at first presented symptoms of cerebral concussion; but on the second day meningitis set in, and caused death in twenty-four hours. On section, several splinters of bone were found perforating the dura mater and brain.

Case v. A woman, aged 40, presented herself at the out-station of the Charité Hospital, and reported that on the previous evening she had been, in a quarrel, struck with a sword on the head by a soldier. She had a wound near the right parietal bone; a large portion of which was sliced away. Suppurative meningitis set in; and she died on the fifth day after the injury. There was considerable effusion of blood on the dura mater, which was perforated by a small fragment of bone. The clot of blood lying on the dura mater also contained several splinters.

These cases, Dr. Fischer observes, are instances in which injuries of the skull were followed by suppurative meningitis, which was rapidly fatal in spite of the energetic use of antiphlogistic means. Was, he asks, the meningitis the result of the injury of the dura mater? Many cases have been recorded, in which denudation of the dura mater by injuries of the skull was not followed by meningitis; and such cases have been adduced by the advocates of trephining as proofs of the freedom from danger of the operation. Dr. Fischer relates two cases of the kind.

In one (Case vi), a Dane was brought into hospital with a sabre-wound of the left side of the frontal bone, received at the storming of Düppel. The inner edge of the bone was slightly depressed; and the dura mater was laid bare. No symptoms of meningitis appeared; and he recovered.

Case vii. A man aged 33 was wounded by a sabre, over the frontal and parietal bones on the right side. The bones were penetrated, and the dura mater slightly injured. There was a fracture around the wound, and also a fissure extending into the base of the skull. The dura mater was extensively laid bare, and even slightly wounded, but there was no meningitis, although the symptoms at first appeared to threaten it. The patient had furious delirium, like delirium tremens, especially towards evening; during the day he was rational and quiet. Moderate icterus appeared; he had fever with very irregular exacerbations and remissions; he gradually became emaciated and sank; secondary affections of the joints set in, and he died on the thirteenth day after the injury with symptoms of septicæmia. On *post mortem* examination, there was found to be necrosis of the injured parts of the skull and of the dura mater, with a small softened spot in the corresponding part of the brain. It is interesting to observe how slight were the immediate consequences of the injury. After receiving the wound, the patient returned a considerable distance to his home, slept well during the night, and the next day walked to the hospital.

Experiments on animals shew also that the mere laying bare of the dura mater is generally not dangerous. In rabbits, however, Dr. Fischer found that, in about one case in three, suppuration appeared beneath the pericranium in from eight to fourteen days after the operation. The animals, notwithstanding this, at first seemed lively, especially if care were taken to allow a free exit to the pus. Afterwards, however, they became still, ceased eating, and died in a few days; when suppurative meningitis was discovered. In these instances, the inflammation and suppuration proceeded inwards from the trephined spot, from which the pus was found extending in several directions over the dura mater. These cases being exceptional, are excluded from consideration; and the author relates seven experiments performed on rabbits, guinea-pigs, and dogs, in which simple denudation and laceration of the dura mater was not followed by meningitis.

He next inquires whether meningitis is the consequence of the introduction of foreign bodies through the dura mater into the brain. In the first five cases already referred to, splinters of bone had more or less deeply penetrated the brain. In four experiments, nails were driven into the skull without laying bare

the cavity. Three of the animals were killed, and one allowed to recover; but no meningitis appeared in any of them. A case bearing on this point is also related.

Case VIII. A man aged 66, reported to Dr. Fischer that in 1827 he fell from a height of three stories, the result being a depressed fracture of the frontal bone. Trephining was not performed; he recovered; and during thirty-five years felt no symptoms arising from the depressed bone. At the end of that time, paralysis and anæsthesia set in, with loss of memory and impaired intellect. The patient died after some months, with uræmic symptoms. On *post mortem* examination, there was found a depression of the bone at the sagittal suture. The vessels at the base of the brain had undergone calcareous degeneration, and the brain contained several softened spots of various sizes.

When depression causes death, it is generally by producing copious extravasation of blood. Almost every surgeon, says Dr. Fischer, can call to mind cases in which recovery has followed depression; and many such instances are mentioned in literature. From these and from the experiments last mentioned he concludes, that foreign bodies, introduced into the dura mater and brain without laying open the cavity of the skull, do not produce *primary* meningitis.

He then goes on to consider the effect of introducing foreign bodies, the cranial cavity being also opened; and first relates seven experiments in which moveable bodies—nails—were introduced loosely into the brain, and in all of which suppurative meningitis rapidly followed. On the other hand, in five experiments, where the dura mater was laid bare by removing a portion of the skull, and nails were introduced into the dura mater and brain through the edge of the bone at the circumference of the wound—so that they were fixed—meningitis set in at a later period.

These results Dr. Fischer explains by referring to the rhythmic movements which the brain undergoes—the respiratory or venous and the circulatory or arterial; and which, he says, must cause the foreign bodies, when moveable, to rub against and irritate the membranes of the brain, thus producing primary meningitis. He hence points out how the prognosis of meningitis may be affected by various circumstances connected with the patient's respiration and circulation. Those who have cough are much exposed to danger; and hence bronchial catarrh and pneumonia are very perilous complications of depressed fracture of the skull where the brain is wounded by fragments of bone. Patients also who laugh and talk much are in greater peril than the torpid and quiet. Delirium tremens is also an unfavourable condition. Straining in defecation or micturition is also dangerous; persons having urethral stricture are very liable to be attacked with meningitis in the circumstances mentioned.

The extent of injury has also an influence on the production of meningitis. The larger the wound in the skull, the more energetic are the respiratory pulsatile movements of the brain, and therefore the more dangerous the injury. On the other hand, if the opening be very small, the movements observed at first gradually diminish, until at last it is difficult to observe them. The character of the foreign body introduced is also of importance. The rougher and more jagged, the broader and larger, it is, the greater is the friction, and the earlier will meningitis set in; and the more so if the body be moveable. Dr. Fischer has observed that foreign bodies lying free are always moved by the pulsations of the brain. He further remarks, that the movements are most energetic at the part where the skull is opened, and from this point gradually diminish in intensity; and that, in his experiments, the greater the distance from the edge of the bone at which the nail was driven in, the rarer and later was the occurrence of meningitis. He has in several experiments removed a portion of the skull on one side by trephining, and on the other has introduced a nail; and the injury has been very rarely followed by primary meningitis.

Speaking of the characters of traumatic meningitis, Dr. Fischer observes that it most frequently commences with a rigor, but may be at first latent. The patients complain in the beginning of violent headache; and very frequently there is also vomiting or distressing nausea. The body is drawn in, the pulse laboured, and the gait unsteady. The sensorium is very soon disturbed; the patient has furious delirium reminding one of delirium tremens, is very restless, becomes paralysed, and dies in a state of deep coma. The fever rarely becomes very intense, and is continued. The course of the disease is generally very acute, so that the stages of meningitis can scarcely be distinguished.

Post mortem examination shows the following facts. The disease always commences at one side; and it can always be seen to be of older date here, even when it has extended to other parts of the brain. It commences and is most developed on the periphery of the cerebrum in the neighbourhood of the foreign body. It is only when the course of the disease is slow that the inflammation reaches the base of the brain, and, in rare cases, the spinal chord. Purulent exudation appears in a very short time—it may be found within twenty-four hours. The prognosis is extremely unfavourable. In the treatment, antiphlogistics alone are useless. Dr. Fischer has employed both local and general bloodletting, small and large, single and repeated, frequent and at long intervals—but all alike without any effect. The only rational treatment consists in the early and entire removal of the foreign body, and the careful closure of the opening in the skull. In most cases, this can be done without trephining; but if not, this means is as urgently indicated as any remedy can be. It is, however, very difficult, often quite impossible, to diagnose the presence of foreign bodies at an early period; and the removal of those, or trephining, is likely to be successful only when employed early. Dr. Fischer recommends operation when there is any ground for suspecting the presence of a foreign body. He believes that steps should be taken for the removal of foreign bodies, as soon as symptoms indicative of commencing meningitis appear. He relates seven experiments on animals, in which he left foreign bodies in the brain during periods varying from five minutes to seven hours, and in which four of the animals recovered.

It has already been seen, that foreign bodies which enter the brain without laying open the cranial cavity do not generally excite primary meningitis. But they must not therefore be regarded as harmless. In cases of simple depression of the cranial bones, no well informed surgeon would use the trephine unless other pressing indications were present. But when there is a foreign body—such as a bullet or a piece of stone, the case is different. The patient is exposed to great danger from two sources.

The bullet or other foreign body may close the defect which it has made in the skull, so that the movements of the brain, which produce friction and irritation of the meninges, do not occur. But when suppuration begins, then dangers appear. The foreign body is either loosened by the suppuration, or the surrounding pieces of fractured bone are set loose by the same cause. In these circumstances the cranial cavity is laid open, the cerebral pulsations commence, and we have the same mechanical influences in oper-

ation as have already been described; and these may lead to a later or secondary meningitis. In such cases, there is no treatment but trephining, or, if possible, removing the foreign body without this operation. Dr. Fischer, however, does not hold out the assurance that trephining will save the patient—statistics show the contrary too strongly; but, by operating, the surgeon will have done all that he can and ought to do.

The foreign body may continue to close the wound in the skull, but, by mechanical pressure, or chemical irritation, may produce encephalitis or softening of the brain. He relates a case in which a piece of lead entered through the right side of the frontal bone; death occurred in eight days. On *post mortem* examination, no meningitis was found, but the brain had undergone softening at the seat of injury.

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

THE special hospital system, concerning which so much difference of opinion has been expressed, has recently developed itself in this town to an extent which pretty clearly manifests the absurd lengths to which these matters are apt to be carried.

There is a "Dental Hospital", which numbers its operations by hundreds, with a consulting physician and surgeon, who speak of its great utility in diseases of the teeth, gums, and throat. How many beds it contains we are not told. Then there is the "Liverpool *General* Hospital for Consumption and Diseases of the Chest"—a title which suggests a pretty wide field of practice for a special hospital. The "Hospital for the *Cure* of Cancer and Skin-Diseases", a description of which formed the subject of an editorial article some months ago, has emerged from obscurity, and now presents an imposing appearance in a leading thoroughfare. The "inaugurative ceremony" of opening the new hospital was duly reported in the papers.

One other "special" institution deserves mention, for the purpose of giving publicity to a somewhat novel expedient for enlisting the sympathy and support of the benevolent. At a preliminary meeting for the purpose of extending the operations of the "Dispensary for the Treatment of Skin-Diseases", the founder of the institution, after informing the meeting that, "since it had been in operation, he had treated one thousand patients, at an expense of £136, and that he was out of pocket between £70 and £80," went on to say: "The treatment had been remarkably successful; and he mentioned several cases in detail, and introduced the patients to the meeting." This mode of enforcing the claims of a speciality is not, we think, quite unprecedented, a somewhat similar proceeding having been adopted by an orthopædic institution in the metropolis; but it is sufficiently unique and unusual here to deserve special notice. The founder of the institution tells us that "he has the entire concurrence of the profession in the manner in which he managed the institution."

I am informed by the local papers that a new Gymnasium, on a very large scale, has just been formally opened in this town, under the presidency of Lord Stanley. Judging from the reports, it appears to be a very complete institution, and one in which the medical profession would naturally feel much interest.

Association Intelligence.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session will be held at the Victoria Rooms, Clifton, on Thursday evening, November 30th, at 7 o'clock. F. BRITTAN, M.D., President, in the Chair.

C. STEELE,
R. S. FOWLER. } *Hon. Secs.*

12, Meridian Place, Clifton, November 1865.

Reports of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 7TH, 1865.

T. B. PEACOCK, M.D., President, in the Chair.

MR. ADAMS and Mr. CARR JACKSON shewed two *Tumours connected with the Humerus*, which had required amputation at the shoulder-joint.—In Mr. Adams's case, the patient was a young woman; and the tumour, a large one, was encephaloid, having muscular fibres in various stages of degeneration interspersed. The operation was successful.—In Mr. Jackson's case, the patient was a boy aged 15. The tumour was of four months' growth; it appeared to be an osteoid cancer, mixed with much fibrous tissue.

Mr. HOLMES showed a *Malignant Tumour of the Arm*, with large cysts, growing from the soft parts beneath the deltoid. It encroached on the shoulder-joint; the nerves and axillary vessels were expanded over it. The patient died on the fourth day after the operation.

Mr. HOLMES shewed two specimens of successful *Amputation at the Hip*—one for recurrent fibroid tumour of the thigh, and the other for osteomyelitis of the femur after excision of the hip.

Mr. HOLMES exhibited a large *Softened Fibroid Tumour of the Uterus*, which had been removed in mistake for an ovarian tumour. The tumour contained a large amount of fluid; and uterine symptoms were absent. The tumour had been tapped twice, and a gallon of fluid removed. Mr. Spencer Wells had, it appeared, made a correct diagnosis at an earlier period; but the subsequent growth and softening led to the mistake. The operation was fatal—the intestine having been injured.

Mr. BRYANT shewed a specimen of *Hydatid of the Breast*, successfully removed by tapping and excision from a married woman aged 30, in whom it had existed several years.

Mr. BRYANT related a case of *Hydatids in the Bladder*, occurring in a gentleman aged 50, who suffered from retention of urine. No catheter could be passed; but there was no constitutional disturbance, and a large indistinctly fluctuating tumour was found fill-

ing the pelvis. The bladder was punctured through the perinæum; and the opening was afterwards extended into the rectum, and a large mass of hydatids was removed. The patient was relieved.

Mr. BRYANT exhibited a large *Adenoid Tumour*, of the size of a cocoa-nut, and containing several cysts, developed in the breast of a woman over seventy years of age.

Correspondence.

MORTALITY OF TROOPS IN INDIA.

LETTER FROM WILLIAM CLODE, Esq.

SIR,—An article in your impression of the 4th inst., headed "Mortality of Troops in India," is so full of assurance of the happiest state of things prevailing in respect to the sanitary state of the army there, that I fear the public will be misled unless you complete the story told by the official investigation of this question.

After alluding to the alarm created by the report of the Royal Sanitary Commission, you refer with satisfaction to the refutation by the government of India of the statements in that report. No one can read the article without arriving at the conclusion that the Royal Commission had propagated erroneous deductions based on imperfect returns. You would, I am sure, be the last to wish that such an impression should prevail respecting the deliberations of a Commission composed of some of the most eminent and experienced men in this country; and I think that your spirit of fairness will induce you to inform your readers that the "refutation" by the Indian Government produced a reply which rendered confusion less confounded, and has confessedly established the reliability of the statements and conclusions of the Royal Commission. This reply should be read by all who are interested in the question; it is given in Parliamentary Paper No. 324, as a Return to an Address of the House of Commons (dated 25th May, 1865) for "Copies of Letter addressed to Sir Charles Wood in reply to Indian Government's Despatch on Report of Royal Sanitary Commission."

It would not be within the compass of a letter to reiterate the arguments embodied in this important public document. It, however, deals conclusively with the contradictions of the Indian Government. It shows:

1. That the principal cantonments of the English Army were on some of the unhealthiest sites in India.

2. That the Commission did no injustice to the Commanders-in-Chief or to the Government.

3. That the mortality of the European forces in India, at the date of the inquiry, was not overstated by the Royal Commission. It had been, on an average, at the rate of 69 per 1000 down to the year 1856, and was higher in the excluded mutiny years.

4. That the Indian Government, writing on December 8th, 1864, by avoiding any reference to the actual facts, citing a return for 1863, and mistakenly applying the "now" of one date to a different date, produces an erroneous impression, but does not disprove the above proposition.

5. That at the same time they admit by their argument the previous waste of life in India, and the possibility of reducing the mortality for the future to the rate of 20 per 1000, or still lower, by judicious measures.

It will be remembered that the Royal Commission was appointed May 31st, 1859; and the publication of its Report was delayed until May 19th, 1863, to enable the Commissioners to include the latest possible returns that could with difficulty be obtained from India.

The Royal Commission collected evidence, analysed observations, and embodied the recommendations in their Report, of the most eminent Indian and other authorities, including two of the members of the present Government of India. These recommendations have proved of so practical a nature, that they have been carried out to a successful issue; the health of the troops is vastly improved; and the death-rate brought within a compass that induces the hope that, in years to come, it will not exceed the natural standard.

This much good has the Royal Sanitary Commission helped to bring about; and it is greatly to the credit of the Indian authorities that they have given so much effect to recommendations not based on error, but founded on fact. That the health of the troops is at the present time improved, is no refutation of the statement that, in the period embraced in the inquiry of the Royal Commission, the annual mortality was about 69 per 1000. Let us be grateful to those who exposed so fearful a state of things, and to those also who have so efficiently aided in bringing about a decided improvement.

I am, etc., WILLIAM CLODE.

General Register Office, Somerset House, Nov. 8th, 1865.

THE LATE MR. CLIFT. His history, as I have heard it related by those who were acquainted with it, was nearly as follows. Mr. Hunter was acquainted with Mrs. Gilbert, a lady in Cornwall. In conversation with her he observed that he had great difficulty in obtaining fit persons to assist him in making his anatomical museum, and that he believed that his best way would be himself to educate a lad especially for this purpose. Mrs. Gilbert said that she knew a very clever boy who was accustomed to come into her kitchen in Cornwall and make drawings with chalk on the floor, who would with proper instruction become an excellent draughtsman; and she offered to negotiate with the boy and his parents for him to come to London on trial. Mr. Hunter gladly availed himself of this offer, and the negotiation ended in Clift becoming an inmate in Hunter's house. I believe that this was not more than two or three years before Hunter's death. On the occurrence of this event, Hunter's executors (Dr. Bailie and Mr. Home) engaged Clift to take charge of the museum. When it was purchased by Parliament, and consigned to the care of the College of Surgeons, the council of the college retained him for the same purpose, under the name of conservator, a situation which he retained during the remainder of his life. Clift's early education had probably not extended beyond reading and writing, but he had a vast desire of acquiring knowledge; had read a great deal in an irregular manner; but his chief study was that of the museum in which he lived for many years; and with this he had a more intimate acquaintance than any other person after the death of the great philosopher by whom it was founded. He had great sagacity, great powers of observation, and great memory, but he wanted that method which a better early education would have afforded him; and his knowledge, though extensive, was of a very desultory kind. His devotion to the memory of Hunter, and his attachment to the museum, formed a remarkable feature of his character, at the same time that his simplicity of mind, his disinterestedness, and the kindness of his disposition, gained him the affection of all who knew him. (*Sir B. Brodie's Autobiography.*)

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on November 15th.

Attwood, Frederick Lyndon, Marylebone Road
Attygalle, John, Calcutta
Ball, John Augustus, Stradbrooke, Suffolk
Barker, Robert, Sunderland
Beechey, Frederic Mainzer Charles, Wokingham
Brennan, Robert, Croydon
Burge, John, jun., L.R.C.P. & L.S.A., Hammersmith
Chandler, Henry Parry, Berners Street
Cuddeford, Thomas, Plymouth
Freeman, Alfred John, Southsea, Hants
Gibbes, John Murray, Sidmouth, Devon
Greenaway, Eustace, Woodford, Essex
Harvey, James D'Arcy, St. Just, Cornwall
Hyde, Henry, Lamb's Conduit Street
Kisch, Albert, Circus Place, E.C.
Lethbridge, Alfred Swaine, M.B.Aberd., Musbury, Devon
Moore, John Murray, M.B.Ed., Liverpool
Plowman, Richard, L.R.C.P.Lond., Coleshill, Warwickshire
Raby, John, L.R.C.P. & L.R.C.S.Ed., St. Germains, Cornwall
Stephens, Samuel Sanders, Taunton
Stubbs, Henry, L.S.A., Stourbridge
Wathen, John Hancocke, Fishguard, Pembrokeshire

Admitted on November 16th—

Coombe, Frederick Sydney, Trafalgar Square, Chelsea
Cribb, Henry, jun., Bishops Stortford
Finch, John E. Montague, B.A.Cantab., Fisherton, Salisbury
Greenfield, Charles Bailey, M.B.Edin., Cheltenham
Hall, Nicholas, Salford, Manchester
Harris, Charles James, L.S.A., King William Street, Strand
Hodder, Frederic William, M.B., Toronto
Leigh, William, L.R.C.P., Chiswick
Lubbock, Richard Girdlestone, Norwich
Moxey, David Anderson, M.D.Edin., Turnham Green
Nowell, Richard Bottomley, Manchester
Roberts, William, Retford, Notts
Sims, Francis Manley Boldero, Colchester
Taylor, Isaac, York
Taylor, James Mare, L.S.A., Hanley, Staffordshire
Tuckwell, David Gregory, Oxford
Walters, James Hopkins, Barnstaple
Wardle, James Henry, L.R.C.P. & L.R.C.S.Ed., Staleybridge

Naval Surgeons. At a meeting of the Court of Examiners, on November 16th, the following gentlemen passed their examinations for Naval Surgeons.

Bamfield, Samuel, L.S.A., H.M.S. *St. George*, Portland; diploma of membership dated July 18, 1859
Fennell, Charles John, L.S.A., H.M.S. *Wellesley*, Chatham; July 19, 1859
Levis, John Sampson, M.D. Queen's University, Ireland, Royal Naval Hospital, Haslar; November 15, 1860
Nelson, Robert, Lic. Fac. Phys. & Surgs., Glasgow, Royal Naval Hospital, Haslar; June 12, 1860
Rickard, Henry, L.R.C.P., H.M.S. *Wellesley*, Chatham; December 6, 1859
Siccama, Rinso Robert, L.S.A., Royal Naval Hospital, Haslar; July 27, 1857

APOTHECARIES' HALL. On November 16th, 1865, the following Licentiates were admitted:—

Lupton, Richard John, Stanhope Street, Hampstead Road
Rendle, George, 40, Newington Causeway

APPOINTMENTS.

BIDIE, Assistant-Surgeon G., appointed Professor of Botany and Materia Medica in the Medical College, Madras.
BRADLEY, John, Esq., appointed Junior House-Surgeon to the Northern Hospital, Liverpool.
*DYKE, T. J., Esq., appointed Medical Officer of Health for the Merthyr Tydfil District.

ARMY.

CALDER, Assistant-Surgeon William M., Royal Artillery, to be Staff-Surgeon, *vice* Adam G. Young.
D'ALTERA, Assistant-Surgeon James, Royal Artillery, to be Staff-Assistant-Surgeon, *vice* C. H. Leet.
DUMBRECK, David, M.D., C.B., Inspector-General of Hospitals, to be Honorary Physician to Her Majesty, *vice* John Forrest, M.D., C.B.
FRANKLYN, Surgeon Edward J., M.D., 7th Dragoon Guards, to be Staff-Surgeon, *vice* Staff-Surgeon-Major John Mure, M.D.
LEET, Staff-Assistant-Surgeon C. H., to be Assistant-Surgeon 13th Foot, *vice* N. L. Gray.
MOORHEAD, Staff-Surgeon Thomas, M.D., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.
MURE, Staff-Surgeon-Major John, M.D., to be Surgeon 7th Dragoon Guards, *vice* E. J. Franklyn, M.D.
REID, Staff-Surgeon A., to be Surgeon 89th Foot, *vice* Surgeon-Major John T. W. Bacot.
VERDON, Staff-Assistant-Surgeon John J., half-pay, to be Staff-Assistant-Surgeon, *vice* P. O'Connor.
YOUNG, Staff-Surgeon A. G., to be Surgeon 60th Foot, *vice* R. E. FitzGibbon.

ROYAL NAVY.

BARNARD, John, Esq. (*b*), Staff-Surgeon, to the *Eagle*.
CRONIN, James D., M.D., Surgeon (additional), to the *Saturn*.
PLAYFAIR, Charles E., Esq., Surgeon, to the *Cossack*.
TRIMBLE, James, Esq., Surgeon, to the *Oberon*.

The undermentioned Assistant-Surgeons have been promoted to the rank of Surgeon in Her Majesty's Fleet.

CARR, William T., Esq.
HILSTON, Duncan, M.D.
MITCHELL, John F., Esq.
O'MALLEY, James N. J., Esq.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

GULL, F., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Suffolk R.V.
RANKINE, R., M.D., to be Honorary Assistant-Surgeon 99th Lanarkshire R.V.

DEATHS.

CHAPMAN, Matthew J., M.D., in Albemarle Street, aged 69, on November 15.
HIRON, Thomas W., Esq., Surgeon, of Snitterfield, Warwickshire, at sea, on board the *Renown*, aged 45, on September 16.
NUGENT. On November 19th, at Norfolk Road, St. John's Wood, Eliza, widow of Nicholas Nugent, M.D., of Antigua.
PRIEST. On November 13th, at Waltham Abbey, Essex, aged 11, Edith Catherine, daughter of Arthur Priest, M.R.C.P.Ed.; on November 14th, aged 39, Ruth Elizabeth, his wife; and on November 15th, aged 5, Edward Gerald, his son.

A MEDICAL CORONER. Dr. T. R. Mitchell has been appointed coroner for the town of Thetford.

FEVER IN MANCHESTER. Fever is reported to be of late greatly on the increase in Manchester.

CAT-PLAGUE. An epidemic of trichinæ is said to be raging among cats in Sweden.

THE COMMON COUNCIL OF LONDON have made a grant of £210 to the Royal London Ophthalmic Hospital.

KNIGHTHOOD OF DR. HILDITCH. Dr. Hilditch, Inspector-General of Hospitals and Fleets, has received the honour of knighthood.

THE VENEREAL COMMISSION. We understand that the Venereal Commission will present their report during the present month, and that they have undertaken to give a supplemental report upon Dr. Boeck's experiments when concluded.

ROYAL COLLEGE OF SURGEONS. Out of sixty-nine candidates who last week offered themselves for examination at the College of Surgeons, only seven were referred back to their studies for the usual period of six months.

CATTLE-PLAGUE. The cattle-plague commissioners met on the 21st, at the House of Commons. A meeting of Lords of the Privy Council was held on the same day at the Council Chamber, Whitehall, to consider questions relating to the cattle-plague.

THE LATE CHAPLAIN OF WESTMINSTER HOSPITAL. The sudden death of the chaplain of Westminster Hospital, on the 1st ult., at St. Jude's, Chelsea, in the full vigour of manhood, and in the very act of preaching, has naturally elicited the sympathy of his friends. He died without having been able to make any provision for his widow and three children. About £1,000 has already been subscribed, and an earnest appeal is now being made on her behalf by the Incumbent of St. Stephen's, South Lambeth.

Mrs. Arnott, widow of Dr. Neil Arnott, author of *Physic*, has signified her intention of endowing two scholarships for the study of natural philosophy—the one at the Queen's College, Harley Street, the other at the Ladies' College, Bedford Square, to be called the Arnott scholarships, in memory of her late husband. (*Builder.*)

Pharaoh's Serpents. Dr. Littlejohn of Edinburgh warns the public against the use of "Pharaoh's Serpents," as they are called. These toys are compound of sulphocyanide of mercury. The inhalation of some of their products of combustion is highly dangerous; viz., cyanogen, sulphurous and sulphuric acids, bisulphide of carbon, and mercury in vapour. The mass left after combustion is organic matter called "mellor."

Linnæan Society. At a meeting of the Linnæan Society on Thursday evening, November 16th, Mr. J. Baxter Langley was introduced to the members, having been unanimously elected a Fellow of the Society at the preceding meeting. Mr. Langley had previously taken the silver medal in the Leeds School of Medicine, the Botanical prize at King's College, and obtained first place in honours in Natural History in his examination at the University of London.

Scottish Registrar-General's Quarterly Report. The Registrar-General for Scotland reports the health of the population of Scotland as not satisfactory for the last quarter. Scarlatina, in many cases of a severe type, greatly increased over the country, and the various forms of continued fever showed a strong tendency to increase and assume the epidemic form with the fall of temperature. As usual at this season a few cases of British cholera proved fatal.

Save the Doctors. In the Jamaica rebellion the lives of doctors were saved; whether out of respect to them or for the purpose of retaining their services is not clear. We read: "We were happy to learn that Dr. Gerard had not been murdered, as we reported. We learned that he and Dr. Major were retained by the rebels to look after their wounded. Dr. Major, on his way homewards, met with over 200 rebels near to Albion Estate, in St. David. They, however, passed on without molesting him. Mr. Warmington escaped death by passing himself off as a doctor."

University of Cambridge. The Rev. W. Clark, M.D., who for forty-eight years has occupied the chair of Anatomy, has announced his intention of resigning, if the proposal for founding chairs of human physiology, and anatomy, and zoology, and comparative anatomy, should pass the senate. Dr. Humphry, Dr. Drosier, and Mr. C. Lestourgeon, M.A., have announced themselves as candidates for the chair of physiology, in case the same becomes vacant; and Mr. Williams, M.A., and Dr. G. B. Mead, for that of zoology and comparative anatomy, if established.

W. J. Stork, the surgeon's assistant lately charged with administering strychnia to Miss Blake, daughter of Mr. Blake, surgeon of Salisbury, has since his committal endeavoured to obtain poisonous drugs, with the view, it is supposed, of committing suicide. He wrote a prescription, and addressed to Messrs. Savory and Moore, of London, succeeded in inducing a newly-engaged turnkey to post it for him. Messrs. Savory and Moore, finding that the prescription included a dose of morphia more than sufficient to destroy life, immediately put themselves into communication with the police at Salisbury, and the result of their investigation proved collusion between the turnkey and the prisoner.

Testimonial to R. S. Harvey, Esq. A very valuable testimonial—a service of plate, and a portrait of himself, altogether worth £400—has been presented by the citizens of Lincoln to Mr. Harvey, a surgeon, for the third time mayor of that city.

Proposed Veterinary College in Melbourne. The establishment of a school and hospital of veterinary surgery in Melbourne is at present being mooted. The necessity of such an institution is self-evident. With some few very creditable exceptions, veterinary practice in Victoria consists of the crudest and most barbarous farriery. We are glad to hear that the establishment of a veterinary college is something more than a possibility. (*Australian Medical Journal.*)

Court-Martial on a Naval Surgeon. Dr. Baird, surgeon of Her Majesty's ship *Cossack*, has been arraigned on a charge of drunkenness, before a court-martial held in Malta. The accused pleaded guilty, and threw himself on the mercy of the court, before which he laid very honourable testimonials of war services in the Crimea and China, which had the effect of moving the court to pass a somewhat lenient sentence, namely—dismissal from the ship to which he belongs, with loss of two years' service time.

Acupressure. We fancy there must be some mistake in the following paragraph, which we cut from an Edinburgh daily paper. We have again and again protested against the impropriety and inconvenience of medical men giving details of medical practical affairs in public journals. "At the first meeting of the Students' Royal Medical Society the same subject was, we hear, discussed, and one member announced that Mr. Syme intended to try a new description of ligature, invented by an ingenious student, Mr. Churchill, and the advantage of which was, that it could be removed, like acupressure needles, within a day or two after it was applied."

A Cholera-Source. Mr. H. Wise relates the following: "Some forty years since the *Castle Huntly*, *Berwickshire*, *Thomas Coutts*, and other Indiamen, were in Bombay Harbour, loading cotton for China. The duties of the day being over, the sailors were assembled on the forecastle of each ship, smoking their pipes and amusing themselves in various ways. In the early part of the evening a heavy squall, preceded by a dark arched cloud, bust over the anchorage. The *Berwickshire*, owing to her position, bore the brunt of the storm. Not a solitary case of cholera had previously existed on board either vessel; but before daylight, such was the awful rapidity of the disease, upwards of thirty gallant fellows had breathed their last. The *Berwickshire* lost by far the greater number of men, in spite of every effort to save them."

Presentation to Dr. Cookworthy. At their recent annual meeting, the Plymouth Medical Society presented to Dr. Cookworthy, two elegant dessert stands, each bearing an engraved glass bowl for flowers or fruit; supported by three camels of frosted silver. The stands rest on fluted plateaux, with mirrors reflecting the whole, to correspond with the plateau of the large centre-piece given him by the governors of the Plymouth Public Dispensary, on his retirement, after a service of fifty years, as physician of that institution. On the dessert stands is the following inscription:—"Presented by the members of the Plymouth Medical Society to J. Collier Cookworthy, Esq., M.D., in token of their personal regard, and of their high appreciation of his most valuable and conscientious services, as their Secretary and Treasurer for forty-two years. Plymouth, November 1865."

Insanity among Paupers. A return has been issued on the "insanity of paupers." The number of paupers on January 1st last was 974,772, exclusive of 111 insane in the Gilbert Incorporations. Of the 974,772 as many as 38,487 were insane, and of that number 28,466 were lunatics and 10,021 idiots. Thus "4 per cent." of pauperism was ascribable to insanity. In regard to the sexes, 16,826 were males and 21,661 females, making 28,466; whilst of idiots, 4,567 were males and 5,454 females, making 10,021. Of the "4 per cent." insanity the lunatics were 2.9 per cent. and the idiots 1.1 per cent. In the metropolis, on January 1st, there were 105,351 paupers, and of that number 5,933 were insane.

Woodpecker's Auscultation and Percussion. The downy woodpecker never makes a mistake; he knows before he begins, that if he works through just in that spot he will find a dainty morsel at the bottom of it. But how does he know? By *sounding*—tap, tap, tap, just as the physician learns the condition of the lungs of his patients by what he calls percussion. The bird uses his beak, generally three times in quick succession—sometimes oftener; then tries another. Watch him. See how ever and anon he will stop in his quick motions up and down, and give a few taps upon the suspected scale, and then test another, and another, until the right sound is communicated to that wonderful ear. (*Dr. Trimble.*)

Prophylaxis of Small-Pox. The steamship *London* arrived at Melbourne on August 3rd. Several cases of small-pox having occurred during the voyage, she was detained in quarantine until the passengers had been vaccinated and the ship fumigated. It is not clear on what theory of prophylaxis the passengers were made to undergo vaccination; and the half-dozen who refused to submit to the operation were possibly persons of an extremely logical turn of mind, who considered that, if special vaccination was required at all, it should be done upon the unvaccinated Victorians who were in danger of infection from the just arrived *Londoners*. But the whole business of the sanitary station appears to be conducted on curiously eccentric principles. (*Australian Medical Journal.*)

Wholesale Poisoning. A remarkable case of wholesale poisoning by mistake recently occurred in the town of Shiloh, Randolph County, Illinois. Two physicians, Drs. Campbell and Minner, residing in the town, sent to a drug store in the neighbouring village of Chester for a quantity of calomel. In the course of one day this calomel was administered to some forty persons. All of these persons were taken violently ill, and on examination it was found that large quantities of corrosive sublimate had been mixed with the calomel. Further inquiry showed that the drug thus adulterated had not been tampered with by the apothecary in Chester, for calomel mixed with corrosive sublimate was found in the warehouse of the wholesale dealer in St. Louis, from whom the retailer had purchased it; and on following up the investigation it became evident that the presence of the poison was due to the carelessness of the British manufacturer of the calomel. Seven of the victims of this dreadful mistake have already died in the town of Shiloh alone. How much further the results of the blunder have extended or will extend it is now impossible to say. The St. Louis dealer had sent the adulterated calomel all over the South-west, as well as to many sections in the West, and while the authorities are doing their best to obtain possession of the "doctored" stuff, it is not impossible that the fatal results of its use have not yet ended. (*American Cor. of Standard.*)

Sheffield Knife Grinders. Dr. J. C. Hall, who by his efforts on behalf of the knife and fork grinders, has at last forced the public to listen to him, gives us a startling picture of their sufferings. He tells us the loss of metal in grinding a dozen razors is five ounces on the dry stone, and that the stone of seven inches in diameter will be reduced nearly one inch. This mingled mass of jagged steel and stone is thrown off by the very nature of his work directly in a line with his mouth. Not only this, but he is also forced to prepare the grindstone himself. This operation is performed by making it revolve slowly against a bar of steel in order to make its surface smooth and level. This operation fills the room with dust. Here, then, we have a contrivance directly calculated to produce consumption, and the result exactly tallies with the care taken to bring it about. In fact, the average age of a dry grinder is 28 years. We are informed that the Messrs. Rodgers, whose cutlery is known the world through, will not permit their men to work without a fan, and that, as a result, the average ages of their workmen, working at the wet and dry wheel, were respectively 49 and 46.

Bee-Bread as a Diuretic. Dr. Whitmare gives, in the *Chicago Medical Examiner*, his experience with bee-bread as a diuretic. He selected some of the oldest comb, containing the greatest quantity of the bread, and separated it from the honey and comb; abstaining a week from honey and with the renal secretion in a normal state, he partook of the bread without the honey to the extent of three times per day, continuing the experiment for a week. The amount of urine voided was from four to six fluid pounds per day, the difference being the greatest when exercising out-doors. When remaining quiet, in a warm office, there was from one to one and a-half pound less secretion than when exercising. In children the same effect was produced. The only disagreeable symptoms, following the use of the article, are a slight degree of flatulency, or a looseness of the bowels. It is entirely palatable, inoffensive to the stomach, producing neither irritation nor nausea of that organ.

Death of a Veteran Surgeon. On the 15th inst., W. Edenborough, Esq., formerly of Coleman Street, died at Upper Holloway after much suffering, at upwards of 85. Mr. Edenborough was one of the oldest, if not the oldest, as he was also (up to his retirement from active life, ten years ago) one of the most respected and best known City medical practitioners. The deceased, a native of Nottingham, was articled to Mr. Hunt, of Loughborough, a man of much eminence in his day. So far back as the commencement of the present century Mr. Edenborough entered at St. Thomas's and Guy's, in the days of Mr. Cline, and also of Sir Astley Cooper, who was then commencing his distinguished career. Mr. Edenborough had a large and successful City practice for nearly half a century. He took a warm interest in politics, exercising in his day considerable influence in City circles in the Conservative cause. He was a man of great decision and indomitable energy, and, as a consequence, rarely failed in accomplishing any object of benevolence on which he once set his heart. To distress he ever lent a ready ear, and generally afforded effective aid. Mr. Edenborough's great affability of manner and true kindliness of heart rendered him an especial favourite not only amongst an unusually large family and friendly circle, by whom his name will long be held in affectionate remembrance, but also throughout a still more numerous class with whom he had professional relations. The deceased has left a widow to mourn his loss.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1'30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. Special General Meeting for Consideration of the Laws of the Society.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Waters (Liverpool), "On the Morbid Anatomy of Pneumonia"; Drs. McDonnell and Gordon (Dublin), "Case of Trephining of the Spine"; Mr. Barwell, "On Lateral Curvature."

WEDNESDAY. Royal Society (Anniversary).

FRIDAY. Western Medical and Surgical Society, 8 P.M. Mr. T. Holmes, "On Sub-periosteal Resection, illustrated by a Case of Resection of the Entire Shaft of the Tibia."

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

LUDICROUS ERRORS.—Last week, in an article on the Conservancy of the Thames Commission, the *Times* throughout called Mr. Rawlinson, the well known engineer, *Captain* Rawlinson; and, in the same day's paper, said "another medical authority, the *Gazette des Tribunaux*, etc.", which, we suppose, meant *Gazette des Hôpitaux*.

COMMUNICATIONS have been received from:—Dr. GEORGE JOHNSON; Mr. J. BIRCHENALL; Dr. SAMELSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. T. M. STONE; THE HON. SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; Mr. J. GRANTHAM; Mr. H. W. RANDOLPH; Dr. BALMAN; Mr. W. J. SQUARE; Mr. J. I. IKIN; Mr. J. BAXTER LANGLEY; Mr. T. J. DYKE; Mr. DAYMAN; Mr. C. STEELE; Dr. G. B. MEAD; Dr. J. L. EARLE; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. E. GARRAWAY; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. A. SMART; Mr. J. Z. LAURENCE; Dr. A. FLEMING; Dr. COPEMAN; and Dr. J. HUGHES BENNETT.

BOOKS RECEIVED.

1. The Introductory Address, delivered at Guy's Hospital, October 2nd, 1865. By Thomas Bryant. 1865.
2. Resection of the Shoulder-Joint. By T. Longmore. 1865.
3. Flooding after Delivery. By J. Lumley Earle, M.D. London: 1865.
4. On the Cattle Plague, etc. By H. Bourguignon. London: 1865.
5. Photographs of Diseases of the Skin. By A. B. Squire, M.B. No. VIII. London: 1865.
6. Occurrence of Pentastoma Constriction in the Human Body. By W. Aitken, M.D. 1865.
7. The Malformations, Diseases, and Injuries of the Fingers and Toes, and their Surgical Treatment. By Thomas Annandale, F.R.C.S.Edin. The Jacksonian Prize Essay for the Year 1864. Edinburgh: 1865.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, F.L.S., M.R.C.S. Eng. (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

Death Vacancy. — In a good Town in Staffordshire, where there is little competition, the death of a medical gentleman affords an excellent opening to a doubly qualified surgeon, who can enter upon the succession on easy terms. It is believed that the whole practice can be transferred. Income of the late incumbent between £800 and £900 a year. The house, which has been occupied for many years by medical men, is commodious; rent £50 per annum. Immediate application is necessary.—Address "T., 773," Mr. Langley, as above.

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Transactions of Branches.

NORTHERN BRANCH.

PRESIDENT'S ADDRESS.

By D. B. WHITE, M.D., Senior Physician to the Newcastle-on-Tyne Infirmary, etc.

[*Delivered at the First Annual Meeting, June 28th*, 1865.]

GENTLEMEN,—I thank you, at my earliest, for the honour you have conferred in electing me the first President of what I hope and fully expect before long will become a complete and general organisation of the medical profession throughout the whole of this populous and wealthy district, the Northern Branch of the British Medical Association. The parent body, the British Medical Association, has been in existence for more than thirty years, and numbers about two thousand four hundred members. Its objects, in brief, are the promotion of medical science, and the maintenance of the honour and dignity of the profession. It meets annually in some leading town, and publishes a weekly journal, which it transmits to every member, post free. The effect of any appeal from such a numerous and consequently influential body, must be necessarily felt when occasion shall require; and it only wants efficient organisation, with due discretion and unanimity, to be most beneficial, not only to the profession but to the public at large. There has been recently established, in connexion with it, a Medical Provident Society, offering many advantages to such as join it: this being entirely optional. I shall refer to this subject more fully at the conclusion of my address.

The Northern Branch was constituted at a meeting held here on December 1st, 1864, and the members have more than doubled since that gathering took place. The objects of this Branch are—the wider diffusion of the benefits of the Association; the drawing together, at stated intervals, and in certain localities, the enrolled members residing in the district; and the obtaining representatives in the General Council as well as in that of the Medical Provident Society. Only a few papers have been obtained for the present anniversary; but this arises partly from a want as yet of sufficient organisation, and partly from a general unacquaintedness by the members with the requirements of the meeting. Considering the number of our profession in the locality well acquainted with the diseases and infirmities of the workers in coal, iron, lead, earthenware, alkali, etc., I have no doubt that on future occasions papers will be produced that will prove both useful and interesting. The members have the power, and I call upon them to exercise it.

As this is the first gathering of the Northern Branch, I think it incumbent to give a few statistics. The district may be said to consist of the counties of Northumberland and Durham. The population of Northumberland in 1851 was 303,568, the medical men being 260, or 1 in 1,167; in 1861, it was 343,295, and there were 223 medical men, or 1 in 1,538; presenting the singular phenomenon that, whilst the population has increased by 40,000, the medical men have diminished by 37. Durham in 1851 had a population of 411,679, with 291 medical men, or 1 in 1,451; in 1861, 542,125, and 335 medical men, or 1 in 1,618; being more in number, but less in proportion. Does the medical registration explain the anomaly? The Venerable the Archdeacon of Durham (Prest), in his last visitation charge, says that the population of Newcastle, Sunderland, Gateshead, North Wearmouth, and Hartlepool has risen in twenty-four years from 90,000 to 244,000. The Venerable the Archdeacon of Northumberland (Bland) lately stated that a parish in this town, which eight years ago had only 4,000, had now a population of 25,000. The district comprises the towns of Newcastle, North Shields, Morpeth, Alnwick, Sunderland, Gateshead, Darlington, South Shields, Stockton, the Hartlepools, Seaham, with Bishop Auckland, Barnard Castle, and several smaller places. Here is stage enough, at all events; the actors have only to do their parts.

Of Newcastle itself, in which we are now holding this our first assemblage, I believe it may be said, that few towns, more especially old ones, have increased so fast in recent times. In 1831, the population was only 35,181; whilst in 1861 it was 110,000. During the last thirty years, however, its advancement in all that marks intellectual progress has been almost unprecedented. To Richard Grainger much undoubtedly is due. He laid down mighty streets, erected lines of stately shops, and built within a town of blackened bricks a gorgeous one of stone-built palaces. A newsroom that is the admiration of every stranger, and a market that for elegance and arrangement has no equal, were alike the handiwork of that glorious house-carpenter. The head that wore a paper cap might worthily have borne a coronet. How many have been worn for less! Within this period, or nearly so, have grown up a Blind Asylum; a Deaf and Dumb Institute, with its noble home; an Antiquarian Society, with its museum, sheltered in what seems its appropriate resting-place, the venerable keep; the Natural History Society, with its collection alike interesting to the geologist and the naturalist; the Field Naturalists' Club, with its elucidatory excursions; and the Fine Arts Society, with its embryo gallery, diffusing cheap instruction to all who may apply. There are a Penitentiary, Ragged and Industrial Schools; and, independently of the medical charities and institutions to which I shall presently refer, several minor ones which I need not mention here. Gratuitous supplies of water may be obtained in various places; and free drinking-fountains are scattered about the town. There are also Baths and Washhouses, built by the municipality, granted for public use at rates at present entirely unremunerative. It has, however, also, beyond all other advantages, bequeathed to it from days gone by, an open moor, magnificent in its extent, more than 1,200 acres, over which the pure air may circulate uncontaminated by the impurities of a town, and upon which the greed of gain cannot lay a single stone. May it continue so—wild, untrammelled, and free! There are also the ancient Grammar School, illustrious in the worthies it has reared; and a Literary and Philosophical Society, with an excellent library, where lectures are frequently delivered in an admirable room enlarged and improved by the munificence of Sir William Armstrong. The subscription to this institution has been reduced to its members, by a bequest from Mr. Robert Stephenson, left for that purpose, in grateful remembrance in after years of the many advantages he deemed he had obtained from it in earlier days, when means were not as afterwards. We have extensive gas-works branching for miles into the outskirts, and waterworks drawing their supply from sources far distant from the town.

As the malignant cholera, from causes to be subse-

quently referred to, on its first appearance early forced itself upon us, our town and Gateshead soon became the theme not only of sanitary reformers, the value of whose investigations all of us must appreciate, but of medical theorists of every grade and kind. Small allowance was made for the fact that Newcastle was one of the most ancient towns in Britain, and built, more especially the places where the disease was most abundant, in times when sanitary knowledge was unknown; and that in other towns of similar antiquity, as York and Chester, where alone such ancient tenements as exist here are found, peace reigns triumphant, and the bustle of business, with its concomitant riches, is eschewed, as obtruding on the harmony and quietude of dignified retirement. But what do we find here? These wretched places, crowded to the roof—and the more crowded, the more the owners' gains; tenanted too often by a reckless population, the largeness of whose earnings only adds to their demoralisation, and makes the very wealth diffused injurious from the evils it engenders. Whilst the eye of authority looks on, things are at their best, only to relapse into apathy and pristine habits when supervision is withdrawn. What can be done, short of sweeping all away? Attend to a quotation made by Lord Shaftesbury from a Report of the Lodging-house Committee, drawn up by Dr. Trench; and this, too, referring to that centre of grandeur, the seat of Royalty and the Court, the great Metropolis itself. "When Wild's Court, Drury Lane, London, was rendered habitable by the Labourers' Friend Society (they pulled the houses down, and rebuilt models), the vermin lay beneath, swarming in living masses in layers two or three inches thick; and the well known insects ejected from the houses amounted to at least a ton in weight." Little allowance, I say, was made for the facts to which I have above referred; but the prominent object of attack was the Water Company, for that they took from the river, above the town through which it flowed, a part of their supply. Now, although the pumps were only used when the tide rendered the stream favourable for the abstraction, and the water underwent filtration, no one will contend that such a source was the best of all possible for domestic purposes. Not that contamination existed from such a cause, for it was above the reach of the pollution; and the chemical analyses of Richardson and Herapath confirm this fact; but the very idea of contiguity was repugnant and disgusting. The new company, established in 1845, have for many years removed the pumps some miles higher up the river, and have, indeed, only resorted to this supply when the increased demand for manufacturing and other purposes, almost unprecedented in the time, rendered all other sources absolutely inefficient. It is against exaggerated statements, unsupported by facts, that I am here protesting; and, therefore, I for one was gratified when Government, startled by the various representations made, after the third attack of the epidemic, in 1853, sent down a commissioner especially to investigate the matter. When he arrived, with a proper and gentlemanly courtesy he at once intimated his purpose to the company; and the secretary, Mr. Maine, was deputed to accompany him through the town, and to show him impartially the localities supplied from the works, and those deriving from other sources. In a letter addressed to me, subsequently printed, and which I read in 1853 before the Medical Society of this place, the results of this investigation were simply stated; and these were also embodied in a communication to the *Times* by the same gentleman, neither of which ever elicited a contradiction from the commissioner sent down. It is, of course, quite impossible to enter into specific details here; but it may be stated, that these conclusions were entirely adverse to the anticipations of the speculative. Greenhow Terrace, in the township of Elswick, supplied entirely by a stream that flows uncontaminated from the hill above, presented a greater malignancy than any locality receiving the water from the works. This finished the inquiry; the commissioner declared the examination terminated; and here closed the Government investigation of 1853. In 1845, the supply was 700,000 gallons, or 7½ gallons per head; now it is 5,000,000 gallons, or 30 gallons per head, of which 8 gallons per head are for manufacturing purposes. The reservoirs cover 143 acres, holding 530,000,000 gallons. The water is raised to the highest buildings; and when it is considered that the source is 360 feet above certain of the localities supplied, although the pressure may be diminished by friction along the pipes, or divided by scientific ingenuity, yet to him who understands the question, and who takes into consideration the constant supply—that there is a bursting pressure in some places equal to that in a locomotive boiler, or more than 100 pounds per square inch—with the labyrinth of pipes and taps, both great and small, the wonder is, that the element can be so efficiently controlled.

The medical institutions of the town keep pace with those for other purposes. An excellent Infirmary was opened in 1751, and has been enlarged and extended since, with 180 beds; but 230 can be put up. It is a handsome building, open to the south, well drained, and well ventilated on a novel principle that answers admirably—the work of our late eminent local architect, Mr. Dobson. Along with the other baths, there is a Turkish one, on the plan of Dr. Bolton of Leicester, which acts efficiently. There is also the Dispensary, most extensive in its operations. An epitome of last year, from Dr. Arnison, makes patients by letter 5,074; casualties and slight cases without recommendation, 7,327—in all, 12,401; total admitted by letter since commencement in 1777, 187,781; total cured, 165,086; total casualties treated, 355,570. There are also a Fever House, an Eye Infirmary, a Lying-in Establishment, and a Hospital for Children. There is besides a Medical and Surgical Society of upwards of a hundred members, meeting at fixed periods in the Infirmary, to read papers on suitable subjects and discuss them, to communicate respecting prevailing diseases, to hear reports from the neighbouring localities, and to inspect pathological specimens sent in. It has been of great service in bringing members together from various parts, and reconciling differences. It publishes its transactions. There was established in 1834 a College of Medicine, in connexion with the University of Durham, having thirteen chairs and nineteen lecturers; the average number of students in the winter session being fifty. The University grants the degrees of Licentiate in Medicine, Master in Medicine and in Surgery, and Bachelor and Doctor of Medicine. The Durham University sends as a representative to the Medical Council their Reader in Medicine—Dr. Embleton of this town, who is, conjointly with Dr. Charlton, Lecturer on the Practice of Physic in the school.

I have now to speak of an institution just established—the Prudhoe Convalescent home—named in memory of one whose acts added honour to his great rank, high as that was, and whose magnificent charities have rendered the time in which he lived and died an epoch in the north country never to be forgotten. He made even democracy respect aristocracy in his person, and showed by his example how simplicity may and does accompany real nobility

of character, and that it is not essential to true dignity to guard against obtrusion by resorting to exclusiveness or retiring into seclusion. The idea of a seaside residence for the sick poor originated here—I believe with Dr. Heath; but to the energy, perseverance, and business talent of our Secretary (Dr. Philipson), the Rev. J. Lintott, Mr. J. Taylor, and a few other public spirited gentlemen, is it owing that this institution has known no infancy, but has sprung at once into maturity. It is connected with the Infirmary, and receives patients thence, selected by the medical staff; as also suitable cases on the recommendation of the subscribers, which latter need not be connected with the Infirmary. When it is not full, respectable sick poor are admitted at seven shillings per week. The fund is also appropriated to furnish food, wine, etc., to such parties as, on leaving the Infirmary, are unable temporarily to earn their own support.

In naming Dr. Philipson, I think it would be injustice not to state that to his continued and unvarying exertions it is, in a great measure, due that, instead of being scattered over an extensive district in uninfluential units, we are collected this day together in accumulating numbers to constitute the Northern Branch of the British Medical Association. Personally, I have also to thank him for much of the information scattered through this address. I do trust, further, that the table of zymotic diseases he has initiated and circulated periodically among the profession here will prove an extensive benefit; and that the inducing of municipal interference, by drawing attention to the Gateshead fever cases, is a strong proof of the value of such inquiry, and of the advantages that would result, were the system fully and fairly carried out. In every populous place, and indeed over every extensive district, a medical superintendent should be an essential; and, if the coroner were always a medical man, and more of an inquirer and less of a judge, these two offices might be embodied, and such a salary granted as would attract the best educated and most scientific members of the profession, and thus allow them to devote exclusively to their task their talents and their energy. To offer a miserable stipend for duties which it is impossible to overlook, requiring kindliness and skill, or to put up a medical office to the lowest bid, is to offer a premium to neglect and incompetency. Give what will obtain talent and character, and let the competition be—the fittest. Then would be shown how completely charity and active humanity are enlightened self-interest; and that, to guard the enemy from entrance to the mansion, we should stop him at the miserable hovels of the poor. The community would be well repaid, too, not only in having pointed out, and consequently removed, noxious influences and annoying nuisances, but various burdens, entailed in profiting the few, but falling on the many, would be brought into the light of day, and, fully seen, would doubtless be corrected. Could some Act like Lord Campbell's be brought to bear against the owners of those wretched tenements, who set at nought all sanitary laws, and poison that their gains may be the greater, a few inquests, with damages against these wretches commensurate with the injury inflicted, would do more to remedy these ills than all the efforts of philanthropy, and speedily correct the evil. Our efforts to place one of our body in the vacant coronership of South Northumberland will, I trust, have met the expectations of the profession. We were unsuccessful, although an excellent candidate presented; but obstacles existed that may never occur again. The notions of the duties of a coroner were most limited, even among those otherwise the best informed. The chief competitor had long acted as deputy to his predecessor, was much respected, and, above all, he was a lawyer. In consequence, the whole fraternity adhered to him with a pertinacity worthy of a better cause. Legal assistance was not to be obtained by the medical candidate; and we were thus deprived of the information and organisation, so essential in a public contest, which lawyers alone could give.

To the medical world, our immediate locality, Newcastle and Gateshead, must be interesting as having, with Sunderland, doubtless from their contiguity and commercial intercourse with affected places, the dubious honour of being that portion of the kingdom selected by the malignant cholera for its earliest visitation. Well do I remember, on the morrow of the Christmas Eve of 1831, after the customary night of dissipation among the dwellers of that town, the call of alarm by the authorities of Gateshead to the profession here to join their own in the effort to oppose the deadly plague so suddenly burst in upon them. Within about two months before, both here and in Sunderland, individual cases had occasionally occurred, inducing great excitement and alarm; and it is singularly in support of the opinion that contaminated goods were influential in the introduction, or more probably in the aggravation, of that scourge, that two of the earliest cases that occurred in Newcastle were, the one the warehouseman of a corn merchant, whose avocations would necessarily take him among the grain; the other Oswald Reay, an engineman in an extensive ropery, whose dwelling was only divided by an interior wall, in which his door was placed, from an enormous store of hemp, through an avenue of which I had to pass to reach the room in which he lay. This last is presumed by some the very first case that occurred within these isles. (See Mr. Clephan's admirable little work, *The Three Warnings;* of which more hereafter.) His cry of agony in calling on his friends to soothe his dreadful cramps, "Rub me, rub me", in that falsetto voice so characteristic of the disease in its severest form, heard then by me the first time—perhaps the first wail of the disease ever heard within the kingdom—I never shall forget. All was over in a few hours. This took place on the 27th of October, 1831. It was one of the most fearful cases I ever saw. Both these men, therefore, were within the influence of products brought, in all probability, from parts in which the pestilence was raging at the time. Here, then, we have the disease first presenting itself in positions in which it may be fairly presumed that this deadly influence, whatever it might be, had been more fully concentrated, yet still wanting in the power to diffuse itself more generally. By the Christmas Eve, in Gateshead, the predisposition probably increased by the customary orgies of the night, the effect was such as to act upon the masses and form an epidemic.

That immediate personal communication is not essential to the origination of the disease, but that it may be imparted by the clothes or persons of individuals not themselves affected, I have no doubt, and herewith state an instance. During the first outbreak, when the disease was raging in a village thirteen miles from Newcastle, a lady, unknown to all else there, in excellent health, secluded herself in her rooms, and only saw the inmates of the house who waited upon her. All of these escaped, whilst she was seized and suffered most severely.

That contagion, however, will induce it, is quite as certain, as the case I will now detail proves most incontestably. When the North British Railway was being laid down in 1845, the disease appeared among

the workers on the line at Kelso, about ninety miles from Newcastle. Not a case existed here nor in the neighbourhood at the time; nor, I believe, between this and Kelso. In his alarm, one of these workers set off at once to Newcastle, where his family resided. The home to which he fled was light, airy, cleanly, lofty, well drained, and well-ventilated, forming a portion of an excellent modern house, and in one of our widest and most spacious streets. Two days after this man's arrival, being unwell, he sent for Mr. Gregson, who, from his great experience at home and in the East, at once detecting the malignant cholera, took me to the case. In thirty-six hours, the man died, having previously communicated the disease to his mother, a strong and healthy woman, who absolutely sank before himself. A brother and a sister, also residing there, were similarly attacked, but recovered. The disease now ceased here, not another case occurring in Newcastle.

Dr. Chapman denies the influence of contagion or infection, excepting under a morally depressing cause, as fear. In the beginning of the epidemic of 1831, I thought so too; but experience convinced me of my error. Depressing causes undoubtedly have an injurious effect; and it is quite impossible for those living in the midst of the epidemic, and witnessing its results, not to suffer by them more or less. I have, however, seen too often among nurses and assiduous friends, in otherwise uncontaminated places, and unaffected by this cause, as far at least as human beings can be, the pestilential consequences from the presence of an affected person, whether from the breath or otherwise, to have the smallest doubt upon the subject. Not that I believe mere contact so malignant; but to breathe over and over again, even in a ventilated apartment so contaminated, however pure the air outside, must necessarily be attended with the greatest risk. Take the instance of this young man's case. His family were well off; the mother displayed no fear; the brother and sister were no more depressed than others would have been; and they might have left the house, had they so willed it, but remained, to be struck down. It is interesting to speculate upon what might have been the case, had their home been one of the unventilated undrained tenements existing in this, as in all other of the oldest towns, and tenanted by the dirty, the drunken, the demoralised. Would it have become an epidemic like those of 1831-32, 1849, and 1853? It might; but I think not. Probably, as measles, scarlet fever, small-pox, etc., mysteriously flash out, and still more mysteriously disappear, so would it have been here. To induce those mighty epidemics that desolate a world, there must be something more—some great pervading influence, that science only knows from its effects.

Will antidotes be ever found to counteract these deadly poisons? Confident in man's progression, I feel that there will. Until then, whatever be the treatment for the stricken, as well as for the sound, there must be superadded, above all and beyond all, a thorough ventilation, so as to dilute into innocuousness what is too subtle for analysis, but which may thus be seized upon and destroyed.

The Gateshead outburst produced a general consternation, and terror reigned in every household. The journals, general as well as professional, took up the cry; and exaggerated reports were circulated on every hand. Even a leading medical periodical, affected by the moral epidemic, astounded its readers by presenting to their gaze a coloured print of a patient in the disease, the tinge of whose skin was the blue of the willow-pattern plate. I never saw it deeper than a leaden hue. As the malady proceeded, doctors poured in from every land, as well as from all parts of our own—generally daring, intelligent, inquiring men. Some, however, were theorists and enthusiasts, and so zealous in carrying out their systems, that, having charge of the Gateshead Cholera Hospital in those times, I was compelled to put restrictions on their entrance, to relieve my patients from the energy of scientific exertions so well meant, but, unfortunately, so often misapplied. At first—for then premonitory diarrhœa was rarely present, or, if it were, so sudden, so violent, and so short in its duration, as to preclude precautionary treatment—all remedies were admittedly alike in vain; but, as the malignancy of the disease abated, they cropped out in abundance, patronised and belauded, only to prove, when the pestilence developed itself elsewhere in its primitive malignancy, as efficacious as their predecessors had been. Probably it would be difficult to point out any plans of treatment now, that would be likely to prove more efficacious than those adopted then. Speaking for myself, I would probably confide in Nature more, and in brandy less. But, when the nerve is touched, a cordial is restoring; and no doubt a stimulant, opportunely and prudently administered, has oftentimes averted an attack both of cholera and fever. Chlorodyne—a preparation introduced since then—has been recently recommended; and, from what I know of it and of the disease, I think it likely, in certain stages, to be found beneficial. Our experience would certainly be serviceable in some respects. We should not now, as then, interdict in moderation ripe fruits, fresh vegetables, and sound and wholesome fish. We should not, when our poor patients were maddened with thirst, deny them the delicious draught of water, as we were told to do by medical authorities in India at the time. Our common sense soon put aside this absurd and cruel recommendation; so much so, indeed, that Dr. Shute, soon after the first outbreak published a work recommending what was called the cold-water cure, the chief object of which was to point out to the profession the beneficial effects of cold water in abundance. For myself, from the beginning, knowing that the stricken died alike whether water was given or kept back, I allowed it freely, feeling a full confidence that Nature would never have produced a desire so terribly intense, only to prove an injury and a curse in its gratification.

In preventive measures (for, in guarding against the disease, on these must almost everything depend) I really know not what we did not do that has been recommended since, that was consistent with the materials we had to work upon—an old ill-drained town, with its filthy unventilated tenements, crowded from floor to roof with the lowest labourers from manufacturing and commercial neighbourhood, and with tramps and vagrants of every kind. After all it was no worse than other towns similarly situated, but, happily, these are few, and the defects as much of the times as of the place. What was done? We removed offensive deposits; cleaned, whitewashed and ventilated as far as possible, the miserable tenements and their passages; cleaned out and flushed the sewers where they existed; overlooked and prevented crowding in the low-class lodging-houses; and established, in the districts affected, hospitals with, what is rarely seen even now, numerous and well-paid officials, both medical and otherwise.

As for prophylactics, as far as the profession is concerned, I can speak decisively, having been mainly instrumental at this time in calling a meeting of the body of this town and neighbourhood, in which the following measures were adopted, and subsequently carried out, with effects most strikingly beneficial. The town was parcelled into districts, of each of which one or more of us took charge, visiting from

house to house the most affected parts daily, or oftener in emergency, carrying along with us the appropriate remedies; also establishing depôts, where these could be obtained on application, with the necessary directions for their use. The danger of allowing the premonitory diarrhœa to continue unabated, and the safety that resulted from the precautionary treatment, were fully pointed out; also the necessity, for the security of all, of checking it in the individual; and every warning was given consistent with not engendering an alarm more prejudicial than the caution. I know no instance in my experience in which medical exertion proved so unequivocally beneficial; for, notwithstanding that at that time the attack was almost universally ushered in by premonitory diarrhœa, in not one case in scores—nay, I may say, in hundreds—so treated in the Byker District by myself and my late friend Mr. Parr, did the disease appear in its intensity; whilst several others in the same locality, similarly premonished, who neglected the precautions, suffered even mortally.* We provincials of the profession are sometimes rather unceremoniously used, when the medical Leviathans of the metropolis have run into a groove which chance may have led us to enter in before them. Some government professional officials, high in authority, in recommending similar precautionary measures on a future outbreak, took great credit for their initiation, although they had been adopted here years before, as the local records of the day will testify.

As I said before, at the first outburst, and in occasional cases afterwards, the patient was struck down at once. The overwhelming rice-water evacuations and constant vomiting; the agonising cramps; the cold, clammy, pulseless wrist; the puckered fingers; the leaden hue; the husky whisper, or falsetto voice; and lastly, in my opinion the truest diagnostic sign of the real Asiatic cholera, the absence of the urine—even from all these recovery might ensue. But, although even here relief might be afforded to the cramps, etc., I never could take credit to myself that any remedies I had given were instrumental to that end. Consecutive fever almost always followed in its course, leaving to the survivor, if unfortunately such should be his fate, too often a life of suffering—the broken and shattered constitution. The most extraordinary effect I ever witnessed from any remedy, or in any disease (temporarily, and unfortunately only temporarily), was upon a case similar in all its deadly symptoms to those I have just described. A little sailor boy of fourteen or fifteen was lying cold, pulseless, dying. Mr. Bennett of Gateshead threw into his veins the saline solution of Stevens. In a moment afterwards, to our amazement, he sat up in his bed, laughed, chatted, promised his nurse a gown for her attention, gradually sank down again, and was dead within an hour. May not vitality have been the more quickly spent? At all events, he had been again among the living. When we draw from the water the body of the drowning or the drowned, were we to place it in a favourable position, that struggling functions might be free to act, remove as far as possible all impediments to returning vital action, surround it by a suitable temperature, and leave the rest to Nature, who can say that we give not a chance as great as if the scientific processes of Marshall Hall and Silvester had been fully carried out? Nature, in her mysterious agency, bears dependent her salutary reaction—slower, it may be, but perhaps the surer. The spark which the gentlest breath extinguishes, if left alone, may kindle into flame. The difficulty of our profession is, and ever has been, the drawing from results the true deduction. An apoplectic is bled, and he recovers; an apoplectic is not bled, and he dies. Would the former have recovered, had he not been bled? Would the latter have died, if he had? Who can tell what would have been, had things been otherwise?

In concluding these remembrances, I feel I cannot do it more effectually than by quoting a few sentences from Mr. Clephan's excellent little work, *The Three Warnings*. Although not a medical man, he has brought his common sense to bear, employed great investigating power, and looked upon the visitation with the eyes of a philosopher. He has traced the pestilence from place to place, almost from house to house, and tracked the poison in its path of filth and desolation. He who would study the first inroad of that mighty pest should obtain the work, if possible; for, overlooked and neglected, the author has found the only recompense for his important but self-imposed task—the consciousness of a noble effort. Hear what, he says, after thorough and searching investigation, are the conclusions at which he has arrived. "The cholera would never be epidemic among us, were our habitations not impure." Also: "The clean, well-ventilated, not over-crowded portions of New Gateshead were a land of Goshen in 1853, where there was neither death nor disease, whilst all around was infection and mortality; and so likewise, were a whole town pure and wholesome, it would, under the blessing of Heaven, be free from epidemics." Once more: after mentioning examples where the disease was raging among dirt and impurities of all kinds, moral and physical, he adds: "These facts are important as evidence that the cholera is not a disease of our large towns alone, or even principally, but is engendered also in our villages, and with equally destructive consequences. Bourne Moor and Lamesley were as severely scourged in 1849, as were Newcastle and Gateshead in any of the three epidemics."

I can endorse these sentiments in the main; and, considering the malignant cholera an exotic, believe that, it will never originate spontaneously among us here; and further, that, were it even introduced into localities where the ordinary sanitary precautions could be, and had been, effectually carried out, it would never fructify into an epidemic. Nevertheless, even as things are at our present, seeing what I have seen of this mysterious malady—striking here and sparing there at one visitation, and, under precisely similar sanitary conditions, reversing this entirely at the next—I would not have Mr. Clephan to rely too implicitly on the exemption of his favourite New Gateshead, lest he might find, unhappily, in some future outbreak, his land of Goshen turned to a place of pestilence, and Gateshead, with its abominations, escape scot free.

Peace, the handmaid of every good, showing to nations that the greatest prosperity to one must be the greatest prosperity of all, however partial interests may interfere, stimulting to human intercourse, is advancing daily civilisation and refinement. The intellectual enterprise of the greatest peoples is turned at this time to the mightiest and most important, probably the most difficult task, that sanitary reformer has ever yet encountered—the removal of all decomposing matter; the passing it through the disorganising changes to its elements, to fructify the earth, without polluting the atmosphere and annoying the senses: not by pouring the excrementitious matter into the streams that flow past our dwellings, turning what should be a diffuser of freshness, enjoyment, and luxury, into filthiness and pollution; but by conveying it at once to where

* Calomel and opium pills, with rhubarb and ginger powder, were what we found to prove so efficacious.

the latent germs only await its presence to fructify into abundance.

One of the greatest impediments to social progress in these islands is the national taste for intoxicating liquors, especially among the lower classes. Refinement among us spreads downwards; and, as fashion governs this wealthy land even to its lowest depths, and as a gentleman no longer habitually intoxicates himself, the habit of moderation gradually spreads to those below. The results of Mr. Gladstone's wisely concerted measure, the reduction of the duty upon foreign wine, have met the reasonable expectations of all those who fully considered the great difficulties to be encountered in changing a taste that had been fostered and encouraged for so many generations. Already the lighter wines of France, Italy, Spain, Germany and Hungary have found their way, in every variety, to the tables of the middle classes. Some admirable papers on these wines, from the hands of Dr. Druitt, have appeared in the *Medical Times and Gazette*; and, as he has collected them into a small and cheap volume (price half-a crown), and as he has treated the subject medically as well as generally, I think that all of us should have it in our libraries. These wines abroad are, as we all know, habitually drank in the family circle; and I am inclined to think the accustoming the palate to these more delicate drinks, instead of leading to the use of the stronger, coarser flavoured, and more intoxicating stimulants, gives rather a disgust and a distaste. Frequently, abroad, these wines are drunk with water or water aërated. Macon and water is the favourite at the higher tables in France; and I feel quite sure that, if the ladies of this country knew what a delicious beverage a mixture of these light acid wines, clarets, Burgundies, etc., and the *vin ordinaire* at fifteen pence per bottle, made with the common clear lemonade sold in our shops at a penny farthing the bottle, they would introduce it at once into their families, for their children and themselves at least, as affording an exquisite and salubrious drink, alike pleasant to the palate and beneficial to the health of the young. If Dr. Druitt or some other able writer would satisfy himself on this score, and, on doing so, draw public attention to the subject, he would do more for the introduction of these wines into these kingdoms as a familiar and domestic beverage than the Chancellor of the Exchequer himself, and would be deserving the very highest reward. He says that no natural, no uncooked wine, is ever higher in alcoholic strength than 18° to 20°. No female or child, excepting under medical advice, should ever taste it stronger; and I do trust the time is fast approaching when the brandied products of Portugal and Spain shall be banished from our tables.

Nothing, I conceive, shows more clearly our advancement, nor the benefit derivable, and chiefly by the poorer classes, from the combination and organisation that civilisation accomplishes, than what is effected in those gigantic eating-houses recently opened out in Glasgów and in Edinburgh, furnishing first-class cooked food at prices which, to the uninitiated, seem absolutely incomprehensible. At the Sinclair Rooms (and they are ennobled by the name of the originator), a dinner of soup or broth, meat with potatoes, and plum pudding, can be had for 4½*d.*: nothing for attendance. At an eating-house in Waterloo Place, Edinburgh, a dinner of soup with joint, vegetables, with sweets, and bread and cheese, costs 9*d.*; without the luxury of sweets and cheese, 7½*d.*: nothing for attendance. A gentleman told me that at the same place he had a basin of hare-soup with bread, cold beefsteak-pie, with potatoes and turnips, for 7½*d.* There was a choice in the soups of brown, ox-tail, and kidney; and he might have had roast mutton or roast beef in place of the beefsteak-pie. Attendance nothing. Not all the marvels of the steam-engine, with its steamboats and locomotives, the railway, gas, photography, electric telegraph, or anæsthetics, seem to me more indicative of advancement than these establishments are. The progress of civilisation and science is, in fact, more beneficial to the poor than to the rich; for it equalises the advantages. No class benefits more by the machinery that supersedes labour, than that of the labourer himself, at last. Sometimes, however, the evil of initiation may last the generation; but that generation, unfortunately, the only one in which he has an interest. Could not this be looked to?

In speaking of anæsthesia, I feel it my duty to refer to an operation originating here with Dr. Wm. Murray of this town, and which, as I believe, does honour to the locality. I mean the one for compressing the internal vessels in deep-seated aneurisms, for periods that could be borne only under anæsthetics, until the circulation ceases in the part; until, in short, the aneurism is cured. Dr. William Murray operated on a middle-aged man, a pavior, in April 1864. The patient had aneurism of the abdominal aorta; the tumour lying opposite the third lumbar vertebra. Pressure was applied under chloroform between five and six hours. The aneurism was completely blocked up. The patient had an epileptic fit in October 1864; but is now quite well and at work. Dr. G. Heath, assisted by Dr. W. Murray, and in the presence of Drs. Taylor and Gammage of Sunderland, some time afterwards, at that town, operated on a basket-maker, who had a large inguinal aneurism. Pressure was made on the aorta under chloroform from 9.30 A.M. till 7.30 P.M. Pulsation entirely ceased in the aneurism; the swelling was gradually absorbed; and the man is now quite well and at work.

Nothing shows me so completely the progress of medical education, as my experience of the parties I have been called upon professionally to meet in the various outlying districts within the last thirty years. Now I see a well-educated man, perhaps an *alumnus* of our Newcastle School, or a former pupil of our infirmary. He is cognisant of all the medical topics of the day; he can, if need be, tell you the morbid changes of the urine, or discuss the signification of some auscultatory sign. He can converse on passing occurrences abroad and at home; he shows himself a gentleman; with possibly as much of scholarly acquirement as the laborious occupations of a country practitioner gives him the leisure to cultivate and keep up. How was it when I commenced my visits to these parts, as I have said, now thirty years ago? I met probably a shrewd hard-headed man, with little or no elementary medical education whatever; his knowledge being derived from a practical experience picked up in hurrying by day and by night from one sick bed to another, probably miles of uncertain roads asunder, with few books, and without the time, perhaps without the inclination, to read even these. The little glimmering of professional knowledge he had gained, served rather to confuse than to guide him. There was no British Medical Association in those days, sending post-free to hand, even to the remotest districts, swifter than the swiftest horse, a journal laden with the latest professional information, gathered from every quarter, on payment of an annual guinea. The habits of the man were generally social; probably too much so for his patients or himself. Can it be wondered at? Look at the life he led, and the customs of the times. Take a common case. He was called to a distant cottage, comfortless and unfurnished, perhaps from his bed

at night, and compelled to wait till Nature acted. Too far from home to leave, he must face the wearying hours; and, in such a place and in such companionship, need we be surprised that too often the whiskey-bottle, always prominent on such occasions even among the poorest, should soothe the time away? Was it better among the class still higher, the farmer or the small proprietor? No; for here he was among his friends. Here he found, after mirth and jollity, an accommodating and convenient home. He was a Hamiltonian, and purged accordingly. The liver was the grand offending organ, and the alvine excretion the general indication of future treatment; not that it mattered much; for, if the evacuations were light, mercury was necessary to restore the bile, for lightness was deficiency of bile; and if dark, it was equally necessary to carry off the excess. How strange it is, the tendency that medicine has at certain periods to throw on special organs every good or every evil. One time the brain, at others the spine, the stomach, the liver, the womb in females, and even the teeth! Latterly, the skin has been gaining an ascendancy, and its habitual stimulation by temperatures unknown to Nature in her hottest moods has been deemed advisable, as conferring the highest vigour and enjoyment; but I cannot bring myself to think, however prone certain maladies may be to fix on certain organs, but that, in ordinary health, the undue excitation of any one of them, and that too in the very ratio of its importance, must in the long end prove detrimental to a well balanced organisation. Great talent concentrated by enthusiasm on a cause makes powerful special pleading. Time and experience, however, balance all. The budget of remedies is added to or diminished; they take their places in the list; and they find their level accordingly. To recur to the country practitioner of other times; he believed that inflammation was the root of all diseases. For this he sought in every case, and seldom ceased until he found it. Then out came the lancet. Collapse perhaps ensued; but when the hour of visit had recurred, the pendulum had again swung back, reaction had set in, and once more the little deadly instrument was in his grasp. The records of bleeding in that day were frightful. It was not only a remedy in sickness, but a resource at certain seasons; and to pass the chosen season without a loss of blood, was by many deemed a gross improvidence, and the casting aside a safeguard for which they would suffer afterwards. Armed with this potent spell to explain the meaning of diseases, inflammation, the practitioner of those days bled, blistered, purged, and starved; gruel and barley-water being the only diet. In that little word diet, how much in the present day remains yet to be done! Who will give us a treatise on diet in disease and in recovery, where vitiated or altered secretion may demand the altered pabulum? Who will explain to us how it is that a piece of cheese, a red herring, or a lobster-salad, shall stay upon the stomach and be digested, whilst the food of the dietarian, innocent and pure, shall be rejected with loathing and reproach? Whoever changed, he stuck to gruel and barley-water; and these, with bleeding, blistering, and purgation, were the panacea. The grand antidote consisted in calomel and Glauber's salts. If the malady resisted these, it was beyond the reach of art; and if the patient died, he died of the disease; and if he recovered, he was cured by the doctor. That exquisite humorist Molière, in his *Malade Imaginaire*, with that characteristic respect for the profession that ever distinguished him, has given a medical examination, developing opinions, that really so little exaggerate those of these fossils of a day gone by, that I feel sure you will excuse a short quotation here.* How strange that in another land, and that, too, distinguished for its civilisation two centuries ago, these practices should form the theme of public satire, and yet survive the ridicule till almost now! The reaction here, however, has now fully set in. May not the pendulum be swinging to the other side? Our rural brethren had also practices superadded, which have escaped the lash of Molière. Every prominent symptom that presented, no matter what it indicated, was at once knocked down. If hæmorrhage from engorgement of a lung set in, it was checked; if a vomiting or a diarrhœa in a congested brain, it was arrested; if a bleeding at the nose, with every threat of apoplexy, it was stopped; and if a running fistula in the last stage of consumption, it was operated on and

* The parties speaking are—the President, the examining Doctors, and the candidate. After the President's address, the examination begins.

Primus Doctor.

Si mihi licentiam dat Dominus Præses,
Et tanti docti Doctores,
Et assistantes illustres,
Tres-savanti Bacheliero,
Quem estimo et honoro,
Domandabo causam et rationem, quare
Opium facit dormire?

Bachelierus.

Mihi à docto Doctore
Domandatur causam et rationem, quare
Opium facit dormire?
A quoi respondeo:
Quia est in eo
Virtus dormitiva,
Cujus est natura
Sensus assoupire.

Chorus.

Bene, bene, bene, bene respondere;
Dignus, dignus, est entrare
In nostro docto corpore,
Bene, bene respondere.

Secundus Doctor.

Cum permissione Domini Præsidis,
Doctissimæ Facultatis,
Et totius his nostris actis
Companiæ assistantis,
Domandabo tibi, docte Bacheliere,
Quæ sunt remedia,
Quæ in maladia
Ditte hydropisia,
Convenit facere?

Bachelierus.

Clysterium donare,
Postea seignare.
Ensuita purgare.

Chorus.

Bene, bene, bene, bene respondere, etc.

The same answer is always given by the candidate until the

Quintus Doctor.

Mais si maladia
Opiniatria
Non vult se garire,
Quid illi facere?

Bachelierus.

Clysterium donare,
Postea seignare,
Ensuita purgare.
Reseignare, repurgare, et reclysterisare.

Chorus.

Bene, bene, bene, bene respondere, etc.

Permission to practise is given as follows.

Præses.

Ego cum isto boneto
Venerabili et docto,
Dono tibi et concedo
Virtutem et puissanciam
Medicandi,
Purgandi,
Seignandi,
Perçandi,
Tastandi,
Coupandi,
Et occidendi
Impune per totam terram.

And now comes the concluding chorus of salutation.

Vivat, vivat, vivat, vivat, cent fois vivat
Novus doctor, qui tam bene parlat,
Mille, mille annis et manget et bibat,
Et seignet et tuat!

cured. The result of such treatment may easily be inferred. As we know that in disease every excretion, every eruption, or even every spasm or convulsion, may prove a derivative and a benefit, and only injurious when it passes into excess, the effects of this constant interference may easily be judged of. A consultation, as far as the practitioner of past days was concerned, consisted generally of his description of the disease, and the remedies with which, time after time, he overcame the various symptoms as they arose, until, at length, the resources of the art exhausted, after all and in spite of all, the patient was, as I should find him, worn out, dying—and hence the aid required. Nature was exhausted on all occasions; and the debility engendered by the malady was aggravated by the treatment undergone. Peace to their memories! They did their best, according to their light; and passed an industrious and most laborious life, too often amidst toil and privation, in the conscientious belief that they were alleviating human suffering and benefiting their fellow-men. They, however, spread vaccination through their distant wilds wherever they were allowed; and if they were the means of hastening occasionally some poor confiding mortal from the nether world, they made some compensation by bringing a mightier number in.

Ere I finish, I would, as promised, say a few words relative to the Medical Provident Society in connection with the British Medical Association. The object is to enable certain duly registered medical practitioners, assisted by philanthropic persons in or out of the profession, to provide by mutual assurance for sickness or casualty which shall disable them from following their occupation. I heartily approve the object, and think the scheme well suited for the purpose. I need not enter into details, as every member of the Association has been furnished with the tables. The premium is the lowest possible consistent with security; and to concentrate all the benefits possible upon the ordinary members, there are superadded honorary members, as alluded to above, donors of ten guineas or more, who may or may not be of the profession, but who, if not, cannot obtain office or have a voice in the management of the Society. Considering that this gift confers the right of voting and the eligibility to office for life upon the medical honorary member, to such as can give—and there are many within the limits of our district—I really know not how such sum can be laid out with a surer prospect of unalloyed utility, nor one more likely to confer satisfaction and consolation to the giver than this one offers. How many are there who, having safely reached the shore, have now the power to cast their aid to those who still are on the waters! To such as know the profits gained by those great associations of capitalists, the leading insurance-offices of the day, as shown by the costly advertisements periodically appearing in the newspapers, it is quite superfluous to point out the benefits that must accrue to the contributing member, when it is considered that to the ordinary advantages of an insurer he joins that of a shareholder. It only wants support to become a mighty good. To illustrate loosely, it may be stated that a medical man of 28, who would insure for life to obtain £2 per week in sickness and disability for twenty-six weeks in any year, and £1 per week afterwards under certain limitations, pays £4 *per annum*; to insure to only 65, £3. To all this I would earnestly call the attention of our members, especially of our younger ones, and still more especially of such of them as with light purses have young ones clinging round their knees. Two pounds a week when there might be little coming in, would be a ray into the darkness; for there is gloom in the household when the bread-winner is on his back. Two pounds a week would more than obtain a first-class assistant, to keep together in the time of exigency what thrift and anxiety had gathered, or save from being scattered what may never be regained. Let no young man, proud in his talents and acquirements, assume to himself that success must always be the attendant on desert. This may or may not be. There are things to be done, and things to be not done; and there are modes of not doing things seeming to do them, and of doing things seeming to not do them. Some cannot acquire this art, others will not. By joining this Society, the medical man will, or at least he should, save many an anxious hour; and when he reflects on the aid which some have given without participating in the advantages, he can solace himself with the determination that, if brighter times arrive to him, he will do likewise.

In concluding my address, gentlemen, honouring our profession as I do, believe me I estimate the situation in which it has placed me; and, without repeating the too common boast of the extent of our charity in gratuitous attendance at the various medical institutions (for I think much of this might be consistently omitted, seeing that it may originate in motives not altogether philanthropic), I still believe that in no profession is so much exertion taken, without the chance of a remuneration, as in our own. Some of our body, situated in contiguity with the dwellings of the poor, scarcely know a night of undisturbed repose. All honour to them, for slight is often their reward. To all of us, however, in whatever rank, there are duties that specially belong to us—duties we should not evade. Callous must his heart be, who, seeing as he must the strugglings that surround us, can walk through life without an effort to relieve what he must know he can relieve the best; and certain it is that all of us must feel that every week—nay, every day—even in the midst of a laborious profession, there are miseries we should strive to lighten—afflictions we should endeavour to ameliorate. The day, I trust, will soon come when, among titles and distinctions, the physician and the teacher will take the highest; for to preserve the well-being and to instruct mankind must be ultimately the noblest efforts of man; and education, dispelling prejudice, will elevate the real benefactor, and give the honour where the honour is justly due. Then will it be found that man's heart will act with an expansive charity; and, not selfishly limiting it to his human associates, will feel a kindly sympathy with everything that lives and breathes and has a being, however lowly. Adoring the Creator in his creatures, and worshipping him in his works, he will feel it wrong to desecrate or abuse those works; and, the ruder tastes of earlier days now passed away, he will show at last that real refinement, the only perfect civilisation, consists not so much in erecting mighty engines and raising splendid palaces, as in the having in the heart that true instinctive sympathy for everything that feels, which will prevent him from ever causing unnecessary pain—not from the cold sense of duty, but because, in inflicting pain on other beings, he will inflict it upon himself.

Cholera in Italy. The fleet left Naples just in time. On board British merchant vessels a captain and three sailors have fallen victims to cholera. A Sanitary Commission, under the direction of Dr. Tommasi, after visiting the district of the Porto, went last week to Torre del Greco, where the pestilence is carrying off great numbers.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

LONDON FEVER HOSPITAL.

TYPHOID FEVER: PROFUSE HÆMORRHAGE FROM THE BOWELS: PERFORATION OF THE APPENDIX VERMIFORMIS.

Under the care of CHARLES MURCHISON, M.D.

[*From the Notes of* MR. SQUAREY, *Resident Medical Officer.*]

MARY ANN B., aged 13, was admitted on September 11th, 1865. She was confused, and could not say how long she had been ill. Her skin was hot; and there were some typhoid spots on the abdomen. The pulse was 120, small and feeble; the tongue moist, and brownish in the centre; the bowels loose; the abdomen tender and tympanitic. She was ordered a draught containing sulphuric acid and laudanum, and four ounces of wine daily. Until September 16th, fresh typhoid spots were noted daily; but from that time they faded. For five days after the 14th of September, she obstinately refused to take drinks, and was chiefly supported by injections of beef-tea and brandy. Her skin was very hot throughout, and her tongue soon became dry and rough. The abdomen continued to be tense and tender. Her pulse was constantly weak, and ranged from 120 to 144.

After the 16th of September, she was troubled with cough, and occasional râles were heard over the chest. The diarrhœa was controlled by astringents and opiates, and, when she could not drink, by opiate suppositories and the addition of seven or eight drops of laudanum to each enema. The motions were of a light ochrey colour, and were free from blood till the night of September 23rd, when she had four copious stools, containing a large quantity of dark clotted blood; the last two consisted almost entirely of blood. The patient was ordered five grains of compound soap pill at once, and the following draught every four hours.

℞ Acidi gallici gr. x; tincturæ opii ♏ x; aquæ ʒi. M.

The bowels did not act again till the following morning, when there was a small quantity of blood in the motion.

For some days before the hæmorrhage, the patient's condition had improved, and hopes were entertained of her recovery; but she did not rally from the prostration following the hæmorrhage, and on September 25th she died.

AUTOPSY. There were some patches of recent lymph scattered over the surface of the intestines, especially in the neighbourhood of the cæcum. In the interior of the vermiform appendix there were four ulcers, in one of which, about three-quarters of an inch from the apex, two small perforations were observed. The contents of the intestines had not escaped into the peritoneal cavity. Extensive ulcerations were found in the ileum, which (most of the sloughs having separated) had commenced to heal. A few ulcerations were found in the large intestine near the valve. There was pneumonia at the upper part of the lower lobes of both lungs, especially the right; and a deposit of old tubercle and a small vomica were observed at the apex of the right lung.

TYPHOID FEVER, WITH PERFORATIONS OF THE LARGE INTESTINE: SYMPTOMS OF PERITONITIS A FORTNIGHT BEFORE DEATH.

Under the care of CHARLES MURCHISON, M.D.

[*From the Notes of* MR. SQUAREY, *Resident Medical Officer.*]

JOHN S., aged 19, was admitted on August 23rd, 1865. He had been ill for fourteen days, and, on admission, had all the symptoms of severe typhoid fever with peritonitis. The skin was hot and moist, and there were numerous rose-coloured spots scattered over the trunk. The pulse was 120, small and feeble. The tongue was dry, cracked, and covered with sordes. The abdomen was enormously distended, tympanitic, and tender; and the motions were frequent and watery. The breathing was entirely thoracic. There was a sloughing bed-sore on the sacrum. The patient was ordered stimulants, opium, and astringents; and turpentine stupes to the abdomen. The typhoid spots were not seen after August 25th.

The greatly distended and tympanitic state of the abdomen continued throughout; and on the 31st there was an uneven nodulated appearance, which continued till his death, as if the intestines adhered to the abdominal parietes. On the same day, there was retention of urine, which continued for a few days. In spite of treatment, the diarrhœa continued profuse; but there was no blood passed, except small quantities in the motions of August 29th and September 2nd and 3rd. His mind was heavy almost from the first; but he was always able to take drinks, and could generally answer questions till the day he died. The pulse varied throughout from 100 to 140, but was generally about 120, and always small and feeble. The bed-sores extended, and caused him much pain. After September 1st, his evacuations were passed involuntarily. He died on September 7th.

AUTOPSY. The whole surface of the peritoneum was coated with a thin layer of lymph, which could be stripped off with the knife. There were three perforations in the large intestine, one about three and a half inches below the valve, and two in the sigmoid flexure. There were no contents of the bowel in the peritoneal cavity. Extensive atonic ulcers were found in the ileum, with loose fringes, but no perforation. There was lobular pneumonia of the bases of both lungs, especially the right.

PERFORATION OF THE BOWEL AFTER APPARENT CONVALESCENCE FROM TYPHOID FEVER.

Under the care of CHARLES MURCHISON, M.D.

[*From the Notes of* MR. SQUAREY, *Resident Medical Officer.*]

JOHN B., aged 43, a labourer, was admitted on October 20th, 1865, with all the symptoms of acute peritonitis. He was confused, and unable to give any account of his illness, except that he had been suddenly seized while at work, four days before, with acute pain in the abdomen; and that his bowels had been confined for four days. He was extremely prostrate. The surface of his body was generally warm, but his extremities were cold. There was no rash on the skin. The lower part of his abdomen was much distended, tympanitic, and tender. A distinct thrill, as if from a thin film of fluid, was perceived on gently tapping this region. Pulse 120, counted with difficulty; respirations 48, thoracic. The urine contained a decided cloud of albumen. He died a few hours after admission, death being preceded by urgent vomiting.

AUTOPSY. There were extensive typhoid ulcerations found in the ileum, with a perforation, two lines in diameter, situated three inches above the

valve. There was extensive peritonitis; and the peritoneum contained about three-quarters of a pint of purulent fluid, confined to the lower half of the cavity by adhesions of the great omentum.

After the patient's death, it was ascertained by inquiry from his friends, that he had been ill for three or four weeks with fever; and that, four days before admission, having already for several days been permitted to eat meat, he was told by his medical attendant that he might return to his employment as a labourer. He had been working for a few hours when he was suddenly seized with the acute pain above referred to, and was obliged to return home.

The case illustrates the extreme caution necessary during convalescence from typhoid fever.

Original Communications.

ON THE DIFFERENT FORMS OF HÆMORRHAGE WITHIN THE EYE, PRODUCED BY INJURY.

By George Lawson, F.R.C.S., Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and the Middlesex Hospital.

Traumatic Intraocular Hæmorrhage must be clearly distinguished from those hæmorrhages within the eye which are so commonly associated with, but secondary to, some special disease, or from that which is seen occasionally in patients who, without suffering from any actual disease, have manifestly a peculiar hæmorrhagic diathesis. It is dependent solely on an injury causing rupture of the vessels of one or more of the vascular coats of the eye, and a consequent effusion of blood. It may occur *with or without* rupture of the external coats of the eye. For convenience of description, and also with reference to the severity of the results, intraocular hæmorrhage may be divided into anterior and posterior hæmorrhage.

Anterior intraocular hæmorrhage is the effusion of blood from the more superficial structures of the eye into the chambers anterior to the crystalline lens. It is generally induced by a less severe injury than that which gives rise to the deep or posterior hæmorrhage, and its results are far less detrimental to the eye.

Although hæmorrhage within the eye is very frequently limited to the chambers anterior to the lens, yet anterior hæmorrhage is also very often associated with the deep or posterior form.

Anterior hæmorrhage may take place from an injury to the iris or the ciliary processes; it may be confined solely to the anterior chamber, or the posterior chamber between the iris and the lens may also be occupied by the clot. Thus, if the bleeding commence from the ciliary processes, the blood usually trickles through the pupil, and occupies more or less of the anterior, as well as the posterior chamber.

Bleeding into the vitreous body may and frequently does happen from a laceration of the ciliary processes; but this is a more severe injury, and at present we are only considering the anterior form of hæmorrhage.

1. *Hæmorrhage into the Anterior Chamber.* This is the most common form of intraocular hæmorrhage, and at the same time the least severe. It may vary in extent from a few drops of blood to a quantity sufficient to fill both the anterior and the posterior chambers. Generally, however, when the bleeding arises from an injury to the vessels of the iris, it is confined to the anterior chamber; for, as the blood flows, the iris is pushed backwards towards the lens, and the blood, rapidly coagulating, does not pass through the pupil into the posterior chamber, even though the hæmorrhage be sufficient to form a clot large enough to fill the whole of the anterior space. This, however, is not generally the case when the hæmorrhage occurs from the ciliary processes; for the anterior chamber of the eye is so much larger than the posterior, that the blood soon finds its way through the pupil, and gravitates to the bottom of the space in front of the iris.

The most usual causes of hæmorrhage into the anterior chamber are either rupture of one or more of the superficial vessels of the iris, or a distinct laceration of its structure, or a detachment of a portion of the iris from its ciliary circumference (coredialysis). The blood, as it is effused from the lacerated vessels of the iris, sinks at once to the bottom of the anterior chamber, quickly coagulates, and, if not much in quantity, may be seen as a small clot occupying its lower part, and moulded as it were to it. If, however, the bleeding be more severe, the whole anterior chamber may be filled with one large coagulum, which will entirely occlude the pupil and iris. This more extensive hæmorrhage is usually owing to a detachment of the iris from its ciliary border, when, on account of the number of vessels necessarily torn through, and also of their larger size, the quantity of blood which is poured out is considerable.

Prognosis. If the patient be first seen within a few hours, or even on the day following the injury, the clot of blood in the anterior chamber, according to its size, will mask more or less the immediate cause of the hæmorrhage; but after a few days, when the blood has been absorbed, a rent in the iris, or a separation of it from its ciliary connexion, will indicate the site from which the blood has been effused; unless, indeed, the hæmorrhage has proceeded from the simple rupture of some superficial vessel of the iris, in which case the interval of time necessary for the absorption of the blood will probably have obliterated nearly all trace of the injury.

If, on examination, the injury be found to be limited to a detachment, or to a laceration of the iris, and none of the deeper parts are involved, and there is no rupture of the external coats of the eye, the prognosis is favourable; and this, even though the detachment of the iris from its circumferential margin be as much as one-sixth or even one-fourth of its entire extent. But if, in addition to the laceration or detachment of the iris, there be a wound of the sclerotic or cornea, the danger of the injury is greatly increased, and the prognosis is much more unfavourable.

The bleeding from a coredialysis, or separation of the iris from its ciliary border, is generally extensive, even though the detachment is small; and it often goes on until the anterior chamber is filled with blood, when the clot seems to arrest the continuance of the flow by pressing on the vessels from which it is being effused. Shortly after the injury, it is very probable that the eye may become inflamed and painful, partly from the contusion which all the tissues of the eye must have suffered from the blow, and partly also from the special injury to the iris itself; but if the external coats of the eye have been uninjured, or but slightly contused, and the hæmorrhage is limited to the anterior chamber, the prognosis will be favourable.

The clot of blood in the anterior chamber will be first macerated by the aqueous humour, and then become rapidly absorbed; and in from three to eight days after the accident, according to the quantity of blood effused, sufficient progress will have been made to allow the surgeon, by a visual examination, to

ascertain the exact extent of the injury. For a long but variable time after the clot has disappeared, the iris presents a greenish appearance, owing to the aqueous having become stained a little yellow from the blood; but this ultimately disappears; and, although a rent in the iris or a coredialysis remains, yet the patient may have a good useful eye. The separation of the iris from its ciliary attachment may be so extensive as to form another pupil, through which, by an examination with the ophthalmoscope, the fundus of the eye may be clearly seen; still, if the posterior parts of the eye are sound, good single vision will remain: the second image which will be formed on the retina will not be appreciated.

Treatment. When the hæmorrhage is confined to the anterior chamber, and there is no rupture of any of the external tunics of the eye, the case generally does well. In this, as indeed in all cases of injury, rest to the eyes is essential: all work should for a time be forbidden, and the eyes should be shaded from strong light. If the anterior chamber be occupied by a large clot of blood, great care for the first few days after the injury must be taken of the eye, as, until it has been absorbed or nearly so, a correct diagnosis cannot be arrived at. As the cause of the hæmorrhage is always some violence, it is reasonable to anticipate some contusion; and to guard against any untoward after-results, such as iritis or ophthalmitis, it is a wise precaution to apply two or more leeches to the temple; and, if the eye should continue painful, to repeat them in twenty-four or thirty-six hours. Cold applications are the best suited, and afford the most comfort to the eye. A double fold of linen, wet with cold water, may be laid over the eye, and kept in its place with a single turn of a light roller, and moistened from time to time with a little fresh water from a sponge; or, if the eye be painful, a cold lotion of belladonna may be used in the place of the water-dressing.

A moderate diet and a limited amount of stimulants should be enjoined, as placing the patient in a condition favourable to recovery; and the bowels, if necessary, should be acted on with some gentle purgative. The administration of mercury is not necessary, and will do harm; it will not promote absorption, but will depress the patient.

The treatment formerly recommended, of puncturing the anterior chamber to let the blood escape, is wrong both in theory and practice. The object of the puncture is to let the blood escape; but this it must generally fail to do, as the blood, within a few minutes after its effusion, forms a coagulum, and will not run from the eye through an incision in the cornea. Even if the eye could be seen by the surgeon immediately after the infliction of the injury, and before the blood has coagulated, still the treatment would be prejudicial, as it is not the presence of the blood in the anterior chamber which is likely to give rise to untoward symptoms, but the contusion or laceration of the iris which has produced it. The mere removal of the blood will not benefit the eye, whilst the attempt to do so may injure it.

Case I. *Hæmorrhage into the Anterior Chamber, from Coredialysis occasioned by a Blow on the Eye with a Cork from a Bottle of Soda-water.* T. W., aged 45, came to the hospital on May 23rd, 1865, having half an hour previously received a blow on the right eye from the cork of a soda-water bottle. He was about to open a bottle of soda-water; and, whilst speaking to a person near him, the cork unexpectedly flew out and struck him on the right eye. There was some hæmorrhage into the anterior chamber, sufficient to form a thin clot across the lower third of the iris, but not to occlude the pupil. At the upper and outer circumferential margin, there was a separation of the iris from its ciliary attachment to the extent of about one-quarter of an inch. The pupil opposite the detachment was paralysed. He was ordered to have two leeches applied to the temple; and a fold of linen, wet with the belladonna lotion, to be laid over the eye.

May 26th. The blood was quite absorbed. The portion of iris which had been torn from its ciliary border was loose and tremulous. The lower margin of the pupil acted well, but the upper and outer was paralysed. The case did well.

Case II. *Hæmorrhage into the Anterior Chamber from a Blow on the Eye with the Fragment of a Rivet.* Francis P., aged 31, a shipwright, came to the hospital on the morning of June 27th, 1865, having, about four hours previously, met with an injury to the left eye. Whilst cutting a cold rivet, a fragment, about one-fourth of an inch in size, flew off and struck the left eye. On examining the eye, the lower half of the anterior chamber was seen to be occupied by a clot of blood. The eye was red; but there was no abrasion of the cornea, or wound of the conjunctiva. The upper border of the pupil could be seen, but the lower half of it was concealed by the blood. He was ordered fifteen grains of purgative powder at bedtime; and to apply a fold of linen, wet with the belladonna lotion, over the eye.

June 30th. The blood was nearly absorbed. The pupil could be seen widely and evenly dilated. There was no pain in the eye. He was ordered to continue the lotion.

July 4th. The blood was now absorbed, and the eye free from all pain. No detachment of the iris from its ciliary border could be seen.

It is probable, in this case, that the hæmorrhage was caused by the rupture of some small vessels near the greater circumference of the iris, but that there was no absolute separation or coredialysis.

The man ceased his attendance as an out-patient, having fully recovered the use of his eye.

Case III. *Hæmorrhage into the Anterior Chamber, following a Blow on the Eye.* William N., aged 34, a shipwright, came to the hospital on January 18th, 1864. He stated that on the previous evening, whilst striking a rivet, a fragment of the size of a pea flew off and struck the eye.

Present State. At the lower and inner margin of the cornea there was a small jagged abrasion; and corresponding with it was a small clot of blood lying at the bottom of the anterior chamber, and resting against the iris, but not of sufficient size to reach the pupil. The upper half of the pupil acted well and rapidly; but the lower half was quite stationary, and unacted on by the stimulus of light. The sight was slightly dim. He was ordered two leeches to the temple, and a belladonna lotion to the eye.

Jan. 22nd. All the blood was absorbed. The eye was quiet and free from pain.

Jan. 25th. The eye was now well, and the patient was discharged.

In this patient, the hæmorrhage probably took place from a rupture of one or more of the vessels of the iris at its ciliary circumference. The temporary paralysis of the lower portion of the iris was due either to the pressure of the blood-clot, or to some contusion of the ciliary nerves which supply its inferior border.

Case IV. *Extensive Hæmorrhage into the Anterior Chamber from a large Detachment of the Iris from its Ciliary Circumference, occasioned by the Bursting of a Squib close to the Eye.* Eliza B., aged 21, was sitting in her garden on the 5th of November, 1861, when a squib, thrown over the wall by a child, burst within a few inches of the right eye. The eye was struck as it exploded. Immediately she suffered great pain in

it; and very shortly afterwards she found that with it she was quite blind. She came under my care on the following day. The eye was then very painful; the anterior chamber entirely occupied by a clot of blood, so as to render it impossible to distinguish any of the internal structures; and the whole eye was inflamed. Leeches were applied to the temple; and a fold of linen, wet with cold water, was laid over the eye.

Under this treatment, the pain and redness of the eye subsided; and, after eight days (on November 14th), the blood was sufficiently absorbed for an exact examination to be made. It was then found that, at the lower and inner part, an extensive detachment of the iris from its ciliary attachment (coredialysis) had taken place; but, as far as could be then ascertained, the lens was clear. The case progressed most satisfactorily. The blood, in a fortnight, was quite absorbed; but the aqueous continued of a yellow colour for many weeks afterwards, giving to the iris a greenish tinge. The hæmorrhage, as the result proved, was limited entirely to the anterior chamber; and the coredialysis was the only injury the eye sustained. The patient, three months after the accident, was able to read No. 1 of Jäger's test-types. The detachment of the iris from its marginal circumference was so extensive that a distinct second pupil was formed, through which, with the ophthalmoscope, the fundus of the eye could be clearly seen. The vision, however, with that eye was single.

[*To be continued.*]

Reviews and Notices.

THE MALFORMATIONS, DISEASES, AND INJURIES OF THE FINGERS AND TOES, AND THEIR SURGICAL TTEATMENT. By THOMAS ANNANDALE, F.R.C.S.Edin., Lecturer on Surgery; Assistant-Surgeon to the Edinburgh Royal Infirmary. The Jacksonian Prize Essay for the Year 1864. Pp. 285. Edinburgh: 1865.

IN this comprehensive treatise, Mr. ANNANDALE has collected a large amount of both curious and practical information regarding the pathology and surgery of the digits, and has arranged it in seven chapters; viz.: 1. Congenital Affections of the Digits; 2. Inflammatory Diseases; 3. Tumours; 4. Injuries; 5. Non-congenital Contractions and Distortions; 6. Excision of the Joints and Bones; 7. Amputations.

In the first chapter, the author considers Congenital Affections under the following heads: Hypertrophy; Deficiencies; Supernumerary Fingers and Toes; Union; Contraction; and Tumours. These deformities, he says, may either be hereditary, or may occur in a single member of a family independently of any hereditary tendency.

Many interesting instances of various forms of congenital hypertrophy and deficiency are noticed. In cases of the latter class, Mr. Annandale says that the deformity may consist in a diminution of the number of fingers or toes, or of their constituent segments—these conditions being generally combined, and the deficiency of segments being generally also a characteristic of supernumerary digits. A deficiency, in number or in development, of the digits is also occasionally found connected with other congenital deficiencies of the extremities. Sometimes, also, as Drs. Simpson and Montgomery have pointed out, portions of the digits and extremities are amputated *in utero*, and in some cases rudimentary digits sprout out from the stumps thus formed.

Supernumerary Fingers and Toes are classified by the author as follows.

"1. As a deficient organ, attached loosely or by a narrow pedicle to the hand, foot, or another digit.

"2. As a more or less developed organ, free at the extremity, and articulating with the head or side of a metacarpal, metatarsal, or phalangeal bone, which is common to it and another digit.

"3. As a fully developed organ, having its own metacarpal or metatarsal and phalangeal bones distinct.

"4. As a more or less developed organ, intimately united along its whole length to another digit, and having either an additional metacarpal or metatarsal bone of its own, or articulating with the head of one which is common to it and the other digit." (Pp. 26-7.)

The number of supernumerary digits is generally confined to one; but cases, to which reference is made by Mr. Annandale, have been recorded in which two, three, or four, and even as many as eight, supernumerary digits have been found in one or more of the extremities.

The treatment varies according to the nature of the case. In the first and second varieties described by the author, the digit is to be removed by operation; but, in the second variety, more care is required, in consequence of its being sometimes unavoidable to open a synovial capsule belonging both to the supernumerary and to the normal digit.

"If the additional digit be very intimately connected with another finger at its articulation, and especially if this be a thumb, it is, I think, very questionable whether it should be removed; for the operation is almost sure to damage more or less the usefulness of the remaining digit, and thus the efficiency of the hand may be sacrificed in order to get rid of a deformity which is merely unpleasant from its unnatural appearance." (P. 43.)

He would, however, remove the additional thumb when, as in a case which came under his care, it is "distorted and immoveable".

The third variety very rarely requires surgical interference, as the supplementary digits usually have independent and useful movements. Cases of the fourth variety must be treated like those of union of the fingers or toes.

In speaking of Union of the Digits, Mr. Annandale describes three varieties or grades of the deformity—union by loose folds of skin, by connection of the skin and deeper soft textures, and by union or fusion of bones. Sometimes, also, the digits of a hand or foot may be compressed together into one lump.

In the treatment of the first variety (the true webbed condition), Mr. Annandale recommends, in order to prevent reunion of the divided parts, a modification of an operation proposed by M. Nélaton. The French surgeon makes a longitudinal incision along the centre of one finger on its dorsal aspect, and along the other on its palmar aspect; in this way forming an anterior and a posterior flap, and so preventing the cut surface of the fingers from being placed in apposition. Mr. Annandale considers this extent of flap unnecessary; and that the object

IMPORTANT FACTS RELATING TO CANCER.

ORE, F.R.C.S.,

Hospital.

5. Especially the exact relationship of other members of the family who may likewise suffer from Cancer, should be given, the more distant family connexions being distinguished as on the father's or the mother's side; and the locality of the primary Cancer in each relative should be mentioned. On the contrary, it would obviously be advantageous to know if any member of the family have outlived the age at which the patient became affected with Cancer, and yet have escaped that disease. On this, as on other heads, information as to the age, sex and peculiarities of the exempted individuals, could not fail to be of value.

6. A brief inquiry will easily obtain the ages of the parents of the patient; and the causes of their death, if pertinent to the enquiry, may be stated.

7. On the subject of the supposed cause of the disease, there is room for careful and renewed enquiry. In the instances of external Cancer, local injuries and prolonged irritation would of course be mentioned. Of less obvious antecedent influences, I may especially invite attention to Rheumatism, which Dr. Jeaffreson has seen associated with Cancer; and to a period of mental anxiety or depression just preceding or coincident with the first symptoms of the disease, which Dr. Paget informs me he has ascertained in at least nine out of ten of his cases of internal Cancer. All these facts can be supplied by merely filling up the appended table.

A particularly valuable subject for a separate report, would be the characteristics of any family in which, and among the whole connexions of which, Cancer has been known not to occur. Even the fact itself, without any explanation, would be important. Remarks also could not fail to be interesting, which were directed to explain an increase of Cancer in a district where the total mortality is diminishing; as well as that rarity of Cancer amongst the women of particular districts, or else the excessive prevalence of it amongst the men, which in some places reverses the usual proportion of the disease, and leads to its being numerically more common in the male sex.

Attention is particularly drawn to the propriety of returning the table, whatever number of cases it may contain. The fact is of equal value whether a particular district have yielded little Cancer or much; since the comparative prevalence of the disease is one of the principal objects of the enquiry. Moreover, the absence of particular facts will not detract from the value of those furnished in other columns of the table. It should in fact be returned in every instance.

With the view, nevertheless, of making the comparison of places as complete and as accurate as possible, it is certainly desirable that every case of Cancer which may occur in practice during the next half-year, should be entered in the Table. Cases which have occurred before this period should be returned, but returned apart. On the 1st of June, therefore, it is requested that the papers be sent to me at the address printed on them. Should they in any instance prove to be too small for the records it is requested that additional paper should be pasted on, at the bottom of the table, and that the writing should be confined to one side of it. Additional tables will be sent, if required, whether for members of the Association, or for other medical gentlemen who may be disposed to join in the enquiry.

REGISTER FOR

Name of Medical Man furnishing the Report .... *Town or Dis*

This Sheet to be detached from the Journal, and, with the Cases recorded on it, to

Sex.	Residence; if town or country.	Age when attacked.	Present duration of disease. (If fatal, to be so stated.)	Site of Primary Cancer.	Kind of the Disease.	Whole number of mother's children.	Which child was Patient.	Previous Health of Patient.	Number of Patient's Children.	Mother's Children without Cancer at the age when Patient was attacked.

ES OF CANCER.

Its prevalent Diseases

C. H. MOORE, Esq., 102, PICCADILLY, LONDON, W., on the 1st of June, 1866.

ers in Family.	Other Diseases in Family.	If Parent be dead, prefix *d* to the age.		Supposed Cause of Primary Disease.	Remarks, explanations, additional information.
		Age of Father.	Age of Mother.		

SUGGESTIONS FOR THE REGISTRATION OF

CHARLES H

Surgeon t

In preparing the paper on the Antecedents of Cancer, which I read at the Annual Meeting at Leamington,* I had ample materials for those parts relating to the pathology and the surgery of the disease. But for questions concerning the social, geographical, and relative conditions of the persons liable to it, comparatively little information was at hand. The kind assistance of a few friends added so much to the facts which I had collected, and so far confirmed the conclusions at which I was arriving, that I was able to present them with confidence at the Annual Meeting. But they are capable of a much more extensive investigation, and they appear to me of so great importance that I venture to hope they will obtain it.

It is in the power of the Association to verify or confute the allegations which I then made, as well doubtless as to add to them. Its members are dispersed over the many distant and unlike districts in which Cancer appears to occur so unequally, and are in positions to contribute, at the cost of very little trouble, the requisite facts. All that is necessary is that they should make a general and uniform record of a few facts relating to all the cases of Cancer which may occur to them within a limited time. From the nature of the investigation, it is evident that it can only be carried out by a great number of persons living apart, but acting in concert, and by an arrangement of their information in as concise a form as possible.

For this purpose it is desirable that the facts should be furnished in a tabular form, which combines convenience with brevity and exactness. This is not intended, however, for the exclusion of other circumstances, whether relating to the history, the family history, the progress, or the results of operations in Cancer, which the informant may be disposed to relate. For such facts a special communication is invited; but for those which claim the first attention as having been stated at Leamington, I have prepared the following table.

The subjects of enquiry which are embraced in this table are:—1. The actual prevalence of Cancer in the district or town from which the report is furnished. This appears to vary greatly. It has consequently been a matter of surprise, when the attention of medical men has been drawn to it, that in some places there has proved to be so little of the disease, whilst in others it has presented itself with such frequency.

2. The prevalent diseases of the locality, and any striking exemption of the inhabitants from particular maladies.

3. The parts of the body in which Cancer is most noticed. This appears to vary to some extent with social or geographical position, Cancers of the uterus being in excess in one place, and those of the rectum, for instance, in another.

4. The personal peculiarities of the affected individual, and those by which he may be distinguished from other members of his family. His previous health may be briefly designated as good, or ailing. His place in order of birth among the whole of his mother's children, including those who did not attain adult age, and the diseases to which he or they may have been subject, should here be noted.

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* British Medical Journal, August 26 and Nov. 4, 1865.

would by gained by making the incisions along the sides of each finger instead of along the centre, or, when the web is very loose, to divide it along the centre and split up each half so as to form flaps. He does not say, however, that he has performed the operation in this way.

In the second class of cases, where the union is more intimate, Mr. Annandale speaks favourably of a plan mentioned by Mr. Liston, but apparently not practised until lately, when it was employed by Mr. Lister of Glasgow.

"The operation consists in making a perforation through the proximal end of the web or band of union, introducing some foreign body into the wound, and retaining it there until the edges of the opening are cicatrised or nearly so; the remainder of the union is then to be divided, and the wounds carefully dressed. By a proper employment of this treatment there is little chance of the separated digits reuniting; and Professor Lister informs me that the result of a case on which he operated after this manner has been most successful. . . . .

"Introduce a trocar and cannula (a No. 4 cannula answers very well) through the web or union which connects the two digits, at a point where the cleft between these two organs would naturally be. Having thus made an opening completely through the web, the trocar is to be withdrawn, and a piece of India-rubber cord, about the thickness of a No. 8 catheter, passed through the cannula. The cannula may now be removed, leaving the cord in the wound. One end of the cord is to be carried along the dorsum of the hand, and secured to a band passed round the wrist; the other end is to be carried along the palm of the hand, and secured at the wrist in the same manner." (Pp. 58-9.)

In the second chapter, the Inflammatory Diseases are considered according as they affect respectively the Soft Parts, the Bursæ and Joints, or the Periosteum and Bone. The subject of Whitlow is very fully discussed; and the author draws attention to the fact that, when the disease attacks the areolar tissue on the ungual phalanx, it is more likely to be attended by serious consequences, and by extension of the inflammation to deeper parts, than when it is situated over the first or second phalangeal bones.

"The sheath of the flexor tendons in these latter situations in most instances prevents inflammation, originating in the areolar tissue, from spreading to the deeper texture. . . . I have found that whitlow attacking the areolar tissue over the first and second phalanges usually recovers under proper treatment, without the slightest extension of the inflammation to the deeper textures; while the same form of inflammation, treated in the same manner, and at as early a stage, when it affects the extremity of a finger, is not unfrequently followed by the destruction of the tendon or bone. . . . As another proof that the fibrous sheath resists the extension of the inflammation from the more superficial tissues, I would mention the fact that, in many of the worst forms of the second variety of whitlow—namely, that which attacks the sheaths of the tendons—the phalangeal joints remain unaffected." (Pp. 79-80.)

In the treatment of whitlow, Mr. Annandale advocates free incisions at an early period—even before suppuration has manifested itself. A clean free incision, he says, can never do harm, and is always useful in checking the inflammatory process and relieving the painful symptoms.

In other parts of this chapter, the author describes diffuse cellular inflammation, chronic inflammation of the tendons and their sheaths, affections of the nails, inflammatory affections of the bursæ and joints, etc.

The third chapter contains a description of Tumours of the Soft Textures, comprising warts, corns, epithelioma, fatty, cystic, fibrous, and other tumours, painful subcutaneous tubercle, and neuromatous and aneurismal tumours; and Tumours of the Periosteum and Bone—viz., fibrous tumours, melanosis, enchondroma, myeloid tumour, medullary cancer, and exostosis.

In the fourth chapter, the Injuries are described under the same primary divisions as were inflammations in the second chapter. An interesting section of this chapter is devoted to a description of the results which may follow bruises and other injuries of the nerves of the fingers and toes. Paralysis of the fingers and thumb, as has been observed by Mr. Paget, and by Drs. Mitchell, Morehouse, and Keen, may result from a blow or fall on the lower part of the neck or the shoulders; it may also occur from dislocation, from the application of a tight ligature, or other causes interfering with the nerves. The paralysis is generally of motion more than of sensation; it may come on immediately, and be either temporary or permanent, or it may be gradual in its development. Wounds of the digital nerves have been known to be followed by epilepsy and hysteria, by changes in the nutrition of the tissues, and by other troublesome symptoms. Mr. Annandale describes an interesting case which came under the notice of Mr. Syme, in which the wound of a digital nerve was followed by paralysis, burning sensations, and other abnormal symptoms.

Mrs. ——, aged 64, applied to Mr. Syme, June 28th, 1865. Nine months previously, the patient accidentally inflicted with a knife a wound over the palmar and lateral aspect of the first phalanx of the ring-finger of the left hand. The wound healed quickly, and without any inconvenience. One month after the accident (the wound being then perfectly healed), she first began to suffer from pain in the cicatrix and round about it. This part became very sensitive, so that the slightest touch caused great agony. Some swelling of the fingers and hand then took place, and a burning sensation passed up into the hand, forearm, and elbow, occasionally also shooting up into the arm. . . . An incision near the cicatrix . . . . was followed by only very slight temporary relief. . . . The burning sensation was now not only confined to the affected arm and hand, but was also very severe in the right arm and forearm, and also sometimes in the soles of both feet. . . . On examination of the left arm by Mr. Syme, the elbow, wrist, and digital joints were stiff and painful. The fingers were tapered, and their skin (as also that of the dorsal surface of the hand and part of the forearm) was glazed or glossy. . . . The left hand and all its digits were very sensitive, especially the injured one. Great pain was produced by pressing over the cicatrix of the wound. . . . . The right hand was slightly stiff; its palmar aspect had a shrivelled appearance, but was not tender. The patient suffered much from the pain and burning sensation . . . . but her general health was apparently good. Mr. Syme proposed amputation of the affected finger . . . . which was willingly agreed to; and it was therefore removed at its metacarpo-phalangeal joint. (Numerous local applications, as chloroform, belladonna, aconite, etc., had

been tried in vain before the patient came under Mr. Syme's care.) Six weeks after the operation, the burning sensation was less severe in the left hand; but it had increased in the right hand, which had become somewhat swollen and its joints stiffened. On examining the removed finger, Mr. Annandale found that the nerve running along the radial border of the finger had been partially divided and had become reunited. It was enlarged at, and for about an eighth of an inch above and below, the seat of injury; and appeared here more vascular than other nervous tissue. The Pacinian bodies were particularly well developed.

The fifth, sixth, and seventh chapters—on Non-congenital Contractions and Distortions, Excisions, and Amputations—contain a collection of much valuable practical information.

The value of the book is increased by the addition, at the end, of twelve lithographic plates containing one hundred and twenty-seven figures, which, with four exceptions, have been taken from original cases and dissections.

MANUAL OF MATERIA MEDICA AND THERAPEUTICS. Being an Abridgement of the late Dr. PEREIRA'S *Elements of Materia Medica*, arranged in conformity with the *British Pharmacopœia*. By FREDERIC JOHN FARRE, M.D.Cantab., F.L.S., F.R.C.P., Honorary Member of the Pharmaceutical Society of Great Britain, etc.; assisted by ROBERT BENTLEY, M.R.C.S., F.L.S., Professor of Botany in King's College, etc.; and by ROBT. WARINGTON, F.R.S., F.C.S., Chemical Operator to the Society of Apothecaries, etc. Pp. 614. London: 1865.

THE *Elements* of the late Dr. PEREIRA must always be the standard work on Materia Medica among the English medical classics of its day; but its size and expense place it rather in the category of works useful to those who desire to possess a complete book of reference, or to study the subject in the same comprehensive manner as the author, than among those works which the student or the working practitioner would find most useful. Such a consideration has led the editor of the present volume to undertake the task of pruning down Dr. Pereira's volumes, without diminishing their utility. He has done this by omitting all notice of remedial agents which are not strictly pharmacological—such as the influence of the mind and of hygienic agents, to the consideration of which Dr. Pereira devoted a large part of his work; by omitting all remedies which are not officinal or contained in the *British Pharmacopœia*; and by omitting all classifications of medicines—on which subject Dr. Pereira gave full information—except those which the author himself adopted; viz., one founded on chemical and botanical and zoological classification, and the other based on their physiological effects. There has also been considerable interstitial removal from the descriptions of the various remedial and pharmaceutical agents; the expressed opinions of the author being interfered with as little as possible, except where they appeared to Dr. FARRE to be "decidedly erroneous."

At the same time, much new matter has been introduced; and the substance of the *British Pharmacopœia* has been embodied in the work.

The Physiological Classification of Medicines, which Dr. Pereira placed in the beginning of his work, is transferred to the end of this *Manual*. Dr. Farre has also considerably modified the classification. The following is his arrangement.

I.—*Medicines Employed for their External Topical Effects.*

Class 1. Mechanico-topical medicines = dentifrices.
Class 2. Chemico-topical medicines = caustics, topical astringents, and disinfectants.
Class 3. Dynamico-topical medicines = irritants and emollients.

II.—*Medicines Employed for their Internal mostly Remote or General Effects.*

Class 4. Cæliacs (influencing the digestive organs) = stomachics, carminatives, antacids, emetics, antemetics, cathartics, astringents, demulcents, antidotes, anthelmintics, cholagogues, sialagogues, and antisialics.
Class 5. Hæmatics (influencing the blood) = hæmatinics, spanæmics, and diluents.
Class 6. Cardiacs (influencing the circulating organs) = stimulants, sedatives, and styptics.
Class 7. Pneumatics (influencing the respiratory organs) = expectorants, contrapituitants, paregorics, and asthmatics.
Class 8. Neurotics or cerebro-spinals (influencing the nervous system). This class is divided into four subclasses: phrenics (influencing the mind) = exhilarants and narcotics; hypnics (influencing sleep) = hypnotics and anthypnotics; esthetics (influencing sensation) = hyperæsthetics, anæsthetics, and anodynes; and cinetics (influencing motion) = tonics, relaxants, spastics, antispasmodics, mydriatics, and myosotics.
Class 9. Uretics (influencing the urinary organs) = diuretics, ischarotics, urino-genitals, lithics, and lithonlytics.
Class 10. Genetics (influencing the reproductive organs) = aphrodisiacs, anaphrodisiacs, emmenagogues, and ecbolics.
Class 11. Hidrotics (influencing perspiration) = diaphoretics and anthidrotics.
Class 12. Temperators (influencing the temperature of the body) = calefacients and refrigerants.
Class 13. Resolvents (influencing inflammatory deposits).

Those numerous readers who are acquainted with Dr. Pereira's classification will readily see in what respects Dr. Farre has modified it. He specially mentions in the preface that he has introduced some new terms; and that he has broken up one of Dr. Pereira's large classes—that of *eccritics*—so as to distribute the medicines contained in it according to the functions which they influence. He intimates that he has aimed at making the classification more purely physiological—founded on functions—than that of Dr. Pereira; which, he says, "is, in fact, rather anatomical than physiological, being constructed, for example, not on the *functions* of digestion, but on the digestive and respiratory *organs*."

Dr. Farre acknowledges much valuable assistance rendered to him by Professor Bentley, in the description of the organic bodies and of the plants and animals producing them; and by Mr. Warington in regard chiefly to the inorganic substances. With their able co-operation, he has succeeded not only in reducing Dr. Pereira's work to a convenient size, but in producing a very reliable and instructive work on the authorised British materia medica. We must say, however, that we somewhat regret that

he has so strictly confined himself within officinal bounds, and has not introduced any notice of such universally recognised and indispensable articles as the Calabar bean, etc. It is the authority of professional experience, quite as much as of Pharmacopœias, that decides on the introduction and establishment of new remedies.

We offer this remark as a friendly suggestion for the consideration of Dr. Farre and his colleagues in the preparation of another edition; the demand for which will, we trust, be the early reward of their labours. In the meantime, for what they have done, we offer them hearty thanks.

THE PRESCRIBER'S ANALYSIS OF THE BRITISH PHARMACOPŒIA. By J. BIRKBECK NEVINS, M.D.Lond., Lecturer on Materia Medica in the Liverpool Royal Infirmary School of Medicine; etc. Third Edition. Pp. 295. London: 1865.

THIS little work has been written by Dr. NEVINS with the view of relieving the prescribing practitioner from the perplexities consequent on the changes introduced into the *British Pharmacopœia*; and the fact that it has already reached a third edition gives *primâ facie* evidence that it has been found useful. The plan which the author has adopted is simple and methodical; he points out facts, and for the most part leaves comment to others.

The book begins with a General Outline of the Changes in the *British Pharmacopœia*; in which the alterations in nomenclature, and the changes among the various infusions, tinctures, solutions, and other preparations, are so described as to be readily comprehended at a glance.

Next comes a description of Weights and Measures, both of the British and the French systems. There is an useful table, in which the approximative English value of the various French weights and measures is given.

Dr. Nevins next arranges concisely the Important Alterations in Strength or Composition of Preparations which still retain their Old Names; and also gives a List, with their Doses and Properties, of Substances and Preparations that have been added to the *British Pharmacopœia*.

He then gives a detailed account of the New Substances and Preparations; and also a similar account of several Medicines in Modern Use which are not contained in the *Pharmacopœia—e. g.*, actæa racemosa; bromide of ammonium; aniline and its compounds; carbonate, ammonio-citrate, and solution, of bismuth; Calabar bean; carbolic acid; aërated lithia water; mercurial cigarettes; pepsin; peroxide of hydrogen; sumbul; veratrum viride; etc. This part of the work occupies ninety-three pages, or nearly one-third of the whole.

The next section contains a General List of Differences between the *British Pharmacopœia* and those of London, Edinburgh, and Dublin. The author here arranges all the preparations in the four Pharmacopœias in alphabetical order, noticing with regard to each whether it has been omitted, added, or altered in name, in strength, or in the nature or proportion of its ingredients. The dose of each preparation retained in the *British Pharmacopœia* is also given.

To this there follow General Rules for Prescribing, mostly taken from the *Pharmacologia* of the late Dr. Paris, and *L'Art de Formuler* of MM. Trousseau and Reveil; and a number of Prescriptions are added in illustration both of these Rules, and of the changes in nomenclature, etc., made in the *British Pharmacopœia*.

Dr. Nevins next gives a List of the Substances and their Preparations which have been omitted from the *British Pharmacopœia*. Of these, there are about sixty substances and about one hundred and fifty preparations. The list, however, contains some preparations which have only undergone a change of name.

Next comes an useful Table of Doses and Incompatibles, both of Pharmacopœial preparations and of some others which are not included in that work. The author has not considered it necessary to insert any incompatibles but those which are likely to cause doubt to the prescriber.

The book is concluded with a section on Volumetric Analysis; in which Dr. Nevins explains, step by step, the process in some of the more simple cases, so as to give a clue for arriving at a knowledge of its more complex applications.

Dr. Nevins's *Analysis* is a small book; but it contains much useful information, and is excellently adapted for its purpose of removing the difficulties in which a practitioner may find himself placed when he desires to use the *British Pharmacopœia*.

THE SCIENCE AND PRACTICE OF MEDICINE. By W. AITKEN, M.D.Edin., Professor of Pathology in the Army Medical School, etc. 2 vols. Fourth Edition. London: 1865.

THIS valuable work has passed fairly beyond the bounds of criticism, and has established for itself the reputation of one of our standard medical works. A fourth edition of it, following so quickly upon the previous one, bears ample testimony to its utility and value. Dr. AITKEN, however, very properly does not allow the medical knowledge of the day to steal a march upon him. Even this last edition has undergone considerable revision; it has been curtailed in some parts, added to in others, and again in others re-written. The author is evidently determined to show that he appreciates the favour of his professional brethren, and will continue to repay it in this wise. Most glad are we to see that all the great and honest labour involved in the production of this work meets with its fitting reward.

SUPPLY OF MEAT. The agitation against the butchers has not been long in producing its effect. A prospectus is issued of a national cattle and meat company, with capital of a million, to establish a central system for the supply of meat, with agents in the various districts.

THE GENERAL HEALTH. The health of the country is improving. According to the return of the Registrar-General for last week the deaths in the eleven chief towns were twenty-nine in the thousand. As usual, Liverpool reaches the highest number, or 41, in which, however, it is joined by Manchester. London and Dublin are lowest, or 25. It is noteworthy, too, that in Liverpool and Manchester the deaths for the week are more numerous than the births. The total number of deaths in London is 1471, or 93 below the ten years' average. The births are 1296, which is also slightly below the average.

British Medical Journal.

SATURDAY, DECEMBER 2ND, 1865.

THE ROYAL COLLEGE OF SURGEONS.

To give the country Fellows the power of voting by paper, is plainly an act founded on reason and justice. The body of Fellows was created to form an elective constituency. The chief, if not the only, function, in fact, of Fellows is to elect the Council of the College. But the country Fellows, for obvious reasons, are at present practically debarred from the exercise of this function, and are, consequently, deprived of the use of the special prerogative attaching to their Fellowship. That no practical difficulty attaches to voting by papers is proved by the success of the process in the case of the Oxford University election; and the dread lest this voting should create canvassing is very superfluous, after the notorious fact of the canvassing which has characterised late elections of Councillors. Nor, again, are country Fellows in the condition of Mr. Bright's unwashed specimens of the manhood suffrage sort, requiring better education in order to enable them properly to exercise the privilege. Country Fellows can assuredly take the measure of the merits of a candidate for the Council with as true an eye as, and probably with a more unbiassed eye than, a town Fellow can.

The truth of all this has, we may assume, been already impressed on the sense of the Council; and we may, therefore, confidently trust that proper steps will at once be taken to give effect to the proposal made to the Council by the British Medical Association. No doubt, to carry out the proposal, a new Charter must be obtained. But this will surely never stop the Council; for, if no other end were gained than the one we speak of, the trouble and expense of obtaining it would be well repaid. But are there not many other evils affecting the College which admit of cure only through an alteration of the Charter? And might not the occasion be seized upon to remedy the defects of the existing Charters? For example, would it not be well that the Charter should in future enforce that which it has hitherto only recommended? Is it not time that the Council should be compelled to carry out the spirit of the Charter, instead of evading that spirit and sheltering itself under the letter of the law? As we have so often shown in these pages, the Council have never, in a single instance, done one of those acts of liberality and justice for which the last Charter was expressly framed to provide; never has it elected as Examiner a Fellow who was not a member of the Council; never has it elected as its President or Vice-President a Councillor who was a member of the Court of Examiners; never has it ceased to re-elect its Examiners to office—*i. e.*, virtually to make its Examinership a life office, although the quinquennial term of office was introduced into the last Charter for the very purpose of doing away with the life-holding system. All the world knows that this negativing, ignoring, and violating the spirit of the Charter, goes on now just as it did of old. The very last election of Examiners shows how little respect the Council has for its Charter, or rather how much more regard is paid to the interests of individuals than to the interests of the College.

And what has all the infusion of new blood into the College, from which so much was expected, done to remedy the evils? As yet, absolutely nothing. And the reason is obvious. Councillors are, after all, only men; and *humanum est errare* is a very old adage. Who is there of us who, if he were placed in a similar position, dare boast that he should not fall into a similar groove of action? No man ought to be put in a position where self-interest draws strongly against public duties. A man must be a saint who could resist temptation under such conditions. Councillors are too sorely tempted, and therefore, and very naturally, Councillors fall.

What, therefore, is required is that, by Charter, they should be put beyond the pale of temptation. By Charter, Examiners should not be permitted to sit in the Council. By Charter, Examiners should not be permitted to assist in their own election. By Charter, Examiners should not be allowed, under any circumstances, to hold office for more than five years. By Charter, Examiners should obtain the power of carrying on their examinations at the bedside in hospitals; which, as we understand, they are unable legally to do at the present moment. By Charter, again, the Council should be compelled to elect as Examiners in Anatomy and Physiology a certain number of Fellows actually engaged in the teaching of anatomy and physiology.

Will any member of the Council deny that the radical changes here inferred would be made to the immense benefit of the College? Every member of the Council must admit that such reforms are needed; and admit also that they have hitherto not been carried into action solely on account of that unfortunate system; which, though tacitly forbidden, is permitted by existing Charters, and brings private interests to clash with public duty. For this only are to blame the framers of the present Charters. By making permissive that which should have been obligatory, they have enabled the Council of the College to carry on up to this very day the old system, for the removal of which the Charters were actually obtained. The present Charters, therefore, have been not only a failure, they have been worse than a failure. They have been a positive delusion.

They have enabled an antiquated system to be carried on far into the second half of the nineteenth century, under the pretence of their being the expression of reform and liberality. Well, therefore, may the Council seize upon the occasion of a New Charter required for giving country Fellows a paper vote, to allay for once and all the evils above referred to. At all events, we cannot believe that the Council will refuse to do this act of justice simply through a dread, lest that in applying for a new Charter, the question of other serious required alterations may arise. And yet we can imagine no other reason for a refusal than this.

THE CATTLE-PLAGUE AND HOMŒOPATHY.

THE medical adviser of the *Times* is in ecstacies at the announcement that a corps of homœopaths are to try their hands at curing the Cattle-Plague. The Cattle-Plague is on the increase. The danger is pressing on us. At this conjuncture, as we are solemnly informed,

"A new agency is appearing on the scene. It is proposed to treat the Cattle-Plague by homœopathy, not casually or obscurely, but on a large scale, by skilled practitioners, and in the light of day. The programme is certainly characteristic of the science, and many persons may think that the poor cows are having a hard time of it..... If quite well and not troubled with any complaint, they are to take a good dose of arsenic every morning by way of preservative; and if, notwithstanding this judicious precaution, they should still fall sick, they are to be drenched with deadly nightshade."

The conclusion, of course, being that, if the arsenicated cows get not the disease, the arsenic preserved them from it.

The *Times* then goes on to say, that at all events this practice is as good as that of "the Faculty". Arsenic cannot do more mischief than the poleaxe. Besides, homœopathy has been practised with advantage in Holland. Homœopathy, therefore, may well be allowed to compete with the poleaxe.

The *Times* proceeds to give us the benefits of its learning touching the history of homœopathy. "This curious system of medicine" is as old as most others. "Like cures like" is a maxim of remote antiquity. Nor is this the whole of the "science"(!) It professes "to work by such infinitesimal dilutions, that it is hard to see how it acts"; yet even here, in its very obscurity, it has a foundation. *Ignotum* stands for *magnificum*. "Nature acts by infinitesimal doses." It is thus we feel changes of air and seasons. And, after all, the most legitimate form of medicine rests on no better foundation. Homœopathy, besides, has this advantage, that, if it do no good, it leaves the business to Nature. Here, then, is just the very job for homœopathy. The legitimate science is beaten; the regular practitioners have retired from the field; so in comes, very appropriately and at the right moment, the *Deus ex machinâ*, homœopathic "science"(!) The *Times* agrees with one of its correspondents, "that 'the Faculty' would 'probably rather see all the cattle in England die outright of the plague, than be cured by homœopathy'"; but rather unnecessarily adds, that the rest of the world will not be of that opinion. So, *vive* arsenical homœopathy and down with poleaxe medicine!

We will venture to say, that more ignorance, untruth, calumny, and contradiction and shameless abuse of a learned and self-sacrificing profession, were never crammed into a column even of the *Times*, than is to be found in the article from which the above is taken. It is false to say, that medicine has nothing but the poleaxe to offer by way of cure. The very columns of the *Times*, which published the recommendations for cure—the actual cures—of Dr. Smart and others, bear witness to this. Besides, no one knows better than the *Times*, that the poleaxe was recommended not to cure the disease, but to prevent its spread. To tell this truth, however, would have been to take the sting out of its slander.

The statement, that homœopathy has been practised with advantage in Holland rests on not one single shadow of proof beyond the mere assertion of an individual. This bare assertion, however, is accepted as a positive fact, whilst the accurately detailed experiments of treatment by Dr. Smart of Edinburgh are silently ignored. Then, again, we are told that the gentlemen who have got up this homœopathic experiment are "perhaps not very hopeful"; notwithstanding the fact of the advantages asserted by the *Times* to have been gained by it in Holland.

The calibre of this calumniator's mind, as a man of science, we can readily measure by his own words: "Nature acts by infinitesimals. It is thus we feel change of air or season." We have no barometer to gauge the pressure of the one, or try the temperature of the other! Nature acts by immeasurable infinitesimals! Again, says this daily father of truth: "Science is beaten, and says so." Let the homœopaths have a turn. "They think their doctrines worth something, and, what is more to the purpose, they say their value has been actually proved in Holland." He next actually has the wickedness to endorse with his "probably so", the remark of one of his correspondents, that "the Faculty would rather see every ox in England die of the plague than be cured by homœopathy."

This statement it endorses after it has been proclaimed in its own pages that the Cattle-Plague Commission had positively denied the accusation that they refused facilities for the homœopathic treatment of diseased cattle.

The respect which the *Times* has for the intelligence of its readers is remarkably exhibited in the conclusion of this article; where a complete contra-

diction is given to all the statements previously made touching medical treatment. We are there told that those whose only prescription (according to the *Times*) is the poleaxe, have actually been engaged in the successful treatment of the plague.

"The last return looks cheering. The recoveries do seem to be bearing a greater proportion to the deaths than before. They have been 708 in Scotland alone, *where the disease appears to have been treated with more patience, as well as more success, than in other places.* We hope this may be a sign of more promising times, and that either regular or irregular practitioners, or both together, may contrive to show us some way out of the difficulty. When contagion seems so subtle, and sickness so fatal, we are driven to quarantines as the only remedy; but if effectual antidotes can be discovered, we may regard the chances of infection with less alarm."

And faithfully to finish off this most shameless production, the *Times*, after previously setting the regular doctors down as worse than imbeciles, and telling us that they had wholly given the thing up as a bad job, winds up with a hope that either they or the irregulars will find out a cure; and, with the subtilty of a well known historical animal, concludes with recommending one of the remedies prescribed by the doctors; viz., quarantine.

Since the above was written, we find it stated by a contemporary—"on authority"—that the applications of homœopathy in Holland have been much exaggerated; and that the reported success of the treatment is unfounded. In this country, we also learn that a veterinary surgeon and homœopathic practitioner have been trying conclusions with the disease at Norwich, and that their success is exactly what every reasonable person would judge beforehand that it would be.

We may pass over the ignorance which calls homœopathy a "science", and talks of "drenching cows" with infinitesimal doses of belladonna!

THE CATTLE-PLAGUE.

Professor Wilson of Edinburgh points out the fallacies in the Report of Mr. McClean, the chief dissentient Cattle-Plague Commissioner. Mr. McClean tried to make out that, by the importation of foreign beasts, the gain to the country has been one hundred and sixty-six sound cattle for each one that has died of disease. Professor Wilson, however, shows that, instead of being 1 to 166, the gain is but little more than 1 to 1; or, giving exact figures, 1 to 1.33.

"Indeed," he adds, "I am strongly of opinion that if the published returns of the Commission could give us a correct statement of the entire losses sustained, it would be found that the increased importation would not even equal the number of victims the disease has already made."

A new Order in Council has been issued; by which, if an animal become diseased, the owner shall keep it separate from other animals, and only on condition of this Order being disobeyed is the Inspector to have power to order its slaughter.

Dr. J. W. Ogle makes suggestions touching a scientific inquiry into the nature, etc., of the Cattle-Plague. He suggests

"That the authorities should avail themselves of the services of gentlemen, graduates in medicine as well as in surgery, who, not having yet committed themselves to any walk of life, are what is termed 'hanging about' the hospital, and form a corps, who, out of London, should assist them in their efforts at the Camden Town Veterinary College, to elucidate the question of the cattle-plague. From the extreme diversity of the suggestions made on all sides regarding the disease, all speculation regarding the exact nature of the disease must begin *de novo;* and all considerations as to treatment, etc., must rest on data which we have not arrived at. At the same time, investigations should be pursued on a large scale and in various places contemporaneously. We should multiply our *foci* of research. Armed with instructions, these gentlemen would be in a position to furnish a large number of trustworthy observations, which, being compared, would prove an invaluable foundation for further inference and conclusions."

We recommend to the consideration of the wise the two following statements. The men of science were listened to in France, and were laughed at in England. Here are the results.

"The *Cambridge Independent* of Saturday reports the extension of the cattle-plague in the Cambridgeshire and Huntingdonshire parishes. The *Hertford Mercury* records cases between Hitchin and Stevenage; and the *Bucks Advertiser* says the disease is making alarming progress at Adstock, Thornbury, and Thornton. In Yorkshire, the disease continues its fatal ravages; the York papers give more serious accounts than ever. The cattle trade is completely paralysed. In Cornwall, in the neighbourhood of Truro, there is hardly a farmer or dairyman whose herds are not affected."

"The total number of animals of the ox species," says the *Constitutionnel*, "slaughtered up to this time on account of typhus, or suspicion of the same, in the two departments of the Nord and the Pas-de-Calais amounts to exactly forty-three. Owing to this inconsiderable sacrifice, we may now be permitted to affirm that France will be preserved from the scourge which afflicts the farmers of England, Belgium, and Holland."

The annual meeting of the Herefordshire Medical Association was held at Hereford, on November 8th; Mr. Lingen in the chair. Mr. E. Y. Steele of Abergavenny was elected president, and Mr. Cam of Hereford vice-president, for the ensuing year. The following resolutions were unanimously carried.

"That a copy of the Rules of the Medical Provident Society, in connection with the British Medical Association, be forwarded to every member of this Association.

"That the system of gratuitous medical advice and assistance has outgrown all necessary and reasonable limits: with all its acknowledged benefit—and may the full extent of its true charity never be lessened—in the excess to which it is now carried, it is largely productive of the serious evil of checking those habits of providence, forethought, and independence, which it is always so desirable to encourage among the

working classes: and that it will, therefore, be of great advantage to introduce the self-supporting principle in whole, or in part, in the formation of all new dispensaries, and in those already existing, wherever it may be practical to do so."

The Annual Report of the Association observes that no very startling facts have occurred in medical politics during the past year. The General Medical Council rather gives hopes for the future than satisfaction in the present. The position of the profession has somewhat improved in matters of state policy; but it remains for medicine, "by a strict attention to the purely professional and scientific view of each case that may arise, to avoid that appearance of partiality which is so injurious to its true dignity." The few cases of medical persecution which have occurred, have so terminated as "to serve as a just warning for the future". Indecent advertising and druggists' practice have received severe blows. A further proof of the success of legitimate medicine in holding its own, is, the Report says, afforded by the attacks of the *Times*.

"It has pleased the *Times* to attack the profession, because it cannot cure the cholera, nor stay the cattle-plague. As well might it reproach Divinity for the existence of crime, or the Law that disputes should arise! It is true, that we cannot yet arrest the mortality from these diseases; but the secret has been given us to rob small-pox of its victims; and it may be that we may rejoice hereafter in being able to meet other pestilences in an equally successful manner. The *Times* unfortunately neglects no opportunity of attacking the profession; but as long as its articles display such ignorance of the first principles of medicine as they have lately done, they certainly can do us but little lasting injury."

L'Union Médicale says that, happily for the critic, the Introductory Addresses at English Schools of Medicine this year require no notice.

"They have a purely local colouring, and are dull and monotonous enough. An uniform tone prevails throughout them, and their diapason is very feeble. But what does John Bull care about the discourses, if the entries of students are good? And excellent they are, says the Registrar's report."

We are glad to see that in different parts of the country Boards of Health are listening to the wise instructions of their medical officers, and making preparation for the probable advent of cholera. An excellent report on the wretched sanitary state of Merthyr Tydfil, has been addressed by Mr. Dyke to his Board. In conclusion, he warns them:

"You will bear in mind that you are to prepare for the possible advent of epidemic cholera. The dry summer of 1864, the still more dry autumn of 1865, have given rise to typhus fever, and to autumnal diarrhœa, in their epidemic forms throughout England. This, coupled with the other fact, that true epidemic cholera has during the last twelve months generally spread from Arabia through Egypt to Turkey, Italy, Spain, and France, makes it necessary that men who are entrusted with the care of the lives of others, should use every precaution which common sense dictates, and the law allows, to prevent the spread of that deadly disease among the people."

We are sorry to hear that the patient from whom Mr. Spencer Wells removed the enlarged spleen died on the seventh day after the operation, of pyæmia. She had quite got over the shock of the operation, and all who saw her had become very hopeful as to the result, when rigors and all the characters of the surgeon's greatest enemy developed themselves. At the autopsy, effusion into the pericardium and both pleural cavities was observed; but no peritonitis beyond the locality of the wound, and no hæmorrhage. Surgically, therefore, it may be taken as proved, that a very large spleen may be removed without hæmorrhage, that the patient may get over the shock, and that there need be no great fear of peritonitis. The medical and physiological questions raised by the operation are, however, of equally grave import; and we trust that they will be fully discussed when Mr. Wells brings the case before the Royal Medical and Chirurgical Society, which we hear it is his intention to do as soon as possible.

Dr. Hunter, as we anticipated, has been found innocent of the infamous charge brought against him. Some of the remarks of the *Times* (which, at all events, has indirectly derived benefit from Dr. Hunter's method of curing consumption) are amusing.

"Dr. Hunter was not exactly a regular practitioner, either in standing or method. According to English law, he was neither qualified nor registered; but he had qualified himself in America, and had actually practised in New York. He had been in this country four or five years, had largely advertised his system for the cure of consumption, and appears to have established a considerable practice. We are told of a waiting-room full of patients, and of a staff of 'visiting doctors', who were commissioned by Dr. Hunter to attend his patients at their own houses when that attention was necessary. No detailed evidence was given as to the nature of the system or specific actually employed; but it was stated that Dr. Hunter treated the disease by inhalation, and that in his diagnosis *he relied much upon a minute examination of the surface of the skin, neither proceediug being without precedent in regular practice.* We should add, too, that Dr. Hunter's fees were not exorbitant. He took a guinea from his patient on the first visit, and then charged five guineas a month for his subsequent attendance, medicines included."

In consequence of services during the cholera epidemic, M. Horteloup, head physician of the Hôtel Dieu, has been raised to the grade of Officer of Legion of Honour; and MM. Gubler of Beaujon, Duplay of Lariboisière, Boucher of St. Antoine, and Arnaud and Imard, nominated Chevaliers.

The Medical Faculty of Paris is deliberating as to the propriety of establishing a chair of clinical ophthalmology in the Faculty. It is supposed to be at the instance of M. Liebrich that the question is raised. M. Liebrich's position may be gathered from the fact of his being one of the special guests of the Emperor at Compiègne.

FOREIGN BODIES IN THE AIR-PASSAGES OF CHILDREN.

M. GUERSANT writes as follows on this subject in the *Bulletin Général de Thérapeutique* for September 15th, 1865.

Foreign bodies in the air-passages may come from without or from the interior of the body; they are met with in the larynx, the trachea, or the bronchi. It is especially in children that they are observed; and they are of different kinds. The foreign bodies which come from the interior may be worms, which, ascending by the œsophagus, may pass into the larynx, and sometimes cause sudden death; or pus may come from an abscess in the neck; or a tuberculous product, first developed in a ganglion in the lungs, may penetrate into the larynx.

Foreign bodies may also come from the interior, having been first introduced from without; thus wounds in the chest sometimes give passage into the pulmonary tissue, to pieces of dressing, such as lint, etc., which then pass into the respiratory tubes; in the same way, pieces of necrosed bone may penetrate into the pulmonary tissue, to be expelled through the bronchi and trachea. A ball may follow the same path, in consequence of a wound in the chest. All such foreign bodies are often present without producing symptoms which may cause their existence to be presumed: still, when an abscess in the neck opens into the trachea, when retro-pharyngeal abscesses threaten to empty themselves into the larynx, or when foreign bodies enter from a penetrating wound in the chest, there are circumstances which put the surgeon in the way of forming a diagnosis.

Foreign bodies which come from without may be either fluid, soluble, soft, or hard. The fluids are water, wine, spirits, and all drinks. The soluble bodies are sugar, pieces of gum, pieces of sweatmeat of different kinds, pills, etc. The soft bodies consist of food more or less masticated. The solid bodies are raw beans, nuts, pearls, teeth, pieces of bone, money, etc.

Symptoms. The foreign body lies in the larynx, or rather in the trachea. The signs which it presents are serious in proportion with the youth of the child and the narrowness of the tubes.

If the foreign body be fluid, the phenomena that it causes are a sharp irritation, a convulsive and suffocating cough, a kind of suffocation and *râle*, which disappear quickly on the expulsion of the fluid.

If the foreign body be soluble or soft, it causes nearly the same symptoms. Immediately after the accident there is suffocation, and the patient may die upon the spot; but ordinarily there is a violent, harsh, convulsive cough, with threatening of suffocation, appreciable by the patient and by the physician. The voice is hoarse or inaudible; there are anxiety, a feeling of fear on the part of the patient, with pain in the respiratory passage, sometimes localised by the patient, at other times of uncertain seat.

If the foreign body be solid, these accidents persist and even augment in intensity; but they vary according to the consistence of the body introduced. Substances which are soluble, such as sugar, gum, barley-sugar, and other *bonbons*, sometimes only cause symptoms of short duration; they dissolve, diminish in size, and are quickly expelled by the efforts of cough. The same may occur, but more slowly, with pieces of masticated meat and of soft bodies in general. M. Guersant has seen a child eject, for several consecutive days, pieces of masticated meat, and thus relieve itself by fits of coughing. He has also seen the same thing occur in a child who had eaten a sugar-plum with the almond, of which the pieces had entered into the larynx and trachea.

But it is not the same with hard foreign bodies; the symptoms already described not only persist, but cause other symptoms. A pin or a fish-bone may implant itself in the larynx and produce very severe inflammation; bodies of this nature may remain fixed at one point. Round solid bodies have a tendency to change their place; and these bodies pass from the larynx into the trachea, or remain in the ventricles of the larynx when they are small, or descend into the bronchi. It is in cases of this nature that foreign bodies change their places, giving rise to intermissions of the symptoms, leading to the belief that no foreign body is present, because the most frightful paroxysms of cough and of suffocation are succeeded by a perfect calm.

When the foreign body is in the larynx, the symptoms vary less, because the body does not become displaced; but when it is in the trachea, it may ascend or descend. On placing the hand in front of the neck, a sensation is felt of a body which rises and descends in the trachea. Sometimes these bodies descend into the bronchi, and do not move. M. Guersant has had an opportunity of ascertaining the presence of a bean in the left bronchus; in this child, the respiration was heard in the right lung only, while in the left there was an absence of respiratory sound. An attentive observation of the respiration ought to throw light on the nature of the case.

When foreign bodies are left to themselves, either in the larynx or in the trachea, they may be expelled by natural efforts if fluid or soft; but when they are hard, and remain of the same size or even increase in size (as kidney-beans), the symptoms increase in intensity; the paroxysms of suffocation are renewed; the patient is sometimes convulsed; the face becomes livid; there is lacrymation; the veins of the neck are distended, and the trachea projects more than in the normal state; the child makes very energetic efforts at expulsion. Air accumulates in the lungs, and distends their parenchyma. In consequence of rupture, the air penetrates into the cellular tissue above the clavicles, and into the chest, producing pneumothorax, and death may follow slowly; but, all other things being equal, more quickly in children than in adults, because of the smaller size of the organs.

The *diagnosis*, by aid of the means pointed out, is often easy enough; but too much attention cannot be paid to all the symptoms described. It is necessary, also, to attach the greatest importance to the information furnished by the persons who were near the child at the moment of the accident, and who have been witnesses of the first symptoms, as these are sometimes followed by the expulsion of the foreign body; in which case the symptoms which persist admit of delay.

It is very important not to confound the introduction of a foreign body into the pharynx with the introduction of one into the larynx. Ordinarily, in the case of a foreign body in the larynx, the pharynx and œsophagus are permeable to drink; but not so in the other. A bulky foreign body, however, such as a portion of a morsel of food, may enter into the trachea, compress the œsophagus, and thus obstruct the passage into this tube, so that the patient cannot swallow without regurgitating. In a case of this kind, the trachea being distended by the foreign

body, it is necessary to ascertain that the œsophagus is free, which may be done by introducing a gum-elastic sound into the alimentary tube; the substance, if in the œsophagus, may thus be pushed into the stomach, and the difficulty will be overcome, and the diagnosis rendered certain. If, on the contrary, this cannot be done, there will only be found in the œsophagus an obstacle, which cannot be pushed on; and it will be recognised that the trachea is distended, and compresses the alimentary tube.

Prognosis. The severity in the case of foreign bodies in the air-passages varies with certain circumstances.

1. *Age of the Child.* Very young children, a year old for instance, may meet with the most serious accidents, because of the narrowness of the larynx and trachea.

2. *State of the Health of the Child.* A state of disease is unfavourable.

3. *Consistence of the Foreign Bodies.* Fluids cause temporary symptoms only. Soluble bodies are less dangerous than soft; and hard bodies, which cause permanent symptoms, all present more or less danger. Those which have a smooth surface do not cause the same dangers as those which are pointed or rough.

4. *Size of the Foreign Bodies.* They may, by their size, intercepting more or less quickly the passage of air, cause more or less rapid asphyxia.

5. *Duration of their Stay.* When foreign bodies remain a long time, inflammatory or other complications are to be feared; but these may be prevented if they are removed at an early period. It is, however, known that foreign bodies have remained for months, or for years, in the respiratory tubes, and have been expelled by the efforts of nature.

Treatment. When a child has a foreign body in the larynx, if the patient can be examined with the laryngoscope or Labordette's speculum, the foreign body, if at the entrance of the larynx, or even between the vocal cords, may possibly be seen with the aid of this last instrument, and seized with polypus-forceps. If this means be not at hand, the child should be placed with its head downwards, struck on the back, and caused to cough and cry. After this, emetics and sternutatories may be used, but without great hope of success; and finally, most frequently without delay, recourse must be had to laryngotomy, if it is thought that the substance is in the larynx, or else to tracheotomy, if it is believed that the foreign body is in the trachea or in the bronchi. In these operations, the rules must be followed which are laid down for the performance of tracheotomy in croup; and the surgeon must not forget to have at hand the small crane-bill forceps, as the foreign body may be impacted in a bronchus. Tracheotomy should be all the sooner decided on, as there is not such danger of failure as in croup, where the patient rarely recovers; indeed, in case of tracheotomy for foreign bodies, death is the exception, and recovery the rule. M. Guersant has had occasion to perform tracheotomy in five cases for the extraction of beans from the trachea; four patients recovered, and one died of pneumonia, who was operated upon sixteen hours after the accident. M. Guersant always applies simple dressing to the wound on the first day, and produces only gradual union. It may be united at once if the foreign body be expelled; and left open, and even kept open by a cannula, if the foreign body still remain, and there be hope that it may yet be removed. After this operation, the surgeon ought to be on his guard against bronchitis and pneumonia; he should examine the chest daily, so as to be able to meet the earliest symptoms.

Reports of Societies.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, NOVEMBER 10TH, 1865.

MEDICAL MISSIONS. BY WILLIAM LOCKHART, ESQ., F.R.C.S., F.R.G.S.

MR. LOCKHART, who had laboured for more than a quarter of a century among the Chinese as a medical missionary, brought before the meeting a few details of the results of his observations.

The Chinese have practically no knowledge of anatomy or surgery: they have, however, some little knowledge of medicine. They consider diseases under five classes: those proceeding from heat, cold, dryness, dampness, and wind—being conditions of the atmosphere which induce or vary the various forms of disease. In practice, however, these crude notions are, among the better educated, very much set at nought; and they apply their remedies to the symptoms, discovering by experience what relieves or cures, and giving the same medicine when a like set of signs of illness appears. Theoretically, they are bad practitioners; but practically they manage simple diseases very well; and the results are, on the whole, satisfactory as far as ordinary medical ailments are concerned.

They know nothing of practical human anatomy; and their surgery is really barbarous. The little anatomical knowledge they possess is derived from the lower animals, which they apply to the altered conformation of the human body. Still, as they are well educated on many subjects, and have to pass through long courses of study, the ordinary class of medical men are to be considered as among the best informed; which doubtlessly enables them to apply principles in keeping with keen observation, and thus become really useful practitioners of the healing art to all cases except surgery, to which branch of medicine a lower grade of men is attached. Their failures in surgery are very marked and painful. Having no knowledge of the courses of the arteries, they cannot apply a ligature; consequently, many cases of simple wounds, where vessels are divided, perish. The same want of knowledge of the bones is fraught with like sad results in their treatment of fractures. All they do with the fracture, simple or compound, is to bind it up tightly with a kind of dextrine consisting of pitch and gum, with plaster of Paris, etc., without having previously adjusted the fracture; consequently, one sees limbs distorted in every possible way, and often, too, extremities sacrificed to injudicious pressure. Similar plasters are not unfrequently made to treat injuries and disease of the trunk, or, in some cases, purely medical complaints—hiding, as it were, from observation the indications of illness! Gun-shot wounds, of which Mr. Lockhart had seen many, are covered with the same compound, and often left unexamined until the most frightful consequences ensue—gangrene, etc. Of eye-diseases, they have no knowledge.

Such was the state of the whole Chinese empire when European medical men visited it in 1820. Previously to this period, Mr. Alexander Pearson, in 1805, introduced the practice of vaccination at Canton; and when he left the country, in 1832, he had the satisfaction of seeing his efforts crowned by the establishment of a large vaccination hospital in that city.

In 1820, the Rev. Dr. Morrison, in conjunction with Mr. Livingston, of the Hon. East India Com-

pany's service, opened a dispensary for the relief of the Chinese, which was conducted by native practitioners. At Macao, in 1823, Dr. Colledge opened a hospital, which was supported partly by the Hon. East India Company, and partly by merchants—chiefly for ophthalmic cases. It was followed by the most marked success, exciting throughout the vast provinces the deepest interest. Upwards of six thousand cases were cured or relieved in this hospital. Dr. Colledge, seeing the good effects of European skill, urged on the work of Christian medical missions as one great means of opening out the vast empire of China. The immediate follower in this field was Dr. Peter Parker from America, who arrived in 1834. His success was very striking; and many of his remarkable cases were sketched, and portraits sent to London, some of which are now in the museum of Guy's Hospital.

In 1839, Mr. Lockhart proceeded to China, being the first medical missionary sent from this country. He opened a hospital at Tinghai, in the island of Chusan, to which, after a time, great numbers (3,500 in two years), from remote parts, flocked to obtain relief from the "foreign surgeon". About the same time, Dr. Benjamin Hobson of the London Missionary Society, and Dr. Diver from America, took charge of the hospital at Macao. For many years Dr. Hobson laboured at Canton, and succeeded in publishing five important medical works, translations into the Chinese language of some of our best manuals on anatomy, medicine, surgery, midwifery, and natural science. These books are so highly appreciated, that they have been reprinted by the natives not only in China itself, but also in Japan and Corea.

The great object of all these labourers has been to "heal the sick"; and happily, although both Mr. Lockhart and Dr. Hobson have returned home, the latter in enfeebled health, the work in China goes on, and is well supported and well sustained.

On first arriving among a people jealous of foreign interference, and regarding Europeans as barbarians, intercourse was not easily obtained. As soon, however, as a cure—say the removal of a large encysted tumour—was effected, the news spread far and wide, and many tumour-cases came for advice. In like manner operations on the eye told; the enabling a blind man to see excited the wonder of a whole district or province, and ophthalmic cases came in to the hospital. And what increased the astonishment of the natives was, that foreign surgeons took no fees! Such intercourse, so beneficial to these poor people, induced a very kindly feeling towards the medical men, and gave them free access to all classes; "and the opportunity," said the lecturer, "otherwise denied us, of doing good to the body, while at the same time we preached unto them Jesus."

The following simple case will show the utter inability of the native surgeons to treat surgical diseases. A child, suffering from a tumour on the head, had a ligature tied round its base by a Chinese surgeon. Bleeding followed, which could not be stopped by the ordinary means possessed by the native operator. In this state the poor child was brought into hospital. Mr. Lockhart removed the dressings, cut off the tumour, and secured the bleeding vessel; giving back the child to its parents, who received it as one saved from death. Their gratitude knew no bounds, and their talk of the barbarian's skill knew no limits. In another case, where a tumour of considerable size was removed from a man (for which operation, in keeping with the custom, no fee was taken), the grateful patient requested to be allowed to place a tablet in the hospital; and, on being allowed to do so, had it inscribed, "Following the doctrines of Christ."

An opposite class of patients was found among the victims of opium-smoking; a form of intemperance much more degrading than gin-drinking. On commencing the vice, a scruple a day is consumed in order to obtain the full sedative effect; after which it requires a drachm, then two drachms, passing by gradual advances up to an ounce in the day; it may require an indulgence of from fifteen to twenty years to reach this maximum. The time required to consume this, or even a less amount, is so considerable, that the day is wasted; the bodily and mental powers prostrated; and the means, too, so that the slave to this vice soon becomes a beggar and an outcast. So low does opium-smoking bring a man, that he cannot give evidence legally in a civil case in court. The relations of our government to this monster evil are by no means such as could be desired; obtaining, as we do, something like £4,000,000 as revenue. British India produces 100,000 cwts., all of which reaches China, notwithstanding that the Chinese authorities have forbidden its introduction; and about the same quantity is produced by China itself; making in all 200,000 cwts. of this drug as the amount consumed in this most demoralising practice.

We did not teach the Chinese to smoke opium; consequently, the entire sin does not rest with us.

The inebriate of opium will sometimes, as with the sot of our own country, seek medical advice with the hope of cure; and some patients were admitted into hospital with the object of curing the smoking habit. Partial at first, and then total, abstinence from opium was practised; with quinine as a tonic. After considerable treatment, some cases have recovered; the emaciation and blackened features, the marked characteristics of the smoking sot, gradually passing away.

During the rebel disturbances, the Shanghai Hospital received wounded Imperialists as well as rebels, along with the more peaceful inhabitants; all living amicably together. Amid this time of activity, the entire work fell on Mr. Lockhart. In cases of operative surgery, including amputations, etc., he had to give chloroform, use the knife, tie the vessels, dress the case, and carry the patient to bed. He never lost a patient after chloroform. After considerable painstaking, he taught some few laymen to tie the vessels; thereby getting some little assistance.

In 1857, he returned to England, leaving his hospital work in full operation.

Returning to China in 1860, Mr. Lockhart took up his residence in Peking, with the consent of our ambassador, who regarded his services as eminently calculated to favour European admission among the people, who were found badly nourished and cared for. Cutaneous diseases and carbuncles were very prevalent. Fractures and dislocations were treated, as in Southern China, without knowledge. Thecal and palmar abscesses were totally neglected; and, as a consequence, the hand or some of the digits were lost. Here the foreign surgeon displayed his knowledge; and, by merely opening the abscess, relieved the case, and recovery followed. A widely spread reputation was thus obtained, and cases came from all surrounding districts. Gratitude and wonder filled the minds of the people, who took every opportunity of spreading his fame, and of thus establishing the reputation of the hospital. From the poor, information soon reached the rich; these are, as a rule, very secluded, yet they came, bringing with them their wives and daughters, who were treated for various maladies. The result of all this was that, through the influence of the hospital, much good was done, and European intercourse with the Chinese people much promoted.

Our profession has, in this way, made great in-

roads on the prejudices of this far-off people; has won their confidence and affection; and thus favoured the advance of civilisation, and the spreading of a true and sound Christianity.

Correspondence.

ARREST OF HÆMORRHAGE IN AMPUTATION.

LETTER FROM JAMES SYME, ESQ.

SIR,—In noticing a groundless statement of my intention to try some nonsensical contrivance for the suppression of hæmorrhage, you express disapproval of newspapers as vehicles of professional instruction, and yet no longer than a week ago you quoted an expiring puff from this source to show that acupressure was fully established in Scotland. Should any Edinburgh or Glasgow student happen to stumble on so remarkable a piece of information, he would certainly rub his eyes in astonishment at the credulity of its author. The truth is that, in a few operations, and more especially amputations, it is sometimes possible to arrest the bleeding by means of needles instead of ligatures, although without any advantage, and not without the risk of very serious bad consequences. But when an obscure practitioner cuts off a leg or an arm in the ordinary way, he has no pretext for sounding his little trumpet; while, if he deviate from established usage and run counter to sound surgical principle, he may send the result to a learned society, or even have the happiness of seeing his name fairly printed in the newspapers. I am, etc.,

JAMES SYME.

Edinburgh, Nov. 29th, 1865.

[Our words were: "We know not what credence is to be given to the following taken from an Edinburgh paper; but, if it be correct, it would seem to indicate that acupressure was just superseding the ligature with the majority of surgeons in Scotland." Mr. Syme will admit, we are sure, that, unless the paragraph he speaks of had been inserted in our pages, the students of Edinburgh and Glasgow who read it in the newspapers would not have had the benefit of his comments upon it. EDITOR.]

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I shall feel obliged for space to lay before the Poor-law medical officers a list of the subscriptions received since the last report was published in July. I need scarcely say that, with a debt of nearly £9 still existing, I am powerless for any active exertion; which I much regret, as the annexed letter, received with the last few days, clearly proves that there is great need of an improvement in the position of the Poor-law medical officers. I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, Nov. 24th, 1865.

Subscriptions received since July 3, 1865.

West Somerset Branch of the British Medical Association, £2; J. H. Dowling, Cerne, 5*s.*; W. R. Loveless, Stockbridge, 5*s.*; J. L. Jardine, Dorking, 5*s.*; W. Prowse, Amersham, 5*s.*; G. Faithorne, Amersham, 5*s.*; G. F. Smethman, Amersham, 5*s.*; B. A. Brickwell, Amersham, 5*s.*; Clarke and Elliott, Barnstaple, 10*s.*; H. Rees, Amersham, 5*s.*; R. Willis, Tavistock, 5*s.*; W. Jeston and R. P. Jeston, Henley, 20*s.*; T. Jackson, Gateshead, 10*s.*

"My dear Sir,—I forward post-office order towards expenses of your praiseworthy endeavour to promote and increase the payment and better the standing of Poor-law medical officers. In most unions, remuneration for services cannot be worse. The relieving-officer appears to have entire control over the medical officer. Whoever makes application, he gives an order, and frequently when none is wanted. Two cases occurred with me lately, both about nine miles from my residence (of course, within my district). When I visited Case No. 1, I found my "patient" working at a mangle. On asking why they requested my services, the mother coolly said the relieving-officer asked how they were; her reply was that the daughter was not very well; he forthwith gave an order. Case No. 2. The woman had gone from home two days previously to my visit (her daughter informed me) to help her sister to kill and salt a pig, and would not return until the end of the week. Thus you will observe, by the double journey, I travelled a distance of thirty-six miles for no purpose.

"If, by your perseverance, you can do anything for us in the forthcoming session of Parliament, the profession will have great reason to rejoice. If need be, I shall not object to a further donation. I may mention, my salary is £30 *per annum* for a very large district. "I am, etc., ———."

THE CATTLE-PLAGUE. An association has been formed for the trial of preventive and curative treatment in the cattle-plague by the homœopathic method, under the chairmanship of the Duke of Malborough. It comprises the names of many distinguished agriculturalists, and without pledging the public to an acceptance of the principles of homœopathy, and has put forth instructions, chiefly for non-professional persons. The report of the Cattle-Plague Commission (with the minutes of evidence) has been printed; and may be had at the Queen's printers, Messrs. Eyre and Spottiswoode, East Harding Street; and at Messrs. Hansard's, Great Queen Street, Lincoln's-inn Fields, for 2*s.* 6*d.*

SHEEP AND RINDERPEST. About five weeks ago, two of the sheep which had been kept about three weeks in the Edinburgh sanitorium in contact with diseased cattle, but without taking the infection, were handed over to Dr. Smart for further experiment. The sheep were placed in a stall in which two cows had just died from the most virulent type of the disease, and they were also allowed to go about the cowhouse, in which several diseased animals were under treatment. Both the sheep remained perfectly well until about a fortnight ago, when one of them became sickly. The animal, from showing loss of appetite, went through all the usual stages of rinderpest, though in a modified form. On the eighth day, it showed the first signs of recovery, and has since made continuous advance in convalescence. The other sheep has continued quite well during the whole period. The result of the experiment would seem to show that while the sheep do not enjoy an absolute immunity from the disease, they are liable to its attacks in a much less dangerous form. In the present case, the attack was a mild one, even after being subjected to contagion for a protracted period. In Dr. Smart's opinion, the disease is not likely to assume an epizootic character among sheep, although, during its prevalence among the cattle, a few isolated cases may occur among the sheep. We understand that Dr. Smart continues his experiments in the treatment of cattle suffering from rinderpest, and with encouraging results. He estimates the proportion of recoveries among the animals treated at about 70 per cent. (*Edinburgh Courant.*)

Medical News.

APOTHECARIES' HALL. On November 23rd, 1865, the following Licentiates were admitted:—

Chaffers, Edward (late Confederate States Army), St. Thomas's Hospital
Land, William John, St. Mary's Hospital
Taylor, Theodore Thomas, Cricklade, Wilts
Whitehead, John, Park Place, Liverpool Road

At the same Court, the following passed the first examination:—

Ewbank, Francis, St. Bartholomew's Hospital
Fagge, Herbert William, Guy's Hospital
Loane, Joseph, London Hospital
Willan, Thomas Henry, St. Bartholomew's Hospital

APPOINTMENTS.

PARSON, Edward, M.D., appointed Lecturer on Midwifery and the Diseases of Women and Children at the Charing Cross Hospital.

ROYAL NAVY.

DANN, Edward, M.D., Assistant-Surgeon, to the *Medusa*.
HOGG, Abraham, Esq., Assistant-Surgeon, to the *Oberon*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

HUMPHREYS, F. W., Esq., to be Assistant-Surgeon 26th Middlesex R.V.
MITCHELL, T. R., M.D., to be Honorary Assistant-Surgeon 22nd Norfolk R.V.

DEATHS.

ANDERSON. On November 19th, at Tunbridge Wells, Jessie, wife of Frank Anderson, M.D., Deputy Inspector-General of Hospitals, Indian Army.
BAYFIELD, Samuel J., Esq., Staff-Surgeon, on board the ship *Moultan*, aged 34, on October 22.
BURROWS, Edward, Esq., Surgeon, at Ruddington, Notts, aged 75, on November 22.
DAVIES, William Thomas, Esq., Surgeon, at York Town, near Bagshot, aged 25, on November 22.
*GOULD, Henry M., Esq., Surgeon, at Wateringbury, Kent, aged 61, on November 20.
NICOLSON, Thos., M.D., late of Davies Street, London, at Brighton, aged 69, on November 25.
PETTIGREW, Thomas J., Esq., F.R.S., F.S.A., at Onslow Crescent, South Kensington, aged 74, on November 23.
WARREN. On November 22nd, at Basingstoke, Penelope, wife of Pelham Warren, M.D.

THE BROMPTON CONSUMPTIVES are reported to have arrived at Madeira on the 17th ult., all well.

CHOLERA IN PARIS. The *Union Médicale* publishes an account which shews that the deaths from cholera in Paris and in the department of the Seine to Nov. 17th amount to about 6000.

GREENWICH HOSPITAL. Fifty of the female nurses, who have been for years engaged at this establishment, have been discharged by order of the Admiralty upon pensions varying according to length of servitude.

BEQUESTS. Mr. Robert Lewes, of Surbiton Park, has left £400 to each of the following metropolitan hospitals: St. George's; the Middlesex; Charing Cross; Royal Free; and the Brompton Consumption. Mr. Henning leaves £500 to the Dorset County Hospital; and Mr. John Lowe, of Birmingham, leaves £100 each to the General Hospital, the Queen's Hospital, and the Dispensary of that town.

THE PLYMOUTH NAVAL CLUB has been lately wound up, and the balance of the funds divided among the local charities; viz.: Devon and Cornwall Orphan Asylum, £5; Devon and Cornwall Hospital, £5; Plymouth Dispensary, £5; Plymouth Royal Eye Infirmary, £3; Royal Albert Hospital, Devonport, £5; Royal British Female Orphan Asylum, Devonport, £5; Royal Naval and Military Free Schools, Devonport, £5.

AMERICAN MEDICAL SERVICE. Army medical officers are being rapidly and on a large scale mustered out of the United States army. Where will they all find employment?

SANITARY STATE OF NEW YORK. The miserable sanitary and very crowded condition of New York has excited serious dread as to what ravages may be committed there by an advent of cholera.

FEVER IN MANCHESTER. A Manchester paper speaks of a late report of Mr. Greaves on the sanitary state of the town, as "a document the most startling that has appeared in Manchester for a long time." From that report, it appears that typhus and typhoid fever, after slowly creeping on, have within the last few weeks become so prevalent as to have almost attained to the dimensions of a pestilence which threatens to extend over the whole of the city.

A GOOD MOVE. Sir W. P. Wood has granted a writ against the Banbury Board of Health for disobeying a former injunction and continuing to empty their sewage into the Cherwell. It was shown that the Cherwell had been converted from a clear stream, full of fish, into a black, poisonous, open sewer, and caused sickness to the inhabitants. The defendants stated that they were taking measures to deodorise the sewage. Sir W. P. Wood does not accept that excuse. Till it is recognised that, whatever may be done with sewage, the rivers of England are not to be poisoned by it, there will be little hope of bringing local boards of health and other authorities to see that something else can be done with it, and to ask what that something else may be.

ACCIDENTALLY POISONED. Last week a painful sensation was created at York Town, Sandhurst, by the death of Mr. W. Davies, the son of a medical practitioner in that village, from accidental poisoning. It appears that on Tuesday night the deceased was suffering from indisposition, and went to his father's surgery to prepare a medicine which he had frequently used. He mistook a bottle containing chloroform for chloric ether. With this he withdrew to his bedroom, and it is supposed that he shortly afterwards partook of the preparation. Not making his appearance as usual on Wednesday morning, his father proceeded to his bedroom, the door of which he found locked, and on effecting an entrance by forcing it open, he discovered his son insensible, with the medicine bottle beside him. Drs. Bradford and Collins, surgeons at the Royal Military College, were sent for, and were unremitting in their exertions to save the life of their patient, but without avail. He expired on Wednesday evening. Much sympathy is expressed in the neighbourhood towards Dr. Davies, who two years ago had a daughter accidentally burnt to death.

CHARGE OF FRAUD AGAINST A DOCTOR. Dr. T. Whalley has been committed for trial, from the Dewsbury Police Court, on the charge of obtaining assurance policies under false pretences from the British Nation and the British Prudential Assurance Companies. It appears that certain documents were found in a public road indicating that the accused, who is the local medical assurance adviser, had effected an insurance on the life of one of his patients named Hannah Hepworth, then deceased. He had in the certificate of the death stated that she died of inflammation of the bowels, when, in fact, she had died of cancer in the same locality. Her friends were quite startled when the facts of this assurance came to light and had the body exhumed, but a scientific examination showed that death had not been brought about by any unfair means. The disclosures of these circumstances led to inquiries

and investigations by the assurance offices and then to the legal proceedings against the doctor. Evidence was given tending to show that the prisoner assured the life of Hannah Hepworth, and certified it in the usual way, when he knew the disease must soon carry off the woman.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M. Dr. Hermann Weber, "On Pettenkofer's Theory of the Mode of Propagation of Cholera"; Deputy Inspector-General Lawson, "On the Epidemiology of Cape Colony and Natal in 1864"; Dr. Alexander H. Rowe, "On the Laws of Epidemics."—Medical Society of London, 8 P.M. Dr. Broadbent, "Cases illustrative of the effect of Hæmorrhage into different parts of the Cranial Nervous Centres, with an attempt to explain the Exemption of the Abdominal, Facial, and other Muscles, from Paralysis in the Common Form of Hemiplegia."—Royal Geological.—Entomological.—Odontological.

TUESDAY. Pathological Society of London, 8 P.M.—Anthropological Society, 8 P.M.

WEDNESDAY. Obstetrical Society of London. Council Meeting, 7 P.M.; Papers, 8 P.M. Dr. R. U. West, "On a variety of Placenta"; Dr. Greenhalgh, "On Merits of Cæsarean Section"; and other papers by Drs. Eastlake, Meadows, etc.—Geological.

THURSDAY. Harveian Society of London, 8 P.M. Dr. J. Burdon Sanderson, "On the Relations between the Cattle-Plague and Similar Diseases in Man."—Linnæan.—Chemical.—Royal.

FRIDAY. Astronomical.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore). (D.) Birmingham (Dr. Alfred Hill).

4 weeks ending October 28th, 1865.

Diseases.	A.	B.	C.	D.
Small-Pox	10	26	—	3
Chicken-Pox	1	2	4	8
Measles	27	—	57	31
Scarlatina	46	11	40	68
Diphtheria	—	—	1	8
Hooping-Cough	131	2	55	120
Croup	1	1	2	13
Diarrhœa	285	32	519	413
Dysentery	12	7	1	15
Erysipelas	26	1	23	14
Insanity	24	2	8	1
Bronchitis and Catarrh	705	125	624	350
Pleurisy and Pneumonia	44	9	31	29
Carbuncle	—	—	8	3
Accidents and other diseases	4812	584	3452	2532
Totals	6124	815	4825	3608

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ANDRAL'S DESCRIPTION OF CHOLERA, given thirty years ago, appears to be equally applicable now. His summary is:—"Caractères anatomiques, insuffisants; causes, mystérieuses; nature, hypothétique; symptôms, caractéristiques; diagnostic, facile; traitement, douteux."

S. P. writes:—"According to an advertisement in the *Leicester Advertiser* (an agricultural journal), sixteen doctors have recently been shorn of corns most successfully. Several parsons, lawyers, and other top-sawyers of the town, have also been deprived of corn or corns, without feeling the loss. The advertisement announces that a young practititioner is the happy chiropodist, memorialised by the sixteen medical men. By card privately circulated, 'the fee is 5s. each corn'."

VILLAGE HOSPITALS.—SIR: Allow me to request such of your readers as are acquainted with the working of Village Hospitals, to kindly forward me Reports, Rules, etc., of successful undertakings of the class; and any other information which their courtesy may suggest. I have obtained particulars of one or two such institutions; but, as in the multitude of council is wisdom, I am induced to make this appeal. Believing that a Cottage Hospital could be very advantageously established in this peculiarly healthy village, in the centre of a beautiful and rich neighbourhood, some gentlemen are anxious to try the experiment, and we desire the advice of those qualified to give it.

I am, etc., "F. M.", Surgeon, etc.,
Post-Office, Bishop's Lydeard, near Taunton.
November 28th, 1865.

CHANGE OF TYPE IN DISEASE.—SIR: The following was written in 1763; when, I presume, no change had taken place in the type of disease. "Lobbius verè pleuritidem veram in adulto viginti duos annos nato similiter absque phlebotomiâ curabat sudorificis, cardiacis, emplastris, vesicatoriis ulnæ applicatis. Videatur ejus observatio 49 et 50, tom. 2, et maximè in aphorismis quibus terminatur opus, *quibus asserit morbos omnes febriles inflammatorios, ardentes, putridos, malignosve acutissimos, sine catharsi, emetico et phlebotomiâ curari posse, et pluries à se ipso curatos esse.*" (Sauvage, *Nos. Method.*, tom. iv. p. 31.)

I am, etc.,
Bath, November 10th, 1865. R. W. F.

COMMUNICATIONS have been received from:—Mr. RICHARD GRIFFIN; Mr. J. BIRCHENALL; Dr. J. F. ANDERSON; Mr. GEORGE LAWSON; THE HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. H. LOWNDES; Mr. G. GREAVES; Dr. RANSOME; Dr. W. T. GAIRDNER; Dr. WHITE; Mr. SYME; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. CARR; THE HON. SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. T. M. STONE; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Mr. F. METCALFE; Dr. SMART; Dr. E. PARSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; and Mr. G. J. SYMONS.

BOOKS RECEIVED.

1. Reports to the Lord Provost and Magistrates of Edinburgh, on the Pathological Appearances, Symptoms, Treatment, and Means of Preventing Cattle-Plague. Edinburgh: 1865.
2. Manual of Materia Medica and Therapeutics: being an Abridgment of the late Dr. Pereira's Elements of Materia Medica. By F. J. Farre, M.D., assisted by R. Bentley, F.L.S., and R. Warrington, F.R.S. London: 1865.
3. St. Bartholomew's Hospital Reports. Vol. 1. London: 1865.
4. On the Means employed for Correcting the Inverted Image in the Retina of the Eye. By J. Swan. London: 1865.
5. A Theoretical Inquiry into the Physical Cause of Epidemic Diseases. By Alexander Hamilton Rowe, M.D. London: 1865.
6. Essay on the Nature and Treatment of Cholera and Fever; with Medical Remarks on the Treatment of Cattle-Plague; also an Appendix on Public Health. By James Tucker, M.D. Dublin: 1865.
7. Cholera Prospects. By Tilbury Fox, M.D. London: 1865.
8. Mortality among Infants and Children. By J. I. Ikin. Leeds: 1865.
9. Brief History of the Norfolk and Norwich Hospital. By E. Copeman, M.D. Second edition. Norwich: 1865.
10. Dictionary of Science, Art, etc. Part VII. London: 1866.
11. The Science and Practice of Medicine. By William Aitken, M.D.Edin. Two Volumes. Fourth edition. London: 1866.

12. A Guide to the Treatment of Diseases of the Skin. By Thomas Hunt, F.R.C.S. Eighth edition. London: 1865.
13. A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by Numerous Cases and Engravings. By William Roberts, M.D. London: 1865.
14. Transactions of the Pathological Society of London. Volume xiv. London: 1865.
15. Memorandum to the Chairman of the Sanitary Committee of Glasgow. By the Medical Officer of Health. Glasgow: 1865.
16. The Cure of Club-Foot without Cutting Tendons. By R. Barwell. London: 1865.

ADVERTISEMENTS.

University of London.—Notice is hereby given that the next Half-yearly Examination for Matriculation in this University will commence on Monday the 8th of January, 1866.

Every Candidate is required to transmit his Certificate of Age to the Registrar (Burlington House, London, W.) at least fourteen days before the commencement of the Examination.

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WILLIAM B. CARPENTER, M.D.,
Registrar.

Nov. 25, 1865.

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Varicocele: its Radical Cure. A Clinical Lecture, delivered at the Lock Hospital. By WALTER COULSON, F.R.C.S., Surgeon to the Lock Hospital.

By the same Author, in Preparation,

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On Flooding after Delivery, and its Scientific Treatment, with a Special Chapter on the Preventive Treatment. By LUMLEY EARLE, M.D., Obstetric Surgeon to the Queen's Hospital. Birmingham.

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MIDDLESEX HOSPITAL.

COMPRESSION AND LACERATION OF THE BRAIN: CONVULSIVE TWITCHINGS OF THE LIMBS, BUT ONLY PARTIAL PARALYSIS.

Under the care of C. De Morgan, Esq., F.R.S.

[*From the Notes of* Mr. Worthington, *House-Surgeon.*]

John H., aged 28, a blacksmith, was admitted on January 29th, 1865. Three days before admission, whilst screwing up some piping, his pincher slipped, and he fell about three feet, his head striking on the corner of an open door. He was stunned by the fall, but in about a quarter of an hour recovered sufficiently to order a cab, in which he was driven home. On arriving there, he again became unconscious, and continued so till he was brought to the hospital. On admission, his expression was dull and heavy, and he was in a state of almost complete insensibility, from which it was difficult to rouse him. The tongue, which he was with difficulty got to protrude, was moist and slightly furred. Pulse 56, full, and sometimes irregular, rising occasionally about twenty or thirty beats, and subsiding when he became quiet again. Pupils dilated—the right rather more than the left. There was no paralysis of the limbs or of the muscles of the face, but the right limbs moved convulsively. There were reflex movements of all the limbs. The left eyeball was drawn slightly outwards. The temperature of both sides of the body was equal. His urine was passed involuntarily. Bowels confined. A blister was applied to the back of the neck; and the bowels were moved by a turpentine enema and five grains of calomel.

On the day after admission, he was in much the same state; but there was ptosis of the right eyelid, and the tongue was protruded slightly to the left side. There was no irregularity of the muscles of the face.

Feb. 1st. He passed a restless night; had violent convulsive movements of the limbs, especially of the right.

Feb. 2nd. He was roused with more difficulty. The bowels had not acted for three days. He could not grasp with the left hand quite so strongly as with the right. There were no other signs of paralysis. The pulse (which had hitherto been about 50) had risen to 90.

On February 3rd, he was moribund; his pulse was 104, full and throbbing; and his breathing stertorous. He could not be roused to answer questions. After lying in this state for twelve hours, he died.

Autopsy, fifteen hours after death. On the right side, an oblique linear fracture was found extending across the lower part of the squamous portion of the temporal and the parietal bones, about three inches in extent. It passed across the groove of the middle meningeal artery. Corresponding to the site of the fracture, and between the bone and the dura mater, there was a dark circular clot about three inches in diameter, extending upwards to within an inch and a half of the middle line, and reaching below to the tentorium. The clot was three-quarters of an inch thick in the centre; and the dura mater was not lacerated. Corresponding to the effusion, a deep depression was found on the side of the hemisphere; and the convolutions were much flattened. Below the centre of the clot, the brain and arachnoid were much lacerated; and a large clot extended from that point nearly to the right lateral ventricle. Around the extravasation, the cerebral substance was softened, and, under the microscope, showed large numbers of compound granular corpuscles. Superficial lacerations were found at the anterior extremity of the left lateral lobe, and on the under surface near the commencement of the fissure of Sylvius.

Remarks. The absence of any marked paralysis (which might have been expected with such extensive cerebral injury) was a singular feature in this case. There were convulsive movements of the limbs—chiefly the right—on the day of admission; but voluntary and reflex motion was complete till the day before he died, when the grasp with the left hand was a little less firm than with the right.

INJURY OF HIP SIMULATING FRACTURE OF THE NECK OF THE FEMUR.

Under the care of C. H. Moore, Esq.

[*From the Notes of* Mr. Reeves, *House-Surgeon.*]

John B., aged 16, a servant, was admitted on August 19th, 1865, having fallen from a height of about thirty feet on a stone pavement. He was perfectly conscious. There was much contusion and swelling around the left hip-joint. The left leg, as measured from the anterior spine of the ilium to the internal malleolus, was shortened by three-quarters of an inch; and the left foot was everted. The limb, which was immoveable by the patient, could be moved in all directions by the surgeon.

On examination, a fracture was found to extend from the middle of the crest of the ilium obliquely forward to the ilio-pectineal eminence. The anterior fragment was loosened from the rest of the bone, depressed from the surface, and so tilted that the line of the crest was interrupted for an inch, and not continuous on the same level.

The patient was placed on his right side; and the left thigh was carried in a semiflexed position in front of the right, in which position it was fixed by bandages.

A slight bed-sore appeared on the right hip on August 28th. This was dressed with collodion and cotton wool; and the patient was put on a spring bed. He progressed favourably; and on September 11th the fracture was found to have united, and he was soon after able to walk without assistance.

Before he was discharged from the hospital, on October 6th, it was noted that, from the back of the iliac crest to the internal malleolus, the left limb was equal in length to the right; but from the anterior superior spine of the ilium to the internal malleolus, it was an inch and a half shorter than on the sound side. The distance between the anterior superior spine of the ilium and the pubic spine was, on the left side three and a half inches, and on the right five inches. In consequence of this, Poupart's ligament was looser on the left side than on the right, and the fold of the groin was obliterated.

Remarks. This case, at first sight, presented all the signs of fracture of the neck of the femur; but, as this is a very rare lesion at such an early period of life, Mr. Moore at once looked for another cause.

By the treatment adopted, the muscles attached to the anterior fragment were relaxed; which, it is obvious, could not have been effected by the straight splint.

Mr. Moore pointed out that the relaxation of Poupart's ligament might prove a predisposing cause of hernia.

FARRINGDON DISPENSARY.

CASES OF INFANTILE SYPHILIS.

Under the care of R. WILLIAM DUNN, Esq.

THE following table shews the result of fifty-three cases of infantile syphilis which have come under my notice at the Farringdon Dispensary. The red ointment referred to in the treatment of the first five cases was composed of six grains of nitric oxide of mercury, three drops of creasote, and an ounce of lard. Chlorate of potash, it will be observed, was given in every case except three.

Case.	Age.	Appearance.	Treatment.	Duration.	Remarks.
1	6 mos.	6 mos.	Pot. chlor. Ung. rubr.	39 days	Both parents syphilitic.
2	3 mos.	5 wks.	Ditto	42 days	Father syphilitic only.
3	4 mos.	3 mos.	Ditto	56 days	Father syphilitic only.
4	11 wks.	10 wks.	Ditto	56 days	Both parents syphilitic.
5	2 mos.	4 wks.	Ditto	24 days	Mother syphilitic.
6	3 mos.	2 mos.	Pot. chlor.	42 days	Mother syphilitic.
7	2 mos.	6 wks.	Ditto	50 days	Mother syphilitic.
8	4 mos.	3 mos.	Ditto		Both parents syphilitic.
9	13 wks.	2 mos.	Pot. chlor. Ol. morrh.	19 days	Nurse-child. No history.
10	10 mos.	3 mos.	Pot. chlor.	27 days	No signs of syphilis till vaccinated.
11	4 mos.	3 mos.	Ditto	28 days	Mother syphilitic.
12	3 mos.	3 wks.	Ditto	63 days	Had been under mercurial treatment.
13	6 mos.	4 mos.	Ditto	28 days	Mother syphilitic.
14	15 wks.	10 wks.	Ditto	35 days	No history of syphilis.
15	4 mos.	2 mos.	Ditto	1 day	Had been under mercurial treatment. Died.
16	5 wks.	2 wks.	Ditto	20 days	Lost two children by the same disease.
17	3 mos.	3 mos.	Ditto	21 days	No signs of syphilis till vaccinated.
18	2 mos.	6 wks.	Pot. chlor. Ol. morrh.	30 days	Mother syphilitic. Lost four children.
19	5 wks.	3 wks.	Pot. chlor.	2 days	Died in convulsions.
20	7 wks.	5 wks.	Ditto	20 days	No history of syphilis.
21	6 mos.	4 wks.	Ditto	51 days	Mother syphilitic.
22	6 wks.	4 wks.	Ditto	45 days	Both parents syphilitic.
23	6 mos.	3 mos.	Ditto	49 days	No signs of syphilis till vaccinated.
24	14 wks.	4 wks.	Ditto	37 days	No history of syphilis.
25	10 wks.		Ditto	28 days	Mother syphilitic. Six children, four born dead.
26	3 mos.	2 mos.	Ditto	21 days	First child died; second and third healthy; and fourth syphilitic.
27	5 mos.	3 mos.	Ditto	30 days	Both parents syphilitic.
28	6 mos.	4 mos.	Ditto	21 days	Father syphilitic.
29	2 mos.	5 wks.	Ditto	31 days	Father syphilitic.
30	4 mos.	3 mos.	Ditto	28 days	Nurse-child.
31	3 mos.	2 mos.	Ditto	28 days	Both parents syphilitic.
32	14 wks.	3 wks.	Ditto	41 days	No syphilitic history.
33	16 wks.	10 wks.	Ditto	49 days	Father syphilitic.
34	11 wks.	2 wks.	Ditto	3 days	Died. Parents lost all the previous children.
35	2 mos.	2 wks.	Ditto	31 days	Mother syphilitic.
36	2 mos.	6 wks.	Ditto	49 days	Mother syphilitic.
37	4 mos.	5 wks.	Ditto	32 days	Mother syphilitic.
38	6 wks.	3 wks.	Ditto	25 days	Mother syphilitic.
39	6 wks.	3 wks.	Ditto	45 days	Mother syphilitic.
40	5 wks.	3 wks.	Ditto	23 days	Father syphilitic.
41	16 mos.	5 mos.	Ditto	7 days	Case of relapse. Ulcer at anus.
42	3 mos.	2 wks.	Ditto	21 days	Father syphilitic.
43	9 wks.	6 wks.	Ditto	22 days	No syphilitic history.
44	4 mos.	3 wks.	Ditto	29 days	Both parents syphilitic.
45	6 mos.	4 wks.	Ol. morrh. Syvin. ferri.	35 days	Mother syphilitic. Syphilitic ecthyma.
46	2 mos.	5 wks.	Ditto	35 days	Mother syphilitic.
47	4 mos.	6 wks.	Pot. chlor.	35 days	Mother syphilitic.
48	8 wks.	5 wks.	Ditto	49 days	Mother syphilitic.
49	3 mos.	6 wks.	Ditto	51 days	Both parents syphilitic.
50	4 mos.	3 mos.	Ditto	31 days	Father syphilitic. Lost two previous children.
51	6 mos.	3 mos.	Ditto	31 days	Both parents syphilitic.
52	3 mos.	Birth.	Ditto	25 days	Both parents syphilitic.
53	3 mos.	10 wks.	Ditto	28 days	Mother syphilitic.

From these 53 cases, we can draw the following facts.

I. *Period of the Infant's Life when the Disease first made its Appearance.* In 17 cases, during the first month of the infant's life; in 21 cases, during the second month; in 10 cases, during the third month; in 2 cases, during the fourth month; in 1 case, during the fifth month; in 1 case, during the sixth month.

II. *Influence of the Parents. Father*: in eight cases the father was syphilitic only. *Mother*: in eighteen cases the mother was syphilitic. *Both parents* were syphilitic in ten cases.

III. In three cases, the syphilitic disease did not exhibit itself till the child was vaccinated; but in all three the taint could be traced, and the vaccination only appeared to bring the latent syphilis into activity.

IV. All the cases were treated without mercury; chlorate of potash in three-grain doses being chiefly used; but sometimes cod-liver oil and steel wine were also ordered. The longest period of treatment was sixty-three days; the shortest, eighteen days.

V. *Rate of Mortality.* Three deaths occurred in fifty-three cases. One child died in a convulsive fit; another was dying when brought to the Dispensary, and had been under mercurial treatment; and the other child died on the third day of treatment: it also had been under treatment elsewhere.

Original Communications.

REMARKS ON THE DIET SUITABLE AFTER CHILDBIRTH.

By HENRY LOWNDES, Esq., Liverpool.

[*Read before the Liverpool Medical Society in November* 1863.*]

I WAS in hopes that we should have been favoured this evening with a paper from another member, and I had not intended to read this until late in the session. I commenced writing it last session; and as I had it now lying by me unfinished, I thought I might venture to finish it in haste, and bring it before you.

I should observe, that Dr. Graily Hewitt read a paper this autumn at one of the Branch meetings of the British Medical Association on the same subject; and held much the same views that I have endeavoured to bring forward. No doubt it is a subject that must have engaged the attention of many of us; and it will be a matter of great interest to know what is the practice now generally adopted by those who have had much experience.

I shall shew you briefly what has been said on the subject of diet suitable to females after childbirth by Celsus, by some of the older English writers on midwifery, and by some of the leading authorities of the present day. I shall then venture briefly to state the practice which I have for some time adopted; and I shall be glad to learn whether the present general practice is in accordance with that taught in the medical works of the day.

Celsus directs the woman to be treated after confinement as if she had suffered from some severe wound. She is to be lain in an inner chamber kept at a moderately warm temperature, and free from draught. "Super imum ventrem ejus imponenda lana succida in aceto et rosâ tincta. Reliqua curatio talis esse debet, qualis in inflammationibus, et in iis vulneribus, quæ in nervosis locis sunt, adhibetur." (*Celsus*, lib. 7, sect. 29.)

* An abstract of this paper appeared at the time of its delivery; but, as the subject has since excited much attention, the author thought its publication *in extenso* might be of interest.

The diet Celsus prescribes in inflammations and in wounds where inflammation is feared, is stated in lib. 5, sect. 25. If the wound be severe, the patient is to abstain from solid food as far as his strength will permit, and he may drink warm water until his thirst be quenched; or, if it be summer, and he be free from fever and pain, he may have his water cold.

We are not told how long the woman is to be condemned, after childbirth, to these light repasts and these refreshing beverages.

Above fourteen hundred years later, we find Maurice, the great French author on midwifery, in his work written in 1668—a splendid work for that period—giving the following directions (lib. iii, cap. 3, in Chamberlain's translation). "Although a woman be naturally delivered, yet notwithstanding she must observe a good diet, to prevent many ill accidents which may happen to her during her childbed; at the beginning of which she must be directed in her meat and drink, almost as if she had a fever, that so it may be prevented, inasmuch as she is then very subject to it; so likewise it often happens to her through the least neglect committed towards her in her tending. For this reason one must not be of the opinion of many nurse-keepers, who will have a new-laid woman to be well fed, as to restore her lost strength by the tediousness of the labour, and by the quantity of blood then evacuating, for which cause they believe the woman must be well nourished to make more blood, as also to fill up her belly, which is very much emptied by the birth of the child; but it is much better to follow in this the counsel which Hippocrates gives us in his tenth aphorism of the second book, where he says: 'Impura corpora quo plus nutriveris, eo magis læseris'; the more you nourish impure bodies, the more you hurt them. Now it is certain, that a woman newly delivered is of this sort, as you may know by the quantity of cleansings and superfluities which flow from her womb at this time, when for this reason they must be very regular in their diet, especially the three or four first days; in which time she may be nourished with good broths, new-laid eggs, and jellies, without using more solid meats; but when the great abundance of her milk is a little past, she may with more safety eat a little broth at her dinner, or a small piece of boiled chicken or mutton, as she likes best; afterwards, if no accident happen, they may by degrees nourish her more plentifully, provided in the meantime that it may be a third part less than she was accustomed to take in her perfect health, and that her food be of good and easy digestion; not suffering her to eat any of those cakes, tarts, or other pasteries, which are usually provided at the child's baptism. As for her drink, let it be ptysan (which is liquorish, figs, and aniseeds boiled in water). She may also (provided she be not feverish) drink a little white wine, well mixed with water, but not till after the first five or six days."

He goes on to say that very strong laborious women may be allowed a more solid fare. Good broths, new-laid eggs, and jellies are not things to be despised; and his regimen does not seem severe, though he says the woman is to be treated almost as if she had a fever.

As we are not every day looking into old midwifery works, I may perhaps be allowed here to digress for a moment, and read to you what this old author says as to the conditions that are requisite in a chirurgeon that would apply himself to operations in the art of midwifery.

"These conditions either respect his body or his mind; in respect of his person, he must be healthful, strong, and robust, because this is the most laborious and painful of all the operations of chirurgery; for it will make one sometimes sweat, that he shall not have a dry thread, though it were the coldest day in winter, because of the great pains and difficulty he ordinarily meets with, as Fabricius of Aquapendente testifies; confessing that he hath often been so weary and tired, as that he hath been forced to leave the work for his men to finish. He ought to be well-shaped, at least to outward appearance; but above all, to have small hands, for the easier introduction of them into the womb when necessary, yet strong, with the fingers long, especially the forefinger, the better to reach and touch the inner orifice. He must have no rings on his fingers, and his nails well pared, when he goeth about the work, for fear of hurting the womb." Again, he says: "Above all things he must be no tippler, so that he may at all times have his wits about him. He must be discreet, modest, and secret..... He must be sage, prudent, and judicious..... He should be a good Christian, of a well regulated conscience, and do his best endeavour to bring the children alive..... He must deliver poor women gratis, and treat them as tenderly and with as much humanity as the rich, extorting nothing from them, but be content with such reasonable satisfaction as they are willing and able to give; and not use them like a Turk or Arab as some do, who, as soon as they have done their work, whether well or ill, will be payed without delay, and that with so much ill manners and importunity that they force the poor people presently to borrow money, when they have not enough to satisfy their desires, and take from them to the last penny to satisfy their tyrannical avarice, which proceedings are very unbecoming an honest man."

In the fifth edition of Dr. Smellie's work, published in 1766, he says: "With regard to diet, women in time of labour, and even till the ninth day after delivery, ought to eat little solid food, and none at all during the first five or seven. Let them drink plentifully of warm diluting fluids—such as barley-water, gruel, chicken-water, and teas; caudles are also commonly used, composed of water-gruel, boiled up with mace and cinnamon, to which, when strained, is added a third or fourth part of white wine; or less, if the patient drinks plentifully, sweetened with sugar to their taste. This composition is called white caudle; whereas, if ale is used instead of wine, it goes under the name of brown caudle." "Her food must be light, and easy of digestion—such as panada, biscuit, and sago. About the fifth or seventh day, she may eat a little boiled chicken, or the lightest kind of young meat; but these last may be given sooner or later, according to the circumstance of the case, and the appetite of the patient."

Mr. Grigg, a practitioner in midwifery at Bath, in a book published in 1789, and called *Advice to the Female Sex in general, and particularly to those in a State of Pregnancy and Lying-in*, speaks rather vaguely, though judiciously, as to the diet to be used after delivery. He says: "When she first sits up, a small quantity of mild nourishment may be given, if she desires it, or is faint or languid; but no solicitation should be used to prevail upon her to take anything against her inclination. It would be much more advisable to adjust the quantity of nutriment, and the times necessary for it, by the patient's own choice; for, according to the stated and uninterrupted course of Nature, she will find her appetite, more or less diminished by the fatigue of labour, return at a time when the use of aliment is most beneficial, and produces that salubrious liquid which is best suited to the demands of her tender charge."

There is something in the style of this amiable writer, that led me to turn over leaves unconnected with this subject, and I find they shew a poetic taste

that even the unpromising subject of midwifery cannot crush.

Speaking of the advantage of allowing in the lying-in room a free circulation of that pure air which, he says, Virgil describes as one of the pleasures of Elysium; whilst Milton styles it "The breath of heaven, fresh blowing pure and sweet, with day spring born"; he adds in a note, "Without air and motion, no creature can thrive; even plants grow arid and die; 'the humble violet, as well as the lofty oak, delights to be agitated by the winds'." Speaking of the propriety of mothers nursing their offspring, he quotes Dr. Downman's animated and pathetic language.

> "O, mother (let me by that tenderest name
> Conjure thee), still pursue the task begun;
> Nor, unless urged by strong necessity,
> Some fated, some peculiar circumstance,
> By which thy health may suffer, or thy child
> Suck in disease, or that the genial food
> Too scanty flows, give to an alien's care
> Thy orphaned babe."*

Dr. Burns, writing in 1828, says: "If they be to nurse, the diet for the first two days should consist of tea and cold toasted bread for breakfast, beef or chicken-soup for dinner, and panada for supper; toast-water or barley-water may be given for drink, but malt liquor should be avoided, unless the patient be feeble, and wine should not be allowed for the first two days; a little may then be added to the panada, or sago, which is taken for supper, and a small glass, diluted with water, may be taken after dinner. A bit of chicken may then be given for dinner; and in proportion, as recovery goes on, the usual diet is to be returned to."

Dr. Gooch is a very emphatic writer. There is no doubt of the meaning of anything he says. He is despotic. Writing in 1831, he says: "During the first three days after delivery, the breakfast, dinner, and supper of the patient must consist of gruel and barley-water—no solid meat, no broth, no fermented liquor. The nurse must stand as sentinel, to exclude all intruders; no stimulating food must be given; for the constitution is now very easily excited. This irritability usually subsides in about three days. On the fourth day, provided all be well, the patient may take a little boiled chicken, or mutton, or broth. After the fifth day has passed, the patient should be quite well, and your visits are merely for the purpose of watching her. Women now generally wish for wine or porter. I usually mix good barley-water with milk (equal parts), making barley-gruel; and, presenting this beverage, I tell them—This is your wine, and your porter too; it will relieve your thirst and sinking at the stomach, and will manufacture milk better than anything else."

In Foster's *Principles and Practice of Midwifery*, we find: "The diet should be spare, light, and easy of digestion, and chiefly sorbile and vegetable, especially for the first few days, whence it may be gradually changed, as the body recovers its strength, to the proper diet of a healthy person."

Dr. Dewees, writing in 1825, says: "There is no vulgar error with which we are acquainted, so replete with mischief, as the one which supposes the woman to be in a state of great debility after delivery, and that she requires of course the most nourishing and the most stimulating things to overcome it." He very much dreads the nurse conspiring with the patient to evade his strict commands; and says the physician upon such occasions may most profitably employ his ears, his nose, his eyes, and his fingers'-ends, in detecting the backslidings of the nurse. He says: "We desire the patient may not have any animal food or broth from any animal substance; that she may have liquor of no kind, neither distilled nor fermented; nor that she should be made to take any stimulating tea 'to dispel wind', or to 'allay after-pains', or to 'promote the lochia'. We direct she should have gruel of oatmeal, tapioca, sago, panada, mash and milk, rice and milk, tea, coffee, or very thin chocolate." He allows a little sugar, nutmeg, or lemon-juice, to flavour the above substances with. "We permit the use of toast-water, barley-water, molasses and water, or balm-tea, as common drinks; or what is very often extremely grateful to them, apple-water—that is, a roasted apple or more well beaten with water and afterwards strained. This diet is to be strictly observed until the fifth day, or until the milk has been freely and easily secreted and extracted. After this time, all being right, we allow the soft ends of four or five oysters, or a poached egg; a little chicken-water, or beef-tea, or vegetable-soup, may then follow until about the tenth day; then we indulge them with a little ale or *porter and water* with their dinner, and, if requested, a table-spoonful of white wine to flavour their gruel." No wonder that, under this system, the doctor complains that sometimes he could hear the smothered clatter of plates whilst he stood knocking at the chamber-door, or that his nose would detect the effluvia of some forbidden liquor, while the guilty nurse stood trembling by.

Dr. Blundell, who, I remember, was the great authority when I was a student, writing in 1834, says: "During the first three inflammatory days, and till the period of the milk-fever is passed away, it is best, according to the old practice, to keep the woman on very low diet, consisting of gruel, or arrow-root, or milk and water, in equal parts." Very delicate women, however, may be allowed beef-tea, or even meat; but this is exceptional. He goes on to say: "After the period of milk-fever is away, the patient may be gradually brought back again to her usual mode of living. Although it is certainly unwise, and especially when the puerperal fever is epidemic, to bring the woman too rapidly forward as to her food, yet, I am persuaded, we may sometimes err in not giving enough, and especially when the woman is giving milk to support the child."

Dr. Conquest says: "It is customary to compel a woman after delivery to live almost entirely on gruel or broths; and it is no uncommon thing for her stomach to be most inordinately distended with several pints of these articles daily. The practice seems to be extremely irrational, and is also highly injurious. It frequently not only enfeebles the stomach, but, by keeping up constant perspiration, debilitates the whole system, and renders it very susceptible of cold, and is one source of an immediate secretion of milk, which becomes a source of great distress to the patient."

Dr. Murphy, writing in 1852, and speaking of the first period after labour, says that toast and tea, barley-water, and gruel, are examples of the class of dietetics to which, as a general rule, she must be confined. The exceptions are women of feeble constitutions, who require a more nutritious diet.

Lastly, Dr. Ramsbotham, in his latest edition, says that "a plan of diet must be laid down for some days to come. Nothing should be allowed but tea, toast, or farinaceous food, until the bowels are freely opened; and, after the laxative, on the same day, a little beef-tea, mutton-, or chicken-broth, may be given. On the third day, the patient may take for nourishment some solution of animal matter"; the next day or so a light pudding in addition; and in a

* If one might venture to criticise the author of these sublime verses, we might express our regret that he did not select subjects more suitable for the muse, or that Nature did not endow him with some slight sense of the ludicrous.

week a small quantity of solid meat. "Stimulants of any kind, unless there be an actual necessity for them, never should be permitted until near the end of a fortnight, and then a glass of wine and water or mild malt liquor may be taken."

We see, then, that the more recent of the eminent authorities I have quoted, with the exception of Dr. Conquest, seem inclined to go back to the severe regimen of Celsus, whereas in the last century there was a strong party in favour of a cordial and stimulating treatment. But we are able to avoid the old system of closed doors and windows, curtains, and warm sheep-skins applied to the abdomen, without going into the other extreme of cold draughts of air and icy applications; and I think, in matters of diet, we might follow that method which commends itself to our common sense without running into extremes.

When I began practice, and for some years, I used to go by these precepts that almost all agree in, giving gruel and other thin slops for the first few days; and I can remember what repugnance many patients had to this substance, which resembles no ordinary article of human food in this country. I had to preach sermons to them on the extraordinary virtues of this—I do not know what to call it. We are told by Edgar Poe of beings that are "neither man nor woman. They are neither brute nor human, they are ghouls"; and this material is neither food nor drink, it can only be described as gruel. It can neither satisfy the cravings of hunger, nor minister to the sense of taste or that of smell. It is unknown who first invented such an unlikely article of diet. However I found, in many cases, that patients would not be persuaded by my eulogies of this preparation, and would sometimes take broth, sometimes beer, and sometimes meat, and would confess to it, and certainly used to look all the better. Gradually, whether it was from this experience, or from something I had read, or from seeing some one else's practice, I cannot tell, I began to try a good diet, without over-stimulating. For at least three years, I have acted in nearly all cases, except after first labours or labours unusually severe, on the following system.

I give some stimulus, either wine or ale, directly after the labour is over. On the day of confinement, I restrict the patient to tea or (if she likes indeed) gruel, with toast or bread and butter.* On the following day, the same, with a large breakfast-cup of good strong broth for dinner. The third day, a small lean chop or a little chicken. The next day, the same, with a little wine and water or ale, if the patient be accustomed to these beverages. Of course, all cases cannot be treated alike, and a lower diet may sometimes be necessary; but I much more frequently find it useful to begin with stimulants rather sooner than I have indicated.

In first cases, and in cases of severe protracted labour, we know that the soft parts must have undergone great pressure and bruising; and I generally keep these patients a longer time without alcoholic stimulus.

I shall not trouble you with a series of cases and their results; but I can say with confidence, that I have met in no case with any ill consequences following the mode of diet I have mentioned. It is true, that I have seen mischief occur in more than one case where the patient has thought because she might have a chop for dinner she might therefore have one for supper also, and so forth; but the evil results of excessive indulgence are not to put a stop to all moderate use of good things. By this mode of diet, I believe the patients escape, in a great measure, those muscular pains that are so frequent when a patient begins to move about, and also those affections of the breast and nipple, in which the pain is out of all proportion to the actual lesion.

As it is always agreeable to make one's theories and practice agree, I will submit a few considerations in favour of a more "feeding" system.

Supposing for a moment that we even take labour to be what it has been called, a severe traumatic lesion, do we condemn a patient that has suffered from a compound fracture to an immediate course of gruel and tea? and if we did adopt such a course, should we render him more likely to escape, or better able to bear, the inflammatory action that will sooner or later occur? Experience proves the reverse. I will speak again of a severe compound fracture. For some time after the accident, no change of any consequence takes place in the damaged parts; they, in common with the whole system, have received a shock. In a varying time, inflammatory action shews itself in the part, and if the external wound do not close at once, that action will be violent and the whole system suffer great febrile disturbance. Now, a cooling and restricted diet may be necessary; but the patient will be much better able to bear the shock of the inflammation, if that first interval of repose has been employed in overcoming, by suitable diet and stimulants, the shock of the accident. Indeed, nothing is so certain to bring on one evil, traumatic delirium, as too low a diet after a severe surgical shock.

There are, however, many points that sufficiently make a distinction between the process of labour and a severe traumatic lesion; and I need, I think, only refer to one—viz., the absence after labour as a rule of any inflammatory reaction.

Then, instead of considering labour as a severe surgical accident, let us consider it in the light of a great physiological process; one of those processes in which the voluntary and reflex nervous systems are both concerned. No one would think of calling the act of micturition or of defæcation a traumatic lesion, and yet these acts seem hardly to differ from the act of labour except in degree and in frequency of occurrence. The frequency of these troublesome acts deprives them of the terrors that might perhaps invest them if, like labour, they came at distant intervals. The act of sneezing may be quoted as a most alarming convulsive phenomena to which we have got quite used.

Labour differs from these other actions in being generally of a much more severe character; it is often accompanied with much severe muscular effort, and it is necessarily followed by much fatigue. This fatigue, and the waste of tissue that has taken place, must be recruited by stimulants and nutriment; and these I believe, in moderate amount, may be given during labour when that is long continued, and immediately after labour, with the greatest advantage.

Puerperal fever is perhaps the only complication of an inflammatory character that we need have much fear of during the first few days; and this disease is of so low a type, and bears so much resemblance in its nature to typhus and typhoid fevers, that we may very well suppose that, like these, it will be more apt to attack those who are in a low feeble state than those who are in better condition. That good feeding does not conduce to this disease, my own limited experience would certainly show.

Beyond the evidences of its contagious nature, the causes of this insidious and fatal disease seem wrapped in obscurity; but we suppose that a good diet and a cheerful mind must be powerful prophylactics to those exposed to this contagion.

* In addition to these, I find a little bread and milk very desirable.

At one time, all the apertures for the entrance and exit of air from the lying-in room were carefully stopped up, on the idea of the patient being now especially liable to suffer from cold; bed-clothes were heaped on, and at one time spiced cordials were diligently given. Now we take pains to ventilate the room well; but, while we do not keep off the access of cool air, we are very apt, if we keep to another part of the old system, to have our patient in a very unfit state to bear the air. For a constant course of gruel in vast quantities and tea relax all the tissues, and the skin among the rest. The female acquires, after a time, a perfectly sodden appearance, which is quite characteristic. The flesh pale and soft and moist; the abdomen full of flatus.

But we are told that such a diet is good for the flow of milk. In the early period of lactation, however, there is likely to be too much rather than too little milk; and, with regard to the quality of that milk, if we compare it with other secretions, we must suppose that it will be most perfect in its character, and so most suitable to build up the child, when the general health of the mother is in its most perfect state. And here I would say a word of milk-fever, which perhaps I ought to have mentioned before. We read much of it; but I believe that, except in primiparæ, the secretion of milk commences without any febrile phenomena whatever, and in the case of primiparæ, I have already explained that other causes lead us to adopt a rather more severe regimen than in other cases.

The whole subject of diet is so extensive, for it must be adapted to the season, the constitution, and the habits of life, that I shall be excused if I have only on this occasion dipped a little into the matter; and I shall be glad to know from those who have a more extended experience in midwifery, what line of practice they adopt; and whether there are any who still adhere to the rigid rules that we seem to have learnt rather from Celsus, or some of his predecessors, than from Nature.

ON THE DIFFERENT FORMS OF HÆMORRHAGE WITHIN THE EYE, PRODUCED BY INJURY.

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[*Continued from p.* 584.]

Deep or Posterior Traumatic Hæmorrhage, as it is commonly called to distinguish it from the hæmorrhage of the more superficial structures into the part of the eye anterior to the lens, may occur—

1. Between the choroid and retina;
2. Between the choroid and sclerotic.

In the first, the retina is separated by the clot from the choroid; whilst in the second the choroid is detached from the sclerotic. Both forms may, however, be present in the same eye, when the hæmorrhage is caused by great violence.

3. Hæmorrhage may take place into the vitreous body.

In considering the first two forms of hæmorrhage, it is a fact of pathological interest to notice, that, though both may and often do occur together in the same eye after a severe injury, yet there are special circumstances which may cause the one kind of hæmorrhage to predominate over the other, and even the one to take place independently of the other. It must, however, be remembered that, in many cases of rupture of the globe, in which posterior hæmorrhage almost invariably occurs, the primary injury is so severe that all the vascular tissues of the eye are included in it, and hæmorrhage from each at once ensues.

1. *Hæmorrhage between the Choroid and Retina.* This may take place either with or without rupture of the external tunics of the eye. It is generally caused by blows with the fist or from some large foreign body, or by striking the eye in a fall against a projecting object. The effusion of blood may be limited to a small clot, or it may be so extensive as at once to entirely destroy the eye for all visual purposes. The severity of the injury is very greatly increased when it is accompanied with a rupture of the sclerotic or cornea. Having had frequent opportunities of examining eyes which had been removed on account of their complete loss from deep intra-ocular hæmorrhage induced by injury, and in many cases accompanied with rupture, more or less extensive, of their external coats, I have noticed that *the seat of hæmorrhage is influenced by the nature of the injury, and by the soundness of the eye at the time of its infliction.*

a. When deep posterior hæmorrhage is due to a blow on a previously healthy eye, *the external coats of the eye not having been ruptured*, I have generally found that the principal hæmorrhage is between the choroid and retina. The blood has been effused from the anterior surface of the choroid, and has caused a separation of the retina from it, in some cases only partially, in others to its entire extent, from the entrance of the optic nerve as far forwards as the ora serrata. In the severe cases, there may be some hæmorrhage between the choroid and sclerotic, and small scattered clots may be seen; but, as a rule, this is not its chief seat, for the principal effusion is between the choroid and the retina. In occasional cases, instead of the retina being much detached from the choroid when hæmorrhage takes place between these structures, the blood bursts its way through the retina, and, if only small in quantity, forms a clot which will often at first appear as if it were lying on the retina; or, if the bleeding be more extensive, it may force its way through the hyaloid, and become extravasated into the vitreous body. The following case is an example of a limited hæmorrhage between the choroid and retina. The structure of the retina had been torn through; and the remains of, and the site occupied by, the blood-clot, were still easily seen by the ophthalmoscope ten months after the receipt of the injury.

Case I. *Blow on the Eye Ten Months previously: Limited Hæmorrhage between the Choroid and Retina: Rent of the Retina immediately in Front of the Clot.* Wm. R., aged 39, a sailor, came to the hospital from Sunderland on July 12th, 1865. He stated that, ten months ago, he had received an injury to the right eye. One day, whilst on board ship, his foot slipped, and in his fall he struck the right eye against one of the stancheons of the ship. The eye had now recovered from the injury, but his sight was very much impaired. In the immediate axis of vision, he was blind; but by turning the eye either way, so as to look laterally, he was able to read letters of No. 16 of Jäger. When he looked straight at an object, he was unable to see it; but he could discern bodies on either side of it. On examination with the ophthalmoscope, the cause of his defect of sight was manifest. In the immediate neighbourhood of the yellow spot, and almost in the axis of vision, there was seen a small rent in the retina, the edges of which could be distinctly made out; and lying upon what now represented the choroid in this site was a black deposit, evidently either the remains of a blood-clot with some pigment, or else a deposition of pigment, which had taken place either during or since the absorption of the clot.

In many instances, where hæmorrhage between the choroid and retina has followed as the result of an accident, and the structures in the front of the eye are still clear, and not masked by any anterior bleeding, a diagnosis of the extent of the injury and of the seat of the hæmorrhage may be made with the ophthalmoscope. The red clot may be seen at the fundus of the eye, bulging forward the retina; and oftentimes a careful examination will detect the retinal vessels running over its surface.

CASE II. *Limited Hæmorrhage between the Choroid and Retina, from a Blow with a Piece of a Rivet; the Blood-clot being clearly seen by the Ophthalmoscope a few Hours after the Accident.* James R., a boiler-maker, came to the hospital on September 9th, 1865, on account of an injury he had that morning received to the right eye. Whilst engaged in striking a bolt, a piece of iron flew off and struck his right eye. On the nasal side of the cornea there was considerable ecchymosis of the conjunctiva. The pupil was slightly more dilated than that in the other eye, but, within a limited range, acted sharply. A portion of the field of vision on the outer side was quite destroyed. The anterior chamber and the humours of the eye were clear. Examined with the ophthalmoscope, a blood-clot was seen at the upper and inner part of the eye, behind the lens, and bulging into the vitreous body. Another smaller clot was also seen on the same side, but nearer the fundus of the eye. The hæmorrhage was probably between the choroid and the retina, bulging the retina forwards. The outline of the clots was evenly defined.

This man continued for nearly five weeks under treatment. When last seen, the ecchymosis of the conjunctiva had quite disappeared, and all the blood within the eye had been absorbed; but the sight had in no way improved. There was a detachment of the retina on the inner side; and the outer part of the field of vision was quite destroyed.

b. Deep posterior hæmorrhage is often associated with rupture of the external coats of the eye; the injury being frequently so severe as to cause at the same time a loss of the lens or a portion of vitreous body, or perhaps of both. If the injury have been inflicted by a blunt or semi-blunt instrument, so that the external coats have not been cut, but ruptured by the force of the blow, and the eye have been previously healthy, the chief seat of the hæmorrhage will generally be found to be between the choroid and retina, although some small extravasations of blood will probably also have taken place between the choroid and sclerotic. As, in such injuries, an escape of more or less vitreous usually occurs, it is an interesting question to decide whether the hæmorrhage between the choroid and retina is due to a direct rupture of the choroidal vessels from the blow, or whether a primary separation of the retina from the choroid may have been occasioned by the sudden loss of vitreous, the hæmorrhage being consequent on, but secondary to, this detachment. I believe that, in nearly every case, it will be found that the hæmorrhage is due solely to a direct rupture of the choroidal vessels; and that the separation of the retina is brought about by the blood being poured out between it and the choroid.

In examining carefully into the history of these cases, we find that though, in many of the eyes which had been ruptured, the lens and a certain amount of vitreous had escaped through the wound, yet that the loss of vitreous was small at the time of the accident, and certainly not sufficient in a *healthy* eye to produce a detachment of the retina. In some of the cases of ruptured eyes which have come under my care, I am sure that the great bulk of the vitreous which had been lost did not happen at the time of the infliction of the injury; but it had drained away afterwards from the pressure of the increasing blood-clot behind the retina, squeezing it out of the eye as it occupied itself the vitreous space.

The following is a very interesting case of traumatic hæmorrhage occurring first between the choroid and retina, and afterwards between the choroid and sclerotic in the same eye, but at different times and under different circumstances.

The eye, at the time of the original injury, was healthy; and hæmorrhage undoubtedly occurred between the choroid and the retina from a direct rupture of the anterior choroidal vessels. Nine months after the injury, the patient came under my care. The eye was then quite blind, with a large ciliary staphyloma, and excessively painful. I excised the eye; and, during the operation, the staphylomatous portion of the globe either gave way or was accidentally pricked by the scissors, and some fluid vitreous at once escaped. On examining the eye afterwards, an old blood-clot was seen between the choroid and retina; but recent hæmorrhage had taken place during the operation between the choroid and sclerotic, caused by the sudden withdrawal of vitreous from an eye in an unsound state.

CASE III. *Hæmorrhage between the Choroid and Retina from a Blow: Excision of the Eye Nine Months after the Injury: Rupture of the Staphylomatous Portion of the Globe during the Operation: Escape of Vitreous, and immediate Hæmorrhage between the Choroid and Sclerotic.* Susannah W., aged 40, was admitted into the hospital on May 22nd, 1865. She stated that, at the beginning of last September, she accidentally ran in the dark against the door, striking, she thought, the left temple, and inflicting a wound close to the outer edge of the orbit. For the first two months after the injury, she did not appear to have suffered very much pain. Since last January, she had suffered from pain in that eye, and during the last three months it had at times been very intense. It was on account of the pain that she came to the hospital, as the eye was quite blind.

Present State. The shape of the eye was altered in form. Along the upper portion of the ciliary region, behind the upper margin of the cornea, but in front of the insertion of the superior rectus muscle, was a large staphylomatous bulge, which had to the touch a sense of solidity. It extended laterally almost as far as the upper edge of the insertions of the external and internal recti muscles. The eye was quite blind; and the bulging, she said, was rapidly increasing. I recommended the removal of the eye; and she at once consented, on account of the great pain from which she was then suffering. During the operation, the staphylomatous portion of the eye was either pricked by the point of the scissors, or from some other accidental cause it gave way, and a portion of the semifluid vitreous escaped.

On examining the eye after its removal, the great bulging of the upper part of the ciliary region was seen to be entirely due to a deposition of lymph, nearly three-eighths of an inch in depth, at the most prominent part. It appeared as if the sclerotic had been ruptured, but perhaps not throughout the entire thickness of its structure; and that the film of tissue which had held externally its edges together had yielded before the pressure from within, and become staphylomatous; but that, as it bulged, lymph had been effused, which increased in quantity as the staphyloma increased in size.

On making a section of the eye, the retina was seen detached from the choroid throughout its entire extent by the remains of an old blood-clot; and the choroid was completely separated from the sclerotic by fluid and evidently recently effused blood. It was clear that the hæmorrhage between the choroid

and sclerotic had taken place during the operation, and was consequent on the giving way of the staphylomatous bulge and the sudden escape of vitreous in an unhealthy eye. The vitreous which remained was semifluid.

[*To be continued.*]

Transactions of Branches.

WEST SOMERSET BRANCH.

ON DROPSY AFTER SCARLATINA.

By William Legge, Esq., Wiveliscombe.

[*Read October 4th*, 1865.]

I do not claim for the few observations I propose making this evening any originality, nor do I pretend to suggest anything novel, either in theory or practice, with regard to the treatment of a disease with which we are all so familiar as dropsy occurring after scarlatina; but I desire to elicit, by a discussion of the subject, the results of our individual experience, believing that the main object of our meetings will be thus attained, and our mutual advance in successful practice materially assisted.

At a former meeting of our Branch, when I ventured to draw attention to the treatment of scarlatina, I only cursorily alluded to the frequency of dropsy as a sequel of the disease. Since that time, I have had under my care one hundred and thirteen additional cases, making a total of one hundred and ninety-three, the results of which, while they served to confirm the conclusions then deduced, and to illustrate the necessity for the application of rational principles as opposed to mere routine practice in dealing with the various abnormal symptoms presented during the progress of the disorder, tended also to impress one with the grave significance of anasarca, that most frequent and fatal of the sequelæ of the disease. The results of my own experience showed that of 193 cases of scarlatina, 78, or just 40 per cent., suffered from dropsy afterwards, of whom 7 per cent. died; whilst the mortality from all causes was 14 per cent., thus exhibiting the fact that half the fatal cases were the result of dropsy.

I shall not occupy your time by the narration of individual cases, but shall briefly state the inferences derived from general results.

Dr. Watson, in his valuable *Lectures*, attributes this frequent occurrence of anasarca as a sequel of scarlatina (as also the fact of its being more common after a mild than after a severe attack) to the circumstances that, "less care and caution are observed in milder cases during the dangerous period of desquamation and convalescence." This explanation doubtless holds good to a certain extent; but how are we to account for the numerous cases of dropsy supervening in patients who have never incurred the danger of a check to the escape of the fever-poison through the outlet afforded by the skin—patients who have never left the sick room before the presence of anasarca has been recognised?

The answer to this question, and at the same time a reasonable explanation of the morbid phenomena, I first heard suggested by Dr. Basham, when attending his lectures, to the effect that in mild scarlatina the fever-poison is not all eliminated from the system during the eruptive stage, and therefore such an attack is more likely to be followed by dropsy. Dr. Basham has since discussed this pathological question, and the cause of impeded circulation in the kidney with consequent non-elimination, in his interesting work *On Dropsy Connected with Disease of the Kidneys*. He there states that, "in the vast majority of cases, this secondary condition must be accepted as evidence of the imperfect elimination of the febrile poison during the antecedent exanthematous stage, arising either from the greater intensity of the poison, or the incompleteness of the processes by which it is released from or decomposed in the system." The same considerations have evidently led to the opinion which Dr. Hughes Bennett expresses in his *Lectures*, that the head symptoms so often accompanying severe cases of scarlatina probably depend, not so much upon inflammation of the brain as upon non-elimination and consequent absorption of, and poisoning by, urea, as manifested by the diminished quantity of the renal secretion, and its freedom from deposit.

Dr. Bennett's views as to resolution by cell-growth, are illustrated by these explanations of the cause of certain symptoms during the excretion of noxious matters from the economy; for the presence of degraded cells in the urinary deposit, as seen under the microscope, is a constant sign of progressive mischief.

It is unnecessary to enter minutely into all the symptoms of this form of renal disease; its evidently inflammatory origin has caused it to be assigned to the class of febrile dropsies; rigors, headache, pain, and tenderness in the region of the kidneys, all give evidence of a secondary febrile attack; the face and eyelids become puffy, general anasarca follows, and effusion of fluid into one or more of the serous cavities may ensue. The appearance of the urine soon indicates renal mischief; hæmaturia to a greater or less extent, from a mere smoky dusky colour, to a deep blood-red, is often present. As a general rule, the urine is highly albuminous, but this is not invariable. In more than one case I found albumen present at the first examination, and absent a day or two after. It is this non-persistent coagulability of the urine in conjunction with deposits of urates, etc., which Dr. Bennett considers evidence of the excretion of morbid products which have circulated in the blood.

Too much importance cannot be attached to the examination of the renal secretion (which is indeed the only safe method of insuring a correct prognosis). The microscopic appearances are very characteristic, and we may safely assert that the recent great advances in renal pathology, and consequently in the successful treatment of renal mischief, are mainly due to the revelations of the microscope, which is of even greater assistance in the diagnosis of kidney-diseases, than the stethoscope in pulmonary affections; for by the unassisted ear the chest may be satisfactorily auscultated, whilst to unaided vision the secrets lying hidden in the renal secretion must for ever remain undiscovered. The examination of the urinary sediment will demonstrate the presence of casts of the uriniferous tubes, epithelial cells, blood-corpuscles, fibrinous blood-casts, and other indications of renal degeneration. Dr. Basham teaches that, as long as the epithelial cells remain unchanged, a favourable termination may be expected; but that "the foretoken of danger is the appearance of degraded or atrophic cells." As illustrative of this, I may instance the case of a child aged 7 years, who after a mild attack of scarlet fever, began to present the ordinary symptoms of dropsy. He had hæmaturia; the urine was diminished in quantity, specific gravity 1012, and albuminous; under the microscope blood-casts were evident, as well as free blood-corpuscles and scattered epithelial cells. On the fourth day, he was seized with violent convulsions and delirium,

with symptoms of effusion on the brain; after this he remained comatose for nearly twenty-four hours, when convulsions, but of a milder character, again occurred, which gradually subsided, leaving him greatly prostrated; the anasarca still remained, but the urine was more abundant, and the specific gravity 1020. Although still albuminous, the coagulum was less, and to my surprise the epithelial cells remained healthy; this circumstance alone enabled me to speak hopefully of the little patient, when otherwise the symptoms were of an unusually grave character. The sequel confirmed my opinion, as, when able to take the ammonio-chloride of iron, the child recovered rapidly.

As regards treatment—granting that scarlatina may be defined as an infectious and contagious fever of the exanthematous class, attended by certain symptoms, the result of the presence in the organism of a specific poison—the basis of our treatment ought to be, the endeavour to eliminate this poison; and it follows inevitably that failure to accomplish our purpose by the aid of the excretory functions will necessarily result in blood-poisoning from non-elimination. Yet, in our anxiety to rectify local mischief, we must not lose sight of the absolute necessity for constitutional remedies. Whilst, therefore, by the employment of salines and diaphoretics, we endeavour to procure rest for the harassed and congested kidneys, and (so to speak) throw the burden of their work on the more extensive outlet of the skin; and whilst by such purgatives as the combination of jalap with cream of tartar (which is a most efficacious hydragogue), we seek to get rid of the effused fluid, we must bear in mind that we have to deal with an impoverished state of the blood, and that, to remedy this, chalybeates are imperative, with a view to favour a more healthy cell-development for the renewal of the vitiated tissue. The very existence of this hydræmic condition of the blood is sufficient to negative the employment of venesection, although still advocated by some eminent authorities, apparently with the idea of thereby relieving an engorged and congested state of the kidney. This question has been so ably discussed by Dr. Basham, in his recent Croonian Lectures, that I cannot forbear quoting his words. After stating the unmistakeable evidence that this form of disease represents a degeneration or decay, he goes on to say: "It is not a state to be represented by the organism *plus*—something which has to be taken away, but by the organism *minus*—something which is to be added. Now, that something is nutrition—nutritive elements of the nitrogenous series to supply the pabulum for fresh cells, and active reproduction. Will blood-letting supply this? Will the abstraction of blood-globules from a fluid already exhausted of them, and reduced to a minimum, give aid to renewed cell-growth? .... With regard, then, to blood-letting, I unhesitatingly assert that it is injurious; it is manifestly hostile to the fundamental principle on which the treatment of these forms of disease should be based, the restoration to the organism of the powers of reproduction of those cells which are rapidly disappearing by processes of solution and decay." With these sentiments, my own experience leads me decidedly to concur.

To proceed with the treatment of scarlatinal dropsy, on the subsidence of febrile disturbance, some preparation of iron must be given without delay; it is often marvellous to see the promptitude with which nature responds, as it were, to the challenge, and how speedily the enriching effects of the chalybeate are manifested.

In the choice of the particular preparation, the practitioner must exercise his judgment; the tincture of the sesquichloride of iron is most valuable, but I would again draw your attention to the combination recommended by Dr. Basham as more effective than when the sesquichloride alone is given, and as the one I have used most extensively, my confidence in its efficacy being proportionately increased. To a drachm of the liquor ammoniæ acetatis, first acidulated by twenty minims of dilute acetic acid, ten minims of the sesquichloride of iron are added: this forms an ammonio-chloride of iron, kept in solution by acetic acid, and makes a beautiful sherry-red mixture, which is palatable, not liable to decomposition, and may be kept any time; it is necessary that the saline be first acidulated, or an insoluble ammonio-chloride of iron is precipitated, which is with difficulty redissolved by an excess of acid. I have found, too, that children take the mixture as readily as steel wine.

As to the question of the administration of alcohol, setting aside the various theories as to its action, and regarding it as of very little importance if it pass through the system unchanged, so long as in its passage it exert an appreciable influence, I feel assured that practically it is of immense advantage when judiciously administered—that is, in small quantities and together with the food; never on an empty stomach.

It is unfortunate that the French light wines are not more frequently recommended by medical men; the alcohol they contain is of the finest quality, and free from the addition, or rather adulteration of the strong and rough spirit produced from grain, which is so often mixed with foreign wines in this country, in order to suit the English taste. Good sound claret, or Chablis, or (when it can be depended upon) champagne, is more adapted to the invalid than any other.

Since the above lines were written, a little pamphlet has, I believe, been published by Dr. Druitt on this subject, which, though I have not myself seen it, I understand strongly advocates the use of French wines.

Such then is a sketch, although brief and imperfect, of the principles of treatment, which, when carried into practice, will, I believe, insure as great an amount of success as we can hope to attain, with our present limited knowledge of the influence of remedies on the changes which disease produces in the human organism.

Testimonial to Dr. Fetherston. Dr. Fetherston, late resident surgeon to the Melbourne Lying-in Hospital, has had the following testimonial, beautifully engrossed and illuminated on vellum, presented to him by the Ladies' Committee of that institution. "To Gerald Henry Fetherston, Esq., M.D., L.R.C.P.E., L.F.P.S.G., etc. The Ladies' Committee of the Melbourne Lying-in Hospital and Infirmary for Diseases of Women and Children have much pleasure in conveying to Dr. Fetherston the high sense they entertain of the valuable services he rendered to that institution during the four years he performed the duties of resident surgeon. To his untiring assiduity and watchfulness they believe is due much of the success which has attended the treatment of the many difficult cases confided to his care, and of the uniform earnestness with which he devoted himself to the general management of the hospital, they cannot speak too highly. They desire to assure him of their best wishes for his future prosperity and advancement in the practice of his profession. March 1865. Signed on behalf of the Committee, Fanny Perry, President."—Mr. Barrett of Emerald Hill, Dr. Fetherston's predecessor, has also been presented with a testimonial of similar design. (*Australian Medical Journal.*)

Reviews and Notices.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous Cases and Engravings. By William Roberts, M.D., F.R.C.P., Physician to the Manchester Royal Infirmary, etc. Pp. 523. London: 1865.

Books on the kidneys and their secretion have been so abundant in recent years, that one would almost think it impossible for an author to bring forth anything in the shape of a new work on these subjects. Yet Dr. Roberts has been very far from performing a mere work of supererogation in writing the present treatise. His design, he says, "is to give an account of the organic diseases of the kidney, and of those diseases and disorders of which the chief characteristic is some alteration of the urine;" and, in carrying out this design, he has not only made good use of his own practical knowledge, but has (with the able aid, as he acknowledges, of Mr. Thomas Windsor) brought together from various sources a vast amount of information, some of which is not generally possessed by the profession in this country.

The book is divided into three parts. The first part, which may be regarded as introductory to the others, describes the Physical and Chemical Properties of the Urine in Health and Disease; and Urinary Deposits. In the second part, the author speaks of Urinary Diseases—Diseases of which the Chief Characteristic is an Alteration of the Urine; and, in the third part, Organic Diseases of the Kidneys are described.

In the first part, Dr. Roberts introduces just so much description of the physical and chemical characters of the urine in health and disease as has a strictly practical bearing; referring those who wish for further information on purely physiological and chemical matters connected with the secretion, to the treatises in which these subjects are fully discussed—such as the works of Neubauer and Vogel, Parkes, Beale, Thudichum, and Hassall. The author describes the method of examining the urine for clinical purposes; and gives the naked-eye and microscopic appearances of urinary deposits, and of extraneous matters which are occasionally found in urine.

This part of the book contains four chapters. The first is Introductory, and contains a summary of the properties and composition of the urine; methods of examining the urine; extraneous matters; and changes in urine on keeping. In the second, the Physical Properties of the Urine are described. The third chapter contains a description of the Chemical Constituents of the Urine and their Variations, and Inorganic Deposits; and the fourth is devoted to the consideration of Abnormal Substances in the Urine—Organic Deposits.

Here, as in other parts of the book, we can take only a few of the more salient points for special notice—leaving it to be generally understood, that the remaining portions contain an useful practical exposition of the subjects of which they treat.

In speaking of the quantity of the urine, Dr. Roberts gives an epitome of the results of some elaborate researches made by him several years ago on the variations in the quantity both of the urine and of its solid constituents at different periods of the day; and introduces tables of what he believes to be fair calculations of the average hourly amounts. In reference to these tables, it is to be observed that, while the numbers given may be taken as representing fairly the *relative* extent of the variations at the different periods and hours of the day, the *absolute* quantities appear to be too small; *i. e.*, their aggregate sum represents quantities both of fluid urine and of solid urine below the ordinary daily average. We call attention to this point, because some readers of the book may consider the quantities given to express the *real* amount which may be expected to be met with. There is also another question which we would suggest to Dr. Roberts for consideration. An attempt to estimate, by a simple process of multiplication, the daily amount of urine and of solid matter from examination of a specimen passed at any given time—say from the urine passed in the night and early in the morning—is liable to lead to false results; and hence writers on urology insist on the importance of ascertaining the entire amount passed in twenty-four hours. To procure this entire amount is often difficult, if not impossible; and therefore we would ask Dr. Roberts whether it may not be found practicable, from an extensive series of observations, to give formulæ for determining, from the quantity and specific gravity of urine passed at any given time, the total amount of urine and urinary solids excreted during the twenty-four hours?

In speaking of the reaction of the urine, Dr. Roberts confirms the conclusions arrived at by Dr. Bence Jones, that the fluid frequently becomes alkaline after meals. From a series of experiments conducted several years ago, he found that

"A meal, whether of animal, vegetable, or mixed food, was found invariably to depress the acidity of the urine, and in most instances to render it actually alkaline. To this movement the name of *alkaline tide* may, for the sake of brevity, be given." (P. 23.)

After breakfast, the depression of acidity commenced in about forty minutes, and continued four hours; but the secretion was not usually alkaline for more than one hour, very rarely for three hours. Dinner did not produce diminution of acidity until the second hour; then an alkalescent state was observed, usually lasting three hours. This alkalinity after meals is ascribed by Dr. Bence Jones to the withdrawal of acid to the stomach for the purposes of digestion; but Dr. Roberts, while admitting that an antagonism as regards the withdrawal of acid from the blood may exist between the stomach and the kidneys, ascribes the alkalinity of the urine to the entrance of the newly digested food into the blood.

"If, as is believed, the normal alkalescence of the blood is due to the preponderance of alkaline bases in all our ordinary articles of food, a meal is *pro tanto* a dose of alkali, and must necessarily, for a time, add to the alkalescence of the blood; and, as the kidneys have delegated to them the function of regulating the reaction of the blood, the urine immediately reflects any undue addition to, or subtraction from, the blood's proper alkalescence. This hypothesis is mainly supported by the coincidence of time which exists between the passage of digested food into the

blood and the occurrence of the alkaline tide. The gastric juice is poured into the stomach immediately after a meal, but the acidity of the urine does not suffer depression for an hour or two afterwards—not, in fact, until the meal has been in great part absorbed." (P. 25.)

At another page (37) Dr. Roberts shows that the digestion of food has also a marked effect on the excretion of uric acid. As a result of seven days' observation on the effect of dinner, he found that, during the period of the "alkaline tide", the hourly excretion of uric acid was 0.36 grains; while, when the acidity of the urine was restored, it sank to 0.13 grains, and during sleep to 0.10 grains.

In speaking of oxaluria, Dr. Roberts takes occasion to express his disbelief in the existence of the special oxalic acid diathesis described by some authors. He gives, as reasons for his opinion, the facts that "intense oxaluria may exist persistently without producing the group of symptoms attributed to the oxalic acid diathesis;" conversely, that these symptoms may exist without the occurrence of deposits of oxalate of lime in the urine; and that most varied morbid conditions—as has been specially observed by him in the Manchester Infirmary—may coexist with oxaluria.

The second part consists of four chapters: Diabetes Insipidus; Diabetes Mellitus; Gravel and Calculus; and Chylous Urine. On all these subjects Dr. Roberts gives, as we believe, everything that is known at the present day, whether from the observations of others or from his own. In the chapter on Gravel and Calculus, he dwells at some length on the medical treatment, especially the attempts to dissolve gravel or calculi by acids or alkalies. The rules for the solvent treatment of uric acid, and the conditions which may modify its efficiency, are especially pointed out with great care. This treatment—for which the acetate or citrate of potash answers best—"is only applicable in those cases of vesical calculi where the urine is acid; the stone not large; and its composition known to be uric acid, or strongly suspected to be such." Of attempts to dissolve calculi by injections into the bladder, Dr. Roberts expresses opinions of which the following is a summary. 1. Little good is to be expected from any endeavour to act on uric acid calculi. 2. Cystine is more favourable than uric acid to the application of alkaline solvents. 3. On oxalate of lime calculi, neither alkalies nor nitric acid appear to produce any useful effect. 4. Phosphatic calculi are acted on by dilute nitric acid; which, as in a case under the care of Mr. Southam, where it was found impossible to clear the bladder after lithotrity of one of these calculi, may be injected with great advantage.

In the third part, which consists of fourteen chapters, the author treats of Congestion of the Kidneys; Bright's Disease; Acute Bright's Disease; Chronic Bright's Disease; Suppuration in the Kidney and Renal Embolism; Pyelitis and Pyonephrosis; Concretions in the Kidneys; Hydronephrosis; Cysts and Cystic Degeneration of the Kidneys; Cancer of the Kidney; Benign Growths in the Kidney; Tubercle of the Kidney; Entozoa in the Kidneys; and Anomalies of Position, Form, and Number of the Kidneys. The author has treated at some length of some of the more rare affections, regarding which but little is generally said in English systematic works—viz., hydronephrosis, cystic degeneration, cancer, tubercle, parasites, malpositions, and malformations.

In the chapter on Bright's Disease, Dr. Roberts adds a note on the recent advances in the anatomy of the kidney. He observes that

"The recent researches of Henle, Luschka, Krause, Chrzonszczewsky, Colberg, Ludwig and Zawarykin, Roth, Schweigger-Seidel, and other German inquirers, make it abundantly evident that the account hitherto accepted, on the authority of Mr. Bowman, of the course and structure of the uriniferous tubes, requires considerable modification." (P. 297.)

The subject is still *sub judice;* but, Dr. Roberts observes, there is good reason for believing that the following view, given by Schweigger-Seidel, is in the main correct.

"If the course of an uriniferous tube be followed in the direction taken by the urine, we shall find that, starting from a Malpighian body, it immediately falls into a knot of windings or convolutions. Emerging from these, it bends downwards towards the pyramids, and, following a straight course, descends into one of these to a varying depth; it then terns up again, and reascends into the cortical part; here it forms a second and smaller series of windings, and finally bends down once more, joins with others similar to itself, and passes straight into the pyramidal portion, where it unites, two and two, with other straight canals, and issues at length, greatly enlarged, in an open mouth on the surface of a papula. The looped section of the tube, which dips into the pyramids (that portion which interferes between the two knots of windings), undergoes, in a considerable length of its course, a remarkable narrowing of its diameter. This narrow part is only about one-third of the width of the remainder of the canal. The narrowing is due to a change in the epithelium, which, in this part, consists of perfectly clear small flat cells, with prominent nuclei; whereas in the wider portions the epithelium is composed of thick opaque granular cells, which nearly fill the lumen of the tube. The available bore of the narrow part appears to be as large as that of the wider portions. The narrow part generally forms the actual bond of the loop, and a certain length of its ascending and descending limb; but sometimes the narrowing begins and comes to an end in the descending limb of the loop." (P. 298.)

In the Chapter on Chronic Bright's Disease, Dr. Roberts, speaking of uræmia, indicates the views which have been enunciated as to the pathology of this condition; viz., that of Hammond and Richardson, that the special poison is urea itself; and that of Frerichs, that the immediate cause of the symptoms is carbonate of ammonia, into which urea has been transformed. There is also a modification of Frerichs' view, propounded by Treitz: that urea is first thrown out into the alimentary canal, and there changed into carbonate of ammonia, which is absorbed and produces its poisonous effects. More recent researches, however, are regarded by Dr. Roberts as giving the *coup de grace* to all these theories.

"The recent experiments of Oppler, Schottin, Perls, and Zalesky indicate, in a very clear manner, that uræmic manifestations depend mainly and essentially on the accumulation in the blood and tissues of those primary products of tissue-metamorphosis (creatine, creatinine, and other extractives), which, in a later stage of histolysis, are converted into uric acid. . . .

"It now appears that *urea and uric acid are actually produced in the kidneys;* and that any traces of them found in the blood are due to reabsorption from the urinary channels." (P. 359.)

The chapters which have been mentioned as treating of subjects which are generally passed over in a cursory manner, contain much very interesting matter. That on Cancer of the Kidney, for instance, is founded on an analysis of 54 cases, of which two were observed by Dr. Roberts himself. Of these, 19 occurred in children under ten years of age—all, except three, being under four years. The remaining 35 cases occurred in adults between the ages of 19 and 70. The species of cancer is almost invariably encephaloid (fungus hæmatodes), and frequently is the site of extensive hæmorrhage. Scirrhus is very rare; colloid has been occasionally found forming a part of an encephaloid kidney; epithelioma has been found, as far as Dr. Roberts knows, in one case only. The size which the tumour may attain is great. In 10 children, the weight varied from $2\frac{1}{4}$ lbs. to 31 lbs.; the average being $8\frac{3}{4}$ lbs. In 10 adults, the average weight was $9\frac{3}{4}$ lbs.; the weight varying from that of the natural kidney to 27 lbs. In 47 cases out of 53, one kidney only was affected; and of the other 6, in two only the disease appeared to be primary in both kidneys. Of the unilateral cases, the right kidney was affected in 27, and the left in 20. In 26 out of 42 cases, there were secondary deposits in other parts—generally the lumbar, mesenteric, and vertebral glands, the lungs, and the liver; in four cases only was there deposit in the suprarenal capsules; and in the bladder, the uterus, and the penis, one each.

"The unfrequent association of primary renal cancer with cancerous deposits in the lower urinary passages is somewhat remarkable, and is scarcely what one would expect, considering the close anatomical and functional relation of these parts." (P. 441.)

As regards sex, 52 cases supplied 37 males and 15 females; but the preponderance of the male sex is much greater in adults (26 to 8) than in children.

The distinctive signs of renal cancer are, tumour in the abdomen and hæmaturia. Of these, the tumour is by far the most constant sign.

"It presents itself first in the anterior lumbar region, between the margins of the ribs and the crista ilii; it then grows forward to the umbilicus, upwards into the hypochondrium, and downwards into the iliac and inguinal regions; in extreme cases it fills the entire belly." (P. 442.)

Hæmaturia, according to Dr. Roberts, is a symptom which must not be relied on too much. Of 49 cases, it was absent in 25 through their whole course. In several others, it was transient in its appearance. But, where present, it is a sign of much value. It is in general irregularly intermittent, occurring at intervals of days or weeks, with or without any appreciable cause. The hæmorrhage may be profuse, or may be so small as to require the microscope for its detection.

Regarding the presence of cancer-cells in the urine, Dr. Roberts says that its diagnostic value is doubtful; for these bodies may not be found, and it is difficult to distinguish them, when present, from the transitional epithelium of the pelvis and ureter. Further, says Dr. Roberts, cancer-cells, to be excreted with the urine, can only come from broken down and degenerated portions of the growth; and, as he has found it impossible to identify cancer-cells in the detritus of external cancer, much more difficult must it be to do so in detritus that has been acted on by the urine.

The duration of the disease varied—in the cases recorded being shorter in children; among whom, in 14 cases, the disease had a mean duration of between seven and eight months. In 20 adults, the disease continued, on an average, two and a half years; but 8 died within a twelvemonth, and 7 under three years. Of the remaining 5, one patient survived seven years.

We must now bring our notice of this book to a close; regretting only that we are obliged to resist the temptation of giving further extracts from it. Dr. Roberts has already on several occasions placed before the profession the results of researches made by him on various points connected with the urine, and had thus led us to expect from him something good—in which expectation we have been by no means disappointed. He has produced a work which not only does honour to him as a provincial physician, but one which would be creditable to any physician placed in what are generally supposed to be more favourable circumstances; for, independently of the diligent observation and practical experience which he has brought to bear on the subject, he has manifested an acquaintance with its literature which, we believe, could be excelled by no one, even having at command all the resources which the metropolis places at disposal. The book is, beyond question, the most comprehensive work on urinary and renal diseases, considered in their strictly practical aspect, that we possess in the English language.

CONTRIBUTIONS TO DERMATOLOGY. No. III. PSORIASIS AND LEPRA. By T. McCALL ANDERSON, M.D., Physician to the Dispensary for Skin-Diseases, etc., Glasgow. Pp. 65. London: 1865.

IN this work, Dr. McCALL ANDERSON treats, in six chapters, of the characters and symptoms, causes, diagnosis, prognosis, and constitutional and local treatment of Psoriasis.

In commenting on the varieties of the disease described, he remarks that the several forms are not to be regarded as varieties, but as stages of the disease: Psoriasis punctata, guttata, nummularis, inveterata, and universalis, being advancing, and Psoriasis circinata (lepra) and gyrata declining stages. He describes also a condition which he has sometimes observed, and which he regards as an intermediate stage between so-called psoriasis guttata and psoriasis nummularis.

"In it the accumulation of epidermis takes place to an unusual extent, so that on many of the patches it assumes the shape of large conical crusts marked by concentric rings. In fact, they exactly resemble limpet-shells; and, from their likeness to crusts of rupia, I have called this variety Psoriasis rupioides. Except in the shape of the crusts, however, there is no connection whatever with rupia; and, on removing a crust, there is no ulceration beneath, but a slightly elevated dusky-red rounded surface is exposed to view, which sometimes bleeds a very little." (Pp. 4-5.)

In the constitutional treatment of Psoriasis, Dr. Anderson places most reliance on arsenic, and

next to it on cod-liver oil. Local treatment he allows to be useful when properly applied. Among these, soothing applications must be used when the patches are much inflamed, or hot and itchy; or a hydrotherapeutic plan may be tried, and is often found useful, not only in relieving acute inflammation, but sometimes also in removing the affection entirely. In the chronic form of the disease, the preparations of tar are most generally useful; but, for the face or head, Dr. Anderson prefers soft or potash soap, or a solution of this in water or spirit. Mercurial ointments are often valuable;

"But they are more applicable to the treatment of limited eruptions, as it would be unsafe to apply them for any length of time to an extensive surface, owing to the danger of their being to any great extent absorbed, thereby producing salivation—an occurrence which is not only to be avoided for its own sake, but which has the additional disadvantage of tending to produce a more copious eruption, owing to the depression of the general health which is thereby induced." (Pp. 56-7.)

The present volume is, like Dr. Anderson's other *Contributions to Dermatology*, a work of high practical value.

PHOTOGRAPHS (COLOURED FROM LIFE) OF THE DISEASES OF THE SKIN. By ALEX. BALMANNO SQUIRE, M.B.Lond., Surgeon to the West London Dispensary for Diseases of the Skin, etc. Nos. VI, VII, and VIII. London: 1865.

SINCE we last noticed Mr. BALMANNO SQUIRE'S excellent series of photographic representations of skin-diseases, three additional numbers have appeared. Of these the first—the sixth in order in the series—represents Favus or Honeycomb Ringworm, typical of the Vegetable Parasite Diseases of the Scalp. The subject of the photograph was a boy aged 13, who had been affected with favus for three years; and the portrait gives a very good idea of the general appearance presented by the disease. The next photograph—No. VII—is a representation of Lupus, the type of Tuberculæ. The portrait selected, which shews the visible characters of an average case of lupus affecting the cheek, is one of a boy aged 12, in whom the disease had existed eight years. The eighth photograph represents the face of a man affected with Papular Syphilide. Each of the portraits is accompanied with a sheet of letter-press containing a plain practical account of the disease in general, and of the case represented in particular.

The three numbers before us are of equal merit with those which have preceded them. Four more parts remain, we believe, to complete the work; which promises to be, when finished, one of the most successful examples of the application of photography to the delineation of disease that has ever been placed before the profession.

SUPERSATURATED SOLUTIONS. M. Jeannel attributes the sudden crystallisation of supersaturated solutions to purely physical causes. M. Gernez asserts that the crystallisation is brought about by the contact of a solid particle, no matter how minute, of the substance held in solution. M. Gernez now says, that he has repeated all M. Jeannel's experiments, and has arrived at results which confirm his own views.

British Medical Journal.

SATURDAY, DECEMBER 9TH, 1865.

THE CATTLE-PLAGUE.

A LETTER in the *Times*, signed "Q.", is full of plain common-sense, and well represents the opinions of those whom we have ventured to call the scientific members of the Cattle-Plague Commission. Its insertion indicates that the *Times* will shortly enter upon a new phasis of Rinderpest faith, and (as is its wont) will presently put forth opinions and offer advice touching the disease precisely opposed to those which it has been hitherto earnestly, and reckless of all honesty and truth, attempting to force down the throats of its readers. The writer of the letter referred to, from its trenchant, plain, and forcible style, is, we should feel inclined to think, a well-known member of our profession sitting on the Commission, whose name commences with the letter Q. Be he who he may, he sums up in a masterly way the history of the Plague; and plainly tells us how we now stand in relation to it, and how only we can be rid of it.

"The disease is undoubtedly the Steppe Murrain; the most contagious of all maladies affecting either man or brute. It has never been known to originate spontaneously, and it is always propagated by contagion. It seems to be never absent from the Russian Steppes. During three years in the early part of the last century, Western Europe lost a million and a-half of cattle, whilst at a later period of the same century the losses amounted to three millions. Professor Jessen of Dorpat tells us that in the year 1846 the value of the losses in the Russian Empire was estimated at 10,000,000 of ducats; while, in the year 1862, 10,000 beasts were slaughtered and paid for in Russian Poland alone, and solely with the object of arresting the spread of the disease; and extraordinary measures have been adopted by all European Governments against its inroads. During twelve years in the middle of the last century, the British Government paid nearly a quarter of a million sterling by way of compensation for cattle slaughtered.

"The disease, commencing in the Metropolitan Cattle Market, in a point so small and so obscure that it can scarcely be discovered, has, in the short space of five months, spread throughout our island in lines so clear that nearly every one of them can be followed. With one or two exceptions, every county in England has been invaded; Scotland is suffering most severely; while only three counties in Wales have as yet been infected. It has been estimated that more than 4000 separate spots have received infection, thus forming 4000 separate centres for its propagation. In June there was but one. The deaths of the last four weeks have doubled those of the preceding four months."

For this most formidable evil, what is the remedy?

The advice of the optimists who hoped for better things from change of season or of weather, and of Mr. M'Clean who made light of the evil, is plainly

useless. The writer sees no remedy for this dire calamity which gives the least promise of success, except the suspension of the movement of all cattle, as recommended by the majority of the Royal Commission.

"To this remedy" (he says) "I believe we must come; it will not be, perhaps, till we have been driven to it by the loss of some half million of our stock. There are those who have said that the remedy is worse than the disease. We have seen what the disease is, and what it may become.

"The proposed remedy is, that the movement of all horned cattle should be suspended for a certain period; the object being to stop the spread of contagion. If this proposal were fully and fairly adopted, the plague must cease. It is said that the measure is impracticable, and that the price of meat would be so much enhanced that there would be danger of a riotous outcry. The price of meat is high now, and must become higher still if the present fear of infection and uncertainty as to cattle trade are allowed to continue. A single year of the present system will ruin the home trade in cattle, and cause infinitely more mischief than the suspension of traffic for three months. The chief objection to the proposal rests on the interference with the supply of the food of the people. The importation of fat cattle from abroad has increased to such an extent that in the metropolitan market two foreign beasts are now sold to one bred in England. If, therefore, at half-a-dozen ports of import, suitable markets, with slaughter-houses, were provided, the foreign stock would come for our supply in the like or in increased proportion. They would be killed under inspection, and the dead meat sent to market. Thus two-thirds at least of our food would still be provided. There might be some difficulty in providing the remainder, by killing fat animals on the farms of our graziers, and bringing the dead meat to market; but the difficulty would very soon disappear. Hundreds of tons of dead meat are weekly sent now to London and other markets by railway.

"No doubt, there would be inconveniences felt at first; but the benefit would soon counterbalance them. Under the present system, cattle on the railways are knocked about, exposed to all weathers, and allowed to remain frequently on the road for upwards of thirty or forty hours without either food or water. They are driven through our crowded streets, embarrassing traffic, themselves being frightened, fevered, and excited; they are then killed in close and filthy slaughter-houses, and the meat thus rendered far less wholesome than it would otherwise be.

"Each week about 600 tons of filth and offal which, if left in the country, would constitute manure, is brought into our crowded city, to be carried out again after polluting our atmosphere. The meat of animals killed when cool, healthy, and unexcited, in a clean farm-shed, would clearly be preferable to that killed under the circumstances above described. The carriage of dead meat would soon be provided for. There is scarcely a place in England so remote from railway that the body of an ox grazing this morning on its pasture may not be to-morrow morning in the London dead-meat market. A few years hence, people will wonder how the present horrible system of carriage and slaughter has been so long tolerated. A different system must inevitably be introduced for all foreign cattle, inasmuch as were the plague stopped here, to-morrow it would be brought back again by cattle imported, as they are now, from all parts of Eastern Europe."

Our readers will observe that, from the beginning to the end of this letter, of which we have given a full abstract, there is not a word said about the treatment of the disease. We believe, from this very fact, that only a scientific man of medicine could have penned the document. The writer has risen to the height of the occasion. He has thrown aside all the mischief and delusion touching arsenicum, prophylactics, and decillionth dilutions of belladonna cures; and has spoken language worthy of scientific medicine. He leaves to the *Times* and to its barefaced mountebanks, the exhibition of ignorance and impudence such as in truth was contained in a leader of the very journal in which the letter was published.

"And here" (says the *Times*), "if the pretensions of the system can only be established, will be the value of homœopathy, which professes not only to cure, but to prevent. If the prophylactic dose of 'arsenicum' should be found actually efficacious, our cows may be sent to market with perfect safety. *The antidote will operate like vaccination in the case of small-pox, and in the end the disease itself ought to disappear.*"

But, saying this, the *Times* begins to whine over the failure of the quackeries which it has been so sedulously fostering; and will, no doubt, very shortly recommend the conclusions of the medical men of science on the Commission; the conclusions which it has been all along deriding. Were we wrong in our remarks some weeks ago, upon the Report of the Cattle-Plague Commissioners, when we said that science would yet be found to justify her children?

It is pitiable to turn from these, the plain teachings of scientific sense, to the miserable tale of homœopathic twaddle which is being told out at Norwich, under the direction of noble lords, London infinitesimalists, and a local and reverend and "skilful homœopathist, the Rector of Lyng," who, it appears, instead of tending his own special human flock, is busy administering "arsenicum" to his neighbours' cows. This homœopathic experiment at Norwich has, of course, turned out a miserable failure. The homœopathists and their backers are naturally dissatisfied thereat, and have consequently raised the cry of "unfair play". They object to the full and complete report of Mr. Forrester (who is, he says, neither allopath nor homœopath, but only wants to get at a remedy for the disease), which has been presented to the Norwich Cattle-Plague Association. It is very circumstantial, and shows to demonstration that the treatment by homœopathy is, as Mr. Forrester expressed it, "wholly and entirely a failure". Lord Bury admitted that homœopathy had failed; but then said he, "It has not been properly tried." Mr. Forrester affirmed and repeated his assertion, that the homœopathic experiment had been fully and fairly tried. To this Lord Bury replied by a silly attack on the *Lancet*, quoting remarks from that journal, and stating that he "had

never heard such a tissue of nonsense in the whole course of his life." We know not if his lordship be deaf; but if he is not, and could hear his own observations, we venture to say that he would have heard a very fair share of nonsense fall from his own lips. Mr. Forrester added, that he was no enemy to homœopathy; but that he did not "accept the enormous bounce with which the homœopaths came forward in this county: they were going to drive every allopath out of every farm in Norfolk." Lord Bury wound up with shrinking to the statement, that he had "received the statement which he had made, and was prepared to produce the gentleman who gave him the facts."

MISGUIDED AND MISGUIDING.

A "Metropolitan Hospital Surgeon", or a person so signing himself, has, like other misguided individuals who have preceded him, poured out his medical lamentations to the *Times* touching the Rinderpest. This "Hospital Surgeon" we should take to be a homœopath's surgical adviser. He has evidently as great admiration for the quack as he has for the medical practitioner.

"It is not difficult," he says, "to perceive that there is an attempt to fight anew a battle between rival systems of medicine, homœopathic or allopathic; the battle-ground being in this case the bovine instead of the human race. Now, with this contest I desire to have nothing to do, nor to involve myself in any way with the disputing parties, holding distinct opinions of my own as to the value of their respective claims."

A man of this stamp naturally falls to his level by his own act; and thus falls this metropolitan surgeon. The burthen of his tale is, that we should learn the natural history of the disease, and, when we have got hold of that, then try the effect of "some single therapeutical agent—say alcohol, a very powerful one for good or for evil," etc. He then winds up with a piece of bunkum about "humble inquiry into natural phenomena, etc."; and shows one glimpse of good reasoning by concluding with a suspicion, that all that he proposes will be regarded as nonsense—as "Utopian". Not one word from beginning to end does he say of the only remedy which is worth a moment's consideration; viz., the prevention of the disease. What may be hidden in the future, none of us can divine. What inoculation and "arsenicum" (decillionth dilution) may do, we have yet to learn. But this we may most safely affirm, if existing medical knowledge is capable of being used for any scientific purpose, that all we do know of the history of specific fevers points to certain positive conclusions, which reduce to a very minimum reasonable hopes of their specific cures. To search for such cures, is very much like searching for the philosopher's stone.

Scientific medicine tells us this: that fevers will run their appointed course in spite of all treatment; that, in spite of all treatment, a certain percentage of fever-patients will die; that we have, in no sense whatever, a specific cure for those fevers; that, reasoning from analogy, we can never hope for a specific remedy; that, when the fever manifests its presence in the body by symptoms, we have proof of its being actually in possession of the body, and in such a fashion as not to be dislodged; that it will run a distinct and definite course within the body.

If, then, the teachings of medicine are worth anything, they tell as plainly as the handwriting on the wall, that to suddenly arrest the progress of a specific fever, to neutralise or annihilate it, is a thing impossible; that, in this sense, medicine is powerless; that its business in the face of such disease is, by a rational method of proceeding, to sustain the body while passing through the perilous conflict, and aid and guide it (so far as may be) to a happy issue. The disease has possession of the body, and will play out its full revel there in spite of all our efforts. We can only look on, and skilfully second the natural powers in their resistance to the disease. We can claim no more power than this; and, assuredly, analogy forbids us ever to hope for more power.

But if we are so helpless here—so powerless in battling with the disease when it has possession of the fortress—in another direction, in preventing its entrance there, happily we are all-powerful. Does not scientific medicine tell the world—has it not told the world in unmistakeable language—that fevers are, in the main, the products of man's own disobedience to the laws of Nature? Has it not told us how in their history to trace out their origin; and how happily, if Science's voice were heard and obeyed, the diseases might be stifled in their very increment—their engenderment be actually prevented? Science bids us tell the world to stifle out the causes of these fevers; and common sense, that rarest of senses, should have told the "Metropolitan Surgeon", that, if he wanted to say a word of wisdom to the *people*, he should have told them as much. To be worthy of the name he assumes, he should have risen above the small natures who, in the face of this great national calamity, babble in daily papers of "arsenicum", and "alcohol", and "mild laxatives", etc. He should have recognised the fact that we are dealing with brutes, and not with men; that we have a profoundly contagious and profoundly fatal disease to deal with; and that the life or death, *per se*, of the brutes who catch the disease, is comparatively a matter of very small account. He should, as a man of science, have told the people what science, and we might add experience, proclaim as plainly as they can speak; viz., *that the only cure of the disease is the prevention of the contagion of it;* that the attempts which he proposes, of treating one thousand

or ten thousand cases experimentally, is simply a certain method of keeping alive a constant focus of contagion, and so of permanently fixing the disease in the country.

The "Metropolitan Hospital Surgeon" may understand surgery; and, in his future communications to the *Times*, we advise him to stick to what he understands, and not to deal with large pathological principles which are clearly beyond his grasp. We tell him this plainly, because letters like his do infinite mischief. They encourage good-meaning and not very clever lords and reverend homœopaths to go running about after "cures" like so many silly Japhets in search of fathers. They encourage the spread of the calamity, by turning people's ideas and hopes in the direction of a search after *ignes fatui*. They direct attention away from the certain, the manifest, the scientific, and only possible cure of the disease—its prevention.

INCREASED USE OF STIMULANTS IN HOSPITALS.

Some remarkable statistics regarding the employment of stimulants and the mortality in the London Hospital during some past years, appear in the last volume of the *Reports* of that hospital. In 1862, the number of in-patients was 4519, and the general mortality 7.6 per cent. The quantity of stimulants consumed was 1281 gallons of wine, 162 gallons of brandy, 38 gallons of gin, and 1100 ounces of cinchonine.

In 1864, the number of patients was 4619, and the general mortality 10.5 per cent.; the stimulants consumed by these being 1558 gallons of wine; 359 gallons of brandy; and 77 gallons of gin. But as a set-off, if it may so be called, 760 more leeches were employed during this year than the average for the five preceding years; viz., 3840. However, here we have a great increase in the amount of stimulants consumed, and also a great increase in the mortality of 1864 as compared with that of 1862. We state the facts, let it be understood, without in any way pretending to connect them as cause and effect.

Other statistics Dr. Fraser gives us under this head. "From 1854 to 1858, the annual average quantity of wine employed by each physician was 12,803 ounces"; each physician having an annual average of 391 patients under treatment. The annual average mortality was 11.87 per cent. But from 1860 to 1864, the annual average quantity of wine employed by each physician was nearly quadrupled, being 48,136 ounces; his annual average number of patients was 413; and the annual average mortality was 12.65 per cent.

From 1854 to 1858, each surgeon employed annually 38,016 ounces of wine; his annual number of patients was 1036, and the average annual mortality 4.48 per cent.

From 1860 to 1864 (five years), each surgeon employed an annual average of 142,951 ounces of wine (nearly four times more than in the previous years); the annual number of patients under him was 1065; and the annual average mortality 6.65 per cent.

Hence we have, in the practice of both physicians and surgeons, a distinct increase of mortality coincident with a great increase in consumption of stimulants.

Dr. Fraser also tells us (referring to a former paper of his) that, in 1851, there were 4051 in-patients in the London Hospital; that in 1857, there were 3935 in-patients; and that the mortality was greater in 1857 as 8 to 6.5 per cent., although £962 more were spent in 1857 than in 1851 for articles of luxury.

It is curious to note, that the only comment which Dr. Fraser makes on the above remarkable statistics is this:

"It is evident, that a steady rise in the employment of stimulants..... is still going on; and whatever be the cause, we may rest assured that the practice is imperative and needful; for it would be a monstrous assumption that a whole staff could be blindly following an objectless routine."

Not a single word of comment does Dr. Fraser bestow on the constant fact of the coincident increase of the mortality!

The summary of these statistics stand thus:

From 1854 to 1858, each physician employed 12,803 ounces of wine annually; the deaths being 11.88 per cent. From 1860 to 1864, he employed 48,136 ounces; the deaths being 12.65 per cent.

During 1854 to 1858, each surgeon employed annually 38,016 ounces of wine; the deaths being 4.48 per cent. During 1860 to 1864, he employed annually 142,951 ounces; the deaths being 6.65 per cent.

In 1862, the general mortality of the hospital was 7.4 per cent.; the consumption of stimulants being 1281 gallons of wine, 162 of brandy, and 38 of gin.

In 1864, the mortality was 10.5 per cent.; the quantity of stimulants consumed being 1558 gallons of wine, 359 of brandy, and 62 of gin.

We again repeat, well knowing the sad fallacies which are so often edited through an erroneous interpretation of statistics, that we do not pretend to connect the increase of deaths with the increase of stimulants consumed. But, when we reflect upon our modern advancement in medicine and surgery (especially as miscalled conservative), when we think of our great modern hygienic efforts, we may fairly ask for some explanation of the fact of a general advance in the mortality of a London hospital.

POISONING BY MERCURIC METHIDE.

The volume of the *St. Bartholomew's Hospital Reports* lately published contains an account of two cases of poisoning by mercuric methide. We believe that these cases are unique in the annals of science, and trust that science may never again have to record such needless sacrifices. The effects of the poison appear to be most remarkable; and, if they had been observed in one case only, might have left doubts in the mind of the physician as to the connexion between certain of the symptoms and the poison. The very peculiar symptoms, however, having been observed in both cases, leave no doubt as to their being the result of the poison in question.

"C. U., aged 30, was admitted into the hospital February 3rd, 1865, under Dr. Jeaffreson. He was a German, assistant in the laboratory of St. Bartholomew's Hospital. For nearly three months past he had been engaged in preparing mercuric methide, and had complained during the time of impairment of sight. Two days before admission, he was seized with numbness of the hands, deafness, and great weakness, and found that his gums had become sore. On his admission, he complained of general debility and inability to stand without support. He moved his arms and legs slowly and with difficulty, but sensation in them was unimpaired. He spoke indistinctly, and was deaf. His gums were swollen and tender. The patient gradually became worse; the odour of his breath and body became very offensive; he was at times maniacal, and died on February 14th. *Post mortem* examination showed congestion of the brain, especially of the grey matter; the liver was natural; the kidneys were also congested and soft. We are not informed whether any of these organs contained mercury; no chemical examination appears to have been made. Probably, however, mercury would have been found in them.

"The next case is that of T. C., aged 23, a delicate-looking young man of fair complexion, admitted March 25th, 1865, under Dr. Jeaffreson. He had been an assistant in the laboratory of St. Bartholomew's Hospital for twelve months, during the last four of which he had not been well. In January last he was employed for about a fortnight in the preparation of mercuric methide, but had not worked with this or at any other mercurial compound since that time. He stated that he had a taste of brass in his mouth. His breath was offensive, his gums were spongy, and his sight slightly impaired. Hearing appeared to be entirely absent. The powers of taste, speech, and smell were much impaired. Sensation was less than natural. He moved his limbs perfectly, but slowly; could grasp but imperfectly, and dragged his legs after him in walking. He had perfect control over his sphincters. In this case also, the progress was from bad to worse. On July 4th, he was quite idiotic, recognised no one, was deaf, and unable to speak any words, but muttered, cried out, or laughed, and was frequently violent, and his limbs moved convulsively. His bowels were in general confined; the motions and urine were always passed involuntarily. In this condition we believe he still remains."

These painful cases have been recorded almost without comment. Dr. Edwards, the reporter, says of them:

"The symptoms do not resemble those produced by any known disease, or by the action of any hitherto known poison. That the symptoms were due to the inhalation of this substance, is rendered almost certain, from their close similarity in the two cases, as well as from the fact that symptoms of the same character, although much less in degree, were experienced by almost all those who were working in the laboratory at the time. No comment upon these cases is possible."

The *Chemical News* suggests that

"The operations, it must be presumed, were carried on (in ignorance of the poisonous qualities of escaping vapours) in the open laboratory, and not under a hood."

At the Parisian Hospital Medical Society, the question as to the isolation of cholera-patients has been discussed.

At St. Antoine, where isolation was strictly practised during the first three weeks of the present epidemic, not a single case originated within the hospital. The cases which occurred afterwards were chiefly of attendants and in the neighbourhood of the cholera wards. Perfect isolation, said M. Bucquoy, appears to have been practised at the military hospital Gros-Caillou, and the dejections and vomited matters were disinfected. Not a single case originated within the Hospital, although a great many cases were admitted.—M. Bernutz said that, at La Pitié, thirty cases out of 157 originated in the hospital; six of these came from a surgical ward situated near the place where the beds, etc., of the cholera-patients were cleaned; one of the persons engaged in cleaning them was attacked with cholera.—M. Bucquoy mentioned striking cases to instance the transmissibility of cholera. A wet nurse returning from Paris felt ill and died of cholera at Péronne on October 28th; her husband was also attacked, and died. Five other neighbours were also attacked. Another nurse, also returning from Paris, died of cholera; her child was then given to another nurse, who also died of the disease, as well as the infant. A third nurse was also attacked. They all three belonged to the same party; and had been living several days in Paris in the Quarter of Municipal Direction of Wet Nurses, where the epidemic was then raging. The result of this was, that wet nurses from Péronne were no longer allowed to go to Paris for the purpose of bringing back with them children for suckling. These facts were all found scrupulously correct, added M. Bucquoy. No case of cholera had been previously observed in the district, and the epidemic appears to have been stifled.—M. Hérard observed that the number of cases originating in hospitals was less than in former epidemics; and he attributed this to the present isolation of cholera-patients at St. Louis, where isolation was carefully practised, very few cases originated in the hospital.

It is said that the Report of the Venereal Commission will be very much in the direction which we anticipated long ago when the Commission was opened. Its main feature will be a recommendation of the extension of the system of supervision of prostitutes, as carried out in the Contagious Diseases Act. As to the treatment or nature of venereal diseases, we may safely venture to anticipate that the Commission will have little new to tell us.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [Ordinary.]	Medical Department, Old Library, Birmingham.	Thursday, December 14th, 6 P.M.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session of the above Branch was held on Thursday, November 30th, in the Victoria Rooms, Clifton; F. BRITTAN, M.D., President, in the Chair. There were present forty-nine members and visitors.

The minutes of the previous ordinary meeting were read and confirmed.

The Death of E. S. Mayor, Esq. It was proposed by Mr. FOWLER, seconded by Dr. MARSHALL, and unanimously agreed to—

"That a letter on the part of this Branch be forwarded by the Secretary to the family of the late Mr. Mayor, condoling with them upon the loss of so old and respected a member of the Branch, by disease caught in the exercise of his professional duties amongst the poor."

Papers. The following papers were read.

1. Cases of Polypus Uteri: with Remarks. By J. G. Swayne, M.D.

2. Where Typhus is best Treated. By E. L. Fox, M.D. A lengthened discussion followed, in which Mr. Stone, Dr. Marshall, Mr. Davies, Dr. Herapath, Mr. Woolmer, Dr. Budd, and Mr. Swete took part.

Other papers had to be postponed till future meetings.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV. 14TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ON THE INFLUENCE OF THE INGESTION OF COFFEE ON THE UREA AND CHLORIDES IN THE URINE.

BY CHARLES E. SQUAREY, M.R.C.S.

[*Communicated by* A. B. GARROD, M.D., F.R.S.]

OBSERVATIONS were made on three cases whilst Mr. SQUAREY was residing at University College Hospital as physician's assistant. The coffee was taken three times daily, at first in quarter-ounce doses, and gradually increased till in the third case from four to six ounces were taken each day. The temperature, in two of the cases, was taken night and morning, and was never found to be above or below the limits of health. The urine was collected every morning at eight A.M., and examined the same day for urea and chlorides. Both analyses were made by Liebig's volumetric method.

Urea. In the first case, the observations were carried on for six weeks. The patient's health was good the whole time; and he never complained of any uneasy sensation after taking the coffee. It was taken three times daily in quarter-ounce doses every alternate week. On comparing corresponding weeks of coffee and non-coffee taking, no appreciable difference was to be found. The greatest was in the first and second weeks. The daily average in the second week, when quarter-ounce doses of coffee were taken three times each day, was 2·198 *grammes* more than in the first week when no coffee was taken; in the third and fourth weeks the daily average was less by ·424 of a *gramme* in the fourth week, when coffee was taken; in the fifth and sixth weeks, the daily average was less by ·515 of a *gramme* in the sixth week, when no coffee was taken.

In the second case, the observations, owing to an attack of tonsillitis supervening, and the patient leaving the hospital immediately on recovery, were only continued for one week, so that the influence of the coffee could only be judged of by comparing the amount of urea passed per *kilogramme* of body-weight with the normal amount in health. The patient's age was 17 years; his weight was 115 lbs., or 52 *kilogrammes*; and he passed on the average ·428 of a *gramme* of urea per *kilogramme* of body-weight. He was taking half-ounce doses of coffee three times daily.

In the third case, the observations were carried on for ten weeks. On comparing the first and second weeks, it was found that the daily average was greater in the second, when three cups of a strong infusion of coffee were taken three times each day, by ·381 of a *gramme*. On comparing the third and fourth weeks, a great diminution was found in the daily average of the latter, when quarter-ounce doses of coffee were taken three times daily; it was less by 5.099 *grammes*. Yet, in the fifth week, when the same amount of coffee was taken, and in the seventh week, when half an ounce was taken twice a day, and in the eighth week, when half an ounce was taken three times a day, the daily average was greater than in the sixth, when no coffee was taken; so that, although the daily average was lessened one week when quarter-ounce doses of coffee were taken, yet it did not rise when the coffee was left off, or become diminished when the same or larger doses were taken. The daily average in the ninth week, when from one and a half to six ounces of coffee were taken each day, was less by 4·795 *grammes* than in the tenth week, when no coffee was taken; but, in the tenth week, the patient not feeling well, the diet, which up to this time had been very strict, was varied, his health and appetite improved, and with it there was naturally a daily increase in the excretion of urea.

From these results, Mr. Squarey argued that coffee in the above doses certainly does not increase the excretion of urea, or diminish it to any appreciable extent; for the slight difference that occurred in the daily average of the six consecutive weeks in the first case was by no means beyond the limits of health; that, in the second case, the amount of urea excreted per *kilogramme* of body-weight was quite normal; that, although in the third case there was the large diminution of five *grammes* in the daily average of the fourth week, when coffee was taken, yet this diminution did not recur when the same and even larger doses were taken; nor did the daily average rise when the coffee was left off, which it should have done had the decrease been entirely due to the influence of the coffee; that, according to Dr. Parkes, the decrease of five *grammes* in the daily average is not beyond the limits of health; for Dr. Parkes, in his book on the *Urine*, page 8, says that "the maximum and minimum amounts of urea passed on any one day by an individual are usually about one-fifth above and below his mean amount"; so that, in the third case, the patient passing on the average between thirty and thirty-five *grammes*, an increase or diminution of six *grammes* would be within the normal limits.

Chlorides. In the first case, the daily average of the two weeks when coffee was taken in quarter-ounce doses was as nearly as possible the same as in the two corresponding weeks when no coffee was taken; the amount excreted per *kilogramme* of body-weight being quite normal.

In the second case, half-ounce doses of coffee being taken three times daily, the amount of chlorides excreted per *kilogramme* of body-weight was ·162 of a *gramme*—a rather large, but certainly not abnormal proportion, for a boy aged seventeen, and weighing 52 *kilogrammes*.

In the third case, the rate of excretion of the chlorides was high throughout the whole course of the observations, both during the coffee-taking and the non-coffee-taking weeks. The amount excreted per *kilogramme* of body-weight was highest in the seventh week, ·272 of a *gramme*, when half-ounce doses of coffee were taken twice daily; and lowest in the eighth week, ·168 of a *gramme*, when half-ounce doses were taken three times each day.

In conclusion, Mr. Squarey stated that neither of the patients suffered in any way from ill effects from taking the coffee. There was never any giddiness, delirium, or unsteadiness of the hands. The patients invariably slept well. The pulse, noted several times, was generally found to be increased for half an hour or so after taking the coffee.

The PRESIDENT commended the large and patient observation in the author's paper. There were, however, several points in it on which further information was required. In the first place, it was necessary to know more exactly what kind of coffee was used—whether it was Plantation or Mocha; and whether, if it had been bought ground, it had not been adulterated. Again, the amount of exercise taken during the experiments would affect their results considerably. The effect of muscular activity in increasing the amount of urea was shown by its increase in chorea. Coffee would sometimes constipate, and at others would act as an aperient.

Dr. WEBSTER said that he could scarcely understand the paper. This was not due to any fault in the Secretary's reading, but to using of French names for weights which required calculation. He had, he remarked, protested before against this, and still thought that English words ought to be used before an English society. He thought also the subject should be studied on a more extensive scale, and suggested to the author to inquire more widely into the effects of coffee-drinking. To do this, he had only to go across the Channel to France, and then to Spain, where no coffee was drunk, but only chocolate.

OBSERVATIONS ON THE TREATMENT OF HEREDITARY SYPHILIS: WITH CASES TREATED WITHOUT MERCURY.

BY R. WILLIAM DUNN, M.R.C.S.

[*Communicated by* ROBERT DUNN, F.R.C.S.]

The author first narrated the particulars of some cases of hereditary syphilis which had come under his observation at the Farringdon Dispensary, and which he had successfully treated with chlorate of potash, without using mercury in any form whatever. Out of fifty cases which he had thus treated, he had met with only one case of relapse, which readily yielded to a repetition of the same treatment; and three deaths, one child dying of convulsions, and the other two being in a dying state when first seen by him. The author then entered upon the general treatment of syphilis, briefly alluding to, and giving the names of, those who have advocated the non-mercurial treatment. On the authority of the *British and Foreign Medico-Chirurgical Review*, he stated that, from 1800 to 1835, about eighty thousand cases of syphilis had been treated without mercury. He rejoiced in the belief that the non-mercurial treatment was gaining ground amongst the profession; and, owing to having been so often disappointed himself in the results of specific treatment, he had now abandoned completely the use of mercury in any form in the general treatment of syphilis. In the treatment of hereditary syphilis, he considered that we must be guided by the same general rules which we observe in treating other diseases. All remedies of a depressing or lowering character ought to be avoided; and, on the other hand, tonics, cod-liver oil, strict diet, and extreme cleanliness, were essential to successful treatment. He bore evidence to the marvellous effects upon children of chlorate of potash in combination with hydrochloric acid in this disease. Where the skin was very irritable, he recommended a bran bath, the bowels to be carefully regulated, and the child to be out in the pure air as much as possible. Sixty-three days was the longest period any child had been under his treatment, and eighteen days the shortest, the average time being about thirty days.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, NOV. 16TH, 1865.

A. B. STEELE, Esq., Vice-President, in the Chair.

Specimens. Dr. SHEARER showed Specimens of Exfoliated Bone, from the lower jaw and mastoid process, following attacks of typhus and scarlet fever.

Dr. CAMERON brought forward a Superior Maxillary Bone that had Necrosed in a case of cancrum oris. Mr. Hakes subsequently remedied the very considerable disfigurement in the soft parts by a plastic operation.

Transfusion. Mr. HIGGINSON brought before the Society the particulars of twelve cases where he had performed transfusion; they will shortly be published in the JOURNAL.

Large Urinary Calculus. Mr. HAMILTON related a case of unusually large urinary calculus. J. M., aged 46, a cooper, a strong healthy-looking man, had had since childhood some trouble in passing his urine; occasionally suffering from scalding pain and sudden stoppage of the stream; but his symptoms were not of sufficient urgency to induce him to take medical advice till five weeks ago, when they became much aggravated. Two perinæal fistulæ discharged a quantity of thin matter every time he strained at stool. The surgeon whom he then consulted treated him for irritability of the bladder; but without any good effect. The bladder was not examined with the sound. His symptoms increasing, he applied at the Liverpool Southern Hospital on Oct. 5th, 1865; and was placed under Mr. Hamilton's care. A sound at once detected a calculus; and, two days after his admission, Mr. Hamilton operated by the lateral method. On seizing the stone with the forceps, its unusually large size was at once apparent, rendering it necessary to enlarge the prostatic wound in an upward direction. This being done, the calculus was gradually withdrawn. Its dimensions were as follows: Round the small circumference, six inches; the large circumference, seven inches and a half; weight, five ounces and three drachms. It appeared to be composed of phosphate of lime; but a section had not yet been made. The patient soon rallied from the effects of the operation; and for the first few days did well. About the sixth day, his pulse rose from 100 to 124; his skin assumed a peculiar sallow, yellow appearance; opiates failed to procure rest; and there was great tenderness, with some

amount of hardness and swelling in the left iliac region, the whole abdomen being somewhat tympanitic. The urine came away freely from the wound; but the latter looked sloughy. On the eighth day, a silver catheter, passed through the urethra, removed from the bladder about four ounces of most offensive matter. The bladder was then injected with a weak solution of nitric acid; and opium was repeated every four hours. At night, a suppository of ten grains of soap and opium pill was introduced into the rectum. This treatment soon checked all the untoward symptoms; but it was a little over a month before urine flowed through the urethra, and then only in a few drops. On November 25th, all the urine came through the natural opening. The perinæal wound was almost healed.

Remarks. This case is interesting, because of the existence of a calculus in the bladder for so many years—probably thirty or more—with so slight inconvenience that the patient's health was not at all impaired; that he suffered so little up to five months before its removal; that he never thought of consulting a medical man; that, though so large a calculus existed in the bladder, the symptoms were so masked as to lead the medical man to regard the case, like those related by Mr. B. Holt, as one of simple irritability of the bladder; lastly, the case was remarkable because of the great size of the calculus. Of the 700 calculi whose size and weight are recorded by Mr. Crosse of Norwich, only two exceeded in weight the present one; and in both cases the patients did not recover from the operation. These weighed between six and seven ounces. Two are recorded of the same weight as this one; namely, between five and six ounces; and in each case the operation was successful.

Mr. Bailey, Dr. Rawdon, Dr. Telford, Mr. Hakes, Dr. Nottingham, and Dr. Balman, took part in the discussion.

Recurrent Miliaria. Dr. Balman read a case of Recurrent Miliaria after an attack of Scarlet Fever.

Doctors' Language. There is no doubt immense virtue in the half-Anglicised Greek and Roman words in which doctors delight. Whatever they know of the human body and its diseases, they certainly know something of the human mind and its weaknesses, when they do in all seriousness what Dr. Kitchener did in jest when he gave the name of "peristaltic persuaders" to a common dinner pill. When a patient hears an ordinary cold described as a "catarrh," or consumption spoken of as "phthisis," or is told that he is being subjected to "therapeutic treatment," he feels as if he were at once half cured. How, indeed, people got cured of the complaint we now call "bronchitis" before the word itself was invented, it is difficult to understand. We do not therefore complain of "doctors' Latin," as such, but we have a right to ask that it should mean what it pretends to mean. Here we have Dr. Letheby, when writing about the gases evolved in the London sewers, introducing (for we suppose it is new) one of the most decidedly unpleasant Latinisms that was ever invented. He tells us that bread is "vesiculated" by the carbonic acid gas forced into the dough by Dauglish's process, and generated by the action of yeast in the old-fashioned way of bread-making. If Dr. Letheby will open his Latin dictionary, he will find that this unsavoury word must mean that the bread we eat is filled with a multitude of little bladders; a statement as repellant to the palate as it is contrary to the fact. It is evident that the chemists and druggists are not the only people who would benefit by learning a little more Latin. (*Pall Mall Gazette.*)

Correspondence.

ALCOHOL.

Letter from Henry Munroe, M.D., F.L.S.

Sir,—A short time ago, a letter in the British Medical Journal, from Dr. E. Smith, F.R.S., called attention to the following paragraph in my lecture on the "Physiological Action of Alcohol," relating to the influence of ales and spirits in the process of digestion. "Alcohol has the peculiar power of chemically affecting or decomposing the gastric juice by precipitating one of its principal constituents; viz., *pepsine*, rendering its solvent properties much less efficacious. Hence, alcohol cannot be considered either as food, or as a solvent for food. Not as the latter certainly; for it refuses to act with the gastric juice."

The question asked by Dr. Smith is: "Has alcohol in a *dilute form*, or as it exists in a glass of pale ale, when taken into the stomach, the power of preventing the ordinary process of digestion when food has been taken? and has it also the power of decomposing or affecting the gastric juice without food, by precipitating one of its principal constituents; viz., *pepsine*, rendering thereby the solvent properties of the gastric juice much *less* efficacious?"

As a matter of science, it is of the highest importance that my statement should be confirmed or rejected; and I am ready to place before the readers of the Journal, the experiments and facts which led to my conclusions.

Not having had the advantage of making any experiments with pure gastric juice obtained from the stomach of a living human being, as in the case of Alexis St. Martin, who had an opening made in his stomach by a gunshot-wound,—or as in the case of the Esthonian peasant, Catherine Kütt, who had for three years a gastric fistula,—from which openings gastric juice was easily obtained—my experiments have all been performed with gastric juice artificially made, and with meat digested out of the body.

The following experiments, out of the many performed, seem to be the most conclusive.

Experiment I. Four ounces of gastric juice having been poured into a wide-mouthed phial, half-an ounce of raw beef, cut up into small angular pieces, was then introduced. The phial was placed for ten hours in a sand-bath at the heat of 100° Fahr., being every two hours briskly shaken to imitate the motions of the stomach. After the first two hours, the fluid became opaque and cloudy; the surfaces of the bits of beef assuming a milky white appearance. In about four hours, the muscular fibres of the beef on the surface, and at the angles especially, began to separate and loosen. In about six hours, the pieces of beef were much lessened in size, and the fluid presented a more cloudy appearance like thin broth. In about eight hours from the shaking of the phial, the pieces of beef were easily broken into shreds of muscular fibre, floating about in the fluid. In about ten hours, these muscular fibres became softened down and were no longer discernible, having become completely dissolved, the mixture presenting all the characters of soup.

Experiment II. Four ounces of the artificial gastric juice were poured into another phial, and I introduced half-an ounce of raw beef also cut into small pieces. I then added two drachms of rectified spirits of wine, and then placed the phial in the sand-bath. After two hours, little or no alteration had taken place in the fluid, which seemed to have no

action on the beef. In four hours, the fluid was very slightly opaque, the beef remaining the same in appearance. In six hours, a slight albuminous coating was seen on the surface of the beef. After eight hours, there was no change to the sight; but the pieces of beef *felt more solid* during the operation of shaking the bottle. In ten hours, there appeared only the slightest change upon the surface of the beef, the substance of it not having been acted upon at all. On the phial having been set aside to cool, there was seen at the bottom of it *a deposit of pepsine*, which was not observed at the beginning of the experiment, and which did not appear at the bottom of the phial used in Experiment No. I.

Experiment III. Instead of making the gastric juice with four ounces of water, I used that quantity of Allsopp's bitter ale. Half-an ounce of beef was introduced into the phial as in the other experiments, and the phial was placed in the same sand-bath. In two hours, there appeared little or no change in the fluid or beef. In four hours, the fluid was rendered slightly cloudy, and the surfaces of the beef slightly coated with albumen. In six hours, the muscular fibres of the beef seemed somewhat separating and loosened. In eight hours, no further change had taken place. In ten hours, the beef presented a similar appearance to the beef in the phial containing alcohol—very little acted upon by the gastric juice. The phial, on being set aside, and cooling, *a deposit of pepsine* appeared, as in the preceding experiment. On reference to the experiments performed out of the body by Dr. Beaumont, with the gastric juice obtained from the stomach of St. Martin, I find that the process of digestion was performed in somewhat less time. But when a piece of meat tied to a string was suspended in the stomach, it became completely digested, and quite disappeared in the short period of an hour and a-half, showing the difference of the result in point of time, between natural and artificial digestion.

That alcohol, even in a diluted form, has the peculiar power of interfering with the ordinary process of digestion, I cannot have a doubt. That alcohol, in a diluted form, has the power of precipitating the *whole* of the pepsine used, in these and other experiments, I will not affirm; but that it has the power of diminishing the efficacy of the gastric juice as a solvent for food, is sufficiently illustrated in my experiments.

On reference to the experiments performed in the human stomach, I may observe that Dr. Beaumont caused St. Martin, after a dinner of wholesome food, which was digesting happily, to take a glass of gin. The digestive process was immediately arrested and suspended, until the spirit had been absorbed into the general system, when the digestion of the food was slowly renewed and tardily completed.

Many years ago, after I had been an abstainer from all alcoholic drinks for six months, I partook of half-a pint of Allsopp's bitter ale at dinner. In less than an hour afterwards I felt tired, exhausted in mind and body, inactive, rather feverish, and inclined to sleep, with increased fulness at the pit of the stomach, such as I had not experienced during my term of alcoholic abstinence. This fulness of the stomach, accompanied with slight difficulty of breathing, from pressure on the diaphragm, did not abate for three or four hours after taking the meal; nor did I again feel hungry that day, although I took my usual amount of exercise. For four days I continued to take the ale at dinner, but always experienced afterwards the same fulness at the pit of the stomach, and other symptoms of arrested digestion. At the end of the fifth day, happily for me, a fit of the gout supervening, caused my experiment to be suspended, and negatived the idea that Allsopp's bitter ale was, in any way, a promotor of digestion.

After a similar abstinence, I partook, daily, of half-an ounce of spirits of wine diluted with three ounces water at dinner. I again experienced the same feelings of distress at the pit of the stomach, inactivity, sleepiness, etc., arising, I have no doubt, from suspended digestion.

After a similar abstinence, I partook of three or four glasses of wine at dinner, and suffered again from the same symptoms. I have also partaken of almost every variety of food, accompanied with half to a pint of bitter ale, and have always experienced the same feelings of arrested digestion. For eight years I suffered from repeated attacks of gout, arising, I believe, from indigestion occasioned by the use of alcoholic beverages; but for some years, under total and persistent abstinence, I have never suffered from any symptoms of imperfect digestion, and my old enemy—the gout—has entirely retreated.

I have to thank Dr. Smith for his polite letter in the Journal, and especially for giving me an opportunity of detailing the experiments which led me to the conclusions stated in my lecture; believing that scientific discussions, conducted in a friendly and corteous spirit, are the best means calculated for the elucidation of the truth. I am, etc.,

Henry Munroe.

Hull, November 27th, 1865.

CATTLE-PLAGUE AND HOMŒOPATHY.

Letter from S. H. Steel, M.B.

Sir,—Permit me to quote the following paragraph from a letter of mine on cattle-plague, published some weeks ago in a local journal.

"Meanwhile, as the country seems to have determined to commit itself on a large scale, and regardless of expense, to an experiment in curative medicine, I can only trust that the opportunity will not be lost. By all means let the most careful comparative trials be made of each different remedial system that offers a prospect of success—let us endeavour to insure that advance in medical science for which it is certain we shall pay so dearly. Mr. Caird, in the letter I have before referred to, states that certain homœopathic practitioners were obtaining great success in Belgium, both in the way of prevention and in that of cure. A detailed report of their proceedings is promised, and I hope will be furnished by impartial and skilled observers. I am myself utterly sceptical as to the effect of infinitesimal doses, not forgetting, as I fear most people do, what the word infinitesimal really means. Such a dogma is entirely repugnant to my habit of mind. The instillation of it is repelled by my reason as water runs off a duck's back. But let the homœopathists, as well as the regular practitioners of veterinary medicine, take this opportunity to present us with some unimpeachable facts—'Fiat experimentum bovis in corpore vili.' Let selected numbers of cattle be exposed to the contagion of Rinderpest, in a locality expressly chosen and isolated with all possible care. Let a certain portion take the preventive remedies, let others be exposed to it unprotected; let different methods of treatment be tried on sufficient and equal numbers of those that take the disease; let the results be reported by a scientific commission appointed for the purpose, and I, for one, hold myself prepared to receive, with the most respectful consideration, whatever doctrines may seem authenticated by the logic of facts so obtained."

I submit, Sir, in all seriousness, the proposal above enunciated to the attention of the Council of the Association and of the profession generally. I have re-

strained hitherto the impulse that has prompted me to write to you on this subject, both on consideration of the difficulties by which any corporate action in such a matter would necessarily be surrounded, and yet in the hope also of seeing it taken up either by yourself, or by some one of weight and influence in the profession. Surely the occasion is one that should not be silently passed over. How long ought we to remain in quiet dignity spectators of the maintenance and propagation of error? The letters of Mr. Caird and Dr. Hamilton in the *Times*, have been received universally by the public for true and incontrovertible statements. At every agricultural meeting where cattle-plague is discussed, some speaker rises to protest against the slaughter of infected beasts, when it is known that homœopathic treatment is effective in 75 per cent. of the cases, and that arsenicum in minute doses saves 95 per cent. of those exposed to infection from being attacked. It is true, as might have been expected, that these glowing accounts have been contradicted by authority of the Belgian government; but the contradiction has not appeared in the *Times*, which only disseminates the poison, but will have nothing to do with the antidote. What are we to expect from the association now formed of noblemen and gentlemen—*not all of them believers in homœopathy*—for the purpose of testing the efficacy of the homœopathic treatment of Steppe murrain? I forbear to trace the process which will result in a report published with due flourish in the *Times*, and commented on in a leading article—a report that will be estimated by the profession as equally reliable with the observations of Dr. Hamilton and Mr. Caird, but which will equally be swallowed whole by the public. There is something curiously attractive to certain minds in the mysticism of homœopathy. The conceit of others—generally cleverish semieducated persons—is flattered by a sense of superiority which they derive from dissent from the orthodoxy of a scientific profession. From either class spring fanatics more unreasoning, and propagandists as eager as those of any religious creed. Are we to allow such persons to recruit their stock of arguments by an appeal to one-sided observations and factitious results, while we, for our dignity's sake, stand idly by and forbear to expose them? The subject of cattle-plague is of universal and absorbing interest. Such an opportunity for the investigation of truth and the discomfiture of error rarely occurs, and should not be lost. I observe, indeed, the announcement by the *Lancet*, that the medical members of the Cattle-plague Commission have taken up the homœopathic challenge. If so, I trust they will sift the question in such a manner as will bring it to a decided issue; or, if it seem inconsistent with the duties to which they have been appointed to engage in this collateral inquiry, that it will not escape the attention of the Council of our Association. I am, etc.,

S. H. Steel, M.B.

Abergavenny, December 4th, 1865.

THE RINDERPEST AND THE "TIMES".

Letter from Paul Belcher, Esq.

Sir,—I read with satisfaction your editorial remarks on the late leaders in the *Times*—effusions which seem strangely out of place in such a journal. The *Times* does not often write twaddle; but I know no other name so applicable to those singularly illogical and painfully mendacious flights of fancy. I am not, however, one of those querulous persons who seem to think that our profession is slighted and insulted in every possible way. Such a verdict would, I think, be against the evidence; and I am bold enough to affirm, and sanguine enough to believe, that the profession and the men of medicine will still hold up their heads, the diatribes of the "leading journal" notwithstanding. I cannot acquit our profession of blame in this matter. If we will introduce medical scientific matters—if we will puff our little specifics—if we will blow our little trumpets in *lay* journals—we must accept "the situation", and not take it too deeply to heart if the *Times*, in the plenitude of its wisdom, measures all by this standard, and, gauging the very small calibre of some of us, attributes to the whole body a like homuncular condition.

To turn to more important matters: I for one do not despair that sooner or later (and the more earnest the work, and the more pressing the necessity, the more quickly will it occur), some comprehensive generalisation will work a revolution in diseases human and bovine—in exanthemata and contagious fevers—such as the perseverance of Jenner wrought in the case of small-pox. Surely this widely spread epidemic amongst our cattle offers a most excellent opportunity for experiment; and I hope our profession, applying itself to the practical solution of most interesting problems in science which must present themselves if the subject be philosophically treated, will leave to the homœopaths and other ignorant people the discovery of a *specific* in the shape of an imbecile atom of arsenicum, an inappreciable sprinkling of phosphorus, or, on the other hand, a haphazard drenching with salts and sulphur and other "simples". From none of these directions, in my humble opinion, will the cure of Rinderpest come; but from careful experiments on animals of different kinds, noting well the natural history of the disease, and how it is modified by the system in which it works. It appears that the sheep may take it, but not so readily; and that it runs a much milder course. It would be interesting to discover whether we cannot isolate the *materies*, and transfer it by inoculation, first to healthy cattle, secondly to healthy sheep, etc.; and it appears to me that it is worth trying, whether (if the Rinderpest can be communicated by inoculation), by passing through the system of some other animal, you may not arrive at a sort of vaccination by which Rinderpest may be transmitted mildly and safely, and without *infection*, to our herds.

I think, if our profession could establish some such law as is hinted at in the above hasty and crude remarks, it would be the best answer to the *Times*, and add another to the many benefits which, as a noble and self-sacrificing profession, we have given to the world at large. I am, etc.,

Paul Belcher, L.R.C.P.Lond.

Burton-on-Trent, December 5th, 1865.

Warburg's Fever Tincture. At a late meeting of the Pharmaceutical Society a paper was read by Mr. Stewart, of the Madras army, *On the Medicinal Uses of the Indian Species of Barberry*. It was stated that a strong tincture of the bark in combination with liquor arsenicalis had been found useful in cases of intermittent, remittent, and typhus fevers. The author conjectured that a tincture of the kind was one of the ingredients of Warburg's fever tincture. From a conversation which followed, we gathered that the composition of Warburg's fever tincture was still a secret, and its value doubtful. It was formerly furnished to Indian troops by the government, but its use had been discontinued, and now little was sold in India. (*Chemical News.*)

Medical News.

UNIVERSITY OF LONDON. The following is a list f candidates who passed the Second M.B. Examination for 1865. Pass Examination.

First Division.

Allen, Bryan Holme, University College
Bond, Thomas, King's College
Bruce, Alexander, University College
Deas, Peter Maury, University of Edinburgh
Grabham, George Wallington, St. Thomas's Hospital
Greaves, Charles Augustus, St. Thomas's Hospital
Green, Thomas Henry, University College
Lush, William George Vawdrey, St. Bartholomew's Hospital
Mickley, Arthur George, Guy's Hospital
Oliver, George, University College
Powell, Richard Douglas, University College
Powles, Revett Coleridge, King's College
Richards, Frederick William, St. Bartholomew's Hospital
Savage, George Henry, Guy's Hospital
Smith, Charles, Guy's Hospital
Snow, William Vicary, University College
Tayler, Francis Thomas, B.A., Guy's Hospital
Trimen, Henry, King's College
Turner, Ebenezer Fulham, Guy's Hospital

Second Division.

Glynn, Thomas Robinson, St. Bartholomew's Hospital
Harvey, Walter Anstice, St. Bartholomew's Hospital
Lee, Frederick Fawson, St. George's Hospital
Maclure, Duncan Maclachlan, Westminster Hospital

Examination for Honours.

First Class. *Medicine.*

Powles, Revett Coleridge (Scholarship and Gold Medal), King's College
*Oliver, George (Gold Medal), University College
*Allen, Bryan Holme, University College
*Deas, Peter Maury, University of Edinburgh
*Greaves, Charles Augustus, St. Thomas's Hospital } equal
*Savage, George Henry, Guy's Hospital }
Bruce, Alexander, University College
Snow, William Vicary, University College
Powell, Richard Douglas, University College } equal
Tayler, Francis Thomas, B.A., Guy's Hospital }
Trimen, Henry, King's College
Green, Thomas Henry, University College
Smith, Charles, Guy's Hospital
Lush, William George Vawdrey, St. Bartholomew's Hospital

Second Class.

Turner, Ebenezer Fulham, Guy's Hospital

First Class. *Midwifery.*

Powles, Revett Coleridge (Scholarship and Gold Medal), King's College
*Mickley, Arthur George (Gold Medal), Guy's Hospital
*Deas, Peter Maury, University of Edinburgh
*Oliver, George, University College } equal
*Tayler, Francis Thomas, B.A., Guy's Hospital }
Bond, Thomas, King's College
Savage, George Henry, Guy's Hospital
Smith, Charles, Guy's Hospital
Greaves, Charles Augustus, St. Thomas's Hospital } equal
Lush, W. George Vawdrey, St. Bartholomew's Hospital }
Bruce, Alexander, University College

Second Class.

Trimen, Henry, King's College
Snow, William Vicary, University College
Allen, Bryan Holme, University College

First Class. *Forensic Medicine.*

Deas, Peter Maury (Gold Medal), University of Edinburgh
Lush, William George Vawdrey, St. Bartholomew's Hospital
Powles, Revett Coleridge, King's College
Bruce, Alexander, University College

Second Class.

Allen, Bryan Holme, University College
Greaves, Charles Augustus, St. Thomas's Hospital

Third Class.

Bond, Thomas, King's College

M.D. Examination, 1865.

Buszard, Frank, Guy's Hospital
Dale, William, Leeds, and Middlesex Hospital
Fairbank, Thomas, St. Bartholomew's Hospital
Gee, Samuel Jones, University College
Gibson, Francis William, B.A. (obtained number of marks qualifying for the Medal), University College
Harries, Gwynne Henry, King's College
Hingston, Charles Albert, B.Sc., St. Bartholomew's Hospital
Holland, Edmund, University College
Jeaffreson, Horace, St. Bartholomew's Hospital
Kempthorne, Henry Law (Gold Medal), King's College
Morton, Thomas, King's College
Rickards, Walter, University College
Smith, Eustace, University College
Taaffe, Rickard Patrick Burke, M.S., St. Bartholomew's Hospital
Woodhouse, Thomas James, St. Thomas's Hospital

Those marked *, obtained the requisite number of marks to qualify for the Scholarships.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. At the November sittings of the Examiners in General Education of the Royal Colleges of Physicians and Surgeons, the following gentlemen obtained certificates of having passed the Preliminary Examination in General Education. Those marked *, gave in papers of superior merit.

Brass, Joseph F. W., Kirkwall
Campbell, Archibald, Perthshire
Crole, James Bremner, Edinburgh
Davidson, John Kerr, Wick
Gillies, John, Isle of Skye
Grieve, Archibald, Langholm
Gowan, Peter, Markinch
*Higham, Joseph, Glasgow
Hunter, James, Peebles
Hunter, John Gulland, India
Jackson, Christopher, Jamaica
Jackson, R. A., Lancaster
Lennon, John, Glasgow
Macdonald, John William, Nova Scotia
M'Lean, David, Nova Scotia
Malcolm, Donald, Wick
Morris, William Jones, Liverpool
Nicholson, Francis Cobham, Australia
Renshaw, William Agar, Lancashire
Riley, William, Warwickshire
*Smith, Edward, Arbroath
Sutherland, John A., Wick
Williams, Josiah, Swansea

UNIVERSITY OF CAMBRIDGE. The examination for the degree of Master in Surgery has been passed by
Welch, T. D., Caius College

APOTHECARIES' HALL. On November 30th, 1865, the following Licentiates were admitted:—

Eccles, William Soltau, Granville Square, Bagnigge Wells Road
Ewen, Algernon, Long Sutton, Lincolnshire
Fennell, Theodore, Rainhill, Lancashire
Melson, John Waller, Newhall Street, Birmingham
Wright, William Evatt, Witham, Essex

APPOINTMENTS.

ARMY.

ATKINSON, Staff-Assistant-Surgeon R., to be Staff-Surgeon, *vice* W. J. Ingham.
BARY, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 82nd Foot, *vice* R. W. Carter.
BURLAND, Assistant-Surgeon B., M.B., Royal Artillery, to be Staff-Surgeon, for highly meritorious services during the epidemic of yellow fever in Jamaica.
DAVIDGE, Staff-Assistant-Surgeon G. A., to be Assistant-Surgeon Royal Artillery, *vice* B. Burland, M.D.
DUNBAR, Staff-Assistant-Surgeon F. H., M.D., to be Assistant-Surgeon, *vice* R. W. Lawless.
INGHAM, Staff-Surgeon W. J., to be Surgeon 64th Foot, *vice* Surgeon-Major G. Williamson, M.D.
PUREFOY, Staff-Assistant-Surgeon J. W., M.D., to be Assistant-Surgeon 11th Foot, *vice* A. Macintyre, M.D.
THOMSON, Staff-Assistant-Surgeon A., M.D., to be Assistant-Surgeon 90th Foot, *vice* T. T. Gardner.
TOMLINSON, Staff-Assistant-Surgeon E. D., to be Assistant-Surgeon Military Train, *vice* R. Watson.
TURNER, Staff-Assistant-Surgeon A., M.D., to be Assistant-Surgeon 94th Foot, *vice* J. G. Leask, M.B.
WATSON, Assistant-Surgeon R., Military Train, to be Staff-Surgeon, *vice* W. Hanbury.

To be Staff-Assistant-Surgeons:—

CARTER, Assistant-Surgeon R. W., 82nd Foot, *vice* J. Barry, M.D.
GARDNER, Assist.-Surg. T. T., 90th Foot, *vice* F. H. Dunbar, M.D.
LEASK, Assist.-Surg. J. G., M.B., 95th Foot, *vice* A. Thomson, M.D.

INDIAN ARMY.

ROSS, Surgeon J. T. C., to be Surgeon-Major, Bengal Army,

ROYAL NAVY.

ARNOTT, John S., Esq., Assistant-Surgeon, to the *St. George*.
BAMFIELD, Thomas, Esq., Assistant-Surgeon, to the *Malacca*.
CANN, Thomas, M.D., Assistant-Surgeon, to the *Cumberland*, for service in the Steam Reserve.
CONRY, Thomas, Esq., Acting Assistant-Surgeon, to the *Victory*.

GREENFIELD, Charles B., Esq., Acting Assistant-Surgeon (additional), to the *Royal Adelaide*.
LONGFIELD, William D., Esq., Assistant-Surgeon, to the *Spiteful*.
MACKAY, G., M.D., Deputy Inspector-General, to Haslar Hospital.
ROCHE, W. J., Esq., Surgeon, to the *Highflyer*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—
ANNINGSON, B., Esq., to be Assistant-Surgeon 3rd Cambridgeshire R.V.
JONES, P. W., Esq., to be Assistant-Surgeon 22nd Essex R.V.
JONES, T., Esq., to be Honorary Assistant-Surgeon 1st Brecknockshire R.V.

BIRTHS.

GILLARD. On December 2nd, at Hovingham, near York, the wife of *Richard Gillard, Esq., of a daughter.
WILLETT. On November 22nd, at Stretton, Cheshire, the wife of *James Willett, Esq., of a daughter.

DEATHS.

BURGESS, Thomas Henry, M.D., at Southsea, on December 1.
HANDYSIDE, H. R., M.D., 28th Madras Native Infantry, at Kurnool, on October 31.
PLOWMAN, William Taunton, M.D., at sea, aged 33, in April last.
RAMSAY, Alexander, M.D., at Kurrachee, India, on November 6.
*ROSCOW, Peter, Esq., at Folkestone, aged 41, on November 28.
SMYTHE, Arthur, M.D., at Pau, France, aged 54, on November 20.
WALCOTT. On November 27th, at Clifton, aged 73, Mary Ann, widow of John Walcott, M.D., of Demerara.

ROYAL INSTITUTION. At the general monthly meeting held on Monday last, Sir Edward Hilditch, M.D., and Dr. Staveley King, were elected members.

THE MORTALITY FROM DIARRHŒA IN LONDON continues slowly to decrease. The deaths from it in the last three weeks were 37, 32, and 28. No deaths were referred to cholera. Typhus has increased, and the deaths from it last week rose to 81.

UNIVERSITY COLLEGE HOSPITAL. The Duke of Cambridge has consented to preside at the annual dinner of the University College Hospital, to take place on April 18th next, at Willis's Rooms. A contribution of £100 to the funds of the charity has been received from W. R. Young, Esq., of Florence.

HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK. In accordance with the gracious permission of her Majesty the Queen, the new wing of this institution will bear the name of the late Prince Consort, and will be designated "The Albert Wing." The committee have determined that the new wards shall be at once opened for the reception of patients.

THE METROPOLITAN SANITARY ASSOCIATION will hold their first conference meeting on the 14th inst. at the Society of Arts, John Street, Adelphi, at 8 P.M. Thomas Chambers, Esq., Q.C., M.P., will preside, and Dr. Druitt, President of the Association of Medical Officers of Health of the Metropolis, will deliver an address on "The Defects in the Existing Sanitary Laws, with Suggestions for their Amendment."

UNIVERSITY OF EDINBURGH. The annual meeting of the Association for the Better Endowment of the University of Edinburgh was held last week. A report was read which proposed that, of the sum of £1,936 available for the purposes of the association £1,800 should be applied towards the "Hamilton Philosophical Fellowship," for which £700 had been otherwise raised, making in all an endowment of £2,500. It was also proposed that the association should temporarily institute a classical fellowship of the value of £100 *per annum*, to be held for three years, and to be paid out of their annual revenues. The report (which was unanimously approved) also showed that within the last four years about £40,000 had been added to the endowments of the University by the foundation of fellowships and scholarships. (*Edinburgh Courant.*)

AN IMPOSTURE. Dr. Attfield, at the Pharmaceutical Society, mentioned lately a gross case of imposture. He had had forwarded to him a white powder imported from France, and sold here as *solid cod-liver oil*. On examination, it proved to be nothing more than sugar of milk, barely flavoured with cod-liver oil.

A SENSIBLE SURGEON. Miss Berry met death with a resigned and fearless spirit. Very shortly previous to her end she asked the surgeon, Mr. Appleton, to feel her pulse and tell her what he thought. He obeyed, and gravely remarked "We all have our time." "I understand you," she answered; "you are a sensible man; you do not deceive me." (*Miss Berry's Memoirs.*)

BROMPTON HOSPITAL FOR CONSUMPTION. At the last quarterly court of governors of this hospital, the following legacies were announced. Mrs. Mary Cozens, £19: 19*s*.; Samuel N. Rudge, Esq., £250, duty free; Miss Maria C. Garnett, £100; Miss Sarah A. M'Cracken, £500. A munificent donation of £1000 has also been received from a lady, in memory of a deceased daughter, Miss Mary Grant Forbes, after whom one of the wards in the hospital will in future be called.

MEDICAL STUDENTS. The returns of the metropolitan and provincial medical schools having now been finally made up, it appears that there is an increase in the number of medical students. In the metropolis there are 1,022 medical students at the eleven recognised hospitals, being an increase of 41 over the number of last session. Of these 316 are new entries, being also an increase of 7 over the number of last session. At the recognised provincial institutions there are 249 students, being an increase of 2 over the number of last year. There is also a great increase in the number of dental profession students.

THE "TIMES'" FEARS OF FAILURE. Mr. J. G. Marshall, of Leeds, on finding the cattle-plague established in a cowkeeper's herd, took measures for placing the animals under homœopathic treatment in the most promising manner. The cows, seventeen in number, were lodged in sheds specially provided with all appliances for regulating temperature. They were given in charge to three professed homœopathists, two of whom were veterinary surgeons, and the requisite doses of "arsenicum" and other specifics were administered *secundum artem*. As eleven, however, out of the seventeen patients are already dead, and the others are not expected to live, we fear this particular experiment must be pronounced a failure.

A NOT-UNCOMMON MISTAKE. At an inquest lately held in London, it appeared that deceased fell down stairs; and was picked up in a state of insensibility. He was taken to the University College Hospital, when, according to the statements of a witness, it was said that he had been drinking. The friends of deceased denied that he was intoxicated, and requested the surgeon to see if the man was not injured, but the surgeon reiterated his statement, whereupon deceased was conveyed home, and died. Mr. Adams made a *post mortem* examination, and found that the skull of deceased had been fractured by the fall, and that there had been considerable effusion of blood on the brain. The injury and its attendant consequences had caused death. He did not think the man would have been saved if the hospital surgeon had not made the mistake. [During the present week, within our own knowledge, a somewhat similar error was made at a London hospital—an attack of apoplexy having been taken for a fit of drunkenness.]

London Hospitals. The voluntary hospitals do but scratch the surface of London misery. The eighteen in London possess 3,738 beds; but the metropolitan infirmaries provide beds for 7,463 sick, and nominally for about 7,000 infirm, although really for nearly half as many more. This great hospital system is at present in a discreditable state; it requires general reorganisation; and to meet the requirements of humanity, it should be assimilated by some general plan to that of the voluntary hospitals. In these the casual sick have the benefit of the advice of consulting officers; the ready attendance of resident practitioners, and the skilful and properly supervised services of nurses who understand their duty more or less thoroughly. The true economy observed is that of hastening cure by all means; the humane policy pursued is that of alleviating by all reasonable physical and mental aids the anguish of the sick bed. The edifices are properly constructed; the wards are light, cheerful, and not overcrowded. It is not to be supposed that the workhouse hospitals can be permitted to offer much longer contrasts so violent and so shocking to our national tenderness for the poor and sick. It is of little avail to boast of our voluntary charities, while our state hospitals are so devoid of good management and destitute of organisation. The simple remedy is to enforce something like a general hospital system; to amalgamate several of the small infirmaries; to do away with many of the buildings now converted to the purposes of sick wards, but hopelessly unfitted for them; to adopt some of the best of the new buildings as central hospitals for several neighbouring unions; to inaugurate a fitting system of nursing attendance; to provide a trusted consulting staff of medical officers; and to organise a medical inspection. (*Shilling Magazine.*)

Death of Dr. Hutton. The general public and the medical profession have ere this heard with regret of the demise of Edward Hutton, M.D., which sad event took place on Friday last. This accomplished surgeon had been for some time labouring under a painful illness. Dr. Hutton had, after a long and successful career, attained to the highest rank in his profession. His advice was equally sought for as a surgeon or as a physician; a kind and courteous manner, combined with sterling ability, gained for him the regard and esteem of all with whom he came in contact socially or professionally. Dr. Hutton obtained the diploma of the Royal College of Surgeons of Ireland in 1819, and was soon afterwards appointed Medical Inspector to the House of Industry, now the North Union Workhouse. In 1822 he became Surgeon to the Richmond Hospital, and in the same year took the degree of Bachelor of Medicine in the University of Dublin. He obtained the Fellowship of the Royal College of Surgeons in 1824, and the degree of M.D. in the University of Dublin in 1842. He was a President of the Pathological Society, and was in 1852 elected President of the Royal College of Surgeons. In the following year he became the Secretary to the College, which post he filled up to the present year. He was also Surgeon to Simpson's Hospital. He actively performed his duties in the Richmond Hospital up to last year, when he was appointed by the governors Consulting Surgeon to the Hospital. Dr. Hutton excelled as a skilful and successful operator; his contributions to the literature of his profession were numerous and valuable; and to his precepts and practice the Dublin School of Medicine owes much of its deservedly wide-spread celebrity. (*Dublin Medical Press.*)

The Public and the Profession. Amongst all the cures for the cholera which have been laid before the public by professional and non-professional believers in their efficacy, there seem to be only two which look like real remedies in any true sense of the word. But the worst of the case is, that unless better explained they appear to be wholly contradictory to each other. Dr. Bullar assures us that at Southampton he cured a man who was all but dead by putting him in a hip-bath of hot mustard and water, his feet being at the same time placed in a pan of the same. The patient, he says, was in bed again, actually "comfortable," in half-an-hour. Now we have Dr. Chapman, whose views on the application of ice to the spine have attracted some attention in the medical world, stating that he can cure, not only sea-sickness and diarrhœa, but genuine Asiatic cholera by the same process. His theory is to the effect that all these diseases result from an excess of blood (or, as the doctors call it, hyperæmia) in the region of the spinal cord, which deranges the whole circulation and produces these three complaints. To drive away this excess he holds that the action of the "sympathetic nerve" should be partially paralysed by the application of intense cold to the back. When this is effected, the arteries, whose flow is controlled by the action of this nerve, dilate, and allow a free passage to the confined blood. The stomach and the other organs, which have been suffering from want of sufficient blood, resume their natural action, and the disease ceases. If, then, this view of Dr. Chapman's be correct, how does he reconcile it with Dr. Bullar's cure by the application of a violent hot stimulant to the lower portion of the spinal column? A non-professional question, proceeding from ignorance, sometimes elicits explanations and suggests hypotheses which the questions of the learned would overlook. Is there, then, we venture to ask, any physiological absurdity in supposing that the action of Dr. Bullar's hot mustard and water has precisely the same effect as Dr. Chapman's cold, by stimulating the local nerves to such an intense activity as may enable them, notwithstanding the resistance of the sympathetic nerve, to force onward the excess of lingering blood, to whose presence Dr. Chapman attributes the several diseases? Dr. Bullar's method would thus overcome the check on the circulation produced by the sympathetic nerve by setting up an overpowering action of the nervous system generally. Dr. Chapman's ice application, moreover, is known to exercise a most exhausting influence on persons of a low standard of vital energy, when used for other complaints to which it is supposed to be suited. Would he, then, venture to employ it upon such persons for the cure of cholera? Would not its effect be to kill the patient, by lowering the action, not alone of the sympathetic nerve, but of the brain and every part of the nervous system, and thus causing it to succumb to the disease? As the non-professional public are informed of these remedies by their professional advocates, and as we see Dr. Chapman's ice-bags advertised in non-medical journals, we may, perhaps, be excused for offering these suggestions and asking these queries. (*Pall Mall Gazette.*)

Alleged Death from Chloroform. An inquest has been held on the body of Mr. W. T. Davies, son of Mr. Davies of York Town, whose death was said to have resulted from an overdose of chloroform. Drs. Bradford and Collins, of the Royal Military College, attended the deceased until his death. They made a careful *post mortem* examination of the body, but discovered no appearances which would satisfy them as to the cause of death. Their impression was, that death was produced by a narcotic, such as chloroform, or a similar agent. Dr. Cowan, of Reading, said that he was obliged to dissent from the opinion of the other medical gentlemen, and to express his

opinion that the deceased did not die from taking a narcotic. In consequence of this statement, when the inquest was resumed, the coroner adjourned the inquiry. Dr. Cowan said that he obtained the information on which he based his opinion from the father, sisters, grandmother, and two aunts of the deceased gentleman. It amounted to this: For the last two months, Mr. Davies had shown a state of health gradually tending to the unfortunate result which had happened. The symptoms characteristic of his condition were disinclination, gradually increasing to active exertion, a persistency to sickness of a character distinctly cerebral in its origin, and an indisposition to study. The heart's action seemed to give him great pain, and he knew he had disease of the heart. These had increased up to the day of his death. Mr. Davies said his son was twenty-five years of age, and, although not in actual partnership, had resided with him for two years since he had completed his studies. Of late, he had been sick several times. He was of very temperate habits, and drank nothing but a little beer. He went to his son's bedroom on the Wednesday morning, when he found the door locked. Having forced the door open, he found his son in bed, loudly breathing; and on a small table near the bed stood a tumbler and chloroform bottle. The heart was beating vigorously, and the surface of the body was quite warm. The jury returned the following verdict:—"That deceased died suddenly, but whether from natural causes, or from taking an overdose of chloroform, the jury were unable to say."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Dr. Waters (Liverpool), "On the Morbid Anatomy of Pneumonia"; Mr. Nunneley (Leeds), "Third Case of the Entire Removal of the Tongue for Epithelioma."—Ethnological.—Zoological.

WEDNESDAY. Microscopical.

THURSDAY. Zoological.—Royal.

SATURDAY. Association Medical Officers of Health.

COMMUNICATIONS have been received from:—Mr. JAMES ROBERTSON; Mr. HARRISON; Dr. J. D. HEATON; Mr. R. WILLIAM DUNN; Dr. W. CARR; Mr. R. GILLARD; Dr. WHITE; Mr. GEORGE LAWSON; Dr. SIMPSON; Dr. SWAYNE; Mr. S. H. STEEL; Mr. T. O'CONNOR; Dr. A. T. H. WATERS; Dr. BLACK; Dr. WEBER; THE HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. G. A. TIMME; Mr. W. GRADWELL; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Mr. P. BELCHER; Mr. STARTIN; Mr. T. M. STONE; and Dr. G. JOHNSON.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

BOOKS RECEIVED.

1. Guy's Hospital Reports. Edited by Samuel Wilks, M.D. Third Series. Vol. xi. London: 1865.
2. Clinical Lectures and Reports, by the Medical and Surgical Staff of the London Hospital. Vol. ii.—1865. London: 1865.
3. Handbook for Yellow Fever. By T. Anderson, M.D. London: 1865.
4. On Flooding after Delivery. By J. L. Earle, M.D. London: 1865.
5. On the Treatment of Affections of the Throat and Lungs by Inhalation; with a Paper on the Treatment of Whooping-Cough. By W. Abbotts Smith, M.D., M.R.C.P.Lond. Second edition. London: 1865.
6. The History, Prevention, and Treatment of the Rinderpest. By G. B. Mead, M.D. Cambridge: 1865.
7. An Account of the Visits of King James I to Newmarket. By G. B. Mead, M.D. Cambridge: 1864.
8. An Inquiry into the Causation, Diagnosis, and Treatment of Fracture of the Internal Table of the Skull. By W. F. Teevan. London: 1865.
9. A Plea for the Extension and Alteration of the Curriculum of Arts in the University of Glasgow. By W. T. Gairdner, M.D. Glasgow: 1865.
10. The Ear in Health and Disease. By William Harvey. Fourth edition. London: 1865.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S. Eng., F.L.S., (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

South Coast.—With partnership introduction, a well established and transferable Practice for sale. Income upwards of £1000 a year. Appointments £500. Population upwards of 5000; opposition unimportant. House conveniently situate; rent £50. Ill health of vendor necessitates a prompt arrangement.—Address "T., 774," Mr. Langley, as above.

Midland.—For transfer, an old established unopposed Country Practice in a pleasant agricultural district. Population 1000, well employed. Average income £450. Appointments £60. Convenient house with excellent garden, stabling, coach house, and four acres of land; rent £35. The whole connexion can be safely transferred as there is no other house available for an opponent.—Address "T., 777," Mr. Langley, as above.

West of England.—In a good Market Town pleasantly situate, a middle class Practice upon easy terms. Average receipts for the last four years about £400. Excellent house and garden; rent £30. In consequence of recent changes amongst the resident practitioners there is an excellent opening.—Address "T., 765," Mr. Langley, as above.

Staffordshire.—Small Country Practice for sale. Receipts £400 a year. Appointments £50. Class of patients good. Three months introduction. Terms £210. £25 in cash, and the remainder secured by instalments.—Address "T., 677," Mr. Langley, as above.

In one of the best towns in the Midland Counties, a Physician's Practice for transfer under very favourable circumstances. There is excellent society, and the opening is especially suited to a graduate of Oxford or Cambridge. The income has varied from £600 to £1000. Complete introduction.—Address "T., 768." Mr. Langley, as above.

In a large manufacturing Town in Yorkshire, a very transferable Family Practice for sale. Population over 80,000. Receipts £450 a year. House containing twelve rooms, rent £48. Terms based on a year's purchase, part of which may be paid by instalments.—Address "T., 749," Mr. Langley, as above.

Original Communications.

ON THE DIFFERENT FORMS OF HÆMORRHAGE WITHIN THE EYE, PRODUCED BY INJURY.

By George Lawson, F.R.C.S., Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and the Middlesex Hospital.

[*Concluded from page* 606.]

2. *Hæmorrhage between the Choroid and Sclerotic.* This form of traumatic hæmorrhage, when it occurs singly—that is to say, uncomplicated with hæmorrhage in any other part of the eye—is most commonly produced by an escape of the lens and a sudden loss of vitreous through a wound in an *unhealthy eye*; thus withdrawing unexpectedly the support which the choroid and retina had derived from these structures when, in their entirety, they occupied their normal position within the eye. It may, however, under certain conditions, be the chief form of hæmorrhage after an injury in a healthy eye.

In a normal and healthy eye, the lens and a large amount of vitreous humour may be lost through a wound of its external coats, without exerting any very unfavourable influence on the retina or the choroidal vessels. We witness occasionally this fact in the operation for the extraction of cataract, when, through some fault on the part of the patient in not properly restraining his emotions, or some accidental circumstance in connexion with the operation, an escape of vitreous follows the removal of the lens; yet, notwithstanding this, a good and permanently useful eye results.

In a perfectly healthy eye, the vitreous is thick and tenacious; its viscidity being, as Mr. Bowman has shown, most conspicuous in its outer or circumferential part, where, the hyaloid only intervening, it is in contact with the retina; whilst its inner portion, towards the centre of the globe, is of a thinner consistence. When a small quantity of vitreous in such an eye is lost, the anterior segment of the globe only is much affected by it; and the cornea and adjoining sclerotic, being rendered flaccid, fall inwards, but the posterior curve of the eye is but little altered in shape. If a greater quantity of vitreous be lost, the more fluid portion, or that towards the centre of the eye, will escape before the more viscid outer part is interfered with. A thick coating of healthy vitreous will, therefore, still be in contact with the retina, to maintain it *in situ*; so that, even if sufficient vitreous has escaped to cause a temporary folding in of the sclerotic posteriorly, yet no detachment of the retina from the choroid, or choroid from the sclerotic, will follow; for the choroidal vessels will still receive support adequate to prevent their undue distension, until the place of the lost vitreous is supplied with aqueous humour, and the shape of the eye restored.

The kind of injury to which the eye is subjected will, however, often determine the chief seat of the hæmorrhage, irrespective of the soundness or unsoundness of the eye at the time of the accident. One of the severe classes of injuries to which men who work at iron shipbuilding are exposed will illustrate this fact. The eye is occasionally literally ripped open by a fragment or some large piece of metal. One extremity of it, if it be large, or the whole of it, if it be small, strikes the eye in its rapid flight, enters it, and cuts its way out again, drawing with it the iris, lens, and a portion of the choroid—in fact, all the textures with which it comes in contact. In such cases, as all the tissues within the eye suffer a direct injury, the hæmorrhage is probably from all of them; or, as the choroid may be absolutely stripped from the sclerotic, the chief hæmorrhage may be between these structures. The following is an example of this severe form of injury. In this patient it was found, after the eye was removed, that the chief hæmorrhage was between the choroid and sclerotic.

Extensive Rupture of the Globe from a Blow with a Large Piece of Iron; Extrusion of the Lens, a Portion of the Vitreous, Two-thirds of the Iris, and a Portion of the Choroid. John M., aged 24, works at iron shipbuilding at Millwall. He was brought to the hospital on the morning of June 9th, 1865, having, about two hours previously, met with a severe injury to the right eye. At the time of the accident, he was engaged in bringing together two iron plates with a pin and cotter; and, having struck the cotter with a hammer, from some casualty it flew out with great rapidity, and in its flight came in contact with the right eye.

State on Admission. There was a rent in the sclerotic, about three-quarters of an inch in length, running along the lower border of the cornea. One extremity of the steel cotter appeared to have entered the eye, passing through the sclerotic near the lower margin of the cornea, on its nasal side; and to have cut its way out again, inflicting a wound along the lower margin of the cornea, about three-quarters of an inch in extent. In its exit, it had dragged with it the lens, two-thirds of the iris, and a portion of the choroid, all of which were entangled in, and protruding from, the wound. A large quantity of the vitreous must have escaped at the same time; for the eye was shrunken to at least one-third of its normal size, and its tension was diminished to—T 2.

As the eye was completely lost, with the consent of the man I at once removed it. On making a section of it, the following was the state of the eye. Nearly all the vitreous had escaped through the wound, but a little was still left clinging to the remains of the lens and ciliary processes. The whole vitreous space was filled with a coagulum of blood, which had pushed in front of it the choroid and retina. The chief hæmorrhage had thus taken place between the choroid and sclerotic; but there had been also some anterior bleeding from the iris and ciliary processes; but this was slight, compared to the posterior hæmorrhage.

The man was able to leave the hospital at the end of the week.

In an unsound eye, traumatic hæmorrhage between the choroid and sclerotic is very liable to occur. From chronic disease, and the repeated increased vascularity of the eye consequent on it, the choroidal vessels have lost more or less of their proper tone; and their walls, either weakened by recurrent distension, or from some deprivation of the nervous influence of the sympathetic filaments which preside over them, become easily, and, on the slightest irritation, unduly injected. In such eyes, the loss of the lens, or of a portion of the vitreous, by diminishing the pressure on the choroidal vessels counter to the force of the impulse of the blood within them, will induce a sudden distension and yielding of their coats, which frequently ends in rupture, and hæmorrhage ensues between the choroid and sclerotic.

An increased or glaucomatous tension of the globe is the most frequent predisposing cause of this form of hæmorrhage. A glaucomatous state, varying in intensity, is frequently associated with chronic disease of the eye. It is not a primary affection, but is secondary to some pre-existing disease, and is often

the precursor of a later and even more unfavourable condition—that of a softening, or *minus* tension of the globe. If such an eye, with its tension above the normal range, from whatever cause it may have been produced, receive a wound, and a loss of the lens or vitreous follow, hæmorrhage between the choroid and sclerotic is almost certain to ensue; the already distended choroidal vessels are incapable of much further distension, and, on the withdrawal of a portion of their anterior support, yield before the pressure of the blood within them, and give way.

It is this form of hæmorrhage which occasionally occurs after an operation for the removal of a cataractous lens from an unsound eye; indeed, it is almost certain to happen, if there be an increased or glaucomatous tension of the eye at the time of operating. In such cases, the hæmorrhage takes place from the posterior surface of the choroid, detaching, sometimes partially, but generally completely, the choroid from the sclerotic, and, forming a large blood-clot, pushes in front of it the choroid and retina, and extrudes more or less of the vitreous from the eye. The credit of first drawing attention to the fact, that the posterior hæmorrhage which sometimes occurs after the operation of extraction of cataract is between the choroid and sclerotic, is due to Mr. Hulke, who first described it in the report of a dissection he had made of an eye removed by Mr. Bowman on account of this accident; and it has since been confirmed by Bowman, Critchett, White Cooper, and others. One peculiarity of this form of hæmorrhage is the excessive pain which accompanies it. The separation of the choroid from the sclerotic by the clot, causes a dragging on the ciliary nerves, and induces the most acute and apparently almost intolerable suffering, accompanied often by a feeling of nausea and faintness. The severity of the pain appears to continue whilst the detachment of the choroid from the sclerotic is going on; but the pressure of the blood-clot on the ciliary nerves causes a continuance of the suffering, though much less in degree, for some time afterwards. If it happens after the extraction of cataract, it may follow immediately the escape of the lens, or in some cases it may be delayed for some hours, or occasionally even for two or three days. In two cases under my own care, in which it followed the extraction of cataract in unsound eyes, the hæmorrhage ensued very shortly after the escape of the lens. In each it was accompanied with violent and sudden pain; the cry of the patient being the first indication that all was not right.

In the first case, the operation was concluded, and the eyelids closed, and I was about to leave the room, when the nurse called me back on account of the sudden and violent pain the patient experienced. On undoing the eye, I found the vitreous and a quantity of blood welling from the globe. The pain was very severe. Active inflammation followed, and the eye suppurated.

In the second case, the hæmorrhage followed the extraction of an opaque lens, which had been dislocated two years previously into the anterior chamber. It is related in the *Royal London Ophthalmic Hospital Reports*, vol. iv, page 379. I removed the opaque lens by an upper section; its escape from the eye was followed by some fluid vitreous; and, in a few minutes afterwards, the man, who had borne the operation without uttering a word, cried out in the excess of his pain, "that it was unendurable; it felt as if his eye was being torn from his head."

In the museum of the Royal London Ophthalmic Hospital, there is a preparation of a staphylomatous eye, No. A 29, which had been ruptured by a blow, and afterwards excised by Mr. Streatfeild, in which very extensive hæmorrhage had taken place between the choroid and sclerotic. The blood-clot occupies the whole vitreous space, carrying in front of it the choroid and retina as far forwards as the iris. The case is specially interesting, as illustrating the influence which the condition of the eye at the time of the injury exercises over the seat of the hæmorrhage. The eye in this patient, previously to the blow which ruptured it, was a damaged one, and had suffered from repeated injuries, first from a wound with an arrow sixteen years ago, and since then from a succession of blows on it, inflicted at different times by his opponents whilst he was engaged with them in the active discharge of his duties as prize-fighter. The eye had become staphylomatous and deprived of sight; and, although it is not stated in his case, yet we may fairly conclude that the vitreous was fluid; and it is also very probable that the tension of the eye at the time of the injury was greater than normal. The last blow he received ruptured the eye. The vitreous and the lens also (if there were one) escaped through the wound; and the chief hæmorrhage which followed was between the choroid and sclerotic. The history of the case, taken from the hospital note-book, is as follows.

J. W., aged 30, was admitted into the hospital, under Mr. Streatfeild, on Feb. 22nd, 1858. Sixteen years ago, his left eye was wounded by an arrow, and its power of vision reduced to a mere perception of objects. During the last ten years, he had received repeated blows on this eye. Two years ago, he had a severe blow on the left temple, after which the globe began to enlarge. Ten days since, he received another blow, which ruptured the staphylomatous portion of the globe.

State on Admission. The *right eye* was normal. The *left eye*—No perception of light; tension + T 1; cornea transparent; anterior chamber almost full of blood. A bluish red substance beneath the conjunctiva, near the lower corneal edge, made the globe appear irregular and large. Mr. Streatfeild excised the eye; and, on opening the conjunctiva, coagulated blood escaped.

Examination of the Eye after Excision. The blood which was seen when the conjunctiva was divided in the operation for the removal of the eye, was due to a rupture in the staphylomatous portion of the sclerotic, and had accumulated beneath that membrane. The globe was then divided vertically. The sclerotic was found to be thinned throughout its entire extent. The rupture was in the staphylomatous portion; in the ciliary region at the lower and outer part of the eye. The whole cavity of the globe was filled with dark red coagulated blood. The choroid and retina were detached and pushed forwards to the posterior surface of the iris. The coagulated blood was easily detached from the outer surface of the choroid from which the bleeding appears to have originated. No lens or vitreous could be found.

3. *Hæmorrhage into the Vitreous.* This may take place in two ways. 1. From rupture of some of the vessels of the ciliary processes; 2. From choroidal hæmorrhage; the blood breaking through the delicate structure of the retina and becoming extravasated into the vitreous; or it may ensue from the rupture of a retinal vessel, but this is rare.

We have found that blood effused into the aqueous is rapidly absorbed; this is not the case with blood in the vitreous. It may remain for months, or even for years, without being absorbed, and in some cases with little or no change in it taking place; although it occasionally happens, that, if small in quantity, absorption of it after a few months will ensue. It is always, therefore, a very serious result of an injury to find that there has been hæmorrhage into the

vitreous. If the amount effused be small, although the absorption of it is, as a rule, very slow, yet after a few weeks or months it becomes altered in character; it loses its colouring matter, and the clot shrinks; and it is seen, with the aid of ophthalmoscopic light, as a small dark mass, or it may be as filamentous shreddy particles in the vitreous, and in this condition it may remain for years. When the quantity effused into the vitreous is large, loss of the eye is almost certain to follow; not necessarily an immediate loss, but the chronic secondary changes which are the result of it only end in the destruction of all visual power. To allow the blood to be extravasated into the vitreous, the hyaloid has to be ruptured; and wherever the blood forces its way, it breaks down the texture of the vitreous. If, therefore, a large extent of the vitreous space be occupied by blood, the whole vitreous as a consequence suffers. From impairment of its nutrition, it atrophies, loses its consistence, and becomes fluid. In these large effusions of blood into the vitreous, although the clot may remain for a few weeks or months unabsorbed, yet with the change which takes place in the vitreous, it is slowly disposed of. As the vitreous becomes fluid, the clot softens and gradually disappears; but it stains the whole of the fluid which occupies the vitreous space to a yellow or brownish-yellow tinge, which colour may last for years. The mischief, however, does not end here; for, as the vitreous becomes fluid and the clot is absorbed, it diminishes in bulk; and the retina, losing the support which it had received from the healthy vitreous, falls forward and becomes detached.

Wound in the Sclerotic close to the Margin of the Cornea, from a Fragment of Iron detached from a Rivet; Large Prolapse of the Iris; Hæmorrhage into the Anterior Chamber, and into the Vitreous, from Injury to the Ciliary Processes; Excision of the Eye three months after the Accident. William R., aged 53, a boiler-maker, came to the hospital on September 26th, 1864, suffering from an injury he had received the day previously. Whilst cutting a cold rivet, a sharp-edged fragment of it flew off and struck the left eye, inflicting a wound in the sclerotic nearly a quarter of an inch in length, close to the lower and outer margin of the cornea.

State on Admission. The anterior chamber was full of blood, so as to prevent any of the deeper parts being seen. Through the wound above indicated, there was an extensive prolapse of the iris, which was jagged and torn. It was also probable that vitreous had been lost. The protruded lacerated portion of iris was removed with a pair of scissors; a cotton-wool compress was applied to the eye, and two leeches to the temple, to be repeated if necessary; and a belladonna lotion was ordered to bathe the eye with three or four times a day.

September 30th. A large part of the blood in the anterior chamber had been absorbed; and it was now evident that nearly the whole of the lens had escaped through the wound, and that there had been extensive hæmorrhage into the vitreous. A small quantity of opaque lenticular matter still remained; but, behind this, a large clot of blood could be seen in the anterior part of the vitreous space, immediately behind the ciliary processes from which the hæmorrhage had probably ensued. The eye was much inflamed, with chemosis of the conjunctiva, and very painful. The leeches to the temple were repeated. From this date, all active inflammation gradually subsided; and in about six weeks he was able to leave the hospital. All sight was lost. The blood in the anterior chamber was completely absorbed; but the clot in the vitreous still remained, though diminished in size.

In January of 1865, he was re-admitted into the hospital, as the lost eye had become inflamed and was giving him pain. It was quite blind, very soft, and shrinking; being already smaller than the sound eye. The blood in the vitreous had quite disappeared, and the retina was detached. Under these circumstances, I advised him to have the eye removed; and he having consented, I excised it. On making a section of it, the following was the condition. The lower and outer third of the iris was gone. There was no lens; but an opaque film remained, which was united to the posterior surface of the iris. There was no vitreous; but the retina was entirely detached and coarcted, fastened posteriorly around the optic nerve, and anteriorly adherent to the back of the iris. The space between the retina and choroid was filled with a yellow serous fluid. The choroid was *in situ* throughout, and in contact with the sclerotic except at several points where small ecchymoses separated them.

In this patient, it is probable that, in addition to the extensive hæmorrhage into the vitreous from the ciliary processes, there was also some hæmorrhage between the choroid and retina; but the blood in the anterior part of the eye prevented the fundus from being seen. The falling forward and complete detachment of the retina, is however a result which is often met with after a portion of the vitreous has been lost through a wound of the eye, and the remainder of it has been broken down by an extravasation of blood within it.

5, Harley Street, Cavendish Square.

A CASE OF THORACIC ANEURISM SUCCESSFULLY TREATED BY REST.

By A. T. H. Waters, M.D., Physician to the Liverpool Northern Hospital.

The interest attaching to all cases of thoracic aneurism, and to any measures which afford a prospect of relief in that disease, induce me to lay the following case, although an isolated one, under the notice of the profession, in hope that the practice which has, in this instance, been attended with very satisfactory results, may have a wider trial than has hitherto been given to it.

From the opportunities I have had of treating cases of thoracic aneurism, I am led to believe that but little good can be done by the administration of any drug. I have in several cases of late years given a fair trial to various modes of treatment; and, although I have seen improvement sometimes follow admission into hospital, from the rest, comparative quiet, and other treatment to which the patients have been subjected, I have never seen such marked benefit follow as in the case below.

The treatment of internal aneurism by absolute rest has lately been strongly advocated by Mr. Tufnell of Dublin; and he has recorded some very interesting cases, in which he adopted the practice successfully. I have carried out in my case the line of practice he has recommended, which consists essentially in keeping the patient in the recumbent posture, and in administering a restricted diet. The results of the case are, I think, the more satisfactory, inasmuch as various other modes of treatment—moderate diet—iodide of potassium—ice to the tumour—acetate of lead—had been tried without any success, before the treatment by rest was commenced.

The well known effect produced on the circulation by the recumbent posture was well illustrated in my patient; the pulse having diminished by from ten to

twenty beats per minute. To this circumstance the favourable issue must, I think, be mainly attributed.

Case. John L., a married man, 45 years of age, was admitted into the Liverpool Northern Hospital, under my care, on December 14th, 1864. He applied to the hospital in consequence of a pain in his back; but, on examination, a pulsating tumour was found below the right clavicle, He gave the following history.

For the last seventeen years he had been a ship-keeper on night duty, but before that time he worked hard as a labourer. He had been accustomed to drink freely. About seventeen years ago, his right arm was amputated for disease of the elbow-joint following an accident. About three years ago he had a fall, by which he broke some of the ribs of his right side. For several years he had had rheumatic pains in the limbs and stump. For twelve months before admission, he had had violent attacks of sickness and cough; but he had never expectorated any blood. About seven or eight months before admission, he noticed a pain of a shooting character just below the right clavicle; and, about four months before admission, he felt a pulsating lump in the same spot. This lump, he said, had grown very slowly, and was scarcely larger than when he first felt it. He seemed to attach but little importance to it, and considered the pain in the back his chief ailment. On one occasion, whilst walking in the streets of Liverpool in September 1864, he had what he described as a fit, which appears to have been of a syncopal nature.

Physical Condition, etc. Below the right clavicle, opposite the lower margin of the second rib, a little external to its junction with its cartilage, there was a tumour, conical in form, with a rounded apex. The tumour had pushed the rib outwards, and appeared immediately beneath the skin. The visible portion was about an inch and a half in diameter. It had a soft fluctuating feel, as if containing fluid. It was the seat of pulsation, which was visible, expansile, heaving, and of moderate force. Pressure diminished the size of the tumour. Percussion revealed an area of dulness, bounded above by the clavicle, below by the third rib, internally by the median line of the sternum, and externally reaching nearly to the nipple-line. There was normal resonance on the left side of the chest. Over the tumour, and below the middle of the right clavicle, a loud murmur was heard synchronous with the systole of the heart. A soft systolic murmur was heard at the apex of the heart. The pulse was small, regular, of equal size on both sides. The patient was somewhat emaciated, had sharp features, and an anxious expression of countenance. He complained of severe pain along the back; and there was some tenderness at its lower part. There was no pain over the tumour. He had a severe barking cough, and dyspnœa on exertion; but there was no dysphagia. The veins of the left arm were rather large and knotted, but there was no œdema of the arm, nor of the stump. The digestive organs were unaffected. The pupils of both eyes were of the same size.

The patient, on admission, was put on a moderately spare diet, a small quantity of meat being allowed daily. The first remedy that was tried was iodide of potassium, which was given in large and gradually increasing doses, until the quantity given was twenty grains three times a day. This treatment was continued for some time. No perceptible effect was produced on the aneurism; but the patient's health began to suffer, and the remedy was accordingly stopped.

After an interval of some weeks, the application of ice was tried. The patient was kept in bed, and a bag of ice was applied over the tumour during the day. This was continued for many days; but no noticeable change resulted in the aneurism.

On March 21st, three grains of acetate of lead, with half a grain of opium, were ordered to be taken three times a day. This treatment was continued for a week, when symptoms came on which induced me to discontinue it.

On April 6th, in consequence of a good deal of pain in the chest being complained of, six ounces of blood were taken away by venesection. This was followed by a diminution of the pain.

On April 18th, the patient was ordered to confine himself entirely to his bed, and to keep in the horizontal posture. He had, up to this time, been in the hospital more than four months; and no perceptible change for the better or worse had, as far as could be observed, occurred. He was put on a very restricted diet; no stimulants were given, and, throughout the treatment, no medicines except an occasional purgative or anodyne. These, however, were but rarely required. The man was intelligent, and tolerably manageable; and, with one exception, when he walked from one ward to another during the time when the hospital was being cleaned, I believe he scarcely moved from the horizontal posture for a period of nearly eleven weeks. During this time, his health continued good; he slept well; complained of but little pain; had no sickness; and his cough became less frequent. His pulse (which, before the treatment was commenced, used to average from 80 to 90) fell to from 60 to 70. On one occasion, a few days before he was kept in bed, it was found as follows: Standing, 92; sitting, 84; lying, 70 per minute.

The diet which was ordered for the patient was, seven ounces of bread, three ounces of meat, and eight ounces of fluid daily. He was allowed small quantities of ice to relieve thirst, and to smoke one pipe daily. For some weeks after the treatment was commenced, more fluid than was ordered was taken, probably about a pint daily, but subsequently the above quantity (eight ounces) was rigidly adhered to.

Towards the end of May, it was very evident, from the diminished elasticity and pulsation in the tumour, that consolidation of the sac was taking place; and towards the middle of June there could be no doubt that this result had been produced. The patient was allowed to get up during the twelfth week of treatment. He was, however, kept in the hospital till August 12th, when he was discharged.

The following are the notes taken of the condition of the aneurism, etc., at the termination of the treatment.

"The tumour has diminished in prominence, in size, and in area of dulness. Pulsation is felt over the whole tumour; it is distant, and gives the sensation as if a good deal of solid substance existed between the skin and the inside of the tumour. A systolic murmur is faintly heard over the tumour, and at the apex a double knock is felt. In the apex or presenting portion, a very remarkable change has taken place: instead of giving the sensation, as at first, of a soft fluctuating swelling very like that of an abscess, it is now hard, and feels like a solid mass. The pulsation at this spot, where it was originally most marked, is now least so, and can only be discovered on careful examination."

I have seen the patient repeatedly since his discharge from the hospital. He is able to go about, and feels quite equal to undertake his former work of ship-watcher. He scarcely complains of the pulsation of his aneurism. I have quite recently examined his chest, and I found that the only per-

ceptible changes that had occurred since his dismissal from the hospital were diminished prominence and pulsation of the tumour, with other indications of increased solidity.

Transactions of Branches.

SOUTH MIDLAND BRANCH.

A CASE OF ANIMAL POISONING.

By WILLIAM NEWMAN, M.D.Lond., Stamford.

[*Read October 26th*, 1865.]

THE sources from which animal poisons may be supplied to the human frame are sufficiently numerous; with one, at least—the dissection-wound, or the *post mortem* puncture—medical men are far too familiar in their own persons.

I do not wish to occupy the time of the members of this Branch by a review of the literature of the subject, or by futile speculations on the *materies mali*, which may be transmitted from one member of the animal kingdom to another; but I am anxious to bring before you the particulars of a case which some short time back came under my notice, not because I have, or think that I have, any novelty in treatment to suggest, but merely that in calling attention to a serious form of disease, I may elicit from those present an expression of opinion as to the best mode of dealing with such cases, or awaken attention to our present inadequate knowledge. My case is as follows.

S. F., a veterinary surgeon, was called to some cattle ill near Uppingham, and saw them several times through the last week of July, and for the last time on August 2nd. The disease, supposed by himself to be the cattle-plague—more probably some form of blood-poisoning—had originated with some bullocks. These all, or nearly all, died. Several pigs were also attacked and died; and lastly a horse was affected. The horse, it would seem, had obtained access to a drinking-trough, the sides of which were smeared with puriform discharge from the nostrils of the diseased cattle. Two days afterwards, the horse was noticed to be ill, and within thirty-six hours from the first onset of symptoms was dead. It passed no urine from the time when it was first noticed to be ill.

S. F. made a *post mortem* examination of the horse, and gave me this verbal account of the appearances.

"The neck externally was very much swollen, and covered with abundant blisters holding a deep yellow serum. The deeper tissues were throughout infiltrated with the same kind of serous fluid, and the cervical glands were also much swollen. The lungs and kidneys were swollen and injected, and had local pus-deposits throughout their substance. The animals during life were covered with flies, and the carcases after death were equally infested."

At the time of making the *post mortem* examination, S. F. was in good health. He had had a few weeks before an attack of gout; this had passed by. He was a man who had lived freely; but there does not seem to have been reason for supposing that he was of actually intemperate habits. He had not, to his knowledge, any scratch or prick about his hand or arm; but, working with bare arms, and with his hands, etc., soaked in the fluids of the animal, he noticed that he was constantly covered with flies. From this time onwards he was not exposed to the influence of any animal virus, nor had he any further *post mortem* examination to undertake.

No symptoms showed themselves until August 9th (one week after the dissection of the horse). In the evening of that day, he felt his arm uneasy and noticed two little punctures—hardly visible without using a lens—on the left forearm at the junction of the lower and middle thirds, and toward the radial side of the back of the forearm. To these punctures he applied some nitrate of silver freely, making a black eschar fully the size of a crown-piece. In the course of the evening, he had creeping and general shivering more than once.

In the evening, Mr. Morgan, to whom I am much indebted for all preliminary detail and for the opportunity of seeing the patient, was called in, and prescribed some aperient.

Aug. 10th. The arm was more uneasy; an erysipelatous blush with some minute vesicles existed round the black eschar. The bowels were open.

Aug. 11th. The arm was more swollen; hand œdematous. Patches of very minute vesicles were scattered about the forearm. The swelling reached up to and slightly above the elbow. There was not the least sense of fluctuation. Through the twenty-four hours only about three ounces of urine were secreted.

Aug. 12th. The patient's appetite was failing; and he was worse in his general condition—uneasy and anxious about himself. The bowels were open; there was almost no urine; the conditions of the arm much the same.

Aug. 13th. I saw him with Mr. Morgan. His countenance was heavy and oppressed; he looked ill. Pulse 120, small. The skin was covered with abundant warm perspiration. His breathing was from 25—30 per minute. He had no headache: was restless at times. Only two or three ounces of urine were passed in the twenty-four hours; the bladder was empty. There was a blackened patch on the left arm, partly sore, partly covered with caustic eschar, discharging somewhat freely serous fluid, situated rather on the radial side as noted above. Ten or twelve large vesicles surrounded the central patch, and numerous smaller ones were scattered on the arm. The skin was firm and resisting, and there was not any sense, distinct or indistinct, of fluctuation. The arm was swollen considerably as far as the elbow; the back of the hand was puffy; the whole forearm was tender when touched, but, when let alone, was simply heavy—not the seat of absolute pain. The whole conditions were very much those of well-marked phlegmasia dolens, with superadded vesicular affection and skin redness. The axillary glands were not in any degree affected. He was ordered to take a drachm of sulphite of soda every four hours. He took one or two doses of the soda; then sickness came on, and he was not able to continue the remedy.

Aug. 14th, 9 A.M. He was worse; said he must die. He was free from pain; had had some sleep. There was almost constant sickness. His intellect was clear. The vesicles were full of deep yellow serum. The arm was much as on the previous day in point of size and appearance.

9 P.M. I saw him again with Mr. Morgan. He was anxious and restless. The skin was perspiring freely; pulse 120, very small; respiration at least 36. He had no cough nor expectoration. He was sick very frequently; retched often, but brought up only a little mucus beyond the food taken. Little over an ounce of urine had been passed through the day. The arm was much more swollen both above and below the elbow; it was covered all over with vesications, some very large and full of bloody fluid. The hand was swollen, puffy, and cold, and the arteries could not be felt. Three free incisions were made; one above the elbow, one near the eschar towards

the radial side and back part of the arm, and another on the back of the hand. The tissues at once retracted widely, and directly and continuously discharged some deep yellowish serum, semigelatinous in character.

Aug. 15th, 9.30 A.M. He had had a bad restless night. Pulse 135; respiration 40. He was constantly sick. The face was covered with cold perspiration; in short, he was fast sinking. The wounds gaped widely; they had bled but very slightly, and discharged serous fluid very abundantly.

He died at 1 P.M. No *post mortem* examination was made.

The treatment pursued was throughout of supporting and stimulant character. Quinine in decoction of bark was first given for some two or three days; then the sulphite of soda was tried, and on his rejection of this medicine, the chlorate of potash with compound tincture of bark was given until his death. Morphia was given each night. Locally, linseed meal poultices, with the addition of yeast, were used; and after the incisions the arm was wrapped in cotton wool. Wine—principally champagne—which was retained on the stomach when almost everything else was rejected, was given from the first; and beef-tea, meat, etc., in just such quantities as he could be prevailed upon to take.

REMARKS. Having thus given you the detail copied from my note-book, I would ask your indulgence for a few remarks.

1. The opinion that the animals died from cattle-plague or Rinderpest, cannot be deemed tenable. This at least may be granted: that the horse, the immediate source of the fatal poison, died most probably from some pyæmic condition.

2. Note especially the fact, that for a whole week the patient had no tangible symptoms. The morbid compound (which may have been introduced into the subcellular tissue by the puncture of the proboscis of a fly, or merely have existed for so long in contact with the skin as to have been in part absorbed) must, therefore, presumably have been almost inert when first applied; and subsequent decomposition and resulting changes have ended in it assuming distinctive toxic characters, or in its tainting the blood so thoroughly as to produce the fatal disturbance.

Twenty-four hours are usually enough to ensure the onset of specific results from a dissection wound. Or, in other words, the more nearly the toxic matter is allied to the tissues and the fluids into which it is introduced, the more rapidly does it contaminate; while a poisonous agent, derived from a source alien to its destination, does not so readily or so quickly produce characteristic results. On this condition, the one hope of treatment is, I think, to be based—that of early excision in suspicious cases. In bites from hydrophobic dogs it is usual to excise, and with decided advantage.

I would ask your consideration of the propriety of extending the practice to instances like the present, where animal poison has had a point of introduction, and near to which point its influence has for a time been confined. In the instance before us, not a suspicion of any inoculation with poisonous material was entertained until the week had passed by; and the constitutional symptoms were thoroughly set up when medical aid was first summoned. The whole conditions were those of poisoned blood, and on this view there was but fractional hope of the utility of medical treatment, death resulting ultimately, not from the local affection of the arm, but from the condition of the whole system. As material points, in so looking at the case, note especially the suppression, almost complete, of urine, with no coincident or dependent symptoms of uræmia; and the implication of the lungs marked by rapid breathing, and disturbed relations between the pulse and respirations.

While one must regret the fatal issue of a case like the present, I do not recognise that our present knowledge admitted of a more satisfactory mode of treatment.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

TWO CASES OF OBSTRUCTED LABOUR.

By WILLIAM CARR, M.D., F.R.C.S., Blackheath.

[*Read at Rochester, September 29th*, 1865.]

CASE I. On July 31, 1858, a lady aged 37, in the eighth month of utero-gestation, was seized with severe pains in the back, due, as she thought, to an overdose of castor-oil taken the previous evening. In the absence of her medical attendant, Mr. Phillips, who resided in town, I was sent for about 2 P.M., and found her pale and exhausted. There was no discharge, although on the previous day there had been "a show".

Without loss of time, she was put to bed; warmth was applied to the feet; and brandy and water, with an opiate, given. Regarding the case as an anxious one, I waited until 4 P.M.; and, as the pain was alleviated, and there appeared no indications of labour, I absented myself until 5 P.M. On re-entering the room, I was alarmed at the blanched appearance of my patient, who informed me that there had been a considerable discharge, apart from pain. At this period, three hours after my first interview, I made an examination, and discovered a very rigid os uteri, unyielding, and feeling like a *metal ring enclosed in mucous membrane*. The os barely admitted the tip of my finger; the membranes were ruptured; and the head presenting.

I now plugged the vagina, and applied ice to the vulva. At 6 P.M. Mr. Barnett gave me the benefit of his opinion. As there was discharge passing by the sides of the plug, it was removed. A further examination shewed that the condition of the os uteri was unchanged; and that turning, which we hoped to accomplish, was impracticable. We then gave chloroform, with the object of relaxing the rigid mouth; but without good.

The condition of our patient was evidently becoming worse; the countenance was more blanched, and the pulse more feeble—due, no doubt, to concealed hæmorrhage. We gave brandy in full doses, and, at intervals, strong beef-tea with bread-crumbs. Efforts at dilatation were made by introducing first one and then two fingers into the os; and finally the tips of three fingers were got in, but without any effective yielding of the rigidity.

About 8 P.M., Mr. Phillips arrived, who had attended the patient in her previous confinement. He informed us of its severity and unusual duration, and also of the prolonged convalescence. We agreed to administer more stimulants, with an opiate; wait awhile for rallying, and then make an effort at perforation of the fœtal head. We had ascertained by auscultation that the fœtus was dead.

Notwithstanding the administration of free and full doses of brandy, our patient sank at 9.30 P.M., seven and a half hours after my first visit.

The *post mortem* examination was made thirty-seven hours afterwards, by Mr. Barnett and myself; Mr. Phillips being unable to be present. On cutting through the abdominal walls into the abdomen, not a drop of blood appeared—so exsanguined was the body. On exposing the uterus, its surface was pale, dark lines shewing through its serous covering.

The position of the fœtus was readily seen, the uterus lying flaccidly over it. On laying the hand over the uterus, it was felt to be two-thirds filled with solid and semifluid matter. The parietes of the uterus appeared thickened, and its structure pale. A very large clot and an immense quantity of semifluid blood filled the cavity of the fundus; below, and completely detached, lay the placenta. In a separate cavity, the true membranal, lay the fœtus. The os uteri was extremely dense and unyielding, feeling as if made up of a metal ring enclosed in a soft membrane. On cutting it through, it had the glistening appearance of cartilage. It was one-sixth of an inch in thickness, and a quarter of an inch broad.

Remarks. It is probable that the severity and duration of the first labour were due to a less developed amount of induration; and that the prolonged convalescence depended on organic changes of the os uteri, and disturbed health resulting from such. The *post mortem* results shew that nothing short of free incision could have liberated the expansive processes of the uterus sufficiently to permit the exit of the fœtus. The complete detachment of the placenta shewed that Nature had done her best to complete the labour, notwithstanding such was followed by a fatal amount of hæmorrhage.

It is worthy of record, that both the mother and sister of this patient died under the same circumstances.

Case II. Mrs. B., aged 30, a primipara, had been in labour for several days. I saw her on January 30th, 1865; and, on examination, discovered a very rigid os uteri, the head presenting. The induration appeared to depend on two distinct bands—one on the free edge of the os, and the other half an inch towards the body of the womb; and the latter band was very thick—a quarter of an inch (?), as far as I could judge by digital contact. I gave her one grain of opium, and requested her to take a full dose of oil in the morning.

On paying her a visit the following day, I discovered no improvement—no attempt at dilatation. I therefore repeated the opiate.

On the third day (February 1st), the pains were much more active, and there was more mucosity; yet there was no yielding of the obstruction. Labour had been actively going on for eight or ten hours, and I could only introduce two fingers into the os uteri. There was little or no hæmorrhage, but my patient and her friends were becoming anxious; and, fearing lest evil should follow from further delay, I determined on dividing the os uteri. This I accomplished, after some difficulty, by introducing the two forefingers of my left hand between the fœtal head and the obstructing os uteri, letting them point towards the pubis, separating these fingers, and bearing downwards. The induration was well felt and measured; and, thus prepared for the bistoury, which I introduced guided by the forefingers of my right hand, and then readily pushed through the non-indurated part of the womb, carrying the cutting edge towards my left hand and between its forefingers—thus freely liberating the induration, and dividing an inch or an inch and a half of the os uteri. Very considerable hæmorrhage followed, but no pain; neither did my patient know that I had used an instrument.

Within an hour of the operation, active and efficient pains set in. The os expanded; and, within three and a half hours, the child, a living one, was born. The placenta was retained for an hour and a half from inertia, and lay behind the pubes. After the exhibition of some infusion of ergot, it was expelled. The cord was one of the shortest I have seen, measuring six inches in length. Micturition was difficult for the first day, and required the catheter; subsequently, it was all right, and my patient made a good recovery.

Remarks. The fear is that, unless the induration had been divided, the issue would have been fatal to both mother and child, as occurred in the former case; and the issue shews, as far as an individual case goes, that free division of the os uteri may be made without risk to the mother.

EAST ANGLIAN BRANCH.

ERGOT OF RYE IN MIDWIFERY.

By T. O'Connor, F.R.C.S., March, Cambridgeshire.

[*Read at Ely, June 27, 1865.*]

About twenty-two or twenty-three years ago, the merits of ergot of rye were freely discussed in the medical journals and periodicals; and various were the delinquencies and shortcomings attributed to it. One party affirmed that it was inert. Another as stoutly maintained that it was so active as to be dangerous to the mother. A third was certain it was dangerous to the child; the child was stillborn, and the disaster was attributed to the ergot of rye. There was a fourth party who denounced it as most uncertain in its operation; I think this latter charge may be fairly substantiated against every drug, and especially against those which have received the name of specifics. A fifth party was not wanting, who, strange to say, was chivalrous enough to defend this much abused drug; and this last party lauded it as an infallible excitant of expulsive uterine pains. The question, however, subsided after a time without having received a satisfactory solution, and was revived ten or twelve years subsequently, and with a similar result.

In 1842, I began to note the effect of ergot in those cases which occurred in my own practice in which I deemed it expedient to try it, and have carried my notes down to the present time through a period of twenty-four years, giving every case in which I employed it, amounting to 104. My first intention was to read the notes as taken at the time; but, on reflection, I found that such a course would have swelled the paper to an inconvenient bulk, and rendered it tiresome. I have, therefore, adopted the shorter form of an analysis, which will give all the information in a smaller compass.

The preparation which I employ is a watery solution obtained in the following manner. I reduce two drachms of the secale cornutum to a coarse powder as I want it, and boil in half a pint of water for ten minutes and strain through a coarse cloth. A fourth part is given every half-hour until its effect is obtained, if at all. I have, on a few occasions, given three drachms, but obtained no advantage from the larger quantity. I may as well state here that I have tried the spirituous and ethereal solutions prepared by various chemists, and have found them either uncertain in their operation or altogether inert. I have, however, been informed by Mr. Craddock, of Shepton Mallet, Somersetshire, that he has been in the habit of using an ammoniacal solution of the drug prepared by Gale, Baker, and Warde, druggists, London; and that it has proved most certain in its operation. I believe he affirms that it has never failed in its hands.

I find that the cases in which I administered ergot, resolve themselves into three classes; namely, *præpartum* hæmorrhage, puerperal convulsion, and protracted labour from abortive uterine contractions.

Of the 104 cases, 76 belong to the first class, or hæmorrhage before delivery. Of these, 58 were delivered

under three hours, and above two hours from the first dose; and 14 under one hour from the first dose. Three children were born dead; one being in a state of putridity, and one a footling with cord cast tightly round the body beneath the arms. The remaining children were healthy. The mothers recovered well, with the exception of one whose recovery was slow and unsatisfactory, and who died phthisical two years afterwards. In four cases, there were placental presentations, which require special notice.

In my early professional career, I conducted a case of placenta prævia by injecting (of course, I am stating now what was done after labour had commenced) every half-hour or so into the vagina a weak solution of common vinegar in cold water, in the proportion of a wineglassful of the former to a pint of the latter. This restrained the hæmorrhage within harmless bounds until the os uteri was sufficiently dilated, in my opinion, to warrant operative proceedings. I then proceeded to deliver by detaching the placenta from one side of the uterine aperture, passing my hand into the uterus and bringing down the feet and legs as far as the knees. At this stage, the labour was allowed to proceed by the natural process. I protected the cord as well as I could; that is, I prevented, as far as I could, pressure upon the cord, until the whole of the child except the head was expelled. Everything went on well for the mother; but the head of the child was so long retained, and the cord so long subjected to pressure in spite of my utmost efforts to extract, that the child was born dead, and had been dead, no doubt, for some time before the delivery was effected. I relate this case here, although it does not properly belong to the subject, as an example, to contrast with the four cases under consideration.

In 1844, I treated a case of placenta prævia in the following manner. The woman had been in labour six hours. I packed the vagina with linen soaked in oil; placed a thick pad externally; and secured it with a bandage so as to make pressure on the vagina and os uteri, and gave a fourth part of the decoction of ergot every hour. In three hours, I withdrew the tampon. The uterus was then acting vigorously. I proceeded to deliver by detaching the placenta on one side, as before described; and brought down the legs and thighs, and held them in the position to which I brought them. With two or three pains, which now followed each other rapidly, the body of the child, *with the placenta*, came down. I then fancied that the destruction of the child was certain; but it proved not to be so. With my left hand, I brought the belly of the child well up towards the sacrum of the mother, rotating so as to cause the face of the child to traverse the hollow of the sacrum, and the occiput of the child to emerge under the pubic symphysis. The most favourable anatomical adaptation for delivery. I then fixed the index and middle fingers of my right hand, one on each side of the root of the neck, bearing down on the upper angles of the scapulæ forcibly. With a steady, strong, continuous, rotatory traction, I swept down the head almost instantly. The child was apparently, but not really, dead. The circulation was carried on, although feebly; and resuscitation was successfully effected by artificial respiration persevered in for twenty minutes; aided, perhaps, by having the head and chest well rubbed with spirit; this latter office being performed by the nurse.

In 1851, I repeated this operation in all its steps successfully; and again twice within a fortnight in 1863, also successfully. In all the cases the result was safe to the mothers. The point in which the latter three cases differed from the first was, that the placenta came down with the head.

These were the only cases of placenta prævia which I have hitherto attended. It is impossible for me to deny that the safety of the children is mainly due to the powerfully expulsive force given to the uterus by the ergot of rye, thus prominently aiding in disengaging the head before fatal pressure has been made on the cord.

Of the second class, puerperal convulsions, I had two examples. The first case was that of a woman, 29 years old, of rather full habit. She was in her seventh confinement, and had been in labour nine hours. I bled her from the arm to twenty ounces; and gave a fourth part of the decoction of ergot. The convulsions continued, but with a longer interval of repose. She was delivered in twenty-eight minutes of a healthy male child. The mother recovered well. In the second case, the patient was a woman, aged 26, of full habit, and muscular. She was in her third labour, and had been in labour eleven hours. I bled her from the arm to sixteen ounces, and gave a third part of the decoction of ergot. The convulsions diminished in frequency and severity; and she was delivered in twenty-three minutes of a healthy female child. The mother recovered well. The diminution of the force and frequency of the convulsive seizures in these instances, was due, I imagine, not to the ergot of rye, but to the bleeding; the ergot merely expediting the delivery, and so removing the cause of the convulsions.

The third class, or defective uterine action, included 26 cases, of which 18 were natural presentations, and were delivered at periods varying from twenty-five minutes to two hours. The children were all healthy. Six were breech or foot presentations, and were delivered at periods varying from seventy minutes to two hours and a-half. The children were all healthy; the mothers recovered well. Of late years, in breech and foot presentations, as soon as the cord has become exposed to pressure, I have expedited delivery in the manner described in treating of placenta prævia, and can recommend that course with or without ergot. In 2 cases, craniotomy had to be performed. The forceps could not be applied, owing to a preternatural enlargement of the head from the presence of hydrocephalus.

Of the 104 cases, 7 were twins; thus 111 children were born. Of these, three, besides the craniotomy cases, were born dead; but not one death can be traced to the use of ergot. A remarkable point in the history of these cases is that there was no *post partum* hæmorrhage. The cases in which I administered ergot, compared with the whole number of midwifery cases which I attended, stand in the ratio of 1 to 25.

We have hitherto been advertising the virtues of ergot; let us now turn to its vices. It may be given too soon and too rapidly; and the effects on the patient in such a case, would be most distressing, and might entail on the administrator a loss of character and certainly of public confidence. It should never be given to save the time of the medical attendant. It should not be given in first labours, except by a person of great experience. It should not be given where there is a rigid condition of the os uteri while that rigidity continues. There are various other reasons for withholding, which I may notice in a future paper.

American Medical Schools. The winter campaign of our medical schools, hospitals, and medical societies, is now fairly under way, and promises to be a very active one, or as the phrase is, "sharp and decisive." The classes are larger than last year. (*Philadelphia Med. and Surg. Reporter.*)

Reviews and Notices.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. Volume Sixteenth. Comprising the Reports of the Proceedings for the Session 1864-65. Pp. 294. London: 1865.

THIS volume, like its predecessors, consists of a series of notes on specimens exhibited at the meetings of the Pathological Society of London, arranged according to the organic systems in which they were found. In general, very brief outlines of the histories of the cases are given, with more detailed accounts of the pathological appearances; but in a few instances the subjects under consideration are taken in hand more elaborately.

Among the numerous interesting contributions recorded in the volume, may be mentioned, in the section on the Nervous System, three cases of encephalocele in the anterior part of the skull, by Mr. C. Heath; a case of spina bifida (in an infant) in progress of spontaneous cure, by Dr. Playfair; gliomatous tumour of the brain in a child two years old, by Dr. W. Cayley; cases of cerebro-spinal meningitis, by Dr. Andrew and Dr. Burdon Sanderson; paraplegia after fever, occurring in India among men and horses, by Mr. Lockhart Clark; etc. In the next section, that on the Organs of Respiration, we find several illustrations of the use of the laryngoscope in diagnosis; an account of a specimen of Cornish miners' lungs, by Dr. Peacock; and other contributions to the pathology of grinders' and miners' pulmonary disease, by Dr. Greenhow. Under the head of Organs of Circulation, are a number of cases illustrative of congenital malformation and acquired disease; and a paper, by Dr. Peacock, on cancerous deposit in the heart.

Dr. Peacock relates the histories of two cases which had recently occurred at the Victoria Park Hospital; and comments on the records of forty-five cases, including the two just now referred to. These he divides into four classes. 1. Cases of primary cancer—the heart alone being affected. This condition is very rare, as in two instances only is the heart expressly stated to have been the only seat of the disease; while in seven others—some of which are imperfectly reported—no mention is made of the presence of the disease in other parts. 2. Cases—five in number, possibly six—in which the heart appears to have been affected concurrently with other parts, especially the adjacent organs. 3. Cases where cancerous disease of neighbouring parts involves the pericardium or large vessels. Of this condition, eight cases are noticed in the table given by Dr. Peacock; but he thinks it probably more frequent, as there are but few cases of cancer in these situations in which the parts about the heart are not involved. 4. Cases in which the cancerous deposit in the breast is secondary to disease in other parts of the body. Among the forty-five cases, twenty-one were of this kind; the organ originally affected being frequently at a distance. Thus, the original seat of the disease was, in seven cases, the abdominal organs; in three, the eye; in two, the breast and axillary glands; while the remaining cases were divided singly among various parts, from the face to the thigh. As to the kind of cancer, in eight cases it is not mentioned; in seven, the disease is described as having been scirrhus; in four, melanosis; and in twenty-five (two primary), encephaloid. Other particulars are given in a table.

Among the Diseases of the Organs of Digestion, Mr. E. R. Bickersteth of Liverpool gives a case of meso-colic hernia. The patient died in the Liverpool Royal Infirmary of disease of the bladder and urethra, and the abnormal condition of the mesentery and intestines was only discovered at the *post mortem* examination. Dr. Murchison relates a case of hydatid tumour of the liver in a woman aged 31, successfully treated by simple paracentesis. A case of hydatid of the liver opening into the lung is also related by Dr. Julius Pollock; one of enormous accumulation of hydatids in the liver, by Dr. Gibb (for Dr. Logan); and one of hydatid tumour of the liver bursting into the bile-duct, by Dr. Murchison.

In the section on diseases of the Genito-urinary Organs, is a case related by Mr. Holmes, where, in an infant, the intestines formed a protrusion on each side of the middle line, the abdominal parietes being weak. No tumour pressing the intestines forwards could be detected during life; but, after death, the bladder was found to be formed of two sacs—one, representing the true bladder, hypertrophied to about three times the thickness of the natural organ; the other thin and membranous, of about the size of an ordinary infant's bladder, communicating with the former. The ureters were much distended and tortuous; and the kidneys were absorbed by pressure, especially the left. Mr. Partridge gives an instance of that rare condition—transverse hermaphroditism—met with in a child five months old, who died of pleurisy. The appearances presented during life are described in the fifteenth volume of the Society's *Transactions;* and after death the following state of the parts was noted.

"The nymphæ, or what represented them, were very much smaller than in a female child. . . . Besides the orifice leading to the bladder observed during life, another very minute aperture was discovered just below it, communicating with a tube or cavity situated beneath and parallel to the urethra, but having no communication with it. This cavity, which appeared to end in a *cul-de-sac*, was probably the remains of the uro-genital sinus. At the extremity of this sinus was a body resembling a prostate gland, in the upper part or base of which the two vasa deferentia, with some vaguely formed vesiculæ seminales, merged; whether they actually opened into the prostate or into the uro-genital sinus could not, owing to the minuteness of the parts, be determined. Both testicles, with their epididymes, were observable in the upper part of the (apparent) labia; and from each emerged a vas deferens, which descended into the pelvis in the normal manner, and terminated as already described. On the right side there was a congenital hernia."

Drs. J. W. Ogle, Marion Sims, and Graily Hewitt give a report on a supposed case of inverted uterus removed by the écraseur; and in conjunction with this is quoted from Dr. Gooch the history of a case of inverted uterus removed by ligature—the specimen, which is preserved in the museum of St. George's Hospital, being also exhibited at a meeting of the Society, for the purpose of comparison. The morbid specimen specially reported on was sent by Dr. Slayter, of Halifax in Nova Scotia, and was supposed to consist of an inverted uterus. The

reporters, however, came to the conclusion that it was a large fibroid tumour, of a polypoid form, with which had been removed a portion of the uterus about an inch long—probably the whole of the fundus between the origins of the Fallopian tubes.

In the section on Diseases, etc., of the Osseous System, Mr. Teevan gives a paper on sections of skulls, to show the incorrectness of applying to the inner table the expression "Lamina vel tabula vitrea". He states, as the reason why the inner table is more damaged than the outer by foreign bodies, that "the aperture of entry is caused by the foreign body only, whilst the aperture of exit is larger than the aperture of entry, inasmuch as it is made by the penetrating instrument *plus* the fragments of bone driven out of the proximal table and diploë." He shows also that a bullet, passing through both sides of the skull, makes the aperture on the side where it leaves the skull smaller in the inner table than in the outer one. He says also, that the fact of the internal table being sometimes alone fractured by violence applied from without is no proof of its being specially brittle; and gives an experiment to show that, by a blow given with slight force on the inside of the skull, fracture of the external table may be produced without any fracturing or fissuring of the inner. There is also a pathological specimen confirmatory of this idea.

"In Guy's Hospital Museum, there is the calvarium of a man who committed suicide by shooting himself. The bullet entered the skull in the right temporal region, traversed the brain and its membranes, struck the inside of the left part of the frontal bone, and remained imprisoned in the cranial cavity. At the spot, on the inner surface of the frontal bone, where the bullet struck, there was a black mark, but no fissure nor fracture; but at the corresponding point outside there was a starred fissured fracture of the external table only."

The correctness of the reason generally given for the more extensive splintering of the inner table was several years ago called in question by Mr. Erichsen, in his *Science and Art of Surgery*. He states that he does not consider the greater brittleness of the inner table to be the only cause.

"I should rather attribute it to the direction of the fracturing force from without inwards causing a certain loss of momentum in passing through the outer table. . . . A few years ago, a man was brought to University College Hospital who had committed suicide by discharging a pistol into his mouth and upwards through the brain. The bullet had perforated the palate, and passed out at the upper part of the cranium, near the vertex. On examining the state of the bones, it was found that the outer table of the skull was splintered to a considerably greater extent than the inner one, shewing clearly the influence of the *direction* of the fracturing force. I have since found, by experiment on the dead body, that this is most generally the case when the blow is struck from the inside of the skull outwards."

Mr. Thomas Smith gives a remarkable case in which several congenital deficiencies of bone were met with in the skull of a child 4½ years old. Of these deficiencies—which were not connected with encephalocele, nor in the situation of the fontanelles—one was a hole, measuring three inches by two inches, in the right side of the occipital bone, slightly encroaching also on the parietal bone; another, nearly circular, having a diameter of two inches, was situated in the right parietal bone close to the sagittal suture; and the third, oval in form, and measuring two inches by one inch, was in the front part of the left parietal bone, just between the temporal ridge and the sagittal suture. The openings were filled up by a firm fibrous structure.

Numerous other interesting cases are given under the heads of Diseases of the Organs of Special Sense, the Ductless Glands, the Skin, etc. The entire number of contributions recorded in the volume is one hundred and eighty-six, many of which, besides those which we have specially mentioned, are of great interest. There appears to be no sign of falling off in the number of specimens exhibited to the Society, nor in their value as contributions to the study of pathology. In general, however, as has always been the case from the formation of the Society, their interest is structural rather than functional.

On the Cure of Club-Foot without Cutting Tendons; and on certain New Methods of Treating other Deformities. By Richard Barwell, F.R.C.S., Assistant-Surgeon Charing Cross Hospital, etc. Second Edition, greatly enlarged. Pp. 231. London: 1865.

The first edition of this book appeared in 1863; and in this the second edition, Mr. Barwell has carefully revised what he previously wrote, without, however, in any way modifying the opinions expressed by him in opposition to tenotomy, and in support of the treatment of deformities of the foot by other mechanical means. He has also added two chapters; viz., on Infantile Paralysis and on Deformities of the Toes. In the chapter on Talipes Calcaneus, he introduces an account of a deformity which, he says, is not described by English writers. He calls it Talipes Cavus, because of the hollowed shape of the foot; it might, however, he observes, be equally well called "arcuatus" or "perarcuatus".

"The foot is bent; that is, the tarsus is flexed in itself, and, on closer examination, it will be perceived that this bend affects the posterior much more than the anterior part of the foot; in fact, the calcaneum has dropped, and the patient, instead of walking on what ought to be the lower part of the heel, walks on its normally posterior aspect. The outline of the back of the leg, from the bend of the knee downwards, is very nearly straight..... On directing our attention to the anterior part of the foot (that which lies in front of the medio-tarsal joint), we see that it is also bent down; this bend, however, is but slight, and on manipulating the foot the surgeon will find that even a small amount of pressure will restore it to its proper position in regard to the bones of the leg and astragalus." (Pp. 161-2.)

Mr. Barwell has seen two instances of this deformity; and says that cases apparently referable to his description have been described by M. Bouvier of Paris and M. Duchenne of Boulogne.

The illustrative cases, instead of being, as in the first edition, placed in an appendix at the end of the book, are in the present one interspersed through the volume in their proper places. The author has increased the number of woodcuts; and has also added several photographs, of which he says that they illustrate his meaning perfectly well, but that many of them are, as photographs, bad. Several of them

are decidedly very unsatisfactory as works of art—especially the first in the frontispiece, which is scarcely even intelligible.

Mr. Barwell deserves the best thanks of the profession for bringing before them the results of his continued observations on deformities of the foot.

On Flooding after Delivery, and its Scientific Treatment, with a Special Chapter on the Preventive Treatment. By Lumley Earle, M.D., Obstetric Surgeon to the Queen's Hospital, Birmingham, etc. Pp. 244. London: 1865.

In this little work, Dr. Earle treats, in eight chapters, of the important subject of Flooding after Delivery.

The first chapter is occupied with some general remarks on the conditions under which *post partum* hæmorrhage occurs, its results, etc. The author, while pointing out the gravity of the accident, takes occasion to observe that, although he has himself met with some of the worst cases that could occur compatible with life, he has never yet lost a case; and he makes this remark, not for the purpose of boasting, but of encouraging the obstetric student.

"On the one hand, I wish his mind to be thoroughly imbued with the grave importance, both to life and health, of this obstetric complication, that he may see the necessity of making himself master of the subject in all its bearings; on the other hand, I wish him clearly to understand that prompt and efficient treatment will, in the majority of instances, end successfully, that in the hour of danger he may not lose that presence of mind which is so essential to enable him to act with energy and judgment." (Pp. 9-10.)

Dr. Earle very judiciously recommends a second opinion to be called for in cases of severe hæmorrhage.

In the second chapter, the Signs and Symptoms of uterine hæmorrhage are fully described; and the proper means of ascertaining the amount of loss of blood that may be going on are pointed out.

In the third chapter, the author speaks of Preventive Treatment. He believes that a great number of cases of flooding arise from want of proper management on the part of medical men. "Flooding will be most frequent in the practice of medical men who trust too much to nature, or are, on the contrary, too meddlesome." He lays down a number of precautions as being necessary in the management of an ordinary labour, and gives full reasons in support of the proceedings which he recommends.

In the fourth chapter, he gives a general description of the Remedies which have been employed in cases of uterine hæmorrhage—viz., Pressure on the uterus; cold, applied externally and internally; ergot; introduction of the hand into the uterine cavity; the use of the catheter; administration of astringents by the mouth; compression of the abdominal aorta; opium; brandy; irritation of the heart; oil of turpentine; and galvanism. Under what circumstances the last of these are to be applied, he reserves for consideration until he speaks of the various causes of uterine hæmorrhage; holding that the same plan is not applicable in every case.

In the fifth chapter, the Causes, Diagnosis, and Treatment of Uterine Hæmorrhage before the Delivery of the Placenta are carefully described under the following heads: Partial separation of the not morbidly adherent placenta, or of the morbidly adherent placenta; irregular contraction; inversion of the uterus; disruption of the placenta; and retention of the membranes.

In the sixth chapter, the author treats of Hæmorrhage occurring after the Removal of the Placenta, from inertia of the uterus; from distension of the bladder—which, though not described as such in obstetric works, he believes to be an occasional cause of flooding; from clots in the uterus; from cough; from large placenta; and from exertion.

In the seventh chapter, he describes more rare causes of flooding; *e.g.*, rupture of the os uteri, or of a thrombus of the cervix; sloughing of the vagina; rupture of the perinæum; thrombus of the vulva; inflammatory ulceration of the cervix; purpura; constipation; and polypus or fibrous tumour.

The ninth chapter contains directions as to After Treatment.

Dr. Earle has evidently studied his subject in a most careful manner, and has made the best use of his own experience. His book is one which deserves to be read by all practitioners who are in the habit of attending cases of labour; as well as of being diligently perused by all students of midwifery.

Outlines of Elementary Botany, for the Use of Students. By Alexander Silver, M.A., C.M., M.D., Assistant to the Professors of Materia Medica and of Medical Jurisprudence in the University of Aberdeen. Pp. 381. London: 1866.

The curricula of our medical examining bodies allow to the student three months for the study of botany; but, up to the present time, though several excellent text-books on the subject have been published, there have been none which have presented the science, brought up to the latest period, in a concise and yet complete form. For those who wish to investigate the subject elaborately, there are the works of Professors Balfour, Henfrey, Bentley, and Lindley. Each of these has its special merits; and each, in its way, is a work of the highest authority. What Dr. Silver has done, is to condense into a small compass the leading facts connected with physiological, structural, and systematic botany; presenting them in such a form that the student may easily comprehend them, and, having mastered them, may either content himself with having acquired a very fair knowledge of the science, or may proceed with a good groundwork to its study in larger works.

The book is divided into five parts.

Part I first contains a section on the Morphology of Phanerogamia, in which are described, in separate chapters, the root, the stem, the leaf, buds and vernation, the flower, prefloration or æstivation, the non-essential floral organs, the essential organs of reproduction, the fruit, and the ovule. Of each of these, and of their modifications, the structure is described; and lists of the officinal roots, leaves, fruits, etc., are given in the chapters describing each organ respectively.

The second section of the first part is devoted to the Morphology of the Cryptogamia.

In Part II, the first section treats of Physiological Anatomy, or Vegetable Histology. In this section, the author describes the cell in all its forms, its

changes, contents, and development; cells in combination, forming tissues; combinations of tissues, including the epidermis and its appendages, the phanerogamous stem — endogenous and exogenous, the root, the appendages of the stem, and the various parts of the flower.

In the second section are contained chapters on the chemical constituents of plants and their sources; the functions of cells and the elementary tissues; the physiology of the organs of nutrition or vegetation; the physiology of the floral envelopes; the functions of the reproductive organs; the physiology of the fruit and of the seed; and the phenomena of heat, light, and motion of plants.

In Part III, Dr. Silver gives a brief outline of Vegetable Nosology or Vegetable Pathology.

Part IV is devoted to Systematic Botany; and after some introductory remarks, includes a brief but sufficient definition of the various natural orders; the plants included in each which have been used in medicine or possess medicinal properties, being mentioned.

In Part V, the author gives an outline of Geographical and Geological Botany.

This outline of the contents of the book will shew that it is very comprehensive; and in it the author has placed before the student everything in botany that it is essential for him to know. We must not omit to add, that the utility of the index is increased by containing the Greek and Latin origins of all the technical terms.

On the Means Employed for Correcting the Inverted Image on the Retina of the Eye. By Joseph Swan. Pp. 31. London: 1865.

The means by which the inversion of the image on the retina is corrected in vision has long been a subject of debate among physiologists. Mr. Swan, who is well known for his researches on the nervous system, believes that he has solved the problem; and in this pamphlet puts forth the ground on which he has arrived at his conclusions. He holds that lateral inversion is corrected by a crossing of the fibres through the optic commissure; and upright or vertical inversion by means of the oblique and arched fibres of the optic tract and thalamus. To understand his arguments thoroughly, a perusal of the work is essential.

On the Speedy Relief of Pain and other Nervous Affections by Means of the Hypodermic Method. By Charles Hunter, Surgeon to the Royal Pimlico Dispensary, etc. Pp. 64. London: 1865.

To Dr. Alexander Wood of Edinburgh is due the merit of having been the first, in this country, to direct the attention of practitioners to the advantages derivable in some cases from injecting medicines beneath the skin. The proposal, however, though made many years ago, seems to have met with but few followers; until within the last few years, when a fresh impulse has been given to it, and the idea held by Dr. Wood has been extended, by various practitioners in this country and on the continent; among whom Mr. Hunter holds a prominent position. In this little work, he has collected, with additions, several papers on the subject published by him in the medical periodicals, and has given an instructive outline of what is at present known regarding it. The Royal Medical and Chirurgical Society have appointed a committee to report on the merits of the hypodermic system of medication, and therefore it must still be considered to be *sub judice*. It may fairly be said, however, that up to the present time there appear to be good grounds for believing that it will prove a valuable addition to our therapeutic resources.

We commend Mr. Hunter's pamphlet to the perusal of the profession.

The Treatment of Enlarged Tonsils at any Period of Life, without the Operation of Excision. By William J. Smith, M.B.Lond., Surgeon to the Islington Dispensary, etc. Pp. 55. London: 1865.

This book, Mr. Smith states in the preface, is the first of a series which he intends to publish on the anatomy, physiology, and diseases of the tonsils.

The subject of the present work is Chronic Enlargement of the Tonsils. This Mr. Smith holds to be the local manifestation of a morbid diathesis—most probably the rickety. The greatest amount of enlargement, however, does not always occur at the period of maximum development of the rachitic diathesis; and this suggests to him "the possibility of the exercise on the part of the tonsils of a remedial function, whether eliminatory or elaboratory, as a result of which the diathesis in question ceases to exist." In old and middle aged people, chronic enlargement of the tonsils has the same pathological relations as calcified and obsolescent tubercle: it points to a past diathesis.

The great object which the author appears to have in view in this book is to demonstrate that a cutting operation is not necessary for the partial or entire removal of enlarged tonsils. He lays it down as a general rule, that, the general health having been attended to, the tonsils should be partly or wholly removed in the following circumstances.

"1. In cases in which they impede respiration, and thus exert a pernicious influence on the formation and capacity of the chest.

"2. In cases in which they occasion frequent attacks of sore-throat.

"3. In persons—especially vocalists—whose voice is apt to become thick or to be temporarily altogether destroyed.

"4. In those who suffer from that particular form of deafness which is exclusively due to the existence of these glands in a condition of hypertrophy.

"5. In those in whom nasal respiration is difficult or impossible, and whose features, consequently, are liable to become deformed." (Pp. 18-19.)

The mode of treatment which Mr. Smith recommends as being more effectual than any other which he has tried, including the application of nitrate of silver, etc., is the application of potassa fusa by means of an instrument which he describes. We should certainly have considered this a rather hazardous proceeding, on account of the deliquescent character of this caustic: but, although it may be attended with some apparent inconvenience, Mr. Smith seems to have made out a fair case in its favour. In his hands, the application of caustic potash to the tonsils appears to have been successful; but it is, we

think, scarcely necessary to point out to surgeons, who would try his plan, the necessity of proceeding carefully, and according to the directions which he has laid down.

British Medical Journal.

SATURDAY, DECEMBER 16TH, 1865.

FREEDOM *v.* LICENSE.

SOME acrimonious papers by Dr. Clay of Manchester, entitled "Ovariotomy and Ovariotomists", but really consisting of a review of Mr. Spencer Wells's work on *Diseases of the Ovaries*, and written somewhat in a spirit of rivalry, appeared week after week last spring in the columns of the *Lancet*. These papers, and a letter from Mr. Spencer Wells in reply to some incorrect statistical statements of Dr. Clay, with other letters from Dr. Potter of Liverpool and Dr. Clay in reply, were published by our contemporary as "The Ovariotomy Controversy." In this "controversy", Dr. Clay made certain statements for which Mr. Wells demanded an apology; and as this was refused, he placed the matter in the hands of his solicitor. The result was, that Dr. Clay was bound by Judge's order to sign such an apology as should be agreed upon by Dr. Barnes, who was named as referee by himself, and by Dr. Jenner, the referee named by Mr. Wells. The following copy of their report has been sent to us for publication.

"We, the undersigned, being the arbitrators nominated respectively by Mr. T. Spencer Wells and Dr. Clay, and appointed under Judge's order dated June 29, 1865, have, in consultation, examined and considered the publications complained of by Mr. Wells as being libellous against him, and the documents bearing on the matter.

"Before entering upon this investigation, we, in compliance with the terms of the Judge's order, obtained the assent of James Paget, Esq., F.R.C.S., to act as umpire in the event of our differing in judgment.

"Having fully considered the matter referred to us, we are of opinion that the defendant, Dr. Clay, has exceeded the bounds of fair criticism in the publications complained of, and that he ought to make an apology to Mr. Wells in the following terms.

"I, Charles Clay, M.D., defendant in the case Wells *v.* Clay, acknowledge that, in the statement and inferences contained in an article published by me in the *Lancet* of February 25, 1865, I exceeded the bounds of fair criticism. I especially admit that I was not justified in putting forth the following paragraph, which contains the passages complained of by Mr. Wells.

"'In this case Mr. Wells did not misrepresent my diagnosis, *but did worse;* he knew it, as well as those that were with him, but *he omitted it altogether*. My opinion was this: '*On no account seek any operation. If ever I saw malignant disease, this is a case; and if operated upon must terminate speedily in death.*' I was earnestly pressed to operate; but, though a splendid fee would have resulted, I persevered in my refusal, and the fee went into Mr. Wells's pocket. I never regretted my portion of the transaction. I never will operate on a case decidedly hopeless. I will have a prospect of success before I begin; and no fee shall ever tempt me without such a prospect in view. In this case Mr. Wells held out hopes from an operation. It was done, and she died in a few hours after.'

"I am now satisfied that Mr. Wells did not know my opinion respecting the case, nor that I had refused to operate, and that, therefore, the imputation that he had improperly suppressed my opinion is groundless. I freely admit that Mr. Wells was induced to operate believing that there was a reasonable prospect of success, and that he was quite justified in forming that opinion. Further, if the words I used seem to imply that Mr. Wells's object in operating was to obtain a fee, I assure him that they were not intended to bear that meaning; and I am very sorry that I used language which could be so interpreted. Finally, I hereby express my conviction that Mr. Wells behaved throughout in an honourable manner to the patient, her family, and medical attendants, and in all respects in accordance with the rules of professional etiquette and right conduct; and I now make this statement, intending it to be a full retractation of the matter complained of, and trusting that Mr. Wells will accept it as an ample apology for my error.

"ROBERT BARNES, M.D.
"WILLIAM JENNER, M.D.
"November 22, 1865."

Dr. Clay having signed this apology on Dec. 5th, there is no further remark to make upon the matter. An apology given and accepted, the "controversy" is at an end so far as the disputants are concerned. But the part which the *Lancet* has played cannot be called fair. It is not necessary for us to say, how carefully the journalist should guard himself against admitting personal attacks upon any one. We may, therefore, well express surprise that Dr. Clay was permitted to use the columns of the *Lancet* for the purpose of accusing Mr. S. Wells of deliberately and unnecessarily operating on a patient for the sake of a "splendid fee". Such a charge is one of the gravest possible character. If made, it should be substantiated by such crushing evidence that, on the force of it, the guilty man should be put upon his trial for manslaughter or murder. If, on the contrary, it is not supported by satisfactory proofs, the publication of such a charge is an outrage not only on the character of the practitioner against whom it is directed, but also on the honour of the whole body of the medical profession.

Now, as Dr. Clay was allowed through the columns of the *Lancet* to disseminate a charge (which he acknowledges to be groundless) against Mr. Wells among his medical brethren, surely the very least it could have done in reparation would have been to make some attempt to let all those who had read the very libellous accusation know that it had been made without foundation. Yet all that it has hitherto done, has been to insert a paragraph, regretting

"That personal matters affecting Mr. Spencer

Wells should have been introduced by Dr. Clay, and that they should have escaped our notice, and thus appeared in print. Our pages are freely open to Mr. Wells for any statement he may think it advisable to make. With this, we must leave the discussion of personal matters to Dr. Clay and Mr. Wells."

By this, the *Lancet* leaves the impression that both parties in the discussion were equally open to blame. When a journal, whether knowingly or unwittingly, has allowed itself to become a vehicle for attacks upon the personal and professional character of a medical man, every sense of right and justice tells us that when the error is proved, the journal is bound to make the fullest reparation in its power for the grievous injury and injustice which it has inflicted. Above all and especially is an influential medical journal, which professes to support the honour of the profession and the welfare of its individual members, bound to do this. It owes the reparation to the whole profession, as well as to the injured medical man.

CHOLERA CURES.

The papers tell us that Professor Tommasi of Naples has been employing in cholera one of the remedies recommended by the *Times*, subcutaneous injections of quassia! And that M. Rubio has obtained very satisfactory results from hypodermic injections of essential oil of mustard. In Spain, some doctors have employed as a cure ligaturing of the limbs "to intercept the circulation and preserve the animal heat"; a practice described by *Siglo Medico* as a grand discovery. In Constantinople, *L'Union Médicale* informs us that one of the remedies used by the doctors is to make the patient drink his urine when vomiting and diarrhœa begin. Another remedy highly praised by Signor Bruno, is what may be called the bellows-cure—the poking the nozzle of a bellows into the mouth or œsophagus of the patient and so insufflating him; the theory being that the cholera victim is dying for want of air. The quassia experiments are not spoken of by those who made them with any sanguine feeling; but then they console themselves with the reflection "that it is premature to form any opinion of experiments made on the decline of an epidemic."

A medical man, writing at Naples, says:

"The malady is rapidly on the decline, though I fear we shall not get entirely rid of it for a long time to come. On the whole, we have not suffered so much as the filth and conglomeration entitled her to. The more I see of the disease the more certain I am that its ravages might be entirely prevented by a house to house visitation, and an early treatment of premonitory symptoms. As to the treatment, this epidemic has again taught us nothing; many old remedies have been brought up anew, and puffed, such as quinine and quassia injections, chlorodyne and opium; but the result has been the same as in other epidemics—about 40 or 50 per cent. of mortality of the *declared* cases, while the mortality from subsequent typhoid fever has been the greatest in those cases that have been treated by violent remedies, and chiefly by opiates and alcoholic stimulants. The disinfectants used chiefly have been sulphate of iron for the excreta, while the rooms, bedding, furniture, etc., have been fumigated with chlorine gas. In the military hospitals the rule has been that no one left the hospital (of the medical and other attendants) before having remained a few minutes in a room exposed to these fumigations. The exemption of Sicily (and of Rome) up to the present time is certainly in favour of the complete *excommunicatory* system; but then, again, on the other side, Leghorn and Genoa have been exempted, though a quarantine of only a few days was insisted on. In addition to this, it may be observed that the islands in the Bay, which, from their position, are cut off from close communication with Naples, have not been afflicted except in one or two cases, which were evidently carried over from the city."

Our readers will note in the above a confirmation of the views of Dr. G. Johnson. We are told that "the mortality from subsequent typhoid was greatest in those cases that had been treated by violent remedies, *and chiefly by opiates and alcoholic stimulants*."

CLAUDE BERNARD ON MEDICAL STATISTICS.

Claude Bernard, in his *Introduction à l'Etude de la Médécine Experimentale*, just published, gives us his views as to the value of statistics in medicine. The opinions of such a man on such a subject will interest most of us.

There are (he says) political, social, and medical theorists among whom statistics have a sort of mysterious veneration. Everything can be proved by statistics. It is a convenient way of getting rid of troublesome facts and of presenting hypotheses in an imposing form. Thus, when the number of pulsations are measured by an instrument throughout the day, and an average is taken of the varying numbers, "on aura précisément des nombres faux." The figures are exact, the average is an error, for it represents no actual condition. The pulse diminishes during the intervals of fasting, accelerates during digestion, and varies continually according to other influences, such as movement and repose; all these biological peculiarities disappear in the average. In like manner, when averages are struck from calculations respecting secretions, there is a mingling together of the most varying conditions; a secretion which is alkaline at one moment is acid at another; in the average it appears a compound of the two. When a physician collects a number of cases and from them draws up a description which represents the symptoms on an average, he describes that which never existed in nature.

This error of averages is strikingly exhibited in the various theories of food propounded by physiologists. The amount of oxygen, or any other substance, consumed by an animal in one day is estimated and compared with the weight of the animal; but the weight represents a total of various substances with which the oxygen has very various relations, some of them being totally unaltered by the oxygen, others profoundly affected by it. In like manner, a poison is estimated according to the amount required to kill an animal of a certain weight.

"Il faudrait pour être plus exact calculer non par kilo du corps de l'animal pris en masse, mais par kilo du sang et de l'élément sur lequel agit le poison." But even then the mere weight tells us little. Other conditions interfere, and these, which vary with the age, size, sex, state of digestion, etc., of the animal, determine the effect of the poison.

Obviously, the first condition of statistical comparison must be that the facts compared are exactly observed and are capable of being reduced to unities comparable with each other. How often is this condition present in medical statistics? Every one familiar with hospitals knows what numerous causes of error have vitiated the reported "cases." Very often the diseases have been named at hazard after a superficial diagnosis; and even when the cases have been carefully examined, no two precisely resemble each other; age, sex, temperament, the complication of other diseases, and a crowd of circumstances interfere; and if this is so with two cases, how much more will it be with a hundred! The average is supposed to eliminate all these differences; but whenever the physician has a case before him, that case is individual, not an average; its peculiarities are not eliminated, yet on its peculiarities must depend the effect of his treatment.

M. Bernard reminds us that it is only when the cause is quite undetermined that any one thinks of applying statistics. No one enumerates cases in which oxygen and hydrogen compose water; no one counts the number of times in which division of a nerve paralyses its muscles. It is only when the cause is unknown that cases are counted, and then the enumeration throws no light on the conditions. For example: some experiments showed that the anterior roots of the spinal nerves were insensible; other experiments showed that they were sensible; would it have thrown any light on this difficulty to say that the law of sensibility in the spinal roots is that of 25 per 100? Or ought we to invoke "la loi des grands nombres," and say that the roots are as often sensible as insensible? It would be absurd. There is obviously a reason why they are sensible, a reason why they are not, and it is these reasons we are to discover.

A great surgeon performs an operation many times; he then gives a tabular statement of the cases which have been fatal and the cases which have been successful, and statistically concludes that the mortality of this operation is two in five. What will this tell us respecting the certainty of the next case? We cannot know whether it will be one of the two or one of the three. We ought to know what are the conditions which will range it infallibly under one or the other head. Instead of an idle emuneration, we should make a fruitful study of each special case, and discover, if possible, the cause which renders the operation fatal. The same reasoning applies to curative remedies. A certain remedy has in twenty instances been followed by a cure; in seven instances no cure has been effected. You will say, perhaps, that there is twenty to seven in favour of success. Not in the least. You do not know how many of those twenty patients would have recovered had there been another remedy tried, or no remedy at all; you do not know what was the precise action of the remedy, what changes it effected in the organism, what its effects will be on the organism now about to be submitted to it. As a great mathematician observed, "La loi des grands nombres est toujours vraie en général et fausse en particulier." And as to the "compensations which bring about the law," they are useless in medicine. Mathematicians admit that if a red ball has come up fifty times in succession, that is no reason why the white should come up on the fifty-first; the white ball is certain to come up some time or other, but its appearance depends on specific conditions which have nothing to do with what has gone before.

Is there, then, no utility in statistics? M. Bernard is far from saying so. He admits that statistical results lead to probabilities and suggest research; but he protests against the idea that medicine must be only conjectural. He insists on the necessity for a scientific basis, and declares that every method of treatment which is not grounded on a clear recognition of the causal connections between agents and the organism is mere empiricism, not much removed from charlatanism. "Les médecins en général semblent croire qu'en médecin il y a des lois élastiques et indeterminées. Ce sont là des idées fausses qu'il faut faire disparaître si l'on veut fonder la médecine scientifique. La médecine, en tant que science, a nécessairement des lois qui sont précises et déterminées, qui, comme celles de toutes les sciences, dérivent du critérium expérimental."

Last week, during the examination for the Licence of the Royal College of Physicians, Dr. Storrar and Mr. Cæsar Hawkins attended as delegates from the English Branch of the Medical Council.

The Commander-in-Chief has, we hear, done the Venereal Commission the honour of appearing before it to give evidence. His evidence is said to be in favour of the regular examination of both soldiers as well as prostitutes, as a prophylactic remedy for venereal disease. How far the sentiments of the country generally have advanced towards the acceptance of a legalised system of prostitution, we have yet to learn. That public health and public morality are somewhat at issue in such a system is evident enough. Their reconciliation remains to be settled; and perhaps the Venereal Commission may have satisfactorily arranged the discrepancies between the two apparently opposing facts. The other point is a still more difficult one, if we understand it aright. It is the proposal that the soldier, as well as the prostitute, shall regularly undergo examination to show his freedom from venereal affection. At what rank in the service the examination is to stop, we do not know; whether it is to be limited to the privates, or extend up into the higher branches of the military hierarchy. Another question also will be here raised: How will military surgeons approve of the business, should they be called upon to perform it; viz., of regularly passing in review the condition of the soldier in this delicate particular? We apprehend that not many of our medical brethren would care to accept the appointment of regular examiner to a house of prostitution; and, for a similar reason, we suspect that the medical army officer may take a moral objection to the business involved in what, as we understand, may be a part of the proposal of the Venereal Commission.

Our readers may remember the ridicule which, day after day, was let loose in the *Times* upon the report of M. Béhic, the French Minister of Agriculture, etc., at the time when the Rinderpest was breaking upon us. M. Béhic accepted the teachings of science, and adopted measures in accordance with them. In fact, the decree of the Imperial Government was founded on the report of M. Bouley, the veterinary surgeon. At this very critical moment, the *Times* patronised the quacks and ridiculed M. Béhic and the men of science. Now, however, at last, comes the condemnation of the criminal ignorance of the *Times* and the justification of science. In its own pages we read that

"In a report, M. Béhic, the Minister, expresses his satisfaction at the success of the measures adopted, pursuant to the decree of September 5th last, for the prevention of cattle disease in France. Owing to the conduct prescribed to the Prefects, the disease, which had been imported into the Nord from Malins, the loss incurred in preventing its propagation in the two departments, the Nord and the Pas de Calais, was insignificant—being, in fact, only 43 infected animals slaughtered—*when compared with the ravages in England and Holland.* M. Béhic bestows much praise on the French Diplomatic and Consular Body, the Prefects, Sub-Prefects, mayors, veterinary surgeons, landowners, and the Custom-house officers for their zeal and activity in carrying out the wishes of the government from the first appearance of the disease."

Two gazelles imported from England for the Paris Zoological Gardens have, it is asserted by authority, conveyed the Rinderpest into France. In consequence of this, the prohibition is extending to the importing of all "quadrupeds, exotic or indigenous, with the exception of horses, asses, mules, and dogs."

"The disease broke out among the animals in the zoological gardens of the Bois de Boulogne. The gazelles died of the disease and communicated it to six zebras, who were immediately killed and buried deep under ground. Measures have been adopted, under the direction of MM. Bouley and Reynal, of Alfort, to arrest the progress of the disease."

M. Liebreich's invitation to the Imperial *fêtes* at Compiègne appears to have excited some little jealousy amongst his Parisian *confrères*. We read in *L'Union Médicale:*

"The fact of a foreign doctor having been invited to Compiègne has been much talked about. One journal tells us that he has even had the honour of singing before the august assembly there. Ah! those sons of Æsculapius who, true sons of Apollo, know both how dexterously to use the cataract-needle and their vocal chords, are not to be trusted. Gifted with a happy privilege of dexterity of hand and larynx, they carry all before them. Why do not our students cultivate the charming art? Orfila was the first *basso cantante* of Europe; Bérard a charming tenor; Dr. H. a baritone who could stand by the side of Faure; Dr. X. a tenor of force; and Dr. A. V. a powerful basso. Why should we have to regret these men of the past—regret that doctors are no longer faithful to the worship of Apollo?"

THE LATE PETER ROSCOW, ESQ.

Our Association has sustained a great loss by the death of Mr. Peter Roscow, who died at Folkestone on November 28th, aged 41. He was born at Haslingden in Lancashire, where his father, a man of considerable talent and greatly respected, passed the laborious life of a medical practitioner in the manufacturing districts, and died at an early age, leaving a family of ten children almost unprovided for. Being one of the youngest of the children, Peter Roscow was deprived of the educational advantages which had been afforded to his elder brothers. His early education was simply that of the village school. He received his first professional training at the Manchester School of Medicine, and, during his attendance there, contrived, by saving from his small allowance for board and lodging, to acquire sufficient means to obtain some instruction in Latin. From Manchester he came to London, and entered at St. Bartholomew's Hospital; and, becoming M.R.C.S. and L.S.A. in 1845, was engaged as an assistant by an able and well known practitioner, Mr. Peck of Newmarket, whose practice afforded a large and varied experience.

In 1847, Mr. Roscow commenced practice at Folkestone, which was then not much more than a fishing town; and, with little encouragement and delicate health, toiled patiently on until the town became much known and frequented as a watering-place.

From this time his success was assured. Brought into contact with many of the leading physicians and surgeons of the metropolis, his talents and skill were at once appreciated, and his practice rapidly increased.

Mr. Roscow was remarkable for the warm feelings of confidence and friendship with which he inspired his patients, the greater number of whom were of high position and intellectual attainments; and such associations necessarily tended to the cultivation of a mind full of taste for learning and literature, and of the utmost liberality of opinion. As a practitioner of medicine, Mr. Roscow's talents were of the highest order. His independent judgment and quiet self-reliance kept him free from the trammels of routine; and, with the firmest faith in the beneficent tendency of Nature's laws, he watched the course of disease, always to the advantage of his patients. His own life was one of much bodily suffering; and nothing was more remarkable than the manner in which this was borne, so as to interfere as little as possible with the fulfilment of duty to others. His earnest wish had been, that he might be permitted to work "to the end"; and this prayer was granted, for he steadily and efficiently pursued his calling up to within three weeks of his death.

One of our most eminent physiologists and surgeons, whose friendship, extending over a period of twenty years, was ever warmly acknowledged as among the cheering influences of Mr. Roscow's life, thus writes of him. "He had one of the clearest intellects and the most resolute wills that I have ever known in our profession; and I believe, if he had had good health, few would have attained a higher position in it."

R. L. B.

Progress of Medical Science.

SURGERY.

Cancer of the Testis in Children. Cancer of he testis, says M. Guersant, is not very rare in hildren. Many authors have described cases; and e has met with at least a dozen in very young chil-ren, even at birth or at the age of a year.

Pathological Anatomy. The tumour is, as in the dult, scirrhus, often encephaloid; colloid or fibro-lastic tumours are also sometimes met with. A estis removed by M. Guersant was found to be three imes the normal size; it was smooth and soft, and resented to the eye the appearance of a firm white issue, resistant at some points, having a lardaceous spect. In other cases, there was a soft, rose-coloured, lmost diffluent encephaloid substance, interspersed vith small blood-vessels, and readily breaking down nder the fingers. The tunica albuginea appeared ealthy under the microscope. There were also fibro-lastic nuclei and cells of irregular form and gra-ular aspect, lying here and there among the tissue. Some red points formed by extravasated blood were lso seen; no seminiferous vessels could be found. M. Guersant has not seen ulceration of the scrotum n such cases; but examples have been recorded. Nor has he met with chimney-sweepers' cancer, which, he says, is more common in England than among the French. On *post mortem* examination of children who have died from a recurrence of the lisease, he has found cancer in the lymphatic glands; sometimes also in the mesenteric glands, liver, etc.

Causes. The causes of cancer in children are per-haps still more obscure than in adults. Cancer of the testis has been seen in children whose parents have not had cancer; hence the disease cannot be said to be hereditary in all cases. The violent bruising of an organ may sometimes cause its de-generation; and thus, if a child's testes became can-cerous after a contusion, it might be admitted that this circumstance acted as a determining cause on a predisposed organ.

Symptoms. These cancers pass unperceived in their commencement. Children are often brought to the surgeon as soon as an enlargement of the scrotum is detected, which has already lasted some time; it may therefore be said that the disease at first appears in the form of a painless tumour either on the right side or on the left. When an examination is made, there is found a rather heavy elastic tumour having twice the ordinary size, or more, of the testis; there is generally no change of colour in the skin; the venous circulation is slightly modified; and, in most cases, the scrotum is not adherent to the tumour. The tu-mour is easily felt separate from the spermatic cord, on which it drags more or less; it is at a considerable distance from the inguinal ring, and generally has a round, sometimes knobby, shape. M. Guersant has in general not found the tumours to be uneven, but other surgeons have done so. When the disease is recent, the glands in the groin are not engorged, and the cord is healthy; there is in general no fluctua-tion unless hydrocele be present. When, however, there is encephaloid disease of the testis, there is a feeling of softness which may be confounded with fluctuation; but the tumour is not transparent.

The *diagnosis* is sometimes difficult. If an explor-atory puncture be made, little or no fluid escapes, and the instrument cannot be moved about freely.

Cancer of the testis, which is generally not nodul-ated, as are tuberculous tumours, is diagnosed from tumours met with in children who present other signs of tuberculosis, by the circumstance that, in the latter, the integument is adherent at a point corre-sponding to the softened tubercle; and that a more or less considerable projection exists, in which the surgeon can recognise fluctuation arising from the presence of pus. Inflammatory engorgement of the testis has a rapid development and progress; while cancer is indolent for a longer or shorter time. The presence of cancer might be obscured by a hæma-tocele, and only discovered on operating; when it would be for the surgeon to avoid interfering with the disease of the gland, and, if possible, to relieve the hæmatocele alone.

The *prognosis* is as unfavourable in children as in adults. Of six patients operated on by M. Guersant, one, a child 18 months old, died of convulsions three days after the operation; he lost sight of one; and in the four others the disease has returned, either in the inguinal or in the deeply seated abdominal glands.

Treatment. At first, especially if the diagnosis be doubtful, the preparations of iodine may be tried in-ternally and externally. If this treatment succeed, the disease has probably been of scrofulous or tuber-culous nature. In cases of cancer, castration is al-ways necessary. In performing castration in chil-dren, M. Guersant makes an incision at the back of the scrotum, and prolongs it to the bone, unless it be necessary to remove a portion of the scrotum on account of the ulceration and adhesion of the testis. In this case, an oval piece of integument must be removed. When the organ is laid bare, the cord is erolated and cut across, the artery being tied sepa-rately, or the whole cord together with a double silk thread drawn very tightly. If any arteries besides the principal one be wounded, they must be tied se-parately, and the ends of the ligatures must be brought to the lower part of the wound, whither they will serve to conduct the pus. Three or four points of suture must then be applied; the scrotum enve-loped in a fenestrated piece of linen covered with cerate, over which is placed some lint; and the whole must be kept in place by a suspensory bandage. To prevent inflammation, the dressing may be moistened with cold water; care being taken not to abruptly leave off this application, lest reaction set in and erysipelas appear. M. Guersant renews the dressing daily for some days; leaving only the sutures, which are withdrawn as cicatrisation advances. In those patients of M. Guersant who recovered, cicatrisation was rapid; suppuration was slight; and there were scarcely any constitutional symptoms. A return of the disease, however, occurred in every case of which he has been able to learn the subsequent history. (*Bull. Génér. de Thérap.*, 15 November, 1865),

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Large Hygroma of the Foot. A girl, aged 15, of slender build, who had not yet menstruated, came under the care of Dr. J. F. Heyfelder of St. Peters-burg, on account of a swelling on the dorsum of the right foot. It had appeared, without evident cause, six years previously, and had remained painless, but had increased in size until it extended from the tendo Achillis along the outer side to the phalanges of the toes, covering in the third, fourth, and fifth meta-tarsal bones. At first, the swelling presented the appearance of enchondroma, but was soft and fluctu-ating. It could be forcibly pressed and moved with-out pain; it did not impede the use of the foot, but prevented the patient from wearing a boot of ordi-nary shape. Dr. Heyfelder concluded that the tumour was a hygroma. On introducing a trocar, there escaped a somewhat turbid thick fluid, the flow of which was obstructed through the blocking up of the cannula by some small granular bodies. These were

removed, and many were driven out with the fluid through the cannula by moderate pressure. It was found, however, that the tumour was only partially emptied; some cysts remaining distended, and refusing to yield up their contents when pressure was applied. Examination with a probe discovered a septum, which had to be divided before the other divisions of the swelling could be emptied. Dr. Heyfelder divided the inner septa in various directions by means of a long slightly curved knife, enlarging at the same time the external opening. By moderate pressure, the remainder of the contents of the swelling—a fluid of the thickness of honey, with granular bodies—was discharged. A mixture of tincture of iodine, iodide of potassium, and water, was injected; and a cure was produced in fourteen days. (*Berliner Klinische Wochen.*, 7 August, 1865.)

Hydatid Cyst of the Liver: Puncture and Injection with Iodine. Madame M., married, having previously enjoyed good health, began at the age of 23 to feel occasional pains in the right side. The attacks of pain soon became more frequent; and ten blisters were applied in succession. At the same time, tincture of iodine was painted over the painful part, but without any improvement. A tumour had been detected in the hepatic region, the growth of which, though slow, was in time accompanied with difficulty in walking, short and difficult respiration, frequent indigestion, and occasional nausea after taking food. Menstruation became irregular; and within two years the patient had two abortions.

On her admission into hospital under the care of M. Demarquay, on May 8th, 1865, four years after the commencement of her illness, the whole of the right side of the abdomen was found to be hard on palpation. By percussion, it was found that the liver had not risen higher than its normal position; but below there was absolute dulness extending as far as the median line and the antero-superior spine of the ilium. The right side of the abdomen projected very slightly more than the left. The tumour was painless; no hydatid *fremissement* could be detected. The diagnosis made was, hydatid cyst connected with the lower surface of the liver. On May 9th, about two quarts of clear fluid were let out by an exploratory puncture; examination of the fluid confirmed the diagnosis. On May 11th, Vienna paste was applied to the most salient part of the swelling, nearly midway between the false ribs and the crest of the ilium. This application was daily repeated; but in a few days, as the Vienna paste seemed to act too slowly, caustic potash was substituted. On June 1st, the cyst burst spontaneously, and discharged two quarts of a reddish fluid. Tincture of iodine was injected into the cavity through a gum-elastic catheter. In the afternoon, the patient had rigors and rather severe fever, with bilious vomiting; but these symptoms ceased in the evening. The injection was repeated the next day, without a recurrence of the symptoms. On June 3rd, when the catheter was removed, there appeared at the aperture of the cyst a white mass, which was the *débris* of a large hydatid that had lined the whole interior of the sac. The opening was slightly enlarged with a bistoury; and tincture of iodine, largely diluted with water, was injected, with the object of cleansing the cyst, and favouring the expulsion of hydatids. After this, the injection of dilute tincture of iodine was repeated from time to time, and the contents of the cyst were gradually evacuated. In the beginning of August, the patient had an attack of pneumonia at the apex of the right lung; this, however, soon disappeared, and the patient's state continued to improve until August 19th, when she was discharged cured. M. P. Boucher, who reports the case, observes that, in the treatment of hydatid cysts of the liver, the following appears to be the line of practice indicated. 1. If it be necessary to make an exploratory puncture for the purpose of diagnosis, a large quantity of the fluid contained in the cyst should be allowed to escape. 2. A large opening should be made by the daily application of caustic; incision of the eschar being avoided. 3. A catheter should be retained in the aperture, so as to allow the escape of pus and the frequent washing of the cyst. 4. Tincture of iodine should be injected, to modify the internal surface of the tumour. 5. The patient should be supported by a strengthening diet. (*Gaz. Médicale de Paris*, September 16, 1865.)

Naso-Pharyngeal Polypus. A young man, aged 29, came under the care of M. Michaux with an enlargement of the right side of his face. Above and below the right malar bone were two tumours; the upper, as large as a pigeon's egg, filled the temporal fossa; while the lower was larger, and was situated in the cheek. There were also slight exophthalmia and complete obstruction of the nasal fossa on the right side; and the mucous membrane of the right cheek projected inwards, so as to receive the impression of the molar teeth. The palatine arch had its normal form and consistence. The pharynx was considerably narrowed, its posterior wall being pushed forward by the vertebræ. It being uncertain where the tumour was implanted, M. Michaux performed the following operations in succession: 1. Resection of the periphery of the spheno-palatine canal; 2. Resection of the wall between the antrum of Highmore and the nasal fossa, after opening the antrum; and 3. It being considered certain that the principal insertions of the tumour were in the pharynx, resection of the tuberosity of the maxilla and of the pterygoid process. In spite of these partial resections, the roots of the tumour could not be destroyed, and M. Michaux was obliged to remove the whole of the maxilla. The operation was attended with considerable hæmorrhage from the roots of the polypus and from the internal maxillary artery; this was, however, arrested by the actual cautery. On the fourth day after the operation, in place of the cavity left by the removal of the maxilla, there was found a round tumour of the size of a large nut, of which the nature could not be determined. After the tenth day, hæmorrhage occurred from the tumour on four occasions at intervals of a few days, and was arrested by astringents and coagulants. The tumour still remained. It was situated on the right of the pharynx; had the size of a large nut; was smooth and whitish on the surface; was soft, compressible, and somewhat fluctuating. By pressure, a beating isochronous with the pulsation of the radial artery was perceived, and the tumour could be nearly emptied, refilling on the removal of the finger. It was evidently an aneurism. M. Michaux injected it with perchloride of iron; and, as hæmorrhage continued after the withdrawal of the syringe, a plug dipped in the perchloride was pressed on the tumour for some time, with the effect of arresting the bleeding. The perchloride of iron was also applied for several days. The greater part of the tumour sloughed away; and perfect cicatrisation had taken place when the patient left the hospital. Ten months after the operation, the patient was in perfect health. M. Michaux has also met with another case in which two small sanguineous cysts were developed in the pharynx two years after the removal of polypus from that region. (*Bulletin de l'Acad. Roy. de Méd. de Belgique*; and *Gaz. Méd. de Paris*, October 21, 1865.)

Reports of Societies.

MANCHESTER MEDICAL SOCIETY.

OCTOBER 4TH, 1865.

W. WHITE, M.D., in the Chair.

Zonular Cataract. Dr. LITTLE showed with the ophthalmoscope a well marked case of zonular cataract, and made some remarks on the diagnosis of different forms of the disease.

Entropion. Dr. LITTLE also showed, for Mr. Thos. Windsor, a severe case of entropion of both eyes, with firm adhesions to the eyeball and consequent blindness. By great care the adhesions had been dissected off, and a good amount of vision restored.

Lymphatic Leucocythæmia. Dr. THORBURN showed a specimen of this disease—the lymphæmia of Virchow. The glands of nearly the whole lymphatic system were affected. The spleen was not enlarged when the patient first came under observation, but was latterly becoming so.

Dyspepsia. Dr. BROWNE read a paper on dyspepsia. His main object was to prove that a satisfactory division might be made between the oral, gastric, and duodenal forms of the disease, as affecting the digestion of the amyloid, albuminous, and fatty constituents of the food respectively. By means of such a division, he maintained that a much greater accuracy might be attained in the diagnosis, prognosis, and treatment of dyspepsia. Dr. Browne entered into a full exposition of the symptoms of each form, as distinguished from the others. His paper will be published in full.

NOVEMBER 1ST, 1865.

W. ROBERTS, M.D., in the Chair.

Exophthalmic Goitre. Mr. THOMAS WINDSOR showed a well marked case of this disease.

Phimosis of Eyelids. Mr. T. WINDSOR also showed a photograph of a case of congenital phimosis of the eyelids, on which he was about to operate.

Fistula Lacrymalis. Mr. T. WINDSOR also showed two or three cases of this disease, illustrating its successful treatment by closure of the sac.

Hydrocele. Dr. BROWNE showed a specimen of encysted hydrocele, with hour-glass contraction at the ring, and containing a small amount of blood. The case was mainly interesting from the difficulty of diagnosis caused by the presence of a pelvic abscess which had been evacuated at the opposite side.

Short Forceps in Midwifery. Dr. HARDIE read a paper suggesting a much more frequent use of the forceps in natural labour. He quoted several of the standard works to show that it is advised to abstain from the use of the forceps till formidable symptoms are setting in. This he considered was due to a certain timidity, not very well defined, but carefully handed down from teachers to pupils, and pervading those without the profession also. The author believed that the forceps is a safe, efficient, and admirable adjuvant in ordinary practice, and recommended its use whenever there is the slightest hindrance to the speedy completion of the second stage of labour. In his own practice he allowed, generally speaking, about half an hour for this purpose; and, if it appeared that it would not be immediately accomplished, he at once applied the forceps. He has thus used them, with invariably good result, in 1 out of every 3½ cases. He combated the idea that labour, in a civilised community, should be considered as a purely natural process; and that it should not be assisted by art when this can safely be done, just as we are in the habit of assisting other natural processes. He believed that civilisation had modified the conformation of the pelvis and the size of the child's head, and also the capacity to endure the prolonged suffering of childbirth.

A spirited discussion ensued, in which all the speakers were agreed, although they might not go the same length with Dr. Hardie, that the forceps might safely and usefully be employed very much more frequently than is advised in almost any of the standard works on midwifery.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 4TH, 1865.

PETTENKOFER'S THEORY ON THE MODE OF PROPAGATION OF CHOLERA. BY HERMANN WEBER, M.D.

THIS paper was based on Professor Max Pettenkofer's last publication on the subject, "*Ueber die Verbreitungsart der Cholera*" (*Zeitschrift für Biologie*; Jahrgang, 1865, p. 323).

With regard to the question of contagiousness, Pettenkofer believes that the disease is propagated by human intercourse, and never without this; not by simple contact with the diseased or their excretions, according to the old theory of contagion, but by means of certain local accessory causes contained in the soil. Temperature, wind, moisture or dryness of the atmosphere, and elevation of ground, are all not essential for the epidemic occurrence of cholera, although they may, under certain circumstances, exercise great influence on its course. The only indispensable conditions are, *human intercourse yielding the germ in the excretions of cholera patients, and the soil developing this germ into activity.*

The qualities of the soil considered as necessary for the development of the cholera-germ are—1. That it be porous—*i. e.*, permeable to air and water; 2. That water exist in a certain depth below the surface (ground-water or subsoil-water); and 3. That the soil be to some degree impregnated with the products of organic decomposition, especially those of excrementitious origin.

Respecting the first condition, Pettenkofer, and the members of the Bavarian Commission for the Investigation of Cholera in 1854, have found, without a single exception, that the soil in the towns and villages epidemically affected with cholera was porous; while localities built on impermeable rock were either entirely spared, or, at all events, exhibited only isolated cases. Several apparent exceptions were, on closer examination, found to confirm the law. The well known researches of Boubée and Fourcault are in accordance with this law.

With regard to the presence of ground-water or subsoil water (landspring—"*Grundwasser*"—the first stratum of water reached at a certain depth below the surface, between about five and fifty feet), Pettenkofer points to the fact, generally acknowledged, that the cholera spreads with predilection along the course of rivers and in hollow situations; but he regards the water of the soil underneath the habitations as much more important than that of the more or less distant river; and maintains that, as a rule, those localities suffer more from cholera which lie nearer to the level of the ground-water, the distance of which from the surface may be regarded as depending on the first impermeable stratum of the soil. The fall of the impermeable stratum may be parallel to that of the surface, but is more usually not; if the former be greater than the latter, then elevation

means greater distance from the ground-water, and probably greater immunity from cholera, but not otherwise. The level of the ground-water in the same locality may vary considerably in the same year and in different years; and on this fluctuation the varying degree of susceptibility of the locality for the cholera epidemics seems to depend. Under equal circumstances, the rise of the ground-water will cause a greater susceptibility by moistening a higher stratum of the porous soil, which is generally more impregnated with organic matters the nearer it is to the surface. It is the period of receding of the ground-water from its greatest elevation which is most dangerous. As this occurs usually in July, August, and September, cholera usually makes its greatest ravages at that period; but the unfavourable condition of the soil may, through unusual circumstances, occur in winter instead of in summer; and cholera epidemics may, as experience shows, occur in the midst of a Russian winter.

With regard to the cholera-germ itself, Pettenkofer assumes it to be contained in the intestinal excreta of cholera patients; but believes that it cannot produce cholera by itself, but must first undergo some change under the influence of the susceptible soil, and thus become developed. This interchange between the cholera-germ contained in the excreta and the soil may, he suggests, either take place in the soil, and the developed germ may be thence inhaled or otherwise introduced into the body, or it may take place within the human body itself, the product being the active germ.

Pettenkofer adds hygienic suggestions for the prevention of epidemics, based on his views.

Dr. Weber remarked that these views, though not yet altogether proved, were in accordance with the best ascertained facts, and deserved to be tested without loss of time. He added, that the observations of the position and fluctuations of the ground-water might lead to other important discoveries, and alluded to the researches of Professor Buhl of Munich, according to which the death-rate from typhoid fever in Munich was in intimate relation to the varying elevation of the ground-water in that town.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, November 3rd, 1865.

M. Baines, M.D., Vice-President, in the Chair.

Mr. Rouse gave a series of cases illustrating the changes which take place in the fundus of the eye, the result of Progressive Myopia.

Case i. A girl aged 18, came in January last to the Ophthalmic Hospital. She had noticed myopia for six years; it had increased much within the last few months. She had tension in the left eye, with rings of light passing before the eye towards night, and obscure pain in the globe. The ophthalmoscope showed well developed crescentic posterior staphyloma on the outer side of the optic disc, between which and the yellow spot, was great hyperæmia of the retina, also increased vascularity of the optic disc. Purgatives, blisters, cold douches, and omission of reading and needlework, removed the symptoms without increase of the staphyloma.

Case ii. A female, aged 25, had always (within memory) been myopic, and had used her eyes much for fine work. The right had been becoming worse more than five years, but during the last six or eight months so much so, that she could not see to work. She saw floating spots and flashes of light. The ophthalmoscope showed a small white optic disc, a well defined staphyloma, and small yellowish white patches with pigment spots scattered over the fundus.

Case iii was that of a myopic lady with cataractous left eye, and history of pain, flashes of light, and muscæ of many months' duration. The examination of the eye showed staphyloma, with congestion of the whole fundus and optic disc. The globe was rather tense, and there was some ciliary neurosis. Leeches, blisters, and purgatives relieved the tension and hyperæmia, but the flashes and muscæ still appeared from time to time.

Case iv. A woman, aged 40, of anxious temperament, found the sight of the right eye to be affected three days before she presented herself, and in a few hours it was quite gone. Her myopia had always caused her to hold her work four inches from her eyes; her sight was so acute that she was employed for the finest work. There was very little pain. On examination, one-half of the retina was found separated from the choroid, quite concealing the yellow spot and three-parts of the optic disc. In the left eye there was a small hyperæmic optic disc, but no posterior staphyloma. She was free from any organic disease of the viscera. Blisters and the iodide of potassium in two weeks removed most of the fluid. The detached retina was lying in a sort of fold. This patient is still under treatment, with, as yet, little improvement of vision.

Mr. Rouse said all symptoms in myopia should be attended to. It was an error that a near sight is a strong sight, and will improve. He showed that glasses were needed, and gave rules for their use. An occasional leech to the temple, purgative, and complete rest in a darkened room, were all useful. Paracentesis might be required. Myopic patients should not hang their heads down.

Dr. Baines gave a case of Delayed Parturition in consequence of enormous Distention of the Uterus from liquor amnii.

Mrs. C., pregnant for the first time, had enormous distension of the abdomen; an opinion was given upon examination, that twins were present. Labour began on September 29th, 1864. When examined, the membranes were ruptured. Much liquor amnii had escaped. The os uteri was one-third open, and the head presented. The pains were slight; the progress little. The next night—twenty-four hours afterwards—the os was dilated, and the head occupied the outlet of the pelvis, but made no progress. The pains ceased, and as they could not be excited by ergot or other means, the child was delivered by the vectis. Much liquor amnii had escaped, but the abdomen was not sensibly diminished. The head of a second child was then detected likewise in a large bag of membranes. No pain coming on, and the patient being excited, the membranes were ruptured, and a bandage applied. The head then came down to the outlet, and the vectis was again employed as there were no pains; a double placenta followed; the patient did well.

The distension of the uterus was, without doubt, the cause of the delay; and although the course pursued in the delivery of the second child differed from the usual rule, Dr. Baines felt justified in not waiting longer than an hour, the experience of the first delivery having shown how paralysed by distension the uterus was. Should turning have been adopted with the second child? Considering the case of the first delivery by the vectis, and that the head was presenting, Dr. Baines preferred the vectis.

Correspondence.

DR. JOHNSON'S VIEWS OF CHOLERA.

LETTER FROM PAUL W. SWAIN, ESQ.

SIR,—Having finished the perusal of the papers on Cholera by Dr. George Johnson, I cannot refrain from offering to that gentleman, through you, my individual thanks, for the lucid and masterly exposition which he has presented to the profession.

I do not hesitate to avow that, amidst the whole literature of cholera, I know of no work which puts the phenomena of the disease so completely within the grasp of the understanding.

I agree with him most completely in his theory of collapse, and the deductions which he draws from it; and having myself gone through the ordeals of the epidemics of 1832 and 1849, I hope I shall not be deemed presumptuous in laying before your readers a few reminiscences which seem strongly to confirm Dr. Johnson's views on the treatment of the disease. In the epidemic of 1832, the disease was so new to us that we had no very fixed views about it; and I remember that the extremes of stimulation, narcotism, and depletion, were all tried in turn. We had no cholera hospital; and my own experience was confined to the paupers in and outside the Workhouse, and the few private patients I then had. We suffered severely; but not so heavily as in the epidemic of 1849, when the three towns of Plymouth, Devonport, and Stonehouse, and the immediate neighbourhood, lost about 2000 patients.

At that time I was, in conjunction with my friend Mr. May, the surgeon to the Devonport Cholera Hospital, which was a large wooden building situated on one of the bastions of the ramparts. We had under us three junior surgeons, who took turns of eight hours each to watch the patients. We soon found that the opium treatment did no good; and I at once gave as a reason, that it was contrary to common sense to administer a narcotic drug to a patient *already dying of a combination of asphyxia and black blood poisoning.* One practitioner (now dead) pushed his opium treatment to an enormous extent; giving two, three, and even seven grains, at short intervals. Most of the cases that he sent into the hospital died.

The plan we adopted was to give a hot air bath, to stimulate the epigastrium, and to have two grains of calomel dropped on the tongue by one of the juniors every hour. We gave no stimulants in collapse; but allowed as much cold water as the patient chose to drink. Outside the hospital, two out of three in collapse died; within it (and of course they were the worst cases), two out of three recovered. We found that when green bile appeared in the stools, the patients generally got out of the state of collapse. Now I doubt not that the large quantity of calomel administered in these cases acted much in the same way that castor oil does, according to Dr. Johnson's theory; and certainly nothing was more clear than that attempts to suppress the discharges by opium and astringents were entirely useless. Salivation was seldom produced; and, as far as I can recollect, that peculiar typhoid state which followed the rally out of collapse was less severe and fatal in the calomel cases, than in those which were treated by the astringent and stimulating plan. Mr. May and myself treated many cases in private practice on the same plan, and with as much satisfaction.

During the prevalence of the epidemic, there were some curious and powerful examples of the effects of inhaling choleraic vapour. Several washerwomen died immediately after washing cholera garments. One especially I recollect, who lived in the village of Tamerton, five miles from Devonport. She washed for a family in Devonport, whose chief member was taken off by the disease. The clothes were sent to the village; and the washerwoman died in a few hours after standing over her washing-tray. There had been no cases in the village previously; but immediately afterwards ten or twelve made their appearance. Now, we lost none of our washerwomen in the hospital; and I attribute our exemption to our not allowing anything to be washed until it had lain a day or two in a vat full of solution of chloride of zinc.

In the epidemic of 1832, we lost two doctors, one in Plymouth and one in Devonport; but in 1849, we all escaped, though I myself had regular dysentery. In fact, there were many cases which took on the form of dysentery and died of it without any regular collapse. There were also many deaths among persons who had attended the funerals of their relatives; and some within a few hours of clearing out drains, etc. In one night, we lost the chairman and two other members of our Board of Commissioners (or Guardians). The effect was a sudden energy exhibited by the Board in voting all the requisite funds for medical attendance and hospital accommodation; for which the doctors had been in vain seeking, but had been constantly told that they were alarmists. With all our energy, however, beginning as it did only with the outbreak and not in anticipation of it, the disease had nearly disappeared by the time our plans were in perfectly good working order.

Such, sir, are a few of my recollections of those bad times. Most of them are suggested by the bearing they seem to have on Dr. G. Johnson's opinions; but if, at a future outbreak of cholera, any hint may be taken from such random reminiscences, this lucubration of mine will not have been penned quite abortively.

I am, etc.,

PAUL WM. SWAIN.

4, Park Place, Stoke, Devonport, Dec. 2nd, 1865.

THE ELIMINATIVE CURE OF CHOLERA.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—If you think, as I do, that the readers of our JOURNAL would be interested in the enclosed letter from Mr. Startin, you will perhaps insert it, and so give them an opportunity of reading it.

I am, etc., GEORGE JOHNSON.

11, Savile Row, December 6th, 1865.

"3, Savile Row, Dec. 5th, 1865.

"My dear Sir,—I have been much edified and instructed by your papers in the BRITISH MEDICAL JOURNAL, on the Pathology and Treatment of Cholera, as they have given a rational explanation of a treatment I have adopted, with very constant success, for the relief of diarrhœa and cholerine, since the year 1827. At that time, when a student at St. Bartholomew's, I was visiting a general practitioner residing in Spital Square (Mr. Newton); and one day in autumn, seeing his counter loaded with filled bottles looking like infusion of roses, I found that he was treating an epidemic diarrhœa by means of this medicine, containing from five grains to one drachm of sulphate of magnesia in each dose; this, he told me was, in his experience, far superior to the ordinary routine of chalk-mixture, opium, and astringents; and that he always administered Epsom salts and acidulated infusion of roses after each morbid evacuation, until the secretions assumed a healthy character; when, if the pain and tenesmus continued, he gave the acid without the salts, adding occasion-

ally a little ginger, kino, and a few drops of laudanum; though this, he observed, was very rarely needed, if the patient was seen at the commencement of the attack. I can assure you that my experience has quite verified Mr. Newton's observations; and during the epidemics of 1849 and 1854, there was a large consumption of these simple remedies at the Hospital for Skin-Diseases, Blackfriars, which was then open to all applicants suffering from diarrhœa; and the institution and remedies obtained much notoriety amongst policemen and others, who had seldom occasion to make a second application. The treatment is epitomised in two mixtures of the Skin Hospital Pharmacopœia, designated "Mistura acida purgans" and "Mistura acida cum opio"; and is still in constant use for the ailments in question.

"I may mention also that, some years ago, I gave these formulæ to Captain Woolley, who commands the mail steamer *Atrato*, to St. Thomas and the West Indies, where diarrhœa and dysentery used sometimes to decimate his crew; and he informs me, that he has found them of nearly unfailing efficacy, and that they have been the means, he believes, of saving numerous valuable lives, both amongst the passengers and the crew of his ship.

"If you think, as I do, that these facts corroborate your views, *that the natural method of cure in cholera is the eliminative*, pray make what use you please of this letter, and believe me, my dear sir, always,

"Yours faithfully, "James Startin.

"Dr. George Johnson."

PALE ALE AND DIGESTION.

Letter from J. J. Godfrey, Esq.

Sir,—The data given by Dr. Munroe, from which he draws the inference that a glass of pale ale impedes digestion, are hardly such as to satisfy the exact demands of scientific investigation.

Will Dr. Munroe permit me, in the friendliest spirit, to remark, that (putting on one side the question as to the amount of alcohol absorbed from the stomach) no trustworthy deductions as to the effects of diluted alcohol taken with food can be drawn from experiments in which the quantity of alcohol added to the artificially digesting matter does not bear a tolerably similar proportion to them, as the quantity of alcohol (say the amount contained in ten or twenty ounces of beer) taken with an ordinary meal bears to the contents of the stomach at that time.

In the second experiment, the addition of two drachms of spirits of wine to a mixture of four ounces of gastric juice and half an ounce of food, simply imitates dram-, or rather double dram-drinking. To equal this, four ounces at least of undiluted brandy would have to be taken with one's dinner.

It is difficult to see the point of the third experiment, unless the stomach be looked on as a miniature bitter beer brewery in partnership with Allsopp. The amount of alcohol here is out of all proportion to the digesting contents. Reckoning it at half an ounce (Lankester), to alcoholise the contents of the stomach to the same degree during a fair dinner would require at least a quantity equivalent to three-quarters of a pint of brandy. The most unblushing toper will hardly contend that digestion would proceed comfortably under these circumstances.

From my own experiments, I am led to believe that the effect of a given (moderate) quantity of alcohol on artificial digestion depends, to a great extent, on its degree of dilution.

On this subject, Dr. Brinton says: "The effect of alcohol is also regulated by its amount and concentration. Diluted, it seems to have no chemical action whatever. In larger quantities, as before mentioned, it precipitates the pepsine. And in still greater excess, it permanently destroys all its digestive energy." (*Diseases of the Stomach*, p. 32.)

I am, etc., J. J. Godfrey.

Cleobury Mortimer, Salop, Oct. 11, 1865.

CAROTID ANEURISM AND THE WIRE-COMPRESS.

Letter from John Dix, Esq.

Sir,—"When an obscure practitioner cuts off a leg or an arm in the ordinary way, he has no pretext for sounding his little trumpet; while, if he deviate from established usage and run counter to sound surgical principle, he may send the result to a learned society, or even have the happiness of seeing his name fairly printed in the newspapers." Thus writes, on the 29th November, Professor Syme of Edinburgh.

On the very next day, I, "an obscure practitioner", happily ignorant of this impending fulmination, did rashly "deviate from established usage and run counter to (Syme's) sound surgical principle" in an important surgical operation.

Having to deal with a case of aneurism of the carotid, the artery was secured, not by a ligature "in the ordinary way," and according to "established usage", but by the "Wire Compress"—a modification of Simpson's acupressure—devised and described by me some three years ago.

A ligature applied in such a case, cuts off the supply of blood to the brain suddenly and at once; often with disastrous consequences. It remains dangling in the wound for two or three weeks, exciting and keeping up suppuration. It ulcerates through the artery, and opens its blood-channel, at great risk of secondary hæmorrhage.

By the wire, obstruction to the circulation was gradually effected; the flow of blood was not completely cut off till the third day. On the sixth day, the wire was removed. Meanwhile, it had not interfered with the wound, nor damaged the coats of the artery.

To-day, the tenth from the performance of the operation, the man is convalescent, and might leave his bed. The wound is all but healed; the aneurism is cured, and rapidly disappearing; the artery is obliterated but not severed; and bleeding is impossible.

This I consider a very satisfactory case; and shall forthwith make it a pretext for "sounding my little trumpet." I shall probably "send the result to a learned society"; but I shall not advertise my name in the local newspapers. I am, etc.,

John Dix.

Hull, December 9th, 1865.

Being Fumigated. The steamer *Atlanta* still remains at the lower quarantine at New York, but the government has given orders to send the *Illinois* down to receive the steerage passengers. Their clothing will first be placed on board this vessel and thoroughly fumigated with chlorine gas. The passengers themselves will have to submit to a personal fumigation with bromine and nitrous acid gas. Among the steerage passengers of the *Atlanta* several cases of diarrhœa broke out during the past week, one of which ended in collapse. Dr. Sayers is of opinion that the immunity from infection enjoyed by the cabin passengers of the *Atlanta* is due to the fact that since the vessel's arrival in this port the cabin has been daily fumigated with bromine gas. (*New York Times.*)

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on December 6th.

Barraclough, Robert Wooding Sutton, Streatham Hill; diploma of membership dated April 28, 1865
Bryant, John Henry, Sussex Square; May 10, 1865
Burge, Frederick John, L.R.C.P., Hammersmith; Nov. 16, 1865
Davies, John, L.R.C.P.Edin., Leominster; not a member
Earle, Robert Charles, L.S.A., Paignton, Devon; May 10, 1864
Freeman, Samuel George, Bolton Row, May Fair; April 21, 1863
Jackson, Andrew Christopher, Cape Town; November 14, 1865
Leigh, Thomas, L.R.C.P., Chiswick; January 21, 1863
Loane, John, L.S.A., Dock Street, Whitechapel; July 30, 1863
Weekes, Henry, L.S.A., Brompton, Kent; July 26, 1865

The following members of the College, having undergone the necessary examinations for the Fellowship, on November 21st and 23rd, were reported to have acquitted themselves to the satisfaction of the Court of Examiners, and at a meeting of the Council were admitted Fellows of the College.

Bell, James Vincent, Rochester; diploma of membership dated April 11, 1861
James, John, Princes Street, Leicester Square; July 26, 1847
Lanchester, Henry Thomas, Croydon; April 16, 1861
Ludlow, Ebenezer, Royal Infirmary, Bristol; May 7, 1862
MacDougal, Alexander Mason, Bernard Street; April 29, 1857
Mason, Robert, Woolwich; February 11, 1848
Moreton, James Earl, Tarvin, near Chester; April 11, 1853
Schroeder, Henry S. E., Army; July 26, 1852
Smith, William Johnson, Wisbeach; May 9, 1862
Williams, Joseph, Brentford; February 27, 1857

The next examination for the Fellowship will take place in May 1866.

UNIVERSITY OF CAMBRIDGE. Second M.B. Examination. Examined and approved.

Lestourgeon, Charles, M.A., Trinity College
Mickley, George, B.A., Clare College

APOTHECARIES' HALL. On December 7th, 1865, the following Licentiates were admitted:—

Davies, John, Wrexham
Denne, Henry, Sandwich, Kent
Prince, John, Staines, near Windsor
Simpson, Reginald Palgrave, Torrington Street
Tindall, Alexander M'Iver, Falsgrave, near Scarborough

At the same Court, the following passed the first examination:—

Anderson, Robert, St. George's Hospital
Cornish, Edgcumbe, University College
Melhado, Alfred Courtnay B., St. Bartholomew's Hospital
Owens, Edward Matthew, Guy's Hospital
Ring, Edmund Cuthbert, St. George's Hospital
Smith, Samuel Hignett, King's College
Williams, William Edwin, St. Bartholomew's Hospital

APPOINTMENTS.

SMART, Andrew, M.D., appointed Physician to the Edinburgh Magdalene Asylum, in the room of P. H. Watson, M.D., resigned.

ARMY.

ARMSTRONG, Staff-Surgeon W., to be Surgeon 16th Foot, *vice* Surgeon-Major W. G. Swan.
BARTLEY, Staff-Surgeon A. F., to be Surgeon 85th Foot, *vice* Surgeon-Major J. W. Johnston, M.D.
D'ARCY, Surgeon O'Connor, M.D., half-pay, late Military Train, to be Staff-Surgeon, *vice* A. F. Bartley.
DAVIE, Staff-Assistant-Surgeon G. S., M.D., to be Assistant-Surgeon Royal Artillery, *vice* J. Michael.
HANLEY, Surgeon D., M.D., 11th Hussars, to be Staff-Surgeon, *vice* A. R. Hudson, M.B.
HUDSON, Staff-Surgeon A. R., M.B., to be Surgeon 47th Foot, *vice* A. Smith, M.D.
IRVINE, Assistant-Surgeon G. N., M.D., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* J. G. S. Mathison.
PAIN, Surgeon G., Royal Artillery, to be Surgeon 11th Hussars, *vice* D. Hanley, M.D.

MILITIA.

BULLMORE, F. C., Esq., to be Surgeon Royal Cornwall and Devon Miners' Regiment of Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

GASKELL, R. A., Esq., to be Assistant-Surg. 47th Lancashire R.V.
LOWNDES, J. R., Esq., to be Surgeon 8th Northumberland R.V.
MACKAY, J. T., Esq., to be Assistant-Surgeon 8th Northumberland R.V.

BIRTH.

MACKENZIE. On December 12, at Sidmouth, the wife of *J. Ingleby MacKenzie, M.B.Cantab., of a son.

DEATHS.

EVANS. On December 7th, at Brixton, aged 50, Mary Ann, wife of Benjamin Evans, Esq., Surgeon.
GRAY, James J., Esq., Surgeon, late of Bishopwearmouth, at Dinsdale, on December 3.
LAURIE, Joseph, M.D., at Lower Berkeley Street, Portman Square, on December 10.
SMYTHE, Arthur, M.D., at Pau, aged 51, on November 28.

FEVER is on the increase in Edinburgh.

A DEATH FROM CHLOROFORM is said to have lately occurred in Edinburgh.

EDINBURGH OBSTETRICAL SOCIETY. Professor Simpson has been elected president of this Society.

EDINBURGH COLLEGE OF SURGEONS. Dr. Dunsmure has been elected president of the Edinburgh College of Surgeons.

STREET ACCIDENTS. Since the beginning of the year 215 persons have been killed by vehicles "in the dirty, neglected, and ill-regulated streets of London".

THE NATURE OF RINDERPEST. The opinion of Mr. Ceely with regard to the nature of this disease is, we believe, that it is an eruptive vesicular fever—in fact, a fever of the exanthematous class, and neither typhus nor typhoid fever.

CHOLERA. The Viceroy of Egypt has, we learn, established at Suez a large hospital for the benefit of the Mecca pilgrims. A Turkish Commission has been sent to Mecca and Medina to study the causes of the transmission of the cholera.

THE MEDICAL ACT. Dr. Burrows (President of the General Medical Council) and Dr. F. Hawkins (registrar) had an interview with the Right Hon. Sir George Grey at the Home Office on the 9th inst., on the subject of the amendment of the Medical Act of 1858.

THE MORTALITY OF THE COUNTRY shows a slight increase on the last week. The deaths in the principal towns amounted to 3123, being at the rate of 29 in the thousand. Liverpool shows the frightful rate of 45, and Manchester follows with 37. Bristol is lowest in the scale, 23; London and Birmingham come next with 25.

CHOLERA. The total number of deaths from cholera in Paris from its first outbreak to November 30th was 6,077. Last week the cholera appeared in Raon l'Etape, a chief town in the Vosges—population about 4,000—and carried off 16 or 18 persons in three days. This part of France had never yet been visited by the malady.

IRISH MEDICAL ASSOCIATION. In consequence of a numerously signed requisition, Dr. Mackesy, President of the Irish Medical Association, has summoned a meeting of the members, and of the physicians and surgeons of Irelamd generally, to be held at the Limerick Junction on the 28th instant. The object of the meetlng is to take into consideration the present position of the profession in the various public services, as well as the law respecting the sanitary condition of the country; and to adopt such measures and make such suggestions in relation to these subjects as may be deemed available previously to the meeting of parliament.

William J. Storer, the surgeon's assistant who was some time ago committed to prison on the charge of poisoning Miss Emily Blake at Salisbury, committed suicide a few days ago by drowning himself in a warm bath.

Trichina Disease. The trichina disease continues its ravages at Hadersleben, Prussia. Several persons who had partially recovered have had a relapse and have died suddenly of pulmonary paralysis. The deaths from this disease at Hadersleben and its environs now amount to 65. In the workmen's barracks, out of 27 patients, 24 died. Physicians have arrived from all quarters to study this new and terrible distemper.

Testimonials. A purse of 190 guineas has been presented to Dr. Smith and Dr. Lowe of Edinburgh, as a mark of sympathy felt by their professional brethren for the painful and unjust prosecution to which they have been subjected in the case of Mr. Mackintosh.—Mr. Walter Rivington has just been presented by several students at the London Hospital with a handsome clock, "in grateful appreciation and remembrance of his services as Demonstrator of Anatomy during the winter session of 1864-5".

Syphilisation. Professor Boeck is about to return home after a stay of four months in London, during which he has practised inoculation as a method of cure in a series of syphilitic patients under the care of Mr. James Lane at the Lock Hospital. At the meeting of the Medical Society of London, George Street, Hanover Square, on Monday next at eight o'clock, Mr. James Lane will read a paper descriptive of the results obtained up to the present time, and Professor Boeck will be present on the occasion.

The Ulster Medical Society. The anniversary dinner of this Society took place on the 7th instant, at Belfast. Twenty-four gentlemen were present. The chair was occupied by Dr. James Moore, the President of the Society, and the vice-chair by Dr. Thomas Reade. The usual loyal toasts having been given, those in immediate connection with the society's objects followed; of which were, "The Medical School of the Queen's College, Belfast, and the Queen's University in Ireland;" "The Ulster Medical Society and Dr. Stephenson;" "The Medical Benevolent Fund Society of Ireland;" "The Memories of Professor J. C. Ferguson and Surgeon Aicken" (drank in solemn silence); "The Belfast Medical Charities, etc."

Charity gone Mad. Last month, considerable interest was elicited by the departure of the twenty consumptive invalids selected to winter in the genial climate of Madeira. The news of their safe arrival and a few particulars, will be scarcely less interesting. The steamer *Maria Pia*, whose second cabin was filled by the patients, arrived at Lisbon on the 13th. They left the Tagus on the 15th, and arrived at Madeira on the 17th. On the arrival of the steamer, Captain Erskine and Dr. Brandt came on board, received the patients with all possible kindness, and accompanied them to the Sanitorium. The invalids were visited the same evening by the Bishop of Sierra Leone, who read a portion of Scripture, and offered up a beautiful thanksgiving prayer for their safe arrival in Madeira. The accounts of the patients' health were favourable. Although there had been the average amount of sea-sickness, no spitting of blood had resulted from it; but, on the contrary, it was considered that the voyage had done them all good, and cleared their complexions. The superintendent says:—"The walls of the Sanatorium are hung with most beautiful paintings; the furniture is first class, and nothing is wanted in that line. I consider, jointly with my fellow-patients, that our Sanatorium would not disgrace any merchant as a residence." Prince Alfred was in the island when the mail left, and it was expected that His Royal Highness would visit the Sanatorium during his stay.

Assault on a Regimental Surgeon. A general court-martial at Chatham last week was engaged in the trial of Private Daly, 40th Regiment, on the charge of having violently assaulted Surgeon-Major H. M. Webb, M.B., attached to the staff of the 2nd Depot battalion at Chatham, while engaged in the performance of his medical duties. The crime of assaults on the part of soldiers on medical officers has very much increased of late, and during the last few months no less than five courts-martial have taken place at Chatham on soldiers charged with similar offences. There is another soldier awaiting his trial by general court-martial for an offence of the same kind, to which the attention of the authorities at the Horse Guards is just now being seriously directed with the view of discovering the causes of such insubordination. The Court, after fully investigating the particulars of the outrage on Surgeon-Major Webb, found the prisoner *Guilty*.

Physical Education. Our boys and girls who grow up in large cities are sadly in need of a thorough system of physical training, which shall expand the lungs, strengthen the limbs, and give the muscles a chance to grow, by a freer circulation of the blood through the veins and arteries. The air which our innocents must breathe in a large city is bad enough. But when, after the child has reached the years of school-room discipline, to the physical impurities of city life are added six or seven hours' daily session in a crowded school-room, and several hours of study at home, it is not to be wondered why at the end of such juvenile mal-training, our young men and women are anæmic, nervous, and weak of muscle—physically and morally arrived at premature old age. We have repeatedly, and for years, advocated a complete change in our present system of public education. It is crowd-poisoning physically, and crowd-poisoning mentally. Our school-rooms, as a rule, are neither sufficiently large nor comfortable, nor at all built with a view to thorough ventilation. Just as the rule seems to be, to crowd the largest number of pupils into the smallest possible space, so the plan of instruction is to force as many and different studies at the same time, to the utter neglect of all sound pedagogic rule, and to the great disadvantage of a really sound and rational development of the pupil's mind, and acquisition of real knowledge. It seems, however, that occasionally our school authorities and the people are getting alarmed at the want of common sense which characterises their proceedings, and laudable efforts are made to change a state of things, for which there is really no excuse. At a recent meeting of the Board of School Controllers of Philadelphia, the question of introducing physical exercise in the schools was introduced; and a committee recommended the instruction of a sufficient number of teachers, not only in the exercise of light gymnastics and calisthenics, but also in the theory and principles of their application. They believed that such teachers would soon themselves be able to impart information, and before long, generally will be able to take charge of their respective classes. These recommendations, with others to the same purport, were adopted—not, however, without some opposition. One of the members of the board was afraid that too many new things were being introduced, and the scholars would be crowded in their studies. (*Philad. Med. Reporter.*)

Absorption of Vapours by Charcoal. Mr. Hunter has found that the dense carbon obtained from the shell of the cocoa-nut is pre-eminently endowed with the power of absorption. The saturation-point of the carbon is diminished by increase of temperature; and of all the vapours examined, that of methylic alcohol is the most freely absorbed. Dr. Stenhouse, who has paid attention to the practical use of charcoal as a means of purifying air, has always found the dense varieties of charcoal to be the most effective, on account of the smaller size of their cavities.

A Practical Jury. At an industrial exhibition recently held at Vienne (Isère) a variety of artificial legs, constructed on an entirely new principle, were exposed to view. The jurymen whose duty it was to decide on the comparative merits of the instruments were much perplexed. At last they bethought them of assembling half-a-dozen Crimean and Mexican *amputés* and starting them over a half-mile course equipped with the rival legs. The prize is stated to have been won by an *invalide*, both of whose legs had been taken off at the knee, but who, nevertheless, went over the distance in nine minutes.

The Tough and the Tender. In the army and among returned soldiers I have noted one fact in particular somewhat at variance with the usual theories. It is that light-haired men, of the nervous, sanguine type, stand campaigning better than the dark-haired men, of bilious temperament. Look through a raw regiment on its way to the field, and you will find fully one-half its members to be of the black-haired, dark-skinned, large-boned, bilious type. See that same regiment on its return for muster out, and you will find that the black-haired element has melted away, leaving two-thirds, perhaps three-fourths of the regiment to be represented by red, brown, and flaxen hair. It is also noticed that men from the cities, slighter in *physique*, and apparently at the outset unable to endure fatigue and privation, stand a severe campaign much better than men from the agricultural districts. A thin, pale-looking dry goods clerk will do more marching and starving than many a brawny plough-boy who looks muscular enough to take a bull by the tail and throw him over a staked-and-ridered fence. (*American News.*)

Chloroform and Ether. Dr. Gross, in his *System of Surgery*, after a careful review of the relative value of ether and chloroform as anæsthetics, says that he has always preferred chloroform, believing it to possess decided advantages over ether, although its administration unquestionably requires greater care and attention. Among the more important of these advantages are, first, the more rapid manifestations of the anæsthetic action of the remedy, the system becoming affected much sooner as a general rule, than it does by ether; secondly, a smaller amount of laryngeal and bronchial irritation; thirdly, the more easy maintenanee of the anæsthetic influence after the system has once been fairly affected; and lastly, the less liability to causing vomiting and other unpleasant consequences. Although he has given chloroform in several thousand cases, for the most trivial, as well as for the most severe and protracted operations, no death has occurred in his hands; and in the only two instances where he felt any serious alarm, the danger was occasioned, not by fault of the article itself, but by its injudicious administration. Dr. Gross believes that pure chloroform is an essential to safety. With regard to its mode of administration he prefers a napkin folded in the form of a cone. An empty state of the stomach is desirable, first, because if given soon after a meal it causes vomiting; and secondly, a crowded condition of that organ materially interferes with the movements of the diaphragm. When the patient is feeble, or pale, or timid, it would be advisable to give him immediately before the operation, from half an ounce to an ounce of brandy, and the dose may afterwards be repeated if the effect is to be maintained for an unusual length of time. Dr. Gross insists upon some one being appointed to watch the patient during the inhalation. He also advises anæsthetics never to be given to females, except in presence of witnesses.

The "Social Evil" and the Military Authorities. A few weeks since we published an extract from the correspondence of the *New York Times*, detailing the manner in which the military authorities at Nashville had dealt with prostitution. A similar experiment is being tried in Mobile, as will appear from the following extract from an order from the head-quarters of that district: 1. To mitigate the evils of prostitution, to prevent the increase of disease, and to provide proper medical attendance for such women as may be infected, it is ordered that a hospital for the care of abandoned women be established, under the direction and control of the medical director of this city. 2. Such a system of registration and examination will be enforced as will lead to the detection of disease, and all the staff departments connected with these head-quarters will afford every assistance in their power to facilitate the execution of this order. The sword not unfrequently cuts the knot over which wise and cautious minds have long laboured. The very thought of legalising such an horribly debauching vice is repugnant to all our moral feelings. It shocks all our sensibilities. But, looking at it, not from the stand-point of prejudice, but as physicians and philosophers, we may discuss the question whether, constituted as society is, the evil would not be diminished, if the law should recognise and regulate it. (*Philadelphia Med. and Surg. Reporter.*)

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8 P.M. Mr. James Lane, "A Clinical Account of the Patients treated by Inoculation by Dr. Boeck at the Lock Hospital."

Tuesday. Pathological Society of London, 8 P.M.—Anthropological Society, 8 P.M.—Statistical.

Wednesday. Geological.

Thursday. Harveian Society of London, 8 P.M. Mr. Sedgwick, "On the Influence of Age in Hereditary Disease."—Royal.—Zoological.—Linnæan.—Chemical.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—Jas. Crisp, Esq. (Chippenham), per Dr. W. H. Colborne, 5s.

Amount previously announced, £139: 7: 3.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, December 13th, 1865.

POOR-LAW MEDICAL REFORM.—SIR: Will you oblige me with space to lay before the profession generally, an artful and obscure circumstance. At a meeting of the Guardians of the Chester-le-Street Union, on the 7th ultimo, the Chairman asked me if I knew anything about a "letter" which appeared in the *Lancet* and BRITISH MEDICAL JOURNAL, December 2nd. I denied all knowledge of it. The clerk being requested to read it, I at once recognised it to be a copy of one written by me to Mr. Griffin, of Weymouth, that gentleman having thought proper to send it for publication without my knowledge. I do not complain of Mr. Griffin in his anxiety to benefit the profession; but I feel sorry that any "letter" written by me should have reached you for publication without my name being subscribed. I have a great dislike to see statements made, and the "author" of them skulk behind the screen. Had it not been for the honourable conduct of the Chairman, who brought the case before me, I should not have known they were in possession of any "medical news" whatever. I must confess I felt ashamed for the apparent duplicity of my conduct; but considerably more for the *unfortunate individual* who could cast his "profession" adrift, and show up Mr. Griffin's weakness, in order to have a shot at both guardians and medical officer. The question arises—Has every Board in the kingdom been favoured with a copy of these papers? If not, what a wonderful hit some individual made when he forwarded the copies to *this Board*. It could not be to help Mr. Griffin's labours; because his statement is that he is powerless, unless the profession come forward and assist him to pay a debt of £9 still existing. Persons who act in this clandestine manner would take office at any price regardless of their duty to the sick poor. So long as such are to be found, Mr. Griffin's labours may cease; as the hope of improvement is truly forlorn. In conclusion, I had no complaint against the Guardians of this Union; on the contrary, I have always experienced kindness and consideration, their only regret being, that I did not make my complaint to the Board.

I am, etc., JOHN JACKSON, Medical Officer.

Great Usworth, Gateshead, Dec. 11th, 1865.

BOOKS RECEIVED.

1. Outlines of Elementary Botany, for the Use of Students. By A. Silver, M.D. London: 1866.
2. Harveian Oration for 1865. By Henry W. Acland, M.D., F.R.S. London: 1865.
3. On Cancer, its Allies and Counterfeits. By T. Weeden Cooke. London: 1865.
4. The Anatomical Remembrancer. Sixth edition. London: 1866.
5. The Pocket Formulary. By Henry Beasley. Eighth edition. London: 1866.
6. On Intrathoracic Cancer. By John Cockle, M.D. Part II. London: 1865.
7. An Introduction to the Study of Medicine. By G. W. Balfour, M.D. Edinburgh: 1865.
8. Treatise on the Principles and Practice of Ophthalmic Medicine and Surgery. By T. Wharton Jones, F.R.S. London: 1865.
9. Australia for the Consumptive. By I. B. Brown. London: 1865.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, December 1865.

COMMUNICATIONS have been received from:—Dr. WILLIAM NEWMAN; Dr. WM. CARR; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Mr. T. M. STONE; Mr. GEORGE LAWSON; Dr. MACKENZIE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. LIPSCOMB; Dr. SIMPSON; Mr. F. M. MACKENZIE; Dr. A. MEADOWS; Mr. PAGET; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. J. J. GODFREY; Dr. ATTFIELD; Dr. C. BARHAM; Mr. C. P. COOMBS; Mr. JOHN JACKSON; Mr. A. B. STEELE; Dr. R. FOWLER; Dr. ALEXANDER FLEMING; Mr. J. W. HULKE; Mr. DIX; and Dr. A. SMART.

ADVERTISEMENTS.

ESTABLISHED 1848.

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Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th*, 1865.]

CONCERNING THE TREATMENT OF CONSTIPATION AND OF STOPPAGE OF THE BOWELS;

WITH SPECIAL REFERENCE TO THE USE OF ATROPIA AND OF GALVANISM.

By ALEXANDER FLEMING, M.D., Fellow of the Royal College of Physicians, London, and Senior Physician to the Queen's Hospital, Birmingham.

I HAVE now for many years employed atropia in cases of epilepsy, asthma, and other disorders; and about eight years since my attention was forcibly directed to its effect in promoting the action of the bowels. In the course of my practice, when I had occasion to prescribe atropia, I noticed frequently that, in from one to four days, a slight relaxation of the bowels took place. The stools were but little altered in character, and the intestinal secretion but slightly increased; still, the action of the bowels was decidedly easier, and, if constipation had existed, it was removed. Occasionally the purging was more marked. I believe that this effect is brought about by *increased* peristaltic action. The cause of this increased action may be direct stimulation of the muscular coat by the atropia carried to it with the blood; but other causes have been suggested to my mind from close observation of the effects of atropia on other parts of the body, more especially on the throat, stomach, and bladder. When this drug is exhibited in small and medicinal doses, it causes remarkable dryness of the throat and tongue, difficulty in, yet constant efforts at, swallowing. The changes in the act of micturition are remarkable and noteworthy. This is often hurried and frequent, sometimes interrupted, and occasionally there is slight strangury. I have seen a patient compelled to make water every five minutes. In the throat, the mucous secretion is obviously checked, the membrane is seen to be dry, and the surface is thus rendered more susceptible of irritation; hence the constant efforts at deglutition. I believe the effect of the drug on other mucous membranes to be of the same nature; and, in the bladder, this arrest of the mucous secretion results in irregular and frequent micturition. According to this view, its action on the bowels is easily explained. The mucous secretion being checked, the irritation caused by the contents of the intestinal canal, when its surface is thus unprotected, provokes more prompt and vigorous contractile action.

Secondly, atropia constricts the smaller arteries; and we can understand that a gut, dormant and paralysed by distension, is the subject of passive congestion, the continuance of which will contribute to maintain its state of inertia. Atropia, acting on the arteries, checks the supply of blood to the bowel, relieves the congested muscle, and thus facilitates its return to healthy action. This *modus operandi* is analogous to the well known effect of blood-letting or leeches, in relieving the congestion of, and unloading an inflamed intestine.

Accepting these views of the *mode of action* of atropia on the bowels, we at once perceive its advantage over the ordinary irritant purges in the treatment, not only of simple constipation, but especially of the more serious and alarming cases of intestinal obstruction from impacted fæces. The ordinary irritant purges provoke increased secretion and peristaltic action of the gut *above* the obstruction; this may succeed in propelling the accumulation forward, but should it fail in doing so, we have inverted action and vomiting, with the further risks of enteritis and general, and it may be fatal, exhaustion of the patient. Atropia, on the contrary, operates through the blood on the entire canal; acts directly on that part of the gut which is distended by the accumulation, and so paralysed. Deprived, by the drying qualities of the drug, of its natural coating of mucus, the mass more readily provokes irritation; the natural contractile action is re-established; and the bowel is more or less quickly relieved of its contents.

There is another circumstance connected with atropia, which distinguishes its operation from that of common purgatives; its action is not followed by reaction; its relaxing power is not succeeded by a disposition to constipation. On the contrary, the improved action of the bowels is, comparatively speaking, sustained.

The powder and extract of the crude drug belladonna have been employed successfully in constipation by Bretonneau, Trousseau, Fleury, Drs. Brinton, Routh, Fuller, Leared, and others; and a most interesting paper on the Use of Belladonna in Intestinal Obstruction was read at the Bristol meeting of our Association in 1863.

The causes of constipation, and the conditions under which it occurs, vary infinitely; each case requiring separate consideration, especially as regards the hygienic and dietetic treatment.

It is not my intention to enter now into the question of the regimen and diet of constipation; but, to prevent any misconception as to my view of their value, let me state distinctly, that I assign to them the first place in importance as curative means, and regard medicinal agents in the light only of valuable auxiliaries. At the same time, the error should be avoided of underrating the value of medicines. In former times, they were relied on too exclusively; of late, under the influence of hydropathy and homœopathy, their importance has been most unwisely neglected. It is the function of the philosophical therapeutist to recognise the respective value of all remedial agents, whether hygienic, dietetic, or medicinal, and to assign to each their relative importance.

This truth is forcibly illustrated in the disease now under consideration; for while, in the more simple forms of constipation, regimen and diet are often equal to the cure, many examples of a more obstinate nature have occurred to me, where these means alone have signally failed to give relief, but where recovery has ensued when the treatment I shall now describe has been strictly followed.

In cases of *simple constipation*, I have exhibited atropia in various forms, both in pill and in solution; but my later experience has led me to the adoption of a plan of treatment, of which the following is an outline.

The subjoined draught is given the first thing in the morning and the last thing at night on an empty stomach.

℞ Magnesiæ sulphatis ʒj; acidi sulphurici aromat. ♏x; tinct. aurantii ʒj; aquæ ad ℥j. M.

Ten minims (containing one-sixtieth of a grain) of

a solution* of atropia are added to the draught at bed-time; and the dose is increased nightly by two minims, until a very slight degree of the earlier physiological effects of the drug—dry throat, wide pupil, and dim sight—is produced. This is attained with much precision and safety; but it may be necessary to give thirty, forty, or even fifty minims, according to the strength of the patient, before this result is attained. The dose should then be somewhat diminished, and continued at the reduced quantity for two or three weeks, as circumstances may indicate. I then discontinue the drug gradually; and finally replace it with strychnia, giving five minims of a solution† in both morning and evening draughts for a week or two; or the strychnia may be given alone as soon as the saline draught can be dispensed with. This commonly suffices to restore the normal tone of the bowel, and completes the medicinal treatment.

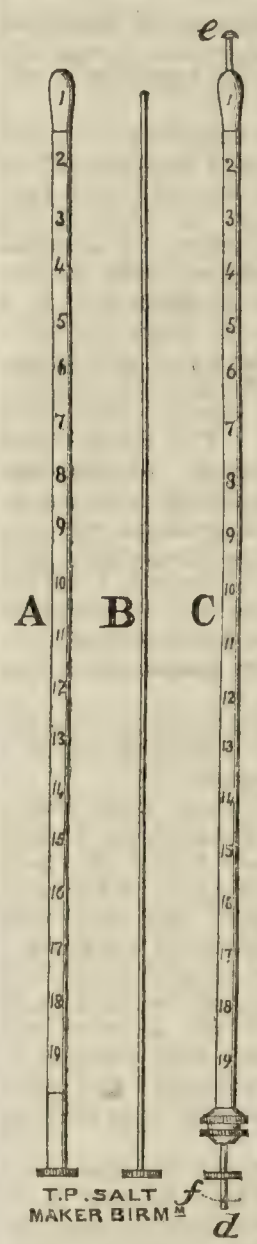
When constipation is neglected, the fæces accumulating gradually distend the bowel, and finally deprive the muscular coat of its irritability and contractility, and we have established one of the most frequent forms of *obstruction* of the bowels. (The observations in the present paper refer to this form only.)

If, after a moderate use of the ordinary purgatives by the mouth and in the form of enemata, the obstruction shows no disposition to yield, and the patient suffers from pain and distension of the belly, with (it may be) nausea and vomiting, I prohibit entirely the use of the more powerful cathartics, the exhibition of which increases the vomiting and irritation and may provoke inflammation. I desire the patient to be confined to liquid food; viz., milk and beef-tea alternately every four hours. If there be much vomiting, I direct the milk to be mixed with one-third of Carrara water, and the quantity of food at each meal to be very small, until the irritability of the stomach has subsided. The following draught is prescribed every four hours, one hour before each meal.

℞ Magnesiæ sulphatis ʒj; solutionis atropiæ (author) ♏ iv; acidi sulphurici diluti ♏ x; aquæ, ad ʒj. M. Fiat haustus.

Should there be much spasmodic pain, I add half a drachm of chloric ether, prepared by distillation, to each dose. This draught is, for the most part, readily borne by the stomach; promotes gently the action of the bowels; and softens their contents. The atropia favours, in the manner already indicated, the contractile power of the gut. In using atropia in the manner specified, the patient *must* be seen twice daily; for, as a slight degree of the physiological action of the drug should be induced, the dose should be increased, diminished, or omitted, according to the effect observed. If pain and indications of approaching inflammation be present, warm fomentations to the belly are demanded; on the other hand, if these symptoms be absent, the general purpose of the medication is promoted by frictions two or three times a day with warm liniments; the rubbing to be so applied as to promote the normal course of the intestinal contents.

In a considerable proportion of cases, this treatment alone affords the desired relief; in other and more obstinate examples, we have to conjoin the use of aperient enemata. These should be used two or three times daily; and be introduced by means of the rectum-tube as high as possible into the bowel. When ordinary injections fail, ice-cold water sometimes succeeds; and it is well to bear this in mind.



In inserting the tube for any distance into the rectum, much annoyance is often experienced by its doubling upon itself. I have overcome this difficulty by the use of a stilette within the tube. Should any impediment, such as a fold of membrane, obstruct the passage, the withdrawal of the stilette for an inch or two allows the flexible tube to adapt itself to sinuosities of the intestine, and facilitates its farther introduction. I have had the tube marked off in inches, to indicate precisely the extent of insertion. The higher it can be passed with safety, the more efficient is the injection.

Between the enemata, galvanism should be applied to the bowels. This agent should be conducted through the rectum, and passed, as nearly as may be possible, through the paralysed gut; care being taken to employ it gently, but repeatedly, our object being rather to restore the action of the bowel by small but successive doses of the stimulus, instead of attempting to dislodge the impacted contents by one powerful application of the galvanic current.

Employed in this manner, the galvanism is infinitely more efficient than when passed in the ordinary mode from the back to the belly. It gives rise, however, to acute suffering; and, unless it be used gently, as I have directed, tends to exhaust the patient.

The following is the apparatus I employ. Through a rectum-tube, twenty inches long, a copper wire is passed with a brass button at the distal extremity; a hole being drilled at the opposite end for the reception of one of the wires of the galvano-magnetic machine. The tube being passed into the rectum, the current is completed by applying to the abdominal walls the excitor of the other wire. This excitor—which is sometimes a sponge, sometimes a cylinder of metal, and at other times an olive-shaped metallic button covered with leather—should be moved along the course of the distended bowel, and its position constantly shifted; the skin of the belly being kept moist with salt water.*

* The solution of atropia which I use is made thus:—Atropia, 1 grain; distilled water, 5 drachms. Dissolve *thoroughly* with the aid of a few drops of diluted muriatic acid, and add of rectified spirit sufficient to make ten drachms. This solution keeps well, and is of uniform strength. The tincture and extract of belladonna, however carefully prepared, vary much in power. I have found the tincture of one chemist seven times the strength of the same preparation from another and equally respectable chemist; and the extract is even more uncertain. The internal, and at the same time efficient, use of these preparations is for this reason very unsafe. The solution is so proportioned, that ten minims, containing one-sixtieth of a grain of atropia, is the commencing dose for the adult.

† The solution of strychnia which I use is made thus:—Strychnia, 2 grains; distilled water, 5 drachms. Dissolve the strychnia *thoroughly* with help of a little diluted muriatic acid, and add of rectified spirit sufficient to make ten drachms. This solution has the same advantages over the powder, extract and tincture of nux vomica, that the solution of atropia has over the tincture and extract of belladonna. It is uniform in strength, passes readily into the circulation, and the dose can be apportioned with accuracy. The ordinary commencing daily dose is ten minims, and contains one-thirtieth of a grain of strychnia.

* The above sketch exhibits the instruments referred to in the text. A. Rectum-tube, marked off in inches. B. The stilette, which, when passed into the tube, reaches to within one-eighth of an inch

When the current is gentle, its application may be continued for half an hour at a time, and from time to time a sharper shock may be transmitted; the force of the current, and its duration, being carefully adapted to the strength of the patient.

I use Duchenne's galvano-magnetic machine, as with it the current can be usefully modified in various ways.

I have employed galvanism by the rectum in the manner indicated, in intestinal obstruction, since 1857.

Such is the outline of the treatment of intestinal obstruction from impacted fæces, which I can say with confidence has furnished very satisfactory results.

In conclusion, it may not be superfluous to add that, in the diagnosis of the cause of stoppage of the bowels, we may often be at fault, and treat as a case of simple accumulation, some one or other of the many forms of insuperable obstruction. It is satisfactory to know, that the medicines here recommended may do good and can do no harm in such a case; but the suspicion of error in diagnosis obviously enjoins much caution in the use of galvanism. This was well shown in a case of complete obstruction in an elderly female, which I saw in consultation with Mr. Hoskins of this town. The usual treatment had been judiciously employed. Atropia was then administered, and most efficiently, so far as regards its physiological action. Galvanism was also carefully used. The obstruction was insuperable, and finally proved fatal. The patient, however, lived for a week after the use of these measures, in comparative ease; showing that no harm had resulted from their employment. A *post mortem* examination was not obtained.

For the better illustration of the nature of the results furnished by the treatment described above, I subjoin histories in detail of five cases.

Case I. *Severe Constipation of three years' standing; Colic, Vomiting, and serious Exhaustion; Failure of ordinary Methods of Treatment; Use of Atropia; Recovery.* The patient, a young lady, aged 18, came under my care in September 1861. She was then suffering from almost constant spasms of the bowels, causing intense agony, aggravated after every attempt to take the simplest food; the vomiting and retching were incessant. There was no fever nor tenderness of the belly. She was very weak, confined to bed; the countenance was pale; the pulse was feeble, but not frequent; and the case wore an aspect of much anxiety.

History. Three years previously to the time of my seeing this patient, she had suffered from prolonged and most obstinate constipation, brought on by gross neglect of the bowels at school. The stomach became irritable, rejecting many articles of food; and the least imprudence in diet brought on spasmodic attacks of pain in the belly and vomiting. After repeated, but unsuccessful, attempts to obtain relief under medical treatment in various places, her friends placed her at Malvern under the water-cure. She derived no permanent benefit; though, from the strict attention to diet, her general health was improved, and the attacks for a time were not quite so frequent. They returned, however, shortly with redoubled violence, accompanied by excessive flatulence, twisting of the bowels, and severe suffering. The irritation of the stomach increased, until the simplest food produced so much pain that she was, as she expressed it, "terrified to eat."

of the end. C. Rectum-tube, arranged for the application of galvanism. *d.* Copper wire running through it, and terminating in the brass button (*e*). *f.* Hole in the wire for attachment to the galvanic battery.

After a careful examination of the case, in which I had the valuable assistance of Professor Simpson of Edinburgh, it was concluded that there was no inflammation, but that the peristaltic action of the bowels was perverted; in the smaller intestines, it was abnormally active, leading to severe spasmodic contortions and heaving of the belly; while the colon was unduly distended and more or less completely paralysed. There was then no absolute obstruction, but a constant tendency to constipation.

Acting on this diagnosis, the treatment of constipation described in this paper, was adopted. The patient was restricted to a milk-diet. Atropism was fully induced; blisters were repeatedly applied to the belly; and aperient enemata were administered from time to time. Under this medication, which occupied about a fortnight, the colon was gradually unloaded of its accumulated contents, and the vomiting and spasms quickly subsided. The stomach became tolerant of food; the normal appetite returned; and the patient rapidly regained flesh and strength.

The cure was absolutely permanent. The stomach was delicate for some months; but, with a moderate attention to diet, the patient continued well. There was no return of constipation or spasms of the bowels. The young lady is now in the enjoyment of excellent health in all respects.

I have no hesitation in describing this as a remarkable case. The relation between the physiological action of atropia and the improvement of the symptoms was unequivocal; lastly, the short duration of the treatment, and the completeness of the cure, contrasted very strikingly with the lengthened and unsuccessful efforts at relief which had been made at previous times in the earlier history of the case.

Case II. *Stoppage of the Bowels from Fæcal Accumulation; Colic; Stercoraceous Vomiting; Failure of Ordinary Treatment; Atropism on the thirteenth day; Recovery.* (This case occurred in the practice of Dr. Spencer Thomson of Burton-on-Trent, to whom I am indebted for the following notes.) L. R., aged 45, married, a thin, spare, delicate woman, was seized on the night of October 20th, 1863, with severe twisting pain in the bowels, incessant vomiting, and complete constipation. The bowels had been opened on the previous day. Within twenty-four hours, the vomiting became stercoraceous; and continued so, with intermissions, for thirteen days of the sixteen during which the obstruction lasted. During the latter half of the period of the attack, there was much tympanitic distension and tenderness, but there never were any positive signs of peritoneal inflammation.

The remedies resorted to were at first bismuth, prussic acid, opium, and chloroform, to subdue the irritable condition of the stomach; counter-irritants to the belly; and a persevering use of every variety of purgative injection.

No relief was obtained. On the thirteenth day of the attack, one drachm of the following mixture was directed to be taken every hour.

℞ Solutionis atropiæ (Fleming) ♏xv; acidi hydrocyanici diluti ♏xv; aquæ ʒij. M.

Soon after the above was commenced, the stomach became quiet, and retained the medicine, as well as small quantities of beef-tea and brandy and water. In forty-eight hours, the atropism being now manifest, the obstruction showed signs of yielding, and the bowels were gradually completely relieved; and, on the sixteenth day from the commencement of the attack, all signs of obstruction were removed. Mrs. R. gradually recovered, and is now (April 1864) in her usual health, having had no return or even threatening of the disease since. The catamenia, which were

irregular for some months previous to the attack, have since been quite normal.

Case III. *Obstruction from Fœcal Masses; Constant Sickness and Vomiting; Use of Salines, Atropia, and Galvanism; Gradual breaking down and Removal of the Accumulations; Recovery.* S. L., aged 50, when placed under my care, was suffering from severe tormina, constant retching and vomiting, and obstruction of seven days' standing. The pulse was frequent and feeble, the countenance anxious, and the skin covered with perspiration. Three distinct tumours were to be felt in the belly; one in the upper part of the ascending colon; one at the corner, between the ascending and transverse colons; and the third in the transverse colon itself. These were moveable, and presented the other features of fæcal masses. They differed in hardness, the central one being much the hardest of the three. The diet, saline draughts, atropia, aperient injections with the rectum-tube, and after several days galvanism, were employed as indicated in my paper. The vomiting rapidly ceased, and the patient was soon able to take food well. In three days, the bowels began to act, and continued to do so two or three times daily; the evacuations were small in quantity and fluid. The tumours in the belly gradually decreased in size, and finally were dispersed.

In the discharges, the gritty and insoluble components of the fæculent concretions were readily distinguished; they were composed of small pieces of bone, undigested tendon, etc. The patient was an old dyspeptic, through whose stomach the harder portions of the food were apt to pass undissolved.

Galvanism in this case was used daily, but very gently, for a fortnight, and was passed through the colon in the neighbourhood of the swellings. When the galvanic current was powerful, the suffering was acute, and could not have been maintained without risk of undue exhaustion. Therefore the utmost care was required in its administration; and no attempt was made to secure the immediate expulsion of the fæcal masses.

In the third week of the treatment, the intestinal canal was clear of obstruction; and the patient, though very weak, was convalescent. He made a good recovery.

Case IV. *Simple Constipation of long standing, in a Healthy Subject; Failure of Dietetic and Ordinary Modes of Cure; Use of Atropia; Recovery.* J. J., aged 27, a strong healthy young man, living in the country, applied to me in April 1862, on account of constipation. His bowels had for years been obstinate, and for eighteen months he was obliged to take aperient medicines daily; otherwise he would pass three or four days without going to the closet, and would then suffer much pain at stool. So long as he continued taking aperients, his appetite and general health were good. He had several times been under medical care, with temporary advantage; and had endeavoured to rectify the evil by diet and exercise, but unsuccessfully.

I directed him to sponge with salt water once daily, in the morning; to rub the belly vigorously; to take abundant exercise (without fatigue); to omit from the diet, tea, coffee, and stimulants, with the exception of a glass and a half of claret mixed with water to dinner; to take cocoa to breakfast, porridge to supper, and vegetables and fruit in moderation. The medicinal part of the treatment consisted of the saline draughts and atropia, as indicated in this paper. A moderate degree of atropism was induced. The improvement was slow, but very marked. In three weeks he was able to discontinue his medicines, but has ever since persevered more or less closely with the regimen and diet. It is now eighteen months ago; and he has not during that time, except at rare intervals, been troubled with constipation.

Case V. *Obstruction; Slight Stricture; Fœcal Accumulation; Severe Tormina, Sickness, and Vomiting; Salines, Atropia, and Enemata; Recovery.* (I saw this patient, whose case I will relate very briefly, in October of last year, in consultation with Mr. Ross Jordan.) W. C., aged 35, had suffered for five days from obstruction, severe tormina, and incessant retching and vomiting. There were tenderness, distension, with dull percussion in the left iliac region. There was obvious accumulation in the descending colon. Salines, atropia, and enemata, were employed, with the result of gradually unloading the bowel, and restoring the healthy character of the evacuations, with the exception that the stools continued to be slightly flattened.

It appears that a year ago he had sought advice, on account of indigestion, from a quack, who gave him four doses of some drug (probably lobelia), which purged him very severely, causing much pain, and discharge of blood and mucus. Since then, the bowels have continued to trouble him; and the symptoms point to a slight constriction—the consequence, probably, of inflammation—about the sigmoid flexure.

Original Communications.

TWO CASES OF BELLADONNA POISONING.

By C. P. Coombs, M.B.Lond., Beckington, near Bath.

A little boy, aged 3, was brought to St. Mary's Hospital one evening in January 1864, with delirium of a very peculiar character. About two hours before admission, he had swallowed some eye-lotion which had been supplied by the ophthalmic department of the hospital. As appeared afterwards, the lotion contained atropine; but I cannot say how much was swallowed.

The child's face was flushed; the pupils were largely dilated. He muttered, cried, and sometimes laughed. The movements of the arms and head were at once suggestive of perverted vision. In attempting to take hold of a cup, his hand would grasp the air at some distance from it, etc. Emetics were given, and the stomach thoroughly emptied. The child was then put into a warm bath, and a dose of castor-oil administered, which acted in the night. When I saw him again at 9 the next morning, he was comfortably taking his breakfast, and was sent home the same day.

My second case was that of a boy aged 4. About 3 p.m. on the 22nd of November, 1865, he was playing with some other children, and struck his head against a table; soon after which he told his mother that he felt giddy and was going to fall. At 4 p.m. I saw him, and found his face flushed and pulse full, and his body in constant motion. He could not stand by himself, because of the ungovernable movements of his legs. There being no reason to suspect poison of any kind, I did not administer emetics, but gave some calomel.

At 8 p.m. I saw him again. He had no more control over his limbs than he had in the afternoon; striking his legs against a wall by which he was lying, and trying to put his hands in his mouth to bite them, and snatching at the air. His pupils

were largely dilated and unalterable; and I do not think he could see anything held close to him. He could not speak distinctly; and deglutition was much impaired.

In the night, he was sick twice, and the bowels were relieved once. He had no rest at all.

In the morning, at 8, I saw him again. He could then speak, and knew what was said to him. His face was not flushed. I gave him some calomel and jalap, which acted freely; and with each motion there was marked amelioration of his symptoms. At 1 P.M., when I saw him, he was well, with the exception of some irregularity in the movement of his legs.

At my second visit (five hours after the commencement of the symptoms), I was struck by the resemblance of the case to the one reported above, and made careful inquiries as to what he had eaten, and whether he had access to deadly nightshade or any of the poisonous solanaceæ; but could obtain no clue. But, on the second day, he confessed to having drunk something out of a bottle, which I found to contain belladonna lotion; and, by a rough calculation, he must have had about twenty grains of the extract.

REMARKS. In both these cases, the treatment was all but *nil*; and so they seem to confirm the opinion expressed by Dr. Skinner at Liverpool (as reported in the JOURNAL of November 18th, 1865), that Nature acts well in such cases. They also point to the stimulant, rather than sedative, action of belladonna.

INVERSION OF THE UTERUS.

By JOHN BIRCHENALL, Esq., Macclesfield.

DR. MARION SIMS' cases of inversion of the uterus, recently reported in the JOURNAL, reminded me that a similar misadventure occurred in my own practice about thirty-five years ago.

My patient was a single woman, about 25 years of age, rather tall and spare, of substrumous diathesis, fair complexion, and nervous temperament. It was her first pregnancy. The pains of labour came on early in the morning; and at eight o'clock A.M., I found the head of the child occupying the pelvic cavity; the os uteri thin and considerably dilated; and the pains, which were brisk, recurring every two or three minutes, until 11 o'clock, when delivery was accomplished in the natural way. After the lapse of some ten or twelve minutes more, as the uterus had contracted, and the placenta was unexpelled, I made gentle traction by the cord (which I had been accustomed to do when there was nothing to contraindicate it) for the purpose of exciting the expulsive efforts. Though no force was employed, this was immediately followed by a shriek on the part of my patient, and the simultaneous protrusion into the vaginal orifice of the undetached placental mass, overlapped on its lower margin by the smooth and livid edge of the inverted uterus. In the dilemma, I sent for an experienced accoucheur; but, as he was not in the way, I proceeded carefully to detach the placenta. This was easily effected, as there was no adhesion. I then replaced the uterus within the pelvis, and, grasping the fundus within the ends of my fingers and thumb, gave a moulding pressure to the organ, which, to my great gratification, after a few seconds, receded by a sudden involution, and everything returned to its normal condition. There was no hæmorrhage, nor any subsequent inconvenience, to retard the recovery.

My patient continued in perfect health, nursing her child during the few months she remained in Macclesfield; but, as she left the town before her infant was weaned, I had no opportunity of ascertaining the subsequent functional condition of the uterus.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE TREATMENT OF RETENTION OF THE MENSES FROM OCCLUSION OF THE VAGINA AND UTERUS.

By W. MICHELL CLARKE, Esq., Clifton.

[*Read October 25th*, 1865.]

THERE was admitted into the Bristol General Hospital, under the care of Dr. Martyn, on December 31st, 1864, a young woman, who was suffering from retention of urine; her age was 28. Upon attempting to pass a catheter, the house-surgeon found that the vagina was completely occluded, and the patient was transferred to me.

She gave the following history. Eight years previously she was delivered of a still-born child, which was, at the time of its birth, in a state of putrescence. She was a long time recovering, was confined to her bed several months; and, when at length she was able to get up, she discovered that her vagina was perfectly closed. She had not menstruated since the date of the confinement; but at her catamenial periods, she had been accustomed to have a good deal of bearing down pain, and a sharp stitch in her side, which were usually relieved by diarrhœa. In the intervals, her health was good, and she never experienced any vicarious discharge of blood. For the last four months, however, she had suffered from gradually increasing difficulty of micturition until on December 9th, she found herself unable to pass urine at all, and since that date she had had the catheter passed several times, the introduction of the instrument having been, I believe, attended with considerable difficulty. I found that the orifice of the urethra was much dilated, so that the difficulty arose from no narrowness of the canal; but the catheter required to be depressed very much at its outer extremity, in order to its introduction. Why the urethra was so much dilated, I cannot tell, as my patient was a single woman, and not, I believe, in the habit of indulging in sexual intercourse. In similar cases that have been recorded, of complete occlusion of the vagina, there was no doubt that the urethra had taken the place of the vagina in coition.

After emptying the bladder, I found a large tumour in the abdominal cavity, corresponding in size and shape to the pregnant uterus of the fifth or sixth month; and there was, moreover, a smaller tumour projecting from the right side of the larger, which felt like a fibrous growth. The principal tumour gave no sensation of fluctuation, but communicated a soft doughy feeling to the hand.

The vagina was completely closed at its orifice by an extensive cicatrix, which drew the urethra and rectum together, and it seemed not easy to say to what depth this cicatrix extended; but after a very careful examination, I could not discover the smallest perforation; there were two very small openings, but they only admitted a probe a very little way.

On introducing the finger into the rectum, a large tumour was felt pressing back upon that viscus, and occuping the most of the pelvic cavity; and this was further found to correspond with the swelling felt through the abdominal wall. I could have no doubt

that it was caused by the distension of the uterus with menstrual fluid, although eight years appeared a very long time in comparison with the size of the enlargement. There is but little doubt, however, that in many of these cases of obstruction of the vagina, the quantity of the menstrual secretion is very much less than under ordinary circumstances; and it will be remembered that in this instance at each monthly period, there was an attack of diarrhœa, which probably materally lessened the amount. In some instances, of still more strange provision, Dr. Kennedy has noticed that although there have been the usual monthly symptoms, the secretion has ceased when an obstruction of this kind has been set up, and there has been no accumulation at all. (Churchill's *Diseases of Women*, p. 111.)

On January 9th, 1865, I had the advantage of a consultation with Dr. Swayne, who agreed with me as to the diagnosis, and also as to the necessity of attempting to evacuate the contents of the uterus. The management of such a case as the one now narrated, is attended by two dangers; and, although I have no doubt that these are well known and understood by the members of this society, the instances of the disease are themselves so rare, that I have thought it worth while to bring the subject before this meeting, and the rather that I adopted one or two measures of treatment which were new and apparently successful.

The chief difficulty of the surgeon consists in the nice dissection that is required in order to avoid wounding the urethra or bladder in front, and the rectum behind. I had no doubt that the proper practice was to attempt to make one's way between these, and so to reach the uterus, and restore, as far as possible, the vagina, and not to puncture through the rectum and establish a fistulous opening for the future menstrual flow, as has been done in similar cases. This last course would, of course, have been very easy, but it appears to me an unscientific mode of proceeding, and one not to be adopted unless the establishment of the natural route should be found to be impossible. That it might be found impracticable to dissect between the bladder and rectum in a case of this kind, I can quite believe; for, in the present instance, the difficulties were very great, as the urethra, bladder, and rectum were joined together in a tight unyielding cicatrix, which extended to a depth that could not be ascertained, and the vagina was entirely obliterated. Moreover, it may happen in a case of this kind that the proper track may be lost, and the peritoneum wounded. Dr. E. Kennedy remarks of this case that "the thinness of the texture to be divided, the danger of wounding the bladder on one side, or the rectum on the other, or getting into the peritoneal cavity above, the depth of parts in which the operation has to be performed, and the confined space afforded to the operation, render it as difficult and dangerous as any operation that can by possibility be undertaken." (Churchill, *op. cit.*, p. 119.) This is, perhaps, a somewhat exaggerated statement, and the difficulties may be surmounted by a very patient and careful operation, combining cutting and tearing the parts asunder cautiously with the finger, and I find very few cases recorded in which the patient has succumbed to any accident or misadventure of the mere operative proceeding; but the second danger, and the greatest to the patient, comes on after the operation is concluded—the fluid evacuated—and when everything seems to have been satisfactorily accomplished. I knew before the present case came under my notice, that patients who had been the subject of retention of the menses, whether from unruptured and imperforate hymen, or from an occluded vagina or uterus, were peculiarly liable to die a few days after the evacuation of the menstrual fluid had been accomplished; but until I looked up the matter specially, I was not prepared for the very large number of deaths that have resulted from this operation. Many cases are recorded in which the very simple operation of puncturing the imperforate hymen has been followed in a few days by peritonitis and death, and it seems quite the usual thing, in all operations of this kind, for the patient to suffer an attack of what the writers call irritative fever, and to run some danger. The following typical case is quoted by Hutchinson in the fourth volume of Holmes's *Surgery*, p. 494.

"A very healthy girl, aged 16, residing at a village near York, came under treatment in 1851, on account of retained menses. On examination, a round elastic tense body, the size of an orange, was found protruding between the labia. A common lancet was plunged into the centre of this swelling, and a stream of dark treacle-like fluid without smell followed. About two quarts were discharged. On the second day after the incision, slight chilliness occurred; on the third day she was feverish, and the vaginal fluid had an offensive smell; on the fifth day the existence of peritonitis was very evident, and she had a rapid pulse and foul tongue. From this date she passed into a condition of low irritative fever, attended with much sickness, etc., and death took place on the twenty-fourth day."

And similar cases may be found recorded; several are given in Churchill's work above quoted; others besides the one just read, in Holmes's *Surgery*; several by Ramsbotham, in the sixteenth volume of the *Medical Gazette*, p. 327; one by Sir Benjamin Brodie, and one by Mr. Paget of Leicester; and to these might be added more, scattered through the various periodicals.

I was very much interested to ascertain the cause of this great mortality, and to see if I could do anything to mitigate the hazard that my patient would have to undergo—a hazard so great, indeed, as to induce one to reflect whether any interference was absolutely necessary, and to have led Dupuytren, Sabatier, and Capuron to object to operating in imperforate vagina, when the os uteri is also imperforate. (Churchill, p. 102.) Dupuytren opened the closed wound through the vagina in several cases, and the inflammatory symptoms were so severe after the operation, that he finally decided upon giving it up entirely, and rather to allow the patient to die more quietly and slowly than to speedily hasten her death by the operation, which, he states, always results from inflammation of the womb, and which is the more violent in proportion to its distension. (Baker Brown, *Obstetrical Transactions*, vol. iv, p. 21.)

In my own case, an operation was imperative, for the distension had reached such a point as to prevent the passage of urine, and relief was urgently called for; and indeed, in other such cases of retention of the menses, the emptying of the uterus is the proper practice, whatever be the risk, for that the distension itself cannot go on indefinitely without danger, is shewn by the following history, and the remarkable point is that it can go on so long. A case is given by Dr. Munk in the *London Medical Gazette*, "in which a girl of 18, who had never menstruated, died after a three days' illness, with symptoms of acute peritonitis. There was found after death an imperforate vagina, consequent, apparently, on cicatrised adhesions. In the peritoneal sac was a large quantity of thick blood, of similar character to that which —to the quantity of about five ounces—occupied the uterine cavity. Both Fallopian tubes were dilated sufficiently to admit a finger, and near the extrem-

ity of the left was a small laceration, from which the fluid had escaped." (Holmes's *Surgery*, vol. iv, p. 475.)

The liability to such an accident, if there were no urgent symptoms present in a given case, would indicate the necessity of interference. It may also, I think, be made out from the recorded cases, that the earlier the evacuation, the less is the danger incurred.

With regard to the cause of the mortality in these cases, a very curious fact comes out of the examinations that have been made, and one for which we should hardly have been prepared. In a large number of instances, it has been noted that a large quantity of blood of the menstrual character has been found in the peritoneum, having usually escaped through a rupture of the dilated Fallopian tube, and to the irritation of this fluid, the peritonitis appears to have been due. In one case, however, the fluid seems to have escaped into the peritoneum without any previous rupture of the tube. Now why this escape from the distended tube should be more liable to occur when the uterus is opened and the pressure lessened, than when all the cavities are closed and the pressure at its greatest, seems by no means clear; and different authors have perplexed themselves much in striving after a solution of the mystery. A plausible explanation has been offered by Bernutz; viz., that the blood is forced out of the tube by the uterus contracting as the blood flows out of the puncture. (Graily Hewitt, *Diseases of Women*, p. 502.) But to my mind, the solution of the fact is to be found in another direction; and it appears to me a significant fact that, in nearly all the cases the blood had escaped through a rupture or ulceration of the Fallopian tube, and sometimes it is noted, as in a case by MM. Bernutz and Goupil, that the blood was half putrefied. (Holmes, vol. iv, p. 445.) Another point of great consequence is that as noticed by Graily Hewitt (*op. cit.*, p. 503.) A certain number of deaths are to be attributed to purulent absorption, the admission of air producing decomposition of the blood and pyæmia; and this, I believe, is the danger, not of the uterus contracting too quickly and forcing the blood into the peritoneal cavity, but of its not contracting readily enough to prevent the admission of air, which must inevitably get it unless the cavity be closed rapidly; and the result of its admission must be the rapid decomposition of the fluid in the uterus and Fallopian tubes.

Some of the deaths are undoubtedly from septicæmia or pyæmia; and I believe that the decomposition of the fluid will also serve to explain in other cases, the mystery of the presence of the blood in the peritoneal cavity. Undergoing decomposition, it becomes, of course, very irritating, leads to the formation of pus, and seeks an outlet for itself; under the influence of the inflammation set up, the already thinned Fallopian tube ruptures or ulcerates, and gives exit to its contents. This certainly appears to me to be the solution of the enigma most in accordance with the history of the cases recorded, which do not, on the other hand, seem to present any evidence of violent or rapid contraction of the uterus.

Taking this view of the subject, and being desirous of getting the uterus to contract quickly upon its contents and expel them, I resolved to act upon a suggestion made to me by my colleague, Dr. Martyn, and administer ergot immediately after the operation. I also decided upon giving turpentine at regular intervals, which, I believe, has the power of protecting the blood in some manner against the injurious effect of the poisons resulting from the decomposition of fluids about the veins.

On January 12th, the patient having been put under the influence of chloroform by Dr. Harris, I proceeded to operate. She was placed in the lithotomy position, the bowels having been previously emptied by the administration of castor-oil, and an injection of warm water. I introduced a catheter into the bladder, and this was held there very carefully by the assistant house-surgeon, Mr. Leach, during the whole of the operation. With the forefinger of my left hand, I guarded the rectum from injury. The dissection was no easy business; but gradually, I succeeded in opening the vagina, partly cutting, and partly tearing, and at length exposed a prominent soft tumour. This was evidently the uterus. I could discover no os uteri; it appeared to have been lost in the scar, and so I proceeded to dissect through the most projecting part of the tumour. I aimed at making a small opening; but very soon the swelling split open, and out gushed a large quantity of dark grumous-looking blood, evidently menstrual, but without any odour, or other evidence of decomposition.

The patient had borne the operation well, having been kept under the influence of chloroform all the time. She was now put back to bed.

A scruple of fresh coarsely powdered ergot was given at once in brandy and water; a sponge was fastened over the vulva to absorb the fluid, and to prevent the free admission of air; and she was ordered to take ten grains of ergot every four hours, and also half-a drachm of turpentine in mucilage and water; for diet, the milk diet of the hospital, with one pint of beef-tea and six ounces of sherry as extras. After she was in bed, the uterus continued to discharge freely.

On January 13th, the day following the operation, she said she felt much better, and she appeared very well, complaining only of headache and pain in the side; she had shivered slightly during the night; there was no decomposition of the fluid, which continued to flow away. The vagina was washed out with tepid water, and the ergot and turpentine were continued.

On the 14th, second day after operation, she was doing well; pulse 96. The abdominal tumour had almost disappeared; but the uterus could still be felt bulging into the rectum. The abdomen was rather more resonant than natural. The vagina was washed out, and the medicines continued.

On the 15th, third day after operation, she continued to do well, but was in low spirits. A little pus and some fibrinous shreds came away from the vagina with the injection of warm water. The treatment was continued. The bowels were freely moved on this day.

On the 16th, she continued to progress. She said she found the discharge increased after taking the ergot.

On the 17th, there was little or no discharge. She found the washing out of the vagina painful. She was ordered to have two drachms of castor-oil next morning, unless the bowels were previously opened.

After this date the ergot was gradually left off, and she continued to go on well. At times she complained a good deal of pain in the back and side, but her recovery was steady and progressive, and was only delayed and made long by the difficulty of keeping the vagina open, and of getting it to heal. This was a most slow process. She omitted the turpentine on January 24th, and took instead tincture of henbane with camphor julep.

On January 27th, she was somewhat unwell from the irritation of a sponge-tent which I had introduced to keep the vagina open, but recovered upon its withdrawal. On this date I introduced a speculum, and saw a sort of leucorrhœal discharge coming

from an opening in the uterus. She was now taking meat diet.

I need not enumerate the details of the subsequent treatment; the main difficulty was in keeping the vagina open; it had been so entirely lost in the destruction that had been undergone, and in the resulting scar, that it appeared almost impossible for it to heal. I kept it plugged with oiled lint, and treated it with lead washes, lotions of nitrate of silver, and so on; and a speculum was introduced from time to time. On March 20th, it is noted that upon introducing the speculum, I could not find the opening into the uterus; it seemed impossible to prevent the contraction of the upper part of the vagina.

On April 12th, she commenced to menstruate, and the catamenia continued present until the 15th. On May 10th, the menstrual discharge again took place, and I tried again to find the opening into the uterus by the flow of the menstrual fluid, but without success. The dread of the examination put a stop to the discharge.

On June 9th, there was again a very slight menstrual discharge; and on July 11th, it is noted that she had been menstruating freely for three days. On July 14th, the vagina having almost healed, she went back to her service.

I have seen her from time to time since. She continues in perfect health, but has not menstruated since she left the hospital.

On Friday last (October 20th, 1865), I got her to come to the hospital, that I might make a note of her present condition. She was in perfect health, but had not menstruated since July.* On examination, I found the vagina very much contracted, and only just large enough to admit the finger at the upper part. It was impossible to see any part of the uterus. Examined by the rectum, I found the uterus quite empty, and could still feel the small fibrous tumour attached to the right side of the fundus, which I had noticed at the time of her admission.

The important points in the foregoing case (and I have tried to make this paper contain the chief practical matters involved in the consideration of the subject of retention of the menses from occlusion of the vagina) are the choice of the operation, and the subsequent treatment. The success of a single case does not prove the propriety of the course pursued, but the very satisfactory progress of my patient will induce me to adopt the same treatment, should I be called upon to manage a similar case.

What was new in the treatment—for the propriety of attempting to restore the vagina rather than of puncturing by the rectum, has been often insisted upon, and often done—was the administration of ergot immediately after the operation, and also of turpentine. The former was undoubtedly the most important; for if the danger in these cases be from the rapid contraction of the uterus forcing the blood from the Fallopian tubes into the peritoneal cavity, it would not be good practice; but if, as I believe, the risk arises from the decomposition of the fluid in an inert uterus, and from the local irritation caused by this fluid, as well as from the absorption of its products, then I think that the administration of ergot, by ensuring a steady and rapid contraction of the uterus, will go some way to ensure the safety of the patient.

* This patient has called upon me since the above was written, and told me that she had again menstruated. The discharge was natural, in quality and quantity.

VISITATION OF EXAMINATIONS. Last week, the examinations at Oxford for the degree of M.B. were visited by Dr. Paget and Dr. Quain, as delegates from the English Branch of the Medical Council.

Reviews and Notices.

TRANSACTIONS OF THE ODONTOLOGICAL SOCIETY OF GREAT BRITAIN. Vol. IV, 1863-64-65. Pp. 317. London: 1865.

THIS volume contains the papers read at the monthly meetings of the Odontological Society from November 1863 to June 1865.

The first paper is one by Mr. Alfred Coleman, on Cystic Tumours. He thus classifies these growths.

"Cystic tumours may be conveniently divided into two classes; viz., those arising from or formed out of some previously existing structure, and those which arise as distinct and independent bodies—new formations.

"Among the first may be reckoned cysts formed by the dilatation of certain gland-ducts, distended cellular tissue, etc. Of this class of tumours we have some arising in connection with the teeth. Thus the peridental membrane may become detached from the fang of a tooth, and secrete in the sac thus formed the ordinary products of a cystic tumour. . . . Tumours originating in this manner are, I believe, by no means uncommon; and that many of the so-called cases of dropsy of the antrum are in reality cystic tumours, arising from the periostea of the teeth, which absorb the flow of that cavity, and afterwards expand in it, I have little doubt." (Pp. 2-3.)

The author then goes on to speak at some length on the subject of proliferous cysts, containing often products identical with many of the structures found in the body. He enumerates and comments on the various tissues found, describing elaborately the various forms of teeth.

"The teeth occurring in these situations arise doubtless from papulæ formed on the surface of the mucous membrane; but I have not been able to prove that it is so. At a very early stage of their development they are found in sacs, which are usually much more delicate membranes than the dental follicles of the mouth. In most cases, also, the alveoli do not make their appearance so early, and sometimes are not formed at all. In other cases, the teeth are found fully formed in bony crypts, like cases of retarded dentition. . . .

"The teeth are found resembling—1, temporary; 2, permanent; 3, supernumerary and malformed teeth. The latter are, perhaps, the most commonly met with."

Mr. Coleman notices it as a remarkable fact, that the teeth in proliferous cysts are almost invariably those of the upper jaw. As regards their structure, he says that, as far as the examinations which he has made have shown, the enamel is more or less imperfect; the dentine is more perfectly developed, closely resembling that of ordinary teeth; the cementum frequently seems mixed up with the dentine, and is irregularly distributed; the pulp-cavity is sometimes absent; nerve-fibres have been found; blood-vessels may be readily made out; and bone is found in the tumours, the centres of ossification and the arrangement of the osseous tissue being very irregular.

The author concludes his paper by theorising on the origin of proliferous tumours, which he regards as being connected by series of links to compound cystic tumours and to all morbid bodies possessing a quasi-independent existence. He adopts the view

of Mr. Paget, that tumours have an independent existence; and also the explanation given by the same talented surgeon of the circumstance that they generally resemble the structures in which they arise; viz.:

"That various organs or structures act on the blood as secreting glands, when compared with other organs or structures; thus, for instance, blood deficient in certain ingredients that had been abstracted by a gravid uterus might contain, consequently, an abnormal amount of those that would nourish a mammary gland, which would also favour the growth of a chronic mammary tumour." (P. 22.)

Regarding the production of these tumours (proliferous), some have supposed them to be products of extrauterine conception; while many have adopted the view that the ovaries may develope most of the structures found in the body, without sexual intercourse. Mr. Salter regards the formation of ovarian proliferous tumours as probably analogous to parthenogenesis among insects. Mr. Coleman, however, thinks that

"We have no tenable grounds for drawing this distinction between ovarian tumours and the tumours found in other parts of the body, the gradations from tumours bearing one single tissue like fat, or a simple serous fluid, up to those containing the most highly organised structures." (P. 24.)

He refers the origin of these tumours to the development of germs existing in the body—to abortive efforts of Nature for the continuance of the species. "The germs," he says, "whatever they may be, may be continually forming in all parts of the body, but may, fortunately, rarely find the necessary conditions for their development." For the almost entire absence of arrangement of the structures developed in proliferous tumours, he suggests as an explanation, that "one of the conditions for producing the orderly arrangement of the structures may be the influence of the spermatic and other fluids brought into contact with the developing germ."

The second paper is a partial Report of a Committee appointed to investigate the Compounds employed for Filling Teeth, most generally known as Osteo-plastic. A completion of the Report is given in a subsequent paper.

Next come three papers of which abstracts were given in the first volume of the JOURNAL for 1864; viz.: Pathology of Dental Caries, by Mr. Spence Bate; the Extraction of Teeth and Roots, by Mr. Kyan; and the Causes and Treatment of some Forms of Irregularity, by Mr. Cartwright.

Dr. Thomas Ballard has a paper on a subject regarding which he has several times laid his views before the profession—the Constitutional Ill-effects of Fruitless Sucking.

The next papers are by Mr. C. J. Fox, on the Preparation of the Mouth for the Reception of Artificial Teeth; the Treatment of Congenital Cleft Palate, by Dr. N. W. Kingsley; Remarks on the Collection of Skulls in the Crypt of Hythe Church, Kent, by Mr. Cartwright and Mr. Coleman; Some Forms of Irregularity, and their Treatment, by Mr. Coleman; Artificial Velums, by Dr. Rottenstein; Rhizodontrypy, by Mr. Hulme; Treatment of Congenital Cleft Palate, by Mr. Ramsay; and the Use of Carbolic Acid in Dentistry, by Mr. Woodhouse. Abstracts of these papers have already appeared in the JOURNAL.

The volume is admirably got up, with a large clear type and good paper, and contains several well executed plates.

THE POCKET FORMULARY, AND SYNOPSIS OF THE BRITISH AND FOREIGN PHARMACOPŒIAS; comprising Standard and Approved Formulæ for the Preparations and Compounds employed in Medical Practice. By HENRY BEASLEY. Eighth Edition, including the Formulæ of the British Pharmacopœia. Pp. 583. London: 1866.

THE object of this book is well known. In the advertisement prefixed, the author says:

"In addition to the formulæ and processes of the last editions of the Pharmacopœias of London, Edinburgh, and Dublin—as well as many which have been successively rejected from previous ones, but which are still occasionally required—it has comprised a copious selection from the American, French, German, and other foreign pharmacopœias; from the well known Formularies of Magendie, Dunglison, Foy, Bouchardat, Swediaur, and others; from the pharmacopœias of the principal hospitals of this and other countries; from the best systematic works on Medicine, Materia Medica, Surgery, and Pharmacy; from single treatises on particular remedies; and from the British and Foreign periodicals. Care has been taken to include the remedies and forms most recently introduced up to the date of publication of each edition. In the eighth edition are included all the formulæ of the *British Pharmacopœia* of 1864."

The book contains a great amount of useful information for those who desire to know the composition of various articles of pharmacy. We think, however, that in his desire to include everything that may be required, the author has gone quite up to the bounds of safety in inserting the formulæ for such philosophical preparations as oil of bricks (*Oleum Lateritium*) and oil of earth-worms (*Oleum Lumbricorum*).

A TREATISE ON THE PRINCIPLES AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY. By T. WHARTON JONES, F.R.S., Professor of Ophthalmic Medicine and Surgery in University College, London, etc. Third Edition, recast, much enlarged, and illustrated by numerous additional Engravings. Pp. 806. London: 1865.

MR. WHARTON JONES says that, in preparing this new edition of his work, he has endeavoured to make it as complete an exposition as possible of the present advanced state of ophthalmic medicine and surgery. It has, therefore, greatly increased in size, containing half as many pages again as the former edition. The author has incorporated, in many instances, annotations made by Dr. Foucher, the editor of the French translation of the work; and also those made by Dr. Atlee in the third American edition; together with the most recent researches of Donders on the adjustment of the sight and the use of spectacles. Several figures have also been copied from the *Atlas der Ophthalmoscopie* of Dr. Liebreich, by whom they were placed at the disposal of Mr. Jones.

The book appears to be that which its author has professed to make it—a thoroughly comprehensive treatise of ophthalmic medicine and surgery. It

contains nine coloured plates, and one hundred and seventy-three woodcuts, several of which are coloured. It holds an honourable position among the generally excellent series of manuals published by Messrs. Churchill and Sons.

British Medical Journal.

SATURDAY, DECEMBER 23RD, 1865.

THE COLLEGE OF SURGEONS.

WE were not altogether unprepared for the decision arrived at by the Council of the College of Surgeons on the 14th instant. For some time past it had been whispered about in London that the Council of the College of Surgeons had resolved not to grant the petition of the British Medical Association—viz., that country Fellows of the College should be allowed to vote by papers. To all who are acquainted with the fulness of the illiberality of spirit which has so long guided and still guides the actions of the Council, the decision will give no surprise. Some might have thought that, for the sake of gaining a temporary popularity, and of so postponing the inevitable conclusion of the present system of things, the Council would, in wisdom and for its own sake, have done this plain and easy act of justice. And we doubt not that, in truth, the Council would have done it, had not the obtaining of a Charter been necessary. Herein we may assuredly look for the refusal. The mere cost of a new Charter—a hundred pounds or so—would hardly have stopped the action of a great corporation whose income amounts to some £12,000 per annum. But why, then, it may be asked, did the College not go for a new Charter? As the Council does not allow its deliberations—its reasons and unreasons for action and inaction—to appear before the profession, we must draw our own surmises for an answer.

We are, however, told, as the ostensible excuse, that voting by papers would diminish the "active and thoughtful interest in the affairs of the College which personal attendance is calculated to promote." The ingenious inventor of this idea deserves both credit and reward. Those Fellows only, say the College, who will come up to town are worthy of having a vote. The leading surgeons in the country, the very men who are overwhelmed with work, who rarely are able even to spare a few hours of relaxation for their pleasure, whose time is precious to them beyond even what it is to London surgeons, are told that they shall have no vote, no power of exercising the special privilege vested in their Fellowship, unless they choose to pay the penalty of time and money which is to them involved in a journey to London. The Council, in fact, want the profession to believe that country Fellows are a mere set of children; and have resolved that the test of their capacity for appreciating the merits of candidates for the Council shall be that they take a journey to London. No journey, no vote. Will country Fellows accept the compliment paid to their intelligence and patriotism? They, the Fellows, the very men who were created to form a constituency for electing the Council, are told by the Council that their votes, if given by paper, instead of in person, would be "detrimental to the welfare of the College". Surely there are not two men in the profession who believe that the reason alleged is the veritable reason why the Council rejected the proposal? To believe this would be to say that the Council had deliberately insulted the intelligence of the country Fellows.

We need not go far to find a much more plain and simple explanation of the refusal; and it is this. The words "new Charter" naturally suggested the idea, and with it the fear, of reform among the Retrogradists of the Council—the lovers of inaction and of things as they are. It no doubt occurred to them that, if a new Charter were sought for, inconvenient questions might be put to the College by those who grant the Charter; that, in fact, inquiries into matters affecting the constitution of the College, which would hardly bear satisfactory inquiry, might be made. Doubtless, in this direction we must look for the explanation of the Council's refusal. The Council well knows that the system which presides over the management of the College is quite inconsistent with modern ideas of reform and justice—will not bear publicity and searching discussion; that it is a system which belongs, like Waverley, to sixty years ago, but is utterly unsuited to these days. The refusal is, therefore, a maintenance of a state of things which should have become obsolete when the Municipal Act was passed, a continuance of the old system of close boroughism. It is a glove of defiance thrown down by the obstructives—a proclamation of determined resistance to all reform; and we trust that, as such, it will not be forgotten at the next election of Councillors. One thing, at all events, is very sure. Resistance to just reform leads assuredly to revolution. The day of reckoning may be put off; but the longer it is delayed, the greater the accumulation of pent-up force, and consequently the more crushing its effects when the unavoidable day of reaction comes. The Council, if it thus continue to oppose the sentiment of the profession and of the liberal men within it, will, we venture to prophesy, one day have the whole apparatus tumbling down about its ears, and be itself smothered in the dust and cobwebs.

The following is the answer received by the Secretary of the Association from the Royal College of Surgeons, in answer to the Memorial of the British Medical Association.

"Royal College of Surgeons of England, 15th December, 1865.

"Sir,—I have laid before the Council of this College your letter of the 14th of August last, and the accompanying Memorial from the President and Members of the British Medical Association, 'again bringing under the notice of the Council of this College the general dissatisfaction of the Fellows and Members of the College at the mode of electing the Council, and earnestly requesting that the Council will be pleased to obtain a new or supplementary Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford, Cambridge, and Dublin, in their election of Members of Parliament.'

"I am desired to acquaint you that the Memorial has been deliberately considered by the Council.

"Every attention has been paid to the wishes of so large a number of the profession as that which is represented by the British Medical Association.

"The Council are fully aware of the great convenience which voting by proxy might afford to many of the country Fellows, yet cannot lose sight of the fact that a great number of the Fellows of the College residing at a considerable distance in the country have regularly attended the annual elections of the Members of Council; and the Council are of opinion that voting by proxy would tend seriously to diminish the active and thoughtful interest in the affairs of the College which personal attendance on the part of the Fellows is calculated to promote; and that such a mode of election would thereby be detrimental to the welfare of the College.

"I am desired to add that the Council do not therefore deem it expedient to apply to Government for a new or supplementary Charter to carry out the request contained in the Memorial from the President and Members of the British Medical Association. "I am, sir, your obedient servant,

"Edward Trimmer, *Secretary*.

"T. Watkin Williams, Esq., General Secretary,
British Medical Association."

RINDERPEST CURES.

The *Times* at last, taught by dire experience, is beginning to confess indirectly the immense mischief which it has done, for months past, in assisting, by its ignorant recommendations, in the spread of the Rinderpest. It is now opening its eyes to what science proclaimed from the first, that there is, in a national sense, only one cure for the Cattle-Plague which is worthy of a moment's consideration—its prevention. The *Times* is happily getting sick of recommending "arsenicum" in trillionth doses as a preservative, and in decillionth doses as a remedial agent of the disease; and is evidently losing faith in the fifty various quackeries, which have received its *imprimatur*. We are now told that

"The Cattle-Plague shows no signs of subsidence, and is driving us towards one definite remedy—the general and permanent substitution of meat-markets for cattle-markets. Put the butchers on the road instead of the oxen, and the whole difficulty will be at an end. The only way of checking the Cattle-Plague is by stopping the movement of cattle. The Royal Commissioners, the Agricultural Societies of the kingdom, the West of England Society, the Smithfield Club, etc., are at one upon the subject. All see that nothing but the stoppage of cattle traffic, as far as practicable, will stop the Cattle-Plague. Send the butcher to the ox, and all difficulties would disappear."

Curiously enough, at the very moment when the *Times* appears really to understand the gravity of the actual situation, we find one of our medical journals taking in hand the defence of a *Times*' doctor's recommendations. Our obscure friend the "Metropolitan Hospital Surgeon", could not have had much faith in his own advice, nor have been very proud of it, or he would have authenticated his prescription with his signature. He probably, however, might have done so had he known that a medical journal would have been found to take up his cause. We may, indeed, be permitted to express surprise that, in the face of this dire national calamity, in the face of the fact that we have to deal with probably one of the most virulently contagious diseases known, a medical journal of scientific repute should have been found to defend the vagaries of a "Metropolitan Hospital Surgeon". When Rinderpest is spreading and killing and threatening the general destruction of our bovine species, and even of our sheep, the "Surgeon" advises us, by way of consolation and to stop its ravages, that we should "study its natural history." And the *Medical Times and Gazette* endorses his proposal; which is mainly as follows: First take 1000, or better still 10,000, diseased oxen; let the disease in them run its natural course; and with due philosophic and pathological and clinical note-book-taking, mark down what you see. When you have so far cleared the way, then give some single remedy—for example, alcohol—and try your luck again in a like manner upon 1000 or 10,000 more diseased cattle. Having settled this, once again go in upon another 1000 or 10,000 with any other likely remedy; and so run on through the whole list of likely remedies in the Pharmacopœia. In this way, you will at last obtain real philosophic information, and learn how to treat the disease.

Now have we really, after all, much reason to cavil at the *Times*, and to express anger and surprise that it should turn the medical profession into ridicule and patronise all the existing varieties of quackery, when we see such proposals as the above recommended by a "Metropolitan Hospital Surgeon", and defended by a metropolitan medical journal? Is there anything intrinsically more absurd in the proposal of giving preventive doses of "arsenicum" *à la* homœopathy, than in the proposal of learning the "natural history of the disease" by forming an indefinite number of malignantly contagious foci "of 1000, or better still 10,000", diseased cattle all over the country, in order to get at a knowledge of its treatment? A "Metropolitan Surgeon" engaged in such an inquiry, would certainly far outstrip the philosopher who could "peep and botanise upon his

mother's grave." He would most assuredly, long before he had arrived at the end of his profound study, have to sit—a Rokitansky-Marius (with the *Medical Times and Gazette* in his hands)—brooding over the universal destruction of our horned animals. His pathological museum, it is true, might be crammed to the ceiling with splendid morbid specimens illustrative of Rinderpest; but his larder would be innocent of Christmas beef.

The general history of Rinderpest is already only too well known. What is of infinite more importance, is to know how we may be rid of it. As for its drug treatment, we have already said, and we repeat it, medical science, if it have taught us anything certain about specific fevers, has taught us this—that there is no specific cure for them when once they have got possession of the body; that they will, spite of physicians and metropolitan surgeons, run their course in the body. Common sense and science therefore tell us, when we consider the contagious character of the disease, to stamp it out by the most energetic means. And, therefore, have we said, and again repeat it, that the only possible and really efficacious remedy for this virulent pestilence is to prevent its spread; that "*the only cure of the disease is the prevention of the contagion of it.*"

We must suggest to those members of our profession who desire to essay remedial agents as cures for the Cattle-Plague that, in their eagerness to find a remedy for the disease, they overlook the main point in this great national difficulty. They forget that there is a difference between a man and a brute; and that we may treat the one very differently to the other, if the occasion require it. They forget that, in order to try their experiments, they must keep alive, and of necessity thereby assist in the spread of the most contagious of all known diseases. No one will deny that the most effectual mode of arresting a grievous pestilential fever is to kill and bury out of sight, as rapidly as may be, every individual attacked by it. The patient who dies rapidly of small-pox and is buried out of the land, is infinitely less likely to spread the disease than he who lives through the attack. Just so with this Cattle-Plague, the instant destruction of the animal and the arrestment of all removal of living cattle are clearly the rational cure for it. The very contagious character of the disease also has not been fully appreciated by gentlemen who would try their hand at its cure. We believe it is an acknowledged fact, that cattle-inspectors have themselves widely spread the disease about the country; that it has been conveyed about a district by the cattle-doctor much in the same way as puerperal fever has often been by accoucheurs. So much so, that in some parts of the country the cry has been raised, "Bury the ox and burn the inspector." We have heard on good authority that there are cow-sheds into which the disease has never penetrated; and for the sole reason that no fresh cattle and no inspectors have been admitted into them since the disease broke out.

No one would talk of curing malignant small-pox by the use of drugs? But in what degree, as regards malignancy, does Rinderpest differ from malignant small-pox? We would remind our readers that, in the letter in the *Times*, signed "Q" (which we may venture to ascribe to one who, as a Commissioner, has studied this disease in all its bearings as fully as any one in the country—we mean Dr. Quain), not one word is said about the treatment of the disease. The writer shews clearly enough, curer of diseases though he be, that, in his opinion, this was not an occasion for the trying of remedies.

We must be permitted to say, therefore, that a very considerable degree of responsibility attaches to every one who is engaged in attempts to cure the disease; we mean the responsibility which attaches to their being instruments of assisting in its spread. When yellow fever, like a deadly pestilence, comes near a country, what is the remedy? Is it not, by the most energetic means, to prevent its spread and arrest it *in sitû*? Does any one in face of a virulent yellow fever talk about drug-experiments? No, surely. Why, then, should we treat differently this equally virulent disease, where only the lives of brutes are concerned?

SYPHILISATION IN LONDON.

On Monday last, at the Medical Society of London, Mr. James Lane read a summary of the history of cases of syphilis which have, under Professor Boeck's own superintendence, been subjected to syphilisation at the Lock Hospital during the last few months. A crowded meeting assembled on the occasion to meet Professor Boeck, who was also present. Mr. Lane's paper went to show that the remedy was still on its trial, so far as these experiments are concerned. Mr. Lane, in fact, stated that he was not at present able to offer any definite opinion as to the value of the process as a means of cure. From the nature of the case, it necessarily happens that a long period of time, as well as many experiments, are required in order to obtain a fair view of the results. All that he would say at present was this, that, if he had nothing to adduce positively favourable to syphilisation, he had nothing unfavourable to say of it. He had brought the cases forward in their present unfinished form, in order that the Society might have an opportunity of meeting Professor Boeck, who is on the point of leaving England. Mr. Lane paid a high compliment to Professor Boeck, and bore witness to his candour and high scientific attainments. At a future time he will produce his experience of the treatment in a more full and complete form. He said that the marks left by the pro-

cess were really in most cases very insignificant—not so bad, indeed, as are those often produced by syphilitic rupia. Nor was any objection found on the part of the patients operated on (and they were almost all females) to submit to the treatment.

Much exaggeration exists in the minds of the profession on these points. The treatment had in no one of the twenty-three cases produced any unpleasant consequences; but all the patients had improved in health under it; and, in those few whose care was approaching a termination, the symptoms of the disease were disappearing.

This much, therefore, appears to be proved of syphilisation in Mr. James Lane's hands: that there is, *per se*, no *à priori* objection to its use. The main point which remains to be decided is the effect of the treatment over the disease; and this, of course, time only can decide. If, as Professor Boeck asserts, the relapses are considerably fewer than after mercurial treatment, and at the same time only of a very mild and passing character; and if the disease may be said to be virtually eradicated from the body by syphilisation, the remedy must be admitted to be most valuable, and, in fact, far superior to mercury or any remedy yet known. It is admitted that, under the influence of mercury, the symptoms of secondary syphilis disappear more rapidly than under syphilisation; but then what is also admitted is, that relapses frequently occur, and that the severity of the symptoms of the disease increases with each succeeding relapse. The rapid mercurial cure may be, therefore, a deceptive cure.

Professor Boeck, again, lays stress on a fact, the importance of which has only of late years been dawning upon us; and that is, the fatal character of the internal diseases produced by syphilis—of the liver, kidney, brain, etc.; and it is, he asserts, in warding off those diseases, that syphilisation is of such value. The objections taken to syphilisation by Mr. De Méric were of a feeble character, and merely a re-echo of what has been so often said in Paris—viz., that it was immoral. Mr. De Méric also contradicted himself. He accused his compatriots of Paris of narrow-mindedness in refusing M. Auzias-Turenne an opportunity of practising syphilisation in the French hospitals, and at the same time complimented England for its liberality in letting the thing be tried at the Lock Hospital. But if the proceeding be, as he asserts it is, of an immoral character, his blame of his own countrymen is wrong, and his praise of his English *confrères* very equivocal. His argument against syphilisation as a cure for syphilis really amounted to nothing; viz., that he did not understand how such a remedy can produce the effects asserted of it. He forgot, as Mr. Lane told him, that, if his argument were worth anything, it would apply to nearly every dose of physic we give. Assuredly, only one thing can settle such a question, and that is experience. Those, therefore, who argue of its use from an *à priori* idea of syphilisation, build their arguments on a quicksand. They might just as well argue about the probable effects of a dose of Epsom salts from a consideration of their chemical character, or deny the virtue of quinine in ague because they do not know how it acts. And, in this respect, it is only fair to say, that Professor Boeck has now had thirteen years' experience of the remedy; that his convictions are derived from the results of operations performed on a very large scale; that he is confirmed in the belief of the excellence of syphilisation by what he has seen; that he is admittedly a man of large scientific attainments, and a most honest and careful observer; that what he says, therefore, is fully entitled to consideration; that his opponents have not facts, but opinions only, to set off against his statements; and that only fact and experiment can decide the matter. Besides this, it is no slight testimony in favour of his opinion, that such men as Dr. Bidenkap should have an equally firm belief in the remedy—belief founded on experiment. Opposition, therefore, like that of Mr. De Méric, must be regarded as mere play of words. As to the suggestion of immorality in the proceeding, we can only say that we are surprised to hear it uttered in a learned medical society. Would Mr. De Méric refuse to give mercury to a case of secondary syphilis, if he knew it to be a perfect remedy for the disease, and that it would prevent the patient ever afterwards suffering from syphilis? Would he, on moral grounds, abstain from the use of so perfect a remedy? Surely not. And yet this is precisely what his argument comes to in the case of syphilisation.

Mr. James Lane and Mr. Gascoyen have determined to continue the experiments after the departure of Professor Boeck; and we may, therefore, anticipate that in due time, and not at a very distant date, the profession will have the results of their very carefully conducted experiments laid before them in a complete form.

Mr. Ceely of Aylesbury has, we believe, thoroughly satisfied himself that the Rinderpest is a specific eruptive fever, having no relation either to typhus or typhoid fever. He has satisfied himself, from historical records, that the Rinderpest which formerly visited this country was a specific eruptive fever; and it was from this study of the past history of the disease that he came to this conclusion. If, he argued, the present cattle epidemic is the Rinderpest of former days, it must be accompanied with an eruption. Like Le Verrier with his new planet, he said to pathologists, Seek for an eruption and you will find one. Pathologists have sought and have found the eruption to be a constant phenomenon of

the disease. The Medical Committee of the Norwich Cattle-Plague Association, who have just issued a report, refer to the fact in the following terms.

"Quite recently the attention of your Committee has been directed to the state of the skin in the diseased animals. It appears now to be certain that, in a large proportion of cases of Rinderpest, certain spottings or markings are present upon some portions of the skin, and can be easily seen after death by shaving off the hair and holding the integument up to the light. They are also rendered more distinct by the earlier processes which the hide undergoes in the course of tanning. These spots, when examined, appear either as papulæ or imperfect vesicles, or as small rounded spots or stains scattered over the surface, in small or larger number, and they appear to be most numerous behind the shoulder. On the smooth skin, also, surrounding the vulvæ of the cow, small scattered spots or markings may be found. They look to the naked eye like petechiæ; but, on examination with a magnifying-glass, they are seen to be really elevated above the surface, and to be, in fact, papulæ or pimples, acuminated, with indistinct vesications or semi-purulent corrugations of their apex; their colour and general appearance approximating very closely to that of the spottings that have been seen on the mucous membrane of the larynx and trachea. Such appearances confirm very forcibly what has been said as to the specific and eruptive type of the disease; and indeed, in the opinion of your Committee, supply the only link hitherto wanting to prove most conclusively the truth of what has been advanced above."

This phase of the case will naturally bring forward the question of vaccination as prophylactic of the disease. We shall hope shortly to lay before the profession a full account of Mr. Ceely's views on this important matter. The report of the Norwich Commission above alluded to, is a valuable and instructive document. The members of the Committee are, Dr. Eade, Dr. Bateman, Mr. Nichols, and Mr. Cadge, with Messrs. Wells and Smith, M.R.C.V.S., and Mr. Forrester as Secretary. We regret that we are only able summarily to allude to it. Their conclusions are as follows.

"1. That the disease is the result of a specific blood-poison. 2. That it is an eruptive disease, closely allied in its nature to the exanthemata in man. 3. That it is both infectious and contagious. 4. That it is communicable from ox to ox, from sheep to sheep, and between these two classes of animals by mere association. 5. That it is also inoculable by means of the discharges from bullocks to sheep, from sheep to bullocks, and to each other respectively. 6. That the disease as seen in sheep is identical in nature with that of bullocks, but is milder in type, and is also modified as to its *post mortem* appearances."

A full account is given in the report of the symptoms of the disease, as observed in the ox and the sheep, as well as of the *post mortem* appearances. With regard to its communicability to man, they say:

"The human species does not appear to be liable to suffer either from exposure to contaminated air, or from punctured wounds made by instruments charged with fluid from the carcases; neither does it appear that the diseased meat is, in its early stages, unwholesome as food; but that the poison may enter into the human system, and be retained there, is shown by the fact that the smell peculiar to this disease may be perceptible in urine and stools passed many hours after its inhalation. How peculiar and characteristic this smell is, is borne testimony to by all who have had any experience of the disease; and, indeed, from it alone, as emitted by the living animals, or in a still more marked degree by the dead carcases, and especially their abdominal viscera, the presence of the disease may often be diagnosed."

The Committee add, that they have as yet no data before them from which to judge of the efficacy of any kind of treatment of the disease.

We are glad to find that our distinguished associate, Dr. Barham of Truro, has been diffusing sound and sensible doctrines of the Rinderpest in his neighbourhood; and especially that the landowners and farmers have had the good sense to listen to, and so to reap the benefit of, his advice. In a letter he says:

"The main purpose with which I have penned these lines is the endeavour to urge the necessity of effectual separation of cattle supposed to be affected with disease from those which remain apparently healthy, and the utmost vigilance in preventing the conveyance of the plague-germs to the latter, and in removing the discharges. From the reports of recent meetings, and what I hear of the common practice, I apprehend that the measures usually adopted are by no means sufficiently decided."

He then gives a plan for penning the cattle, when diseased, in semi-open sheds. With respect to the drug-cure of the disease, he speaks plainly out.

"I do not wish to intrude on the province of the veterinary surgeon, and will only remark generally that, in mankind, fevers analogous to Rinderpest may be guided in their course with much advantage; but, speaking strictly, no cure for them has yet been discovered, and it does not appear that more can be said in respect to animals. It is possible, however, to do a great deal of harm; and I cannot but think that to do nothing would be far better than to throw in large doses of active drugs and stimulants totally alien to the constitutions of these ruminants."

Remarks like these we wish we could more frequently meet with from the authorities of our profession. Most assuredly no verbal abuse of quackeries will ever put them down; but, if the lesson which may be learnt from Dr. Barham's words were fully practised by us all, we should soon see one, at all events, of the most rampant of quackeries, sink to its proper level in the dust.

Dr. Crisp considers, like Mr. Ceely, that Rinderpest "has little or no resemblance to typhus; but that it is a malignant spotted fever of an exanthematous character." His recommendations for treating the disease are:

"Destroy all animals when necessary; compensate all losses; appoint a chief inspector in every county; establish temporary dead meat markets; kill all foreign animals at the ports of landing, and all sheep and oxen where they now are; stop all movements of sheep and cattle for six weeks, unless under spe-

cial circumstances, and by an order from the county inspector; order all dogs to be tied or shut up; and prevent hunting in every county in England."

The Rev. S. Surtees says, in the *Times*:

"The Rinderpest has been peculiarly fatal in my parish. The homœopathic treatment has been so highly vaunted, that it is to be feared that farmers generally throughout England are careless of other remedies. I think it ought to be known that we have tried arsenicum in several cases, not administered by the herdman, but carefully and regularly by the farmer himself, and that it is a complete and total failure, both as a preventive and a cure. Those treated by the allopathic veterinaries, and by the several nostrums or remedies in your columns, have failed alike. Having witnessed the failure of every remedy in turn, I am reluctantly, against my own conviction, obliged to confess that the Commissioners are right, and the pole-axe should be used."

The cholera still lingers in Paris; and there was lately a slight increase of deaths from cholera in that city. On the 11th, there were sixteen deaths; on the 12th, the same number—six in hospitals and ten in the city. Twelve patients were admitted into the hospitals, and four cases broke out in the sick wards. On the 13th, there were fifteen patients admitted, and three cases in the sick wards. The deaths were on that day three in the hospitals and ten in the city.

The Imperial Academy of Medicine distributed its annual prizes on the 12th instant. The prize of the Academy, 1000 *francs*, was adjudged to Dr. Martin, its subject being Traumatic Paralysis. Baron Portal's prize of 1000 *francs*, "On the Specific Anatomical Characters, if there be any, of Cancer," was gained by M. Cornil. There were six competitors for Madame de Civrieux's prize of 1000 *francs;* the question being, "The Relations between General Paralysis and Madness." M. Magnan took the prize. Capuron's prize of a like value, "the Pulse in the Puerperal State," was not adjudged. An encouragement, however, of 600 *francs* was given to M. Hemey, one of three competitors. Baron Barbier's impossible prize of 8000 *francs*, for a cure of incurable diseases, found seven candidates. A prize of 7000 *francs* was adjudged, as the nearest approach to the programme, to M. Chassaignac, as author of "Ecrasement Linéaire." M. Amussat's prize of 2000 *francs* found four candidates, but no takers; but recompenses were given to two of them. Eight works were sent in for Godard's prize of 1000 *francs;* but the Academy gave only two recompenses.

M. Bouchut, of the Children's Hospital, tells us that since 1862 he has paid great attention to the diagnosis, by means of the ophthalmoscope, of cerebral hæmorrhage, softening of the brain, hydrocephalus, compression, and other diseases of the brain. His observations, now sixty in number, prove that all diseases which interfere with the cerebral circulation impede more or less the venous circulation of the eye, rendering the veins of the retina more distinct, dilated, and varicose; sometimes rupturing them, filling them with clots, and causing serous infiltration and hæmorrhage in the retina, and consequent atrophy, etc.—all which lesions are appreciable by the aid of the microscope.

ROYAL COLLEGE OF SURGEONS.

From the annual report of the Royal College of Surgeons of England, it appears that, during the past collegiate year, there have been sixteen meetings of the Council, and fifty-four of the Court of Examiners. During this time, seventeen members have passed the examination for the fellowship, and three have been rejected for twelve months. For the Primary or Anatomical and Physiological Examination for membership, 366 passed, and 131 were rejected for three months. At the Pass or Surgical and Pathological Examination, 402 passed, and 60 were referred back to their studies for six months. During the year, 12 assistant-surgeons presented themselves for examination for promotion to the rank of naval surgeon; of whom, 8 were reported to the Admiralty as having passed to the satisfaction of the Court, and four were referred to their professional studies for a period of three months. The Board of Examiners in Midwifery have had three meetings, and have passed 39 candidates and rejected 3. The Board of Examiners in Dental Surgery have passed only 4 candidates during the year, and rejected 2. Since the institution of the fellowship, it appears that 116 candidates have passed the preliminary examination in classics, mathematics, and French, for that distinction. The senior member of the Council and Court of Examiners is Mr. Lawrence, who appears to have been admitted a member of the College so long ago as September 6th, 1805, and who is in his 83rd year. The oldest officer of the College is Mr. T. M. Stone, who appears as having been appointed assistant-librarian thirty-three years ago. Three members of the Court of Examiners have each filled the President's chair twice; viz., Mr. Lawrence, in 1846 and 1855, having been elected a member of the Court in 1840; Mr. South, in 1851 and 1860, having been elected a member of the Court in 1848; and Mr. Luke, in 1853 and 1862, having been elected a member of Council in 1851.

From a report just published, it appears that, during the past collegiate year, the income of the Royal College of Surgeons amounted to £11,634:14:8; and the disbursements to £12,085:18:2; being an excess over receipts of £451:13:6. The members of the Council and Courts of Examiners divided amongst themselves £3890:12:0. The next largest amount is set down for salaries and wages; viz., £3208:13:8. The income appears to decrease, whilst the disbursements increase; as there appears a diminution of £882 for the dental diplomas alone, and also a decrease in the number of licences granted in midwifery.

Association Intelligence.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

The third general meeting of the present session was held at the Birmingham Library on Dec. 14th; Jas. Russell, M.D., President, in the Chair. There were present twenty-one members of the Branch and two visitors.

Vote of Thanks to Dr. Wade. On the motion of Dr. Jeaffreson, President of the Association, seconded by Mr. Hadley, a cordial vote of thanks was passed to Dr. Wade, on his resignation of the office of Honorary Secretary to the Branch.

New Members. The following gentlemen were elected members of the Branch. John Cooper Garman, Esq., Wednesbury; Wm. Chancellor Garman, Esq., Wednesbury; J. Shaw, Esq., Handsworth; R. P. Walker, Esq., Birmingham; Dr. Vinrace, Birmingham; F. Steele, M.D., General Hospital, Birmingham; Christopher Jeaffreson, Esq., Sydenham College, Birmingham; James Wood, M.D., Queen's Hospital, Birmingham.

New Secretary. On the motion of Dr. Jeaffreson, seconded by Alfred Baker, Esq., Mr. T. H. Bartleet was elected Honorary Secretary of the Branch.

Papers. The following papers were read.

1. Paraplegia. By J. Russell, M.D. The paper was followed by a discussion.

2. New Modification of the Russian Vapour Bath; with Cases successfully treated thereby. By James Williams, M.D.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, November 1st, 1865.

Robert Barnes, M.D., President, in the Chair.

The President announced that the Council had resolved to hold a *conversazione* in March next, for the purpose of exhibiting a full collection of instruments used in obstetric practice.

Specimens. Dr. Barnes exhibited a monstrous Fœtus brought to him by Mr. Thane of Canonbury. Also, a voluminous Fibroid Tumour, weighing 1 lb. 13 oz., which, with the assistance of Dr. Hicks, he had successfully removed from the uterus of a lady a month ago.

Dr. Russell of St. Alban's laid before the Society the particulars of a case of Hydatiform Degeneration of the Ovum.

CASE OF OVARIOTOMY. BY J. H. AVELING, M.D.

The operation was performed as follows. As soon as the cyst was reached it was tapped, and the fluid (twenty-one pints) withdrawn. No adhesions existed, and the sac was withdrawn easily. The pedicle, which was short, and about four fingers in breadth, was transfixed by a needle carrying a double thread. The two ends of each ligature were then brought up on either side, and drawn through two wire coils five inches and a half long. Each coil had fitted upon its end a cross-bar; and around these cross-bars the ligatures were secured after they had been drawn sufficiently tight to compress the vessels. The pedicle, after it had been placed in the hook of Dr. Aveling's polyptrite and crushed through, was then returned *in situ*, and the wound closed with iron-wire sutures. The coil-clamps were removed in forty-eight hours; and the patient made a favourable recovery.

Mr. Spencer Wells said that no one method of dealing with the pedicle could be applicable in all cases of ovariotomy. A long pedicle was dealt with so successfully by the clamp, that he desired no better method; but it was still doubtful what was the best mode of proceeding when the pedicle is short. The plan of leaving the ends of silk or twine ligatures hanging out through the wound was so unsuccessful, that the apparatus of Dr. Aveling would probably prove of great advantage in cases of short pedicle in weak patients.

Dr. Marion Sims said that the clamp was a great improvement on the ligature. He thought Mr. Baker Brown's plan of severing the pedicle by the actual cautery promised great results. He viewed Dr. Aveling's method with favour. He always used a silver wire, and left it to be sacculated. He said the distal end of the severed pedicle did not slough where the wire was applied. The wire became imbedded and hidden in its tissue.

CASE OF LABOUR: CERVIX UTERI HYPERTROPHIED AND UNEVOLUTED. BY G. ROPER, ESQ.

A. E., aged 37, in labour with her eighth child, was found to have the cervix uteri elongated and enlarged, so as to fill the vagina. The os externum was sufficiently dilated to admit the hand, but the os internum was undilated. The occiput presented. Version having been tried and failed, and the funis being pulseless, the head was perforated, and after some difficulty the child was extracted. During extraction the cervix uteri protruded from the vulva, and the effects of pressure and distension on it could be well observed. The difficulty consisted, not in having a rigid os uteri to deal with, but the entire cervix had to be expanded, dilatation of the os internum constituting the chief difficulty. The author discussed the question whether craniotomy alone, or dismemberment and exvisceration of the fœtus, is the best for such a case.

PROCIDENTIA UTERI. BY J. MARION SIMS, M.D.

Dr. Sims said that a procidentia was complete when the vagina was inverted and formed its outer covering—incomplete when the cervix only passed through the vulva; that a broad public arch, divergent rami, a relaxed perineum, and a retroversion, were essential to its production; that in some cases the infravaginal cervix was elongated, and came down first, but that in the majority of chronic cases a vagino-cystocele formed the first stage of procidentia. For the first he advocated amputation of the cervix, and said this was generally alone sufficient; but for the second he preferred to narrow the vagina. This idea, he said, originated with Marshall Hall; but he did not think the operation had ever succeeded till the introduction of metallic sutures. He then gave an account of the operation from the time he first performed it in 1857 till now, showing its gradual advancement to its present state of perfection. He illustrated the subject fully by diagrams. In 1857 he narrowed the anterior wall of the vagina by exsecting a large ellipsis of it, and then bringing the lateral borders together with silver sutures. Afterwards he simply denuded the surface of its epithelial membrane; then he simplified the operation by making a V-shaped scarification; and subsequently he made it trowel-shaped or triangular, the point being at the neck of the bladder, and the broad portion in juxtaposition with the cervix uteri. In all these methods, the object was to remove the cysto-

cele, and afford a support to the parts just at the anterior cul-de-sac. By diagrams he illustrated the method of operating, and claimed for it, when properly done, the greatest success. He did not pretend to institute a comparison between this and the perineal operation for the same trouble; but he had been driven to work out this plan in consequence of having often failed with the other. He only wished to add another resource to our means of curing such a disgusting infirmity, for we now had three methods: 1, amputation; 2, the perineal operation; 3, the narrowing of the vagina, as advocated by him.

Mr. NUNN had on several occasions operated for prolapsus uteri after the plan recommended by Mr. Baker Brown. In most of the cases a partial rupture of the perineum had existed. In them the result of the operation was satisfactory on the whole. Where no rupture of the perineum existed, as in young women who had never borne children, Mr. Brown's operation failed. He also stated that he had himself adopted, and had also seen Mr. Brown on many occasions practise, a proceeding *somewhat* resembling that described by Dr. Sims—namely, the removal of a V-shaped portion of the mucous membrane of the vagina reaching from the fourchette to within an inch or so of the cervix, the difference being that this removal was made from the posterior instead of the anterior or vesical wall of the vagina.

Mr. SPENCER WELLS said that the operation suggested by Dr. Marshall Hall had been performed many years ago in London. He (Mr. Wells) had seen two ladies upon whom it had been performed by the late Dr. Hemming, of Kentish Town.

Mr. CHAMBERS regarded Dr. Sims' proposal as a valuable contribution to female surgery; but, in common with Mr. Baker Brown, he (Mr. Chambers) had for years past combined the two operations in cases requiring such a procedure, and he felt bound to say that the anterior operation, as performed by Mr. Brown, was a very simple one when compared with that of Dr. Sims.

Dr. WYNN WILLIAMS remarked that, as regards the success of the operation performed by Mr. Baker Brown, he had met with several cases, and he must say that the patients appeared to him to have been but little benefited by the operation. He recommended the pessary, which acts by making tense the mucous membrane reflected from the vagina to the uterus, the uterus being suspended between the blades of the pessary.

Dr. WILKINS, of Australia, stated that he had operated on two cases of procidentia uteri, following closely the method of Mr. Baker Brown as described in his book. Permanent success had followed the operation, even though one of the cases had been of twelve years' standing. Dr. Tracey, of Melbourne, had also operated on several cases, and he believed with similar results.

The PRESIDENT had performed Mr. Brown's operation several times. He had found prolapsus return in spite of the provision of a good perineum. Further, he had repeatedly seen the uterus remain *in situ* notwithstanding large perineal luxation. It seemed to him that Mr. Brown's operation was performed in the wrong place. It had no effect in providing support where it was wanted—namely, anteriorly, at the connection of the cervix uteri with the base of the bladder. This object seemed to be perfectly accomplished by the admirably reasoned out and ingenious operation of Dr. Sims.

Dr. Sims, in reply, said that no one method of operating could be applicable under all circumstances to all cases. If there was a lacerated perineum it was proper to restore it. If there was elongation of the infra-vaginal portion of the cervix, then the proper operation was amputation of the cervix, and this was probably all that was necessary in such cases. In the majority of cases of procidentia—in all those where a vagino-cystocele formed the first stage of descent—he was satisfied that the operation he had described, viz., that of narrowing the vagina by forming a longitudinal fold of its tissue on the anterior surface, reaching from the neck of the bladder to the neck of the womb, would be one of the safest, simplest, and best.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, NOVEMBER 2ND, 1865.

J. B. LANGMORE, M.B., President, in the Chair.

Cancer of the Eye. Mr. J. Z. LAURENCE exhibited two specimens of cancer of the eyeball. In one case, the diagnosis had been obscure; and the patient had been advised by the surgeon she consulted to submit to iridectomy. Mr. Laurence thought surgeons would soon require to be told, not when iridectomy ought to be employed, but when it ought not to be employed.

Cholera in Egypt. Dr. TILBURY FOX read a paper on the cholera in Egypt. The object of his paper was to describe—1. The untenability of the theory of spontaneous development; 2. The source of the cholera-poison in India; 3. The influence and great transporting power of ships and currents of air; 4. The line of investigation required of the International Sanitary Commission; 5. The action of good food as a preventive; 6. The plan for prevention and treatment found to be most successful of late. The author had recently visited Alexandria, Cairo, Jerusalem, Damascus, and other eastern localities, and had enjoyed admirable opportunities for investigating the circumstances attending the recent outbreak of cholera in Mecca. The disease first appeared in Alexandria in a wretched quarter, filthy to the last degree. Hot winds had prevailed in Egypt during the year, and a murrain had existed among the cattle. The heat had been excessive—as much as 115° Fahr. in the shade during the day, falling to 60° at night. The water-supply was bad and scanty, even in the best hotels. Pilgrims to Mecca, 700,000 in number, all reduced to the lowest ebb of vitality by hunger, filth, and disease, and played on by the exhalations of 700,000 animals (for each pilgrim must sacrifice one animal at the tomb of the prophet), were congregated at Mecca when cholera burst forth.

The disease was not generated, however, at Mecca. Cholera was a peculiar and special poison, and generated independently of hygienic influences, although most attacking those whose health was undermined by bad diet, filth, etc. This poison was manifestly transported to Europe from India, where it was endemic; and from Mecca to Alexandria; for, previously to the outbreak at Mecca, several vessels arriving at Jeddah from India had lost many passengers by cholera—eighty in one vessel. The transference of the disease from India to Arabia illustrated the law of action of poisonous diseases, which required a poison, a transference, and a suitable soil.

India was the nursery of cholera; and, although the *Times* newspaper had lately argued in favour of the spontaneous generation of cholera, the author was convinced that, like the Rinderpest, etc., cholera was contagious. The conductor of the plague from India to Mecca was the poor Indian pilgrim, arriving half starved, with an attack of diarrhœa or semi-fever, at Jeddah from the cholera hotbed. Burton had mentioned that the cholera had visited Medina four times before his visit to it in 1853. We could

not, therefore, the author said, refuse to see that the tendency of each succeeding epidemic was to affect more and more widely the range of countries around; and that, in any succeeding outbreak, we in England might anticipate a greater likelihood of our country being affected far more, as it seemed we were disposed to place less reliance on quarantine. Besides the influence of individuals and ships, currents of air coming from infected localities would account for sporadic cases occurring at a distance from a focus of contagion. Winds could carry the ashes of volcanoes for forty or fifty leagues; and Dr. Sedgwick said he had seen fine sand on the sails of ships five hundred miles out at sea. We often heard of cholera breaking out in places after a storm, or on a ship at sea when stinking clouds have passed over it.

The true and effectual check, by which the epidemic might be strangled in the birth, must be applied before the pilgrims reached Mecca. There should be quarantine of all vessels arriving at Jeddah from India; and it was the duty of England to see to this, since India was the nursery of the disease, and English vessels conveyed it into Europe through Egypt.

Cholera was decreasing in France; but it lingered on the continent, and might enter England through Russia or Denmark in the spring. It was, therefore, necessary to be on our guard. Persons who committed excesses, whether rich or poor, had been found during the recent epidemic at Marseilles to be most liable to be attacked. Good food was an important prophylactic; and, if quarantine were established, great care should be taken that the inmates should be well fed—a precaution often neglected.

Dr. Fox called attention to the fact that, in case of the outbreak of cholera in the spring, the prospects of the poor during the ensuing winter were far from good. The price of butcher's meat was excessively high, and so were coals. The care of the poor in such times was a sacred duty, which it behoved the rich not to neglect, if but from self-regarding motives. And of what avail was it to preach up the observation of sanitary laws to persons too poor to be either adequately fed, or clothed, or warmed? The dining-halls were, therefore, a step in the right direction.

Diarrhœa was by no means an invariable antecedent of cholera; and the collapse was independent of the diarrhœa in true cholera. A flannel belt should be worn in cholera times. All drains and closets should be disinfected. All the attendants on patients with the disease should wear respirators, and the most simple was a layer of silk over the mouth. Nurses should drink a solution of an alkaline sulphite as an antiseptic. In the East, latterly, cherry laurel water, opium, chlorodyne, and nux vomica, had been used; and also acetate of lead for the diarrhœa, with dilute sulphuric acid, and chloric ether, and kino. The most successful plan had consisted in restoring the circulation by means of warm applications to the extremities, and controlling the diarrhœa. When collapse supervened rapidly, stimulants were indicated; but, generally speaking, they were not needed. Mustard baths, or hot-air baths, with warm diluents, were of great service. In some cases of collapse, one-twelfth of a grain of strychnine, given every half-hour, had produced good effect; even a fourth of a grain had been given. Belladonna, freely administered, was useful in some cases of collapse. Ice to the spine would be of service in some cases, although he protested against the indiscriminate use of this application. Frictions with oil of mustard, or aconite ointment, or cajuput oil, and turpentine stupes, were useful. Concentrated broths should be administered. Calomel in large doses had been praised; it probably acted locally. The alkaline sulphites were greatly preferable, and did no incidental mischief. Salines were contraindicated. In cases of collapse, when absorption was lost—a circumstance which sometimes, although rarely, took place—the hypodermic injection of morphia well deserved a trial.

Dr. Fuller could not believe that the arrival of a ship was necessary for the outbreak of cholera in any locality. Weeks after ships had been at sea, the disease had broken out, and ceased again as suddenly. Dr. Snow had attributed the Golden Square outbreak to the dejections of the cholera patients getting into the pump-water. He (Dr. Fuller) could not agree to this view of the matter. The outbreak of the cholera was too rapid at that place. One evening, all were well; and, before twenty-four hours had elapsed, sixty or seventy persons had died, and many scores had been attacked. The pump, too, was not suspected until long after the origin of the outbreak. In fact, he did not believe that drinking the rice-water stools would give rise to cholera, and should not himself be afraid of any evil consequence even if a pint of it were drunk. He did not believe that cholera was contagious. Then glycerine traps had disproved the theory of animalcules in the air. After all theories had been exhausted, he felt inclined to believe in some telluric influence affecting the nerve-centres of organic life. There was not any distinction between cholera and cholerine. Bilious diarrhœa could not be compared with true cholera. British cholera was a misnomer. Sporadic cases of cholera were identical with those occurring during cholera epidemics. As to the administration of large doses of belladonna or strychnine, these were most dangerous; for, after the collapse had passed away, the patient would not unlikely die of the effects of these drugs. All remedies in the collapsed state were in vain, in his experience; and he would prefer only an occasional emetic, with ice-water for drink, a mustard bath, with mustard poultices to the epigastrium, and frictions with cajuput oil or some stimulating embrocation to the extremities. During the early stages, dilute sulphuric acid in full doses, calomel, and ice-cold water to drink, were the best treatment. Ice to the spine was no novelty; it had been often used in India, without in any way being a cure of the disease. Warm douches along the back were sometimes soothing applications also, but not curative.

Dr. Menzies had in 1831 been commissioned by Government to investigate cholera on the continent. He had found, in the treatment of several cases which had then come under his notice, that decoction of cinchona with almond emulsion had been of use in tonifying the stomach. With this he had used a pill of calomel gr. v, powdered opium gr. ii; and had applied sinapisms to the epigastrium, and hot-water bottles to the extremities, with diffusible stimulants. In some cases, he had found slight bloodletting of service. Small quantities of iced water, given occasionally, were useful. Seasons in the tropics when no storms were heard were the most unhealthy. Asiatic cholera was essentially a disease of hot climates, and developed under certain conditions of the atmosphere. He had generally observed it to rage most during easterly winds. In 1855, at Shorncliffe, this was notably the case. Although a non-contagionist, he thought that the specific poison of cholera was often conveyed by individuals from infected localities. Hence the necessity for quarantine, and the insulation of persons affected. Troops should be removed to a distance from the seat of the epidemic. Cleanliness and ventilation should be enforced. Small quantities of iced water, given from time to time,

were of greatest importance in treating the disease. Iced water should not be given *ad libitum*, but only from time to time. This acted as a tonic to the stomach. Also a pill containing gr. v of calomel with gr. ij of opium, with the application of heat and sinapisms to the extremities. This was the treatment which had succeeded best in his experience. As to Dr. Chapman's plan of ice to the spine, he was inclined to think well of the plan, as it agreed in theory with his own views.

Mr. SEDGWICK had seen a great deal of cholera in India, and heard it much discussed; and he must say that the contagious theory was, to say the least, doubtful. As an argument against contagion, he cited the case of four members of a family who, in 1854, died of cholera after partaking of a piece of bad meat roasted. This occurred in one apartment of a model lodging-house, in which there were eighteen sets of rooms. No other inmate of the house died. The rooms were papered afresh, and left empty for five or six weeks. The next family that entered the rooms, however, lost two members by the disease. No other lodger had it, which militated much against any theory of contagion. As to drugs during collapse, he agreed that none were of any use; but the hypodermic plan of administering opium ought to be tried during the next epidemic. Ice-bags along the spine might doubtless sometimes cause reaction, but might also do harm by promoting secondary fever—a condition which was the most fatal of all during the last epidemic. In India, where bleeding was not so disliked as here, secondary fever was rarer. He had often bled patients in collapse, with good results.

Dr. BROADBENT expressed astonishment at Dr. Fuller's views. All epidemics of cholera had come westward from India, in the track of trade. Against this were put individual cases of apparently unaccountable appearance at sea, and its simultaneous development in different parts of London. Equally remarkable apparent exceptions to contagion might be cited in the case of small-pox or any other contagious disease. In his opinion, when all possible allowances had been made for local causes and atmospheric influences, there was in the history of cholera epidemics something which could not be accounted for except on the supposition of a specific contagious poison. Dr. Fox had shown that it came to Mecca from India. Overcrowding, of course, would propagate the disease. As to terrestrial emanations, no one could understand this; and it would be as well to say at once that we knew nothing of the cause of cholera, in so many words.

Dr. DRYSDALE was convinced that cholera was contagious. Dr. Baly and others had, he thought, set this point clearly before the profession; and he did hope that Dr. Fuller's observations would neither lead himself nor any other person to attempt the dangerous experiment of drinking a portion of the rice-water dejections. Such experiments were noble, but most dangerous. Non-contagionists could not explain why the cholera came from Cairo to Alexandria, from Alexandria to Marseilles, from Marseilles to Paris—from Alexandria to Southampton by the *Nyanza*, and recently to America in a ship. If this were not contagion, he could not understand what was. As Dr. Fox said, poverty was the great fomenter of cholera and other epidemics; and he might add that, so long as such large families were so prevalent, poverty would flourish, and every now and then some contagion like cholera would find, alas! too many victims. The treatment of the early stage of cholera was that of diarrhœa—opium and astringents. M. Velpeau's recommendation of five minims of laudanum every two hours, on sugar, was good. Hot bottles to the feet, and plenty of cold water to drink, fulfilled the other indications. Empiric nostrums did more harm than good. Opium should be injected hypodermically in collapse in the next epidemic. Ventilation and cleansing of towns should be proceeded with.

Dr. GREENHOW had not been able to find sufficient evidence to convince him of the contagion of cholera. He had made personal investigations during the epidemics of 1849 and 1854; and no well authenticated case of contagion had been found, although several had been reported to him as examples of contagion. Cholera was not new to this country during the present century. In the latter half of the seventeenth century the disease had prevailed, and was so well described by Willis and Morton as to leave no doubt as to its identity with Asiatic cholera. Several years before 1831, there had been an increase in the mortality from diseases of a profluvial character. The disease was not supposed to have reached London until February 1832, yet in 1831 some cases of cholera had occurred there, and the disease broke out in Sunderland in October 1831. Every year since that date, there had been sporadic cases of what in a cholera epidemic would have been termed Asiatic cholera. Different theories had been put forward by contagionists. Dr. Snow thought that the dejections tainted the drinking-water. Dr. Thiersch said that the stools must first be putrefied before they could spread the disease; and Pettenkofer, that the dejections must act as a ferment in a porous soil already charged with night-soil. Doubtless cholera prevailed where the air was vitiated by emanations from fæces; but this was all the truth contained in these theories. Why, then, did cholera not appear every year? Because some one other factor was required. During past epidemics, the barometer had been high, the air very still; and it was said that there was deficiency of electric movement. It was quite conceivable that, in such atmospheric conditions, both a different form of decomposition might take place, giving rise to unusual products, and that the latter might be retained longer in the vicinity of human dwellings. He could also conceive it possible that some exceptional telluric influence might exist at such times. However this might be, cholera had come on in 1831 spite of a rigid quarantine; and he thought it most desirable that the attention of the medical profession and of the public should be directed rather to the removal of the local conditions which appeared, under every existing theory, to be necessary to the spread of the disease, than to any attempts to prevent its importation by means of restrictions on commerce, which would certainly prove both futile and vexatious.

Mr. CURGENVEN said that he was a believer in contagion. The disease trod the same path as travellers—from Cairo to Constantinople, to Ancona, etc., instead of going to inland parts quite in the vicinity. Then it came to Malta, then Marseilles, then Paris; then to Southampton by the *Nyanza*, on which vessels four persons had died. A milliner died in London of the disease; she had just come from Paris, where it was raging. The disease would probably visit us in spring. Impure air or water would not cause cholera; they merely predisposed to it, as they do to typhus or typhoid fever, etc. In 1853, a nurse at the Royal Free Hospital caught the disease from a cholera patient she met at the gate, and died of it. In epidemic times, the poison is in the air, and merely requires a fit soil to germinate. Calomel, he thought, was the sheet-anchor in treating cholera—a scruple at a time, with ten grains of powdered ginger, followed by an ounce of castor-oil. This stopped purging; and the patients recovered, if this were given before the collapse supervened. The

calomel was not absorbed. During collapse, camphor and opium were the best remedies. In the Crimean war, those treated with calomel, as above, all recovered, if seen before the collapse.

Dr. HART VINEN thought that the progress of cholera pointed towards contagion, and had seen several cases which strengthened his belief. A German baker died of cholera. The woman who nursed him died; and several persons who came to see him took it and died. The persons in the next house also died. In 1854, he had seen cases where no unhygienic condition could account for the occurrence of the disease. An old lady, who kept a school in St. John's Wood, was one of the first fatal cases; also a curate died. As to treatment, calomel in large doses, and astringents, were in his opinion the best. Acetate of lead and opium were an excellent remedy.

Mr. OWEN said that Dr. Greenhow's admirable remarks had only tended to prove that cholera might be generated without contagion, not that it was non-contagious. The contagionists, he thought, had the best of the argument. The recent outbreak at Epping was traced to a person who had visited Southampton, where the disease existed at the time of his visit. As to the case of a student who had partaken of the rice-water stools without harm, this proved only that many persons might be subjected to poisonous influences and escape unhurt. It was fortunate that such difference of opinion existed as to the contagiousness of cholera. If the profession were unanimous, the public would be apt to take a panic, and thus increase the evil.

Mr. ADAMS had been connected with St. Thomas's Hospital in 1848-9—the cholera year. At that time, the views of Mr. Grainger—a non-contagionist—were in the ascendant. During the epidemic, there was but one nurse of the cholera wards attacked. The students all escaped. He (Mr. Adams) had made all the *post mortem* examinations; and he could only say he did not think that the disease was directly contagious by individuals, although the fact of its travelling the beaten track was certainly staggering. In 1849, no one had any fear of contagion. He had found denudation of the intestinal epithelium in all cases where collapse was complete. As to treatment, all seemed alike at that time. A pail of water at the bed side seemed, on the whole, most successful.

The PRESIDENT had seen a great deal of cholera in Whitechapel in 1832. He had then found most advantage from administering two grains of calomel every ten minutes, with camphor and diluents, and the application of warmth to the extremities. He still remained a believer in contagion, after all said by Drs. Fuller and Greenhow. Mr. Sedgwick's case, he thought, was one of contagion from the walls of the room. Cholera travelled slowly along the routes of trade, like human beings; influenza rapidly, and over wide areas.

Dr. MUSHET avowed himself to be a non-contagionist. Elevation above sea-level would account for the route taken by cholera, elevated places being much less subject to cholera than low-lying places. In 1854, at the Marylebone Infirmary, all plans of treatment were tried. The castor-oil plan was uniformly fatal. Sulphuric acid, on the whole, was the best. Nurses of the cholera wards escaped untouched; and, in the cases where persons were taken, it was found that they had slept near a foul privy. The undertakers, who were constantly with the dead, escaped. He had then seen no sufficient evidence for the contagion theory.

Dr. GREENHOW said that in 1854 stinks were the fashionable account of the origin of the disease; now contagion seemed the reigning theory. It must be remembered that, in 1831, there was stringent quarantine, and yet that the disease prevailed in spite of it. He did not say that cholera was not contagious, but only that he could not find sufficient evidence of this fact.

Dr. TILBURY FOX, in reply, said that he had received information from the East corroborative of his views as to the origin of the recent epidemic in India. Before the pilgrims arrived at Mecca, it had prevailed at Aden and at Mokullah. It was, curiously, as yet unknown in Australia. Contagion, as now defined, included ships or pilgrims, animals, or even clouds rising from an infected city.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, NOV. 30TH, 1865.

W. H. MANIFOLD, Esq., Vice-President, in the Chair.

Specimens. Dr. BARRETT showed a Biliary Calculus, weighing two drachms and a quarter, that had been passed *per rectum* by a patient under his care.

Dr. RAWDON showed an Urinary Calculus, removed from a patient in the Infirmary by Mr. Stubbs. A piece of bougie about one inch in length was found forming the nucleus. In this case, curiously enough, there were no symptoms whatever of stone in the bladder. The patient was suffering from organic stricture of the urethra; and it was decided that perinæal section was the most appropriate treatment. Mr. Stubbs performed the operation in the usual way; and on an instrument being introduced into the bladder, a stone was felt, and without much difficulty removed through the perinæal wound. The patient had been in the habit of introducing a bougie, and remembered, three months previously, a piece breaking off; but, as no untoward symptoms resulted, he thought nothing further of it.

Dr. RAWDON also showed a Bladder containing the ear of one of the grasses which the patient had himself introduced. He supposed that he was suffering from stricture; to remedy which he was in the habit of passing different materials into his urethra. On this occasion, he selected the ear of one of the grasses, three and a half inches long, with a stalk of one inch and a quarter. This was introduced readily enough, but could not be withdrawn. Further efforts on his part only made matters worse; the ear being forced from the urethra into the bladder. When admitted into the Infirmary, he was suffering from most acute cystitis. A lithotrite removed a considerable portion of the foreign body covered with phosphates. The symptoms, however, were not abated; and death was the result. On opening the abdomen, there was general peritonitis; the viscera being either coherent or coated with a layer of lymph. Within the abdominal cavity were four or five pints of turbid serum, which exhaled a very ammoniacal odour. Upon examining the bladder, a large ear of one of the grasses covered with phosphatic deposit was found impacted in the viscus. The stalk, which was exceedingly stiff and unyielding, had pierced the walls of the bladder and protruded into the peritoneal cavity. The aperture would admit the passage of the little finger. The pelvic cellular tissue was infiltrated with purulent urinous fluid. The inflammation extended up the ureters to the pelvis of the kidney.

Vaccination. A paper was read by Mr. A. B. STEELE, on Vaccination in its Medico-legal Aspect; and with special reference to the possibility of transmitting other diseases by its means.

Under the first head, the author pointed out the defects of the Vaccination Act; and alluded to recent

cases of prosecution at Norwich, in which parents in a respectable position in life (clergymen and others) were summoned and fined, not because they had neglected to have their children vaccinated, but because their medical attendants had failed to furnish to the Registrar the certificates required by the Act. This appeared to him a perversion of justice, if not of law, inasmuch as one individual was punished for the *laches* of another. He doubted whether the decision of the local magistrates in these cases would have been confirmed on appeal to a higher court.

In reference to the transmission of other diseases by vaccination, it should be remembered that the question was one, for the decision of which we were chiefly dependent upon negative evidence. The imputation that other diseases might be transmitted was one which vaccination might afford to bear; for, were it ever so true, the alleged evil—even to the sufferer—would be little in comparison with his gain; and the total amount of such evils, compared to the social advantages of vaccination, would be too small to appreciate. But, in fact, the imputation is, at least, generally erroneous. It is an example of that common fallacy of calling whatever happens to come after an event its effect—*propter quia post*. The infant is generally vaccinated at three or four months of age; thus, whatever physical or moral evils belong to human life are very likely to be preceded by vaccination. To say that properly performed vaccination can directly cause eczema, scrofula, or other specific constitutional disease, is an assertion not warranted either by practical experience or by pathological probability. To say, that indirectly it may do so; that, in the very few instances where it produces excessive results, the disturbance thus occasioned may, by depressing or fevering the child, temporarily assist or excite other causes of disturbance; that, under such exceptional circumstances, it may for the time of its operation predispose the child to this complaint and to that, may excite the scrofulous child to show its scrofula, and the eczematous child to show its eczema—these are assertions which may or may not be true; which are more easily made than either established or refuted; but which, if admitted in their utmost scope, really allege nothing against vaccination—nothing which might not as practically be alleged against a cold in the head or a cut finger, an undigested meal, or any other of the thousand minor accidents of every day life.

It is probable that many of those evils which have from time to time excited prejudices against vaccination are the result of ill performed vaccination; understanding by that phrase, not merely such vaccination as is done by an unskilful hand—the worst effect of clumsiness being commonly that the operation simply fails—but especially such as is done without due inquiry into the health of the child to be vaccinated, or without due care for the quality of the lymph employed. All that belongs to the mere manual dexterity of vaccination is learnt from a minute's teaching and an hour's practice; but not so easily the philosophy of the procedure or the precautions necessary to make it harmless and useful. From Jenner onward, all great masters of vaccination have urged that its merits will always appear proportionate to the merits of its performers. If sickly children, or those breeding other disorders, having skin-diseases or teething; or if children, healthy or unhealthy, are vaccinated with improper materials, the results must at least be unsatisfactory and possibly dangerous; especially as regards the quality of lymph, the careless or uneducated vaccinator is using a dangerous weapon. It is only during a part of the course of a vaccine vesicle that its lymph is in a fit state for use; for, after a given period, when it possesses its maximum of simple infective power, it tends more and more towards the quality of common inflammatory products, having less efficacy for its real purpose, and is specially able to produce undesired results. A similar evil may follow the use of lymph from vesicles which have already been accidentally ruptured, or where from any cause, local or constitutional, their specific fluid is likely to have been modified by common irritative processes. Still more critical changes occur in lymph which, after being taken from the arm, has not been properly preserved; for, under the influence of air and moisture, it tends, like other dead organic matter, to putrid decomposition, and inoculation with it, when thus changing, can be hardly more useful or less dangerous than a casual scratch in the dissecting-room.

As to the different modes of preserving lymph, the author's experience led him to prefer the ivory points, as, amongst other advantages, the lymph, being dry, was not liable to decomposition, and had been proved to retain its activity almost indefinitely. Without wishing to depreciate the ingenious and elegant invention of the capillary-tubes, as a matter of personal experience he had not found them so invariably useful as the dry lymph; and such also was the recorded opinion of Mr. Marson, a very high authority on the subject. He (the author) thought it possible that, as the lymph in the tubes was in a moist state, and not absolutely isolated from atmospheric air, and liable also to exposure to light, or to accidental imperfect insulation, it might occasionally undergo some change, sufficient to deprive it of its specific influence. In this climate, with ordinary care, such accidents would rarely occur. The danger of taking matter from irritated vesicles, or from such as were at too advanced a period of their course, was more likely to happen; and there is reason to believe that the employment of this ambiguous irritative matter has occasioned much of the mischief and scandal.

The communication to one child of the constitutional or local diseases of another, through carelessness in the choice of lymph, is an accident that can scarcely happen, unless under circumstances of gross and punishable misconduct; for, in whatever other respects vaccinators may be apt to neglect the necessary precautions to ensure success, we cannot believe that they would ever knowingly take lymph from any but healthy subjects. But we may go further, and insist that there are strong grounds for believing that lymph taken from a true Jennerian vesicle at the proper period of its development can produce none but normal results. Actual experiment has shown, that lymph taken from a Jennerian vesicle on the arm of a patient who is at the same time suffering from small-pox, is capable only of communicating the vaccine infection; showing that it preserves its own contagion pure and isolated, even when the system is drenched with the subtle infection of small-pox. Some of the diseases supposed to have been transmitted by vaccination—scrofula and many skin-diseases—are known to be incommunicable by direct inoculation with their own specific discharges; and with regard to those which are inoculable, it is doubtful whether the constitutional existence of such diseases can qualify the contents of a Jennerian vesicle without modifying its characteristic development. In France, experiments on a large scale have been made, showing that vaccine lymph taken from children suffering from other diseases, such as scrofula, syphilis, and many others, produced its ordinary effects and never transmitted any other infection. Professor Sigmund of Vienna relates experiments showing that, when the discharge of chancre has been designedly mixed with ordinary vaccine lymph, the insertion of this compound poison has been fol-

lowed only by the ordinary local results of syphilitic infection. No Jennerian vesicle has been formed, no signs have existed of any possible combination of the two infections. Even in those few recorded cases, in which it seems almost certain that a person pretending to vaccinate did really effect a syphilitic inoculation, it is probable that syphilitic virus has been used instead of vaccine lymph. This may seem incredible; but mistakes scarcely less unlikely to occur have happened more than once; namely, the unintentional employment of variolous matter instead of vaccine lymph. The question, Has lymph from a true Jennerian vesicle ever been a vehicle of syphilitic infection to the vaccinated person? has been answered in the negative by a large number of medical authorities, both national and individual, in this and most other continental countries, including such names as Alison, Baly, Paget, Ceely, West, Acton, and others; the Faculty of Medicine at Prague, Baden, Bavaria, Denmark, France, Portugal, Prussia, Sweden, Norway, and Wirtemburg. These all concur in stating that the actual occurrence of syphilitic infection by means of vaccination has not come within their observation. A few, however, express a belief in the possibility of such an occurrence, and the necessity for taking precautions against it. On the other hand, Mr. Henry Lee believes in the transmission of syphilis by vaccination; and, in his clinical lectures, quotes some few practitioners in this country who have expressed a similar opinion; but the statements he quotes appear to be vague and unsupported by any accurate observations. Mr. Lee himself has undoubtedly, by careful experiment and observation, gone far to show that the generally accepted doctrine of the inoculability of secondary syphilis is incorrect. He gives an elaborately detailed history of the extraordinary occurrence at Rivalta, where thirty-nine children were vaccinated from one child and seven from another, and all became syphilitic. There are, however, certain particulars wanting to make this evidence perfectly conclusive. The condition of the child and of the vesicles from which the lymph was taken is not clearly stated; but it is stated that the lymph used was taken on the tenth day, which is a violation of the invariable rule observed by good vaccinators. Mr. Lee speaks of two-fold infection; and believes that two or more different poisons may be introduced into the system at the same time, and produce their specific effects. He thinks that in the cases at Rivalta, the matter inoculated contained the true vaccine-poison, because the children in whom it was used were insusceptible of subsequent cow-pock. It was taken from syphilitic children, and therefore contained the virus of that infection, and had been allowed to undergo decomposition by remaining too long in the vesicle in hot weather; and he traces three distinct effects upon the children, due to each of these poisons; viz., vaccine disease, syphilis, and a form of blood-poisoning. Admitting these conclusions to be fully and satisfactorily established (which the author was scarcely prepared for), the plain and important practical lesson to be learnt from them by all vaccinators, was to render their recurrence impossible by the simple precautions given by Mr. Lee: 1, always to use clean instruments; 2, never to draw blood in taking the lymph; 3, never to take lymph later than the eighth day.

Deaths among the Troops in Jamaica. Seventy men of the 6th Royal Regiment have lately been admitted into hospital, of whom six have died. It is noticed that the troops who took no part in suppressing the insurrection have suffered far more from sickness than those who underwent great exposure and privations in the Monklands district.

Correspondence.

ACUPRESSURE.

Letter from J. Y. Simpson, M.D.

Sir,—In the last number of your Journal (December 2nd, p. 595) you have inserted from my colleague, Professor Syme, a letter animadverting upon acupressure. As his remarks on this subject are only calculated to mislead both you and your readers, you must kindly grant me adequate space to reply to them.

Let me begin by observing that Mr. Syme has no knowledge whatsoever of the subject of acupressure practically, for he has never once yet, I believe, tried it himself, nor ever once, as far as I have been able to learn, seen it employed by others. All the objections which he has ever yet adduced against it are hypothetical, and not real; and his late semi-statistical observations on it in your journal, brief though they be, are, like all his previous observations on the same subject, grievously inexact in several ways, as, for example, in relation to—

A. *The late Progress of Acupressure in Scotland.* Mr. Syme speaks of the practice as "expiring" in this northern division of the island. It is extending steadily, instead of "expiring." How painfully devoid of correctness Mr. Syme's testimony on this point is, let your readers judge for themselves by, for instance, such a criterion as the following.

In such a small kingdom as Scotland, we have, of course, very few public Professors and Lecturers on Systematic Surgery or Clinical Surgery. You might count them up easily upon your fingers. Three of the number are, it is well known here, bound to Mr. Syme in ties of family relationship and of practice; and no one could well expect them to try, much less adopt, acupressure, as long as Mr. Syme himself strenuously holds out against it. Of the very few Scottish Surgical Professors and Lecturers that remain after this deduction, three have of late publicly declared their strong and decided opinion of the general superiority of acupressure over the ligature. But lest any member of the Association may deem it impossible that Mr. Syme should have so misrepresented to them the existing state of matters among us on this question, let me cite the published opinions of the three Scottish teachers to whom I allude.

1. In the *Medical Times and Gazette* for July 1st and 8th of this year (1865) that eminent and esteemed teacher, Dr. Pirrie, Professor of Surgery in the University of Aberdeen, has published a variety of "major operations," in which he arrested the hæmorrhage in amputation and other wounds by acupressure, besides employing it in many minor wounds. "In many cases (he observes) in hospital and private practice in which I have employed acupressure, its use has been most satisfactory." He points out that besides being "perfectly reliable" as a hæmostatic, it is "*the quickest, the easiest of application, and the safest means* yet devised for arresting bleeding;" and he adds: "I considered it a duty to give acupressure a fair trial. I wished to form an unprejudiced judgment regarding it, and the conclusion at which I have arrived is, that it has *many* and *great* advantages over the ligature. I have therefore resolved, in all suitable cases, to give it the preference—a resolution in the propriety of which two of my excellent hospital colleagues, who have also employed acupressure with satisfactory results, several able surgeons who made visits to our hospital to see the proceeding,

and the whole body of medical students at the University, most cordially concur."

2. Besides Mr. Syme himself, the only other University lecturer on Clinical Surgery in Scotland is Dr. Keith, of Aberdeen—a gentleman who has, I believe, performed lithotomy more frequently and successfully than any other living British surgeon. In the *Medical Times and Gazette* for September 9th, 1865, Dr. Keith has given a detailed account of his successful employment of acupressure in various operations. Among his appended remarks, he observes—"We desire to suppress hæmorrhage promptly, effectually, permanently, after every surgical operation. Acupressure", (he adds) "is equal to *all* this, and in *every* emergency." After stating his "unqualified approval of it (acupressure) as quite safe and quite sufficient for arresting arterial hæmorrhage, having fewer after-drawbacks than the mode by silk ligature," Dr. Keith quaintly adds—"We do not much need to condemn the use of silk thread more than do people condemn stage coaches when other conveyances cannot be had; but wherever a locomotive is available I suppose most people nowadays would prefer it; and so with silk thread and acupressure."

3. In the Edinburgh Infirmary a colleague of Mr. Syme's—Dr. Watson, the able Lecturer on Surgery in our extra-academical medical school—has described in the *Edinburgh Medical Journal* for July 1865, a series of operations in which he used the acupressure of arteries instead of their deligation. In the last number of the same JOURNAL (December, p. 569) you will find his more matured opinions on the subject in a clear, candid, and excellent speech before the Edinburgh Medico-Chirurgical Society. The entire speech is too long to quote here in full; but, among other observations, he remarks that "at one time he had thought that acupressure did not possess any special advantages, and that it was open to certain theoretical disadvantages." Now, "the only question with him came to be, whether it should be employed in *all* cases, or only in some. . . . . Dr. Gillespie and others said that though acupressure might be suitable in certain cases, it was not so advantageous in others. It might be so; but Dr. Watson had not found anything in its employment in recent wounds to make him doubt its easy adaptation to *any* case. Some thought that acupressure was not adapted for such large vessels as the femoral artery. His friend, Mr. Brown, of Carlisle, had lately told him, as the result of his extensive experience, that of all vessels the femoral artery was the one to which acupressure would be most easily and successfully applied. . . . . Since he had begun to employ acupressure, so well satisfied was he with its effects and the general facility of its application, that he had only resorted to the ligature in two cases, and in both the bleeding came from an already suppurating surface." After various details, he closed by observing "that he would desire to express his firm conviction that acupressure should be adopted; and he would recommend those who at present spoke against it on merely theoretical grounds to make themselves practically acquainted with it."

Other Scottish teachers of surgery besides the three named are trying, or beginning to try, acupressure. Last week, for instance, I was told by my friend and colleague, Professor Spence, that he had successfully employed it to compress the facial artery before proceeding to remove the upper jaw. But for my present purpose, in opposition to Mr. Syme's observation that acupressure was "expiring" in Scotland, I am quite content to show that it is extending, being already adopted as their general rule of practice by three of our very best and most successful Scottish teachers of surgery, and taught by them to three large classes of students as the proper practice for them to follow in the course of their future professional lives.

It is not six years since acupressure was publicly suggested, yet during that brief period it has spread more than the ligature did during the first hundred years of its existence. Can Mr. Syme name any surgical procedure that has ever spread more swiftly and steadily than acupressure? And rarely has a surgical proceeding been ever proposed that was more revolutionary and extensive in its character. For it involves a change of practice not in *one* operation or disease, but in *all* operations and all diseases in which the surgeon requires to lay open bleeding vessels with his knife.

B. *The Cases and Operations fitted for Acupressure.* In his first public attack upon acupressure, Mr. Syme declared the idea of arresting surgical hæmorrhage by needles instead of threads to be "the merest nonsense," and averred that at best "it could only be adopted where the vessel lay in the integuments or textures adhering to them."* At that time, by these and other similar remarks, he openly showed that he totally and stoutly misunderstood the whole subject alike in both its principles and practice. Since that time his knowledge on acupressure has advanced a little, though wonderfully little. He seems in regard to it to have been for some years living like our dear old American friend Rip Van Winkle—in an entranced state of strange and mysterious unconsciousness of passing events. As proof of this, look at one of his remarks in that late letter of his. "The *truth* is (says he, and it is a favourite asseveration of Mr. Syme's)—the *truth* is that in a few operations, and more especially amputations, it is *sometimes* possible to arrest the bleeding" by acupressure. Why does he use the word "sometimes?" In what operation is it *not* "possible to arrest the bleeding" by it? Drs. Pirrie, Keith, Watson, and others have latterly used it solely and entirely in all their operations, as amputations, excisions of the mammæ, removal of tumours, hernia, castration, cuts of the wrist and other parts—in short, in *all* wounds, artificial and accidental, where there are open arterial mouths and where it is an object to heal the wounds by primary union. Some amount and length of practice may be required to use either the needle or ligature readily in all cases. But during the last five years the needle has repeatedly succeeded where the ligature has failed—more frequently, perhaps, than the reverse. I have cited various striking instances of this fact in my essay on "Acupressure" (see Chapter XVI, "*Instances of Acupressure succeeding where the Ligature has failed.*") Dr. McKinlay, Surgeon to the Paisley Hospital, a most accomplished operator, gave, two or three weeks ago, the details of ten cases of amputation treated with acupressure to the Medico-Chirurgical Society of Edinburgh, and stated that the first circumstance which induced him to try the needle was meeting with a case of amputation below the knee, where the interosseous artery retracted so far that all attempts to secure it by the ligature entirely failed. In his despair he made acupressure of the vessel with a common darning-needle, and at once succeeded in stopping the flow of blood. This success led him to resort to the practice in other operations, and "he now had recourse to acupressure instead of the ligature in all the surgical wounds he met with, besides amputation; and, after much experience with this new method of arresting hæmorrhage, he had been forced to the conclusion that it was simpler, safer, and better than delegation. In his surgical pocket-case he carried now the means of

* *Lancet* for May 5th, 1860, p 446.

using acupressure, instead of the old means of applying ligatures."*

For arriving at this result, and being bold enough to state the result itself to the Medico-Chirurgical Society of Edinburgh, Mr. Syme indirectly denounces Dr. McKinlay in your columns as "an obscure practitioner" "sounding his little trumpet", and seeking notoriety by venturing to "deviate from established usage, and run counter to sound surgical principle." Such language cannot, of course, affect in the least degree Dr. McKinlay's very high character and standing.

C. *The Advantages of Acupressure.* Mr. Syme states in his letter that acupressure, when used in amputations and other operations, has not "*any* advantage" over the ligature. He makes this averment without, as I have already stated, any practical or personal knowledge whatsoever of the subject. He is in this respect, perhaps the least entitled of all our surgeons to offer to the profession any exact opinion upon the matter.

As a practical surgeon perhaps he may comprehend the problem of its "advantages" in the following way. Like every other British surgeon, I take it for granted that Mr. Syme holds that wounds should be healed as much as possible, and *entirely if possible*, by the first intention rather than by the second—in days rather than in weeks—at once, without any further surgical interference, rather than by a long and wretched series of painful dressings and suppurations. Now, up to within the last five years when acupressure was first introduced, there existed in the whole past records of surgery few, or indeed no, cases of amputation of the limbs where *entire* union of the wound had taken place by the first intention. The presence of the ligatures at the ligatured points and along their tracks inevitably prevented primary union at these parts at least of the wound. To quote the words of one of the living patriarchs of European surgery, Professor Chelius—"Healing of the wound after amputation (says he) *never* takes place by *complete* agglutination in the strict sense of the word."† But in one chapter of my work on Acupressure, I last year adduced seven cases of amputation in which acupressure was used, and where that "complete agglutination" took place which, as Chelius states, "never takes place" under the ligature. Others have been recorded since that time. Professor Pirrie holds, and has always held, that no wound should be said to heal by the first intention where *one single drop* of pus can be seen. Yet in his thirteen cases of large wounds treated by acupressure, and published by him in the paper already referred to, he states that *three* healed entirely by the first intention. As containing enormous bare surfaces of both bone and flesh, the largest and most difficult wound, perhaps, to heal by the first intention is the "vast solution of continuity left by excision of the knee-joint." In a case of this operation which I saw performed by Dr. Watson, and where the vessels were closed by acupressure, complete primary union occurred,—in as far, at least, that a few globules of pus were traceable by the microscope, in the discharge during the ninth, tenth, and eleventh days, but none were ever visible to the naked eye. After two cases of castration treated by acupressure, Dr. Watson has seen complete primary union; and also in some other cases. In the very first amputation case—one of the forearm—in which he employed the needles, "if (he says) union by the first intention was not absolutely obtained, there was as close an approach to it as possible." And yet Mr. Syme and the opponents of acupressure have anxiously gainsaid these results. In reference to this last instance, for example, of amputation of the forearm, Mr. Syme—without ever asking the leave or consent of his colleague, Dr. Watson, or without ever seeing the case—published it briefly as "amputation of forearm. My house-surgeon was called up on the following night on account of hæmorrhage."* But Mr. Syme's house-surgeon was never called up to see the case for secondary hæmorrhage, for there never was any such hæmorrhage in the case.†

Acupressure has the aforesaid "advantages" over deligation in the healing of divided parts, because the needle is different from the ligature in being always early withdrawn, and hence leaving no foreign body whatever between the raw flap or sides of the wound intended to unite together; and because the needle does not, like the ligature, lacerate and strangulate the mouth of each bleeding artery; nor leave, like it in every wound, *as many* points of sloughing, ulceration, and suppuration as there are arteries tied. A late critic rather criticises me for bringing forward an array of the "opinions (to quote his own words) of surgeons whose authority is unquestionable" to show merely what he says "is known and admitted by everybody," namely, "that the small part of the artery below the situation of the ligature *must die* in almost every case, and be cast off as a slough, and that, at any rate, in every case the ligature itself must be loosened from the tissues embraced in it by a process of ulceration and suppuration."‡

With three, four, or more such separate centres or points—however small—of sloughing, suppuration, and ulceration going on under the use of deligation within the cavity of any amputation or other wound, is not the chance, or indeed the possibility, of primary union systematically set at defiance and deliberately prevented?

When we consider the injuries and lesions which the ligature thus inevitably produces, and which, on the contrary, the needle avoids, need we wonder to find the writer just cited declare, like Chelius, that (up to this time at least) "it is the unanimous confession of surgeons in every part of the world, that the primary union of the stump of an amputation is an event which they have *never* witnessed?"

A few years ago, Mr. Syme, following the opinion which—in addition to this strangulation, sloughing, etc., of the bed of the artery by the loop of the ligature—even this recent surgcal author correctly describes as the pathological opinion "known and admitted by everybody," stated that the ligature, when applied to an artery, "*at once* deprives the part embraced within its noose of vitality." Of course, this devitalised portion of every individual tied artery is of necessity separated and extruded from the living tissues by those inflammatory processes of suppuration and ulceration by which all dead matters are detached and ejected from the system. Yet, by some strange clerical or reporter's error, as I am inclined to hold, you, in your JOURNAL, have represented Mr. Syme as having stated last August, in his Address at Leamington, when adverting to the needle and ligature in hæmorrhage, that "the ligature occasions *no* irritation, inflammation, or gangrene"—an allegation quite contrary, of course, to the most simple and elementary doctrines in the pathology of surgery. Further, even the body or tail of the ligature, in its course through the lips of the wound, is a source of irritation and inflammation to the textures in contact with it; for, since the time of Hippocrates downwards, organic threads, when drawn

* *Edinburgh Medical Journal*, December 1865, p. 569.

† See his *System of Surgery*, translated by Mr. South, vol. ii, p. 904.

* *Lancet* for April 1st, 1865, p. 333.

† See Dr. Watson's full account of the case in the *Edinburgh Medical Journal* for July 1865, p. 47 and p. 40.

‡ *Medico-Chirurgical Review* for October 1865, p. 348.

through living tissues, have been always known and acknowledged as speedily producing inflammatory irritation and suppuration along their tracks: in other words, they quickly act as setons or issues, and that whether the strand consists of one thread or of twenty. The strange statement, however, of Mr. Syme still stands in your pages—that "*the truth* is, the ligature occasions no irritation, inflammation, or gangrene;" and in relation to it, I am disposed to feel sure, to use the expressive words of Mr. Syme himself, that, "should any Edinburgh or Glasgow student happen to stumble on so remarkable a piece of information, he would certainly rub his eyes in—astonishment." (See his late letter to you.) Supposing a student at the College of Surgeons, or at the Army or Navy Boards, boldly and pertinaciously maintaining that, if a cut were made in the human body, and small pieces of flesh on the sides of the cut were then left strangulated by loops of silk thread, no gangrene, inflammation, or irritation would follow, would or would not the young candidate be considered as having a proper knowledge of the rudimentary principles of surgical pathology?

In his letter to you of November 29th, Mr. Syme observes: "You express disapproval of newspapers as vehicles of professional instruction, and yet no longer than a week ago you quoted an expiring puff from this source to show that acupressure was fully established in Scotland." I have never seen, and I am sure neither Mr. Syme nor you have ever seen, any statement in any Scotch newspaper that could in the remotest degree bear this interpretation. The idea is entirely a romance of Mr. Syme's or your own. Its only possible groundwork, as far as I can see, is the simple and innocent fact that, two or three weeks ago, one of the Edinburgh newspapers—the *Daily Review*—mentioned amongst other things, in an article on the opening of the Medical School at Edinburgh, that, at the first meetings of two of our medical societies, acupressure happened to form the subject of papers and discussions, and casually stated that it was reported at the Royal Medical Society that Mr. Syme was expected to try a new description of temporary ligature invented by Mr. Churchill, and which could be removed, like acupressure-needles, within a day or two after it was applied; and that, at a debate at the Medico-Chirurgical Society, following a paper of Dr. McKinlay's of Paisley, none of the hospital surgeons present stood up in defence of the ligature.

You have expressed an editorial doubt whether "credence" could be given to such a statement.* You will find that the correspondent of the *Medical Times*—and I do not know who the gentleman is—makes a similar remark as to the non-defence of the ligature by the Edinburgh hospital surgeons present at this discussion, observing it as "a significant fact that only one gentleman, Dr. Gillespie, attempted to hint that the method by ligature had been unfairly decried."† Your Edinburgh correspondent, however, in his letter to your JOURNAL of same date (Nov. 18), notices duly the opening of the Medico-Chirurgical Society, mentions one of the papers read at it by Dr. Duncan, but carefully suppresses all notice both of Dr. McKinlay's paper and of the discussion.‡

The "Edinburgh paper" whose "credence" you call in question, in re-adverting to the subject a week ago, makes the following remarks, which I copy.

"The BRITISH MEDICAL JOURNAL, we observe, expresses a doubt whether it was really true that none of the hospital surgeons who heard the discussion on acupressure, spoke in favour of the ligature; and expresses more than a doubt—a conviction—as to the impropriety and inconvenience of practical medical details being given in popular journals. With regard to the matter of fact, we are glad to be able to assure our medical contemporary that the statement of which doubt is expressed is literally and absolutely correct. With regard to the matter of opinion, it is satisfactory to be able to refer to high authority, as opposed to the MEDICAL JOURNAL, it being well known that, for several years, notices of Mr. Syme's remarkable operations have, from time to time, been furnished to a local contemporary by a well known medical story-writer."

I do not know if it is worth the trouble of adding that, in the number of the *Medical Circular* for February 22nd, 1865, you will find an article still more severely animadverting on the notices occasionally published in the *Scotsman* and *Times* newspapers of some of Mr. Syme's operations. In other words, they accuse and prove Mr. Syme guilty of the very conduct which you and he now affect to reprobate in his late letter, and the paragraph which led to that letter.

When, in January 1860, I first published a paper on acupressure, venturing to suggest it as a hæmostatic means in surgery, I tried to describe the practice proposed in terms which, I hoped, could not possibly offend or displease any member of the profession. But the very proposition was speedily denounced by Professor Syme, as if it were some dire attempt to injure him; and since then he has repeatedly and gratuitously made paroxysmal onslaughts on acupressure and its abettors. Against some of his attacks I have taken the trouble—perhaps the unnecessary trouble, as on the present occasion—of defending the new practice. But I hope you and your readers will excuse me from noticing any further observations of Mr. Syme in the matter, unless such observations are made and written in a very different spirit from those in which he has previously indulged.

I am, etc.,

J. Y. SIMPSON.

Edinburgh, December 8th.

[Professor Simpson's letter would have appeared in the JOURNAL of last week, had it not, as originally forwarded to us, contained some very strong personal allusions which we declined to publish. EDITOR.]

THE ELIMINATIVE TREATMENT OF CHOLERA.

LETTER FROM GEORGE BODINGTON, L.R.C.P.ED.

SIR,—It is with some reluctance that I venture to offer a few remarks on the subject above named, particularly in reference to the letter from Mr. Startin, as communicated by Dr. George Johnson, and published in the JOURNAL of the 16th instant.

I shall not presume to question the truthfulness of Dr. George Johnson's theory of the "eliminative" cure of cholera, but only beg to observe that the practice of Mr. Newton in 1827, as described by Mr. Startin, cannot correctly be said to be eliminative. Five grains to one drachm of sulphate of magnesia in each dose, dissolved in the compound infusion of roses, is rather more of a tonic and astringent remedy, than a purgative or eliminative one. Besides, the acid was given alone, without the salts, if the pain and tenesmus continued; and even "ginger, kino, and a few drops of laudanum," were added to the mixture, which, of course, were anything but eliminative. The question, therefore, is, Was Mr. Newton's successful practice due to the small amount of purgative administered, which was so quickly

* See the BRITISH MEDICAL JOURNAL, November 18th, p. 544.
† See the *Medical Times and Gazette*, November 18th, p. 562.
‡ See the BRITISH MEDICAL JOURNAL, November 18th, p. 544.

abandoned; or to the efficacy of the tonic and astringent vehicle which contained it, and which was persevered in to the end, after the purgative was withdrawn?

If the cures were effected by the purgative salts as an eliminative, then the acid infusion need not have been given at all; but it seems Mr. Newton's basis of cure was the acid as a tonic and astringent, as he omitted the salts, and relied mainly on the former as his remedial agent. Therefore it must be admitted, I think, that Mr. Newton's practice was not in accordance with Dr. George Johnson's theory—was not, in fact, eliminative, but, in its principal points, tonic and astringent. Obviously, this practice of Mr. Newton's was scarcely in any respect in correspondence with that recommended by Dr. George Johnson—viz., the administration of castor-oil. In closer alliance with the latter was the practice mentioned by another of your correspondents, consisting of two grains of calomel every hour; the result being, that upwards of thirty per cent. of the patients so treated died.

The advantages of the acid treatment appear to be these, viz., that it is tonic, astringent, and, more than all, *chemically antagonictic* to the cholera poison. The best methods of administering the mineral acids in cholera rest with the profession, and might vary according as the circumstances and symptoms of the cases were presented to view.

I am, etc., GEORGE BODINGTON.

Sutton Coldfield, December 18th, 1865.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I must again crave your indulgence for space to inform the Poor-law medical officers that I have prepared the draft of a Bill on the subject of Poor-law medical relief, and have transmitted it to Dr. Henry for the opinion of the Poor-law Medical Relief Committee of the British Medical Association.

I regret that the letter published by me in your JOURNAL of December 2nd should have caused any unpleasantness to Mr. Jackson, as it appears it has by his letter in your JOURNAL of December 16th. I asked its insertion, simply because it is an apt illustration of what is daily occurring in almost every union. I expunged Mr. Jackson's name and address, to avoid his being brought into collision with his guardians; but in this, it seems, I have utterly failed. I trust, however, now that the subject has been brought before the Chester le Street Board of Guardians, they will, without loss of time, take into consideration the salaries of their medical officers, and give them such an increase as will enable them to do their duty to the poor with an ungrudging spirit, which cannot be the case so long as the guardians pay only £60 per annum for attending the entire union, with a population in 1861 of 27,665, or at the rate of one halfpenny per head. Mr. Jackson puts this question: "Has every Board of Guardians in the kingdom been favoured with a copy of these papers?" My reply to this is, I have not sent them to either the Chester le Street or any other Board of Guardians, and suspect he must look a little nearer home for information.

Since the last publication of the list of subscribers, I have received the following sums of money, which I have carried to the account of the Association:—Dr. Sankey, Hollingbourn, 20*s.*; David Skinner, Hollingbourn, 5*s.*; H. T. Wood, Tavistock, 5*s.*; T. Robinson, Cheadle, 5*s.*; W. Sheppard, Ashford West, 10*s.*; W. Woodward, Worcester, 5*s.*

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, December 16th, 1865.

Medical News.

UNIVERSITY OF OXFORD. At a Congregation holden on December 14th, the degree of M.B. was conferred on

Smith, Heywood, M.A., Christ Church

At a Congregation on December 18th, the same degree was conferred on

Mayo, Charles, M.A., Fellow of New College
Shepherd, Augustus B., M.A., Brasenose College

APOTHECARIES' HALL. On December 14th, 1865, the following Licentiates were admitted:—

Bobart, William Matthews, Wilmot Street, Derby
Cooke, George Richards, South Belgravia
Davies, Nathaniel Edward, Llanrwst, North Wales
Edwards, Joshua Price, Tunstall, Staffordshire
Humphreys, John, Branch Dispensary, Cheltenham
Perkins, John Shirley Steele, Exeter
Philpot, Charles William, King's College Hospital
Wright, John Harrington, Lower Road, Woolwich

At the same Court, the following passed the first professional examination:—

Adcock, Charles, Queen's College, Birmingham
Stanger, William, Guy's Hospital
Willcox, Robert Lewis, King's College

APPOINTMENTS.

*HUTCHINSON, Jonathan, Esq., appointed Surgeon to the Hospital for Diseases of the Skin.

NAYLOR, George, Esq., appointed Assistant-Surgeon to the Hospital for Diseases of the Skin.

DEATHS.

BAKER. On December 15th, at Derby, aged 7, Helen Wilson, daughter of *J. Wright Baker, Esq.

CATON. On December 16th, at Brighton, Elizabeth Jane, widow of Thomas Mott Caton, M.D.

FORMBY, Richard, M.D., at Shorrock's Hill, near Liverpool, aged 75, on December 15.

HARRIS, W., Esq., Surgeon, formerly of Bolsover, at Andover Villas, Stoke Newington, aged 67, on December 16.

JULIUS. On September 29th, at Melbourne, Australia, aged 23, George F. H., eldest son of F. G. Julius, M.D., of Richmond, Surrey.

NORCOTT. On December 12th, at Shirley, Southampton, aged 54, Louisa Mary, wife of William Boyle Norcott, Esq., Surgeon.

READ, Thomas, Esq., Surgeon, at Hornton Street, Kensington, aged 64, on December 13.

RIDSDALE, Henry R. S., Esq., Surgeon, at Southampton, aged 28, on December 14.

TERRY. On December 28th, at Bournemouth, aged 28, John Terry, M.A., sixth son of *Henry Terry, Esq., of Northampton.

CONGRESS OF BOTANISTS. We (*Reader*) understand that a grand congress of European botanists is soon to be held in London, under the presidency of the veteran De Candolle, and that the Lord Mayor is to give a special dinner upon the occasion.

THE CHRISTMAS HOLIDAYS. The medical students of the University or Edinburgh, having observed in the *University Calendar* for this year a notice intimating that, whilst the usual Christmas holidays are to be granted to students of the Faculties of Arts, Law, and Divinity, they are to be denied to students of Medicine, have, in a letter addressed to the Senatus, remonstrated and protested against such innovation. The explanation given by the Senatus, is that they have sacrificed the Christmas holidays in order to be able to close the session at the end of March, instead of carrying it on to the third week in April; and that, though Englishmen like to enjoy a merry Christmas, they, being in small minority, would inflict a fortnight's unpleasant idleness on the larger number of Scotchmen. In reference to this appeal, the Court have expressed their willingness to consent to the Christmas holidays being as in recent years should the Senatus, on a reconsideration of the subject, see fit to change its mind.

High Barometric Pressure. Dr. Fielding of Tunbridge states that the barometer during the last week has indicated a greater atmospheric pressure than he has ever recorded during the last forty years. On the 8th, it stood at 30.702; and on the 16th, at 30.747.

Dr. Robert Fowler is, we learn, a candidate for the appointment of medical officer to the Charterhouse, London. Dr. Fowler is well known to the profession as a scientific and earnest practitioner of medicine, and has testimonials of the highest character showing his fitness for the office which he now seeks to occupy.

Odontological Society of Great Britain. The annual general meeting of this society will be held at 32, Soho Square, on January 8th, 1866 (instead of January 1st), at eight o'clock P.M., for the purpose of electing the officers and council for the ensufng year. Some alterations in the bye-laws will also be proposed by the Council.

Expulsion of French Students. Six Paris students of law and medicine who attended the Congress at Liege, and there indulged in some silly republican theories, have been officially informed that they are formally prohibited from ever continuing their studies in Paris, and that all the other law and medical schools would be closed to them for a period not specified.

University of Cambridge. The Vice-Chancellor has given notice that there will be a Congregation on Thursday, February 8th, 1866, at two o'clock, instead of at twelve, as stated in the previous notice. The grace proposing the establishment of the Professorship of Comparative Anatomy and Zoology (having received the sanction of the Council), will then be offered to the Senate.

Death of M. Bixio. The French papers announce the death of Dr. Bixio, whose name was once and for many years mixed up with political parties. During the June insurrection of 1848, he was hit by a bullet in the breast, and for a time his life was despaired of. He was a staunch republican, and admired by all as an honest man. After the *coup d'état* of the 2nd of December, he retired from public, and gave himself up to scientific pursuits. His funeral, to the surprise of many, was attended by Prince Napoleon.

General Mortality. The weekly return for the principal towns shows a mortality of 3,090, or at the rate of 28 in the 1,000. London this week figures as the healthiest—healthier even than Bristol, for its death-rate is 25, while Bristol is 26. Liverpool also has lost for the nonce its character as the deadliest place in England; that disgrace is this week reserved for Salford, whose death-rate is 45, while Liverpool is 43. Of the whole number of deaths, 1,440 belong to London, which is 10 below the average. The births were 4,120 for all the towns, of which 2,098 were in London. This is slightly above the average.

The Assault on Dr. Hunter. At the Central Criminal Court, on Monday last, the trial of Jones and Merrick for the assault on Dr. Hunter came off. It will be remembered that Merrick was the husband and Jones the brother of the young woman who charged Dr. Hunter with assaulting her, and that they went to Dr. Hunter's house and inflicted on him personal chastisement for the alleged outrage. The circumstances of the assault were fully proved; and Dr. Hunter again denied on his oath the truth of the charge brought against him. The jury returned a verdict of a common assault against both.

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Tuesday. Royal Medical and Chirurgical Society, 8 P.M.—Zoological.—Ethnological.

Thursday. Royal Society.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Dr. Munroe's Experiments in Digestion.—Sir: Before we can properly estimate the value of Dr. Munroe's investigations, it is needful to know the composition of his so-called "artificial gastric juice" and the method which he adopted to prove that the deposited matter was pepsine. Probably he would favour us with this information. I am, etc., Edward Smith.

16, Queen Anne Street, W., Dec. 20th, 1865.

Voting at the Royal College of Surgeons.—Sir: It may be well that I assure those who entrusted me with memorials and notes of address to the Council of the Royal College of Surgeons, that they were duly presented on Thursday last. With the former, they raised the whole number of names to one hundred and fifty.

I believe those members of Council who voted adversely to the memorialists were influenced by the feeling that the evidence of interest thus shown in a body of thirteen hundred Fellows, was not sufficient to warrant the step of going to Parliament for a new Charter. I am, etc., Thomas Paget.

Leicester, Dec. 19th, 1865.

COMMUNICATIONS have been received from:—Mr. Samuel Solly; Mr. C. Gaine; Mr. A. B. Steele; Mr. C. P. Coombs; Dr. Munroe; Dr. Simpson; Mr. J. C. S. Jennings; Mr. Richard Griffin; Mr. R. Harrison; Mr. Jno. Robinson; Dr. George Bodington; Mr. T. M. Stone; Mr. Bartleet; Mr. W. Michell Clarke; Mr. W. J. Tubbs; Dr. Boeck; Dr. Fowler; Dr. James Russell; Mr. G. Naylor; Dr. E. Smith; and Mr. S. Evans.

BOOKS RECEIVED.

1. A Tariff of Medical Fees for Bridgewater and its Neighbourhood. Bridgewater: 1865.
2. Cancerous Diseases of Bone. By W. Hickman, M.B. London: 1865.
3. On Wakefulness. By W. A. Hammond, M.D. Philadelphia: 1866.
4. The Atlantic Telegraph. By W. H. Russell. London: 1865.

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SCHOOL OF MEDICINE.—The Chair of MIDWIFERY and DISEASES of WOMEN having become Vacant, Candidates are requested to send in their applications on or before Wednesday, January 10th, 1866. REGINALD HARRISON, Registrar.

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Original Communications.

ON ORAL, GASTRIC, AND DUODENAL DYSPEPSIA.

By Henry Browne, M.D., Physician to the Manchester Royal Infirmary.

[*Read before the Manchester Medical Society, October* 1865.]

Believing, with Shakespeare, that there are many things in heaven and earth not dreamt of in our philosophy—yet, in our philosophy, it appears to me, we cannot do better than adopt the positivism of Comte. At all events, his classification of phenomena, from the simpler to the more complex, seems so natural, as to suggest the doubt whether, after all, it is a discovery or not. I suppose most of us had adopted some such order long before we knew anything of the positive philosophy; and certainly we had been taught by authority a good deal about altruism, and the supremacy in rank of the moral over the intellectual faculties—two other much vaunted *soi-disant* discoveries of Comte.

Certainly it will save us from some prevalent errors to bear in mind "the hierarchy of the sciences." The body of man, of which we have to secure, as best we may, the soundness of the solids, the purity of the fluids, and the ease of the spirits, is not merely a machine; though it is a machine, made on the most approved principles of mechanics, hydraulics, and pneumatics. It is not merely a chemical laboratory, though in it the highest phenomena claimed by the chemists are to be found; viz., those of catalysis, dialysis, and fermentation. And it is not merely an organism, though in it functions exist which the positivists themselves are constrained to range under some such term as physiological or biological. There are other phenomena which belong to the *new* science of sociology; and, though Comte would fain stop here, even he is constrained to talk of a religion.

I wish to call attention this evening to some of those processes usually called chemical, specially to fermentations; and, though there may be disciples of Pasteur present, they will not be required, even for argument's sake, to give up their conclusions from the demonstration of living germs in all fermentations and putrefactions. The phenomena in question, viz., fermentations, are either the highest chemical or the lowest vital phenomena; so that of their position there is no controversy. Nor, I presume, can there be a difference of opinion that any explanation of the higher phenomena by the lower is an inversion of the natural order. We cannot explain chemistry by mechanics, so neither can we explain physiology by chemistry. And yet, as Lewes has well shewn, there is great danger of this in the present day, or why should so much be written on organic chemistry?

One word more on the principles and aim of this paper. Every change in the human body is the resultant of many forces; and, when any force appears to us to be destroyed, it is not really destroyed, but has become latent. The lowest phenomena—the physical—have the power, as obvious causes, of thus rendering latent the highest; and, when the physical forces are rearranged by the surgeon, it not uncommonly happens that the very highest functions again start into activity. It is this that gives to surgery such a fascination in the eyes of the young student. Now, I maintain, that we may employ chemical means with at least as good a prospect of success, as the surgeon uses his mechanical means. In the body there are certain processes, call them what you will—chemical or physiological—as clearly made out as facts, as are the physical facts referred to; and when we avail ourselves of them, expecting like chemical or physiological consequents, we cannot be disappointed. It is true that the higher physiological functions may alter considerably the direction of the resultant, but they rarely turn it aside altogether. For, to speak figuratively, the higher orders are more dependent on the lower than the lower are upon the higher, just as in society at large.

How dependent, for example, is the chemist on the mechanical pulverisation of his materials! And at least, equally so is the physician upon the chemical or physiological solution of the food he prescribes. The foundation would continue to exist without the superstructure; but the superstructure, whatever its exquisite perfections, would be annihilated, so to speak, without the foundation.

Without further parley, let us come to close quarters.

1. Can we accept the following propositions as facts?

All solid food must be prepared for absorption either by its solution or by its reduction to a molecular condition.

In the mouth, starch is thus prepared by being changed into dextrine and glucose.

In the stomach, flesh, cheese, and white of egg are thus prepared by being changed into peptones.

In the duodenum, fat is rendered absorbable by emulsification with the chyme.

Dr. Pavy spoke of all these changes before the College of Physicians, as of facts about which there is now no controversy.

2. Is there similar agreement that, when the various kinds of food just named do not undergo these changes in the mouth, stomach, and duodenum respectively, various other changes are apt to take place? For example—

Is not starch apt to undergo the vinous and acetous fermentations? Is it not very probable that fibrin, casein, and albumen will putrefy? And does not fat readily pass into butyric acid?

3. If so, can we pick out from the multitudinous symptoms of indigestion those which will indicate at once which of one or other of these changes is going on? I think we may.

The presence of acid in excess is known at once by a "sour stomach"; *i.e.*, by the taste. A vinegar-like and not unpleasant taste in the mouth, edging the teeth, is the pathognomonic sign of acetous fermentation. Flatulence and "rifting" without any taste, *i.e.*, eructations of carbonic acid, are the pathognomonic signs of vinous fermentation. With them there are almost always more or less vertigo, and other evidences of disturbed cerebral function, such as loss of memory, peevishness, and headache. Surely these cerebral symptoms are of alcoholic origin, and belong to Dr. Budd's "alcoholic dyspepsia." Acidity without flatulence may be due simply to an excess of lactic acid. Should there be a sweet taste in the mouth, we should also suspect a craving appetite, saccharine diuresis, and emaciation—in short, diabetes. Bouchardat, as all know, attributes every case of diabetes to the primary mal-assimilation of starch. Prout recognised mal-assimilation of starch as one great cause. And, what is still more to the point, Bence Jones describes cases of intermitting diabetes where flatulence and saccharine urine replace each

other. When the transformation of starch is arrested in the earliest stages, the presence of glucose in excess soon reveals itself. All amylaceous food, then, when not digested, is apt to undergo changes which are at once recognised by their products—an excess of glucose, alcohol, carbonic acid, acetic, or an excess of lactic acid.

When protein elements of food, containing sulphur, are not digested, and undergo putrefaction, they give off some form of sulphuretted hydrogen, which the patient often describes as "the rifting of wind, with a taste like that of Harrogate water, or a rotten egg." A sinking at the pit of the stomach, often expressed as the "feeling done" there, with debility, despondency, cold feet, easily excited perspirations, and starting on dropping asleep, are almost equally pathognomonic. They are, in fact, the symptoms of septic poisoning, *i.e.*, of putrefaction. The bowels are accordingly as much inclined to looseness, as in acid dyspepsia they are to constipation. This diarrhœa is the commencement of the lientery of old writers.

At other times, a patient complains of heartburn, or of sourness of a most unpleasant and disgusting kind, like that of bad fat. His food has gone rancid; *i.e.*, the oily part of it has undergone the butyric fermentation. The stearic and margaric fermentations may replace the butyric, but in any of these carbonic acid and hydrogen may be given off, so that here also we sometimes have tasteless eructations. Other very characteristic symptoms are the relief often afforded to gastrodynia by eating; discomfort or pain being referred to the right side; and the presence of spasmodic stricture, hypochondriasis, and other evidences of remote sympathetic irritation, so fully described by Dr. James Johnson. Indeed, he says that in duodenal derangement we may have these remote sympathies only, without any direct local evidence of disease.

Is it not thus clear that the various fermentations of food may be easily and unmistakeably recognised by marked symptoms; and that, in very many cases, the products of these changes are actually present, and may be demonstrated by the chemist? If so, we have not yet wandered from facts into the region of theory.

The treatment of these three forms of indigestion—the oral, the gastric, and the duodenal—is obvious. Dr. Turnbull very properly suggests antifermentatives; and the hyposulphite of soda and carbolic acid are antifermentatives. The propriety of administering alkalies in acidity, and acids in alkalinity, is equally obvious. But our chief resource consists in cutting off, as entirely as possible for a time, that kind of food which is capable of undergoing a fermentation similar to that which is annoying our patient. So far as I know, this practice is peculiar to myself, though it is borrowed from the established treatment of diabetes.

In diabetes, from Rollo's time, an exclusively animal diet has been adopted by the majority of the profession; and Camplin's bran cakes, and Durand's gluten bread, bear witness to the pains that have been taken to exclude every particle of starch. But diabetes is not always a disease of primary malassimilation. Sugar may be found in the destructive metamorphosis of the tissues; it may be formed in the liver; and, whenever flesh undergoes the saccharine fermentation, we have to do with something more than oral dyspepsia. Nevertheless a rigid adherence to animal food, with the jealous rejection of starch and sugar, will do all that is chemically possible by diet. It is interesting, too, to find in what favour alkalies are held, and moderated doses of opium, in the use of each of which we have analogies in the management of the less severe forms of oral dyspepsia.

The vinous fermentation, with flatulence, is a less severe form, as is demonstrated by cases of intermitting diabetes. If, in health, acetic acid is formed, it is almost certain that an alcoholic stage has preceded. At all events, in alcoholic dyspepsia, the normal processes appear to go on one stage further before they are arrested, or err by excess. For this reason, in diabetes I have adopted the use of yeast, as recommended by Mr. Mosse, of Hampshire, to use up the sugar, and push on the digestion, so to speak. To employ similar treatment in diabetes and in alcoholic dyspepsia, appears most natural. And most cases of the latter yield to it in a few days. Still there are instances where tasteless eructations and flatulent distension continue in spite of the greatest faithfulness to directions on the part of the patient. In these cases, I suspect that the stomach changes the sugar of milk into glucose, or even that sugar is manufactured from muscle, giving them another family-likeness to diabetes; and no wonder, then, they are so obstinate. In their management we must be as obstinate, and for a prolonged period supply the need of non-nitrogenous food by hydrocarbons or fats. This, in fact, is done in the dyspepsia of tuberculosis, which is oral and obstinate; but equal care is not always taken to exclude the carbo-hydrates or starches, and especially sweet fruits. Surely we have some insight given here of the purposes to be served by the division of non-nitrogenous foods into starches and fats. In fevers, when the tongue is dry, Dr. Chambers gives beef-tea and wine; and in infancy, where also there is a deficiency of saliva, milk without bread is the natural and proper food. Whatever may be said of smoking, the loss of saliva in expectorating must be injurious.

It should not be forgotten that the decomposition of urea gives rise to carbonic acid, and therefore in obstinate cases the urine should be examined. In a process, analogous to crib-biting in the horse, some persons swallow atmospheric air, which may return very noisily. Whether gas is secreted in hysteria was a topic sometimes discussed by Dr. Todd, but one on which I can throw no further light. The common opinion that wind accumulates in the stomach, when it is empty, I regard as a popular error, though I cannot prove it to be erroneous.

Simple acidity of the stomach is the mildest form of indigestion. It may be due to acetic acid, or to an excess of lactic acid, which competes with hydrochloric acid for the honour of rendering the gastric juice acid in health. The acidity in sympathetic vomiting is probably of a normal character, being due to secretion. Soda and magnesia are the best antacids, and there are fewer combinations more useful than Gregory's mixture. When acidity is acquired by improper diet, these medicines will comfort; but they cannot cure until the cause is removed by an entire change. What can a doctor do in the Fylde district, where the farm-servants have tea and rhubarb-tart for breakfast, tea and rhubarb-tart for tea, and rhubarb-tart and tea for dinner? If the acidity be inherited, as in the strumous, it is to be regarded as a symptom of the predisposition, and there may have been no errors in diet. We have then, as a chief external sign, almost always present, Dr. Thompson's red line on the gums; a condition independent of tartar, though often associated with it, being, in fact, the commencement of alveolar inflammation. As the absorption of the alveoli continues, the teeth drop out whole, and the patient early becomes edentulous. One dentist will put on a leech, and ask if you smoke; another may accuse sugar, which certainly makes such teeth ache; but the true

eatment consists in a supply of vital stimuli found perfection in the air of the sea-side, or on the sea. his red line is the outward sign of scrofula; it is y no means peculiar to consumption. Neither is ie dislike of fat its common attendant. With sea-ir for the predisposition, and cod-liver oil, bacon, or eam, for the symptom, very much may be done. utter is theoretically right; but it is generally the ast of the fats that such stomachs can tolerate, robably from its complex composition and unstable haracter.

One point I think I have established: that, when arinaceous food is rigidly prohibited, the patient will ften be found able to take wines and beers, and will e nourished by them. Of course, when a stimulant s indicated, brandy is by far the best at first; then laret and Burgundy; and soon any fermented drink. n sound wines, fermentation has ceased, and there-ore they are far preferable to home-made wines, n which fermentation is often just beginning; whilst erhaps even these are better than the fruits them-elves from which the wines are made. For the same eason, I should conclude that, in degree, fermented read should take precedence of the aërated bread nd of biscuits. The fermentation has been partly ot over in the fermented bread, and seems to ease he labour of insalivation. It has long been known hat a lemon will suit when an orange will not; and, s soon as a patient with oral dyspepsia can take an cid, he may be considered as far advanced in con-alescence. Indeed, as of wines and beers, so, *à for-iori*, one great advantage of avoiding starch at first s that acids can be then speedily tolerated, and they strengthen. In diabetes, after alkalies, when, with a diminution of sugar, great prostration is com-plained of, the astringent acid preparations of iron are often of service, just as in the corresponding stage of rheumatism. And, as hinted before, do not stimulants in oral dyspepsia occupy the place of opium in diabetes and rheumatism? We are much indebted to Dr. Anstie for demonstrating the corre-spondence of moderated doses of stimulants and nar-cotics.

The treatment of gastric dyspepsia need not occupy us long. Chlorine is the antidote of sulphuretted hydrogen; muriatic acid and lactic acid, one or both, will correct the alkalescence. Pepsine, fresh made according to Dr. Pavy's recipe, might be added with advantage. Carbolic acid will arrest the putrefac-tion. But, above all, let the diseased organ have rest, and supply it with no albuminates. Prohibit meat, the cheese of milk, eggs, and the cruciferæ; just what you allow in diabetes. Do this till the rotten-egg taste is fairly gone for a day or two, and then cautiously return to their use. Port wine is felt to be most grateful to the stomach. It is acid, and, besides, some stimulus seems to be needed to relieve the painful sinking at the pit of the stomach. Tea-drinking and poor living are the chief exciting causes, with smoking. But exhaustion from any cause, as night-work and anxiety, is sufficient. There-fore, all the rest and recreation available should be called into requisition.

Duodenal dyspepsia is a more difficult disease to treat, because more complex. The duodenum receives the chyme from the stomach, and transforms it into chyle by means of the secretions of the liver and probably of the pancreas. Therefore, excepting when inflamed or ulcerated by burns and morbid poisons, impaired action in the duodenum is almost certainly secondary to disorder in one or other of these three organs just named. There is much to be cleared up respecting the so-called glycogenic function of the liver; and physiologists are divided in opinion as to the function of the pancreas. Practically, neverthe-less, we can control heartburn and foul acidity by arresting the butyric acid fermentation. Soda is soothing. Spanish juice I have known, from a boy, to be most grateful in heartburn. Nitric acid aids the secretion of the liver; ox-gall supplies its place, but should be much more largely given than is usual. The nitro-hydrochloric acid, so much used in India as a cholagogue, I happen to have prescribed most frequently, because a form was at hand in the hospital. And, as to diet, by far the majority of the patients have been told simply to avoid butter, cream, and fat—in short, everything greasy. Tea, except at tea-time, has also been forbidden; for tea-drinking in excess has pre-existed even more frequently in duodenal than in gastric dyspepsia. The non-nitro-genous element is abundantly supplied by the starches, and by wines and beers, which are grateful and useful.

The majority of cases speedily recover—*i. e.*, the symptoms of duodenal dyspepsia disappear, whether they have been the disease, or only symptoms of some other. Indeed, so far as we seek a chemical re-sult, that, as I have already maintained, is certain. And who can estimate the possible consequences of one right step? Half the cases of insanity, speak-ing in round numbers, are due to indigestion, and to indigestion of this particular form for the most part; and surely more might be attempted by diet and me-dicine; for in asylums the diet is nearly uniform, and comparatively little medicine is prescribed. Epilepsy, too, is often excited by indigestion of any of the three kinds, as well as by worms, and not uncom-monly disappears when the exciting cause is re-moved.

And, truly, the symptoms of indigestion, even when only itself a symptom, are without number: there-fore, only those which are pathognomonic of each kind of indigestion have been dwelt upon. A bitter taste, for instance, is not pathognomonic of duodenal dyspepsia, though it certainly indicates the regur-gitation of bile. When it is not the effect of prolonged vomiting, all sugar and fat, which are known to be bilious, should be withheld. Vomiting, just named, may be present in any of the three kinds of indiges-tion, and yields with them to the special treatment required. When there is organic disease, vomiting, of course, can only be soothed; but, when it is sympa-thetic, the late Mr. Catlow's theory holds good, and the patient may be allowed to indulge in any fancy, for in that case, as Dr. Budd suggests, the gastric fluid is secreted in the empty stomach, and is pre-pared to dissolve the morsel for which it has sug-gested the instinctive craving.

To recapitulate:

1. In oral dyspepsia, or impaired solution of starch, give no starch or sugar, and prescribe alkalies.
2. In gastric dyspepsia, or impaired solution of flesh, cheese, and eggs, give no flesh, cheese, or eggs, and prescribe acids, especially the muriatic.
3. In duodenal dyspepsia, or impaired emulsifica-tion of fat, give no fat, and prescribe cholagogues, as nitric acid.

I have flattered myself that, by prohibiting only certain kinds of food, and by allowing the greatest freedom with every other kind, we may steer fairly between Dr. James Johnson's Scylla and Charybdis. By the prohibition we avoid irritability, and by the permission we equally escape debility.

I think, too, we may reconcile the "gruel doc-tors", who would reduce their patients to Aber-nethy's biscuits, and Mr. Thomas Hunt, who for more than thirty years has advisedly recommended his patients to take whatever the most capricious appetite might suggest. Abstinence produces debi-lity, and debility keeps up indigestion. After pro-

longed enforced fasting (and Mr. Hunt's cases, sent up from the country, have probably been restricted more and more), instinct may well be trusted; for Hippocrates says, "What pleases the appetite nourishes."

Much more might be said, as to the causes for example; and a few remarks shall be made in concluding. Many symptoms have been omitted; and only the conclusions of physiologists have been made use of, not their controversies. What has been written, however, is, I trust, perfectly plain and intelligible; and that it will prove of practical value, is a conviction increasingly strengthened by the testimony of former pupils. Indeed, so far as the solution of food is concerned—the signs of chemical or fermentative changes replacing the physiological, and the corresponding treatment required—I am enthusiastic enough to say that we are rapidly arriving at perfection.

To prove this, it may be affirmed:

1. That our knowledge is exhaustive. The chemists, as Lehmann and Mulder, divide food into five proximate principles—nitrogenous, carbo-hydrates, hydro-carbons, salts, and water. We have to do with solution, and no organs are required for the salts and water to prepare them for absorption. Therefore we have only three proximate principles left; and as to what becomes of them, and where, physiologists are agreed. As to the how, as positivists we have no need to trouble ourselves.

2. That the argument will bear the severest test. Dr. Barclay, on *Medical Errors*, has been acknowledged to be the most severe critic: therefore let us examine the logic of this paper by his rules. The phenomena of chemical or fermentative action are so obviously connected with the symptoms, that we have not to collect cases to any power of 2—1. And, as to causes and symptoms, though possibly not one of all of us here present ever saw two cases exactly alike in all the phenomena, yet we have each seen many cases exactly alike in the characteristic phenomena—so much so that, when we hear of one, we can soon assure ourselves of the other by the method of elimination. To mention a symptom not yet named, and yet most common—viz., palpitation and supposed "disease of the heart"—when a patient complains of it, we may safely say, "Then, ten to one, you've wind on the stomach." Or we may first prudently examine the neck for abnormal pulsation; employ auscultation; and inquire what emotional causes have existed. Should, then, all these inquiries fail to furnish a possible explanation of the palpitation, we may at once make a bold and a scientific guess that the case is one of indigestion. In like manner, when there are tasteless eructations, we may as safely charge our patient with being "giddy", if punning be permissible. In guessing from the state of the gums, you will not be wrong once in a hundred times; though it is possible the patient may be scorbutic, or have been taking mercury, or even have had indigestion without knowing it. You may tell your patients of what they are fond. You tell the boy with sick-headache, specially if his gums are not red, that he is fond of sugar, bread and butter, and potatoes; and that he eats quickly and long. You tell the poor woman who feels "done", if there has been no other cause of exhaustion, that she has been living poorly, with tea-dinners; and you tell the duodenal patient, if not obviously constitutionally weak, that he has been living on tea, and has been eating too much bacon, or is too fond of butter. And, in making these guesses, you will be as often right as you are when you promise that quinine will cure an ague, that arsenic will cure lepra, and that the male fern will expel the tape-worm. The connexion between the phenomena is obvious, and in one sense invariable. Therefore we need not multiply cases; for, as Dr. Barclay teaches, in such circumstances a comparatively restricted investigation is all that is required.

This passing reference to the etiology of indigestion appears to me to complete the argument of this paper, on Dr. Barclay's own principles. But let us venture further, and examine our thesis by his four stages of every medical argument.

1. Facts have been collected and compared with each other. My own infirmary-books show some twelve thousand cases where an attempt has been made to distinguish between oral and gastric dyspepsia, with the causes; and some three thousand in which duodenal and oral and gastric have been collected and compared.

2. An hypothesis has been suggested—viz., that of fermentations—according to views held long before Sydenham and the chemical school, though adopted specially by them. In our day, Dr. Turnbull has written on the *Disorders of the Stomach, with Fermentation, etc.* He quotes from Ure's *Dictionary of Arts* twelve kinds of fermentation—the alcoholic; the saccharine; the viscous or mucous; the lactic; the acetic; the gallic; the peptic; the benzoilic; the sinapic; the ammoniacal; the putrid; and the fatty. This hypothesis of fermentation, then, is a deduction from analogy, and suggests the reason or cause why two facts are united as antecedent and consequent, so that the presence of the one necessitates that of the other, except there has been some interfering circumstance, not in any way of a constant kind. It will not be questioned that the symptoms mentioned as pathognomonic are necessary consequents of the antecedent fermentations.

3. The hypothesis has been tested by experiment, by critically examining old cases, and selecting new ones. The dietetic treatment has been a series of experiments, carried out on a large scale, roughly, amongst the out-patients, and carefully and minutely in the wards. For twelve years, the actions of food and medicine have been separated as much as possible from all interfering causes, and made the subject of constant clinical teaching and observation. This Dr. Barclay declares to be the most characteristic part of the inductive process. When an hypothesis has stood this test of full experimentation, and a relation of cause and effect has been established between the phenomena, then the hypothesis becomes a law.

4. The application of the laws thus established by pure deduction to fresh cases has been partly supplied by the ability afforded, as a rule, of anticipating the causes in the circumstances and habits of the patients, before receiving any information whatever concerning them. It is true that, when we pass from chemical phenomena to physiological, as when we leave the simple pure laws of fermentation to go to the complex empirical laws of etiology, exceptions commence and multiply; but, when examined, as Dr. Barclay explains, the exceptions prove the rule, just as the rising of the balloon demonstrates the more exquisitely the law of gravitation. So, when there is dyspepsia present, and yet there has been no error in diet, and there is no constitutional predisposition, all our rules appear to fail; but when we trace some other cause of impaired secretion, as subacute inflammation, or a general febrile action, or a concealed mental anxiety, the case at once becomes plain. And the longer we may be in ascertaining the true cause, the more confidently do we, in our next difficulty, deductively affirm that there must be some force at work as yet undiscovered. Practically, we illustrate this fourth stage of deduction when, all

ur dieting and prescribing being in vain, we confidently pronounce the existence of organic disease ong before obstruction, or hæmatemesis, or a tunour, or dissection, has confirmed the prediction.

The grounds, then, of our confidence in the knowledge we possess of the forms of indigestion concerned in the solution of food, are: that the proximate principles of food, and the organs given for their solution, exactly correspond; that we can clearly trace cause and effect between the abnormal fermentations, the distinctive symptoms which distress our patients, and the regimen and remedies required for their relief; and that by the aberrations of the observed phenomena we can discover the existence of other phenomena which acknowledge no subjection to chemical control.

In all functional derangements, connected with the solution of food, which are due to the habits of our patients, or which, in other words, are acquired, we possess that knowledge which is power. We know the cause, and can remove it. Such cases we can cure in the same sense that the surgeon cures a broken leg. That is, it is ordained by infinite goodness that when we do our mechanical and chemical part, all the rest, which is so much above even our comprehension, shall be done for us.

All the similar functional derangements that are due to constitution, *i.e.*, that are inherited, are but symptoms. We can certainly relieve the symptoms, but *the* treatment in such cases is that of the diathesis. We must avoid all the known causes which take sides with the predisposition. So, when we have indigestion from inflammation, or organic disease, the indigestion is only a symptom, and is altogether secondary in importance. If, then, we make those obvious distinctions, and only seek a chemical effect from a chemical remedy, I again repeat, we shall never be disappointed. But, indeed, we shall often be most agreeably disappointed. It would be difficult to say what functional derangement may not possibly be due to indigestion; and, if health and spirits have followed the restoration of mechanical mastication, by the art of the dentist, may not the chemical physician hope to receive equally great rewards?

In conclusion, gentlemen, it is for you to decide whether, in this paper, each step has been made plain and secure; for all will agree with Dr. Barclay, that "nothing can be more destructive of right reasoning than a foregone conclusion." If each step has not been made secure, let us commence afresh. But if a step in advance has been made, or if our foothold only has been made more sure, we shall have done something to wipe away the reproach that hangs over the topic of indigestion. I refer to general facts, and especially to the quotation from Dr. Chambers by Dr. Aitken, that "there is no part of the body of which we hear so much from our patients, and are able to communicate so little knowledge in return, as about the stomach; and truly it is an ill-used viscus—flattered in metaphor and insulted in fact."

Abolition of Cholera Quarantine at Malta. The board of health has abolished quarantine on arrivals from Alexandria and Marseilles, provided they bring clean bills of health. The board of health of Alexandria has adopted the same course in regard to arrivals from Malta. The board of health in Sicily continues to enforce quarantine on arrivals from Malta, notwithstanding that this island has been free from cholera ever since Nov. 11. Scarlatina has manifested itself at Messina in the form of an epidemic, principally among children, proving fatal to many, causing suffocation after forty-eight hours' illness.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ANÆMIA OF THE OPTIC NERVE OF THE RIGHT EYE, CONSTITUTING EXTRACEREBRAL AMAUROSIS, FOLLOWING ABSCESS OF THE ANTRUM CAUSED BY A DISEASED MOLAR TOOTH.

By Charles Gaine, Esq., Bath.

[*Read October 25th*, 1865.]

Emma Bullen, aged 22, was admitted an out-patient at the Bath United Hospital, on August 7th, 1863, under the care of Mr. Soden, on account of defective vision of the right eye. On the 28th, Mr. Soden requested me to examine her teeth, which, from the swollen state of her face, he had reason to believe had much to do with the mischief. She had at this time ptosis of the right eyelid. The pupil was greatly dilated, and there was no action of it on exposure to a bright light. I examined her teeth, and found that the swelling was caused by periosteal inflammation of the first upper molar tooth on the right side, the crown of which had been broken off two months before in an effort to extract it. Upon pressing the palatal fang with a probe, pus exuded from the investing alveolus. There was considerable bulging of the anterior wall of the superior maxilla on that side, below the infraorbital foramen, thereby indicating that the disease had implicated the antrum.

I endeavoured to induce her to have the stumps removed, but she refused. She admitted that nothing had been the matter with her eye until after the tooth had been broken.

Sept. 1st. I saw her again. The bulging of the bone had increased, and some pus escaped through the right nostril. There was some conjunctivitis and congestion of the lower eyelid; the sight was much worse, and the pupil remained fixed. Dr. Woods and I examined her eyes with the ophthalmoscope, and discovered that the optic disc of the affected eye was much paler than the other, the tunics and humours appearing healthy. She still refused to have the stumps removed, but continued to attend at the hospital twice weekly till September 16th. On that day, the sight of the right eye was entirely lost. We examined her again with the ophthalmoscope, and I made a drawing of the fundus of each eye. The difference between them, it will be seen, is very marked. She now wished me to extract the stumps, which I did. After removing them, I punctured the antrum and let out a large quantity of pus.

She continued to attend regularly for two months, but no improvement took place in the affected eye.

The treatment adopted was a mild mercurial course, followed by tonics. She then left the city for her home in Gloucestershire, and I did not see her again till May 5th last. At that time the third nerve had resumed its functions, so far as the eyelid was concerned, and there was very fair action of the pupil, but not co-ordinate with that of the sound eye. The right optic nerve shewed the same anæmic condition, and she was still blind in that eye. Whether she will ever regain the sight of it, must, for the present, remain a matter of doubt; but it is my belief that it is hopelessly gone.

Remarks. This case, in its more practical and important points, bears a close analogy to one which occurred in the practice of Mr. Salter, the Dental Surgeon to Guy's Hospital (in the *Medico-Chirurgical Transactions* of 1862); and though it does

not altogether correspond with Mr. Salter's case in its general detail, still the cause and effect are similar. For instance, in both cases the third and optic nerves were involved; and there is little doubt that mechanical pressure, extracranial in each instance, was the cause of the mischief, though the difference between the two cases in rapidity and severity is very marked. Mr. Salter's patient was attacked with violent pain about the remains of the first right upper molar tooth, the crown having been lost by caries. Enormous swelling of the face came on rapidly, infiltration of the lower lid, which nearly closed the eye, protrusion of the malar bone, and a thrusting over of the nose to the opposite side. The patient described as fearful the pains of the whole of that side of the face and the eyeball, which latter became protruded. A few hours after the occurrence of these symptoms, she observed that she was quite blind in the right eye, which had hitherto been perfect in its function. About twenty-four hours after the supervention of the swelling, matter pointed below the inner canthus; this was let out by a lancet puncture, by the general practitioner then attending her. The orifice closed at once, and in another twenty-four hours a fresh pointing of matter took place below the outer canthus. No further treatment was adopted, except occasional punctures where the matter pointed, for two or three weeks. At this juncture the girl was sent to Guy's Hospital. Mr. Salter describes her appearance as horrible. The left side of the face was natural, the right enormously swollen, more especially about the region of the malar bone, which was protruded and tilted forward. The eyelids were œdematous and closed, while from the orifice, from the outer canthus, and from the lower lid, streamed a profuse discharge of fœtid, grumous pus. Mr. Salter removed the stumps and a caries wisdom-tooth; the withdrawal of the former opened the floor of the antrum, when an abundant discharge of pus followed. The sight of the eye was entirely gone; the globe prominent and everted; there was extreme conjunctivitis of both the eye and lids. The pupil was large and rigidly fixed. Several pieces of dead bone exfoliated, and were removed at different intervals, including the anterior part of the floor of the orbit. The patient continued under treatment until January 3rd, 1861, having been admitted on May 23rd, 1860. She was, after her discharge, taken into the hospital as a night nurse, so that opportunities were afforded of frequently examining her eye, but the loss of vision would appear to be permanent. Mr. Salter describes the humours as transparent, and the retina healthy; the only abnormal appearance being the extreme *anæmia of the optic nerve* at its abutment on the retina.

In comparing the two cases, it will be seen that the pathological condition in each case of the optic nerve, so far as can be ascertained during life, was to all appearances the same, whilst the other structures retained or regained their functions. In Mr. Salter's case, the constitutional disturbance was very great, and the blindness sudden; whilst in my case, the disturbance was very slight, and the blindness gradual in its approach. That the cause in each case was mechanical and extracranial, there can be no doubt; but whether it was due to the obstruction of a vessel, such as the "arteria centralis retinæ", or to pressure on the optic nerve itself, must, in the absence of a *post mortem* examination, remain a matter of speculation, though a more extended inquiry will probably throw more light on the matter, and teach us to distinguish between such cases and the so-called white cerebral atrophy of the optic nerve. I am aware of only four analogous cases—two which Mr. Salter quotes, one from notes supplied to him by Mr. G. Pollock, of St. George's Hospital, and another by Dr. Brück, recorded in Casper's *Wochenschrift* for 1851; and two mentioned in Watson's *Lectures on the Principles and Practice of Physic*. All these cases were doubtless traced to irritation, caused by teeth, either diseased or irregular.

In Mr. Pollock's case, a gentleman, aged 35, was attacked with intense deep-seated inflammation of the superior maxillary region and orbit, involving the eye in universal congestion of its tissues. The globe was protruded; sight completely gone, and the pupil dilated and fixed under all circumstances. Two teeth—the premolar and first true molar—were found to be diseased, and were removed by Mr. Vasey, the surgeon-dentist to the hospital. The latter exhibited indications of great irritation about its roots. The removal of the teeth was followed by immediate and complete subsidence of all the inflammatory symptoms, and in about ten days all heat, redness, and apparent ophthalmic inflammation had left. The eye was restless. At first, the pupil remained as it had been during the inflammatory action, fixed and dilated; but it subsequently resumed its contractile functions in co-ordination with that of the seeing eye. In this case there was no abscess of the antrum. The eye remained, up to the time the case was recorded, June 24th, 1862, after a lapse of four years, entirely blind, though perfectly natural to external appearance. Ophthalmoscopic investigation was probably unknown, or in its infancy at the time this case was under treatment, as no mention is made of it in the report of the case.

In Dr. Brück's case, the patient was a healthy man, aged 45. He had acute attacks of inflammation, involving the whole maxillary bone on the affected side—the teeth, the tongue, and the throat. There was great injection of the eyelids; the globe protruded, and there was much and severe toothache. After a few days, matter previously pent up in the antrum, burst through the left nostril, and the patient recovered the acute symptoms, which, however, frequently recurred. In an early stage of the case *vision was entirely lost*, and the *axis of the eye was diverged*. Under treatment the antral affection gradually disappeared, and with it the sight of the affected eye returned.

The third case is quoted in Watson's *Lectures*. The patient was the son of a London physician, who, on two or three occasions, became blind in one eye without any obvious cause, and with no visible change in the organ. He ultimately recovered his sight, after the extraction of some teeth which had grown irregularly.

The fourth case, also related in Watson's *Lectures*, came under the notice of Mr. Lawrence. A man, aged 30, was suddenly attacked with violent pain in the left temple near the eye, and in that side of the face generally. The pain continued to react from time to time, and at length he discovered that he was blind in the left eye. By and bye the cheek swelled, and some spoonfuls of bloody matter were discharged by a spontaneous opening in the lower eyelid; the pain then subsided, but after some months it returned with great severity. The patient then went to Wilna, with the intention of having his eye extirpated, and consulted Professor Galenzowski, who found the left eye totally insensible to light, with the pupil dilated, and no other visible alteration. He ascertained, however, that the first molar tooth on that side was carious; it had never caused the patient much uneasiness; and the toothache, which he had occasionally suffered, had not been coincident with the pains in the head and eye in point of time. Dr. Galenzowski thought fit to extract this tooth

and was greatly surprised at seeing a small substance protruding from the extremity of one fang. This proved to be a little splinter of wood about three lines in length, which had perforated the centre of the tooth, and had probably been introduced in using a wooden tooth-pick. A probe was passed from the socket into the antrum, from which a few drops of a thin purulent fluid escaped. The pain ceased almost entirely, and on the same evening the eye began to be sensible of light. The vision gradually improved, and on the ninth day from that time, after thirteen months' blindness in that eye, he was able to see with it as perfectly as with the other. Dr. Galenzowski has since been in England, and he showed Mr. Lawrence the tooth and the splinter of wood.

These, gentlemen, are all the published cases of which I am aware, which would appear to have a similar origin with the one of which I have given you a few brief notes to-night. The appearance of the optic disc in all the cases excepting Mr. Salter's and my own, must remain a matter of speculation, as they occurred before the use of the ophthalmoscope was known. Mr. Hutchinson, in the first volume of the *London Hospital Reports*, has published a series of interesting cases of white atrophy of the optic nerve, but none of them would appear to have any extra-cranial origin.

Progress of Medical Science.

SURGERY.

Gunshot Injuries. Several cases illustrative of the tenacity of life after gunshot injuries have been described in the *Philadelphia Medical Reporter*.

Dr. Leavitt relates the case of H. H., aged 29, who was wounded in the head on July 14th, 1864, by a Minié ball, which entered half an inch above the fronto-parietal suture, and two inches to the right of the median line, penetrating the brain, and apparently lodging there. On July 14th, the brain-substance oozed out in a disorganised mass. The patient was totally unconscious, groaned as if in pain, tossed himself about, requiring force to retain him in a position in bed. He could not take food or medicine. There was marked strabismus; the eyes were open and staring; no dilatation or contraction of pupil was perceptible. On the 18th, he had frequent and violent convulsions. Cold applications were made to the wound, and half-a grain of calomel with a quarter of a grain of opium were given. The next day, he had involuntary evacuations of urine. Towards evening, he had some lucid intervals; he suffered intense pain, and talked wildly and incoherently. There were automatic movements of the left side of the body; the right side was paralysed. On the 22nd, the convulsions had ceased. Dr. Leavitt believes the opium effected this change. The pain was mitigated; the spasms had ceased; consciousness had returned; there were no longer relaxations of the sphincters, and involuntary discharges take place. On the 23rd, the patient was still improving. The next day, there was noticed some distension of the scalp, behind the mastoid process, where also there was severe pain. A free incision gave exit to a large amount of pus; and two fragments of bone, protruding, were removed. Attached to one part of the bone was found a small portion of the dura mater and the inner table deeply indented from contact with the ball, which was found, upon further examination, roughened and irregular, having perforated the brain. After this, the patient appeared to do well up to the 27th, when hæmorrhage occurred several times, but it was arrested. On the 28th, convulsions commenced again early in the morning, and continued with increasing frequency and intensity. At 10 A.M., the patient was comatose, and pulseless at the wrist; his respiration was stertorous. He continued in this condition until 4 o'clock P.M., when he died. A bullet had torn its jagged way through the right lobe of the cerebrum, and remained lodged against the meninges for ten days. The autopsy revealed a fracture extending six inches in length and from one to two inches wide, chisselled, as it were, out of the solid skull structure; the right cerebrum was decomposed; and the middle meningeal artery sloughed through.

In another case, T. M., aged 18, received a gunshot wound on May 31st, 1864. The ball entered one half inch below and to the left of the apex of the heart, between the fifth and sixth ribs, passed directly through the left lung, and made its exit posteriorly about one line to the right of inferior angle of the left scapula, shattering the seventh rib in its course. When admitted to hospital, June 5th, the patient suffered greatly from inability to breathe when in a reclining position; had considerable cough and frothy expectoration of bloody mucus, and at times slight hæmorrhages, which were controlled by the free use of table-salt. He could not sleep, except in a sitting posture. He said that he bled a great deal on the field; pulse quick and thready, 120. On examining the chest, Dr. Leavitt found at the apex of the left lung feebleness of respiration, loud mucous *râles*; and from the fourth rib downward, total absence of all respiratory sounds, increase of vocal fremitus, great dulness on percussion, and in the right lung increased resonance and exaggerated respiration. After this he went on well, and the wounds in the chest were healed on August 27th.

Hernia Cerebri. Dr. Traver, of Providence, Rhode Island, was called on June 2nd, 1863, to see John McN., aged 4, who had fallen from a first story window, striking his head upon a sharp stone, fracturing the upper and left part of the os frontis, rupturing the membranes, and wounding the tissues of the brain. Pieces of the cranium, of the size of a ten-cent piece, were taken out. A triangular piece of window-glass, about half-an inch in length, was found imbedded in the brain. The opening in the scalp was partially closed by means of the interrupted suture and adhesive straps. The sutures came away in due time. The straps becoming disarranged, a portion of the brain, about three-fourths of an inch in diameter, protruded and extended seven-eighths of an inch above the surface of the cranium. The hernia or protruding brain was excised, and a piece of patent lint saturated with lime-water was placed over the orifice, and in immediate contact with the brain—over this a graduated compress and bandage. The wound was dressed daily, and the lint kept saturated with the lime-water. The slightly astringent properties of the lime-water produced a contraction of the brain in the apertures of the cranium, and together with the compress, caused it to recede below the surface. The wound in the scalp healed kindly. (*Phil. Med. and Surg. Reporter.*)

Excision of the Scapula. In a girl, whose scapula was removed a few months ago by Mr. Pollock of St. George's Hospital, the following was the condition eleven weeks after operation. She had gained flesh, and appeared in good health. The wound had healed perfectly; there was no uneasiness in the shoulder, and she could move the arm from before backwards, but there was not much lateral move-

ment. When viewed from the front, the shoulder was level with that of the sound side, but a little less full, apparently from the atrophied state of the deltoid muscle. The head of the humerus had not swollen, and could be easily rotated. The patient used her arm freely in sewing and writing. (*Lancet*, Oct. 28, 1865.)

Destruction of the Nose and Lips: Narrowing of the Opening of the Mouth by Contracted Cicatrices: Successful Operation. The following remarkable case occurred in the practice of Professor von Balassa of Pesth. A lad, aged 16, named Karl Szatmary, of pale cachectic appearance, came into the hospital there with a terrible disfigurement of his face. This had been produced a year previously, as far as could be ascertained, by some febrile disease (perhaps pernicious intermittent or typhus); after which the nose, lips, external ear, and a part of the toes, had become gangrenous. The process of cicatrisation which followed this extensive destruction, had left in the place of the nose and lips an uneven cicatrix, firmly adherent to the surface of the jawbone, and narrowing the nostrils to a small longitudinal cleft, and the mouth to a roundish hole of the size of a bean, of which two-thirds were occupied by the middle incisor teeth, so that there remained only an opening of the size of a crowquill, with rigid walls. Respiration and nutrition were necessarily greatly impeded; fluids only could be administered in scanty quantity. Speech was difficult; and saliva flowed almost constantly from the mouth.

It was evident, that the impaired constitution of the patient would not allow the immediate performance of a plastic operation; the indication was therefore to improve his health, and to remedy the defects by operations performed at intervals of time.

The patient having been well nourished for some months, and his health having improved, the formation of an upper lip was undertaken on May 5, 1862. The cicatricial tissue occupying the place of the upper lip was first removed by two vertical semilunar incisions, joined by a horizontal one parallel to the lower edge of the orifice of the nose. This being done, semielliptical incisions, about an inch apart, were made from the ends of the semilunar cuts, nearly as far as the ears. The upper incisions were somewhat longer than the lower, and had their convexity directed upwards; the lower were convex downwards. The transplantation of the flaps was favoured by their curved edges allowing them to be drawn in the proper direction; but it was also necessary to make incisions into them, dividing also the mucous membrane. Hæmorrhage having been arrested, the flaps were united in the middle line below the nasal orifice with figure-of-8 sutures, as in the operation for hare-lip; and their upper edges, and the outer third of the lower, were also united in the same way with the corresponding edges of the incision in the face. Ordinary silk sutures, both deep and superficial, were applied in the intervals between the pins. Sutures were also applied to the free edges of the flaps, so as to form the upper lip, the angles of the mouth, and a part of the lower lip. Union rapidly took place; and, when cicatrisation was complete, the patient had not only an upper lip with its red mucous membrane, but also a mouth-opening of sufficient size, and capable of being enlarged by the now free movements of the lower jaw.

From this time the patient improved in health and appearance, and was able to take food in the ordinary way. The furrows also, which were produced by the contraction of the cicatrices along the edges of the flaps, gradually disappeared; so that, at the end of February 1863, scarcely any difference in the level of the skin could be distinguished. On March 8th, rhinoplasty was performed; the flap being taken from the forehead, a portion of the scalp also being used to form the septum. The flaps of cicatrised tissue on each side of the nose were not extirpated, but were brought together towards the middle line and held there by threads so as to form a bridge for the new nose. Knotted sutures were not employed, as they would have interfered with the application of the flap from the forehead. In performing the last mentioned part of the operation, a portion of the frontal periosteum was removed with the flap. Union took place readily by the first intention, not only between the nasal flap and the sound skin, but also between the septum and the upper lip. The portion that had been used to form the bridge of the nose also became united from within outwards to the flap taken from the forehead. A considerable time was occupied in the after-treatment, in preventing the septum from becoming united with the alæ nasi; and the patient was therefore kept in hospital until the end of July. This delay, however, gave an opportunity of observing that there was no sinking in of the new nose, but that it had retained the form given it in the operation. The consistence of the bridge of the nose had not undergone the least change; and, as there was no trace of bone having been formed by the transplanted periosteum, this retention of shape must, says Dr. von Balassa, be attributed to the retention of the cicatricial tissue of the nose, so as to form a support for the flap. To prevent the nostrils from becoming closed, a special proceeding was required. This consisted in passing a leaden wire through the part of the septum which lay beneath the point of the nose and was united at the upper part with the alæ. The wire having been introduced by a lancet-shaped needle, its end was again brought through the septum at a distance of about two lines; and the two ends were then drawn out through the right nostril and twisted together. It was necessary to leave these leaden loops until the newly formed nostrils were fully cicatrised. The small bridges of skin between the leaden wire and the alæ nasi were not at first cut away; and it was not until the end of some weeks, when the nasal openings had fully cicatrised, that a horizontal incision was made on each side from the nostril into the alæ; and, after these were healed, the vertical bridges of skin which extended outwards from the leaden loops were divided. The patient remained in hospital a month after the completion of the operation, during which period the cicatrisation of the septum and alæ pursued a favourable course, and the nostrils appeared to be certain of retaining a proper size. He went home in October, and returned in 1864, when the leaden ring was removed, and a slight plastic operation was performed for the improvement of the lower lip. There was not the least trace of the formation of bone by the transplanted periosteum; but the nose retained its proper shape, and the nostrils remained quite pervious. (*Berliner Klin. Wochenschr.*, August 14, 1865.)

MIDWIFERY AND DISEASES OF WOMEN.

Utero-interstitial Pregnancy. In the Journal of December 24th, 1864, we quoted a case of labour in which M. Parise of Lille believed that a fœtus had been developed in an abnormal division of the uterus. At a meeting of the Academy of Medicine on December 19th, a report on the case was presented by M. Devilliers, who believed that M. Parise had been misled, and that what he had supposed to be an abnormal cavity was a pouch formed by the posterior lip and segment of the uterus. In the discussion, M

epaul, observing that he agreed with the report as to the incorrectness of the interpretation given by M. arise, related the following case of utero-interstitial estation which had come under his care.

He was called to Lille to see a lady, in whom labour had commenced twelve or thirteen days previously. The child, which had not been expelled, was dead and putrefied. A digital examination was attempted, but was desisted from on account of the pain which it produced. Recourse having been had to anæsthesia, the examination was repeated. M. Depaul now felt a hard cord, which he incised with a straight bistoury, and removed the fœtus, the feet of which presented. The part which was divided consisted of the posterior circular fibres of the inner orifice of the cervix, which had become tense, hard, and hypertrophied, forming, by irregular development, a sac into which the fœtus had entered. (*Gaz. Méd. de Paris*, September 23, 1865.)

PRECOCIOUS PUBERTY. M. Ramon de la Sagra related, at a meeting of the Academy of Sciences, the case of a negro child who at birth was observed to have the breasts much developed, and in whom, a few months later, a sanguineous discharge from the genital organs took place, and, in the second year, recurred at regular monthly intervals. When M. Ramon de la Sagra saw her, at the age of thirty-two months, she had passed through dentition favourably; and the throat, and the genital organs, which, as well as the axillæ, were covered with a fine down, gave her the appearance of a girl of thirteen of the negro race. M. Ramon de la Sagra continued to see the child up to the age of seven, at which time she was in good health, the development having steadily continued. (*Gaz. Méd. de Paris*, October 14.)

PECULIAR MALFORMATION OF THE PELVIS: INDUCTION OF PREMATURE LABOUR. M. Devilliers was called in consultation to see a dwarf female, who was little more than forty inches in height, and very rachitic. The spine presented two curves, the upper of which had its concavity directed forwards and to the left; the lower, backwards and to the right. The lower limbs were also curved in opposite directions, so as to represent the form of the letter X. The pelvis appeared very small, even in proportion to the patient's stature. The pubic bones projected but moderately; the ilia were scarcely prominent, and the right especially was completely effaced on its posterior half. On digital examination, there was found to be considerable narrowing of the upper orifice and of part of the cavity of the pelvis, especially in the transverse direction. This was caused by the projection of the angle formed by the sacrum and the last lumbar vertebra, which bones had become twisted on their axis from left to right, and at the same time curved forwards. This singular deformity gave the upper orifice and a part of the cavity the form of a crescent, of which the centre of the arc of the concavity corresponded to the centre of the sacro-vertebral angle, and was opposite the right acetabulum; while the right end of the crescent touched the middle line behind, the left reaching a point placed more anteriorly to the left. The other pelvic diameters were also much diminished. It was determined to provoke abortion, the patient being about five months advanced in pregnancy. Labour was brought on by dilating the os uteri by an elastic bag and tube, distended with warm water from a graduated syringe; the feet were brought down, and the fœtus was partly removed; but the head, in passing through the brim, became detached, and it was necessary to remove the contents of the cranium; after which the head became compressed, and was expelled with the placenta. The patient recovered without any symptoms of importance. M. Devilliers had only met with one pelvis in the Paris collections which presented much resemblance to that which he had met with in the case related. (*Gaz. Méd. de Paris*, October 14, 1865.)

British Medical Journal.

SATURDAY, DECEMBER 30TH, 1865.

THE "LANCET" AND THE LIBEL.

THE *Lancet* knows very well that it was neither from lack of material, nor out of mere *gaieté de cœur*, that we alluded to the case of apology for libel published last week in its pages. We did so solely because it was our duty to defend a member of the profession and of the Association who had been, in our opinion, very unfairly dealt with by the *Lancet*. That journal would have done well to have accepted our rebuke in silence; but, as it has not done so, we must, in justice to ourselves and to Mr. Spencer Wells, once more recur to the subject.

If we were in want of a very forcible answer to the question so often pressed by certain parties upon members of the Association, which has been so often answered, and yet still so unblushingly intruded upon gentlemen who ought to be able to manage their own affairs—"Is your JOURNAL worth the money it costs you?"—we might confidently point to the case before us as convincing proof that the profession wants and must have an independent journal of its own—a journal which is able to defend any member of our body who has been subjected to unjust treatment—a journal which can speak as the voice of the profession, untrammelled by any private considerations.

In our number of December 9th, it became our duty to show how one of our members—Mr. Spencer Wells—had been libelled in the pages of the *Lancet*. Now the libel would have been perfectly harmless, if it had not been published by the *Lancet*. The very title and nature of the papers in which it occurred ought to have excited suspicion and caution; but they were published week after week. The *Lancet* now takes credit that they inserted a letter from Mr. Wells in reply "*at full length*"! It would be interesting to know if this was done before or after legal measures had been taken to obtain an apology for the libel. But, be this as it may, we believe every man in the profession, who is moved by generous feelings, will see at a glance how utterly inadequate are the "editorial notes" which the *Lancet* so complacently reprints last week to serve as reparation for the serious damage necessarily caused by, to say the least of it, the careless insertion of an utterly unfounded libel. The *Lancet* publishes a

statement that a surgeon has been tempted by a splendid fee to operate on a case which he knew to be hopeless. Is it possible to imagine a more cruel charge, and one more likely to damage a man in the estimation of his professional brethren? Yet this charge is printed by a journal which boasts of a large circulation both within and without the profession. Proofs of the falseness of the charge are at once given—proofs so conclusive, that Dr. Clay signed the very ample apology which we published last week. But what does the editor, who has given publicity to this libellous charge, do in the way of reparation? He contents himself with an editorial note regretting "the introduction of personal allusions in scientific communications", forgetting that a stroke of the pen in the manuscript or proof would have erased all the "personal allusions", and left the "scientific communication" harmless. That we were not "premature" in pointing the moral from this history, is proved by the fact that, even when printing the apology of Dr. Clay last week, all the editor could say by way of atonement for his own share of the mischief, was a bald statement that the case had "very properly been referred to professional arbitration." Surely, when a man has unwittingly injured another, his first feeling, on the error being pointed out, is immediately to make the fullest reparation in his power—to express his regret, and his conviction that he has been misinformed or mistaken. But the *Lancet* did nothing of this sort. It carefully avoided anything but a most guarded "editorial note", which might, indeed, be read as an insinuation that the "personal matters", though unsuited to a scientific communication, were not to be considered as calling for apology or reparation.

We, therefore, in defence of Mr. Spencer Wells, thus treated by a powerful medical journal, entered a protest in the name of the profession. We stated, and we repeat it, that when a journal has, wittingly or unwittingly, allowed itself to become a vehicle for attacks upon the personal and professional character of a medical man, it is bound, when the error is proved, to make the fullest reparation for the injury it has inflicted; and that it owes such reparation to the whole profession, as well as to the injured individual. We apprehend that, in the case before us, the opinion of the profession will go wholly with us, and will be this: that the *Lancet* has injured Mr. Spencer Wells, and has not made the reparation which professional justice required at its hands.

HONORARY FELLOWS AND FELLOWS BY EXAMINATION.

We regret to find that some of the Fellows of the College of Surgeons by examination have set themselves in opposition to the Fellows by election. Many of the former class of Fellows, we are told, petitioned the Council of the College not to grant country Fellows votes by papers, because such grant would cause the votes of Fellows by examination to be swamped. They, it is said, take more interest in the College than the honorary Fellows do; and, moreover, as they have gone through an examination, ought to have their interests specially considered. But all this is surely a very great mistake—a proceeding which can only serve the interests of retrogradism. Why should the one set of Fellows have the interests of the College more at heart than the other? What gives the one set more right to vote or more capacity for voting, than another? Both classes were formed mainly, if not solely, for the purpose of being a constituency to elect the Council. Why, then, should they allow jealousies to be fomented between them in reference to the exercise of their privileges?

Then, again, we hear, as another reason why country Fellows should not have vote by papers, that more examination-Fellows record their votes than election-Fellows, in proportion to their relative numbers. But such figures are really worthless in this argument—the case of vote by papers; for, until it is shown to the contrary, we may fairly assume that the majority of examination-Fellows over the election-Fellows, here alluded to, is accounted for by the simple fact that it is made up of the votes of Fellows residing in London. We should like to know how many signatures of country Fellows by examination were appended to the petition said to have been presented to the Council by examination-Fellows asking the College not to give them votes by papers.

A most elaborate table, drawn up by the *Medical Times and Gazette* to show the number of Fellows of the College who are members of the British Medical Association, and how they voted at the last election, is valueless as any guide in this question. Its great point is to show that the number of honorary Fellows is greater than the number of Fellows by examination; but that, according to the votes given, the former appear to take much less interest in the election of the Council than the examination-Fellows do. These tables show, it is said, that, in proportion to their relative numbers, many more examination-Fellows attend and vote than election-Fellows. But, when we set aside the *London* Fellows, who really cannot fairly be calculated in this matter, we find that the statement does not hold good. Thus, when we deduct from the 135 Fellows (members of the Association who voted at the last Council election) the 73 included London Fellows, we actually find that, of the remaining 62 (country Fellows), 42 were honorary, and only 20 examination-Fellows. These tables, therefore, prove the very opposite of what they were meant to prove. They show that, at

he last election, the number of *country* honorary Fellows who voted was double the number of *country* examination-Fellows. And, on such ground as this, we are told that country honorary Fellows should not have a vote by paper, because they show no interest in the College! We again repeat it, that all such tables as those of the *Medical Times and Gazette* are valueless, so long as they include the votes of the *London* Fellows. Clearly, in this question of voting by papers, to include the votes of London Fellows, as a comparative basis of calculation, is to include a fact which destroys all just comparison. To say that country Fellows have no right to vote because they do not vote, is to beg the whole question. They do not vote, we affirm, because voting is practically rendered impossible to them. How many of the London Fellows, who now vote, would record their votes if they were placed in the position of country Fellows? Moreover, if this argument is worth anything, it goes much further than those who use it probably intended. Its logical conclusion is, that London honorary Fellows, equally as country honorary Fellows, ought (and for a similar reason) to be deprived of the power of voting.

As usual at every gaol delivery, the question comes up, Is the prisoner insane? Judges lay down the legal definition of the term insanity; counsel, by the easy trick of their art, trip up the unwary doctor; newspapers turn him into ridicule; and the prisoner is left for execution. No one, however, is completely satisfied with the process which produces the result. All feel that there is something defective in it. Even the most ardent lovers of the penal rope admit indirectly, by their arguments, that to the question, "Is he mad?" a more satisfactory answer is to be desired. As we have so often said in these pages, one radical defect in the law is this, that it throws upon the lunatic the onus of proving his own lunacy. Such law is inhuman law, and very unequal law. If the criminal be a man of money, he may procure some great authority in lunacy who will satisfy the jury of his incapacity; but, if he be a pauper, he can obtain no such powerful advocacy. Both reason and humanity seem to demand, in all cases where there can be questions of the criminal's sanity, that an impartial government expert shall be called in to give opinion *during*, not *after*, the trial. Nothing less will ever satisfy the ends of justice. What is more contrary to the spirit of English law than that, *after* the trial, the criminal should be again tried by the Home Secretary and his expert, and, as not unfrequently happens, be acquitted by them, after having been left for execution by judge and jury? But this improper proceeding is in itself a protest against the legal definition of insanity—a protest of humanity against law. It shows that high scientific knowledge is required to decide as to the state of mind of the criminal; and also shows that, without such aid, neither judge nor jury can come to a righteous judgment of the case. The painful want of an impartial expert's opinion is shown in the case of a young man, eighteen years old, who has been condemned to death at Stafford. Nevertheless, we will venture to prophesy that he will not be executed; and, if he be not, it can only be on the ground of insanity, and through the interference of the Home Secretary and an expert—the post-judicial interference. In this case, also, the judge laid down the law of insanity; and no doubt the man was condemned in accordance with the law. But who can read the evidence and not believe the man was, spite of legal definition, really insane? His counsel called witnesses to speak to the acts and mental condition of the prisoner, with a view of showing that he was actually labouring under insanity previous to and at the time of the murder. Several of them spoke to acts of strange character done by him; and insanity was proved in some members of his family. His half-sister is now confined in a lunatic asylum; and one of the children of his father's sister was insane.

"Mr. Miller, an assistant to the physician at the South Staffordshire Hospital, spoke to the fact of the prisoner suffering from mental depression and constitutional excitement on his admission there on the 29th of August. He said he had then some of the premonitory symptoms of acute mania. For nine days he was at the hospital, he was very sullen, and on one occasion he refused to take food. Mr. Bunch, surgeon of Wolverhampton, attended the prisoner for violent pains in the head, constipation, and sickness. He appeared to be suffering from congestion of the brain. Dr. Hewson, resident physician at the Coton-hill (Stafford) Lunatic Asylum, stated that Ann Robinson, the half-sister of the prisoner, was an inmate there, and described her symptoms. He said her appearance physically was strikingly like that of the prisoner. He had examined the prisoner, but could not detect any symptoms of insanity about him now, except that his memory was very defective, The quiet and treatment of the prisoner in gaol would much alleviate any excitement he might have suffered under. The dividing line, according to this gentleman, between sanity and insanity is very fine; and it requires a person to be present at the time of the commission of the act to say whether it was committed under an excitement amounting to insanity."

In a late case of railway accident, where damages were sought by legal process, Serjeant Ballantine congratulated the medical men on both sides for having come to an agreement before entering the court. "The medical men," he said, "on both sides had, with candour and honesty, made a report on the case; and it was to be regretted it was not more generally adopted in cases of this kind." The course here pursued is one which we have more than once recommended when referring to actions of this kind. We have asked, Why should not all the me-

dical men concerned in the case do as they would if they met in consultation in private practice? If they can agree in private, why not in public practice? If this plan were followed, we should at once have an end put to the public scandal which, whether rightly or wrongly, attaches itself to the medical profession when, as too often happens, high illustrations of our art appear in our law-courts, pitted against each other, and in exact opposition in opinion as to matters surgical or medical. Last week a striking example of this unfortunate kind occurred in an action brought against the Great Northern Railway. Never was there exhibited a more remarkable illustration of the "differences of doctors", and of our great ones too! The reporter of the *Times* thus sums these the medical and surgical opinions.

"It would seem that there is something like the difference in opinion among medical men as there is among engineers; for never was there a more complete contradiction among medical men of eminence than in this case—those called by the plaintiff attributing the symptoms under which the plaintiff was labouring to the result of the accident, and those called by the defendants attributing them to any other cause than to the accident. Some thought the injury was permanent; the others thought, when all anxiety ceased, the recovery would be speedy. Some went so far as to say that the pains were imaginary. It was a mental delusion."

In this case appeared for the railway, Drs. Risdon Bennett, Pollock, and Childs, Dr. Dunsmure of Edinburgh, with Mr. Lawrence (who did not, however, appear in court) and Mr. Syme. For the plaintiff appeared Drs. Walshe and R. Reynolds, Sir W. Fergusson, Mr. Erichsen, Mr. Lee, and Mr. Acton, with the plaintiff's own attendants, Messrs. Hewer and Balfour of Edinburgh.

It would appear that the system of visiting the examinations of our medical licensing bodies, by deputies from the Medical Branch Councils, has been commenced. But, to be effective and produce useful results, it should be undertaken on some general principle. All the examining boards should be visited, and all the examinations investigated or inquired into from a similar point of view. Also, it would appear reasonable that the same visitors should attend the different boards; for how otherwise can a comparative estimate of the merits or demerits of different boards be made? The Medical Council should issue some general directions as a basis to guide the inquiry, and commit the very important duty to some particular individuals. So long as the inquiry is only partial, and so long as it is carried out by different persons, who conduct it from different points of view, it seems doubtful whether any substantial benefit can result therefrom. Moreover, if delegates from rival corporations—and some corporations may clearly be said to be rivals to others—are chosen to visit each the other's examinations, there may very naturally be imported into their reports, even unconsciously to themselves, some stain of that feeling of rivalry. We would strongly suggest to the General Council to take this into consideration, and to lay down the line of inquiry to be followed by all visitors sent to inquire into medical examinations. These visitations are matters of much more importance than they seem to be on the surface. If they are to be of any service at all, the visitors must report fully and openly upon the Boards visited by them. Now if, as is not at all improbable, some visitors may think it their duty to report unfavourably of a particular Examining Board, is it to be supposed that the Board impugned will tacitly accept the rebuke, unless it can be shown by overwhelming proof that the visitors are superior judges of the character of the examinations to the Licensing Board itself? We may very well understand that collisions may in this way arise; and that Examining Boards may repudiate—and with a good show of reason—the verdict of visitors to their examinations. How (it may be argued) should the visitors know better than the Examiners what a proper and fitting examination is? In order, therefore, that the Medical Council may be in a position of justifiably rebuking the examinations of any of our Licensing Boards, it must be in a position to show that the opinion on which the rebuke is founded is highly and undeniably authoritative. The whole proceeding is clearly an exceedingly difficult and delicate one; and ought, therefore, in its carrying out, to be most jealously watched over by the Medical Council.

The disturbances excited amongst the students of law and medicine at Paris by the dismissal of the students who spoke silly republican and anti-social words at Liege, still continue. But authority seems determined to repress them *vi et armis*. We must conclude that the Dean of the Faculty (Dr. Tardieu) sides with the students, for he has resigned his deanship. M. Faurié, Inspector of the Academy of Paris, has been provisionally appointed to the administration of the Faculty of Medicine, in place of M. Tardieu, whose resignation has been accepted. In this matter, so deeply interesting to medical students, the French medical press is silent *per force*.

Mr. Caird, the original promotor of homœopathic cattle-curing in this country, admits, in the *Times*, that the trial at Norwich has been a failure. But, like the ghost in *Hamlet*, he is about to shift his ground and try his luck again in Cheshire, which is to have the benefit (he says) of "the experience we have gained in Norfolk." The *Times* of the 27th has a fresh cure worthy of its patronage.

"Hanging four or five onions about the beast's neck directly they are taken ill and will not eat.

Those onions draw out the infection, and look the next day as if they had been boiled. This remedy is to be repeated several times, and the onions which have been used are to be buried in a deep hole. In a few days after, the cattle are taken with a running at the nose, which carries off the distemper. It is also proper at that time to hang up some onions in the distempered cattle's stables."

The following remarks are made in the *Philadelphia Medical Reporter*, *à propos* of an article which appeared some time ago in the British Medical Journal, on the modern over-stimulating practice of medicine. Our views seem to have found an echo on the other side of the Atlantic.

"It is a fact well known by every one of our profession, that during the last ten or fifteen years the use of alcohol, mainly in its stronger forms, has become amazingly frequent; and that, in the treatment of many diseases, it enters as one of the chief agents; and that such practice is strongly advocated by some of the most eminent members of the profession. Milk punches and egg-nogs form, in many a sick-room, the main reliance of the practitioner; and it is really a most serious question, whether we are not doing, on the other side of the house, the same thing which our predecessors did—*i. e.*, run *into extremes*. They *over-bled* and over-debilitated. Does it not occur to many of our readers that there is too much tendency in our day to *over-stimulate?* It is our conviction that such is the case; and, while none can be more willing to admit the efficacious effects of alcoholic stimulation in low fevers, we feel it our duty to protest against a practice of almost indiscriminate stimulation, which bids fair to become the great error of medical practice of this generation."

Does this "indiscriminate" administration of stimulants indicate a change in the type of diseases in America, or in the ideas of the American doctors who treat them?

We have more than once adverted to the fact that the law seems to be powerless in preventing the illegal practice of medicine and surgery, even in those countries where it strictly prohibits such practice. Public opinion is strongly in favour of free trade in physic; and the result is that, notwithstanding all the efforts of private individuals and of public societies, quackeries and irregular practitioners appear to be as common articles in France as they are in this country. In France, the female "religious congregations" are said to be the greatest opponents, in this way, of the doctors. It is curious that the chief promoters of quackery in this country should be certain of our *religieux*, only of the male sex. We are told by the French medical journals that, in some "of the rural districts of France, the practice of medicine has became almost impossible, and the situation of our *confrères* there rendered intolerable, in consequence of the *concurrence effrénée* of the aforesaid *religieuses*." More than this, M. Diday complains that the quacks even publicly advertise themselves as doctors in the public journals. He gives a specimen of one in the *Journal des Débats*: "Cure of the most rebellious diseases in three days. Consultations by M. X., Doctor of Medicine" (giving name and address). This is even further than the quacks can go with safety in England; and is worthy the consideration of those who ask for repressive measures in this country.

Correspondence.

ACUPRESSURE.

Letter from James Syme, Esq.

Sir,—Your obstetric correspondent can hardly expect that, after the public execution of his obnoxious pamphlet, any amount of personal abuse or professional misrepresentation proceeding from him should be deemed worthy of my notice. I am, etc.,

James Syme.

Edinburgh, December 26th, 1865.

THE ELIMINATIVE TREATMENT OF DIARRHŒA AND CHOLERA.

Letter from George Johnson, M.D.

Sir,—Your correspondent Dr. Bodington, suggests that the treatment of diarrhœa by small doses of sulphate of magnesia combined with the compound infusion of roses, as described by Mr. Startin, has more of a tonic and astringent than of an eliminative mode of operation. Few of your readers, I should imagine, will agree with Dr. Bodington in this opinion. Both Mr. Newton and Mr. Startin believed the treatment to be mainly eliminative; the practice being to give "Epsom salts and acidulated infusion of roses after each morbid evacuation, until the secretions assumed a healthy character; when, if the pain and tenesmus continued, he gave the acid without the salts, adding occasionally a little ginger, kino, and a few drops of laudanum; *though this he observed was very rarely needed, if the patient was seen at the commencement of the attack.*"

Dr. Bodington institutes a comparison between this treatment of diarrhœa and Mr. Swain's treatment of choleraic collapse by calomel. It is difficult to see what object can be attained by a comparison of the results of treatment in cases so totally different as ordinary epidemic diarrhœa and choleraic collapse.

Towards the conclusion of Dr. Bodington's letter, we find that his opinion as to the operation of the various constituents of Mr. Startin's mixture is influenced by a theory of his own. He believes the mineral acid to be the chief curative agent. He says: "The advantages of the acid treatment appear to be these; viz., that it is tonic, astringent, and, more than all, *chemically antagonistic* to the cholera-poison." Is it too much to expect from Dr. Bodington, that he should favour us with a statement of the evidence upon which he bases his assertion that in the mineral acids we have a chemical antidote to the cholera-poison? I am, etc.,

George Johnson.

11, Savile Row, Dec. 26th, 1865.

TREATMENT OF ENLARGED TONSILS.

Letter from George Evans, jun., Esq.

Sir,—In last week's number of the British Medical Journal, I notice your review of a book by Mr. William J. Smith, which I had previously seen advertised and have since read.

The work referred to is on Enlarged Tonsils; and the author advocates the destruction of the glands by the application of caustic potash.

As an apology for the publication of the treatise, Mr. Smith commences his preface as follows:—

"Having paid some attention to the anatomy, physiology, and diseases of the tonsils, and been struck with the want of concurrence between the observations of those—and they are few—who have treated of these subjects, and my own, I have been induced to publish the latter in the form of separate *brochures* at short intervals, each treating of one or more points according to its or their importance. I have chosen this method in the hope of being aided as I go on by the labours or observations of any of my professional brethren, who have felt an interest in tonsillitic affections akin to my own," etc.

It is quite unnecessary for me to call the attention of your readers to the singularly involved and ambiguous sentences contained in these paragraphs; but I would remark that, though "they are few" who have treated on Mr. Smith's subject, they have completely anticipated his observations.

I forward you a reprint of a paper published by Dr. Morell Mackenzie in the *Medical Mirror* of August 1864, in which Dr. Mackenzie, whilst referring to the mode pursued by Dr. Fournié of Paris, of destroying tonsils with Vienna paste, gives his reasons for preferring a milder escharotic, in which caustic soda is the active agent. Whilst Dr. Mackenzie gave all the credit of the principle to Dr. Fournié, he himself had a very ingenious instrument contrived for applying the caustic which he recommends. Dr. Mackenzie's instrument was made by the same maker who, at a later period, made one for Mr. Smith. I make no remark on this curious coincidence; but I would observe that, unless Mr. Smith does justice to his predecessors, he can scarcely expect to be aided as he goes on by the labours and observations of his professional brethren.

I am, Sir, GEORGE EVANS, JUN.
Surgeon St. Marylebone Dispensary.

Welbeck Street, Dec. 20, 1865.

P.S.—About a year ago, and consequently long before I had the pleasure of perusing Mr. Smith's able work, I successfully employed the plan recommended by Dr. Mackenzie, and therefore feel myself bound to come forward on this occasion.

AMERICAN HOSPITALS. The number of sick and wounded in the United States hospitals throughout the country is less than five thousand. Eight months since there were over one hundred thousand patients.

PUBLIC HEALTH IN IRELAND. The last quarterly return of the Registrar-General of Ireland indicates that prosperity and Fenianism run together in that country. Comparative freedom from epidemic disease, fine weather, and good wages, all combined to render the quarter ending September 30th unusually healthy. Fever was the cause of few deaths, and these chiefly occurred in localities where *sanitary precautions were wholly neglected.* Deaths from small-pox were comparatively few, and nearly all the persons who succumbed had *not been vaccinated.* Scarlatina was, as usual, very fatal wherever sanitary precautions were defective. Diarrhœa was more than usually prevalent, and some cases of the ordinary autumnal cholera proved fatal; Asiatic cholera generally recovered. Diarrhœa caused 131 deaths in the Dublin registration district during the quarter; of this number 55 were of infants under one year old, and 27 were of children between one and five years old.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Friday, December 22nd, 1865, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Archer, Edmond, Queenstown, Cape of Good Hope
Bastian, Henry Charlton, M.B.Lond., Broadmoor, Wokingham
Duckworth, Dyce, M.D.Edin., Wimpole Street
Hicks, John Wale, M.D.Lond., St. Thomas's Hospital
Lush, John A., M.D. St. Andrew's, Fisherton House, Salisbury
Pye-Smith, Philip H., M.D.Lond., Anchor Terrace, Southwark
Smith, Heywood, M.B.Oxon., Park Street, Grosvenor Square
Williams, Charles Theodore, M.B.Oxon., Upper Brook Street

The following gentlemen, having undergoue the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Barber, William Henry, Crickhowell
Barraclough, Robert Wooding Sutton, Streatham Hill
Buckle, William Turberville, 9, New Ormond Street
Freeman, Henry William, United Hospital, Bath
German, Joseph, Friar Gate, Derby
Hall, Henry John, 4, Maud Road, Carter Street, Walworth
Haydon, Nathaniel Thomas John, St. Mary's Hospital
Kempthorne, John, Callington, Cornwall
Mullan, William James, Rye, Sussex
Smith, James William, Whitby
Stedman, James, 43, Rotherfield Street, Islington
Thorne, Richard Thorne, Sussex House Asylum, Hammersmith

APOTHECARIES' HALL. On December 21st, 1865, the following Licentiates were admitted:—

Barraclough, Robert W. S., Streatham Hill, Brixton
Broughton, Robert David, Ruyton-of-the-Eleven-Towns, Salop
Folliott, James, Egerton Villas, Douglas Road
Hembrough, John William, Waltham, Lincolnshire
Manby, Frederic Edward, East Rudham, Norfolk
Smith, Samuel Hignett, Weavenham, Cheshire
Spencer, George Owthwaite, Horbury Terrace, Notting Hill
Weller, George, Fairfield Villas, Bow Road

At the same Court, the following passed the first examination:—

Glaister, Harry Burrill, Royal Infirmary, Liverpool
Meadows, Charles John Walford, Guy's Hospital

APPOINTMENTS.

BONNEY, William, Esq., appointed Resident Obstetric Assistant at the Middlesex Hospital.

*BURT, George, Esq., appointed Surgeon to the Hospital for Diseases of the Skin.

GRIFFITH, George, Esq., appointed Government Surgeon to the Forts and Batteries at Milford Haven.

SMITH, E. Noble, Esq., appointed Honorary Apothecary to the Lock Hospital at Westbourn.

ARMY.

BARNETT, Assistant-Surgeon O., 12th Lancers, to be Assistant-Surgeon 11th Hussars, *vice* W. H. Muschamp.

MUSCHAMP, Assistant-Surgeon W. H., 11th Hussars, to be Assistant-Surgeon 12th Lancers, *vice* O. Barnett.

ROYAL NAVY.

MAIR, George, Esq., Assistant-Surgeon, to the *Lizard.*

SIMPSON, John, M.D., Surgeon, to the *Fisgard,* for the Royal Marine Infirmary, Woolwich.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CLARK, W. W., M.D., to be Honorary Surgeon 1st Administrative Battalion Northamptonshire R.V.

WRIGHT, S., Esq., to be Honorary Assistant-Surgeon 5th Cambridgeshire R.V.

BIRTH.

NASON. On December 16th, at Stratford-upon-Avon, the wife of *John James Nason, M.B., of a daughter.

DEATHS.

CLEMENGER. On December 16th, in Dublin, Harriet, widow of Henry Clemenger, Esq., Surgeon R.N.

DAVIES. On December 24th, at Laugherne House, Pershore, Amey, wife of Francis Davies, Esq.
HUNTLEY. On December 18th, at Norwood, aged 2, Albert Lord, only son of L. Huntley, Esq., Surgeon.

Dr. A. HASSALL has registered a process for "improvements in the preparation of meat for food."

AMALGAMATED JOURNALS. The *Dublin Medical Press* announces an incorporation of the *Medical Press* and *Medical Circular*.

UNIVERSITY OF EDINBURGH. The Senatus Academicus have granted the application of the medical students for Christmas holidays.

GERMAN YEAST is mostly obtained from the distillers at Hamburgh and Rotterdam. One formula directs the fermentation of a decoction of rye-meal and honey.

AN EPIDEMIC TYPHUS which prevailed for a time in the Garden of Acclimatisation of the Bois de Boulogne has now entirely disappeared. It caused the loss of thirty-five animals.

HEALTH OF LONDON. The weekly report of the Registrar-General shows that the mortality of London is very heavy. The deaths exceed the average by 175.

VISITATION OF EXAMINATIONS. Dr. Hargrave visited the examinations for the Surgical Degree in Trinity College, Dublin, held during the Michaelmas Term of the year 1865. (*Medical Press.*)

SANITARY COMMISSION FOR GIBRALTAR. A proclamation has been issued by Sir Richard Airey, the Governor of Gibraltar, appointing sanitary commissioners for Gibraltar. On the 16th, the Sanitary Commissioners held their first meeting.

BARONETCY CONFERRED ON MR. FERGUSSON. Her Majesty has been pleased to confer the title of a Baronet of the United Kingdom on William Fergusson, Esq., F.R.S., Professor of Surgery to King's College.

BEAUTIFUL BRAY! The Irish Registrar-General says: "In the Bray district, sixteen of the deaths were referred to scarlatina. The Registrar remarks that the disease still prevails, and adds: 'Supply of water, ventilation of houses and sewerage, *very defective in this district amongst the poor.*'"

ROYAL HUMANE SOCIETY. The bronze medallion of the society has been awarded to Mr. W. N. Manley, assistant-surgeon, R.A., for saving Bombardier Malden, R.A., who fell from the steamer *Favourite* into the Waitotara River, New Zealand, on July 21st last.

TESTIMONIAL TO DR. PATERSON. Dr. James Paterson, of Glasgow, has been presented with a testimonial subscribed for by a large number of citizens, as a mark of respect for, and sympathy with him in the difficult position in which he was placed in connection with Dr. Pritchard's trial. The testimonial consisted of a purse, containing 200 guineas, and a handsome silver salver bearing a suitable inscription.

MURDER IN A LUNATIC ASYLUM. At the recent assizes, in Leeds, an inmate of the West Riding Pauper Lunatic Asylum was indicted for the wilful murder of another lunatic, named William Burran. The prisoner had the reputation of being a quiet and harmless man, but one morning he seized a heavy coal shovel and killed the deceased by repeated blows on the head. He afterwards said that voices in the air ordered him to save his own life by killing a man, but he expressed his sorrow that he had not killed some one else than the deceased. The verdict was returned that he was of unsound mind.

CAPITAL PUNISHMENT. The Royal Commission on Capital Punishments has just made its report. The commissioners recommend that the extreme sentence of the law should be inflicted on persons guilty of treason, murder committed with express and evidently shown malice aforethought, and murder committed in connection with the perpetration of other great crimes; that for cases of murder where the malice is more matter of construction than fact, the capital sentence be not inflicted; that the law on child murder be better defined; and, finally, that executions be carried out in private, with, of course, due precautions for the satisfaction of the public that the punishment has been inflicted.

DEATHS FROM LIGHTNING. The *Gazette des Hôpitaux* states that there were 87 persons struck dead by lightning in France during the year 1864, of whom 61 were men and 26 women. The number of deaths in France from a similar cause in 1863 was 103. From 1835 to 1864 the number of deaths from lightning in the 86 ancient departments of France amounted to 2,311. By adding 120 deaths, at the rate of four a year, for the three new departments, we find that there were 2,431 deaths from lightning within 30 years in France as it is at present constituted. It has been further ascertained that the number of persons wounded by lightning in France during the same period was four times the number of killed.

HEALTHINESS OF IRON-CLADS. Some extraordinary statistics concerning the comparative healthiness of iron-clads and wooden vessels are given in the report of the chief of the bureau of medicine and surgery. The monitor class of vessels, it is well known, have but a few inches of their hulls above the water line, and in a heavy sea are entirely submerged. It has been doubted whether, under such circumstances, it would be possible long to preserve the health of the men on board, and consequently to maintain the fighting material in a condition for effective service. An examination of the sick reports shows that there was less sickness on board the monitor vessels than on the same number of wooden ships with an equal number of men and in similarly exposed situations. The conclusion is, that no wooden vessels in any squadron throughout the world can show an equal immunity from disease. (*Report on the Navy, Washington.*)

OBSTETRICAL SOCIETY OF LONDON. It is intended to hold a *conversazione* of this society in March 1866, on a day to be hereafter fixed, at which it is proposed to exhibit instruments and appliances used in obstetrical practice: viz., for midwifery; for the investigation and treatment of the diseases of women; for the management of infants; and miscellaneous for collateral subjects. The Council are especially anxious to obtain specimens illustrating the original forms of obstetric instruments, and the modifications adopted at different times and in various countries. Exhibitors are requested to attach to each instrument a short description, specifying, as far as possible, the name of the instrument, the name of the inventor or modifier, the date of its first construction and publication, together with the name of the actual exhibitor. It is also particularly requested that a full list or invoice be sent with every collection.

THE "TIMES" IN THE PILLORY. Sir J. Tyrell writes as follows in the *Times*:—"Supposing that by this time the doctrine of the Mansion-house in regard to Sanitariums, and its advocacy by the *Times*, are exploded, and, if possible, the more wretched but equally mischievous doctrines of homœopaths are abandoned, there is hope that the unanimous views of the Royal

Agricultural Society, etc., will be embodied in edicts from the Privy Council. The mischievous statement that 75 beasts were cured in Holland, which went the round of the papers to suit the homœopaths, was coined in this way. The two or three out of twenty that sometimes survive the attack, all that survive from the lung-complaint, and the whole from the foot-and-mouth that get well of themselves, make up the rest; the statement being utterly at variance with the facts. Having no Opposition to take advantage of any shortcomings, the sagacious Emperor of the French and his Minister of Agriculture well know how to best deal with this matter. At this moment Boulogne is enjoying good meat of all kinds; butter, cream, and milk without fear and without stint."

A Compliment to London Doctors. Dr. Howard, in an introductory address delivered at the McGill University, Montreal, gave some of the impressions made upon him during his recent visit to the London schools of medicine. He alluded to the vast field of observation existing among the numerous large and well endowed hospitals of the metropolis. He noticed the untiring industry of the physicians and surgeons of the hospital, it being no uncommon thing to be attached to two hospitals, and sometimes even three; and spoke in terms of admiration of their caution in drawing conclusions, their candour in confessing their ignorance, and their modesty and reserve in the expression of opinion upon vexed questions in science. (*Canada Med. Jour.*)

Ladies' Sanitary Association, Leeds Branch. The first annual meeting of this Branch was held in the Philosophical Hall, on Monday, the 18th instant, when a large audience was present—the Lord Bishop of Ripon in the chair, who was supported by several influential ladies and gentlemen, the leading clergy, etc. The Honorary Secretary, Mr. Ikin, read the report, showing the operations and utility of the Branch; it also referred to the present defective sanitary condition of Leeds, and made several practical suggestions to lessen, if not remove, the evils now existing. It recommended the appointment of medical officer of health; and urged that some independent efficient scientific gentleman, not a local practitioner, should be fixed upon. The corporation of Leeds were urged to take active measures to lessen the undue mortality now existing, and co-operation of all parties with the authorities recommended. Letters were read from the Earl of Shaftesbury, the Right Hon. W. Cowper, M.P., and other influential sanitary reformers, expressing their interest in the cause, and their regret at not being able to be present. The Bishop of Ripon, formerly a clergyman of St. Giles's, London, made a most excellent speech, and referred to his previous sanitary labours in the metropolis. Dr. B. W. Richardson, who attended the meeting at the express invitation of the Branch, spoke of the difficulties which sanitary reformers and societies had always at first to contend against, and on the apathy of the public till panic moved them to action. He referred to the objects of the present Association, and alluded to several important points, such as the removal of the sick, their conveyance from their homes to the hospital; the danger of communicating disease from laundries where clothes were indiscriminately collected; to the great need of a better class of workrooms, especially for sempstresses, tailors, and others. He saw no reason why Leeds should not become as healthy as any other town in England; for it was advantageously circumstanced, and had ample opportunities of making sanitary improvement. The meeting was a highly successful one, and cannot fail to produce good results.

OPERATION DAYS AT THE HOSPITALS.

Monday.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday.....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Odontological Society (Anniversary).

Tuesday. Pathological Society of London, 8 P.M.—Anthropologica Society, 8 P.M. (Anniversary).

Wednesday. Obstetrical Society of London, 8 P.M. Annual Meeting for election of Officers; President's Address; Papers by Drs. Eastlake, Snow Beck, Hall Davis, etc.

Thursday. Harveian Society of London, 8 P.M. Anniversary President's Address and election of Officers.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Communications.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Cattle-Plague or Rinderpest?—Sir: Can you inform me on what principle some of the writers of letters to newspapers speak of the "spread of the Rinderpest", while I do not find that any Germans allude to "Verbreitung der Cattle-plague"? One of the daily journals informed the public that the disease was known in Russia by the name of "Rinderpest". Quite startling information to any Muscovite farmer, I should fancy. While our Government officials stick to plain English, the newspapers with their "Rinderpest" sadly puzzle the agricultural mind. I observe that all people who are ignorant of German, make the foreign word still more ridiculous, by pronouncing the first two syllables as if they rhymed with "grinder". I am, etc., D.

December 23rd, 1865.

The Griffin Testimonial Fund.—Sir: The following subscriptions have been further received on behalf of the above Fund:—E. B. Adams, Esq. (Bungay), 10s.; Squire Sprigge, Esq. (Watton), 10s.; and Messrs. Roberts and Williams (Festiniog), £1:1.

Amount previously announced, £139:12:3.

I am, etc., Robert Fowler, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, Deecmber 27th, 1865.

COMMUNICATIONS have been received from:—Dr. Henry Browne; Dr. G. K. H. Paterson; Mr. F. Davies; Mr. Pau Belcher; The Honorary Secretary of the Obstetrica Society; Dr. Boeck; Mr. Gaine; Mr. Syme; Mr. Willia Copney; Dr. Simpson; Dr. Nason; Mr. J. Howe; Dr. Georg Johnson; Mr. G. Burt; Mr. J. Adamson; D.; Dr. ober Fowler and Mr. T. M. Stone.

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